

In the interest of brevity, I shall group those medical, dental, and veterinarian medicaments and drug products under the general term "drugs".

I will attempt to provide continuity by first presenting a brief historical background. Then I will trace a drug from a statement of requirement through its standardization and availability in the supply system, and examine its procurement files. With this approach, I can explain the inter-relationships between the users, the services, and the various defense activities involved. I have some statistics to present at the conclusion of this review, and will then attempt to answer questions by the subcommittee. Since I am a physician, and do not work directly in the procurement area, I am accompanied by specialists who can provide detailed information within their areas of expertise.

HISTORY

The Army and Navy Medical Departments pioneered the consolidated, standardized military supply systems we have today. As early as 1945, the Army-Navy Medical Procurement Agency was established by the two military Surgeons General to act as a common purchasing office for standardized medical, dental, and veterinarian supplies. In 1949, following establishment of the Air Force as a separate service, the Agency was chartered as the Armed Services Medical Procurement Agency. Subsequently, as military logistic support organizations continued to evolve, the activity was successively designated as a single manager agency (Military Medical Supply Agency); Defense Medical Supply Center; and most recently, Directorate of Medical Materiel, Defense Personnel Support Center, Philadelphia, Pa. It is a component of the Defense Supply Agency (DSA), and its acronym is "DPSC".

Medical and dental professional guidance to this Agency is provided by the Defense Medical Materiel Board (DMMB, or "the Board"). Its predecessors included most recently the Armed Services Medical Materiel Coordinating Committee, and the original Army/Navy Medical Materiel and Specifications Board.

INITIAL ACTION

"Type classification" is the term applied to the adoption of a drug as a standard item, and its subsequent inclusion in the Department of Defense (DOD) Medical Materiel Section of the Federal Supply Catalog. Type classification is a responsibility of the DMMB, but the action must be sponsored by one or more of the services.

Some drugs are type classified as standard because the worldwide commitments of the Armed Forces make it imperative that these items be readily available at all times, regardless of usage or consumption rates. Our usual motivation, is the dollar savings which accrue through our centralized purchasing and distribution system. Consequently, although type classification action may be initiated as a result of the recommendation of an individual, a presentation by industry, or a proposal by DMMB, most actions follow a determination that the volume of local purchases by field activities indicates that economies will result.

For several years, for example, we have been stock listing calcium carbonate and aminoacetic acid tablets (FSN 6505-890-1658). Type classification was requested by the Air Force in 1963. The item is a commercially available antacid which was marketed under the trade name of "Titralac tablets" by Riker Laboratories, Inc., Northridge, Calif. It is used primarily in the treatment of peptic ulcers (gastric and duodenal) and gastric hyperacidity.

In 1963 the Air Force used a statistical sampling technique to evaluate usage of nonstandard drugs. Upon noting that over \$2,500 was being spent on this antacid that year by a selected group of 21 hospitals, the Air Force marked the drug for review. Air Force professional and logistic personnel concurred that there would be a continued requirement for a drug of this type, and that demand and use rates could be expected to increase, or at least remain constant. As a result of these preliminary actions, the Air Force submitted to DMMB a recommendation "to stock list an antacid comparable to Titralac tablets."

DMMB advised the Army and Navy of the Air Force action, and requested service positions.

Working from the Air Force recommendation, Army and Navy personnel reviewed their own reports, consulted their specialists, concurred with the Air