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LECTURE

Remington Honor Medal Address: The Patients (The People) You Touch

John D. Grabenstein

Hi. My name is John Grabenstein and I'm a pharmacist.

My public-health work, my biodefense work, my medical-affairs work with Merck Vaccines put me in front of high-octane audiences, across the US and around the globe. When I introduce myself, I usually start with: "I'm a pharmacist and ..." Yes, I have a PhD. But I am telling those audiences that I know how to care for patients, that I am a pharmacist.

Now, I have not filled a prescription since 1992. And Dan Hussar reliably informs me that several new drugs have been introduced since then. You do not want me to fill your family prescriptions – but I know other ways medications can help people.

Thank you for this great honor of the Remington Medal. I especially thank the team who nominated me—over and over and over again, apparently. So, I am a big fan of perseverance.

It is common in Remington addresses for the honoree to say that he or she is "humbled" by the award. Let me tell you – in my case – it is especially true. There are people watching who personally have given thousands of vaccinations, maybe tens of thousands each. I have injected not even ten. To the extent today's award is about John Grabenstein and vaccination, I should not get the credit. You vaccinators and all the other pharmacist-vaccinators across America earn the praise.

You touch your patients, you strengthen them, you armor them, you help them avoid serious infections.

So, let's talk about how pharmacists touch patients. I mean "touch" in several ways, of course. And touch nowadays requires two big caveats: Respecting the #MeToo movement, touch always requires permission in advance. And as coronavirus circulates in our hometowns,

I mean touch while observing good infection-control practices.

Given all that, I applaud the pharmacists who touch their patients. Touch in the sense of "roll up your sleeve, and may I please touch you as I vaccinate you." I also mean touch figuratively, in the sense of influence, of caring, of serving – in the daily journey of millions of patients – the ones pharmacists care for every day.

Bravo to all of America's pharmacists and pharmacy technicians who are so obviously America's hometown heroes during this pandemic.

Getting started

You laud me for contributions as a pathfinder, teacher, facilitator, advocate.

My skills as an advocate center on the fact that I am a writer. Some people golf – I write. I was immensely lucky that Colleen Buckley taught me to diagram sentences in the seventh grade. Twenty years later, Neil Davis and Mike Cohen at Lippincott's *Hospital Pharmacy* got me started me as a columnist and then a book author.¹

At the casual suggestion of my sister, Janie, I focused on pharmacy as a college

major. I headed to Duquesne University in Pittsburgh, where I was fortunate to find a caring mentor in Professor Al Galinsky.

Very early at Duquesne, I learned that pharmacy is not solely molecular structures or pharmacokinetics or even therapeutics. I absorbed life lessons from two vibrant extracurricular programs: Army Reserve Officer Training Corps (ROTC) and the Phi Delta Chi Pharmacy Fraternity. Each taught me about human nature, influence, change; leading, coaxing, coaching, motivating.²

I also learned scale and scope, that there is a big picture out there, echelons beyond my own line of sight. I met Ralph Saroyan, and quickly learned what it is to dream big and continuously. I kept meeting leaders who taught me self-awareness, professional service, and leadership theory.

Phi Delta Chi (PDC) was and is a nurturing place. Any fraternity or sorority is a laboratory to develop interpersonal skills. We took it further, creating an explicit, ongoing forum for introspection, self-discovery, professionalism, and service to others. Since 1989, PDC

**About the Remington Honor Medal**

The Remington Honor Medal, which is the pharmacy profession's most prestigious award, was established in 1918 to recognize distinguished service on behalf of American pharmacy during the preceding year, culminating in the past year, or during a long period of outstanding activity or fruitful achievement. It was created by what was then the APhA New York Chapter in honor of Joseph P. Remington (1847-1918), eminent community pharmacist, manufacturer, and educator.

has fielded programs helping each participant develop their own leader skills, to nurture the Leader Within, via immersive programs, not just to listen to motivational speakers.^{3,4} The Accreditation Council for Pharmacy Education (ACPE) affirmed the centrality of these humanistic elements with its 2016 academic accreditation standards.⁴

One must understand one's self before one can ever hope to lead others.⁵ From that basis, we encourage progress, manifesting both in personal fulfillment and in organizational advancement.

The big picture is public health

My Army journey started as a way to pay for tuition and to pay a debt to our Nation. What I found was another wonderful laboratory, teaching me how to get things done within large groups of people. I learned from true servant-leaders, like Major Earl McKinstry and dozens of others. I was taught leadership and professionalism, formally and informally. The short version of my Army thank list includes Nelson, Ihlenfeld, Wilson, Williams, Danielski, Heath, Remund, Davies, Gerber, Randolph, and so many more. Today, I honor all the dedicated pharmacists in the Armed Services (Army, Navy, thus Marine Corps, Air Force), the Uniformed Services (Public Health Service, and thus Coast Guard), and federal sector (notably the Veterans Administration). America's finest are cared for by America's caring-est pharmacists.

In the Army, I learned that if I did my basic job well, I would be entrusted with

additional responsibility. For example, I was credentialled to prescribe vaccines at the US Army Hospital in Bremerhaven, West Germany, in 1988.⁶ Our simple prescription database named the people with chronic diseases based on their medication use, the ones needing influenza vaccine and pneumococcal vaccine. But it took personal messaging (from their pharmacist) to get these patients moving toward vaccination.

Back then, I was applying a lesson from a book called *MegaTrends*.⁷ The author highlighted innovations that featured both high tech and high touch. Notice the "high-touch" part of that pairing. It does not matter how many terabytes your computer can crunch. Big Data has no value just because it is big. Value comes from making people's lives better. When the pharmacist reached out, those patients got moving.

It was pure serendipity that I got involved with vaccines. Thanks, Mike Edwards, for suggesting in 1983 that I apply for a job as the clinical pharmacist for the Allergy-Immunology Clinic at Walter Reed Army Medical Center. The Army has long taken adult vaccination very seriously.^{8,9} It was a casual Saturday conversation that sparked my lifelong efforts with vaccines. Who could have known? This clinic administered influenza vaccine to troops and retirees and family members each fall. I could not stand seeing so many people in line to get influenza vaccine only – what a waste of a line-up – so I developed a screening program to assess all their adult vaccine needs and then fill up their tanks.¹⁰⁻¹²

Eventually, the Army sent me to the University of North Carolina to get my PhD. I was well mentored by Harry Guess on the School of Public Health side of the health campus and by Bram Hartzema on the School of Pharmacy side.¹³⁻¹⁸

One day in August 1996, the telephone rang in UNC's Beard Hall. It was APhA's Mitch Rothholz on the other end of the line, asking: Would you write a program to train pharmacists to vaccinate, to actually give the shots? APhA had spotted a remarkable convergence of talent at the Mississippi Board of Pharmacy, the Mississippi Pharmacists Association and the Ole Miss School of Pharmacy. I planted a magnolia to pay tribute to these innovators.

The program date avoided any Ole Miss home football game, naturally. The training was an unqualified success, thanks especially to my real-world training partners Tracy Darrah and John Bullock. Within just 6 weeks, over half of 67 community pharmacists who completed the course were vaccinating.

What a team APhA assembled, to synchronize policy, curriculum, and programming: Rothholz, Hogue, Keyes, Schulke, Maine, Appleby, and Gans. We went on a multi-year road show.¹⁹⁻²⁰ The most laudable pioneers were those real-world pharmacists I met in Jackson, Des Moines, Little Rock, Knoxville, Montgomery, Alexandria, San Diego, Salt Lake City, and so many more places.

It was poignant to meet some of those pharmacists a year later. They would come over to shake my hand, to tell me how touching their patients had transformed their practices, even saved them.

John D. Grabenstein, EdM, MS, PhD, DSc(Hon), FAPhA, FASHP



John D. Grabenstein is a pharmacist, vaccinologist, and public health leader. In 1996, he wrote "Pharmacy-Based Immunization Delivery," APhA's CDC-recognized course training more than 340,000 pharmacists. As a U.S. Army Colonel, Grabenstein directed vaccination policy and programs for the U.S. Department of Defense and organized "Immunization University" to train clinicians across health disciplines, spanning multiple continents and dozens of ships at sea. As executive director of medical affairs for Merck Vaccines, he led a global enterprise annually distributing more than 180 million doses of 13 vaccines. John's expertise covers pneumococcal diseases, implementation, and history. He has written more than 300 articles and 11 books on vaccination, public health, biodefense, and leadership. He writes and edits for the Immunization Action Coalition. Grabenstein received his pharmacy degree from Duquesne University, a master's in education from Boston University, then a doctorate in epidemiology at the University of North Carolina. Shenandoah University and Chapman University bestowed honorary doctorates on him. He has experience in over 50 countries, and served on committees advising HHS, DoD, and Department of Commerce. John has received the Andrew Craigie Award, Gloria Francke Leadership Mentor Award, ASHP Award for Sustained Contributions to the Literature, Pinnacle Award, and many others, including those from Rho Chi, Phi Lambda Sigma, and ISMP. He chairs the board of Pharmacy Leadership & Education Institute, is vice president of American Institute of History of Pharmacy, and is past national president of Phi Delta Chi. John and his lovely wife, Laurie, have four wonderful children and a rescue dog, each fully vaccinated.

We saw the whole early-adopter phenomenon play out in front of us. We met resistance, outside and inside the profession, from people who could not imagine anything different than what they had always known.

Well, things change. You may as well embrace it and ride the wave.

It thrills me to see sign boards in exhibition halls showing pharmacists in action, with action defined by holding syringes in their hands. And it is a thrill to see get-vaccinated-here signs in front of pharmacies around the country each fall. Even better is when I see those get-vaccinated-here signs during the spring and the summer, because infectious diseases harm people all 12 months of the year. Your patients are waiting for you to tap them on the shoulder and resolve their vaccine deficiencies. It is what you would want for your family.

Okay, I wrote that first training program. You took the course, you took the challenge, you took the risk. Over 360,000 of you pharmacists, now giving tens of millions of doses per year, year after year. You touch those patients – a somewhat new form of touching for pharmacists, perhaps. “Hi, I am your pharmacist. Roll up your sleeve, please.” And yet not new. Vaccination by pharmacists is simply the logical extension of the way pharmacists have been touching patients’ lives for centuries.²⁰⁻²¹

The logic of taking advantage of pharmacists’ accessibility and knowledge is now recognized by our pharmacy friends all across Canada. More countries are following suit, with FIP, the International Federation of Pharmacy, citing our role modeling to encourage others.²²⁻²⁴ For all the differences I have seen from country to country, I see far more similarities than differences. By the way, there is no good societal reason for imposing a prescription requirement for vaccines, not when obstacles leave people vulnerable.²⁵

I am delighted with the way APHA and partners like the US Pharmacopeia (USP) have partnered to create the Remington Innovation Forum. It is off to a good start with the inaugural panel exploring “What Digital Health Can Mean for Pharmacy.” This forum will be an important mechanism to help pharmacists find more ways to improve the systems we practice within.

Vaccines in context

Now, vaccines are different from other medications. First, vaccines are the safest of all medications. They have been studied in the largest clinical trials. Surveillance for vaccine safety is multi-layered and continuous. Vaccines must be the safest, because they will be given to tens of millions of healthy people, to keep them healthy. That makes the risk-benefit equation exceptionally stringent.

With therapeutic medications, we naturally speak of the people who receive them as patients, patients who have a diagnosis warranting the medication.

Vaccines are different. When given to healthy people, the recipients are not really patients. Yes, we wear white coats, we ask about contraindications, we swab injection sites with isopropyl alcohol, and all that. The recipients are people, just like us, with fears and family and needs.

Patients need touch

Even before the pandemic struck, pharmacists were grappling with serious challenges. Many people noted the recent *New York Times* article, describing “chaos” when pharmacists are expected to fill too many prescriptions too fast.²⁶

Did you see the article in the *Washington Post* one day later?²⁷ It was an article about “moral injury,” which is what a clinician suffers when the system will not allow him or her to do what is in the patient’s best interest. Not enough time... Too many rules... The patient – somebody’s loved one – loses.

Pharmacists were not mentioned in the second article, but moral injury is clearly the issue at the center of the first article: pharmacists not being able to touch (literally or figuratively) the patients who trust them for their care.

By the way, the February issue of *Pharmacy Today* has a great article on overload and resilience.²⁸ It helped me.

My wife, Laurie, and I have been to so many outpatient medical appointments lately. She and I grade the clinicians – did he or she lay on hands? The ones we like – yes, they touched. The ones we discount – no, they hardly made eye contact. We have been asked hundreds of times about drug allergies. And barely a

handful of asks about vaccination status. That is not right.

Pharmacists seek provider status. Provider status will come, as pharmacists do the work that makes society realize that pharmacists touch, improve, motivate. Touch routinely.

After all, *caring* is a verb. Caring is what we do, or should do. Can the patient see you caring? Are we preserving health? Preventing infection? Touching? Slowing progression? Relieving pain and anxiety? Can they see us care?

Do we see a patient in line ... or a patient in pain? Do we hear ... really hear ... as the patient describes signs and symptoms? Do we absorb the meaning? Or might we miss it, because our listening was not active? Do our voices convey the advice that leads to health and healing? Do we touch?

Today’s pandemic is pushing patients away, physically. And yet pharmacists are still finding ways to matter, to care, to touch.

It takes leadership to point out what is going undone. Leaders speak up, pointing out what is not right, what could be:

“Wait a minute, there’s one more thing we need to do....”

“We can’t keep letting people leave here vulnerable....”

“There are ways we can add credibility to our marketing slogans....”

“Wait a minute, my patient needs something more....”

So, the patient asks you for a flu shot. Do you take the time to determine what other vaccines he or she needs, and then fill up their tank?

But company policy says you have to move on, even while the patient needs something more. What do you do?

People in your neighborhood need a pharmacist who will stand up and say: my patient needs more. Do you stand up?

We must act on the knowledge that pharmacy does not solely consist of molecular structures or pharmacokinetics or even therapeutics. The profession of pharmacy has humanity at its heart. These are our neighbors who need our care, our touch.

Tomorrow

So, if you are an educator: Which of your courses need more content on human nature?

Association executives: What programming should you offer to help your members practice their human skills?

Pharmacy directors and managers: How much more time will you grant your pharmacists to exercise their human skills? In other words, should you loosen the screws a little, for the sake of your clients, your neighbors?

New practitioners: Badger your bosses. And be a great boss, when it is your turn.

Oh, if my references to taking care of your neighbor remind you of something you might have read in a Holy Book — that is not a coincidence. We are called.²⁹⁻³⁰

Many of you have attended presentations I have given where I indulge in a little rhetorical flourish. I step away from the podium to reach out and touch someone in the audience. Literally touch them. That touch is my way of showing how important personal contact is. Today, I am going to step away from the microphone to say thank you to that sparkling, multi-talented woman who has helped me throughout 37 years of my journey: My gorgeous wife, Laurie, the cutest nurse ever.

I have been blessed with talents. I have been lucky with timing. Most important, I have been entrusted with a wonderful wife and the four best kids—ever—Emily, Annie, Erica, and Peter. Do I believe vaccines are safe? Each of our four is fully vaccinated (including HPV).

Every speaker hopes that when you get home, somebody will say: How was the event? Did the speaker say anything interesting? You will respond as the Spirit moves you.

I hope you will say that the speaker reminded everyone that good

pharmacists, effective pharmacists, are the ones who touch their patients, who touch the people who are our neighbors. Be a pharmacist who touches. When you touch, it means you care.

Thank you all, very much.

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