



The Pharmacist Activist

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“For his compassions never fail. They are great every morning; great is your faithfulness.”

Lamentations 3: 22b, 23

Editorial

CVS “Responses” to Employee Suicides: Intimidation, Silence, and Deception!

voiced my concerns about the suicides of some CVS pharmacists and technicians in several of the 2025 issues of *The Pharmacist Activist*:

- June 2025: “Two More Pharmacy Tragedies”
- July 2025: “Some CVS Pharmacists Have ‘Disappeared;’ The Pennsylvania EPIDEMIC! He was 28 When He Took His Life!”
- October 2025: “CVS Suicides, Antitrust, and Lawsuits”

These commentaries were prompted by the suicides of two CVS pharmacists whose stores in Lancaster, PA are about 5 miles apart. Fifty-year old pharmacist Rob Reybok who had worked at CVS for about 20 years took his life on June 12, 2025 and, 3 days later, 28-year old pharmacist Mason Porta took his life on June 15. For about 6 weeks, there was very limited awareness in the relatively small community of Lancaster about the deaths of these two pharmacists. CVS management informed/threatened the employees of the two 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 was also aware from previous experiences that CVS is usually able to suppress negative local media publicity and police reports. When information or questions do emerge, CVS has suggested or implied to its employees and others, that there were “other

issues,” that are unrelated to their CVS employment.

I filed a complaint with the Pennsylvania State Board of Pharmacy with a request that the staffing, working conditions, and metrics at the two CVS stores be investigated. My complaint was based on concerns about the suicides of the pharmacists and the increased risk of errors and harm to patients and the public when pharmacists experience stressful and mental health challenges in their workplace. I was interviewed by an investigator who was very thorough but, many months later, I have received no further response. I do not fault the pharmacist members of the Board for the delay or lack of action regarding my complaint. The Board members lack any real authority regarding matters about which they have the greatest expertise. Rather, they are expected to act in accordance with the positions/decisions of attorneys for the Board and perhaps other state government officials.

News organizations do not typically report on deaths from suicides. However, Susan Shapiro, investigative reporter and news anchor for NBC affiliate WGAL-TV in Lancaster, recognized the relationship of the suicides of the two pharmacists and the increased risks of errors and harm for customers and members of the community. Her thorough investigation aired

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on July 28, 2025, several days after it was initially scheduled to run because of CVS's attempt to suppress the story by misrepresenting some related information (please see the July 2025 issue of *The Pharmacist Activist*). Susan Shapiro and WGAL are to be commended for their courage in conducting the investigation and not being deceived by CVS's intimidating efforts to attempt to suppress it.

The investigative report was widely distributed by NBC affiliates and other news organizations, as well as by pharmacists through social media networks. Susan Shapiro subsequently received an award for investigative reporting from the Pennsylvania Association of Broadcasters.

The story continues

Months later, much more has been learned about the suicides of Rob Reybok and Mason Porta and the suicides of other CVS employees in Pennsylvania during 2025. Thirty-six year old CVS pharmacist Kevin Uhl committed suicide on April 10, 2025. CVS pharmacy technicians, 24-year old Gavin Caban and 21-year old Jayden Urban, committed suicide on February 14, 2025 and June 23, 2025, respectively. These three individuals worked at CVS stores in eastern Pennsylvania, approximately 50 miles from Lancaster. **FIVE** CVS pharmacists and pharmacy technicians working in stores within about 50 miles from each other committed suicide during less than a 5-month period of time in 2025! There may be more than FIVE but we do not yet know. CVS knows but will not reveal pertinent information unless it is requested by an organization with the authority to do so. The State Board of Pharmacy presumably has the authority to request and act on such information, but its ability to do so may be limited by its attorneys and other state officials.

Because I was one of the individuals interviewed in Susan Shapiro's investigation and also shared my concerns in *The Pharmacist Activist*, I have been contacted by family members and close friends/colleagues of the pharmacists who committed suicide. One individual indicated that a continuing source of stress for one of the suicide victims was that when he recognized fraudulent/forged prescriptions for opioids, he received "pushback" from management when he wanted to decline to dispense them. Another individual voiced strong resentment to the manner in which CVS management tried to intimidate other employees from discussing the suicide and did not even inform employees of the date/time of his funeral. It was known by family members and his pharmacy colleagues that one of the pharmacists who took his life had earlier been on a medical leave of absence. He returned from the leave of absence to his store and responsibilities that were described to me as "very stressful." He worked for a period of time and one day abruptly left the store and soon after committed suicide. This was one of

the situations in which CVS management wanted employee colleagues and others to think that there were "other issues" (i.e., unrelated to the stress of employment) that were responsible for his suicide. However, the implication of "prior mental health" issues is an evasive distraction to the possibility that continued stress in the CVS workplace caused or exacerbated the circumstances that resulted in suicide. In another situation, although the number of prescriptions more than doubled following the transfer of prescriptions from closed Rite Aid stores, no additional pharmacist or technician hours were added.

Approximately one year has elapsed since the suicides of the five CVS "pharmacy team members." The grief and anger of their families and friends/colleagues persist and will be long-lasting. However, the priority of CVS management has been to suppress and forget the information and memories of the tragic events. I find myself wondering if CVS executives are even informed of the employee suicides if the company has been able to escape media or other attention. If they have been informed, can any executive now recall the name of even one of these five victims?

The awareness and shock of Susan Shapiro's investigative report are of great value but soon escape the memories of those who were not directly affected by the tragedies. However, has our profession even acknowledged that these events occurred, or are the victims just added to the anonymous list of pharmacists who took their lives at a frequency known to be higher than that of the general population? The programs to encourage well-being and resilience, and to avoid burnout, are laudable but are not enough.

Who should provide leadership?

The national pharmacy organizations and colleges of pharmacy should be providing leadership in assuring pharmacy practice workplace environments that provide the least risk of employee stress and harmful errors for patients. Some excellent programs have been initiated but with self-imposed boundaries. These organizations refuse to directly confront the employers with workplace environments that are known or suspected to be the most stressful and error-prone. The profession knows the number and rate of pharmacist suicides in comparison with those in the general population and other professions and vocations. However, to my knowledge, there have been no efforts to analyze that data with respect to the type of practice site and specific employers. Some organizations report no or little information about the suicides of pharmacists, and they would more likely voice concerns and report the deaths identified in this commentary if the pharmacists died from measles, rather than suicide.

It is my expectation that the additional gathering and analysis

of pharmacist suicide information would show that CVS is the employer with the highest rate of pharmacist suicides. But our profession does not choose to do those analyses or confront CVS and other employers with the highest rates.

I do not excuse the organizations and colleges for their failure to do more to address these tragedies, but the organizations that should be doing the most and providing the leadership are the state boards of pharmacy. It is the boards that are responsible to the residents of their states with respect to their health and safety relating to the practice of pharmacy. It is the boards that issue licenses to pharmacies and pharmacists and have the regulatory responsibility for assuring that health and safety standards are met. If these responsibilities of the pharmacist members of a board are restricted by board attorneys or state

officials, or for other reasons, the circumstances should be exposed and corrected.

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(Editor's note: I very much dislike writing about suicides. However, following my discussions with family members and friends of these pharmacists, I can not be silent. They were individuals who shared our professional calling and were our colleagues, but were victims of their circumstances and, tragically, chose suicide as the only way to escape. They deserve our respect and being personally recognized for their qualities that endeared them to their families and friends. CVS must not be permitted to suppress their identities and circumstances, and treat them as anonymous licenses that can be quickly replaced).

APhA2026: Education, Celebrations, Honors, Motivation. But Also Concerns

The APhA annual meeting is always a wonderful professional experience. There are so many educational programs on interesting and timely topics that there can be a challenge in deciding which ones to attend when some are scheduled concurrently. Meetings with previous and new friends provide enjoyable social and learning experiences, as do spontaneous hallway and exhibit hall discussions. General sessions typically include presentations by association leaders, recognition of some of the award recipients, and a presentation by a motivational speaker. Many pharmacists serve as delegates to the House of Delegates and participate in the business and policy discussions/decisions.

Without wanting to diminish the many positive programs and opportunities of APhA 2026, there were several situations about which I have great concern. In the opening general session, there were segments that featured CVS and Walmart. CVS sponsored the student patient counseling competition and a representative of CVS had a prominent role at the general session in announcing the student finalists and winner of the competition. CVS is the *antithesis* to the APhA advocacy for increasing the roles, responsibilities, and counseling of pharmacists in assuring optimal therapeutic outcomes for patients. I criticized this CVS sponsorship at the APhA annual meeting last year, but nothing has changed. Is APhA in such a difficult financial situation that it must accept sponsorship/funding from the organization that is most responsible for destroying community pharmacy practice and the reputation of our profession?

A pharmacy friend who used to work for CVS recently sent me a media commentary, "8 reasons CVS is the worst drugstore ever" (msn.com; Lucy Clark). The reasons include:

- High prices
- The pharmacy is slow
- Expensive prescriptions
- Shady ethics
- Unsafe prescriptions
- Dirty stores
- Poor customer service
- Bad-quality photo centers and services

CVS has also received widespread negative publicity and criticism for its working conditions, harmful errors, suicides of pharmacy employees, settlements of numerous lawsuits including billions of dollars in the National Opioid Settlements, and its deceptive strategies and information in opposing legislative efforts in Louisiana, Arkansas, and Tennessee that would prohibit companies from owning community pharmacies and pharmacy benefit managers (i.e., CVS Caremark). When prescription errors occur in a CVS store, the first priority of CVS management is to determine if the pharmacist can be faulted for violating company policy or for negligence.

APhA leadership has to be aware of these situations that are harmful to CVS customers and are damaging to the reputation of our profession. Why then does it partner with CVS in featuring the

professional responsibility of patient counseling that is not provided in most understaffed CVS stores? This is quickly recognized by most of those in attendance as blatant hypocrisy on the part of CVS, and detracts from APhA's credibility in enabling it.

A second segment of the APhA2026 opening general session was a video featuring the services of pharmacists in a Walmart store. My perception was that it could also serve as a Walmart infomercial of the type that many companies show on television. The relationship of APhA and Walmart during recent years has been curious at best. Several years ago, Federal prosecutors in eastern Texas had built a strong case against Walmart for illegal/inappropriate dispensing and subsequent misuse of opioids and other controlled substances. There was also documentation that when pharmacists voiced concerns and reluctance to dispense suspicious prescriptions, they received push-back from middle management that there could be problems if they refused to dispense legal prescriptions from licensed prescribers. Walmart, however, was very concerned about the strength of the prosecution's case and speculation that a judgment/settlement could be in excess of one billion dollars. Walmart exhausted its strong political influence in trying to avoid prosecution, and then filed a preemptive lawsuit against the federal government alleging confusion and a lack of clarity in the laws and practice standards that pharmacists would be expected to observe with respect to prescriptions for controlled substances. I was shocked to learn at a later time that the APhA submitted a statement as a friend of the court in support of Walmart. The court dismissed Walmart's suit and, subsequently, Walmart agreed to pay almost 3 billion dollars as part of National Opioid Settlements. It is noteworthy that Walmart pharmacists knew the law, the practice standards, and the proper ways of handling suspicious prescriptions, but their concerns were overridden by Walmart management in its failed attempts to absolve the company of fault and liability. But why would APhA support Walmart? I have opinions, but not specific information.

Walmart has also been a defendant in numerous other lawsuits relating to its pharmacy operations, as well as other areas of its business. A recent story in *The Wall Street Journal* (February 27, 2026; pB2; Jack Morphet) is titled, "Walmart to Pay \$100 Million In FTC Case Over Driver Pay," a case in which the FTC alleged that Walmart falsely claimed that 100% of tips would go to drivers.

I was recently made aware of a commentary in the *New England Journal of Medicine Catalyst Innovations in Care Delivery* (published January 21, 2026), titled, "Beyond the Counter: The Community Pharmacist of the Future." The commentary was developed by five coauthors and provides positive and optimistic expectations of the responsibilities of community pharmacists in the future. However, I was very surprised by the affiliation of three of the authors. The first author is a physician and is Chief Medical Officer at Walmart, the second is the Senior Vice President, Pharmacy at Walmart, the third is Vice President, Pharmacy Clinical and Specialty Services at Walmart, the fourth is Vice President, Professional Affairs at APhA, and the fifth is the Executive Vice President and CEO of APhA. When did Walmart become an authority on how community pharmacy is practiced even now, let alone in the future? Walmart is one of the largest retail organizations in the world but it is not a healthcare company. Its pharmacies represent only a miniscule fraction of the total operations and commitment of this huge corporation. The two coauthors from APhA can speak from their authority as the highest officials of APhA and the profession of pharmacy. With due respect to the coauthors employed at Walmart, they do not even have decision-making authority within the Walmart corporation for its current and future pharmacy programs and operations.

Walmart has sufficient wealth and influence that, if it was committed to do so, it could start implementing its vision for the future of community pharmacy TOMORROW! This is my challenge, and should be APhA's challenge, to the Walmart coauthors and Walmart corporate executives NOW. I do not believe that the Walmart corporation will make a substantive commitment to advance the current roles of Walmart pharmacists or the roles and services it envisions for community pharmacists in the future. Walmart has the resources to quickly prove me wrong, and I hope that it does so.

APhA includes among its membership pharmacists who have the highest professional ideals and represent the very best of community pharmacy. Why does it choose to feature in its general session and in other ways, the company that is the worst representative (CVS) of community pharmacy and a company that is only marginally better (Walmart)?

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