

Release: 4:30 P.M.
Monday
March 26, 1962

Excerpts of Address
Prepared For Delivery by
Hon. Hubert H. Humphrey, (D., Minn.)
At 109th National Convention of
American Pharmaceutical Association
Las Vegas, Nevada
Monday Afternoon, March 26, 1962

SEN. HUMPHREY URGES U.N. CONFERENCE IN MOSCOW
ON AVOIDING ACCIDENTAL WAR;

Says "Red Chinese Roulette" Could Make
The World Its Victim;

Recommends As Part Of "Prescription
for Peace" - Economic and Social
"Vitamins" for the Developing
Nations;

Says American Healing Through "Mortar
and Pestle" Means More to Emerging
Countries Than U.S. "Mortar and
Pistol"

H USED TEXT
FOR S. D. PHARMACISTS
JUNE 17, 1962

S. JRS 159-
Feb 21, 1962

② Mr Ellis Myer
today emphasized
MANUF Responsibility
for Trade Mark

Hearing Start Today!

Hughes, Capehart, Proxmire,
Johnston, Scott, McClellan
Randolph, Mink, McCarthy
Case of So. DAK

Quality Stabilization Act.

- X } Brand name, Trademark of Products,
+ Trade & Public Goodwill
 - X } Constituted Property, the Rts to which
 - X } are entitled to Protection by owner
- manuf to enforce - Ct. Orders
#

Excise Taxes - Tax Reform!
costly to all!

Convention Hqts - Las Vegas

3000 Delegates

Sir Hugh Finstead, ⁻¹⁻
Pres. Intern. Pharmaceutical Federation

~~President Lansdowne, Rabbi Sherer, Mr. Bollig,~~

~~Mayor Gragson~~

~~Drum (Bill Apple)~~

~~Mayor Gragson, Dr. Blythe, my fellow pharmacists~~

~~and fellow APhA members: -~~

FOUR PRESCRIPTIONS FOR OUR TIME

I would like to submit to this great assembly a few thoughts on what we might call:

"The 4 Great Prescriptions For Our Time."

They are - A "Prescription" -

- for Peace
- for Prosperity
- for Freedom ~~everywhere~~
- and for our own proud Profession.

THE CITIZEN'S RESPONSIBILITY TO DIAGNOSE,
PRESCRIBE

Ordinarily, as pharmacists, you and I would not diagnose a "medical" need, nor would we attempt to write a prescription for it; that is the physician's job. You and I would only

Senate
in session

Acting Mayor
Whipple

compound and dispense the doctor's prescription.

But in this instance, we, as citizens, are the "doctor;" it is our responsibility to share ^{our} ~~with~~ our President - in making the diagnosis and in preparing the prescription, itself.

The pharmacist is more than just a professional man; he is a leader in his community. Leadership involves responsibility.

Leader

We, ourselves, have the task, therefore, of helping to devise for our Nation - the best possible formulas

- against war
- against economic stagnation or depression
- against the spread of Communism through-

out the globe

- and, here at home, against a variety of influences harmful to ~~the~~ ^{the} profession of Pharmacy.

As a Nation, I believe, we are making significant progress toward all 3 of the initial objectives.

And, on the 4th goal, we, as a profession, under A.Ph.A.'s leadership, are going to raise still higher our own standards, rather than permit any source to undermine those standards.

1. A PRESCRIPTION FOR PEACE

The formula for peace must be written against every possible contingency.

Atomic War, Conventional War, "Brush-Fire" War - are all to be avoided, but through strength, not weakness, resourcefulness, not rigidity.

Berlin, Laos, Guantanamo - no one can predict the scene of tomorrow's possible conflagration. Of one thing, we can be certain. Danger will always lurk somewhere.

+
Communist Trouble - China, Inside USSR
Agriculture, Industry, Arms Race

I would like to make one particular suggestion now. It is directed against a danger which is not sufficiently discussed - the danger of Accidental War.

WAR BY DESIGN UNLIKELY

I mention this hazard because war by *by premeditated decision* Soviet design seems infinitely less likely.

And war by U.S. design is impossible.

I mention Accidental War, ~~too~~, because every Pharmacist knows the meaning of pre-cautions. Training against accidents is built into the very fibre of his work habits. But laymen tend to be less *Careful*.

It is not inappropriate, too, to mention this subject in this particular city. We meet not far from a great U.S. Testing Ground. We meet in a city where Chance is no stranger.

For the rest of our lives we will have
to live with the chance of war by Accident,
by mis-calculation, by uncontrolled "escalation."

You and I know through press, radio, and
television that the U.S. Government has taken
every possible precaution against these hazards.

We know that the North American Air Defense
Command, the Strategic Air Command and other
defense arms have "built" elaborate safeguards
into their systems.

We assume that the Soviet Union has done
likewise. But we do not know for sure.

Soon, the Red Chinese will have a Nuclear,
later a Rocket "cartridge." And Peking appears
more willing to risk "Red Chinese Roulette"
than the Soviet Union is to risk Russian
Roulette.

China
Nuclear
Weapons

But the victim might be the whole world.

Last year, in the closing weeks of Congress' Session, I introduced a Resolution to have the United Nations invite both the U.S.S.R., the U.S., and other Powers with present or prospective nuclear capability - to report - to as great an extent as security would permit, on their precautions against Accidental War.

A U.N. CONFERENCE IN MOSCOW

Now, I'd like to propose that the United Nations consider convening a Conference on Accidental War. The assembly could have an broader even/representation than the present 18 Nation Conference on Disarmament in Geneva, because accidental "Brush-Fire" war is always a possibility anywhere on the globe.

Of course
~~We know that~~, much of the purpose of the
Geneva discussion is to head off the danger of
accidental war.

↳ But avoidance of war by miscalculation
involves a whole set of specific political-
military decisions and procedures which could
be profitably studied in their own right, not
merely as a part of Arms Reduction or a Test
Ban.

↳ It would be a good idea to hold a Conference
on Accidental War overseas within the Soviet
Bloc, *possibly in Geneva.* ~~preferably in Moscow.~~ It would be my
hope that the leaders of the Red Army, the
Red Air Force and the Red Navy could personally
attend. No one here knows for sure how powerful
a role the Soviet military chiefs now play or
may in the future play - in decisions of war or
peace.

Whatever their role, let them hear at first hand what their opposite numbers have to say about this somber issue, in addition to what the diplomats say.

Space Coop

And let the Soviet Military Leaders say what they wish, if they are willing or are in a position to do so. For this is a matter which is of direct concern to them and to the millions of men under Soviet arms, as well as to the civilian population.

Space Year

but

We, in our Open Society, have little to lose from such a discussion. We have a world - and Peace - to gain.

2. PRESCRIPTIONS FOR PROSPERITY

Let us meanwhile carry forward our effort for fullest prosperity here at home. That means assuring a satisfactory rate of economic growth, full employment, eliminating of the

Get to work
"pockets" of distress in various areas of our country.

It means girding ourselves to meet the growing competition from the Common Market. It

requires also, genuine tax reform.

incentives for investment

*Quality Stabilization
SMB Business*
3. PRESCRIPTION FOR FREEDOM IN
EMERGING AREAS

Communism
And on the world scene, let us devise the best "medication" for combatting the "virus" of Communism. Let us do so by providing the social and economic "Vitamins" necessary to build strong, healthy Nations, capable of resisting the contagions of "Krushchev-ism," *Communism* "Castro-ism," or "Mao-ism."

As A.Ph.A. has well pointed out, and as our international guests well know, pharmacy has an important role to play in this process.

An American "mortar and pestle" ~~means~~

could mean

more to the billion people in the Emerging

Areas than an "American mortar or pistol". These

billion people - in Asia, Africa, the Middle

East, as well as Latin America - want the hope

of health, not the despair of sickness, the

prospect of peace, not constant reminder of war.

That is why we need to double and triple

the role of what I call "Health for Peace."

ACTIVITIES UNDER SENATE INTERNATIONAL

HEALTH STUDY

As you know, I have been working with
our profession toward this end in my capacity

as Chairman of a Senate International Health

Study. Since August 1958, when we began our

efforts, we have published 11 Prints, 4 Hearing-

Food
Educa
Tech ASSIST
HEALTH

Exhibit Volumes and a Report. We have pointed out the critical shortage of pharmacists and of other skilled health professionals throughout the world. We have cited the significant activity of the World Health Organization in standardization of drugs.

INADEQUATE U.S. "DOSAGE" OF HEALTH AID

~~In my personal view,~~ ^A principal fault, with the U.S. health programs abroad is a mistake no good doctor or pharmacist would commit - the dosage is too small.

For example, in the past 4 fiscal years the Agency for International Development has brought over a grand total of only 29 foreign participants ^{for} / professional pharmacy training - for an average stay of about 12 months each. Fortunately, there are other Federally-sponsored

International Exchange Programs. But this fact indicates how inadequate the "dosage" is on the part of our Foreign Aid Agency.

Last year, for a world plagued by sickness, a world to which the U.S. taxpayer contributed \$4 billion, A.I.D. bought a grand total of only \$1.2 million in pharmaceuticals for direct health purposes. In addition, it bought and distributed \$29 million more in pharmaceuticals for what is called "non-project" purposes, i.e., for re-sale by foreign governments for development purposes through domestic channels.

You will understand, then, why I want stronger "doses" of U.S. health aid. ^{and} This includes or should include:

1. more international exchange of personnel including under-graduate and post-graduate

education of more foreign Nationals at American Colleges of Pharmacy;

2. expanded international cooperation in pharmacological and other research;

3. expanded technical assistance through U.S. dollars and U.S.-owned or controlled "soft" currencies abroad, including distribution of more pharmaceuticals;

4. encouragement of more non-governmental action. This means fostering of more of the splendid people-to-people activities by the pharmaceutical profession and by the pharmaceutical industry.

IMPROVE COMMUNICATIONS

Senate Committee
In our next Report, ~~the Subcommittee~~

addresses itself to still another problem of

particular interest to A.Ph.A. on the home front.

I refer to better communications between the
healing arts professions, including physicians
and pharmacists; - between researcher and
researcher, between researcher and medical
practitioner, as well as between the healing
arts and the public.

And now let us turn to our prescriptions
for our own profession.

4. OPPORTUNITY TO THE PROFESSION AT HOME

~~But now,~~ Let's look at the opportunity facing our organization, our profession here at home.

The American Pharmaceutical Association - faces, in my judgment the finest opportunities and some of the most stimulating challenges in its 109 years of history.

What you, in this great assembly decide this week on many important issues will reflect the ideas and feelings of pharmacists everywhere in the United States because the APhA, through its House of Delegates, represents ^{professional} pharmacy.

APhA's committees, its labor in the scientific,
legal, research and communications fields, all contribute to a better, more satisfying profession for all of us.

As we are all aware, APhA is called upon to testify in the Halls of Congress on many pharmaceutical matters. It is asked by state and local governments to assist in pharmaceutical service programs. Such requests are living praise of the significance of APhA's membership and of your work and devotion.

✓ No citizen is more than a few minutes away from pharmaceutical services and help. That is why the Civil Defense authorities rightly make pharmacists a vital, integral part of emergency plans. ^{U.S.} The Public Health Service and Defense Department likewise count on pharmacists and are conducting manpower and location studies, on our profession.

C, D.

Changes

Being in daily, intimate contact with
your fellow citizens and health associates,
you appreciate and understand the changes that
are taking place today. The pharmacist's role
in the public health of the Nation is an ever-
expanding one. Newer, more effective, chemo-
therapeutic agents are being made available,
new approaches to the mitigation and cure of
disease are being developed.

Kee-mo

An excellent example of planning for the
future is the APhA Foundation's pre-paid pre-
scription service study. I understand that
we are on the verge of pilot programs in several
states. This is the kind of constructive pro-
gramming that makes pharmacy a truly progressive
profession and demonstrates its concern with
public welfare.

Now APhA is exploring better methods for
pharmaceutical services in nursing homes.

Nursing home personnel need and want such help.

Our Senior Citizens can be ^{well}~~profoundly~~ served
by your Boards and Associations working ever
more actively with nursing home personnel.

I see from the program that there will
be many sessions devoted to daily practice.

As a pharmacist, a Senator and American, I am
proud of the thousands of daily practitioners
of pharmacy who form the backbone of our
medical care system.

The pharmacist must, in my judgment, be
enabled to continue to provide the highest
degree of pharmaceutical service. That is
why I stress in all legislation, ~~touching on~~ ^{concerning}

health care, that the patient have freedom
of choice in selecting his pharmacist, physician
and hospital.

I have sought at every opportunity to
inform Congress, the Federal Agencies and the
public, of the professionalism and self-discipline
of pharmacy's practitioners. You and I know
that when a person obtains prescribed medication
he is not obtaining just a commodity. He is
obtaining the services of a highly-trained
professional.

Each prescription order is as unique as
the person for whom it is written. The very
nature of the multitude of professional con-
siderations involved renders each prescription
a unique document. The medication is only

dispensed by a pharmacist pursuant to a
particular order of a particular prescriber.

The medication is for a particular use in a
particular quantity, for a particular patient.

It is for a particular condition, for a specific
period of time, and is to be utilized according
to particular instructions.

L A pharmacist does not "sell" a commodity
-- rather he is performing professional services
in dispensing prescriptions. That is why he
is so justified in seeking a professional fee
for his services.

L An indispensable element of professional
service is the direct, personal relationship
between the pharmacist, patient and prescriber.

L During my formative years in my Dad's pharmacy,

in Huron, South Dakota, I saw - unforgettably -
the qualities of neighborliness and friendship
between pharmacist, doctor and patients.

✓ This pharmacist-patient-prescriber relation-
ship must be maintained. The pharmacist must
be able to determine that the prescription doc-
ument itself is valid and is for legitimate
medical purposes and may be dispensed in good
faith. If the slightest uncertainty exists,
the pharmacist must be able to contact the
prescriber personally. The physician, ~~of course,~~
carries the responsibility for proper pre-
scribing, but a corresponding liability, rests
responsibility
with the pharmacist who dispenses the prescription.

Next, the pharmacist must be in a position
personally to provide information about and

determine whether the dosage and method of the medication's use -- or the collateral measures necessary to the medication's use -- are personally understood by the patient or a responsible member of his household.

Extremely important also is the fact that the prescription document is immediately available locally to the patient or prescriber.

The pharmacist must also be able to consult with prescriber and patient in instances where the individual may be undergoing treatment simultaneously by more than one prescriber and if the medications prescribed by each are incompatible.

But the key to an effective pharmacist-patient-prescriber relationship is the ability of the pharmacist to dispense immediately any medication which any pharmacy can be reasonably expected to provide.

It is for these reasons that objection is rightly made to a "phantom pharmacist" who never has personal contact with the patient, or to those occasional pharmacists who use their education and professional privileges essentially for monetary gain, rather than public service.

Another area to which we should give attention is the commercial promotion of narcotic and prescription-legend drugs to the public. Articles such as the amphetamines,

amphetamines

barbiturates, corticosteroids, narcotics and others should not be the subject of intensive

in my opinion

promotion and aggressive merchandising to the

public. These articles should not be mere

objects of commercial competition. Prescription

drug use must be sane, sensible, and supervised -

or Merchandised

not pushed through public promotion.

(ind) Prescribers of prescription medication
should NOT be subjected to pressures designed
to stimulate the prescribing or sale of medication
in bulk quantities. The quantity of amphetamines,
barbiturates, corticosteroids, narcotics and
other such drugs in a person's possession must
be considered in relation to possible diversion
into channels which lack adequate professional
controls. Prescription drug use should be pro-
fessionally determined, carefully controlled and
continuously supervised to discourage increased
or excessive use and to prevent delayed recognition
of possible adverse drug reactions.

As the sponsor of the Senate Bill which
established the prescription-legend drug category
by an amendment to the Federal Food, Drug and

Durham Hingray Act

Cosmetic Act in 1951, I have had a continuing
~~and intimate~~ interest in the problems associated
with the effective supervision of the distribution
of these drugs. The purpose of the Durham-Humphrey
amendment to the Food, Drug, and Cosmetic Act
was to tighten up the Federal law as it pertains
to drugs containing habit-forming or dangerous
ingredients and to foster control over these drugs.

CONCLUSION

You and I are, you know, "Trustees for
America."

We Pharmacists have been given special
training; we are accorded, as professionals,
special privileges.

As citizens, in the broadest sense, it is
our task to help write and dispense sound pre-
scriptions for a healthier America and a
healthier world.

I know that we will succeed in this
great task.

#

For Release:
Tuesday a.m.
March 27, 1962

Excerpts of Remarks Prepared for Delivery to the
AMERICAN PHARMACEUTICAL ASSOCIATION ANNUAL MEETING

by

SENATOR HUBERT H. HUMPHREY

AUDITORIUM
LAS VEGAS CONVENTION CENTER
Monday, March 26, 1962
3:30 p.m.

President Lansdowne, Rabbi Sherer, Mr. Bollig,
Mayor Gragson, Dr. Blythe, my fellow pharmacists and
fellow APhA members: -

FOUR PRESCRIPTIONS FOR OUR TIME

I would like to submit to this great assembly
a few thoughts on what we might call: "The 4 Great
Prescriptions For Our Time."

They are - A "Prescription" -

- for Peace
- for Prosperity
- for Freedom everywhere
- and for our own proud Profession.

THE CITIZEN'S RESPONSIBILITY TO DIAGNOSE,
PRESCRIBE

Ordinarily, as pharmacists, you and I would not diagnose a "medical" need, nor would we attempt to write a prescription for it; that is the physician's job. You and I would only compound and dispense the doctor's prescription.

But in this instance, we, as citizens, are the "doctor;" it is our responsibility to share with our President - in making the diagnosis and in preparing the prescription, itself.

The pharmacist is more than just a professional man; he is a leader in his community. Leadership involves responsibility.

We, ourselves, have the task, ~~therefore~~, of helping to devise for our Nation - the best possible formulas

- against war
- against economic stagnation or depression
- against the spread of Communism throughout the globe
- and, here at home, against a variety of influences harmful to our profession.

As a Nation, I believe, we are making significant progress toward all 3 of the initial objectives.

And, on the 4th goal, we, as a profession, under A.Ph.A's leadership, are going to raise still higher our own standards, rather than permit any source to undermine those standards.

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I would like to make one particular suggestion now. It is directed against a danger which is not sufficiently discussed - the danger of Accidental War.

WAR BY DESIGN UNLIKELY

I mention this hazard because war by Soviet design seems infinitely less likely. And war by U.S. design is impossible.

I mention Accidental War, too, because every Pharmacist knows the meaning of precautions. Training

against accidents is built into the very fibre of his work habits. But laymen tend to be less wary.

It is not inappropriate, too, to mention this subject in this particular city. We meet not far from a great U.S. Testing Ground. We meet in a city where Chance is no stranger.

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You and I know through press, radio, and television that the U.S. Government has taken every possible precaution against these hazards. We know that the North American Air Defense Command, the Strategic Air Command and other defense arms have "built" elaborate safeguards into their systems.

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But avoidance of war by miscalculation involves a whole set of specific political-military decisions and procedures which could be profitably studied in their own right, not merely as a part of Arms Reduction or a Test Ban.

It would be a good idea to hold a Conference on Accidental War overseas perhaps in Geneva. It would be my hope that the leaders of the Red Army, the Red Air Force and the Red Navy could personally attend. No one here knows for sure how powerful a role the Soviet military chiefs now play or may in the future play - in decisions of war or peace.

Whatever their role, let them hear at first hand what their opposite numbers have to say about this somber issue, in addition to what the diplomats say.

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Nations, capable of resisting the contagions of "Krushchev-ism," "Castro-ism," or "Mao-ism."

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INADEQUATE U.S. "DOSAGE" OF HEALTH AID

In my personal view, a principal fault, with the U.S. health programs abroad is a mistake no good doctor or pharmacist would commit - the dosage is too small.

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IMPROVE COMMUNICATIONS

In our next Report, the Subcommittee addresses itself to still another problem of particular interest to A.Ph.A. on the home front. I refer to better communications between the healing arts professions, including physicians and pharmacists; - between researcher and researcher, between researcher and medical practitioner, as well as between the healing arts and the public.

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Health Service and Defense Department likewise count on pharmacists and are conducting manpower and location studies, on our profession.

Being in daily, intimate contact with your fellow citizens and health associates, you appreciate and understand the changes that are taking place today. The pharmacist's role in the public health of the Nation is an ever-expanding one. Newer, more effective, chemotherapeutic agents are being made available, new approaches to the mitigation and cure of disease are being developed.

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I see from the program that there will be many sessions devoted to daily practice. As a pharmacist, a Senator and American, I am proud of the thousands of daily practitioners of pharmacy who form the backbone of our medical care system.

The pharmacist must, in my judgment, be enabled to continue to provide the highest degree of pharmaceutical service. That is why I stress in all legislation, touching on health care, that the patient have freedom of choice in selecting his pharmacist, physician and hospital.

I have sought at every opportunity to inform Congress, the Federal Agencies and the public, of the professionalism and self-discipline of pharmacy's practitioners. You and I know that when a person obtains prescribed medication he is not obtaining just a commodity. He is obtaining the services of a highly-trained professional.

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for a particular patient. It is for a particular condition, for a specific period of time, and is to be utilized according to particular instructions.

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An indispensable element of professional service is the direct, personal relationship between the pharmacist, patient and prescriber. During my formative years in my Dad's pharmacy, in Huron, South Dakota, I saw - unforgettably - the qualities of neighborliness and friendship between pharmacist, doctor and patients.

This pharmacist-patient-prescriber relationship must be maintained. The pharmacist must be able to determine that the prescription document itself is valid and is for legitimate medical purposes and may be dispensed in good faith. If the slightest uncertainty exists, the pharmacist must be able to contact the prescriber personally. The physician, of course, carries the responsibility for proper prescribing, but a corresponding liability rests with the pharmacist who dispenses the prescription.

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But the key to an effective pharmacist-patient-prescriber relationship is the ability of the pharmacist to dispense immediately any medication which any pharmacy can be reasonably expected to provide.

It is for these reasons that objection is rightly made to a "phantom pharmacist" who never has personal contact with the patient, or to those occasional pharmacists who use their education and professional privileges essentially for monetary gain, rather than public service.

Another area to which we should give attention is the commercial promotion of narcotic and prescription-legend drugs to the public. Articles such as the amphetamines, barbiturates, corticosteroids, narcotics and others should not be the subject of intensive promotion and aggressive merchandising to the public. These articles should not be mere objects of commercial competition. Prescription drug use must be sane, sensible, and supervised - not pushed through public promotion.

Prescribers of prescription medication should NOT be subjected to pressures designed to stimulate the prescribing or sale of medication in bulk quantities. The quantity of amphetamines, barbiturates, corticosteroids, narcotics and other such drugs in a person's possession must be considered in relation to possible diversion into channels which lack adequate professional controls. Prescription drug use should be professionally determined, carefully controlled and continuously supervised to discourage increased or excessive use and to prevent delayed recognition of possible adverse drug reactions.

As the sponsor of the Senate Bill which established the prescription-legend drug category by an amendment to the Federal Food, Drug and Cosmetic

Act in 1951, I have had a continuing and intimate interest in the problems associated with the effective supervision of the distribution of these drugs. The purpose of the Durham-Humphrey amendment to the Food, Drug, and Cosmetic Act was to tighten up the Federal law as it pertains to drugs containing habit-forming or dangerous ingredients and to foster control over these drugs.

CONCLUSION

You and I are, you know, "Trustees for America."

We Pharmacists have been given special training; we are accorded, as professionals, special privileges.

As citizens, in the broadest sense, it is our task to help write and dispense sound prescriptions for a healthier America and a healthier world.

I know that we will succeed in this great task.

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