



# The Pharmacist Activist

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**“Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me.” Psalm 23:4**

Editorial

# IN HONOR OF THE PHARMACISTS, PHARMACY TECHNICIANS, AND STUDENT PHARMACISTS WHO TOOK THEIR LIVES, AND WITH SYMPATHY FOR THEIR GRIEVING LOVED ONES

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# Some CVS Pharmacists Have “Disappeared:” The Pennsylvania EPIDEMIC!

## He was 28 When He took His Life!

*(Editor's note: In this editorial, I refer to the recent confirmed or suspected suicides of three CVS pharmacists and two CVS pharmacy technicians who worked in stores within approximately 50 miles of each other. I have read the obituaries and tributes for each of these individuals. However, I identify only Mason Porta by name because he and his father have been publicly identified in the courageous reporting of Susan Shapiro of WGAL-TV).*

In the June issue of *The Pharmacist Activist*, I reported that I had been informed of the suicides of two CVS pharmacists who worked at stores that are approximately 5 miles apart. The stores are in Lancaster, PA. A 50-year old pharmacist who had worked at CVS for about 20 years took his life on June 12, 2025. He was well known to and highly respected by shocked local pharmacists.

Three days later on June 15, 28-year old CVS pharmacist Mason Porta took his life, leaving numerous grieving loved ones and devastated colleagues. I have resided in Lancaster for less than a year. Local pharmacists have shared their concerns and memories with me, and news of the tragedies has been widely communicated by pharmacists on social media. However, for weeks, there was essentially no news or awareness of the local community including most CVS customers about the suicides. I have been told that CVS management has informed/threatened the employees of the CVS stores that they must not discuss or respond to questions about these situations, and that they could be in legal trouble if they did.

I did not know either of the pharmacists, or the workplace, personal, and other factors that culminated in their decisions to take their lives. I recognize that many suicides result from a collision of several factors that result in the tragic action of taking one's life. Although more is unknown than known about the factors involved in the decisions of these two pharmacists, the following information is known:

- All of the approximately 1250 Rite Aid stores have or are being closed. CVS has purchased substantially more of the prescription files from the closing Rite Aids than all other pharmacies combined.
- Less than 2 weeks before his death, Mason Porta told another pharmacist (who did not work at CVS) that his store had received prescription files from 2 Rite Aid stores, and that the workload had significantly increased.
- There have been continuous complaints/concerns from CVS pharmacists for a number of years about understaffing, stress, and errors. These concerns have been widely communicated in the local and national media, as well as in *The Pharmacist Activist*.
- CVS management has instructed its store employees to not discuss the suicides of their colleagues. I understand the importance of respecting the privacy of grieving loved ones, providing grief counseling for employee colleagues, and the confidentiality of personal employee information. But why is CVS management so determined to prevent even a tribute to a departed colleague? Why and What do they not want the media, public, the Board of Pharmacy, and others to know?

### The CVS NON-response

Over a period of several weeks, I made multiple calls to CVS. In each call I voiced my concerns about the suicides of two pharmacists and asked whether CVS had a statement such as expressing remorse or a tribute to these pharmacists. I initially went to the CVS website to locate a phone number for media relations. Although there were numerous media personnel identified with their email addresses, there was no phone number provided. I was, however, able to locate a number for the corporate offices. For each call I made I was placed on hold after voicing my question:

- Call 1: I was informed that no information was available.
- Call 2: A second call to the corporate offices several days later resulted in the same response.

- Call 3: My third call to the corporate offices number was transferred to customer relations and the response was that no information was available. I then used the customer relations number for my subsequent calls.
- Call 4: I asked to be transferred to the office of the CEO whom I identified by name. I was asked to spell his name which I did, and after a period of time on hold, I was informed that was not possible.
- Call 5: I asked to be transferred to the office of the CEO whom I identified by name, which she recognized. Following my being on hold, she responded that “being referred to the office of the President is not as easy as you might think it is.” I responded that I considered the matter of the suicides of two CVS pharmacists to be urgent, but that I could not confirm that there was even an awareness of anyone in the corporate offices of the deaths of their employees. She responded that she would forward my message to “Leadership” and that someone should get back to me.
- Call 6: About a week later I called customer relations and asked to be transferred to media relations. Following a lengthy hold, I was informed that there was no phone number for media relations and that I would have to contact them via email. I then stated the reason for my call and that I had been told the previous week that my concerns were being forwarded to leadership. She said she would check the status of that message and placed me on hold. When she returned to the call, she noted that my message was documented but had NOT been forwarded to leadership. I noted that my message should include my opinion that the view of CVS executives appears to be that these two pharmacists just DISAPPEARED. She said she would forward it to leadership and mark it Priority.

There has been no response.

In the more than six weeks since the deaths of Mason Porta and the 50-year old pharmacist, additional information has been acquired and actions taken:

- I have filed a complaint/concern with the Pennsylvania State Board of Pharmacy and urged an investigation.
- I have been made aware of the recent suspected suicides of three other CVS employees. A 24-year old CVS technician who planned to study pharmacy died unexpectedly on February 14, 2025. A 36-year old CVS pharmacist died unexpectedly on April 10, 2025. A 21-year old CVS technician died unexpectedly on June 23, 2025. All three of these individuals worked in CVS stores in suburban Philadelphia, about one hour away from Lancaster. I continue to be informed of suspected suicides, as well as physical and mental health crises, of other CVS employees in this area and in other states.

## The WGAL-TV investigation

Susan Shapiro is a news anchor/reporter at WGAL, an NBC affiliate in Lancaster. She became aware of the suicides of the two local CVS pharmacists. Although news media do not ordinarily report on suicides, Ms. Shapiro immediately recognized that prescription errors are more likely when pharmacists experience heavy workloads and related stress, particularly when prescription files from Rite Aids that were closing were being transferred to other stores. Therefore, not only were the mental health and well-being of pharmacists in jeopardy, but the safety of the public who were obtaining prescriptions was also at increased risk of consequences of errors. Ms. Shapiro had interviewed Mason Porta’s father, Michael Porta, and former CVS pharmacist Kati Forbes prior to interviewing me. I was impressed with her insightful questions, as well as her thoroughness and objectivity. She was shocked to learn that there is not a requirement to report prescription errors.

Pharmacists in our local community who never worked, or do not currently work, for CVS made me aware of the suicides of the two CVS pharmacists. I also knew that CVS management had threatened its current employees that they must not discuss the deaths of their colleagues. Accordingly, I intentionally avoided speaking with any current CVS employee, even though some of the pharmacists were my former students at the Philadelphia College of Pharmacy. When the investigative report in which I was interviewed was aired, and if CVS management asked any current employee if they had spoken or otherwise communicated with me, they would be able to truthfully respond that they had not. I did make one exception and tried to contact the district leader (DL). I did that because I wish to provide support and advocacy for all pharmacists, and that I recognized that a pharmacist’s role as a district leader was also a difficult one, even though their challenges are very different from those of the in-store pharmacists. I called the number of the district leader on July 16 and heard a message that the party I was calling was not available. I left a brief message identifying myself and asking her to return my call. When I did not receive a response, I called again on July 18 and had the same experience. I left a message and noted that I had a suggestion for her to consider.

It was announced that Susan Shapiro’s investigative report regarding the suicides of pharmacists was scheduled to air on the 6 pm news on July 24, and the station aired brief excerpts from the report on its news programs for several days to encourage viewers to watch it. In mid-morning of July 24, I received a call from the CVS district leader from a number that was different from the one on which I left my

voicemail messages. She said she had been on vacation I voiced my concerns about the recent deaths of the two CVS pharmacists and she immediately responded that she could not discuss anything. I replied that I knew that but I wanted to voice my support and advocacy for all pharmacists, including in-store pharmacists and DL pharmacists. I told her that she was the only one who could make a decision that she considered best for herself, but that I had a suggestion for her to consider and that was that she resign from CVS. I repeated that this was my suggestion but that the decision was hers. I had been informed by a friend that the DL had previously held pharmacy positions at several other companies and also had an unrelated business interest. I started to ask her if my understanding was correct regarding the business interest when she interrupted and stated that she had an emergency call and hung up.

Several hours later I received a call from reporter Susan Shapiro who asked if I had a phone discussion with the DL. I responded that she had called me several hours ago in response to my earlier voicemail messages. Susan asked me if I had said anything “threatening” to her such as CVS would terminate her. I replied, “absolutely not!” and added that my comments were supportive of her and provided a suggestion for her to consider with my recognition that any decision was hers to make.

CVS had contacted WGAL that day in an attempt to suppress the report. I have not yet seen a copy of the CVS message and do not know who at CVS provided it, how it was communicated (e.g., phone, email), or whether it included information other than the misrepresentation of my discussion with the DL.

The WGAL news began at 6 pm and, after several minutes of breaking news, an announcement was made that the report on pharmacist suicides would be aired at a later time. Had CVS misrepresentation and censorship succeeded? Fortunately, my concern was short-lived, and I learned the next day that the report had been rescheduled for the 6 pm news on Monday, July 28. Until the report aired on July 28, there was essentially no awareness of the Lancaster-area community of the tragic deaths of the two CVS pharmacists on June 12 and June 15. Susan Shapiro and WGAL are to be commended for their courage and perseverance in conducting the investigation and airing it.

Apparently realizing that it was not going to suppress the report, CVS provided a lengthy statement to WGAL in an attempt to portray a more positive image for the company and the steps it says it has taken. The statement begins, “We were devastated to learn about the deaths of two CVS Phar-

macy colleagues....Our thoughts and prayers are with their families, friends, and colleagues during this incredibly difficult time. Counseling and support services are being offered to all colleagues.”

The following are excerpts from the rest of the CVS statement:

“We’re committed to ensuring there are appropriate levels of staffing and resources at our stores and pharmacies. We regularly make investments in our CVS Pharmacy locations to help ensure our teams are supported and able to deliver excellent service to our patients. Ongoing actions we’ve taken in recent years include scheduling additional support, enhancing recruitment and hiring, and strengthening training programs. We’ve also introduced innovative tools to support workload and workflow, enabling our pharmacy teams to better focus on patient care.”

“Regarding our acquisition of prescription files from Rite Aid, prior to taking on the new prescriptions, we’ve been focused on ensuring our pharmacies are appropriately staffed and that our pharmacy teams are properly equipped to provide pharmacy care to both existing and new patients....To help further support our teams, we’ve hired more than 1,500 pharmacy team members in Pennsylvania this year, including nearly 50 in the Lancaster area.”

“Pharmacy care must be safe, effective, and efficient for patients to achieve their best possible health outcomes, which is why we provide our pharmacy teams and leaders with tools to ensure the safety and quality of their services. While we’ve reduced the number of metrics in recent years, we do use tools and metrics to have a clear picture of what is working and where improvements may be needed to continuously improve our colleague and patient experiences.”

CVS Health regularly offers all our colleagues, including our store and pharmacy teams, several resources to support them – whether they need help dealing with day to day issues, emotional resilience, relationship challenges or more serious mental health concerns.”

Most CVS and other pharmacists give no credibility to most of the CVS statement based on their personal experiences or what they have learned from colleagues or from media reports of prescription errors, harm to patients, lawsuits against CVS, and the suicides of pharmacy team members when CVS management has not been able to

suppress the reports.

Requesting examples or data from CVS that would support its deceptive claims would be an exercise in futility. However, one sentence of the CVS statement provides specific data – “we’ve hired more than 1,500 pharmacy team members in Pennsylvania this year, including nearly 50 in the Lancaster area.”

I decided to ask CVS about the numbers 1,500 and 50 that they provided in an attempt to impress others that they were being proactive. Because I had become aware that the media relations people can only be contacted by email, I sent the following email message to the individual whose name I had heard most often in CVS communications:

“I am a resident of Lancaster, PA and also write a monthly newsletter. I am familiar with the suicides of the two CVS pharmacists last month and the CVS response. I have several questions and would ask that you contact me at xxx-xxx-xxxx. Thank you.”

I received a very prompt response: “Thanks for your e-mail. Feel free to send me your questions and I’ll do my best to answer them.”

I responded that my questions pertained to the number of pharmacy team members CVS hired in Pennsylvania, and asked the following questions:

“How many of the new hires of more than 1,500 and nearly 50 are pharmacists and how many are pharmacy technicians?”

“How many of the numbers of more than 1,500 and nearly 50 represent NEW positions, and how many of the new hires are considered replacements for employees who have retired or are no longer with CVS for other reasons?”

The email response I received from the media relations individual identified her title and contact information, including a phone number that I had previously been informed was not available. When I did not receive a response to my emailed questions within three days, I called her phone number and left a voicemail message requesting a return call. I have not yet received a response and I provided the following comments via email:

“I am surprised that you have not provided responses to my questions, particularly given the CVS emphasis on metrics and the fact that my questions relate to

information that CVS chose to share publicly.

I am also making an additional request. On July 24, someone at CVS communicated with WGAL in Lancaster regarding a report in which I was interviewed that was to be aired. I am asking that you provide me with the name and contact information of the individual at CVS who contacted WGAL, as well as a copy of the part(s) of the communication that pertain to me. Thank you.”

It was CVS which provided the numbers of 1,500 and 50 in its statement to WGAL that was intended to impress others. Why will it not provide answers to questions that would provide more clarity for its own numbers? The only conclusion is that the answers would not be impressive and expose its deception. If these data in the CVS statement are not credible, there is no reason to consider any part of the statement credible.

### Pharmacists at risk

The suicide rate of pharmacists (20 per 100,000) is higher than that of the general population (12 per 100,000). One suicide is a tragedy. For three CVS pharmacists in a local region of Pennsylvania (not including the CVS technicians or the possibility of other suicides of which I am not yet aware) to take their lives should be viewed as an epidemic and must be investigated.

Often there is not just one factor that results in a decision to take one’s life, and I do not know the personal circumstances of the three CVS pharmacists. However, we do know that CVS pharmacists have been complaining for years of understaffing and excessive workloads, continuing stress, and increased prescription errors. In addition, the actions of CVS management to prevent employees from discussing the suicides, and to suppress media coverage and community awareness invite suspicion that the workplace conditions and resultant stress were important factors in the decisions of the pharmacists to take their lives. Why else would CVS management be so determined to suppress media and other publicity, and threaten employees who might discuss the situations? Accordingly, even if there are other contributing factors, the investigations must start at CVS!

Pharmacists wish to achieve perfection in their responsibilities, but no one is perfect and rare errors occur. CVS pharmacists have huge responsibility but NO authority with respect to the management-imposed policies and decisions that are extremely important factors in the occurrence of prescription errors (e.g., prescription department staffing, quotas). In the horrible situation in which a prescription error results in

serious harm or death, it is the PHARMACIST who is considered responsible for the error. Depending on the circumstances that resulted in the error, a pharmacist could have her/his license suspended or revoked. In addition to the possibility of disciplinary action by a Board of Pharmacy, the patient harm resulting from the error increases the risk of mental anguish for the pharmacist, and even self-harm.

Although less likely when serious errors occur, the licenses of pharmacist district leaders and pharmacists at higher management levels who make and impose decisions such as staffing levels, could also be at risk. They probably have not thought about this because they are not personally in the stores in which an error originated. If they are the individuals who are monitoring and enforcing decisions that result in an understaffed pharmacy department in which a serious error is made, they also could be at risk of disciplinary action by the Board of Pharmacy or other agencies.

Other than pharmacists, are there any others among the tens of thousands of CVS employees who are at risk of losing their license and livelihood if a serious prescription error is made? I don't think of any. Accordingly, the executives and other high-level management decision-makers who establish policies, metrics, quotas, and other factors that impact the workplace environment, have established a corporate structure that absolves them from any personal accountability or culpability when even a fatal prescription error occurs. The "Protect the company and the executives" strategy is immediately implemented. The highest priority of the company is given to the determination of whether there was any CVS policy violation that occurred for which the pharmacist can be faulted and the company absolved.

Contrary to their statements, CVS executives and other management decision-makers do not appear to care about their in-store pharmacists and other employees, the stress of their workplace, and their mental health. If they did, they would take corrective actions that would document the results of their self-promotional statements in their press releases. They only value the licenses the pharmacists hold which the company must have to meet legal requirements. They do not care about their pharmacists' knowledge and skills because they know that their understaffing, metrics, and quotas will permit no or little time to be allocated to discussions with patients. In essence, CVS hires licenses which must be accompanied by pharmacists. They can always be replaced by another license with a pharmacist. The actions of CVS in response to the recent suicides of its pharmacists are clear examples of its priorities. In conjunction with the availability of grief counseling, employees are threatened that they must not discuss the tragedies or respond to ques-

tions, which only add to the stress for the employees. Information is suppressed to avoid negative publicity and media coverage that could prompt investigations that would reveal an extremely stressful, error-prone workplace environment that CVS does not want known. There was no expression of remorse or any tribute or recognition of the employment of the Lancaster pharmacists UNTIL it became known that WGAL was conducting an investigation. DO CVS EXECUTIVES HAVE NO CONSCIENCE? DO THEY HAVE NO HUMANITY?

### **Patients at risk**

The accuracy with which every prescription is prepared and dispensed has life or death implications. In the best pharmacy workplace settings, prescription errors will occur, but they are rare. In a workplace environment in which there are long lines of prescription customers, hundreds of prescriptions still to be completed, cars waiting in the drive-thru, vaccines to be administered, technicians to monitor, and responding to questions, it is inevitable that a significantly larger number of errors will occur, some of which will be harmful or even fatal. Thus, understaffed pharmacies and workplace stress that may have been contributing factors to the suicides of the CVS pharmacists are also important factors in the occurrence of errors that place prescription customers at risk of harm. In considering the tens of thousands of prescriptions that are dispensed in just one store, the potential for errors becomes a very important and possibly deadly public health/safety issue.

The statistics regarding prescription errors are elusive, incomplete, and underestimated. Many errors are caught during the dispensing process and corrected before the medication is provided to the customer. CVS requires that errors that involve prescriptions that are provided to patients before being recognized be reported to management. Therefore, CVS management has *most* of the specific data regarding prescription errors that have occurred in its stores. But even this data are incomplete because pharmacists sometimes do not report an error (in violation of company policy). The mandated reporting of errors to CVS management is for disciplinary purposes, and not for correcting the workplace conditions (i.e., root causes) that are important factors in the occurrence of the errors.

Infrequently, even fatal consequences may be experienced without a prescription error being recognized or suspected as a contributing factor. As an example, if a drug that affects heart function is dispensed in error, an individual may experience a deadly heart attack or arrhythmia that is viewed as a tragic random event.

Notwithstanding information gaps such as those noted above, CVS has the most complete and detailed information regarding prescription errors in its stores. However, they will not reveal it! When harm, death, and lawsuits result from the errors, the highest priority of CVS management is to avoid negative publicity. Very few lawsuits will go to trial because CVS will pay whatever it takes to settle them out of court with confidentiality restrictions and without admitting any wrongdoing. If there is any question whether CVS has the wealth to do that, consider that the company recently agreed to a multi-billion dollar settlement with respect to its alleged role in the opioid overdose deaths epidemic, and a federal judge has recently ordered CVS's Omnicare division to pay \$949 million in a lawsuit filed under the False Claims Act, alleging that Omnicare submitted false claims for prescription drugs to government healthcare programs. The total amount of CVS settlements of lawsuits of customers and their families must pale in comparison with the above amounts, but we don't know.

When CVS management shows so little respect for its own employees that it does everything possible to suppress any information about their lives and suicides, customers who are harmed become anonymous statistics. For CVS management, errors and their harmful and financial consequences are just a cost of doing business.

### Actions needed

The increasing number of suicides of CVS pharmacists and team members, and the increasing number of customers who are harmed or die as a consequence of prescription errors must no longer be tolerated. Investigations must be conducted and actions taken, starting with, but not limited to, the following:

- State Boards of Pharmacy (SBOP) in every state in which CVS has stores should require CVS to provide the names and other pertinent details regarding the unexpected deaths of every pharmacist, pharmacy technician, and student pharmacist during the period of their employment and, for those no longer employed, for the 6-month period following their employment. The information required should be for the period from January 1, 2020 (the approximate start of the COVID-19 pandemic) until the present.
- For every pharmacy team member who died unexpectedly since January 1, 2020, the SBOP should require CVS to provide the number of hours of pharmacist and technician staffing, and the number of prescriptions dispensed and immunizations administered each day, in the store in which they worked during the two-month period prior to their death.

- The SBOP in every state in which CVS stores are receiving prescription files being transferred from Rite Aid stores that have already closed or will be closing, should require CVS to provide for each of the stores receiving Rite Aid prescription files the number of hours of pharmacist and technician staffing, and the number of prescriptions dispensed and immunizations administered each day during the two-month period prior to and following the transfer of the Rite Aid files.
- The SBOP in every state in which CVS has stores should require CVS to provide the records of prescription errors in each store since January 1, 2020 to the present, and information about any changes implemented to reduce the risk of errors.
- The SBOP in every state in which CVS has stores should require CVS to provide specific information regarding each lawsuit filed against the company since January 1, 2020 that is related to a prescription error, regardless of whether the lawsuit is settled out of court or goes to trial, or whether CVS acknowledges wrongdoing.
- CVS should establish a fund to appropriately compensate (as determined by an outside party) customers and/or family members who are victims of errors, and pharmacy team members who die unexpectedly and workplace experience is considered to be a contributing factor, as well as family members and other loved ones who are directly affected.
- All SBOP, in conjunction with state pharmacy associations and legislators, should consider developing legislation that requires more than 50% of the ownership of a pharmacy to be held by a licensed pharmacist. North Dakota has had such a requirement for decades; although it has often been challenged, the challenges have not been successful.
- The American Pharmacists Association should compile documentation regarding the pharmacists, pharmacy technicians, and student pharmacists who took their own lives. Even if the names of the individuals are redacted, their responsibilities (e.g., community pharmacist, hospital pharmacist) and employers (and colleges in the cases of student pharmacists) should be identified. The individuals who took their lives were valued friends and professional colleagues of many, and should not only be considered as anonymous statistics (i.e., 20 suicides per 100,000).

### Associations and Boards of Pharmacy

The American Pharmacists Association (APhA), the American Society of Health-System Pharmacists (ASHP), and the National Association of Boards of Pharmacy (NABP) convened an invitation-only summit titled "Implementing Solu-

tions: Building a Sustainable Healthy Workforce and Workplace” on June 20-21, 2023. The “discussions and solutions focused on five workplace themes: practice advancement, mental health, workforce, regulations, and technology and workplace efficiencies.” The more than 80 invited pharmacists discussed issues such as stress, burnout, well-being, and resilience, developed “actionable solutions” for the five workplace themes, and identified the “actors” who should address the solutions including individuals, employers, associations, and NABP/boards of pharmacy. The participants in the summit whom I know personally are capable, dedicated pharmacists, and I assume the other participants are also. The report from the summit was completed and apparently made available in September, 2023. In addition to the report, these three organizations, as well as other national pharmacy organizations, have developed numerous excellent resources for pharmacists and colleagues who experience mental health challenges. However, questions must be asked: “How many pharmacists (even the members of APhA and ASHP) are even aware of the summit report, and how many have read it?”

On June 22-23, 2025, the APhA, ASHP, and NABP convened another invitation-only event, “Implementing Solutions Summit 2.0: Building a Sustainable, Healthy Pharmacy Workforce and Workplace.” I have heard nothing about the “solutions” identified in the discussions, and the summit report is expected this fall. However, my expectation is that, like the first summit, Summit 2.0 will completely ignore the MOST IMPORTANT issues that threaten the mental health and lives of pharmacists and their colleagues. I can’t believe that the more than 80 participants are oblivious to the elephant (i.e., CVS) just outside the summit room that is ready to ignore and crush the summit findings, and eventually destroy the ENTIRE profession of pharmacy, not just community practice.

CVS is the largest employer of pharmacists, and has the size, wealth, and influence to block almost all challenges, including those of its competitors such as Rite Aid and Walgreens. The only challenges that are of any concern to CVS are extensive negative publicity that might result in public outrage and actions of SBOP and other regulatory agencies.

However, if NABP and the largest pharmacy associations refuse to even speak about CVS, let alone take any action, CVS will continue unchallenged, and even more CVS pharmacists and team members will commit suicide, and even more CVS customers will be harmed and die from prescription errors.

I highly commend the several boards of pharmacy (e.g., Ohio) that have boldly challenged the violations, policies, and metrics of CVS, as well as the states (e.g., Arkansas) that have challenged its monopolistic and unfair practices. However, all boards of pharmacy and NABP, with the strong support of the associations and colleges of pharmacy, must take URGENT actions. The future of the profession of pharmacy is at risk.

The toxic and stressful culture of the workplace in CVS stores is already seriously eroding the pool of potential applicants who might otherwise consider pursuing education and a career in pharmacy. CVS, with its Caremark and Aetna divisions, is systematically contributing to the elimination of the competition, including thousands of independent pharmacies, and large retailers like Target and Rite Aid. Does any pharmacist or association of pharmacists believe that, if CVS executives could identify a legal way to dispense prescriptions without employing pharmacists, that they wouldn’t do it? CVS management is already moving in that direction by claiming that its mostly self-inflicted shortage of pharmacists necessitates greater use of technicians, remote central-fill facilities, and its mail-order pharmacies that are not or poorly regulated. As pharmacists disappear, they will be replaced by medication technicians, robots, artificial intelligence, and drones (MTRAIID) to the great peril of the health and safety of the public and the profession of pharmacy.

We do not need more surveys, summits, or timid and ineffective policies and resolutions from pharmacy associations. URGENT BOLD ACTIONS ARE REQUIRED!

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