The Final Bow

On April 10, the last theater performance was held in Whelpley Auditorium. The production, *A Funny Thing Happened on the Way to the Forum*, included a detailed set and the return of a pit orchestra.

For two decades, the College has staged musicals, plays, and choral and musical performances in Whelpley Auditorium. Beginning this fall, theater productions will be held in a 400-seat auditorium in the new academic and research building and library.
FEATURES

Turn it Up

*Script* talks with the 2015 Joe E. Hablerle Outstanding Educator, Dennis Doyle, a history buff from the Northeast who captivates students in the classroom with his storytelling style, fashion sense, and love of music.

BY MARY RIES

Safe Travels

You can’t wait for your vacation to begin, but what if you get sick while you’re away? STLCOP expert Clark Kebodeaux offers advice on vaccinations and tips to prepare for a happy and healthy getaway.

BY BRAD BROWN

The High Cost of Hepatitis C

When the new sofosbuvir-based oral medications hit the market a year and a half ago, they held the promise of a hepatitis C cure for the first time. But at $84,000, or more, for a 12-week course of treatment, many patients are struggling to access the drugs.

BY RICK SKWIOT

Of Risk and Reward

Tony Roberts ’10, a young entrepreneur with a passion for community pharmacy, shares why thoughts of failure have never entered his mind.

BY BRAD BROWN

DEPARTMENTS

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Two St. Louis College of Pharmacy employees were recognized for their hard work and commitment to the College at the annual Employee Recognition Luncheon in May.

The Excellence in Education Awards are presented to a faculty member and a staff member who are performing at a meritorious level in helping the College achieve its vision of becoming globally prominent in pharmacy and health care education, interprofessional patient-centered care, and collaborative research.

This year, Clark Kebodeaux, Pharm.D., assistant professor of pharmacy practice, received the Faculty Excellence Award. Students who nominated Kebodeaux mentioned his willingness to involve them in events at his practice site, Walgreens, to develop their clinical skills. One said, “He always goes above and beyond to make sure students are comfortable with the material and to ensure there is no confusion.” A P3 student commented, “I have never had the opportunity to work with a faculty member as passionate and dedicated to his duty as academic advisor as Dr. Kebodeaux.”

Asha Hall, coordinator of financial aid, received the Staff Excellence Award. Hall had recently received a thank-you note from a prospective student, which read, in part, “I greatly appreciate that you stepped in when my admissions counselor was unavailable, which partly led to my decision to attend STLCOP in the fall. By stepping in, it showed me that everyone at STLCOP wants what’s best for you and will try and do everything they can for you. I am pleased with my decision to attend STLCOP and look forward to a great overall experience at a fantastic school.”

Setting the Standard for Residencies

St. Louis College of Pharmacy’s PGY1 multi-site residency program is the first Association Society of Health-System Pharmacists (ASHP)-accredited community residency program in the St. Louis area. The College’s program is based at three partner institutions: L&S Pharmacy in Charleston, Mo.; Schnucks Pharmacy and Walgreens Pharmacy, both in St. Louis. The ASHP Commission on Credentialing recently met and voted to recommend accreditation for the residency.

“A community pharmacy residency is the ideal way to expand pharmacists’ knowledge in order to help patients,” says Jack Burke, Pharm.D., FCCP, BCPS, professor and associate dean for postgraduate education. “ASHP accreditation means we’re achieving some very high standards.”

Richard Logan, Pharm.D., is the site coordinator at L&S Pharmacy. David Chism ’94 is the site coordinator at Schnucks, and Clark Kebodeaux, Pharm.D., BCACP, assistant professor of pharmacy practice, is the site coordinator at Walgreens.

“We specifically chose to work with these partners for their devotion to their patients and history of innovation,” says Nicole Gattas, Pharm.D., BCPS, associate professor of pharmacy practice and residency program director. “Community pharmacists are the most accessible health care team members. They’re an amazing resource and advocate for their patients.”

“Residents often expand or implement new patient care services at their residency site,” Gattas adds. “The direct result is a better experience for the patient and for all of the resident’s future patients.”
On May 18, nearly 200 STLCOP professional year 4 students started their rotations. They spread out across the United States for rotations in a variety of pharmacy practice settings—some more familiar than others. Here are but a few of their interesting sites:

- Adventist Glen Oaks Hospital
  GLENDALE HEIGHTS, IL
- Barney’s Pharmacy
  AUGUSTA, GA
- Centene Corporation
  CLAYTON, MO
- Choate Mental Health and Development Center
  ANNA, IL
- Cornerstone Pharmacy Lakewood
  NORTH LITTLE ROCK, AR
- Elizabeth Ludeman Development Center
  PARK FOREST, IL
- Express Scripts Specialty Product Management
  ST. LOUIS, MO
- FDA Office of Generic Drugs
  SILVER SPRING, MD
- Genoa Healthcare
  BELLEVILLE, IL
- Hoyle’s Pharmacy
  TAMPA, FL
- International Pharmaceutical Federation
  LISBOA, PORTUGAL
- Las Colinas Pharmacy
  IRVING, TX
- Mallinckrodt Institute of Radiology, Washington University School of Medicine
  ST. LOUIS, MO
- Mayo Clinic Health System
  NORTH MANKATO, MN
- MedAssets Advisory Solution
  ST. LOUIS, MO
- MedLogix Communications
  SCHAUMBURG, IL
- Memorial Hospital and HealthCare Center
  JASPER, IN
- Metropolitan St. Louis Psychiatric Center
  ST. LOUIS, MO
- The Rehabilitation Institute of St. Louis
  ST. LOUIS, MO
- Roper Hospital
  CHARLESTON, SC
- Siteman Cancer Center
  ST. LOUIS, MO
- St. Jude Medical Center
  FULLERTON, CA
- Walgreen’s Infusion Services
  MILFORD, OH
- Washington University Infectious Disease Clinic
  ST. LOUIS, MO

After Commencement
Here’s where STLCOP graduates are practicing in 2015.

**Practice Locations by State**

- 51% Missouri
- 24% Illinois
- 25% Other

**Practice Setting**

- 70% chain community pharmacies
- 15% residency programs
- 8% hospitals/institutions
- 6% independent community pharmacies
- 1% long-term care

Source: Pre-graduation employment survey, St. Louis College of Pharmacy class of 2015; May 2, 2015
**On Campus**

**STERILE COMPOUNDING LAB**

The sterile compounding lab is set up with state-of-the-art laminar flow hoods that allow up to 14 students at a time to prepare intravenous (IV) medications. The IV hoods will be equipped with cameras to record students’ work in real time so faculty can provide direct feedback to improve their IV preparation skills.

**ANTEROOM**

A dedicated anteroom was built specifically for use with the sterile compounding lab. Student pharmacists will enter the anteroom from the main hospital skills lab, then scrub up under touchless faucets and put on gowns and gloves before entering the sterile IV space, with its positive and negative pressure gradients and proper air circulation.

**HOSPITAL SKILLS LAB**

In the main hospital skills lab, students will develop pharmacy practice skills in a health system setting. They will practice IV and total parenteral nutrition calculations, check IV compatibilities, perform medication reconciliation, and answer drug information questions.
Tour the Lab
See inside one of the new lab spaces in STLCOP’s new academic and research building.
For STLCOP students, community service is a way of life—even during summer break.

**THIS SUMMER, P3 STUDENTS MANNY HABTU AND JASON FERRER** spent a week working at the American Diabetes Association’s Camp EDI (Exercise, Diet, and Insulin) in Potosi, Missouri. The experience not only allowed them to positively impact the lives of kids with Type 1 diabetes but also prepared them to better serve their future patients.

**AFTER BEING DIAGNOSED WITH TYPE 1 diabetes at age 16, Manny Habtu’s parents sent him to Camp EDI to meet other kids with the disease. This summer, he served as unit leader and convinced his friend, Jason Ferrer, to join him as a counselor. Jason thought it would be a great way to use the knowledge he gained at STLCOP to help educate his campers on managing their diabetes.**

A sample diabetic glucometer blood sugar level testing kit

**IN ADDITION TO ALL THE USUAL CAMP activities like hiking, swimming, canoeing, fishing, and archery, campers learned how to count carbs, check their blood sugar, and administer their insulin injections. Dieticians, physicians, and nursing students were all on staff. “Camp opened my eyes to what it is like to live with diabetes and how difficult it can be to maintain blood glucose levels within the goal ranges,” Ferrer says.**
Both students agree that their experiences at Camp EDI will make them better pharmacists. “I am much more prepared to work with patients with chronic diseases now,” Habtu says. Ferrer says camp has equipped him “to help future patients make better decisions with their diet and diabetes management and ultimately improve their quality of life.”

“Camp is such a great way for kids with diabetes to meet other kids with the disease,” Habtu says. “Each day is full of fun activities, and it’s a great escape from the real world.” Ferrer had attended summer camps before, “but my experience this summer allowed me to gain a better understanding for what it’s like for those who live with diabetes and what they go through on a daily basis.”
Health Care Past
A historian of medicine and pharmacy, Dr. Dennis Doyle, assistant professor of history at St. Louis College of Pharmacy, has a deep passion for sharing history with health care professionals. For eight years, Doyle taught medical students at the State University of New York-Stony Brook about the history of their profession. “I love the interaction with future health care professionals. I wanted to teach students things that matter to them,” he says.

Dream Job
After teaching at State University of New York-Stony Brook, Doyle moved on to serve as an instructor at Mississippi State University. During his time there, he taught African-American studies, but he wasn’t satisfied and knew he wanted to teach history of medicine. Around the same time, the position at STLCOP opened. Doyle knew he had to apply. “It was a dream job being able to teach pharmacy students the history of their profession.”

Storyteller
Doyle uses a “re-conversational” teaching style in the classroom. “Even if you’re not responding back to me, I want you to feel like you are a part of the conversation,” he says. He uses stories to help convey what he is trying to teach and to make it easier for students to understand difficult or complex ideas. P3 student Shefali Barot thinks Doyle connects with his students in a different way. “When you are in his class, you don’t feel like you’re sitting in a boring lecture; rather you feel as if one of your friends is telling you a story, and you can’t wait to hear what happens at the end,” she says.

Music Man
Along with his passion for history, Doyle has a love of music. A trumpet player and former radio DJ, Doyle enjoys listening to East Coast rap and stays current by listening to the college hip-hop radio stations at State University of New York-Stony Brook and at New York University. Doyle grew up in a household of classical and country music but once he received his first stereo, he and some neighborhood friends would tune into local, late night hip-hop radio shows and discovered the likes of L.L. Cool J, Tupac, and others. Doyle finds much of his musical inspiration from Miles Davis; he even named his son after the legend.

Taking the Stage
Doyle uses his passion for music and performance skills in the classroom. For Doyle, teaching is like a performance, and you have to learn how to be yourself in front of others. Doyle uses a tactic that Dwayne “The Rock” Johnson uses to connect with his audience. The Rock gained his popularity from “finding the part of you that connects with the audience and turning the volume up.” Doyle also turns up the volume when he teaches.

Fashionista
Growing up in the Northeast, Doyle says it was easy to learn how to dress and create your own style. He follows fashion and enjoys watching New York fashion shows, specifically during Mercedes-Benz Fashion Week. He can often be seen on campus wearing slim-fitting suits, skinny ties, and a variety of glasses. He says he often “overdresses for occasions,” and that one of his most prized possessions is a John Varvatos suit.

Outstanding Educator
Doyle is humbled and honored to be the 2015 Joe E. Haberle Outstanding Educator awardee. “He truly understands the student,” says P3 student Jeffrey Pasucal. “He is innovative and engaging in the classroom and constantly grabs our attention. He consistently makes the effort to help students achieve their greatness and gives us that push we need to get outside of our comfort zone.” Although Doyle never had the chance to meet Dr. Haberle, he has learned about him through stories from his colleagues and alumni. “Dr. Haberle truly represented the dynamic of the STLCOP family, and I am proud to be a part of the family,” Doyle says. “I’ve never taught with so many outstanding and incredible professors. This award is recognition that I belong here.”
TURN IT UP

Dennis Doyle takes history to a whole new level.

STORY BY MARY RIES
PHOTO BY JENNIFER SILVERBERG
SAFE TRAVELS

4 SIMPLE WAYS TO HAVE A HAPPY AND HEALTHY VACATION

By Brad Brown
Push pins and pictures dot a map on the wall of Clark Kebodeaux’s office. Each point—from Manaus, Brazil, to Srinagar, India, to Davao, Philippines, and everywhere in between—represents a place his patients have travelled. Kebodeaux, Pharm.D., BCACP, assistant professor of pharmacy practice at St. Louis College of Pharmacy, is working in one of the many growing areas of pharmacy—consulting with patients before they travel overseas.

VACCINATION PROTECTION

His patient’s visit starts with a basic vaccination and medical history, including allergies. He’ll then check with the Centers for Disease Control (CDC) and the World Health Organization for the latest recommendations on vaccinations based on the traveler’s itinerary. He’ll then follow up with the patient and present a list of recommendations.

“While patients are always excited to travel abroad, I want them to have all the information available, so they can be protected from travel-related illnesses,” Kebodeaux says.

Some of the most common infectious diseases travelers are likely to come across are travelers’ diarrhea (TD), influenza, and hepatitis A.
Traveler’s diarrhea is usually self-limiting with an average duration of four days. Yet those four days could be a large percentage of the traveler’s time on his journey. Though TD and influenza can be very inconvenient, they are rarely fatal. Hepatitis A can be more difficult for a traveler to diagnose because of its relative rarity in the U.S., which could lead to a delay in treatment and increase the risk of passing along the infection.

“It’s one of those diseases we don’t think about a lot day-to-day in this country,” explains Kebodeaux.

In fact, the CDC reports rates of the virus are at their lowest in 40 years thanks in part to a vaccine introduced in 1995. “If you’ve never worked in a restaurant, or grew up before the 1990s, there’s a good chance you don’t have that vaccination,” he says. So Kebodeaux and his team have to track down patients’ vaccination histories, contacting primary care providers and combing through older health records.

“If you don’t write it down, it technically didn’t happen,” Kebodeaux says. “We know that patient-reported histories are not completely accurate. But vaccines are safe enough that, in absence of solid documentation, the patient can receive the vaccination without additional concerns.”

DON’T BUG ME

Besides meeting patients’ needs for some of the more common vaccines, Kebodeaux is also certified to administer vaccinations for yellow fever, a virus transmitted by mosquitoes and found in sub-Saharan Africa and Central and South America.

“You can’t get into some of those countries without a certificate of vaccination,” he says.

Pharmacies must be specially certified to administer the yellow fever vaccine because it contains a significantly weakened, but live, virus—which increases the chances a patient will have a side effect, like bruising, at the injection site. Providers need additional training (federal and state certification) to ensure they’re familiar with the potential side effects. Kebodeaux trains other pharmacists on how to obtain their yellow fever certification, too. He sees travel vaccinations as a logical way for pharmacists to expand practice and a way to increase their connection to patients.

“It’s a good fit,” he says. “Pharmacists are well-established in vaccine expertise and have worked to raise vaccination rates.”
PROCEED WITH CARE

A travel health consultation is similar to other patient interactions—it gives Kebodeaux a chance to talk about the benefits of vaccines and assess the risks with patients. Sometimes, there’s no choice. Some countries require yellow fever vaccinations, and airport customs authorities will have to verify travelers’ paperwork. And though most travelers want to protect themselves from health risks such as typhoid or JE, sometimes patients are hesitant to risk the possibility of side effects. Yet, a travel consultation offers an added opportunity.

“I’ll suggest patients catch up on some routine vaccinations such as the Tdap (tetanus, diphtheria, and pertussis) component,” he says. And, since many travelers who are spending significant time overseas are retired, it’s a good time for Kebodeaux to talk about the herpes zoster vaccine.

“One of the things that causes shingles is stress,” he says. “Hopefully travel is relaxing, but when things go wrong, it’s like any other situation. We want to make sure patients are prepared.”

SPREAD THE WORD

One way pharmacists can help, whether they offer immunizations or not, is by increasing awareness of the availability of and importance of travel vaccines. Today, patients don’t always know about or understand the need for vaccinations if they book travel arrangements online or with a tour operator.

“With a self-directed vacation, the traveler might not come across the specific vaccine recommendations for their destination,” Kebodeaux suggests.

A recent survey of those with increased risk of exposure to Japanese Encephalitis (JE) found that just 11 percent received at least one JE vaccination to protect themselves from the bites of infected mosquitoes in parts of Asia and the western Pacific. (Current recommendations call for two doses of the JE vaccine, separated by four weeks and completed at least a week before travel for it to take full effect.) And of the travelers who visited a health care professional before their trip, 69 percent said they had never heard of the JE vaccine or their provider did not offer or recommend the vaccine. A second study found that more than 70 percent of primary care providers were only somewhat or very unfamiliar with the JE vaccine.
The High Cost of Hepatitis C

By Rick Skwiot

When the new blockbuster sofosbuvir-based oral medications such as Sovaldi®, Harvoni®, and Viekira Pak™ became available a year and a half ago, they held the promise of a hepatitis C cure for the first time. But they quickly became known as budget busters for providers, insurers, and patients, costing up to $84,000, or more, for a 12-week course of treatment.

To help patients who most need the drugs to stave off serious liver disease, pharmacists are serving at the nexus of physicians, insurers, drug manufacturers, Medicare and Medicaid programs, and nonprofit patient-assistance organizations to see that they get them.
When Daron Smith ’88 told his patient that he had arranged insurance coverage and a grant to cover her copay and enable her to receive a costly new medication that could cure her liver-destroying chronic hepatitis C disease, she broke down and cried.

“She was a drug addict in high school and got hepatitis C using unclean needles (now the most common method of transmission),” explains Smith. “She thought that this was her cross to bear, her punishment, and that she would probably die young.”

But now the woman, still in her 20s, travels to Missouri high schools to tell her story and warn students about the dangers of drugs and hepatitis C, a disease affecting more than 2.7 million Americans.

“For the first time, she saw that maybe her past could be somewhat erased, and she could be really effective,” says Smith, regional virology market leader for Walgreens and clinic manager at Southampton Healthcare in St. Louis.

The new medications are replacing interferon and ribavirin treatments, which were less effective and often had serious side effects—including flu-like symptoms and depression. As a result, more than half of hepatitis C patients ultimately stopped taking them.

But because of the new medications’ high cost, getting authorization for them can overwhelm physician offices. Doctors don’t have time to fill out the 25-page prior-authorization form, and the office staff often doesn’t have the clinical knowledge to complete it.

**Sofosbuvir**

(Sovaldi®)

is a HCV NS5B nucelotide polymerase inhibitor that attaches to the hepatitis C virus to block the virus from multiplying.

**Harvoni**

is a combination pill that contains both sofosbuvir and an NS5A inhibitor, Ledipasvir. Harvoni is often used with Ribavirin.

**Viekira Pak™**

attacks hepatitis C at three different stages of the disease with three agents: paritaprevir, ombitasvir, and dasabuvir. It is often used in combination with Ribavirin.

**Sofosbuvir**

(Sovaldi®)

is a HCV NS5B nucelotide polymerase inhibitor that attaches to the hepatitis C virus to block the virus from multiplying.
“When we help the offices do that, that’s a huge role we play,” Smith says. “Often, it’s not straightforward. You can find little things. If a patient has hepatitis plus diabetes, we can get it approved easier if we know to tell them that.”

But getting insurance approval doesn’t always mean patients can be treated. Copays can be extremely high—up to $10,000—so Smith works to help patients and providers find ways to cover costs.

“We go through several patient-assistance programs that are available,” he explains. “Usually the manufacturers have a copay card program.” There are also nonprofits that offer grants to patients based on income and household factors.

“We can apply for the grants directly on the patients’ behalf and get them money. When we dispense one prescription, we’ll often bill three or four different places to try and get it all covered for patients.”

Pharmaceutical manufacturers may also offer insurers discounts of 40 to 50 percent on the new hepatitis C drugs, which can halve copays based on cost percentage. But, for Smith, getting coverage and copay assistance for the new generation of hepatitis C medications is just the beginning.

“I’ll spend two or three afternoons a week visiting my patients in their homes and taking all their medications to them because the drugs are so expensive,” he says. He finds that by meeting with patients and giving them as much information as possible in person about their therapies, he can improve outcomes. “Pharmacists are uniquely positioned to have that relationship, to help the patient as a whole, to help her understand how her drugs work and explain the side effects as well.”

Pressing for a Cure

Gillian Powderly, Pharm.D., infectious diseases pharmacy resident at the VA St. Louis Health Care System, strives to provide holistic care for hepatitis C patients, working as an advocate and counselor for them and as an interface with doctors, the lab, and administration. That means helping physicians decide who is ready to be treated, managing the dispensing, answering patient questions, and, most importantly, monitoring the results.

The drugs’ high cost, $84,000, or more, for a 12-week course of treatment, presents a significant access barrier in many poorer nations.
“The GI [gastroenterology] department will put in a prior approval for a patient who they think is eligible for treatment, and the pharmacy reviews it and makes sure it’s all appropriate, with no drug interactions,” Powderly says.

All approved patients are enrolled in a phone clinic. “We’re checking in on them every couple of weeks to make sure they’re doing okay, to look and see if they’re having any interactions, getting lab work and looking at that, and adjusting anything that’s necessary,” she says. “Once they’re finished with their treatment, we send them back to the GI department for their follow-up.”

The new, more effective cohort of hepatitis C drugs is changing the nature of patient care.

“The new drugs are much easier to tolerate, so we’re able to treat more people,” Powderly explains.

“Before, patients required more follow-up, appointments, and adjustments, so we weren’t able to treat as many patients.”

Still, the VA, which cares for a large number of patients with hepatitis C, can’t treat them all with the costly new drugs—at least not yet. “Even though the out-of-pocket expense for patients is minimal, the cost for the VA is significant,” says Ryan Moenster ’04/’05, Pharm.D., associate professor of pharmacy practice and clinical pharmacy specialist in infectious diseases at the VA St. Louis Health Care System, John Cochran Division.

“The copay is very low—from $30 for the entire course to nothing, depending on their service connection,” Moenster says. “It’s a systems issue because the drugs are still very expensive for us to purchase. Our total pharmacy budget, for everything that we dispense, both on the inpatient and the outpatient side, was going to be equivalent to what the hepatitis C medications alone were because the courses are so expensive. The VA is run completely on taxpayer dollars, so we have to be diligent about costs.”

So the VA gives priority to patients with serious health issues. Eventually, once every hepatitis C sufferer gets access to the new class of drugs, it’s possible that the disease could be defeated. That hope is changing the

Keeping Up with Guidelines

Abigail Yancey ’02/’03, Pharm.D., associate professor of pharmacy practice, has studied and written about sofosbuvir, the key agent in new generation of hepatitis C medications—as well as taught her students about it.

“It’s a great new option to treat patients with hepatitis C with less adverse effects and drug interactions,” she says. “Because of the shorter duration of therapy, it makes it easier for patients to tolerate. We finally have a cure, which we definitely didn’t have before.”

The evolution in hepatitis C medications means Yancey’s job in the classroom is evolving as well.

“It has changed so much in the past three years,” she says. “Every year, I’m teaching a different lecture. The medications that I taught two years ago are now off the market because the newer agents have come so far. A lot of it is informing students of the history and [telling] them to be prepared because they are going to have to keep researching the changes that are out there. The hepatitis C guidelines are online now and are continuously updated based on new studies that are completed.”

**Continuously updated hepatitis C guidelines can be found on the American Association for the Study of Liver Diseases website at hcvguidelines.org.**

What used to be the hardest hepatitis to treat can now be cured, preventing patients from going on to long-term cirrhosis and hepatocellular carcinoma (the most common form of liver cancer). “It might be expensive upfront,” Yancey says. “But down the line, we could be saving money as well as increasing patients’ quality of life.”

*Stories from the VA*

Stuart Federman ’07, Pharm.D.

Abigail Yancey ’02/’03, Pharm.D.

**PHARMACISTS PROVIDE HOLISTIC CARE**

by helping physicians decide who is ready to be treated, managing the dispensing, answering patient questions, and, most importantly, monitoring the results.
“I find if I... give them more information about their therapies, they always have better outcomes.

THE PHARMACIST IS UNIQUELY POSITIONED to have that relationship, to help the patient as a whole.”

— Daron Smith ’88, Pharm.D.

way the VA is managing hepatitis C patients.

Powderly is staying on at the VA after her residency to be a hepatitis C clinic pharmacist, a position created because of the new drugs and their ease of use in treating patients.

“We really need somebody who is positioned to manage the drugs, the dispensing, and the important monitoring,” Moenster explains. “Pharmacists in the VA system especially, but really anywhere, are uniquely positioned to do that because we have an understanding of the drugs and are more accessible to the patient. Because of the breadth of the hepatitis C population, the VA has really had to think of unique ways to go about managing it.”

Knowing Your Patients

Both in-depth knowledge and seasoned judgment figure into the complex hepatitis C approval process, according to Stuart Federman ’07, Pharm.D., who practices as a specialty clinical pharmacist at Gateway Apothecary in St. Louis’s Central West End and as a volunteer in the infectious disease outpatient clinic at Mercy.

A 21-year-old patient, who had used heroin for five years, was seeking treatment for her hepatitis C so she could move on with her life. Even though her fibrosis level (liver scarring) wasn’t high, Federman knew he might be able to get her approved because she was of childbearing age, which gave her a higher priority per the guidelines. So that information was added into the chart notes during the appeal process, and her mail-order pharmacy approved it.

“As a clinician, you have to make that decision,” Federman explains. “Is the patient done with drugs and willing to be treated, or are they going back to the habit? You have to make that determination if you’re asking the health system to pay $90,000 to cure a patient.”

In this case, Federman and the patient’s physician were comfortable with their treatment decision because the patient had shown up for all of her appointments, answered their calls, and helped with the appeal process.

“There’s a lot of hand-holding,” Federman says. “But she’s still on track with her medication.”
Federman works in a community hit hard by HIV, which was the original focus area of patient care at Gateway Apothecary. “I helped transition the pharmacy into treating hepatitis C, since 15 to 20 percent of all HIV patients have it,” he says. To help patients gain access to the new generation of hepatitis C medications, he tries to help health care providers navigate the lengthy bureaucratic process—which means taking on core responsibility in seeing that prescribed medications actually get to the patient.

“After the doctor sees a patient, the staff will put in a referral for me by sending me the last chart note and labs,” Federman explains. “If it’s processed through Medicaid, they will send me the drug test. Then I do the initial prior authorization, fill out all the paperwork, and then also do the appeal.”

That means Federman needs to know how to get approval from Medicare, Medicaid, and commercial plans. That often means filing appeals, which takes time. And for patients who don’t qualify for medication through their insurance, the pharmaceutical manufacturers themselves will often approve medication through the Patient Access Network Foundation, which has money set aside by drug companies for specific patients.

“We offer free HIV and hepatitis C tests here at the pharmacy,” Federman says. “If a patient tests positive, we refer them to a doctor. When I’m volunteering at the clinic with the doctor, we see the patients together. That way, the patients get all their questions answered from both the medical and pharmacy professionals up front.”

Working Toward a Global Cure

“The big thing to remember is that we’re talking about cure, which we had never been able to do before... but it’s still going on out there. We’ll see, I’m sure, that the hepatitis C infection rates will drop and plateau, and I think that’s a wonderful thing.”

– Ryan Moenster, ’04/’05, Pharm.D.

When glass syringes used in a mass vaccination campaign were not properly sterilized, hepatitis C spread throughout Egypt. The World Health Organization (WHO) says one in 10 Egyptians, aged 15 to 59, has the disease, which kills an estimated 40,000 Egyptians annually.

While the new hepatitis C medications hold hope for Americans with chronic hepatitis C infections—2.7 million people, according to the Centers for Disease Control and Prevention—the drugs’ high cost, $84,000, or more, for a 12-week course of treatment, represents a significant access barrier in many poorer nations. The WHO estimates that 130 to 150 million people globally have chronic hepatitis C infection, many of who will develop liver cirrhosis or liver cancer. Up to half a million people worldwide die each year from hepatitis C-related liver diseases, according to WHO estimates.

In 2014, however, Gilead Sciences, Inc., which markets both Sovaldi® and Harvoni,® offered to supply cutting-edge hepatitis C medications to Egypt at 1 percent of the U.S. price, or about $900 per treatment course, according to Reuters. Gilead also says it is working with regional partners to introduce its medications in low- and middle-income countries at affordable rates. That includes partnering with 11 generic-drug manufacturers in India “to produce high-quality, low-cost versions of its chronic hepatitis C medicines for use in 91 developing countries.”

Still, despite these efforts, the worldwide battle against hepatitis C promises to be a protracted struggle in countries with unsafe medical practices, such as reusing needles. In Egypt, which has the world’s highest infection rate, the virus continues to spread, with 165,000 new infections each year, says the WHO. Eight of 10 new infections occur in hospitals and clinics.

St. Louis pharmacist Stuart Federman, ’07, Pharm.D., says, “Hepatitis C can be eradicated from the world if we treat everybody because it’s not like HIV or hepatitis B that gets into the host DNA. Unfortunately, there are millions of people across the world [with the disease], a lot in developing countries, so it’s going to be a tough one to eradicate.”

Ryan Moenster, ’04/’05, associate professor of pharmacy practice at St. Louis College of Pharmacy, agrees.

“The big thing to remember is that we’re talking about cure, which we had never been able to do before, looking back to the interferon and ribavirin days,” he says. “But time has taught us a lesson—even with vaccinations for some common diseases that 50 years ago we thought would be totally eradicated—it’s still going on out there. We’ll see, I’m sure, that the hepatitis C infection rates will drop and plateau, and I think that’s a wonderful thing.”
Of Risk & Reward

Why community pharmacist and local entrepreneur Tony Roberts ’10 isn’t afraid of failure.

written by brad brown
photography by gina cassaro

It was all happening at once for Tony Roberts ’10, Pharm.D. He was standing in a hospital room lavatory with a cell phone to his ear, closing the deal to purchase his second independent community pharmacy. Outside the door, his wife was in labor with their first child.

Now, nearly a year later, Roberts is the owner of St. Charles Health Mart Pharmacy in St. Charles, Mo., and Greentree Pharmacy in Kirkwood, Mo. As his business footprint grows, the young entrepreneur talks about risk, innovation, and following in the family business.
Alumni Profile

Why go out on your own?
Growing up, I was always doing my own thing. I was the one kid in my family taking the risk, the one getting into trouble. I would see something and be confident that I could do it better and take it to another level.

Your father, Jerry Roberts ’76, owned four Standard Drug pharmacies in St. Charles County, Missouri. They have been closed for several years. Has he been a mentor for you?
I never worked for him, until the winter of my senior year at the University of Missouri, (where Roberts studied business), when I came home and did the old ‘Dad, I need a job for a little bit.’ He let me work at the pharmacy for a couple of weeks. I fell in love with it. I graduated from Mizzou and did a year of what I like to call ‘science catch up’ because I didn’t have a science background. Then I enrolled at the College.

Before striking out on your own, you worked at CVS/pharmacy for several years after graduation. How did the experience influence you?
If, for whatever reason, my son grows up and wants to be an independent pharmacist, I’m going to force him to work in a corporate environment. That’s where you learn, get experience, and figure out ways to do things the right way and the wrong way. You can take that knowledge base and apply it to how you want your own pharmacy to run. No matter where you are, I feel if you’re not learning something new every day, you’re not doing something right.

According to the National Community Pharmacy Association, there are 503 independent pharmacies in Missouri, down from 541 in 2012. There is a lot of risk owning your own business. How do you define risk?
Putting yourself out there when there’s a very good chance of failure. Yet knowing you’re going to succeed and not even think about the failure. I started St. Charles Health Mart Pharmacy in 2012 with $20 and a loan. I went knocking on doors left and right until a bank said yes. After 10 tries, I found the one that said yes. I learned that if you believe in yourself and keep pushing through the “no’s,” you can get to where you want to go in life.

Why did you decide to expand your business to two locations?
Paul Huesman ’97/’98 (then owner of Greentree Pharmacy) reached out to me a little over a year ago asking if I’d be interested in buying his pharmacy. I’m a big advocate of community pharmacy, and Kirkwood, Missouri, where Greentree is located, was an ideal area for my vision. Again, I started knocking on banks’ doors until I found one that really liked the opportunity.

One of the ways Greentree is setting itself apart is through compounding and new services, right? Tell me about Green Pack.
It’s a revolutionary new way to think about prescriptions. We strip package medication according to the day, date, and time the patient

Roberts is a member of the National Community Pharmacists Association (NCPA). According to NCPA Digest, there are 503 privately owned pharmacies in Missouri. That’s down from a recent high of 541 in 2012.
is going to take them. It's easy to use, and it helps with patients' compliance. I use it for my vitamins. There are so many days I come home at night and try to remember if I took my vitamins. I can never remember. Now I can look at my Green Pack and see that it's gone.

**Do you think strip packaging is the future of managing medication for independent community pharmacies?**

Green Pack is perfect for my pharmacy and my patients but not for every pharmacy. There's a lot of synchronization involved. We have to get all of your medication refilled at the same time and that means constant contact with patients. I think it's too complex for a lot of the major pharmacies to handle.

**Greentree is located on the main street in the Kirkwood, Missouri, community. How do you maintain that local pharmacy feel?**

By taking care of the patients. Everyone knew that Paul left the pharmacy in good hands. I moved to the area, so now I'm part of the community. It still has that hometown feel to it. It's still locally owned by someone who likes the community and loves independent pharmacy.

**How are you balancing your time between St. Charles Healthmart and Greentree Pharmacy?**

I hired Phil Youngclus '10 with the purpose of letting him establish himself at Greentree to become the face of the store. I've known Phil since we were classmates and friends at the College. I've also hired another classmate, Clint Bohannon '10, to help me out in St. Charles. In Kirkwood, I don't want customers coming through the door not knowing who is going to be there. Phil will be there nine times out of 10. I'm still the face in St. Charles.

**Has it been hard, going from one store to two?**

It's a huge change. With one store, if something is going on, you can fix it right then and there. When there are two, you might get a phone call but might not know the whole story. It's been eye-opening to coordinate and get everything done properly. I've had to loosen the reigns a little bit. It's also helped that my wife, Ashley, has begun working with me as well. She graduated with a journalism degree from Mizzou, and her knowledge of merchandising has been a big help in the front of the pharmacy.

**What are some things you learn from your patients?**

Patience. I often get phone calls from the same patients. I've learned that it's not just about whether their prescription is ready. It's about caring, saying hello, and making them feel like they're part of the family.

**What are your plans for the future?**

I'm always looking toward the horizon. My goal is to own more stores but, at the same time, I don't want to be out of the pharmacy and reduce the time I spend directly helping my patients; I love it too much.

More pharmacies are opening up in St. Charles County, Mo. The Missouri Board of Pharmacy reports 78 active pharmacies in the county in 2014, an 18 percent increase since 2011. Just four counties in the state have more pharmacies: St. Louis County, 265; Jackson, 144; Greene, 88; and St. Louis City, 82.

**Phil Youngclus '10**
Alumni News

~ MEET CHRISSI GLASTETTER ~

CHRISSI GLASTETTER ’04/’05 is a clinical staff pharmacist at Mercy Hospital in St. Louis, where she handles order verification and processing for the hospital’s critical care units, manages pharmacokinetic consults, and provides education. She also participates in daily team rounds in the transitional care unit and precepts pharmacy students for their advanced pharmacy practice experiences. Prior to Mercy Hospital, she had completed a pharmacy practice residency at Barnes-Jewish Hospital.

Glastetter is a member of the Young Alumni Committee at STLCOP and enjoys participating in Alumni Association events, especially the Golf Classic. Outside of pharmacy, she is an active volunteer at the Catholic Student Center at Washington University, and she has recently discovered a passion for medical mission work. Last year, she was a pharmacist team member on a mission to Haiti and El Salvador.

Since graduating from STLCOP, Glastetter has been actively involved with the Alumni Association. “My involvement with the Alumni Association has provided many avenues for professional growth, as well as fun opportunities to stay connected to the College and fellow alumni,” she says. “I’m grateful for the life experiences that have been made possible because of my STLCOP education.”

Distinguished Alumni Awards

Has one of your classmates set himself apart from his peers due to his distinguished service to pharmacy, the College, or his community? Or has a classmate had an outstanding achievement since she graduated? Nominate him or her for an Alumni Association Distinguished Alumni Award today! Recipients will be honored during Reunion, Nov. 7.

Award categories include:
• Young Alumnus Award
• Outstanding Achievement
• Distinguished Service to the Profession
• Distinguished Service to the College
• Distinguished Service to the Community

Previous awardees are not eligible to win in the same category twice. Questions? Contact Stephanie Hoffmann, director of alumni relations, at 314.446.8419.

Nominate an outstanding alumnus at stlcop.edu/alumniawards.
SAVE THE DATE
ALUMNI REUNION WEEKEND
Sat., Nov. 7th
ON CAMPUS

Reconnect with former classmates and professors, tour our new academic and research building, and reminisce about your STLCOP days.

We will be honoring class years ending in 0 and 5, but all alumni and their families are invited!

Find more information at stlcop.edu/reunion.

Interested in serving as a class chair to make your reunion one to remember? Contact Stephanie Hoffmann, director of alumni relations, at 314.446.8419.
Alumni News

DYNALABS RECEPTION

Mike Pruett ’81 and Russell Odegard hosted alumni and friends for a professionals’ reception and tours at their company, DYNALABS, LLC.

WOMEN IN PHARMACY

Women in the pharmacy profession met for a morning of professional development and networking in downtown St. Louis.

GRADUATE HAPPY HOUR

The Alumni Association welcomed members of the class of 2015 into the alumni community this spring at Mandarin Lounge in the Central West End.

EGG HUNT

Alumni and their families enjoyed egg hunts, visiting with the Easter Bunny, and face painting during the annual Egg Hunt on the Quad.
Thank you to all of our sponsors, donors, participants, and volunteers at this year’s Alumni Golf Classic and Wine & Cheese Tasting. With your support, we raised more than $49,000—a record setting amount—for student scholarships and programming.
**1960s**

William “Fitz” Fitzpatrick ’65 enjoyed spending time with his five daughters and 12 grandchildren on July 4 at Log Country Cove, on Lake Lyndon B. Johnson in Burnet, Texas. Bill lives in Wildwood, Mo.

**1980s**

Starlin Haydon-Greatting ’81 and her husband, Mark Greatting ’81, welcomed their first grandchild, Wesley Thomas Dufaud, on April 18. He weighed 8 pounds, 14 ounces, and measured 21 inches. The proud grandparents reside in Springfield, Ill.

**1990s**

David Walker ’97/’98 and his wife, Laura, welcomed their first child, Benjamin Reese, on Feb. 27. He weighed 6 pounds, 2 ounces, and measured 20 inches. David is the clinical pharmacy coordinator at Mercy.

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**APhA Immunization Champion**

Garth Reynolds ’00 is the recipient of a 2015 American Pharmacists Association (APhA) Immunization Champion Award, which recognizes individuals and organizations in the profession of pharmacy who have made extraordinary contributions toward improved vaccination rates within their communities.

Reynolds is the executive director of the Illinois Pharmacists Association and a strong advocate of immunizations and the role of pharmacists in building interprofessional collaboration among physicians, nurses, public health professionals, and other immunization stakeholders.

He is the pharmacist advisor to the Illinois Chapter of the American Academy of Pediatrics Project Immunization and a regular speaker at their immunization symposia and webinars. Previously, Reynolds was the pharmacy supervisor and immunization program coordinator for Dierbergs Markets, Inc., where he developed, organized, trained, and managed the immunization and clinical programs of 28 pharmacies within the grocery store chain.

Reynolds is the chair of the APhA Immunization Special Interest Group (SIG) Policy Committee and most recently served as the leader of the Immunization SIG’s Political Action Committee.
Tell your STLCOP friends and classmates about the latest news in your life.

Enjoy reading about your classmates in Class Notes? Share some news about your work projects, new jobs or promotions, marriages or children, awards, vacations, or hobbies. You also may send an email to alumni@stlcop.edu, or submit news online at stlcop.edu/classnotes.

Missouri Pharmacy Leader

Christian Tadrus ’96/’97 has been nominated to the state board of pharmacy by Missouri Governor Jay Nixon. The board issues renewal and original licenses to pharmacists, pharmacies, drug distributors, intern pharmacists, and pharmacy technicians. The board is also responsible for assuring safe, competent pharmacy services for Missourians and reviews complaints, investigates reports, and schedules fact-finding meetings with pharmacists regarding their pharmacy practices.

Tadrus is the owner of Sam’s Health Mart Pharmacies in Moberly. He has served on several workgroups and committees of the board and the Missouri Pharmacy Association (MPA), and is a former president of MPA. He has served as an adjunct instructor at both the University of Missouri School of Pharmacy in Kansas City and St. Louis College of Pharmacy.

The governor has nominated him for a five-year term.

Hospital in Washington, Mo. Laura works as a consultant for Cardinal Investment Advisors in Clayton, Mo. The family lives in Washington, Mo.

2000s

Christy (Burrows) Grandstaff ’07 and her husband, James, welcomed their second child, Vivian James, on March 19. She weighed 8 pounds and measured 21 inches. She joins big brother, Luke, who is 16 months old.

Kacie (Ballantini) Monson ’07 and her husband, Ben, welcomed their second child, Max Brady, on Sept. 29, 2014. He weighed 8 pounds, 9 ounces, and measured 20 inches. He joins big sister, Jordyn, who is 4. Kacie is a clinical pharmacist at Memorial Hospital in Belleville, Ill. The family lives in Troy, Ill.

Anastasia (Roberts) Armbruster ’09, assistant professor for pharmacy practice, received the Clinical Faculty Award at St. Louis College of Pharmacy’s 2015 Commencement. Anastasia is also a member of the Alumni Association board of directors.

2010s

Erin Nagle ’10 married Daniel Louie in Pacific Grove, Calif., last August. Erin works as a critical care and emergency medicine clinical pharmacist at the University of California (UC) Davis Medical Center. Daniel is a staff pharmacist at UC Davis Medical Center. The couple met during their PGY1 residency and reside in Sacramento, Calif.

NAGLE

MONSON
Leading Students by Example

Steve Clement ’74 has received the Master Preceptor Award from the American Association of Colleges of Pharmacy (AACP). Each year, AACP recognizes preceptors from across the country for their sustained commitment to excellence in experiential education and professional practice. Only eight awards were given out this year, which is the program’s second year.

Clement is a long-time preceptor who has hosted hundreds of students at Copper Bend Pharmacy in Belleville, Ill.

“I don’t tell the students anything,” Clement says. “I’m a big believer in leading by example, so I show them examples of the passion they can have, and the passion I have, for pharmacy and my patients. Once you realize what you can do for patients and how you change their lives for the better, it’s an awesome feeling.”

Dan Kistner ’11 received the Adjunct Preceptor Award at St. Louis College of Pharmacy’s 2015 Commencement. Dan works as a pharmacist for Express Scripts, Inc.

Brooke (Lawrence) Aldrich ’12 and Nathan Aldrich ’12 along with Brooke’s father, Ken Lawrence, are co-owners of Lawrence Drug and Compounding Lab, a new pharmacy in Springfield, Mo.

Michelle Haparinwii ’14 and Tyler Knudson ’13 announced their engagement. Michelle is a pharmacist at Mercy Hospital in St. Louis.

Tyler is a pharmacist for CVS/pharmacy in St. Louis. The couple plans to marry in September.

In Memoriam


Frank W. Martin ’49 died May 5 in Natchitoches, La.

Hunter O. Gammon ’50 died May 3 in Reidsville, N.C.

Charles B. Misko ’50 died Oct. 6, 2014, in St. Louis.

George S. Cherekos ’51 died June 9, 2014, in Baudette, Minn.

Morry S. Fox ’51 died June 7, 2012, in Coral Gables, Fla.

John W. Kissel ’51 died July 7, 2010, in Ho Ho Kus, N.J.

Alvin J. Kruse Jr. ’51 died May 19, 2013, in Hawesville, Ky.

Edward A. McMurray ’51 died Nov. 12, 2010, in Florissant, Mo.


Jane (McMenamy) Jefferson ’57 died May 3 in St. Charles, Mo.

Thomas W. Branson ’59 died May 2 in Ajo, Ariz.

Edward J. Wibenmeyer ’59 died Nov. 8, 2009, in Hazelwood, Mo.

George E. Brazelton ’61 died June 18 in Benton, Ky.

Kenneth L. Pritz ’61 died April 12 in Joliet, Ill.

William P. Robb ’61 died April 28 in Denton, Texas.

Alfred A. Berving ’63 died April 6 in Chesterfield, Mo.

John J. Hampton ’63 died July 24, 2009, in Manchester, Mo.


Donald E. Baggett ’70 died Jan. 8, 2013, in Mansfield, Ark.


Marvin E. Edwards ’73 died April 26 in Springfield, Ill.

Steven D. Baugh ’83 died Jan. 11, 2013, in Barnhart, Mo.

Cheryl L. (Wiedenmann) Preston ’86/’92 died May 6 in St. Louis.


Michelle L. (Welling) Huffman ’02/’03 died May 8 in Oxford, Fla.

Mary Walbridge ’05 died April 9 in St. Louis.
A LIFE WELL LOVED

Samih Darwazah ’64 passed away May 15 in London at the age of 85.

Darwazah founded Hikma Pharmaceuticals in 1978 in Amman, Jordan, with only 30 employees. Over the years, Hikma expanded outside the Middle East and North Africa regions and, today, is a multinational company on the FTSE 100 index with 7,000 employees. It now operates in 50 countries, selling a broad range of branded generics, generic injectables, non-injectable generics, and in-licensed patented products. In 2014, Hikma’s annual revenues reached more than $1.4 billion.

Darwazah was born in Nablus, Palestine, in 1930. As a child, he always liked chemistry. But it was when his family lived in Jaffa, Israel, down the street from a soap factory, that he first became hooked on industry.

“I was fascinated with the soap industry,” he told Script magazine in 2008. “They mixed the oil and powder, and they stirred it and heated it and got something new. If you take the value of these items by themselves, they’re much less than the final value of the product that you make. There’s a lot of added value in it.”

After obtaining a pharmacy degree from the American University of Beirut (AUB) in Lebanon and working for a few years in pharmacy in Jordan and Kuwait, Darwazah was offered a Fulbright Scholarship and came to STLCOP for graduate study in industrial pharmacy, based on recommendations from his professors at AUB.

“At that time, St. Louis College of Pharmacy had a real manufacturing plant where you had all the machines you needed and well-experienced professors who came from the industry,” he said.

A couple of months after receiving his master’s degree in industrial pharmacy, Darwazah signed on with Eli Lilly. He worked for the company from 1964 to 1976, first in the United States, then moving on to various positions in the Middle East marketing division. At the age of 48, after working 12 years for Eli Lilly, Darwazah decided to return to Jordan and establish his own company. A true entrepreneur, Darwazah continued to work as chairman of the company well into his 70s, when he could have opted for retirement long before.

“I haven’t made it yet,” he said in 2008. “I still have some work to do.”

He also felt it was his responsibility to invest in local communities and became a strong advocate for corporate responsibility. In the late 1980s, he founded the Jordanian Trade Association and was invited in 1995 to serve as Minister of Energy and Mineral Resources by the late King Hussein of Jordan. As a firm supporter of education and women’s rights, Darwazah also established a school for girls in Al Shouback, Jordan in 2009. He received an honorary doctoral degree from STLCOP in 2010.

Despite his company’s impressive growth and his prowess as a community leader, Darwazah was perhaps best known for his modesty and love of family. He and his wife, Samira (whom he met at AUB), have four children and 11 grandchildren. All four children still work within the company, and his oldest son, Said, became CEO of Hikma in 2007. Darwazah’s younger son, Mazen, currently serves on the STLCOP Board of Trustees.

In 2008, Darwazah looked back on a lifetime of success. He said, “For me, I think success is to be satisfied. If you overcome your challenges and are honest with yourself, respect yourself, and respect your people, I think that is success.”
In 1936, Louis Liggett declared, “The Depression is over!”

Liggett was the founder of United Drug Company, the primary manufacturer of Rexall products. He knew Rexall pharmacists wouldn’t be able to afford the cost of traveling to a far-flung national convention during such a trying time, so he hit the rails and brought the convention to them.

For eight months—from March 29, 1936, to November 24, 1936—the sleek Rexall train traveled the country, hitting 47 states and Canada, covering 29,000 miles, and welcoming 2.3 million visitors. It started as a convention train, fully equipped with displays of Rexall products and cars designed exclusively for lectures, dining, and staff quarters.

But the million-dollar train soon attracted attention from the public, and Liggett (rather brilliantly) began to offer the public a peek inside the ultra-modern locomotive. When the train came to town, people could stop by their local Rexall store to get free tickets before heading to the station. In some cities, more than 2,500 people per hour would pass through the exhibit cars.
Jeff Heinie ’89, of Kewanee, Ill., has been researching the Rexall promotional train for a while now. He is a member of the Chatham Railroad Museum Association in Chatham, Ill. He has submitted his research on the train to his local chapter and wants to share his passion. “It encompasses two worlds for me,” Heine says. “It covers railroads, which is a hobby of mine, and it also covers a significant event in the world of pharmacy.”

The engine of the Rexall train was officially retired from the New York Central roster in 1953 and sold for scrap the following year. In the same year, the train’s passenger cars arrived in St. Louis, where they were stripped and returned to the Pullman Company for other uses on the railroad.
The class of 2015 was welcomed into the Alumni Association at the Graduate Happy Hour in May.