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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~~ <sup>for all of</sup> 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~~ <sup>will</sup> 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 <sup>discuss each of</sup> ~~take 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 Schenk*

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

*Scholar Research - Industry - E. W. Groves*  
-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 <sup>so much</sup> ~~more~~ 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*

~~for one, have fought for~~ *have worked* 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 ~~fast~~ *fast* 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 ~~to be~~ *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~~ *and* hysteria on the one hand, nor apathy ~~or~~ *and* 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~~ 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;
- and the Department of Health, Education,  
and Welfare.

*What is being  
done about  
the report*

*F.D.A. - Plans, Needs, Problems*

Meanwhile, our Subcommittee will be  
publishing a series of what I believe to be  
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  
& S.D. - \$16 Billion  
on Economy  
Defense, Space, Health & Drug



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