

In celebration of American Pharmacists Month, a look at lives dedicated to pharmacy

*From the community, to the hospital, to the classroom,
to the airwaves, pharmacists make heroic
moves during the pandemic and beyond.*

View from the ICU

Leslie A. Hamilton, PharmD, FCCP, FCCM, BCPS, BCCCP, has known she wanted to be a pharmacist since her junior year of high school. She is an associate professor of clinical pharmacy and translational science at the University of Tennessee (UT) Health Science Center College of Pharmacy and a preceptor. She's got experience in critical and pulmonary care, and now she's a neurocritical care pharmacist in the ICU at UT Medical Center, where no 2 days are the same. She's seen a lot.

COVID-19 was something different altogether. "It has been a crazy experience," Hamilton said.

"I work in the neuro ICU as a clinical pharmacy specialist, and we have been temporarily displaced to another ICU as our ICU is the newest and has the best negative pressure capabilities," she said. "It has definitely been an all-hands-on-deck situation where we all try to help each other out in all of the ICUs."

One of the worst parts was the frequent changes in rules and protocols. "As we learned more about the virus, the medications used to treat it, and the best personal protective equipment (PPE) to wear, we were receiving guidance multiple times per day on how things were changing," she said. "That created fatigue in and of itself."

Indeed, the biggest challenge for herself and her colleagues is sheer mental exhaustion—being in stress mode since March has taken a toll. Some coworkers have gotten infected with COVID-19. "Also, some of the general public [are] saying that 'health care providers are

exaggerating COVID-19 and it is really not that bad,'" she said. "It is frustrating to see the public perception change from 'health care heroes' to saying that [the public health emergency] is exaggerated."

There have been bright spots as well, such as the teamwork between pharmacy and medical staff. "These patients are sicker than many that we have treated before, and it takes a real team approach to take care of them," Hamilton said. That's not all she's been grateful for: "The outpouring of the public dropping off masks, food, and cards. [And] friends checking in on me throughout the pandemic."

Hamilton's work as a preceptor looks a bit different than it did before the pandemic. There was even a period of about 1.5 months where APPE students were not allowed in the hospital—now that restrictions have loosened, many have expressed their gratitude to be back on rotation.



"This has been a big adjustment, but the students have been awesome in going with the flow: checking their temperatures daily, screening for COVID-19 symptoms, learning how to don and doff PPE and how to remain safe while taking care of patients," she said.

"I worry about my students getting COVID-19, so I reinforce the importance of PPE, distancing, and monitoring for symptoms."

The students now must spread out in their work areas to maintain social distancing. "They have also found, as have I, that you have to speak a little louder and clearer with a mask on, so they have also had to adjust to that during rounds."

They need emotional support as well. "I have made sure to have discussions with the students to let them vent their frustrations with the situation and to remind them that everyone is going through this together," Hamilton said. "We all wish for things to go back to normal, but we all know that will still be a while."

Despite a lot of the glory falling on physicians and nurses, "pharmacists have really played an important role in caring for patients and teaching our students during this pandemic," Hamilton said. "The pandemic has brought to light that we need to continue advocating for ourselves and educating others [about] all that pharmacists can do."

A pharmacist in a high-volume pharmacy setting heeds the call

When the Kentucky Department for Public Health solicited pharmacists to take a new role to pioneer pharmacist-led COVID-19 testing efforts, Laura Broughton, PharmD, jumped at the chance. "I earned my master's in public health through [the University of Kentucky] dual degree program, and I was excited to take on a role that married public health and pharmacy so well," she said. Practicing at the top of her license was a bonus.

Broughton's chain pharmacy was one of the first pharmacist-led testing programs in the state—it opened at the end of April. The pharmacy uses a drive-through, self-administered test model in its program. "I've been at the forefront of rolling out the procedure," she said. She typically has one of two roles interacting with patients: "Either helping to instruct patients on how to perform the test—I often tell them I'm going to be their cheerleader through the other side of the glass because they are nervous—or on the back end, calling patients with the results of their tests."

The constant updates in COVID-19 findings and recommendations have made this a complicated time for Broughton and all pharmacists.

For Broughton, being of service to the community has been the best thing about her pandemic experience. "The response from our community has been incredibly positive. Being one of the first larger-scale community-based testing sites in the state has afforded us the opportunity to build some great relationships within our community, and being open 7 days a week with rapid results has allowed us to reach patients that other models perhaps leave behind," she said.

Her bachelor's degree in Spanish has been especially valuable as her testing site has served as a major point of access to the local Spanish-speaking community—she's spoken more Spanish in 4 months than she had in the previous 10 years. "A few of us on the team have a strong enough Spanish-language background to provide both testing instructions and results in Spanish. That's been an incredibly rewarding experience for me."

As the nation moves forward,

Broughton has a few wishes. "I hope that we remember to remain inclusive of all of our little communities within our community when doing outreach about public health measures—Gov.

It's all part of the job. "When I took the Oath of a Pharmacist at graduation, I meant those lines about the 'lifelong obligation to improve my professional knowledge and competence' and considering the 'welfare of humanity and relief of suffering my primary concerns,' Broughton said. "It is my duty to inform my community and cut through the noise as an educated professional so that we can get to the other side of this pandemic and begin healing and rebuilding."

To protect as many people in her community as possible, she stays diligent and well informed. "I look forward to the day when COVID-19 doesn't con-

"I hope that the lessons we learn as a society are indelible and carry through to the next pandemic, and that my daughter knows her mom stepped up and lived up to the greatest ambitions of her profession when she had the opportunity to do so."



Andy Beshear's sign language interpreter, Virginia, has become something of a rock star—and the need to do better at reaching our communities where English isn't the primary language spoken in the home," she said. "As a pharmacist, I hope the work of pharmacists like me in these expanded roles in the community, and also our pharmacists on the front lines in the hospital as part of the clinical team, continue to cement our roles as providers of top-notch and necessary patient care."

sume a huge chunk of my day-to-day life and doesn't wreck my plans—I postponed my September wedding to 2021, so that's been also taking up the rest of my free time," she said. "I hope that the lessons we learn as a society are indelible and carry through to the next pandemic, and that my daughter knows how her mom stepped up and lived up to the greatest ambitions of her profession when she had the opportunity to do so—that she didn't just walk toward the fire, but she blazed the trail."

From British Guiana to Washington, DC, a pharmacist lives his principles

Registered pharmacist Anthony Ramdass's first job after graduating from Washington's Howard University College of Pharmacy was in a low-income, medically underserved area. "I was privileged to be mentored by an older African American pharmacist, Dr. Graves, who we affectionately called Doc," Ramdass said. "He treated me like a son and mentored me on the notion that the most important attribute you can bring to this job is empathy and respect. He always told me that these patients may not have much, but pride in themselves and trust in you is an additional drug that can enhance their well-being."

The foundation of a career

Ramdass took those words to heart and built his career upon the idea that health care must not only be about

For Ramdass, it all connects to his upbringing in British Guiana (now Guyana, in northeast South America), where he witnessed the importance of access to



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resources, but also a connection to and understanding of the patient's environment. "Even though poverty was endemic in this community, I saw the importance of a pharmacist and how patients were hungry for health services," he said. "The neighborhood pharmacist was a stabilizing presence in this community, and we were respected for the service we provided. I just loved those patients."

They loved him back. Members of the community would stand guard at the pharmacy to make sure the staff got on their way safely when it closed shop for the night, and they referred to Ramdass and Graves as Young Doc and Old Doc.

health care. "I grew up in a health care-oriented family. My aunt was a nurse, my uncles were hospital administrators and pharmacists, and my dad was both a village nurse and pharmacist. We lived above the pharmacy."

Ramdass's father was responsible for the health care of sugar-cane cutters, who carried out the dangerous, arduous work of harvesting sugar cane. "My dad was on duty 24 hours a day providing primary care. He would go out and visit rural villages and would take me along. I was about 8 at this time."

British Guiana was underdeveloped, and health care in rural areas was sparse—most people only sought treatment for emergencies. "I felt sad

as such a little boy to see mothers and babies sitting and walking long hours to visit a health care worker," Ramdass said. "After several trips with my dad, I saw the positive impact of [his visits], the concept of 'take it to the people medicine,' and as I developed my professional life, I wanted to incorporate this model."

Serving the underserved

This practice philosophy has been particularly important during the COVID-19 pandemic.

"The COVID-19 epidemic shined a light on health care issues that have long been in darkness. People of color especially, by virtue of public policy, have always been subjugated to the benevolence of others," Ramdass said. "The comorbidity that provided fertile environment for COVID-19 mortality is endemic in minority communities because of the lack of medical services, and providers who are unwilling to practice there."

The pandemic is also disadvantaging older adults who rely on in-home medical services. "They cannot access primary care, as most of them do not have access to telemedicine. The technology divide is also an issue to be contended with and is another health disparity." Ramdass's pharmacy aims to help home-bound patients by doing home visits using PPE, delivering medication and providing in-home vaccinations. "We advocate for patients with their doctors and are very proactive in getting their medications delivered and speaking to the medical support team," he said.

In addition, the Ramdass Pharmacy serves a portion of the intellectually disabled population, sets up vaccination clinics, provides unique medication packages, and serves as a local consultant to the entire health care team.

Institutionalized roots

Ramdass believes health care has become economic policy rather than public policy and is dismayed. "We are the richest country in the world, yet we rank lower than some [low- and middle-income] countries on health outcomes. It seems the best gets the best

and the rest gets less. The current disparity has always existed," he said.

"Our health care system institutionalizes poverty by not supporting and funding primary care in underserved neighborhoods that are COVID-19 epicenters," Ramdass said. "One has to wonder, when the vaccine comes, who will be the primary recipients? And further, will this spotlight change public policy or merely continue with the current dysfunctionality?"

Pharmacists have great power to

"Dismantling racial disparity is not a burden solely upon the minority population. It is incumbent upon the entire society. We must reorient our consciousness that this is not a minority/majority issue—no, it's an American issue."

make change. "Community pharmacists are the pillars of small towns—even in big cities there's a reverence for them. [In many areas] the community pharmacist is the local doc. People often come to us first for medical advice, and then we become the primary source for entry into the health care system," Ramdass said. "Especially as Americans see a growth in the minority population, the pharmacist becomes a trusted source for medical advice."

To dismantle racial disparities, Ramdass said, one must first acknowledge the issue exists. "Denial is merely a form of procrastination of the inevitable, which ultimately costs lives and is manifested by the over 180,000 American [COVID-19] deaths," he said. "Dismantling racial disparity is not a burden solely upon the minority population. It is incumbent upon the entire society. We must reorient our consciousness that this is not a minority/majority issue—no, it's an American issue. The

obvious benefit to society is an economic force that will be unleashed that would create a dynamic country and prosperity to fund further health care."

Gratitude and meaning

"During the pandemic, I have seen the worst and the best in justice and empathy, sorrow and hope. I was able to recall those early days at Howard University and the mission of that great institution. We are responsible for each

other, for each other's welfare, and our profession is the platform to make that contribution," Ramdass said.

Pharmacy is a noble profession, Ramdass said, and it has fulfilled and satisfied all his professional goals. "I have had the privilege to experience several facets of pharmacy practice and management. I was a commissioned officer of the United States Public Health Service and a captain in the United States Air Force Reserve." He's earned an MBA in health administration and owned several pharmacies. He is also board member of a local community organization.

"The totality of all these experiences has enhanced my professional practice and made me a better person. We are a repository of our experiences and how we integrate that into our lives reflects our humanity," Ramdass said.

"The contradiction of COVID-19 is that it has exposed all the fissures in our society for [how we care for] economic and racial [minorities]. It has universally manifested the inconsistencies of our society and, for the first time, created collective consciousness for change. Americans have always risen to challenges, and as we strive for that perfect union, hope, understanding, and morality must be our guiding principles."

Semi-retired pharmacist has stories for days

Paul Naber's first story starts at the University of Iowa (UI) in Iowa City, where he made two bold visits to two separate deans: first, the one at the medical school, and then the one at the pharmacy school.

"I went over to the med school and said, 'I'd like to see the dean,' and they said, 'Do you have an appointment?' I didn't," Naber said.

He explained that he wanted to discuss coming back to school to become a physician after 2 and a half years as what's now known as a medical service representative. "And unbelievably, they took me in."

The med school dean urged Naber to pursue pharmacy because that would allow him more time to spend with his growing family, but he was undeterred. "Then he said, 'Well, I have no money for you. Go to the dean of the pharmacy

school—he has money, and we need pharmacists.' "

That was convincing. He popped over to the pharmacy school to meet with its dean—again, with no appointment. The dean told Naber his time as a medical services representative made pharmacy a natural fit. "He asked, 'Well, when can you start? We'll get some grant money and you'll be in here.' " A few weeks later he started the program.

Restless moves

Upon graduation, Naber opened a pharmacy with a grocery store company in Iowa, but he really wanted to

be in independent practice. He looked around for options and connected with a physician. "This doc was a surgeon and also a general practitioner, and I said, 'Why don't we get together and we'll build this clinic,'" he said. "I was just real forthright and within 4 or 5 months, we did it."

That lasted 5 years. Why did it end? Well, that's another story.

To his wife's chagrin—they had four young kids at this point—Naber decided to move on. Many times.

Over the years he worked at several small chains, set up clinical practice with pharmacists and a general practice physician at UI, started buying groups for pharmaceuticals across the country with a peer he met at an APhA meeting, took a job at a family-owned grocery, and finally spent 15 years at a company called Cost Cutter—he staffed one of its

locations and helped them get 32 other pharmacies going.

Both approaching age 65 by this point, his wife—a surgical nurse with plenty of stories of her own—wanted to retire, and Naber felt semi-retirement was good for him, too. Free to be a pharmacist and not the boss, he looked for opportunities that would allow him to provide patient care services.

What’s up, doc?

Seeking a chance to work more closely with patients—and other health care providers—he landed at a small pharmacy in the tiny Washington town of Sumas. Talking to physicians, he said, is part of fully taking care of a patient.

“There was one doc, and I would call him and I’d say, ‘Hey man, I got this patient here and you’re taking care of him for blood pressure and I need to know some stats because we aren’t [lowering] his blood pressure.’” The physician not only heeded Naber’s concerns but asked him for his recommended course of action. “This conversation was mimicked so many times, it was incredible. I’d say, ‘Yes. This is what the literature says,’ and he’d say, ‘OK, go for it.’”

“After multiple cancer treatments—chemo, radiation—she came to me and she said, ‘I had to be here today to tell you how you saved my life.’ It just puts a lump in your throat.”

That collaborative practice went well beyond blood pressure. “[We’d have] all kinds of things to talk about,” Naber said. “Over the next 6 years we [discussed] hundreds and hundreds of prescriptions.”

Naber had success working with physicians using his own brand of communication.

“You really have to be careful, because some have big heads,” he said. He was close to the physician in Sumas, and he was candid with plenty of other physicians, too. But there’s no “one size fits all physicians” way to communicate.

“Where I would usually say, ‘You need to see this patient,’ there were some [physicians] I wouldn’t dare to talk to like that. Even if I backed off and said, ‘I’d like to have you refer this

patient,’ or, ‘I’d like to have you see the patient,’ there are some [physicians who] would push back and say, ‘No, I’m running this.’”

Citing literature—Naber stayed current because he wanted to be as good as new pharmacy graduates—was most persuasive to doctors like that.

“All doctors need help with antibiotics. One, they don’t know which one to select, and if they do, they often still prescribe it inappropriately,” Naber said. “Sometimes I’d ask if they’d done a culture and they’d say, ‘I don’t need a culture.’ Then I’m going to say, ‘The literature says we need a culture on this.’”

Tone is key. “It’s really in how you say it sometimes—a lot of the time, actually. But the doctors of today really are much better in having relationships with pharmacists than they used to be, because they clinically practice with pharmacists during med school.”

Memories

“There was a lady with something funny on her leg, and I said, ‘What’s that?’ And people will tell pharmacists anything,” Naber said. “She pulled up her dress and asked me what I thought. And I said, ‘You have to go to the doctor right now.’ It was not just a little sore.”

She listened. “She went to the doc, and 3 days later she was in the tertiary care center at the University of Washington (UW), with melanoma on her leg.”

Later, the wound wasn’t healing as it should, and she returned to Naber. “I told her about a specialist dermatologist in the area who deals only with cancer—not at UW—because she needed more follow-up,” he said. “She needed a referral and I told her I’d give her a referral. She said, ‘Can pharmacists do

that?’ And I said, ‘I can do anything.’”

Five minutes later, he had the dermatologist’s office on the phone. “[I told the woman who answered the phone], ‘I have a patient here—female, 85 years old, had a melanoma, got treatment at UW—who you have to see right away. It’s not done. It’s not healed.’”

The woman said she would see what she could do, then came back to the phone and told him the dermatologist could see her in 3 days. “And I said, ‘Does he feel that’s soon enough?’ And she asks, ‘Well, do you think it’s that important?’ I said, ‘It’s very important. Now.’” The woman checked with the dermatologist again and said he would see the patient later that afternoon, if she’d come. “I said, ‘Oh, she’ll come.’” Today, the patient is cancer-free.

Another patient was having trouble with her cancer treatment in Bellingham. “It’s a phenomenal cancer center, but I told her she needed tertiary care at UW.” Naber had to persuade her physician to give her a referral. “I told the physician—notice I used the word ‘told,’ I didn’t ask—to get her in there and do it now.”

Three years later, at a small retirement party in Naber’s honor, he saw the patient again. “After multiple cancer treatments—chemo, radiation—she came to me and she said, ‘I had to be here today to tell you how you saved my life,’” he said. “It just puts a lump in your throat.”

His fondest pharmacy memories are of this latter part of his journey. “All the things along the way helped, but my twilight years were the best.”

And that’s the story of Paul Naber’s 50-year career. Actually, scratch that—he was due to renew his Washington license on his last birthday, and he wasn’t sure there was a point. But he gave it some thought and realized he had more than enough continuing education to renew. Thus, began his 51st year in pharmacy.



Looking beyond a patient’s indication

Lakesha Butler wears a lot of hats. Butler, PharmD, is a clinical professor and director of diversity, equity, and inclusion at Southern Illinois University Edwardsville (SIUE) and an advocate for cultural competence among health professionals; decreasing health disparities among minorities and underserved patients; improving health literacy; and using innovative, active learning strategies in the classroom.

Butler is a clinical pharmacist at Volunteers in Medicine Clinic (VIM), a free health clinic that serves adult residents of St. Louis. VIM serves patients who

transportation or other mobility issues. “It is best if they come and speak with us in person, but we are able to make adjustments.”

“I learned that she was going through a divorce. She was possibly going to lose her home. She didn’t necessarily want to take all her medications because she was concerned about being able to afford them,” Butler said. “So, I took the extra time to look for resources—pro bono legal services, food pantries, and other potential resources.”

The roots of disparities

Social determinants of health—the economic and social conditions that influence individual and group differences

NPhA-recommended reading on anti-racism in health care

NPhA has compiled a list resources on anti-racism, both in health care and in general. Here are a few books to get you started. Access the full list at http://apha.us/NPhA_AntiRacism.

- *Just Medicine: A Cure for Racial Inequality* by Dayna Bowen Matthew
- *Unmasking Racism in Healthcare: Alive and Well* by Marie Edwige Senegue, PhD, RN
- *The Health Gap: The Challenge of an Unequal World* by Michael Marmot
- *Black and Blue: The Origins and Consequences of Medical Racism* by John Hoberman



lack health insurance and with family incomes below 200% of the federal poverty level.

She also practices at the SIUE WE CARE Clinic in East St. Louis, IL. She is also the current president of the National Pharmaceutical Association (NPhA).

She’s a busy lady.

Pandemic adjustments

Butler said the COVID-19 pandemic, for all its obstacles, has opened opportunities. “We’re realizing that technology can be our friend,” she said. Beyond the pandemic, telehealth will help ensure continuous care for patients who have

COVID-19 has also highlighted the importance of empathetic listening. Butler finds herself inquiring about what’s going on with her patients, not just on a health care level, but a social level as well. “I hope that as pharmacists [during the pandemic], we can make deeper inquiries with our patients and not just stay on the surface when we are taking care of them,” Butler said. “We can uncover nonclinical reasons why someone is not compliant, or why their disease state is not controlled.”

Recently, Butler talked to a patient who was in tears during the entire interview. Instead of staying focused on her medication, Butler dug a little more.

in health status—like the ones affecting her patient have been illuminated by the pandemic. “Our underserved patients, especially our minoritized patients, are affected more frequently and more dramatically, and we know it’s very likely due to social determinants of health,” she said.

These disparities have never been more palpable than during the COVID-19 pandemic.

Butler never imagined she’d be dealing with two major public health crises—COVID-19 and systemic racism—during her NPhA presidency. “We’ve been dealing with systemic racism for a very long time, but recent events in

the country have brought it to the forefront," she said. "I'm very passionate about addressing health disparities, and unfortunately, we have not seen the needle move enough in combating or mitigating these health disparities across our country."

As NPhA president, she's been able to take the lead in raising the profile of these issues. "I'm proud to see overdue attention to fighting racial injustices in health care, specifically within pharmacy," Butler said. "We're having national pharmacy organization leaders go further than just putting out a statement acknowledging the problems we're having or stating support for addressing racial disparities, but actually taking action."

Transforming hearts

Butler has dedicated her career to being part of the solution to health disparities, not only by educating patients but also her health care colleagues.

To become more culturally competent, one must know the country's history and realize they are a product of how they've been socialized since childhood: the

Most biases in health care are unconscious or implicit. "Racism has unfortunately been a part of this country's existence since the beginning of time," Butler said. "It's important to start off with self-reflection and self-awareness. We have biases—I have biases as well—but to mitigate or address them, you have to know that you have them and ask the question: 'How has this affected how I view individuals who are not like me?'"

Another important piece is the practice of cultural humility, defined by the National Institutes of Health as a lifelong process of self-reflection and self-critique, whereby an individual not only learns about another's culture, but starts with an examination of their own beliefs and cultural identities.

"As pharmacists, we have quite a bit of knowledge as it relates to medications and health care, but we don't have the knowledge about the patient that we are taking care of," Butler said. "[We must come] to the table with that patient ready to share and educate the individual, but also be willing to be educated as well."

for all in this country. When we think about equity, we can't just treat all our patients the same, because they're not all the same. Everyone does not need the same amount of resources. Some need more. Some don't need as much. We desire an inclusive state of practice," Butler said. "Our ultimate goal is social justice, where all barriers are

"Our ultimate goal is social justice, where all barriers are completely removed. They took a long time to build, and it's going to take time and intentionality to eliminate them."

completely removed. They took a long time to build, and it's going to take time and intentionality to eliminate them."

Staying inspired

"Even though there seems to be a level of burnout within pharmacy, we are one of the most trusted health care professionals. Because we have built that trust, patients come to us, and seek our advice. For me that is very important because, especially in an underserved community, there is a lack of [health literacy]," Butler said. "Being able to help someone avoid an [emergency department] visit or prevent their disease state from being uncontrolled, and being able to influence other health care providers to make the right choices for a patient's health—the magnitude of that impact inspires me daily."

And of course, there are the patients themselves. "I've had patients who come back and say, 'Wow, if it weren't for you, I would be on multiple medications that I didn't need, or I would not have known the correct way I should be taking my medication—you taking the time to discuss these things with me really made a difference.' We may see that counseling as miniscule, but it can really have a significant impact," she said.

There's one more thing. "I feel the other piece is transforming our hearts, especially for those who are underserved or have been marginalized," she said.

"This shifting in our minds and transformation of our hearts is crucial to creating a more equitable state

A pharmacy accentuates the positive

DePietro's Pharmacy in Dunmore, PA, puts patients first. That's the principle upon which owner and head pharmacist Tom DePietro, PharmD, has built his business.

"Customers have always been the top priority, so when the pandemic hit, we found ways to continue caring for those who needed our services," DePietro said. "Our overall goal was 'stay home and stay safe.'"

Because patients couldn't come into the store, DePietro's amped up its digital presence. "We continued to post our inventory on social media as well as the website, we took online orders, and fulfilled [the orders] via curbside or delivery," DePietro said.

The pharmacy also hustled to keep essentials—masks, gloves, sanitizer, cleaners, and disinfectants—in adequate supply. "I was constantly searching for inventory. Not only did we have personal protective equipment sup-

"We are a team and that truly showed during the last couple of months. We supported each other, we made each other laugh, and really came together."

plies for customers and the community, but also local businesses," he said. "We put together orders for businesses near and far. We offered free shipping for people in other states who couldn't access PPE supplies."

The DePietro's team knew one day, when it was all over, they'd look back and reminisce about the COVID-19 era. To document what they experienced and balance negative news, they started a newsletter called The Antidote. "We wanted to make something positive and show that there is still good in the world," he said.

The team also strived to keep morale

high among themselves and the community. "We ordered lunch from a local business every day. We had a 'virtual spirit week.' We hosted giveaways. We organized a coloring contest for kids," DePietro said.

DePietro's also gave out coloring books and crayons for parents who were home with their kids and held a drive-by bunny event and a drive-by food drive with the local YMCA.

"Our most memorable experience is the local support from businesses and customers. That is what got us through each day," he said. The DePietro's team received countless handwritten notes, phone calls, and Facebook messages, and customers and local businesses sent coffee, breakfast, and lunch. "Every note we received was shared with the staff to remind them of the wonderful work they were doing."

They also had each other. "We are a team and that truly showed during the last couple of months," DePietro said. "We supported each other, we made each other laugh, and really came together."

THE ANTIDOTE Because happiness is the best medicine

A NOTE FROM TOM
 AS YOU KNOW ALL TOO WELL, THESE ARE UNCERTAIN TIMES AS WE CONTEND WITH THE EVOLVING AND UNPRECEDENTED EFFECTS OF THE COVID-19 CORONAVIRUS PANDEMIC. Rest assured, you can count on us, your hometown pharmacy, to continue providing outstanding customer service during this difficult period. My staff and I have been working countless hours to serve your needs. Meanwhile, I've been doing my best to serve the broader needs of the community through my board affiliations with the Greater Scranton YMCA and Lackawanna Heritage Valley. And, of course, I've been cherishing time spent with my wife, Eugenia, and two young daughters, Dominica and Adriana.

I THINK OF MY CUSTOMERS AS FAMILY, TOO, and my dedicated staff and I are here to help you in any way we can.

FROM MY FAMILY TO YOURS, STAY SAFE AND BE WELL.
 Owner/PharmD

SOCIAL AND TRADITIONAL MEDIA OUTREACH
 Communication is so important during this time. We've been providing constant updates and information for customers on our Facebook page, including Facebook Live videos that allow us to interact directly with you in real time. Tom has also been doing outreach via local media, with recent appearances on WNEP-TV and WILK Newsradio.

LOCAL POLICE DONATION
 Because our first responders are putting their health and safety on the line, we recently donated the remainder of our hand sanitizer supply to the Dunmore Police Department. It's a small token of appreciation for all they do each and every day for our community.

THANK YOU, DOCTORS
 Thank you for everything you do, we appreciate all of your hard work and dedication to our local communities. Our thoughts are with all other essential workers as well during this difficult time.

CUSTOMER NOTE READS:
 I miss seeing all of you, but think about you often.
 Dear Tom,
 I am praying that the Lord will keep you and all your wonderful employees well so that your patients will feel much better and improve daily. Keep doing what you are doing and please keep up the good work. God is good and He will care for all of us. Oh, I hear you are doing curbside service. Good for you!!
 Love to all - Lucy S.

Social determinants of health

1. Social norms and attitudes: discrimination, racism, and distrust of government
2. Socioeconomic status
3. Level of education
4. Access to food
5. Residential segregation (physical separation of races/ethnicities into different neighborhoods)
6. Access to health services and the quality of those services
7. Living conditions: housing status, public safety, clean water, and pollution
8. Being able to get and keep a job, and the kind of work a person does
9. Language and literacy
10. Social support
11. Culture (general customs and beliefs of a particular group of people)
12. Access to media and technology

Source: CDC National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.

messages we've received from parents, grandparents, the media, and the culture around us. In particular, one must explore the history of health care and uncover how treatment based on race and social identity has differed from one group to another. "That helps us to look at things through a different lens."

The founder of a podcast network strives to amplify pharmacists' voices

Todd Eury isn't a pharmacist. So why does he run the Pharmacy Podcast Network, which features dozens of pharmacy podcasts (including two featured below)?

Despite a background in telecommunication, "it wasn't really about the podcasting. It was about educating myself about a sector of health care that I became immersed in when I



viewing thought leaders and subject matter experts to learn from them and share the interviews with pharmacy operators and owners," Eury said. "It was simple at first, but it just duplicated and expanded and grew into an entire podcast network [covering] so many pharmacy verticals and subjects."

Podcasting, Eury said, is very important to gathering news, sharing knowl-

"We're going to be open to partnering with any pharmacist that wants to amplify their voice and their passion and their commitment to better health care."

edge, and amplifying voices. "The Pharmacy Podcast Network is the number one podcast about pharmacy because we started so early, and now we're recognized as one of the top 25 podcasts in business," he said. "It's amazing to be in the same category as *Bloomberg Law* and *The Economist*. The *Wall Street Journal* has four podcasts that we compete with to get that top-25 spot."

joined SoftWriters [a Pittsburgh-based pharmacy software company]," Eury said. His work at SoftWriters kept him on the road, and Eury longed for talk radio that would give him a more comprehensive understanding of the entire pharmacy industry.

"[In 2009], I decided to start inter-

Podcasting and pharmacy intertwine

For Eric Geyer, PharmD, being a pharmacist and a podcaster are one and the same. "I'm a pharmacist first and foremost, but the things I learn and see as a pharmacist are what I use to help feed my podcast, *Political Pharmacist*," he said. "Simply put, everyone thinks how we deliver and pay for medications is egregiously wrong, yet few pharmacists were talking about it. I started [*Political Pharmacist*] in July 2019 because I love the discussion and dialogue of politics and was urged by a lot of my fellow pharmacists to do it."

Geyer—who practices at a high-volume pharmacy—is also part of the leadership of the Facebook community Pharmacy Staff for COVID-19 Support. For pharmacists and phar-

macy technicians risking their lives simply by going to work, the community has served as a sounding board, a hub for clinical and practi-



The podcasts' topics, as well as pharmacy's increasing relevance to American lives, are contributing to a higher profile. "We want to make sure that people outside of pharmacy are listening to the best material that we can put forward," Eury said. "That's the reason that we sound so professional, and there's music and there's intro and there's show notes. We're doing it as a true publication—because we want it to be the highest quality information available."

The Pharmacy Podcast Network has a board of advisors that explores future podcasts and themes around which it can build a limited series—one about sickle cell disease is in production right

now. The board also examines metrics to identify popular issues and will seek out a pharmacist who is passionate about it to host a related podcast. "Maybe it's pain management, maybe it's pediatrics, PBM reform, or policy development, but regardless, we're going to be open to partnering with any pharmacist that wants to amplify their voice and their passion and their commitment to better health care."

cal ideas, and a place to both commiserate and celebrate.

"The biggest thing that we saw at first was just how slow it takes for places to adapt to proper safety measures and protocols," Geyer said. "Smaller chains and independent pharmacies were able to move very fast with mitigation strategies. Larger organizations took a little longer to do so, but some were great in empowering their employees to protect themselves."

His most striking memories of the pandemic involve the private messages he received in its early stages. Many pharma-

cists, some of whom were pregnant or immunocompromised, received pushback from their employers about wearing masks—a few had been written up or fired. "Those messages were heart-breaking and some still occasionally trickle in."

At work, one of the scariest things Geyer and his staff has faced is that many pharmacies have had to temporarily close to thoroughly clean after employees tested positive for COVID-19. "Even the best-designed policy and protocols won't completely stop the spread of this disease or what happens outside of work from coming in," he said.

He also recalls misinformation about hydroxychloroquine and the severity of the virus as an obstacle. "To me, this pandemic highlights the deficits in our education system around basic science

"The pandemic has been horrible for humanity. My hope is that openly discussing how we can make changes, even on a podcast, can lead to us changing health care for the better."

principles and how to read and properly interpret data and good journalism," Geyer said.

Still, Geyer is happy that the pandemic increased the sharing of information on social media and that it has inspired political action. "COVID-19 did nothing but highlight just how important pharmacists, pharmacy technicians, and pharmacies are to the world," Geyer said.

The *Political Pharmacist* has hosted politicians from across the country to spread this message. "The pandemic has been horrible for humanity. My hope is that openly discussing how we can make changes, even on a podcast, can lead to us changing health care for the better," he said. "The pandemic didn't change health care, but it should change the way we view it."

Authenticity defines a young pharmacist and podcaster

It all started with a guest appearance on Pharmacy Future Leaders—another show on Eury's Pharmacy Podcast Network—in January 2019. "I had so much fun recording the episode, I made a mental note that maybe one day I would get into podcasting," said Madeline Acquilano, PharmD.

Acquilano, 25, already had a sizable following on Instagram when, a few months later, she matched to a PGY-1 residency in clinical pharmacy. "The number one topic my followers were asking about was residency, but these were not questions that I could easily respond to in my DMs on Instagram. I wanted to give thoughtful and thorough answers to my followers just like I could to my students and friends in person." The Luxe Pharmacist Podcast was born.

Authenticity is crucial to Acquilano. "[The Luxe Pharmacist Podcast's] mission has been and will always be to share my experiences and advice to help serve and inspire the next generation of pharmacists."

The COVID-19 pandemic has affected the show. "In early March, when COVID-19 hit the Northeast hard, I was a resident on my second ICU rotation and it completely consumed my life. All of my content creation and podcasting came to a dead halt," Acquilano said. "I think anyone who has been on the front lines of this pandemic may also be at a loss for words to try and explain the chaos and destruction that it has brought."

She will never forget the day she encountered her first positive patient, not only because it was a face-to-face experience, but also because this patient was younger than she was. "The hospital felt different ever since that moment. Looking at a patient younger than yourself in the prone position due to [acute respiratory distress syndrome] is a hard image to get out of your head."

There are so many moments she will never forget: watching young, otherwise healthy patients leave families behind; caring for couples who were both infected, but only one of them made it back home; the hospital trans-



forming into a war zone, with make-shift ICU units scattered throughout. "Obviously these aren't exactly 'happy' moments, but they are the reality and have made me a better clinical pharmacist," Acquilano said. "The truly joyful moments of this pandemic for me were watching our first patient, the one younger than me, finally leave the hospital after almost 40 days on the ventilator—I admit, I sobbed uncontrollably."

And she's treasured the time working alongside her preceptors, Zachary Binkowski, PharmD, and Joseph Faulhaber, PharmD, whom she calls her heroes. "I would like to honor them this American Pharmacists Month for making me the clinical pharmacist I am today," Acquilano said. "Your dedication to patients will forever inspire me."

Rachel Balick, reporter