

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

① Mr. Ellis Myer  
today emphasized  
MANUFACTURER'S RESPONSIBILITY  
for TRADE MARK

S. JRS 159-  
Feb 21, 1962

→ Hearing Start Today!

Hughes, Capehart, Prof. Murr,  
Johnston, Scott, Mc Clellan  
Randolph, Mink, McCarthy  
Case of So. DAK

Quality Stabilization Act.

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

Excise Taxes - Tax Reform!  
costly to all!

Convention Hdqts - Las Vegas

3000 Delegates

Sir Hugh Finstead, <sup>-1-</sup>  
Pres. Intern. Pharmaceutical Federation

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

~~Mayor Gragon, Dr. Blythe,~~ ~~Drum (Bill Apple)~~

~~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

~~[scribble]~~  
Acting Mayor  
Whipple

Senate  
in session

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 <sup>our</sup> 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 throughout the globe

- and, here at home, against a variety of influences harmful to ~~the~~ <sup>the</sup> 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  
Agric, 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, ~~and~~, 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 pre-cautions 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

out

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

① Quality Stabilization Smb Business

3. PRESCRIPTION FOR FREEDOM IN EMERGING AREAS

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  
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Techn Ass  
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,~~ <sup>A</sup> 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 <sup>for</sup> / 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. <sup>and</sup> This <sub>1</sub> 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

~~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 <sup>professional</sup> 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. The <sup>US</sup> 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, chemotherapeutic 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 prescription service study. I understand that we are on the verge of pilot programs in several states. This is the kind of constructive programming 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 <sup>well</sup>~~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~~ <sup>concerning</sup>

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.

↳ 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.

↳ 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 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, *responsibility* rests  
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.

Keep

Keep

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 *in my opinion* 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 - *or Merchandised* not pushed through public promotion.

*and*, 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 H. H. H. 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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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.

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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.

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.

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

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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 "pockets" of distress in various areas of our country.

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## 3. PRESCRIPTION FOR FREEDOM IN

### EMERGING AREAS

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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.

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.

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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

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.

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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.

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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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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, 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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