

Mr. MARTIN. Yes, sir; term life insurance policy for the \$10,000 or \$20,000. And I think there is \$108 million worth of this plan in effect right now. And the dividends from these are rebated back to the organization and come to about \$81,000 a year, but the organization itself is not involved in the sales of the plan. This is through a commercial insurance company, the Minnesota Mutual Life Insurance Co.

Senator DOLE. I see; do you still have that plan?

Mr. MARTIN. Yes, sir.

Senator DOLE. Are you given any preference over other groups, non-medical students, for example, as far as cost of insurance, or don't you know?

Mr. MARTIN. I think—well, yes, sir, we are a group plan by being a very large group, 65,000—

Senator DOLE. You mean you pay the same rate as another group of the same size?

Mr. MARTIN. Yes, sir; it is just another group plan.

I began to talk about advertising income and of The New Physician itself, which fits in very well with previous testimony. Forty-nine point six, or around 50 percent of our advertising income does come from pharmaceutical advertisements. The advertising policy of The New Physician has been to only advertise those drugs which have been approved by the AMA Council on Drugs and have met with the advertising standards of the Journal of the American Medical Association. The AMA has provided this help without cost in the past. Our last House of Delegates specifically instructed our executive council, our governing board consisting of 10 elected medical students, to create specific standards for all advertising in The New Physician, and we will set these standards this summer after consultation with the appropriate organizations and informed groups, including the AMA Council on Drugs, the A.Ph.A., the staff of the Medical Letter, the FDA, and the PMA.

Right now two of our members of the executive council are gathering information and reviewing the standards of other organizations and other journals as to exactly how they are going about making sure that the advertising is of an ethical nature and we, of course, have had some great difficulty. And I might say the 10 books that were supplied by Mr. Gordon were of considerable help to this committee. I think probably we will develop a policy by August which is very specific and we will have a review board composed of members of professional caliber; people like Dr. Adriani, we hope, will accede to our request; people on the staff of the Medical Letter and these types of individuals so we can be sure. I think we would be very vulnerable to a criticism of our advertising policies in the past. I think there have been some criteria which were probably inappropriate—not probably, were inappropriate.

Mr. GORDON. Excuse me. Would you repeat that? I did not hear that.

Mr. MARTIN. I think our criterion for advertising in the past has been poor, as a whole. Before September 1968, when our student editors assumed control, we had advertising inserted in the text. We had advertising that was, if not misleading, it certainly did not provide information for the student. Now, the practicing physician might have the information necessary to make a critical judgment, but most students are unaware of some of the contraindications and this sort of thing. We are now hopefully moving toward a real critical evalua-