

AIHP Presidential Address: Thanks, Pandemics, & Priorities
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Thank you all most sincerely for entrusting me with the presidential rudder of our beloved institute, the American Institute of the History of Pharmacy (AIHP).

Thanks to outgoing president Clarke Ridgway for allowing me to peer over his shoulder and learn as he ably led AIHP during the last 2 years. I'm also grateful for the ongoing mentorship of past president Bill Zellmer.

You have heard other presidents say that on their first day in office they would do this or that. On my first day as AIHP president, I hereby form a Presidential Advisory Committee of my predecessors who are willing. Recognizing the accumulated talent and wisdom among AIHP past presidents, I will ask them to join me on a teleconference a couple times a year, to advise on the Institute's current needs and future directions – and to help keep me on a productive path.

Before we go further, many other people deserve thanks for the hard work they contributed to AIHP this year. First, thanks to the ultra-dedicated AIHP staff. I have seen the fruits of their tireless labors since I joined the Board of Directors in 2018. I delight in their professionalism and appreciate them as friends. Thanks also to my fellow Directors and to each of AIHP's crucial volunteers, members of our committee and task forces, as well as the editorial board of *History of Pharmacy & Pharmaceuticals*. Contributions of time by our volunteers are truly essential to our progress.

As you know, the mission of AIHP is to advance knowledge and understanding of the history of pharmacy and pharmaceuticals. Preparing for this address, I spent time at our website, aihp.org, exploring the many resources and programs AIHP offers. What a cool association we are, thanks to the contributions of so many people attending today or otherwise occupied! What a wonderful gift to the profession of pharmacy and to American society.

Many members of AIHP proudly call themselves "history buffs." We love historical exploration in great measure because it helps us understand the world we live in. Many also would agree that we pursue (and that AIHP pursues) practical applications of historical knowledge. I refer to this as "history to inform progress." We know that historical work improves our future. AIHP matters!

The COVID-19 Pandemic

I've been speaking for some minutes now and have yet to say the word that summarizes nearly 2 years of our recent history: "pandemic." Historians marvel at the relative lack of written commentaries on the great influenza pandemic of 1918-1919.

Partially, this dearth is because the Great War, World War I, caused far more noise than the influenza pandemic. But the historical record is clear that the influenza virus caused far more deaths than the bullets and all other armaments of World War I and World War II combined. Viruses are dangerous things.

Fear not, historians will have ample material to assess our own responses to the present COVID-19 pandemic. You will recall 18 months ago how access to pharmacies and pharmacists was considered one of the privileged forms of social interaction, while so much of society shut down as the virus rampaged.

Future historians will have a field day assessing how governments, scientists, and the public alternately praised or damned various means to treat or prevent COVID-19: hydroxychloroquine, ivermectin, (and less skeptically now) dexamethasone, flvoxamine, antiviral compounds, convalescent plasma, monoclonal antibodies, and vaccines (both novel and traditional vaccines). Evidence from gold-standard randomized clinical trials has been tripped up by pseudo-evidence. Millions of people found they had no need for evidence whatsoever. Anthropologists will study our contemporary history for a long time to come. Clearly, the humanity of a pandemic sometimes bears more weight than science.[1] And is this the first time in history that a medication category is named the Oxford Dictionary Word of the Year? For 2021, that word is “Vax.”[2]

For pharmacy as a profession and pharmacies as sites of clinical care, the COVID-19 pandemic brought substantive expansion of scopes of practice. During the pandemic, pharmacies and pharmacists grew their collaborations with public-health departments in depth and breadth across the country.[3,4] It will be important for the 50 States, Puerto Rico, and the other U.S. territories to document in their regional histories how the pandemic harmed the public and opened doors for pharmacy locally.

Federal authorities superseded more limited professional authorities at the state level – the feds overruling state prerogatives, largely without precedent. Pharmacists nationwide received remarkable new authorities from the U.S. Department of Health & Human Services via amendments to the Public Readiness & Emergency Preparedness (PREP) Act, which:[5]

- authorized COVID-19 testing by pharmacists, interns, and technicians
- authorized COVID-19 vaccination by pharmacists, interns, and technicians
- authorized any vaccination indicated for children 3 through 18 years old by pharmacists, interns, and technicians
- authorized influenza vaccination by pharmacy technicians
- authorized ordering and administration of monoclonal antibody therapies by injection or intravenous infusion by pharmacists

One example of the beneficial effect of pharmacists as pandemic responders was the striking effect of pharmacists administering many of the first COVID-19 vaccinations to residents of long-term care facilities. A page-1 graphic in the *New York Times* in February 2021 looks like a waterfall, with death rates among long-term residents plummeting as a direct result of their pharmacists vaccinating them.[6] When the final tally is compiled, pharmacists will be justly acclaimed for the magnitude of their contributions to mitigate and eventually control the pandemic.

I invite you to contribute to the AIHP COVID-19 Pandemic Pharmacy Historical Documentation Project. AIHP is preserving pharmacy experiences during the pandemic to benefit future historians. We seek stories, photos, videos, artifacts, and other documentation of the COVID-19 pandemic's effects on society.

AIHP: What Next?

Speakers before me today reviewed AIHP's many accomplishments and contributions over the last year. Excellent work. Now, what do we do next?

I adopt as my priorities as AIHP president the strategic priorities adopted by your Board of Directors at its August 2021 meeting. AIHP's strategic priorities are to:

- increase the accessibility of AIHP's historical collections.
- increase AIHP's operating revenues by at least \$50,000 annually.
- increase partnerships and collaborations with pharmacy, pharmaceutical, and historical organizations.
- integrate and promote diversity, equity, and inclusion in all aspects of AIHP's programs and operations.

Importantly, the Board and staff developed 16 action steps to bring these four priorities to fruition. It will take a lot of work from the Board and staff, as well as volunteers from among our members. It's all useful work – and we'll endeavor to make it fun too!

AIHP wants to partner. AIHP wants to collaborate. AIHP wants to contribute. AIHP wants to help. AIHP needs arms, legs, brains and, yes, AIHP needs dollars.

So, to wrap up...

We invite you, and the organizations you belong to, to document and share your group's COVID-19 histories.

Please rummage around and take advantage of the resources at our great website, aihp.org.

Thank you for all that you can offer in time, talent, and treasure. Thank you for your contributions to our work.

Please actively encourage your friends and colleagues to become AIHP members.

Why join? What does AIHP do? We pursue “history to inform progress.”

Thank you very much. We’re going to have a lot of fun in the years ahead.

References:

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