You've been in the Senate 28 years. But it's only since 2004 that you've become heavily interested in issues affecting biomedical research. How did that happen?

As chairman of the Senate Finance Committee, I saw a lot of money being spent on drugs that were questionable in terms of their safety. The federal government's the biggest purchaser of drugs. I have a responsibility to protect the taxpayer and make sure that the drugs are safe.

Recently, you have been publicizing previously undisclosed drug company payments to NIH-funded researchers at several high-profile institutions such as Harvard, Brown and Stanford. What are you hoping to accomplish?

NIH gives $24 billion worth of grants. We ought to make sure that the law is followed. The universities were not doing their job of gathering the information. We started looking into it and got inconsistent information between the researchers and what the university had. We found out that NIH was not really enforcing current law. It's a matter of making sure the law is followed and making sure that we make all this information transparent. Let the sun shine in.

Do you feel, then, that that is reflective of a widespread, systemic problem or some isolated pockets of less-than-perfect behavior?

It is systemic. But it's systemic not as a planned thing. Because of the lack of oversight, it just happens. I don't think a university is out to see what they can get away with. They just aren't doing their job.

NIH has a lot of power. They've got a lot of muscle. And I want researchers to report outside income. We found out the law wasn't being followed. The universities were not doing their job of gathering the information. We started looking into it and got inconsistent information between the researchers and what the university had. We found out that NIH was not really enforcing current law. It's a matter of making sure the law is followed and making sure that we make all this information transparent. Let the sun shine in.
the director of NIH to use that muscle to make sure universities are doing what they’re required to do. That, they’ve been very lax in. I think that the NIH director ought to be as aggressive as he can. […] [H]e’s got a heck of a lot of authority. All he’d have to do is withhold one grant or bring back money from a grant if somebody’s not doing their job. The message would get out pretty fast.

The NIH says: “Look, we’ve got this $24 billion portfolio. We can’t possibly micromanage every extramural researcher to make sure he or she is reporting as per the law. That’s really the universities’ responsibility.” How do you respond?

Well it is the universities’ responsibility. But the law is connected with the grant, and all NIH should have to do is pull back one grant or refuse to give a grant to a university that’s not [managing the financial relationships] and they all get in line. In the meantime, [NIH] can write regulations that require it.

But I kind of sense an attitude at NIH that “things have to change, but it’s going to take a long time to change them.”

Virtually all of the unreported payments that you have publicized so far went to psychiatrists. Do you think that psychiatry as a specialty is more suspect in failing to disclose these conflicts, and, if so, why?

I don’t have any reason to believe that psychiatry over any other medical device or any other subspecialty of medicine.

And yet recently you asked the American Psychiatric Association to give you a detailed accounting of the nature and extent of its support from drug companies.

Well, we were following up on some of the other investigations we were doing. We wanted to have another source of information. I’ve sent letters asking questions about financial transparency and financial relationships between doctors and industry to several medical societies, including the American Psychiatric Association this summer and the American College of Cardiology and the American Heart Association earlier this year.

Earlier in this Congress, you introduced the Physician Payments Sunshine Act. Tell me what it would do and why you think it’s necessary.

When you have medical people and researchers giving lectures and serving as consultants and getting meals and getting trips and getting things that can be vacation as well as serving, that information ought to be public. It’s exactly the same explanation I gave you about universities and their researchers.

The question is: Is Dr. ‘X’ prescribing a drug because he got a consulting fee or money from a particular organization that’s connected with the production of that drug? I’m not making a judgment right or wrong, but if my doctor prescribes that drug, don’t I have a right to know whether he could have a possible interest in pushing one drug versus the other because of some financial arrangement? If that information’s out, you’re probably going to have people act a little more ethically. And, whether ethical or not, at least the consumer ought to know.

So what the Sunshine Act does is just have this stuff reported. No different than four or five state legislatures. I’m taking the lead of these states and establishing it nationwide.

What’s the minimum cash or equivalent that must be reported under the bill?

Five hundred dollars.

The Act has been stuck in committee for a year. Is it going to go anywhere?

Yes, it’s going to go somewhere. […] And the reason why it’s going to go somewhere is if you put this up for public debate, and you aren’t making any judgment about anything, you aren’t prohibiting anything. You just want a reporting of it and the potential interests that the consumer ought to know about. Who could win that argument against what Chuck Grassley just said?

In late July, Bruce Ivins committed suicide. He was the top suspect in the FBI’s investigation of the 2001 anthrax mailings. On 7 August, you wrote to FBI Director Robert Mueller alleging that there has been “too much secrecy” in the FBI’s handling of the case. What are the most burning of the 18 questions that you asked the agency in that letter?

The answer is that no specific question I asked stands out as the most important. Here’s what you’ve got: two or three days after the announcement of [Ivins] being a suspect, they said that the case is closed. Now it looks like it’s going to be 90 days or more before they close the case.

In August, while I was in Iowa, the FBI briefed our staff—the Republican and Democrat staff of almost everybody on the [Senate Judiciary] Committee. We got absolutely hardly any questions answered. Later on, we found out that they sent people up here to brief us that didn’t even know the full story either.

But if you could get one question answered from the FBI, what specifically is the thing you most want to know that would satisfy you that the case has been solved?

I think the DNA.

Can you be more specific?

Why did they wait until the last week before he died to get DNA from him? They took a mouth swab just a week before he died. […] This is a case that is supposedly solved. Well, if they’ve solved the case, what do they have to hide?

I was involved in the [Steven] Hatfill case four years ago. He was their suspect, although they said he was a “person of interest.” Three years later, they settled for $6 million. Doesn’t that lead you to raise a lot of questions about whether this case is really ‘solved’?

What’s at stake for FDA reform or NIH conflict-of-interest policy in November’s presidential elections?

McCain, through the reforms he wants to bring about, he’s challenging the status quo as I am doing. I would think he would be supportive of what I’m doing in these areas. Senator Obama has only been here 164 days in four years, so I really can’t speak for him. You don’t get acquainted with a guy very well in 164 days.

“The law requires the universities to have their researchers report outside income. We found out the law wasn’t being followed. […] It’s a matter of making sure the law is followed and making sure that we make all this information transparent.”