protocol upon entering one of our medical installations. He may have to report to the Chief of Professional Services before he details anyone. He may have to go to the Chief of a Service before he can see individual physicians on that particular service. He may not be allowed in some installations to move through the hospital, but may have an assigned day where he may set up his display in a public area—that is, public in the sense of the medical—where he can then meet with physicians in the hospital and the nurses and the pharmacists and be open for discussion and display of his wares.

This is a little bit old, but it was published in the Navy Medical Newsletter, and I think the spirit of this is again carried out in all of our installations pretty well.[1] It is a system that was started at the Camp Pendleton Navy Hospital of managing the problem of detail men. They got together some ground rules, and I will read some of this, but not all of it. I will put the rest of it here for the record:

The method of management: All detail men are required to check in at the pharmacy before visiting any other area of the hospital. Explicit instructions are personally outlined by the Chief of Pharmacy Services. The Pharmacy must be made aware of the items that are to be detailed that day to the staff. In the case of new products, complete literature must be on file in the Pharmacy before any detailing is done. This is to provide a ready reference for the staff should questions arise. Only a very small quantity of samples are left with the physician. Sampling in quantity is done only in the Pharmacy. This allows the Pharmacy to establish users rates should the item be requested for stock and permits a replenishment of samples should the physician wish to extend his clinical evaluation of an item.

I will not go through all of this, but it gives you some idea of the nature of the approach.

I would say that the detail man, in my own clinical experience, has served a useful purpose. I would also say that uncontrolled detailing can be annoying, in some instances, harmful. I have been fortunate. The detail men that I have met have all been gentlemen, they have been most cooperative and helpful.

Senator NELSON. Thank you very much, gentlemen, for your presentation. We appreciate your taking the time to come. If any member of the committee or staff has any further questions, we will submit them in writing; I assume you will respond to them.

General HAYES. It has been a pleasure being with you, sir.

Senator NELSON. Our next witness is Dr. Benjamin B. Wells, Deputy Chief Medical Director of the Veterans' Administration.

Dr. Wells, we are pleased to have you with us this morning.

STATEMENT OF DR. BENJAMIN B. WELLS, DEPUTY CHIEF MEDICAL DIRECTOR, VETERANS' ADMINISTRATION; ACCOMPANIED BY DR. LYNDON LEE, JR., ASSISTANT CHIEF MEDICAL DIRECTOR FOR PROFESSIONAL SERVICES; ROLAND HARDING, CHIEF, PHARMACY SERVICE; CLYDE COOK, DEPUTY DIRECTOR, SUPPLY SERVICE; AND PHILIP WARMAN, ASSOCIATE GENERAL COUNSEL

Dr. WELLS. May I, before we go ahead, introduce my colleagues here?

Senator NELSON. Yes; if you will, so the reporter will have it accurately. If any of your colleagues wishes to make a comment at any

[1] See p. 9046.