APPENDIX VI

U.S. SENATE,
SELECT COMMITTEE ON SMALL BUSINESS,
Washington, D.C., July 7, 1969.

Hon. GAYLORD NELSON,
U.S. Senate,
Washington, D.C.

DEAR GAYLORD: I am writing as the ranking Minority Member of the Monopoly Subcommittee and at the request of the other Minority Members. I understand that the staff of the Monopoly Subcommittee has submitted a list of questions to Dr. A. Dale Console regarding his testimony submitted to your Subcommittee on Thursday, March 13, 1969. These questions and their answers, I understand, are to be included in the record.

Because Dr. Console was unable to attend the hearing due to illness, the Subcommittee Members and their staffs did not have an opportunity to question him in person. The Minority Senators would like to request at this time the opportunity to submit certain questions to be included, with Dr. Console's answers to them, in the hearing record, along with those of the Majority staff.

I have reviewed Dr. Console's March statement, together with his prior testimony before the Kefauver Committee in 1960 and his answers to the questions submitted by the Subcommittee staff and feel that the following questions would be appropriate.

1. In your opening statement before the Kefauver hearings, Wednesday, April 13, 1960, you stated: "Since I destroyed the records in my private file when I resigned from the industry, I can offer nothing which can construed as proof. I can offer a distillate of my experience and the opinions I have formed as a result of the experience." (Hearings Before the Subcommittee on Antitrust and Monopoly of the Committee on the Judiciary, U.S. Senate, Eighty-Sixth Congress. Second Session, p. 10368.) In your opening statement submitted to the Subcommittee on Monopoly of the Senate Select Committee on Small Business, March 13, 1969, you wrote that "for almost ten years I have devoted 90% of my time to the private practice of psychiatry and my contact with the so-called 'white towers of medicine' has been minimal." You continued, "the primary justification for my appearance here derives from a degree of expertise I gained during six and one-half years I spent as Associate Medical Director and Medical Director of E. R. Squibb & Sons." Could you outline what contact you have had with the drug industry since the time you left Squibb twelve years ago that has enabled you to keep your information and conclusions current and updated, especially in light of the statements just quoted.

2. On page 8 of your question and answer pages you were asked a question on the "role of testimonials in the advertising and promotion of drugs with respect to efficacy and safety" by the Subcommittee staff. In answering this question you referred to examples from your experiences which occurred while you were at Squibb. You also requested part of your testimony before the Kefauver hearings in 1960 be included in the record as part of your answer. Would you have any more recent information that would be relevant to this question.

3. While at Squibb did you have a great deal of contact with Medical Directors from other companies? Further, since the time you left Squibb twelve years ago have you had any subsequent contact with Medical Directors of either Squibb or any other company. If so, how extensive has this been?

4. In response to a question by the Subcommittee staff on overseas promotion, advertising and marketing of drugs, you referred almost exclusively to experiences you had while you were at Squibb. Over the past twelve years with the exception of the Marsalid example you found in Mexico "about four years ago," have you had any contact with the drug industry so as to be aware of the policies it is currently pursuing in overseas sales? And, if so, how extensive has this been?

5. In answering a question by the Subcommittee staff referring to estimates by Dr. Frederick Wolff and Dr. George Baehr of New York on drug expenditures you stated: "I know of no way to make an accurate estimate of the percentage of drugs that patients pay for unnecessarily." You then went on to estimate that 50% of prescription drugs are worthless. Could you give us some idea of the basis which supports your belief that 50% of prescription drugs are worthless.

6. Throughout your testimony and the answers you submitted to the Subcommittee staff, you have made numerous references to your experiences at Squibb. In reading through the testimony, however, one frequently has the