Another defense is that they make more full disclosure in their package inserts, but we found there are also discrepancies in these inserts, which are not always full or complete. Furthermore, many physicians do not see these package inserts, and usually they are quickly thrown into the wastepaper basket. And at least in some areas, the use of package inserts themselves, even for physicians, is prohibited by law.

We have been told it is their detail men who gives each physician full information on hazards. This, as Mr. Gordon will recall, is a defense we have long heard in this country, but in Latin America, as in the United States, it is generally held that you do not knock your own product, particularly if you are working on commission. I should point out here that the Latin American situation is somewhat different in that many, if not most, of the Latin American physicians are employed by the government. We have been told that, in most of these countries, a physician cannot possibly expect to earn an income of more than $6 or $7 thousand a year. The average detail man makes far more.

We have also been told that physicians know that if they write to the company, it will be glad to send them more complete information. This is one defense that I do not think deserves even the dignity of a comment.

We have been told that no drug manufacturer would engage in such shoddy practices, that would tamper with the truth or cover up dangers, because in the long run this would cost him the confidence of the medical profession. I do not know the answer to this one so far as Latin American physicians are concerned. I do not know that much about the Latin American medical profession. But I do know that where the profession in this country is concerned, such a defense is nonsense.

Over the years, we have witnessed the record of the so-called "Dear Doctor letters," through which many major drug companies were required by FDA to notify every physician in the country that they had, in fact, tampered with the truth, or made claims that could not be supported, or they failed to disclose hazards. We have seen the remarkable cases of Chloromycetin and MER/29, both of which were investigated by this committee, and all the resultant civil suits for damages. And we have also found out what happened to the good name of the companies, to their reputation with the medical profession, and to their annual sales and their annual profits. And what happened? The answer is distressingly clear; by and large, nothing happened.

There are two additional defenses that perhaps are more noteworthy.

The companies tell us that the differences in promotion represent honest differences in opinion. That is to say, "We are honestly convinced from the scientific data we have that we are right and FDA is wrong." A drug, for example, might be proposed for use in the condition such as acne and FDA may turn it down. But the company says, "Well, we are convinced it is good and safe for acne, and we propose to so market it and promote it in Latin America."

We have also found out that the idea of such differences of honest opinion would be more palatable if we could find that a company said one thing in the United States, where FDA is constantly looking over