



# The Pharmacist Activist

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**“The bricks have fallen down, but we will rebuild with dressed stone; the fig trees have been felled, but we will replace them with cedars.” Isaiah 9:10**

Editorial

## HARBINGERS

**R**egular readers of *The Pharmacist Activist* know that I have a strong faith in God and that I believe the Bible, although the selection of the verse that precedes this commentary may be puzzling. With the Bible having been available for many centuries, do you think it could be possible that it would include passages that relate to twenty-first century events like the terrorist attacks on September 11, 2001 or the COVID-19 pandemic?

At the age of 80 my continued avid interest in reading and learning are stimulating and therapeutic. Earlier this year we received an invitation to attend a program on May 1 at which Jonathan Cahn was to be interviewed by Eric Metaxas. Although I have greatly benefited from the books and presentations by Eric Metaxas, I had not been familiar with Jonathan Cahn. My wife and I attended the program and it was extraordinary.

Jonathan Cahn is the leader of Hope of the World Ministry and Jerusalem Center/Beth Israel. In 2011 he published *The Harbinger* published by FrontLine ([www.charismahouse.com](http://www.charismahouse.com)) that quickly became a best seller, and he published *The Harbinger II The Return* in 2020. After hearing him speak, I obtained both books. I quickly read the first book and, as with his presentation, the content was spellbinding. I read the first several chapters of the second book but had to set it aside to fulfill other responsibilities.

Yesterday I completed writing the May issue of *The Pharmacist Activist* and sent it to the publisher. I then resumed reading *The Harbinger II* and could not put it down until I finished it at 2 am this morning. I immediately decided to contact the publisher later this morning to request that my May newsletter be held until I could write and include this commentary.

Over several decades I have had the opportunity to write hundreds of editorials/commentaries that have included numerous recommendations. I *urge* you to read both books and consider this to be the most important recommendation I have ever written. Those who read my newsletter are a very diverse group of pharmacists and others, and I anticipate that your responses will vary widely. Some will describe the content of the two books as fiction, myth, coincidental, and/or mysterious, whereas other will describe the content as ominous, prophetic, and/or life-changing. Everyone will find the books thought-provoking.

Toward the end of the second book President Abraham Lincoln’s “Proclamation 97 – Appointing a Day of National Humiliation, Fasting, and Prayer” is included. Written during the time of America’s Civil War, the conclusion of this Proclamation reads:

“...Intoxicated with unbroken success, we have become too self-sufficient to feel the necessity of redeeming and preserving grace, too proud to pray to the God that made us.

It behooves us, then, to humble ourselves before the offended Power, to confess our national sins, and to pray for clemency and forgiveness.

Now, therefore, in compliance with the request, and fully concurring in the views of the Senate, I do by this my proclamation designate and set apart Thursday, the 30th day of April, 1863, as a day of national humiliation, fasting, and prayer. And I do hereby request all the people to abstain on that day from their ordinary secular pursuits, and to unite at their several places of public worship

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and their respective homes in keeping the day holy to the Lord and devoted to the humble discharge of the religious duties proper to that solemn occasion.

All this being done in sincerity and truth, let us then rest humbly in the hope authorized by the divine teachings that the united cry of the nation will be heard on high and answered with blessings no less than the pardon of our national sins and the restoration of our

now divided and suffering country to its former happy condition of unity and peace.”

For those who accept my recommendation to read these books, I hope that your experience is as humbling, concerning, and a stimulus for action as mine has been. I welcome your comments at danandsue3@verizon.net.

Daniel A. Hussar

## Viruses and Vaccines – Opinions and Questions

**T**he coronavirus conundrum continues! More questions are being raised than have been definitively answered. The science is limited and evidence is sparse. Rumors and conspiracy theories run rampant. Partisan politics and anger rule and obliterate common sense, respectful discussion and debate, and objective research. No expert or scientist has all the correct/best opinions/answers, and most have been wrong on multiple occasions. On a personal basis, I had not believed that it was possible to develop an effective vaccine in such a short period of time. I was wrong! I have received both doses of the Moderna vaccine and strongly support widespread immunization programs. Previous editorials in *The Pharmacist Activist* have provided information and my views regarding the COVID-19 pandemic and, based on my continuing review of available data and commentary, I have summarized my current opinions below, and also identify questions for which answers are needed.

### Opinions

1. The SARS-CoV-2 virus (COVID-19) is very similar but not identical to viruses identified in bats.
2. The most credible explanation is that the SARS-CoV-2 virus originated in the laboratories of the Wuhan Institute of Virology and was likely accidentally released from this facility.
3. The Pfizer, Moderna, and Johnson & Johnson vaccines that are currently available in the United States are highly effective and safe in the vast majority of individuals who have been immunized. The benefits of their use greatly exceed the risks.
4. Individuals considered to be at high or moderate risk of experiencing COVID-19 infection and its complications should be strongly encouraged to receive the COVID-19 vaccine.
5. Individuals must have the liberty to make their own personal decisions with respect to receiving the vaccine. Immunization must not be a condition for restricting employment responsibilities, school attendance, travel, etc.
6. Children and young adults (i.e., up to the admittedly arbitrary age of 40) are at very low risk of experiencing serious complications from

exposure to the COVID-19 virus. I do not consider it necessary for these individuals who do not have important risk factors to be immunized.

7. All individuals should observe practices (e.g., frequent handwashing, self-confinement or limiting activities if experiencing flu symptoms) that will reduce exposure and transmission of the virus.
8. The benefit of wearing masks has not been conclusively demonstrated. However, their use is a reasonable precaution for those at moderate to high risk of serious COVID-19 infection and/or those whose living conditions or activities place them at greater risk of exposure to the virus.
9. It is not necessary for children to wear masks. With a large number of adults now immunized, individuals (immunized or not) should have the liberty to decide how long to continue using a mask.
10. COVID-19-imposed restrictions (e.g., closures of schools and businesses, limits on the size of gatherings) should be discontinued. With options for virtual participation, those with concerns about being at risk should have the right to opt out of in-person attendance/participation.
11. Reported data/statistics regarding the COVID-19 pandemic are often misleading and sometimes inaccurate.
12. The manner in which information and recommendations are disseminated to the public often causes excessive fear and isolation, and/or hesitation/refusal to be immunized.
13. Federal and state officials and agencies (e.g., CDC, FDA, Health Departments) should strive to communicate consistent messages while also acknowledging credible differing viewpoints.
14. Many scientists, clinicians, and other “experts” have little knowledge about viruses, infectious diseases, or immunology, and most media reporters have none.
15. The sources and type of information regarding COVID-19 should be identified by those providing the information (e.g., as opinion,

case reports, accumulated data, prospective studies, peer-reviewed research, meta-analyses).

16. Reliable information regarding the effectiveness and safety of hydroxychloroquine and ivermectin is very limited and highly politicized. Objectively planned and reported research studies of these agents should continue to be conducted.

## Questions

In addition to questions related to the opinions provided above, answers for the following questions are needed for clarification and future planning and readiness. A lack of transparency results in more suspicion and rumors.

1. Did the U.S. government or its agencies provide grants/funding to the Wuhan Institute of Virology? If so, was there a specific program/purpose for which funding was provided? If so, who authorized the provision of funding and who had the responsibility for monitoring the use of the funds?
2. How complete and current is the Vaccine Adverse Event Reporting System (VAERS) with respect to adverse events attributed to COVID-19 vaccines?
3. Why did the FDA not take firm action regarding known violations at Emergent BioSolutions that would have precluded vaccine production at its facilities and avoided errors that resulted in wasting 15 million doses of vaccine?
4. What did Johnson & Johnson know about identified violations at Emergent BioSolutions and why did it contract with a company with this history to produce its vaccine?
5. If reports of clot formation with the Johnson & Johnson vaccine are as rare as the public has been told, why was the use of this vaccine temporarily suspended?
6. To what extent, and how quickly, can agencies like the CDC and FDA communicate important information to healthcare professionals and the public? One explanation for the suspension of use of the Johnson & Johnson vaccine is that there was concern that the medical community would intuitively treat blood clots with heparin when available information suggests that heparin would cause worsening of the complication.----Do federal agencies not have the capacity to extensively communicate important information/warnings to healthcare professionals on a timely basis?
7. Is there accountability when errors are made or inaccurate information is communicated?
8. Do the current vaccines protect against the variants of SARS-CoV-2 identified to date?

Although much progress has been made, important challenges and questions continue and can be best addressed in a collaborative, transparent, and bipartisan manner.

Daniel A. Hussar  
danandsue3@verizon.net

# We Can't Give Up!

**E**ven in retirement from my faculty responsibilities, my time is fully occupied with pharmacy and other activities to the point that I am challenged to keep up with email communications. As a consequence, I do not participate in or visit social media sites, although pharmacy friends faithfully forward to me social media posts in which they know I will be interested. One such friend who had been terminated by CVS and is pursuing litigation just sent me several hundred comments posted by pharmacists and pharmacy technicians, most of whom work in chain pharmacies. I read them all and they are depressing. They are highly critical of chain pharmacy management, PBMs, state boards of pharmacy, colleges of pharmacy, and pharmacy associations. The comments are characterized by stress, frustration, and even desperation, and I recognize the validity of the concerns that are voiced. As these pharmacists and technicians have experienced, concerns and recommendations I have voiced in numerous editorials have been ignored, rejected, or even ridiculed. However, they and I recognize that the issues and concerns are so important – for pharmacists, our profession, and the care and safety of the patients served – that we must continue the fight. We can't give up, and the very fact that we continue to voice our concerns is evidence that we still care, even when many of our own colleagues have been silent. Apathy and silence are among our greatest challenges!

## Rays of hope

Many of the social media posts address the devastating impact that the pharmacy benefit managers (PBMs) have had on the economic survival of community pharmacies and horrible working conditions that increase the risk of errors and jeopardize the quality and safety of services for patients. The largest PBMs have become so wealthy, powerful, and dominant that they have been able to crush dissent and challenges. However, an increasing number of individuals outside of the profession of pharmacy have become aware of the secret deals, deception, and fraud in which these PBMs are engaged. The persistence of Leslie Rutledge, the Arkansas Attorney General, was essential in achieving a U. S. Supreme Court ruling that supported pharmacy's position with respect to activities and regulation of PBMs.

"Benefit Managers Investigated" is the title of an article in the May 12, 2021 issue of *The Wall Street Journal* (Anna Wilde Mathews; page A6). Excerpts from this article are provided below:

"Several states are investigating pharmacy benefit

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managers with some saying they are focused on whether the companies fully disclosed details about their business and potentially received overpayments under state contracts, according to state officials and documents.”

“States including Ohio, Oklahoma, Georgia, New Mexico, Kansas, Arkansas, and Mississippi, as well as the District of Columbia, are scrutinizing PBMs, according to the offices of state attorneys general and auditors...”

“Among the companies under scrutiny are units of Centene Corp, UnitedHealth Group Inc, and CVS Health Corp.”

Ohio Attorney General Dave Yost’s office which recently sued Centene, alleging it had misled the state’s Medicaid program about its pharmacy related costs, is quoted as saying, “I’m aware of many states that are looking at this” and “before this is all done, I will be surprised if we don’t have a dozen or more states” that will bring complaints against PBMs.

“At many large companies, including UnitedHealth, Centene, Cigna Corp. and CVS, the same parent owns both a PBM and a managed care operation.”

“In addition to Centene, the Ohio Medicaid program uses UnitedHealth, among others. In March, the state filed its suit against Centene, which is seeking millions of dollars in damages. Earlier, the state sued Cigna’s Express Scripts...and UnitedHealth’s OptumRx...,” alleging overcharges.

“Several states, according to publicly available contracts and state officials, have hired the same law firm, Liston and Deas, to investigate PBMs.”

There are rays of hope! Individual pharmacists and our associations must contact these and other state attorneys general to provide examples, documentation, and other support for their investigations.

Daniel A. Hussar

## Myth – Rite Aid: “We Care” Fact – Rite Aid DOESN’T Care!

**O**n March 10 my wife made several purchases at the Rite Aid store in our community. As she was leaving she tripped and fell, and was in severe pain. I was in our car in the parking lot, and I and five other individuals quickly convened in the entranceway of the store to assist her. Several individuals wanted to call 911 but I indicated I would take her to a nearby hospital. I pulled our car into the front entrance area to the store and several men assisted me in lifting my wife into our car. Because my car was in the front entrance area, customers arriving at or leaving the store had to walk around our car. No employee of Rite Aid spoke with us.

At the hospital it was determined that my wife’s left hip was fractured and she had surgery the following day. Following 3 days in the hospital and 11 days in a rehab facility, my wife was discharged with a continued need for physical therapy and occupational therapy, and the prospect of a long period of challenging recuperation.

Soon after my wife’s visit to Rite Aid on March 10, we received via email the We Care Rite Aid Customer Satisfaction Survey, with a potential to win a cash prize of \$1,000 for those who completed it. We completed the survey and noted our strong dissatisfaction with the fact that no

employee at the store responded to the drama at the front entrance to speak with us then or since. The last question on the survey asked if we wanted someone to contact us. We responded “yes,” described the experience, and provided our contact information. More than two months have gone by and we have not received a response from anyone at Rite Aid. Does Rite Aid only read the positive responses on their surveys?

Perhaps we should not be shocked that Rite Aid has not responded to my wife’s experience when it continues to reject requests that it discontinue the sale of tobacco products that put their customers at risk of serious illness and death. However, it can respond promptly to rectify some errors. We receive emailed advertisements from Rite Aid on almost a daily basis. On May 12 we received an email with the message, “Mother’s Day is Sunday! Don’t Get Caught Empty-Handed!” (Mother’s Day had already been observed on March 9). When the error was recognized, Rite Aid snapped into action and issued a message the next day (May 13), “Whoops! Silly us Mother’s Day has Passed! Let’s talk about Women’s Health this Sunday with great deals on Women’s Products.”

“Silly” is an understatement!

Daniel A. Hussar

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**Author/Editor** – Daniel A. Hussar, Ph.D.  
Dean Emeritus and Remington Professor Emeritus at  
Philadelphia College of Pharmacy

**Assistant Editor** – Suzanne F. Hussar, B.Sc. (Pharmacy)

**Publisher** – G. Patrick Polli II **Publications Director** – Jeff Zajac

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The *Pharmacist Activist*, 620 Allendale Rd #60884, King of Prussia, PA 19406

610-337-1050 • Fax: 610-337-1049

E-mail: [danandsue3@verizon.net](mailto:danandsue3@verizon.net)

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