

Central America, Colombia, and Ecuador, and no adverse reactions are disclosed.

A similar situation was found for Sandoz's Mesantoin, with only one warning presented to physicians in the Central American countries, and no adverse reactions disclosed.

With Ciba-Geigy's Tegretol, numerous adverse reactions are disclosed to physician in the United States, a few to their colleagues in Mexico, Colombia, and Ecuador, but none to physicians in Central America or Brazil.

Mr. GORDON. Dr. Silverman, do you have any idea on what basis a company decides which indications to promote in each country and which hazards to disclose?

Dr. SILVERMAN. Obviously this represents company policy. But we were told by drug promotion experts in some Latin American countries that generally they work on the basis that if your competitor is claiming five effective uses for his product, you have got to claim at least six for yours. And if he discloses three hazards, you are out of your mind if you disclose four.

Mr. GORDON. Well, these global drug companies that you have been discussing were informed of your investigations and your findings, were they not?

Dr. SILVERMAN. Yes, sir.

Mr. GORDON. You have discussed it with them?

Dr. SILVERMAN. We have discussed it in considerable detail with them.

One of the problems that we have all faced is the difficulty to estimate with any precision the prices that patients are forced to pay for this kind of promotion. They pay not in terms of pesos or quetzals or colones, but in needless injury and needless death.

Information on the frequency of adverse drug reactions in Latin America is far from adequate, just as it is far from adequate in the United States and in Europe. Nevertheless, in every country in which we have worked, medical experts—especially hematologists, pathologists, and microbiologists—have expressed to us their dismay, their frustration, and their anger at what one described to us as "this whole sickening business."

They have described to us the rise of resistant strains of bacteria, due probably and almost certainly to the excessive and irrational use of antibiotics. And with our own eyes, we have seen physicians and pharmacists distributing these potent drugs as if they were popcorn.

They have described the rate of fatal aplastic anemia in Mexico, now one of the highest reported in the world, related in substantial part to the use of chloramphenicol. In Guatemala, one leading expert told us that when a child is given chloramphenicol for typhoid fever, and it dies from aplastic anemia, this is a tragedy but perhaps an unavoidable tragedy. But where it happens when the drug is used to treat a case of virus pneumonia, or an undiagnosed respiratory infection, or a sore throat, this is unconscionable.

Others have told us of serious reactions to amphotericin B when it is given to treat minor fungus infections without any of the precautions made known to U.S. physicians.

They have told us of serious or fatal blood disorders, including agranulocytosis and aplastic anemia, following prolonged use of anti-arthritis drugs.