Mr. GORDON. Now, on page 7, you have used the word "independent" in several places—one, two, three, maybe more places. The previous witness from the Academy of Family Physicians stated, and I am quoting from his statement:

> It is accurate to suggest that drug companies are likely to support those exhibits which are favorable to a particular product of the company. Certainly it would be difficult, if not impossible, to envision a situation in which a drug company would support an exhibit which was unfavorable to a product of that company.

Now, Dr. Crout, Director of the FDA's Bureau of Drugs, and also a medical educator, testified that the educational materials subsidized by the drug industry have a systematic bias and are consistently tilted in the direction of therapeutic enthusiasm. He said that these materials have the appearance of independent scholarly productions, but which are, in fact, an integral part of the drug industry's overall promotional efforts, a more subtle part, of course, than straightforward promotional materials like advertising.

Then he added subsequently "The problem is not that drug industry money corrupts medical experts, but rather that the drug industry sponsor can choose among the many medical authorities on any given topic to support only those whose views already coincide with the interests of the sponsor. This ability of the pharmaceutical industry to select medical authorities that it wishes to support is the basic cause of the biases, as we shall see."

So, the inevitable question is, given your complete or almost complete financial dependence on the drug industry, how can you achieve independence and objectivity—that is one question. Two, who are your sponsors? And three, have your programs condemned the use of a drug marketed by one or more of your sponsors?

Mr. CALESA. OK. There were a lot of things said there. Let me see if I can take that apart piece by piece.

First of all, to answer your question, the peer review system which we have established—the reason we can have objectivity is because we do not have the pharmaceutical manufacturers select the physician participants. That is point No. 1.

Point No. 2, if we establish a multiple number of criteria, which includes review by as many different people, groups, organizations, and societies as we possibly can find, anyone who is willing to review the material that we produce in a field—if we are doing a program on epilepsy, we ask everyone involved in the field of epilepsy to review that particular program.

Mr. GORDON. Well, let's be specific. There has been a lot of talk about the overuse of antibiotics and its consequences. There has been a lot of talk about the overuse of chloramphenicol. There has been a lot of talk about the overuse of clindamycin and lincomycin.

There has been a lot of talk about the overuse of oral hypoglycemic drugs.

Have you had any programs at all which brought this out?

Mr. CALESA. We have produced no programs either in the field of diabetes or infectious disease at this time. We have not been involved in those areas. The areas we have been primarily involved in are the areas of prevention. The areas where we have done the vast amount of our work have been hypertension, hyperlipidemia, obesity.