



# NPhA EXPRESS

The official newsletter of the  
National Pharmaceutical Association



## President's Corner

Greetings, NPhA friends,

I want to first offer my sincere condolences to anyone who has lost a loved one or been affected in anyway by COVID-19. My thoughts and prayers are with you. These have indeed been difficult times for us personally, for our communities, country and world. However, we all can still take an opportunity to reflect on the blessings in our lives even during these times. We have learned to be more patient, more caring, more humble and more selfless coupled with perseverance and dedication. I want to sincerely thank all of you who have continued to provide care to patients on the frontline while putting yourselves at risk. We chose a career that allows us to serve and help others and during this time you went above and beyond. Pharmacists are essential and deserve recognition as one of the heroes of our communities in addition to other healthcare and non-healthcare frontline workers. In this newsletter edition, you will read personal stories from some of our members who are on the frontlines during this public health crisis. Thank you for your service to our communities. It is encouraging to know that we have members who are committed to taking a part in mitigating the health inequities that continues to plague our communities. African Americans have the highest US mortality rates from COVID-19, most likely due to factors we term as social determinants of health (such as economic stability, access to quality care, education, physical environment and discrimination to name a few). These factors can not be overcome without breaking down existing structures through policy change. On behalf of NPhA, I am honored to be the voice for you and our communities through current advocacy efforts on the federal level along with other national pharmacy and medical organizations. NPhA is the premier pharmacy organization that represents the ideals of minority pharmacists and we must strategically leverage our national position to have a greater impact on our communities. Important update: Due to COVID-19, NPhA has postponed our convention after careful consideration to October 30-November 2, 2020 in New Orleans. The safety and wellbeing of all attendees is our number one priority. We continue to work with our host hotel to ensure that all attendees will be safely welcomed later this Fall. We look forward to seeing you at our 2020 NPhA/SNPhA convention!



Let's continue to work together for the greater good.  
Stay healthy and stay well!

*Lakesha M. Butler*

**Lakesha M. Butler, PharmD, BCPS**  
President, National Pharmaceutical Association (2018-2020)  
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## What it's like on the Frontlines as an Independent Community Compounding Pharmacy

by Roderick Peters, R.Ph-PD

Edited by Gayle Tuckett, PharmD, BCGP, AE-C, CDE

In March, when the Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) pandemic first hit, I thought we would be going to treat and support friends, family, and patients through cold/flu like symptoms until the spring rolled in. But these are never before seen times to us in this new millennium. Everywhere in the world health staff are facing the biggest challenge of their career, especially since the outcomes can affect so many.

My wife Terri & I, co-owners of Quality of Life Pharmacy & Health Inc., an Independent Specialty Clinical Compound Pharmacy that focuses on non-sterile compounding and disease management, are on the front line of this epidemic daily.

Our practice is unique, focusing on using compounding pharmacy and medication therapy management in a collaborative practice with physicians and patients to improve patient outcomes. This is surreal and frightening, because not only do I have concerns for all my patients, but I have concerns for the health of my family. Consequently, this pandemic has had a direct impact on our practice and our life personally.

As part of our practice, we collaborate with physicians for weight loss, diabetes, women's health, and cardiovascular disease in the physician's office and within our pharmacy with individual or group health coaching consultations. This is the first part of our practice that had to be altered or discontinued. Due to social distancing, our Saturday physician referred weight loss class reduced to only one on one consultation. All of our disease management has been reduced due to physicians practicing telemedicine and mostly authorizing refills.

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NPhA TREASURER, RODERICK PETERS, R.Ph-PD, COMPOUNDING MEDICATION IN HIS INDEPENDENT PHARMACY

## 5 Tips for Pharmacists to Successfully Manage People and Process During the COVID-19 Global Health Emergency

by Ryan C. Marable, PharmD

Edited by Gayle Tuckett, PharmD, BCGP, AE-C, CDE

On March 13th 2020, the President of The United States declared the coronavirus pandemic caused by the viral pathogen Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) a public health emergency. This declaration triggered a cascade of local and national reactions impacting the lives of every person and organization around the world. No profession was affected more than the healthcare industry. Frontline responders have the responsibility to engage the public to control this pandemic by addressing the needs, concerns, and complex cases head on. Pharmacists, as first line essential healthcare providers are faced with a tremendous task of managing teams, product, and process under the extreme stress that has been caused by the sudden influx of potentially aggressive disease presentation, as well as the preventive measures set forth by the Centers for Disease Control and Prevention (CDC) and local authority organizations. From community pharmacy, to pharmaceutical industry professionals, and beyond, the way we lead as practitioners is forever changed due to this generational emergency event. Here are 5 quick tips for pharmacists to assist in managing people and process in response to Coronavirus Disease 2019 (COVID-19).

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DR. RYAN C. MARABLE, NPhA, PRESIDENT-ELECT AND CinPhA PRESIDENT, AT HIS KROGER PHARMACY

## 5 Tips for Pharmacists to Successfully Manage People and Process During the COVID-19 Global Health Emergency

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### 1. Stay Educated

For pharmacists practicing in various capacities, it is important to stay up-to-date on the ever-changing environment of COVID-19. Implementing policies and guidelines set forth by authority organizations are a good measure for protecting your team, patients, and your self during this crisis. The CDC website offers a tremendous amount of critical information to keep your workplace safe and is updated frequently. Check with your state board of pharmacy for practice

rule updates as they may have an impact on your teams' daily workflow. Lastly, connect with inventory supplier(s) to identify any potential drug supply issues that could affect medication delivery to the patient. Work with your team to develop a contingency plan in the instance an event of this nature was to occur.

### 2. Provide Wise Counsel

Pharmacy has traditionally been known as a universally accessible profession, where members of the public can engage and trustfully rely on accurate and timely information. During this global event, pharmacists in all fields can educate the public on how to lower their risk of COVID-19 transmission, as well as preventive measures that can be practiced daily throughout the year. From advising on the use of personal protective gear such as facemasks, to identifying testing locations for those at high risk of complications, pharmacists are in a unique position to provide counsel to the public and other healthcare providers alike. Also, dispelling any myths would be prudent for all (e.g., African Americans cannot be affected by coronavirus, drinking hot liquids will kill oral colonies of the virus, and the list goes on). Correcting flawed assumptions will allow pharmacists and other health providers to accurately counsel in efforts to assist in flattening the curve.

### 3. Infection Control

As an industry, healthcare workers often do not have the ability to follow the recommendations of the 50 states under emergency protocols and shelter in place. In order to provide service for patients affected by this pandemic, pharmacists are often face to face with patients thus increasing their risk of transmission. It is critical to practice exemplary infection control techniques. Additionally, monitoring yourself and your team for potential signs of infection (i.e., fever, coughing, shortness of breath), with a well-defined protocol for who can work onsite will help to lower the risk of transmitting viral pathogens. Visit the CDC website for their tool "Keeping the Workplace Safe" for additional guidance. As pharmacy leaders, it is your duty to ensure that these measures are carried out for your patients, and your team's safety.

### 4. Embrace Innovative Practices

Providing reasonable accommodation for patients is an outstanding tactic to ensure effective practice delivery of care during this time. Utilizing resources such as mail-order/home delivery, telehealth, video conferencing, contactless payment, and physical barriers will allow you to effectively carry out your professional duties with lowered risk. See the resource section below for additional information.

### 5. Mental Health Considerations

As a pharmacist, you are often called on to place the needs and concerns of others ahead of your own. No time in history than now can this statement have more relevance. With that, comes added demand and a significant level of stress. It is important that as a practitioner that you're able to reflect introspectively and identify your own individual concerns and limitations, as they may be pushed on record levels. Addressing your own mental health during this time is sensible. Practices to incorporate in your daily life could include, but not limited to, meditation, healthy relaxation hobbies, setting nutritional goals, and light exercise (such as walking/jogging, in-home workout routine, yoga, etc.). ■

1. [www.cdc.gov/coronavirus/2019-ncov/downloads/workplace-school-and-home-guidance.pdf](http://www.cdc.gov/coronavirus/2019-ncov/downloads/workplace-school-and-home-guidance.pdf)

2. [www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?https://www.nami.org/covid-19-guide](http://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf?https://www.nami.org/covid-19-guide)

3. [www.softwareadvice.com/telemedicine/](http://www.softwareadvice.com/telemedicine/)

4. [www.headspace.com/covid-19](http://www.headspace.com/covid-19)

## Leading Beyond the Pharmacy: A Pharmacist in Politics

by Adeoye Owolewa, PharmD  
 Edited by Gayle Tuckett,  
 PharmD, BCGP, AE-C, CDE



DC NPhA MEMBER,  
 DR. OYE OWOLEWA

Dr. Oye Owolewa, RPh, a proud member of the National Pharmaceutical Association (NPhA), is a registered pharmacist in the District of Columbia (DC). He is currently campaigning to be

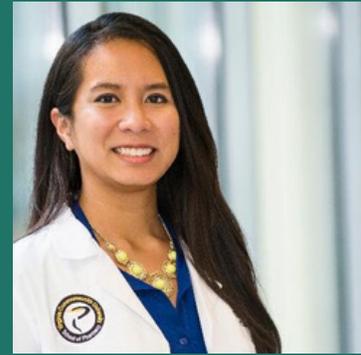
DC's next U.S. Representative, where he will fight for DC statehood. Oye aims to expand the conversation beyond voting representation to educating democratic voters on how statehood affects our lawmaking independence as well as our criminal justice system in DC. Oye will also use his past experience in advocating for statehood, where he lobbied Congress Members to co-sponsor 2019's House of Representatives (HR)-51 bill supporting DC Statehood.

Washingtonians are the only Americans living in a territory (including Puerto Rico, U.S. Virgin Islands, and Guam) who pay federal income tax. In response, Oye launched TaxFreeDC, a movement demanding that until DC statehood is achieved, Washingtonians must be exempt from paying federal income taxes without representation. Part of our federal income taxes should fund priorities in DC instead of going to other states.

Oye has been heavily involved in his surrounding community. Since 2014, Oye has volunteered in DC Public Elementary schools where he introduced students to Science Technology, Engineering, and Mathematics (STEM) education through hands on experiments.

In 2018, Oye was elected Advisory Neighborhood Commissioner in ward 8, where he fights to bring resources to southeast DC. Since elected, Oye's community welcomed IONA Senior Services to serve elders with cognitive difficulties. Oye also helped form a tenant association for residents to address community issues. Oye has collaborated with Student National Pharmaceutical Association (SNPhA) students from Howard University to participate in councilmember Robert White's health fairs. Lastly, Oye passed resolutions to increase road safety measures, fight sexual exploitation in DC and address taxation without representation.

Oye's experience and leadership qualities uniquely suit him to be DC's next representative. For more information, please visit [www.oye4dc.com](http://www.oye4dc.com). **Take time to visit and review the website, and vote by June 2nd, 2020!** ■



KALYANN KAUV, PHARM.D

## Volunteering During COVID-19: One Way to Support in a Time of Need

by Kalyann Kauv, PharmD  
 Edited by Gayle Tuckett,  
 PharmD, BCGP, AE-C, CDE

The Medical Reserve Corps (MRC), what is it and why should pharmacists care? Many may be vaguely familiar with MRC as it is included on as one of several questions posed to pharmacists when renewing their license. States usually inquire if a pharmacist still resides in the state and if they are willing to serve on the MRC. The MRC, managed by the Health and Human Services' (HHS) Office of the Assistant Secretary of Preparedness and Response (ASPR), is a national network of local volunteer units who engage their local communities to strengthen public health, reduce vulnerability, build resilience, and improve preparedness, response, and recovery capabilities.

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## Volunteering During COVID-19: One Way to Support in a Time of Need

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MRC volunteers consist of both medical and public health professionals. Dr. Kalyann Kauv, RPh, NPhA's Publicity Vice Chair, volunteered through the Virginia Beach MRC as a Call Center Operator for a regional Coronavirus Disease 2019 (COVID-19) call center implemented by the local health department.

At the call center, volunteers spent time answering phone calls and fielding questions from the general public on questions related to COVID-19. This is just one of the many efforts the MRC has been involved in. Some other ways volunteers for participate or support include: emergency preparedness and response trainings, mass dispensing efforts, planning, logistical, and administrative support, etc. Dr. Kauv got involved with the Virginia MRC in 2014 while at Virginia Commonwealth University (VCU) School of Pharmacy, and training was coordinated through the school's Phi Delta Chi Chapter. She has since supported various volunteering efforts put on by the organization throughout the greater Virginia community.

For more information, visit:  
<https://mrc.hhs.gov/>. ■



MEDICAL RESERVE CORPS  
VOLUNTEERS IN ACTION

## What it's like on the Frontlines as an Independent Community Compounding Pharmacy

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We as compounding pharmacists are used to donning and doffing personal protective equipment (PPE) with lab coats, gloves, and masks to compound in the lab, but now we wear them in and out of the lab to protect our patients during pick up. Also, we have shortened our individual consultations and cancelled all group classes.

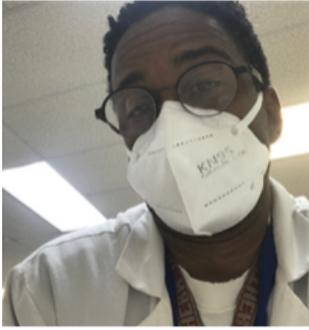
On the other hand, some of our compounding has increased due to medication shortages, decreased staff due to employee health quarantining staff as a patient under investigation (PUI), and the Food and Drug Administration (FDA) issuing temporary SARS-CoV-2 policy guidance under section 503A of the Food Drug & Cosmetic Act allowing State Licensed pharmacies to expand the compounding scope.

Under [this guidance](#) we have started to compound Alcohol-Based hand sanitizer during this public health emergency for over-the-counter (OTC) sales. The FDA formula must be followed, and this policy only applies to sanitizer rubs for consumers and healthcare personnel, but not for patients or healthcare personnel engaged in surgical procedures.

Shortages in pharmacy staff and shortages in dermatological-manufactured medications at the Veterans Administration Medical Center has increased our compound volume of fluocinonide (Lidex) cream used for many special compound formulations.

Lastly, the FDA also issued a [temporary guidance](#) policy for state licensed pharmacies to compound copies of commercially available drugs such as hydroxychloroquine and chloroquine. We have bulk United States Pharmacopoeia (USP) grade hydroxychloroquine to compound capsule doses to accommodate patients that cannot get refills from their pharmacy for chronic Lupus or Lyme disease. ■

1. [www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-daily-roundup-march-25-2020](http://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-update-daily-roundup-march-25-2020)
2. [www.fda.gov/regulatory-information/search-fda-guidance-documents/temporary-policy-manufacture-alcohol-incorporation-alcohol-based-hand-sanitizer-products-during](http://www.fda.gov/regulatory-information/search-fda-guidance-documents/temporary-policy-manufacture-alcohol-incorporation-alcohol-based-hand-sanitizer-products-during)
3. [www.fda.gov/media/136289/download](http://www.fda.gov/media/136289/download)



DR. JOSEPH T. LEE IN HIS  
INDEPENDENT PHARMACY

## Pharmacists Serving on the Frontlines

by Joseph T Lee, BS Pharm, RPh, AAHIVP, FACA

Edited by Gayle Tuckett, PharmD, BCGP, AE-C, CDE

Health Rx Scripts Pharmacy is an independent pharmacy located in the southeast region of Houston, Texas. We specialize in providing medication treatment plans and other medical related services to the underserved population in the community. With over 40+ years of experience, we understand the needs of the community and tailor our services to meet their specific situation.

Pharmacies are beacons of care during uncertain times like these. Operating an independent pharmacy during this time requires working 10-12 hours shifts, Monday through Saturday. The local universities are online, and my pharmacist interns are not allowed to complete their residency/internship/clock hours. In order to mitigate employees transferring Coronavirus Disease 2019 (COVID-19) to other employees and customers, my relief pharmacists are all at home. Being on the frontline of this pandemic gives me a clear view on how social distancing has impacted foot-traffic in the pharmacy, increased shipping of medication and affected how I counsel customers. Changes to store hours and over-the-counter (OTC) items are updated daily through social media, text messages, and storefront signage. When customers enter into the pharmacy without a mask and gloves, they are given sterile 70% isopropanol. Foot traffic has increased for purchases on hand sanitizers, mask, gloves, and multivitamin supplements for immune support. In fact, I'm currently preparing pharmacist formulated hand sanitizers. Also posted on the door, is a sign asking customers who are exhibiting symptoms, to stay at home and follow CDC guidelines. Due to the Stay Home, Work Safe campaign, customers with and without COVID-19 symptoms may have their prescriptions mailed to them. In order to maintain the same level of quality that I am accustomed to providing when counseling, I offer a semi-integrated Telehealth option via my pharmacy software. Doxy is the platform to provide this service. Doxy is HIPAA secure, and they offer both a basic free version as well as a paid version with additional features. I believe that the free option will be sufficient for most of our patients.

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## Pharmacists Can Prevent Deaths from COVID-19

by Jewel Younge, PharmD, RPh, BCPS

Edited by Gayle Tuckett, PharmD, BCGP, AE-C, CDE

Chicago, IL reports 593 deaths from novel Coronavirus Disease 2019 (COVID-19). In a city which, according to Census figures, is just under 10% Asian, and approximately 30% Black, Latino, and White, Black Chicagoans account for 45.4% of infections and 54.5% of deaths from COVID-19.

Men die at nearly double the rate of women. Ninety-three percent of people who died had an underlying condition. This is not due to unequal testing rates. Zip codes that encompass Black neighborhoods like Gage Park, Fuller Park, Bronzeville and Roseland are under-tested and over-represented. City of Chicago mapping data shows that fewer than 1,500 people have been tested for every 100,000 residents in these neighborhoods, among the lowest rates in Chicago. Approximately, 341-714 residents per 100,000 residents in those neighborhoods have had the disease. Roseland also posted one of the higher COVID-19 death rates in the city.

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CLINICAL PHARMACIST  
AND CLINICAL ASST.  
PROFESSOR AT UNIVERSITY  
OF ILLINOIS HEALTH, DR.  
JEWEL YOUNGE

## Pharmacists Serving on the Frontlines

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At Health Rx Scripts Pharmacy, we are implementing Ready, Set, PrEP and RelaX. Ready, Set, PrEP is a new national program from the U.S. Department of Health and Human Services that will provide HIV pre-exposure prophylaxis (PrEP) medications to thousands of people in the United States at no cost. The program is part of Ending the HIV Epidemic (EHE): A Plan for America, an initiative that aims to reduce the number of new HIV infections in the United States by 75% in five years and 90% by 2030. Plant based medications are increasingly becoming the alternative choice. RelaX, a CBD product, is available without a prescription in Texas. People are tired of swallowing a pill for pain relief, anxiety and seizures.

RelaX CBD are available as edibles, body care, and pet supplies. See [shoprelaxcbd.com](http://shoprelaxcbd.com) for details. The pandemic has shifted how I operate the pharmacy but has not removed the personal relationship required to operating an independent pharmacy business. I am grateful daily to be healthy and go to work to serve those in need. ■

## Interested in Being Featured in an Upcoming Newsletter?

NPhA would like to hear from YOU, our members! Submit what you are doing locally, within your chapters, or in your job to further the mission of NPhA? We'd love to feature events from local NPhA chapters, member achievements and individual activities.

Contact the NPhA National Secretary at [Gayle.Tuckett@npha.net](mailto:Gayle.Tuckett@npha.net) for more information or to submit your article or news.



## Pharmacists Can Prevent Deaths from COVID-19

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The Cook County Medical Examiner's Office's Manner of Death report lists 209 decedents with COVID-19 as the primary cause of death. Just over half were men, 45% were black and 6% had Latino listed for their ethnicity. Between March 19 and April 22, 2020, 85% of all patients dying from COVID-19 had a coronary comorbidity. Approximately 40% of all patients died within 24 hours of admission; 51% of those patients were, also, black. The Medical Examiner's office is unable to isolate rates of COVID-19 infection and death among Hispanic and Latino residents due to a vestige of systemic racism, an insensitive data collection instrument.

Nationally, the racial and ethnic identity of those dying from COVID-19 infection was neither systematically collected nor reported. The Centers for Disease Control and Prevention (CDC) releases what reporting they have received in the weekly Provisional Death Counts for Coronavirus Disease. The data represents a 14-state catchment area, where African American people comprise 12%, Asian people 6%, Latino or Hispanic people 18.3%, and Alaska or American Native citizens 1% of the population. African Americans represent 20% of COVID-19 deaths in the catchment population, the only ethnic or racial group over-represented relative to their demographic representation in the catchment population.

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## Pharmacists Can Prevent Deaths from COVID-19

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Chicago's historic Roseland community, and the battle being faced at Roseland Hospital, was exposed in an April 17, 2020 Chicago Tribune article: "Outgunned, Outmanned and Underfunded." The 134-bed hospital, with a 2-star rating, 'punches above its weight,' states the Tribune writer. Staff fight valiantly to keep pace. Patients are being triaged the ER lobby if they are low risk, escalated into a newly built 20-bed COVID-19 medical wing, or transferred into an intensive care unit that has been full for weeks. Roseland Hospital has, also, conducted more than 5,000 COVID-19 tests since March 2020, and operates one of Chicago's only walk-up COVID-19 testing sites. They have repurposed staff, with Marketing Department reporting negative COVID-19 results to patients, while physicians have begun managing COVID-19 patients in the community through telehealth. Roseland confirmed 10 deaths due to COVID-19 at the time of the reporting; other medical centers have not.

New knowledge about risk factors, modes of transmission, and disease course in COVID-19 have better prepared the health care force to address the next surge by monitoring COVID-19 in the community. The risk factors that make black Chicagoans more likely to die of COVID-19 are akin to those faced in other marginalized communities. Hypertension is a unique risk factor due to the COVID-19 virus' mechanism of entry, the Angiotensin Converting Enzyme 2 (ACE-2) transporter. Hypertension is one of many stress-linked illnesses that beleaguer marginalized people. Class inequality contributes to poor outcomes through stress-mediated effects, but also by predisposing people filth, violence and trauma, and erecting social, geographic, and economic barriers to care.

While states plan to lift Stay-At-Home orders, the temporary closure of Tyson pork plants have raised the stakes in rural communities, where one sick person may shut down an entire factory line. PBS Newshour interviewed employees of these meat plants and, also, migrant farm employees for an April 20, 2020 special entitled "How the COVID-19 pandemic is sending American agriculture into chaos." The fears and risks expressed by interviewees stem from similar sources as those of people in underserved cities: a reliance on income from the essential workforce, heightened risk of transmission in shared transportation to work and crowded homes, and a host of language, legal, cultural, economic and geographic barriers to healthcare.

On April 20, Mayor Lori Lightfoot's COVID-19 Racial Equity Rapid Response Team's Education/Communication Work Group began a tailored messaging campaign, speaking to the unique concerns of residents in various Chicago communities. A boots-on-the-ground approach is necessary – from education, to testing, to contact tracing.

Pharmacies are the first stop for cough and cold symptoms, so most patients will report to a pharmacist, first. Self-care is standard of care for most COVID-19 patients; this is the domain of the community pharmacist. Pharmacists can engage patients in risk and cost/benefit treatment discussions. Low income patients need this type of counseling in order to make informed healthcare decisions. We are well-situated and well-prepared advocates for patients. Advocacy placed a powerful tool within reach of pharmacists – the Clinical Laboratory Improvement Amendments (CLIA) Waiver to conduct COVID-19 testing. Reimbursement for COVID-19 testing must be addressed but having a license to test is a conversation starter. Pharmacists can enter protocol agreements for COVID-19 testing like those for mobile and on-site HIV testing, reporting results to the public health department and connecting patients to primary care. Anecdotally, I have endeavored to start a protocol-driven, community testing partnership. I sent a text message to 10 friends – teachers, mommies, social workers, police officers. Within a week, four doctors contacted me, eager to enter a partnership.

I completed my pharmacy residency at a community pharmacist in Roseland just blocks from Roseland Hospital. The patients being tallied in the death statistics were mine, and their survivors still are. Their welfare and the relief of their suffering is my primary professional concern. They know me to do the most for them and my best by them. I urge you to be empowered. Pharmacists can prevent deaths from COVID-19. ■