Thousands of US pharmacy workers mount 3-day “pharmageddon” wildcat strike

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29 October 2023

“Behind closed doors with the top brass of any chain pharmacy, their ultimate truth would sound something akin to, ‘Patient safety is the primary focus if and when it doesn’t affect our profitability.’”—Shane Jerominski, independent pharmacist and labor organizer

On Monday, Tuesday and Wednesday this week, October 30 through November 1, thousands of pharmacists at Walgreens, CVS, Rite Aid and other drugstores across the United States will take part in a wildcat strike action against the conglomerates that control the vast majority of US pharmacies.

Shane Jerominski, formerly a pharmacist at Walgreens and now an independent pharmacist and labor organizer, told the *World Socialist Web Site* that he and other pharmacists are planning the three-day walkout to protest unsafe working conditions that put pharmacists, techs and their patients across the country at risk on a daily basis.

Jerominski, a licensed pharmacist with more than 15 years of experience in the field who is leading the walkout, has dubbed the event “pharmageddon.” This will be the third such work action by non-unionized pharmacy laborers on the heels of the Kansas City CVS walkouts in mid-September and the Walgreens three-day walkout in early October. Jerominski said he expects about 4,500 employees to take part and possibly tens of thousands more if they did not fear retaliation by their employers.

The pharmacy workers are using the social media platforms Reddit and Facebook to organize and conduct their labor action, recently posting that “Organization for pharmageddon is underway.” In their call to action, they cited the lessons learned from the October Walgreens walkout, dubbed “Operation Spotlight,” writing:

> The public and our patients support us. The media reports were huge and were followed by millions. The overwhelming majority of comments were positive. Reddit trolls, corporate shills, and Walgreens lied. The support center number for participating stores [in Operation Spotlight] was over 600. Due to Walgreens’ quick crackdown on team members talking to the media and our lack of rallying, Walgreens got away with some of those lies.

The organizers are planning to hold rallies outside select locations across the country to put a visible face to their strike action and demands. In their statement, they note that “Walgreens has cut raises. The new 4 C’s rating scale makes it nearly impossible to get good reviews. Walgreens says bonuses aren’t looking good. And at the same time, they announced they won’t be changing the dividend strategy.”

Jerominski made the media rounds over the weekend, speaking with *Bloomberg* and CNBC and explaining that many of the pharmacy workers have told him they are reaching their breaking point. Understaffing has become a severely chronic issue for the pharmacists, while insufficient pay and cutbacks in hours for pharmacy techs means the growing workload is being carried out by fewer staff working shorter hours.

Jerominski noted that the Kansas City CVS walkouts were effective because they were able to provide the pharmacy technicians “strike pay.” The organization he runs had raised about $25,000 with the aim of forming a union for pharmacists, the vast majority of whom are not unionized. When he heard about the Kansas City strike action, he offered a “living wage” assistance of $20 per hour for an eight-hour workday, far more than the workers’ daily earnings of $16.60 an hour at a reduced six-hour day. They were able to provide wage assistance to 175 technicians across the country. Once workers caught wind of this, Jerominski said, “donations began to pour in.” Since that time, they have raised over $60,000.

During the COVID-19 pandemic, the chain pharmacy retailers have become characterized as “fast-food” vaccination centers by the pharmacists, as they now prioritize immunization due to their high profitability of $70 for each flu shot administered.

The vast increase in vaccination rates at the pharmacy chains places greater demands on the pharmacists’ limited time, as they are now required to ensure that labels are printed correctly, drug interaction alerts are checked and insurance and co-pays are addressed. With the cutback in the number of hours pharmacy techs work, the entire smooth operation of the pharmacy rests on the shoulders of the pharmacists, whose license is on the line if any medication errors lead to a serious health consequence.

Jerominski said that turnover rates are high for pharmacy technicians, who on average are earning far less than $20 per hour and work under incredible amounts of stress. Meanwhile, pharmacists, who also work on an hourly wage, oftentimes come in several hours before their shift and stay late to ensure prescriptions are filled out and ready for the patients. They often have to skip lunch to finish their ever-growing mountain of work, leading to significant mental and physical health consequences that include even deaths among pharmacists.

Jerominski explained that internal documentation has revealed that many pharmacies are backed up on their work logs, stretching the limits of the 14-day window they have to ensure prescriptions are ready for patients. A pharmacist working solo may at times have to fill out 3,000–4,000 prescriptions per week to ensure corporate meets its requirements. This translates to about 10 to 15 seconds of time to fill a prescription, said Jerominski, including oftentimes having to address prompts that the computer flags on possible drug interactions or health concerns.

In other words, pharmacists, out of an obligation to their patients and fear of losing their license if they make a mistake, are providing corporate pharmacies their labor for free to get through the backlog of prescriptions needed to get to patients depending on them for their well-being.

Jerominski explained that most pharmacists are not asking for higher pay, but rather for more support staff to ensure the smooth operation of their pharmacies. Despite claims by the corporations that they do not have

funding to support such staffing, acquisition costs and prices they charge on medications clearly demonstrate there are ample funds available to provide an adequate staff with living wages.

Jerominski highlighted the nasal spray fluticasone, which used to alleviate nonallergic runny stuffy noses. Although the cost runs less than $2.50 per bottle to acquire, CVS and Walgreens retail it at $57, or a markup of more than 20-fold.

As for medication errors, Jerominski said that if the pharmacy discovers it, they are under no obligation to report it to the Board of Pharmacy. However, if a patient reports it, the major consequence befalls the pharmacist, who may be placed on probation and lose their job, while the corporation would only incur a minuscule fine.

In an attempt to short-circuit the grievances raised by pharmacy workers for the last several years that have culminated in the current courageous strike actions, Michael Hogue, the executive vice president and chief executive officer of the American Pharmacists Association (APhA), published an open letter on September 8, 2023, in which he wrote:

> Pharmacists, let's also speak candidly about the undercurrent issue that is at play here. Understaffing of pharmacies is a major problem. Negative stories in the media don't help the issue—it becomes harder to recruit the best and brightest into our great profession. Truthfully, the work environment in most community pharmacies is not ideal or supportive of optimal patient care.
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> APhA is fully aware of this, and we are working very hard on these issues. Our board of trustees are practicing pharmacists across the span of health care settings, including community and hospital pharmacy, and including frontline pharmacists.
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> This problem is not new, and the solutions are complex. We know that it feels to many of you like nothing is happening, but something is happening. APhA is driving change. APhA's workplace and well-being issues task force has issued recommendations and resources for the profession. Commitments have been made by large employers to make changes, and while change can't happen fast enough, incremental change is happening.

In response, Jerominski replied,

> [Mr. Hogue,] the examples you cited like shortened shifts are nothing more than corporate cost cutting measures. When a chain pharmacy makes the decision to decrease hours of operation this doesn't magically correlate to a lower prescription volume. If anything, this has the potential to further burden a staff already struggling to keep pace with demand. As for the improved compensation for pharmacists and technicians this was a consequence of the abysmal working conditions, not the efforts of APhA. Many markets experienced frequent store closures. Not due to a shortage of available pharmacists but merely the lack of pharmacists willing to work in an environment so unsafe it would put their patients and license at risk.

Jerominski noted that the current reimbursement structure and costs of pharmaceuticals, tightly controlled by Pharmacy Benefit Manager (PBM) systems, have contributed to both the exorbitant prices paid on prescriptions and the current state of working conditions for pharmacists.

Despite claims by PBMs that out-of-pocket expenses on prescription drugs have been falling for decades, pharmacy advocate groups have found that between 1987 and 2019, patient out-of-pocket costs have increased 222 percent (from $16.7 billion to $53.7 billion). Prescription drug benefit costs have risen 1,279 percent in the same period from $26.8 billion to $369.7 billion. Meanwhile, price inflation had grown only 126 percent in the 30 years.

As the report explains, PBMs set reimbursements to pharmacies at rates far below actual costs of medications, leaving the pharmacies "on the hook to pay the differences and later appeal their losses." However, these regulatory bodies also have the power to deny these appeals or take months to reimburse pharmacies for the claims.

According to the report, 630 rural communities lost all local pharmacy services by March 2018 and another 302 fell to having just one pharmacy open. Meanwhile, independently owned pharmacies are at higher risk of closing due to preferentially being denied reimbursements. In short, this is leading to a form of acquisition and merger of these resources in which corporate pharmacies who also own these PBMs can acquire the lion's share of the distribution networks that include how these drugs are priced.

Jerominski concluded his letter to Hogue by writing:

> The current PBM structure is decimating independent pharmacies to the point of extinction. Fines and predatory audits that unfairly target small businesses are serving their intended purpose. Chain pharmacies will slowly absorb that market share, then when they've done so turn attention towards fixing the issue of fair reimbursement.

He added,

> Let's be honest though, if chain pharmacies were suddenly more profitable as a result of better reinsurance reimbursement their first priority wouldn't be to make stores safer. The financial boon that was COVID for both Walgreens and CVS sent them on a merger and acquisition spree, not a billion dollar investment in improved safety standards.

The "pharmageddon" strike action this week is an important development which must be supported by workers in all industries. To carry this struggle forward, however, requires not a turn to the AFL-CIO union bureaucracy, but the building of a network of independent rank-and-file committees, democratically controlled by workers themselves, and aimed at uniting with all other sections of the working class, both in the US and internationally.

The WSWS will assist pharmacists and all other healthcare workers entering into struggle in their efforts to build such committees of workers' power, as part of the expanding network of committees affiliated with the International Workers Alliance of Rank-and-File Committees (IWA-RFC).