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Status of Pharmacists in the Government Service and Under Selective Service

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For many years each of the three national associations, American Pharmaceutical Association, American Association of Colleges of Pharmacy and National Association of Boards of Pharmacy, had a standing or annually appointed a committee on the Establishment of a Pharmaceutical Corps in the United States Army. The committees were appointed for the purpose explained by the committee title.

After fifty years of futile effort and the expenditure of much time in legislative endeavor, the associations decided to drop their insistence on a separate corps for pharmacists and adopted another plan for improving the pharmaceutical service in the army by legislation which would grant a certain number of commissions to qualified pharmacists in the Medical Administrative Corps.

This proposal was approved by the then Surgeon General Reynolds and the bill, introduced by Senator Sheppard of Texas, Chairman of the Senate Committee on Military Affairs, was passed and signed by President Roosevelt June 26, 1936.

The committees of the three associations worked together very effectively to obtain passage of this legislation.

As one objective, commissions in the army, had been reached, it was decided that due to the opposition of the army to a separate corps for pharmacists it would be wise to drop that proposal until the value of pharmacist officers in the army was shown by the work of those inducted into the service. Therefore the name of the committee no longer applied.

At this time it was decided to broaden the scope of the committee's work and charge it with a similar duty with

reference to the navy. Likewise it was instructed to obtain places for and improve the status of pharmacists in all branches of the government service such as Civil Service appointments, Veterans Bureau and Public Health Service.

Therefore the committee of the A. Ph. A. at the Dallas meeting in 1936 made among others the following recommendations:

- “1. That the committee be continued.
2. That the name be changed to the Committee on Status of Pharmacists in the Government Service.
3. That it be made a standing committee of the Association.
4. That through arrangement with the A. A. C. P. and N. A. B. P., the committee members be appointed as members of the corresponding committee of those associations and function therein so that one committee can represent and speak for organized pharmacy about the status of pharmacists in the government service.
5. That it be instructed to continue its efforts to improve the pharmaceutical service in the federal and state governments and thereby obtain for pharmacy the recognition and status to which it is entitled.”

All of the recommendations were adopted.

The A. A. C. P. and N. A. B. P. approved the recommendations and since 1937 one joint committee, the Committee on Status of Pharmacists in the Government Service, composed of three members from each association under one chairman has been charged with carrying out the wishes of the three associations.

The committee operates chiefly by personal interviews with the heads of departments in Washington. Secretary Kelly is in daily contact with one department or another following up proposals.

The Chairman and Secretary Kelly are in regular communication by telephone or post. The Chairman goes to Washington whenever matters of importance require his presence which is rather frequently. The committee is called to Washington only when absolutely necessary. The personnel of the joint committee follows:

Committee on Status of Pharmacists in the Government Service

Representing the American Pharmaceutical Association:

B. Tappan Fairchild
F. L. McCartney
H. Evert Kendig

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Representing the American Association of Colleges of Pharmacy:

Henry S. Johnson
James H. Kidder
Carson G. Frailey, Jr.

Representing the National Association of Boards of Pharmacy:

Robert L. Swain
A. L. I. Winne
Charles Bohrer

H. Evert Kendig is Chairman of the combined committees.

Status of Students and Pharmacists under the Selective Service Act

The most frequently recurring questions in letters from every part of the country for information about the status of pharmacists under the Selective Service Act are answered in this article. The letters are received by the writer as Chairman of the Joint Committee on the Status of Pharmacists in the Government service.

The Selective Service Act itself defers the training of all students in schools and colleges of pharmacy until the close of the current academic year and in no event later than July 1, 1941. To obtain such deferment it is necessary that the student request deferment in his questionnaire.

Only students enrolled for the degree are eligible for this extension of time and the number of hours in attendance in school must be such that it constitutes his major employment. Special students, even though enrolled for a degree, who attend classes for only a few hours per week and give most of their time to other duties such as work in a drug store or laboratory, would not be deferred on the basis of student occupation.

A student whose status changes by withdrawal during the course or at the end of the scholastic year is required to report such change within five days to his local draft board. After July 1, 1941, all students cease to enjoy special status.

Every effort is being made to defer the training of bona-fide students of pharmacy until after graduation. Strong representations have been made to those in authority about the serious situation which would result from stopping the supply of pharmacists at its source. This argument has been based

upon the estimate that about three thousand pharmacists are required annually for normal replacements and the fact that for the past three years the schools and colleges of pharmacy in the country have graduated a yearly average of 1695.

Reports received from all sections of the country indicate a shortage in the supply of practitioners and in some areas the situation is becoming acute.

It is believed and expected that a satisfactory plan will be approved for the deferment of students in the medical, dental and pharmacy schools as the situation and requirements in the three professions are much the same.

Bills have been introduced in Congress for the deferment of the training of groups including one by Senator Murray and Representative McCormack which provides that medical and dental students, interns and residents shall not be conscripted until the completion of their training. We are watching such legislation very closely and are prepared to take appropriate action if there are indications that the problem will be solved in this way.

Some high officials are opposed to group or occupational deferments and the health services' requirements may be taken care of by individual deferment through the local draft boards. In view of this possibility it is important that students so apply themselves that they close the year without conditions. If further deferment for them is granted as a group or individually, it is not likely that students will be placed in this category if their scholastic records are not entirely satisfactory. One proposal we have made would require certification of a satisfactory record by the dean. The plan was received with some favor.

Graduates inducted into the service are sent to the medical department of the army for their training. This is supposed to be done as soon as classification can be made at the camp. Enrollment in the American Red Cross as a pharmacy technician, notation of that fact on the questionnaire, and presentation of the enrollment card at camp will help to facilitate transfer to the medical department.

The pay for the first three months is \$21.00 per month with subsistence. At the end of this period those who qualify will be given the rating of technical sergeant (pharmacist) with pay at the rate of \$1008.00 per year with subsistence.

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The lower pay during the first three months has no relation to the duties performed which during any period are expected to train the draftee for pharmaceutical service according to army requirements. The U. S. comptroller has ruled that under the law all men not having commissioned status must receive the base pay of \$21.00 for the first three months served in the ranks.

The opportunity for the rank of technical sergeant is available for all graduates of recognized schools of pharmacy.

In addition to this opportunity, graduates of the four year course will be under observation and those who possess this educational qualification along with the other requirements for the officer personnel will be granted commissions as second lieutenants. Those accepted will be commissioned as reserve officers in the Medical Administrative Corps and immediately be called to active duty for the remainder of their training period. At the end of that time, should an emergency not exist, they will be returned to the Officers' Reserve Corps.

The number to receive commissions is problematical; the medical department does not know just how many officers will be required nor how many can be placed. The problem has been and is being studied carefully by the Surgeon General and all conferences with his officers indicate a desire to maintain an adequate and satisfactory pharmaceutical service and to place well educated pharmacists wherever their training fits them for useful service.

The pharmacy officer is so new in the army that a pattern for his use has not been established. I believe the freer use of pharmacists will come after a certain amount of experimentation.

The question is so frequently asked, "What should I do to get a commission as a second lieutenant?" No standard procedure has been set up; the young man should be a good soldier, conduct himself like a gentleman and indicate by his conduct and diligence that he is able to command and direct the efforts of others. Aptitude and proper attitude will commend him to his superiors who have the power and duty of recommendation.

The Congressional Act signed by the President June 26, 1936, provided for sixteen pharmacist officers in the Medical Administrative Corps. The appointments have been made and

additional appointments can only be made when vacancies occur. An increase in the number can be brought about only by legislation.

With the passage of this act, the Officers' Reserve Corps was opened to properly qualified pharmacists. Three hundred and three pharmacists hold commissions in this reserve force. Last summer the Reserve Corps was closed but applicants will, no doubt, be accepted again when the present number has been sufficiently reduced by transfers to active duty.

Drug Preparedness

When the United States entered the war in 1917, it was not prepared for a major conflict. The army did not know what it wanted or required. There was a shortage of many important raw materials. Power, fuel and transportation were inadequate. There was a scarcity of trained help, skilled labor. We relied on the allies for many of the sinews of war. It was more than one year before we could ship troops to France, and fifteen months until army training justified the use of our troops in front lines.

The situation in 1917 possibly was excusable as prior to that time we had a very small standing army—25,000 for many years. Supplying an army of 25,000 was a simple matter, the types of equipment were few in number and in those days, simple in design. Especially was this so in the medical department. Serums, vaccines, antitoxins, and toxoids were in the experimental stage, vitamins were unknown and insulin remained to be discovered; hormone was just a word. Therefore it is not surprising that we endured many trials and tribulations in the effort overnight, to expand the army to 4,000,000, equip it and safeguard its health.

Our experiences of 1917-18 taught us a lesson. Out of the trials of World War I, grew the National Defense Act of 1920. This was a serious attempt on the part of Congress, activated by the army and navy, to put our house in order and prepare for the future.

Section 5)a) of this act charges the Assistant Secretary of War with the duty of adequate provisions for the mobilization of materials and industry, in time of need, sufficient to care for the military as well as the civilian needs.

While the problems involved ramify far beyond the normal functions of the War Department, the important fact remains

that the army and navy are directed by legislative fiat to prepare a plan by which industry will lend adequate support to the military forces if, when and as required.

A thorough understanding of the problems of industry by the army was necessary for the setting-up of a workable plan, so in 1922 the Army Industrial College was established. The purpose of the course offered is to train officers with special aptitude in—(a) industrial organization and mobilization of materials, (b) the technique of supervising wartime procurement of military supplies and (c) general instruction in the responsibilities incident to an emergency. Eight officers are on the faculty, sixty officer students—all departments of the army represented.

Included in the course is the study of chemicals, medicinal materials and hospital supplies.

With this background of two decades of study and experience the revised Industrial Mobilization Plan of 1939 was born and became effective.

In October 1939, at the request of the War Department, there was formed under the leadership of the American Drug Manufacturers Association, a body known as the Drug Resources Committee. The function of the committee was to aid in making effective the provisions of the National Defense Act especially with reference to medicinal supplies.

Carson P. Frailey, Executive Vice-President of the American Drug Manufacturers Association, was appointed Chairman and the membership consists of twenty representatives from the leading drug and chemical manufacturing companies of the country.

Until last fall the relations between this committee and the army and navy were on an informal basis. Now they have been formalized by a revamping of the entire set-up so that the committee can carry on its preparedness work for the Army-Navy Munitions Board and the National Defense Advisory Commission.

The name of the group has been changed to Drug Resources Advisory Committee. Personnel and program remain essentially the same.

This committee has made very complete surveys of the drug industry, collected information about facilities for production, available raw materials, stocks of drugs, and reports

to the Army-Navy Munitions Board, which, in turn, passes necessary information along to the Defense Commission.

G. R. Holden, formerly economic advisor to the Eastman Kodak Company, has been serving as liaison man in this field for the Defense Commission. He is on the staff of E. R. Settinius, Jr., Defense Commissioner in charge of raw materials.

Mr. Settinius has a division of Chemical and Allied Products, with E. R. Weidlein, former Director of the Mellon Institute, as the executive in charge. Included in the set-up are Commander C. R. Andrus of the navy, and Col. C. F. Shook of the army, who is Chairman of the Medical Supplies Committee.

Drug preparedness work covers civilian as well as military needs. The requirements of the civilians are just as important as the needs of the armed forces. War today is a contest between whole populations. One group at the front, the other behind the lines manufacturing supplies for the combat forces.

Therefore it becomes very important to maintain proper morale at home. The man and woman in the fields or munitions factory must know that their relatives or friends at the front have proper medical attention and the man on the firing line must not be worried by reports from home of lack of medical care.

In everything that is being done or planned in connection with preparedness, great consideration is given to civilian requirements. It is understood that as far as possible emergency measures will interfere as little as possible with the normal medication practices of the citizen. This would seem to include every procedure from prescriptions to common remedies used for self-medication.

The Defense Commission includes departments for raw materials and for finished products. The Drug Committee acts in an advisory capacity on both raw and finished substances.

While acting in an informal capacity for the year following September 1939, the Drug Resources Committee completed raw material and production capacity surveys on *almost every essential drug and drug product*.

The National Defense Commission now has available this great mass of valuable material. Drug preparedness was well

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under way when the Defense Commission became active and I believe our program is much further advanced than in most industries.

For instance, and this is typical of the work done, it has been determined that the established laboratories have today facilities for an entirely adequate supply of biologicals for the army, navy and civilian population.

The Drugs Resources Advisory Committee is divided into the following sub-committees: pharmaceuticals, medicinals, hormones and glandular products, biologicals, botanicals, fish liver oils, surgical dressings, narcotics and containers.

Some idea of the magnitude of the committee's work may be obtained from the consideration of just one drug, acacia, by the Sub-committee on Botanicals. We think of acacia in connection with emulsions. The committee found that acacia was an essential material in fifty different industries. Therefore, an adequate supply of this botanical has significance far beyond its pharmaceutical employment. For instance, if a rug manufacturer cannot obtain acacia, there is interference with civilian life at every point of rug contact from factory worker through the distributive channels down to the ultimate owner.

All of this work has been done without publicity or beating of the drums; little about drug preparedness appears in the newspapers. It is not wise to publicize many of the activities in this area. Let me assure you that this entire matter is well in hand and the country has little to worry about concerning medicinal materials which are of such vital importance during national emergency.