

Leading *without* *Heart*

CORPORATE MALICE HIDING IN PLAIN SIGHT...
ONE PHARMACIST'S STORY



DAONDA COMBS-PAYNE

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Leading Without Heart:

Corporate Malice Hiding in Plain Sight . . . One Pharmacist's Story

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For information about this title contact the publisher:

Pharma Press L.L.C.

www.pharmapress.org

info@pharmapress.org

ISBNs:

979-8-9892062-0-9 (hardcover)

979-8-9892062-1-6 (eBook)

Printed in the United States of America

Document, Document, Document

I never dreamed I would become an author and especially surrounding such an important topic. I am deeply appreciative of the one person in my life that gave me the solid foundation to do so—Dr. Meta Lou Henderson. It was Dr. Henderson who made it clear as a very young and intimidated pharmacy student at Ohio Northern University the importance of documentation. She said, “Document, Document, Document! If you didn’t Document it, it did not happen!” How correct she was.



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Introduction

*A*s I sit here pondering what it all means and what went wrong, I am bombarded with articles spotlighting how CVS is launching new programs focusing on access to care. Touting a 24/7 on-demand healthcare portal that would include the ability to schedule mental health services seems inconsistent and disingenuous with the treatment I received as a pharmacy manager with CVS. “Bringing our heart to every moment of your health” as published on LinkedIn by President and Chief Executive Officer of CVS-Karen S. Lynch also seems disingenuous. I stumbled across a Harris Poll commissioned by CVS in March of 2022 that concluded: “42% of working mothers have been diagnosed with anxiety/depression” while “72% don’t feel supported at work,”¹ I wonder if that poll included Pharmacists.

Research revealed a refreshing viewpoint concerning women (and was coming from a woman of “Age”). The current CEO, Karen Lynch, shared a story of hope for women during an episode of Fortune’s Leadership Next podcast. The interview by Alan Murray and Ellen McGirt was published as follows:

Lynch: Well, I don’t know the reason why. But let me tell you what were some of my experiences. When I was young in my career—and this is a great story—when I was young in my career, I walked into a room, and it was all men. And I said, “Where should I sit?” And the guy looked at me and he said, “You should sit over in the corner, because women just take up space in the boardroom.”

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Lynch: Right. And so that might give you a sense. I share that story because, you know, when I was named CEO, my I came out in a T-shirt and my husband said, You're wearing a T-shirt on your first day as CEO? I said, we're virtual.

My shirt said, “**taking up space.**” I shared this story with our diversity council . . .²

FOX Business reporter Landon Mion reported on CVS' gender transition guide that now exists. The article³ published April 15, 2023, revealed that gender transitioning employees **may** have benefits that include medical leave of absence. I hope CVS has changed their policy and will allow FSA funds to cover medical premiums while the employees utilize this benefit, or they “may” find out like I did that they really don't have access to this due to the policy in place at CVS that doesn't allow FSA funds to cover medical premiums while on a LOA seemingly regardless of the circumstances. I could not use my FSA to cover a FORCED LOA initiated BY MY Immediate Supervisor and had to cash out smaller personal IRA accounts to survive.

The transitioning guide, as reported by FOX Business news, states that CVS is “committed to the principle of equal employment opportunity.” The guide also stresses that CVS “**won't tolerate even subtle forms of discrimination** or harassment in the workplace.” This was NEVER enforced upon my immediate pharmacy supervisor in 2016 and what he did was so much more than “subtle,” so I doubt it will be enforced now as I will reveal his actions.

My experience as a pharmacist with CVS Health included multiple patient safety issues created by little to no support or support staff. The same is happening today. I do not want to overlook the working conditions, but I am choosing to focus on what should be the most important asset the company has-**the Pharmacist**. The working conditions have been written about extensively, but the health and well- being of the pharmacist has been mostly overlooked and now the conglomerates claim there is a shortage. There is absolutely **NO shortage**. Pharmacists are standing up or changing professions due to the treatment.

Introduction

I had a promising career at CVS and performed well on the metrics used to justify annual wage adjustments. My performance reviews were consistently above expectations; therefore, I was rewarded monetarily. I would soon realize that the corporate world was driven by profits over working conditions and age was not a virtue nor was being a woman.

I never dreamed I would be a casualty of age and gender discrimination in 2016, nearly 51 years after the **Civil Rights Act of 1964** was enacted, but it happened. CVS claims to be champions for diversity and inclusion, but their actions speak louder than words:

“At CVS Health®, we’re deeply committed to the work we’re doing to develop a diverse workforce and provide an equitable workplace that empowers all colleagues, regardless of their age, ethnicity and background” as noted on cvshealth.com’s home page.⁴

The **Civil Rights Act of 1964** is only as good as those that abide by and defend it. Unfortunately, Lady Justice is no longer blind, and the scales are unfairly weighted with the almighty dollar. CVS seems to have a tremendous reserve built in for reputation defense as a general cost of doing business to prevent the public from learning the TRUTH. My story would be nonexistent and join that of others if I had taken a payout and signed a nondisclosure agreement as Mr. Moretta attempted to persuade me to do.

CVS has self-proclaimed they advocate for mental health but at the same time use unscrupulous practices against their own employees from what I have seen. CVS is reaching towards adding an unlikely place to seek mental health counseling, In-Store, so this is where I will begin, In-Store. Let the (Mental) games begin.



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*B*udgeting for stores in the corporate world does not always make sense. Someone must anchor the ladder while others climb. Pharmacists are not the placeholders of the highly coveted corporate positions but are expected to anchor the ladder. My experiences reveal that Pharmacists are not coveted at all as I became painfully aware of. Mr. Moretta, special counsel of Littler Mendelson for CVS⁵, would become a familiar foe although I would come to learn, he had very little to defend because of a working relationship that seemed to have flourished between himself and what was supposed to be my counsel.

I begin this story with the ending of a tough relationship and legal battle that resembled the story of David and Goliath. I refused then, as I refuse now, to let oppression win. I often saw myself being guided by faith, courage, commitment and most of all, heart. My dad always said, “The bigger they are, the harder they fall,” I had to fight and have faith. It seems uncanny to me that CVS is using the slogan, “Leading with Heart,” when that is the last thing they will reveal as their driving force. Mr. Moretta scoffed at me when I said I want to make a difference for pharmacists, so I hope this sheds some light on some of the behind-the-scenes treatment that gets concealed, similar to how an extortionist prevails by creating fear.



From: DaOnda Payne >

To: John Moretta >

Cc: DaOnda Payne >

November 14, 2022 at 12:58 PM

The beginning

Mr. Moretta,

It has been a very long journey for me and I am glad I was given the opportunity to meet the man/firm behind the many successes of CVS in court. As I said before, I appreciate and Thank you for the bottle of water that was offered to me on your behalf. That spoke volumes about your character. The supposed representation I had was "less than stellar" and frankly should not be practicing. I have followed the path laid out before me and I now have the truth to the fullest extent that Justice will allow. I do not need to go further for that. Freedom to speak the truth is priceless and that has been afforded to me by a higher up. I have been comforted by the Serenity Prayer and Footprints in the Sand and now I will finish my journey.

Thank you again,

READABLE VOICEMAIL FROM (212) 556-1234

July 30, 2019

Hello this message is for Ms. Payne Ms. Payne my name is Ellen kibler(?) I'm a reporter with the New York Times and I'm calling you about CVS. I know that you had a lawsuit against a number of years ago and I'm doing some reporting on working conditions in retail pharmacies and was hoping to talk with you. My number is here at work is 212-556-8980 and again my name is Ellen Gable G a BLER and I'm a reporter with the New York Times I would really like to talk with you. Thanks.

REPORTER: Ellen Gabler

MOBILE: (612) 432-0289

WORK: (212) 556-8980

EMAIL: ellen.gabler@nytimes.com

(The previous readable voicemail from our home internet/phone provider was from Ellen Gabler of the New York Times).

Hello? (Call to DaOnda who was currently working at Wright Patterson Air Force Base in Ohio, from Robert- husband in Tennessee)

Hey, you just got a call from a reporter for the NY Times.

Yeah, sure. Next, you are going to tell me Donald Trump called. Serious, a reporter from the NY Times called and left a readable voicemail for you to call her back. She's doing a report on working conditions in the Pharmacy and wants to talk to you.

Really? I'll read it and reach out to her!

January 2012

A new stand-alone CVS was being built at 110 Majestic Grove Rd. in Knoxville, Tennessee that was 5.3 miles from my residence. I was offered the Pharmacy Manager position at this location by John Wilder

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(Pharmacy Supervisor). I was currently working at the CVS located at 718 Winfield Dunn Parkway, Sevierville, TN 37876, which was approximately 12 miles from my home and thought this would be a great opportunity and a convenient 5–10-minute drive. I accepted the position.

The new position began with a rocky start. The current Pharmacist-In-Charge Ned Tate was not informed that I was the new Pharmacy manager, and he would have to float to other locations to get his full-time hours. The staff pharmacist, James Dyer, was also unaware of the new pharmacist scheduling requirements to obtain his full-time hours but soon found out that he would have to float as well. The situation was handled in a nonprofessional and unsympathetic manner that led to animosity and a very poor working environment. I did not realize it at the time, but this seemed to be how CVS conducted business to replace older workers and I was soon to be a casualty of this business model.

February 2012

February 2012 came, and the inspection of Store #3743 by the Tennessee State Board of Pharmacy set a precedent for what the Board of Pharmacy wanted to see. The inspection ended with the staff Pharmacist, James Dyer, being assessed a \$1,000.00 civil penalty due to the actions of the pharmacy technicians. State Board of Pharmacy rules were broken, and an inspection report was left behind to be addressed by me as the Pharmacy manager, the usual course of business. The report was answered as follows:

DEPARTMENT OF HEALTH
TENNESSEE BOARD OF PHARMACY
COMMUNITY INSPECTION
COMPLIANCE INSPECTION RESPONSE:

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INSPECTOR: REBECCA MASON, D.Ph.

(Name changed for privacy)

227 French Landing, Suite 300

Nashville, TN 37243

PHARMACIST IN CHARGE: DaOnda M. Payne, D.Ph. CVS #3743

110 Majestic Grove Rd.

Knoxville, TN 37920

Inspection Date: 2/16/2012

As noted in the Remarks and Recommendations:

“Observed 3 patients picking up prescriptions without being offered counseling. James Dyer (name changed for privacy) was the pharmacist on duty.”

Response: CVS has given clear instruction of the role of the technician regarding patient counseling. I have personally spoken with each technician to reinforce the procedures and responsibilities set forth by rule 1140-03-.01 of Standards of Practice. They have been instructed that a **PHARMACIST MUST COUNSEL FACE-TO-FACE EVERY NEW PRESCRIPTION**. After ringing the prescription, the technician is to alert the pharmacist for the need to counsel (currently designated **on all NEW prescriptions** filled at CVS by the words **COUNSEL** in bold words). At that point they will have met their obligation to be compliant and the obligation then switches to the pharmacist on duty. I have printed a copy of the rule: 1140-03-.01 for everyone to read and sign and to ask questions if need be. I have also printed a copy of the **newsletter sent out by the Tennessee Board of Pharmacy dated March 2010** that specifically addressed and answered the questions concerning What Does the Investigator Need to Hear and See! A copy is laminated for future reference and can be found with the inspection form.”

Thank You,

DaOnda M. Payne, D.Ph.

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James was assessed a \$1000.00 civil penalty from the board:

LICENSEE: James Dyer, D.Ph. Knoxville, Tenn. (Name changed for privacy)

VIOLATION: Failed to provide patient counseling to patients or patient caregivers in accordance with board rules.

ACTION: Assessed \$1000.00 civil penalty

James should never have been in the situation he found himself in. As a pharmacy manager, I was proactive not reactive. Prior to the audit and as a part of the day-to-day proceedings, I laminated and attached the following instructions provided by CVS to the register to assist every cashier/technician in maintaining compliance with the board of pharmacy rules and protect the pharmacist on duty as well as CVS.

For “Mandatory Counseling” POS Prompts:

When a Technician/PSA observes that the Rx label receipt indicates “COUNSEL” and/or one of the prompts for mandatory counseling appear on the register, Technician/PSA must:

- ❖ Inform the customer that the pharmacist will need to speak with him/her.
- ❖ Complete the sale at the register but withhold the prescription(s) that require counseling.
- ❖ Bring the prescription(s) and the customer to the consultation area.
- ❖ Hand the prescription to the pharmacist, not the customer
- ❖ **Inform the pharmacist that a consultation is required.**

For “Offer to Counsel” POS Prompts:

When Technician/PSA sees the prompt for the offer to counsel on the register you must:

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- ❖ Offer counseling to the customer.
- ❖ Mark “Accept” or “Decline” counseling on the POS screen (if prompted)

Expectations of the Board of pharmacy and CVS in response to the audit concerning the actions of the pharmacy technicians were made **clear** as early as **2012**. Following this visit, a notification was sent to ALL PICs (from the current District manager and Pharmacy Supervisor, Steve Duncan, and John Wilder respectively-names changed for privacy) to inform and warn of the expectations.

Although this was **true in 2012**, **the narrative would change during 2016 (and be glossed over in 2018)**. Achieving the desired outcome of removing older and higher monetarily rewarded employees while covering up the actions of discrimination and mental abuse by CVS supervisors seemed to have become a priority.

ATTENTION ALL PIC’S:

A NUMBER OF YOU ARE AWARE AT THIS POINT THAT THE NEW BOARD INSPECTOR: REBECCA MASON (name changed for privacy) IS BIG ON COUNSELING!

ON THE FOLLOWING PAGES YOU WILL FIND A COPY OF RULE 1140-03.01 (HER FAVORITE). YOU WILL ALSO FIND A COPY OF THE BOARD OF PHARMACY NEWSLETTER: “COUNSELING; WHAT DOES THE INVESTIGATOR NEED TO HEAR AND SEE.”

IT IS THE RESPONSIBILITY OF EACH PIC TO READ, UNDERSTAND AND HAVE EACH TEAM MEMBER READ AND UNDERSTAND WHAT IS REQUIRED. HAVE EVERYONE SIGN AND DATE THE SHEET STATING THEY HAVE READ AND UNDERSTAND AND KEEP IN THE PHARMACY (READILY ACCESSIBLE). GOING FORWARD, ANY TECHNICIAN NOT COMPLYING WILL BE TERMINATED FOR NONCOMPLIANCE.

Rule 1140-03-.01 reads as follows⁶:

RULES OF
THE TENNESSEE BOARD OF PHARMACY CHAPTER 1140-03
STANDARDS OF PRACTICE

1140-03-.03 Medical and Prescription Orders

1140-03-.01 RESPONSIBILITIES FOR PHARMACEUTICAL CARE.

(1) Patient counseling

(a) Upon the receipt of a medical or prescription order and following a review of the patient's record, a pharmacist shall personally counsel the patient or caregiver "face-to-face" if the patient or caregiver is present. If the patient or caregiver is not present, a Pharmacists shall make a reasonable effort to counsel through alternative means.

(b) Alternative forms of patient information may be used to supplement, but not replace, face-to-face patient counseling.

Time at Store 3743 would pass and eventually Ned and James would be completely replaced with Sylvia Oldham (name changed for privacy), a recent pharmacy graduate. "Syl" and DaOnda would become the staff pharmacist and the pharmacy management team at 3743. The store scores improved with the newly paired pharmacists and John Wilder (pharmacy supervisor) retired and was replaced by Rushabh Joshi.

"Rush" was a former pharmacist rumored to have come from Rite-Aid, and he was hired by CVS as the new pharmacy supervisor for district 3602 comprised of 21 stores. Rushabh ("Rush") was sent to store #3743 to train with me prior to assuming the position of Pharmacy Supervisor and to learn the correct procedures for running a store per CVS standards (this explanation was given to me by John- True or Not). Rush was responsible for Year-end performance reviews for pharmacists from

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that point forward. The 2015 Year-end review (completed by Rush) for Me was as follows and included My overall rankings:

Overall Ranking: District 2/21; Region 8/194; Area 46/1036; Chain 374/7892.

Rumors began to swirl that “Rush” was brought in as a “hitman” to eliminate the older pharmacists who were paid more money. Some pharmacists were even keeping track of how many pharmacists were terminated after Rush arrived. My curiosity was piqued, so I began looking into his background and found that he had graduated from the National College of Pharmacy in Shimoga, Karnataka, India.^{7,8} Word in the pharmacy community was that he had come to CVS from Rite-Aid and with no history with any of the Pharmacists in the district, I could see why it would not bother him to destroy lives. Was he really the “Axe” man? Surely, this could not be true.

Tuesday May 3, 2016, As I was working through my shift, I received a call from my son. He informed me that his lab results had come back from his physician, and he was instructed to go to the Emergency Room immediately. The results showed his **Serum Potassium level at 9.3** with the **normal range of 3.5–5.2 mmol/L**. Rush and Jefferson were both at 3743 (where I was currently working) when I received this news. I was forced to have my nephew take my son to the ER since he was there with him, and I was **EXPECTED to remain** on the job **unless I found coverage**. I called my partner, Syl, to see if she could come in and let me leave. Rush was present and was a pharmacist but did not offer to cover me. He simply asked if everything was OK as I left in tears.

Serum Potassium is an important lab value where High potassium (Hyperkalemia) indicates a significant clinical event is occurring involving nerves and muscles including those in the **heart**. Guidelines for a value above 6 require immediate emergency care to determine the cause. Several **fatal** medical emergencies could have been occurring and needed to be ruled out. I stood there in a fog and panic as Rush watched

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seemingly emotionally unattached as all the possibilities played out in my head. I could not concentrate and could only think of not being there for my son and not knowing if I would ever see him again alive and at that time every patient in that pharmacy was at risk but neither of those scenarios seemed to bother Rush or Jefferson. It was cruel and unusual treatment—I was trapped and this was **Mental abuse!**