ties compared import drug prices with other countries in Latin America, they found very great discrepancies from one country to another. The United States found similar discrepancies of prices when it investigated, in this subcommittee, the prices charged to the U.S. AID in the period from 1968 to 1969.

For example, for tetracyclines, the cost in Pakistan was $370 per kilogram.

In Colombia, the same company charged $100 per kilogram.

Bristol Myers in Colombia charged $250 per kilogram and $190 per kilogram in Pakistan, and so on down the line.

There were these series of differential prices with no apparent reason.

Mr. GORDON. Thank you.

Senator JAVITS. Thank you, Mr. Ledogar. It is very kind of you to come. We appreciate your testimony.

Mr. Ledogar, you do not have to stand by unless you wish to.

Mr. Squibb, you may proceed.

STATEMENT OF GEORGE S. SQUIBB, CONSULTANT TO THE PHARMACEUTICAL INDUSTRY

Mr. SQUIBB. My name is George S. Squibb. I live at 1545 Boston Neck Road in Saunderstown, R.I., and I am here at the request of the committee. I am a consultant to the pharmaceutical industry, with which I have been associated for 40 years in various capacities—30 years with E. R. Squibb & Sons, finally as vice president for marketing, and the last 9 or 10 years with various small manufacturing pharmaceutical companies one of which, Barr Laboratories of Northvale, N.J., I now serve as director.

During my career I have served on board of directors, executive management committees, patent and research committees, and in all kinds of professional and trade groups in nearly every State in the country. I have been active in committee work for the PMA and NPC, the two major industry trade groups, and was elected to two terms as chairman of the National Pharmaceutical Council.

I am a lawyer, member of the New York Bar, with special graduate study at the Food and Drug Law Institute. I know the pharmaceutical business backward and forward, and am vitally concerned with its future both personally and from the conviction that all matters affecting public health must be of vital importance to all of us in the years ahead.

Over 10 years ago I was given an assignment by my company to study the relationships between the pharmaceutical industry and various Government offices and legislatures, Federal and State, because at that time there was a particularly sharp concern on the part of some of the industry's managers that things were changing in the pattern of public awareness of the procedures of medical care and that a little attention to this developing situation might be helpful. That assignment resulted in the production of two papers on the problems and practices of the pharmaceutical industry, both of which are part of the record of these hearings. Into these papers I injected a little gentle advice to the industry which caused all sorts of uproar at the time, but which I now have the satisfaction to note was all good and