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Excerpts of Address Prepared For Delivery By
Senator Hubert H. Humphrey (D., Minn.)
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University of Minnesota
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A "GOLDEN AGE" OF DRUG THERAPY:

Needs for Teamwork, Information and Manpower-

- Loans for Pharmacy Students
- A National Drug Information Clearinghouse
- Future Senate Subcommittee Hearings

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I am delighted to join with you at this heart-warming occasion. I am going to submit a few thoughts on matters which are close to all of our hearts.

My central theme is - ~~You and I and~~
the Great Age in which we live.

Astronauts
Major Cooper

IT IS A CHEMICAL AGE - A PHARMACEUTICAL
AGE - A GOLDEN AGE OF DRUG THERAPY.

My purpose is to mention a few guide-
lines for realizing the greatest possible
benefits of this Age ~~on behalf of all~~ ^{for all of} our
citizens.

In the research laboratories ~~of this~~
~~Nation~~, the genius of science is going to
surpass all previous discoveries of the past.

The afflicted - the victims of disease and
disability are going to benefit from superb

therapeutic agents, the like of which we can now only dimly perceive.

The pharmacist - as a key member of the Healing Arts team - ~~will~~ ^{will} play a central role, as the physician's ally, ~~in this Age.~~

yes, The pharmacist is going to enable the physician to maximize ~~further~~ the benefits of drugs and to minimize their hazards.

Pharmacy
ASA
Profession

THE FACTORS WE NEED

In order to do so, we need a combination of factors,

~~I can refer to them by the acronym "T.I.M."~~
~~The initials stand for:~~

- Teamwork
- Information
- Manpower.

Health Professions
Educational Assistance
bill - H.R. 112

① - Teamwork - among all the healing arts;

② Information - prompt, reliable, complete -
shared by the healing arts;

③ Manpower - ~~the most~~, the best, we can
recruit and retain in the healing arts.

Let me ~~take each of~~ ^{discuss each of} these factors, ~~and~~

~~briefly.~~

I will do so in reverse order - i.e.,
considering the human element - Manpower -
first.

PROPOSED LOANS TO PHARMACY STUDENTS

There is now pending before the Senate
Committee on Labor and Public Welfare an
important Bill, H. R. 12, the Health
Professions Educational Assistance Bill.

As many of you know, it would provide:

↳ a three-year program of matching

Federal grants for construction and

renovation of teaching facilities

for medical, dental and allied arts,
including pharmacy ~~professional~~ schools;
- a 6-year loan program - solely for
students of medicine, dentistry and
osteopathy.

Construction

Construction Grant applications could
only include non-profit, accredited schools
of medicine, dentistry, nursing, pharmacy, etc.

Student Loans

The student loan provisions would be
limited to \$2,000 per student per year
(90% from the Federal Government and 10%
from the individual school). Loans would be
repayable at 3% interest per year over a
10-year period, beginning 3 years after
completion of full-time study, excluding
periods of active military duty or Peace
Corps Service.

In my judgment, ~~final~~ enactment of this Bill this year is a must. I need not tell you that this Nation is already seriously short of professional manpower in the healing arts. In addition, in ratio to rising population, we are scheduled to be in still shorter supply in the decade ahead.

We need more manpower, better trained manpower, educated in more modern facilities - and I might add, with better paid teaching facilities.

men
women

Joan Schick

And no prospective pharmacist should be deprived of opportunity to learn his chosen profession because he and his family lack the means.

Deans of Schools of Pharmacy across the land have confirmed the regrettable news that this, unfortunately, is precisely what has

been occurring.

This situation must be remedied.

Recognizing this problem, I have been in contact, over a period of many months, with the leaders in the pharmaceutical profession, including the American Pharmaceutical Association, the American Association of Colleges of Pharmacy, the National Association of Retail Druggists and others.

When the House Commerce Committee held Hearings on H. R. 112, testimony had been presented on the importance of an amendment for student loans for pharmacy students. Such an amendment would provide financial assistance to students once they had completed their basic college courses, i.e., were in their 3rd year or beyond.

An amendment of this nature by the

Senate would, of course, prove very helpful.

But, frankly, so would quite a few other amendments, e.g., an Amendment for Construction Loans for Schools of Veterinary Science (which are now completely omitted, unfortunately).

The tactical situation between the Senate and House is not simple. Our Senate dilemma "boils down" to this question:

"How many helpful amendments could we add on to the Senate version - without endangering chances of the overall Bill?"

We must have some Professional Manpower Bill. We should, of course, try for the best possible Bill. But, we will ultimately achieve a Bill which is less than perfect, because, realistically speaking, only a less-than-adequate perfect Bill stands any chance of final

Salmon P. Chase
Industry
Edw. Everett
-8-
enactment in its Conference form by the
House of Representatives.

For example, even the present modest student loan provision escaped total elimination only by a vote of 150 to 188. In other words, a change of 20 votes in the House would have killed all student loans.

I certainly want to secure enactment of loans for pharmacy students.

But, I will be guided in my actions in part by a consensus in the Senate, the House and among interested professional organizations. I refer to a realistic consensus as to how many improvements we have a chance of achieving - without "losing" the whole Bill.

PROGRESS ON THE INFORMATION FRONT

Meanwhile, we must move ahead on other fronts.

One is in the form of Drug Information
- making it more prompt, more complete - and
placing it more easily at the service of
all the healing arts.

Information
L Already, our pharmacists are better
informed than at any time in our history. But,
you and I know - as do M.D.'s - that never before
has ^{so much} ~~here~~ information been available. The
mass of information has been likened to a
"deluge," "flood," torrent," or "explosion."

Shortly, the Senate Subcommittee of which
I am Chairman will publish a volume entitled,
"The Nature and Magnitude of Drug Literature."
It lists every major pharmaceutical publication
in the world. It points out that some 200,000
original articles appear every year in the
pharmaceutical literature.

Over and above what is published, there are masses of information which are not published - and for a variety of reasons.

Some of this unpublished information relates to beneficial effects of drugs - sometimes, effects not anticipated originally.

But, some of the unpublished information concerns undesired effects.

Fortunately, this past week, the American Medical Association announced formation of a new "Central Registry of Adverse Reactions to Drugs and Chemicals."

It will be an "early warning system" for the guidance of American physicians in prescribing drugs for patients.

The Registry is an outgrowth of the A.M.A.'s existing Registry on Blood Dyscrasias.

I welcome this historic news. A System

of Registries on Drug and other Chemical

Information has been an objective ~~which I~~, *for which I*

have worked
~~for one, have fought for~~ for years.

Since our Subcommittee's Hearings in
August, 1962, I have written literally
hundreds of letters to professional sources,
urging, in effect, a National Drug Information
Clearinghouse.

Such a Clearinghouse would be a powerful
ally to all the healing arts. It would help
maximize the good from safe, efficacious drugs.

And it would help ~~help~~ *flash* early warning
signals on undesirable effects.

But, I want to add at this point these
provisos - and I know you will agree with
me on them:

Provisos

(1) The M.D. already has an "Early Warning Ally" in the form of the pharmacist. This ally should be used to a much greater extent than ever heretofore. 2-way communication between physician and pharmacist must be brought to a peak of efficiency.

(2) Drug information must be carefully evaluated. A toxic reaction attributed to a specific drug may be actually due to totally extraneous factors. Or it may prove ~~are~~ to be due to a 1-in-100,000 physiological idiosyncrasy.

In effect, "raw" data as to adverse reactions may, in the final analysis, prove very accurate, or at the opposite extreme, very unreliable. We want neither panic ~~and~~ hysteria on the one hand, nor apathy ~~or~~ needless delay on the other hand.

(3) We need a system of drug information systems - Federal, State and local, F.D.A.,
A.M.A., A.P.H.A., N.A.R.D., A.N.A., public and
private, working together, for the good of all
concerned.

We need a "Federal Reserve System" of
central "Banks" of information, assisting
information "banks" all across the country. No
one system can be expected to have all drug
information. But, each should "feed" into
the other.

(4) Information is essential, but in
the final analysis, it is individual human beings
who must interpret information.

There is no substitute for the individual
skill, judgment, experience, wisdom, built
up over the years by the pharmacist, the M.D.

Major
Cooper

and other professionals. His post-graduate education and training must be brought to highest efficiency.

In effect, the pharmacist's education is a life-long task; it never ends.

(5) Finally, on this point, there must be greater teamwork among all the healing arts than ever before achieved. Each needs the other to a greater extent than ever before.

PLANS FOR FUTURE HEARINGS

In the few remaining moments, I should like to say just a word or 2 about our own Senate Subcommittee's future Hearing plans.

~~Subcommittee~~
~~Plans~~

These plans are subject to change, for, just within the past week, I have had to cancel, unfortunately, a whole series of Hearings. The reason is that I was literally facing

2, 3 or 4 Hearings on the very same days
at the very same time - which is, of course,
not possible.

Tentatively, at least, therefore, we
expect that on June 19, our Subcommittee will
hear testimony from Dr. Lowell Coggeshall,
Chairman, Commission on Drug Safety. I had
been delighted to announce the formation of this
distinguished Commission at our Hearings, last
August. Dr. Coggeshall has been in close
touch with my office. Some 150 leading
physicians, pharmacologists and other
experts have been diligently working with
this Commission in a series of Subcommittees on
problems of interest to many specialized
groups.

That same day, we will welcome testimony

~~testimony~~ from Dr. Austin Smith, President of
the Pharmaceutical Manufacturers Association
and from, I believe, two Presidents of leading
pharmaceutical companies.

The following week, we will hear testimony
from the American Medical Association.

And then, we will hear from representatives
of:-

- The Second Citizens Advisory Committee
on the Food and Drug Administration;

*What is being
done about
the report*

- and the Department of Health, Education,
and Welfare. - F.D.A. - Plans, Needs, Problems

Meanwhile, our Subcommittee will be
publishing a series of what I believe to be a
vital reference publications - in the form of
Hearing-Exhibit volumes.

These publications will contain the

best judgment we can obtain from professional
leaders across the land.

I want to invite each of you in this
audience to share with us your views as to
future Federal drug activities.

And, I cordially invite you to request
copies of our past, present and future
publications.

This, then, is my message tonight.

It is a message of bright vistas and
opportunities, a message of the Golden Age
of Drug Therapy which lies before us.

Impact of Science Technology
L 32.8 D - \$16 B. 11/10/72
on Economy
Defense, Space, Health & Drug



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