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Amanda: Today is Monday, June 27, 2022. My name is Amanda Riggenbach and I am the manager for the Tumultuous 2020 Oral History Project at the Abraham Lincoln Presidential Library and Museum. I'm currently at Bandy's Pharmacy in Salem, Illinois with Eric Bandy. We're going to be talking about his experiences as a pharmacy owner throughout the COVID-19 pandemic for the Tumultuous 2020 Oral History Project. Thank you so much for having me.

Eric: Yes, welcome.

Amanda: So we usually like to start with the background information, the basics. So when and where were you born?

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Eric: I was born in Centralia, Illinois in 1975.

Amanda: And what were your parents' occupations?

Eric: My father was pharmacist and my mother worked in the pharmacy, too. They both opened the first pharmacy same year I was born, 1975, and ran it.

[0:01:01]

Amanda: So sounds like it was a big year for them.

Eric: Yep.

Amanda: And do you have siblings?

Eric: I have one brother. He's two and a half years younger than me.

Amanda: And did you always want to become a pharmacist, or can you tell me a little bit about that story?

Eric: Yeah, I originally wanted to be either a veterinarian or a doctor and decided to go to pharmacy school instead of like a pre-vet or something. Thought it'd be better to get a degree that I could work in while I was in those schools. And once I got into pharmacy school, I just kept liking it and decided I didn't want to do any more school.

[0:01:32] So I got out and came back to work with my father in the business then in 1998.

Amanda: Do you mind repeating – what year did you say that you started working with your dad?

Eric: 1998 is when I graduated pharmacy school and came back to work with him.

Amanda: And going back a little bit, can you talk about some of the hallmarks of your childhood?

Eric: So just growing up, we did a lot with the business over the years.

[0:01:59] Everything. My mom ran gift stores and stuff, so we did a lot of sidewalk sales and some of those things. Just some of the fun. My parents were always – we had a boat, did a lot of boating, camping. We had a camper, pool. We did swim team and all the sports, so we were very busy. I don't know how my mom kept up with running the business and chasing us around but she did. Because my dad was locked into being a pharmacist most of the time.

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Amanda: And where was his pharmacy located?

Eric: Out here in Salem, Illinois.

Amanda: And just getting a sense of your parents, what would you say are some of the most important lessons they taught you growing up?

Eric: Well, they just taught us a lot of good manners and good rule type things, yes please and no thank yous and stuff like that.

[0:03:02] And they taught me a ton about the business. I was very, very blessed to have the teachings about the business. And, from both my dad is the pharmacist side and my mom is the manager side and running the business a little bit. I was just so lucky to have that background because now when I've run it, been able to run it and expand it. And I didn't realize it at the time, but it's been great to have that backing.

[0:03:33]

Amanda: And where did you go to high school?

Eric: I went to high school here in Salem, at Salem Community High School.

Amanda: And during that time, did you participate in extracurriculars or those types of activities?

Eric: Yeah, played basketball one year, golf one year, then I was on National Honor Society. I was on the Future Business Leaders of America team and then ran for – I had a state office for it.

[0:04:03] My senior year was a state treasurer for FBLA. I was always busy with school, math team, just all kinds of activities.

Amanda: Sounds like whether you realized it or not, you were preparing to be a business owner one day.

Eric: Yeah, probably so.

Amanda: And what made you decide to choose St. Louis College of Pharmacy?

Eric: Actually my father went there, and then also his two brothers, my two uncles, went there.

[0:04:33] So I was the fourth one to go there. So it was almost, I guess, a little bit of destiny. But I did look at a couple other schools, but they were farther away, and St. Louis was only an hour and a half, roughly, from Salem. And so just went there and enjoyed it.

Amanda: And so I was kind of looking at the, what's it called, the Illinois Pharmacy Association, which we'll talk a little bit about. But it looks like there's PharmDs and Pharmacists, or RPH.

[0:05:06] Can you explain the difference between those?

Eric: Sure. So the older degree was called RPH, which was Registered Pharmacist. When I was in school in the 90s, they had made a new degree called the PharmD. And when I was in school, you got to choose which degree you did. PharmD was an extra year of schooling, extra three semesters. You had to go the summer after your fifth year, and then the whole sixth year.

[0:05:32] And most of the people that did it when I was in school were going to go into a really clinical role, like a clinical position in a hospital pharmacy, where they were rounding with doctors, things like that. Maybe a really specialty role in state government somewhere, in a clinic where they weren't actually dispensing medications to the patient. Maybe they were making more formulary decisions, things like that. So I chose not to do that because I knew what I was doing, and I didn't really need that degree.

[0:06:02] Well, then the pharmacy schools all got rid of the Registered Pharmacist, the bachelor's degree, and then made it all PharmD. So now everyone who comes out of school has PharmD. So they don't get a choice.

Amanda: So you were there at the right time.

Eric: I guess. It saved me a year, year and a half of school.

Amanda: And going into pharmacy school, were you planning on coming back to Salem and working with your dad?

Eric: I didn't know when I went to pharmacy school.

[0:06:30] Actually, during my fourth year of college, the Navy was recruiting pharmacists and they took a girl in my class and myself – and they were also recruiting eye doctors and dentists and some of those positions – and they took us all to San Diego to the Naval base and showed us all around there. And they were offering to pay for our last two years of school. But then you had to work for them for at least eight years.

[0:06:59] And it was basically going to be either in Annapolis, Maryland or San Diego to start. And I didn't think I wanted to go to either of those places. Now I look back and San Diego looks pretty nice, with the weather, but I didn't think I wanted to at that time. So I turned it down and came back and decided to work with dad.

Amanda: I think you mentioned in our pre-interview it was around this time that you met your wife?

Eric: Yeah, so when I came back to Salem, she actually worked for my mom in her gift store and I met her then.

[0:07:37] Then she went away to college and was doing her college, so we were kind of dating long distance for a little bit. When she graduated with her degree in finance, she came back and worked at a bank for a while. A loan officer for the bank. We had our first child and she decided to, I guess, retire from that and come into the pharmacy business. I keep dragging her along in the pharmacy business.

Amanda: Very cool.

[0:08:06] So, kind of tell me about what it was like working for your dad, or I guess, would it be working for your dad or working with your dad?

Eric: Kind of both, I mean, because, really we worked from the time we were kids, I started dusting shelves and sweeping floors and when I got my driver's license, I did deliveries and all of those types of things.

[0:08:34] As I went through pharmacy school, I didn't work with him too much because I was in St. Louis. I had a job at a hospital over there in a pharmacy. But when we came back and started working together, I mean, there's tough times, right, because he's your dad too. So you gotta – I've told people, they're like, oh, it's nice to work with your father. I'm like, yeah, it is, but you gotta do it better. You can't slack because you get in trouble at work and trouble at home both.

[0:08:59] It was nice because I got to learn from him and he was such a leader in pharmacy and always went above and beyond and did things with the association and the state and taught me really, really good things about how

to be involved in the politics side of it and how be involved with the patient side of it and be involved with the business side of it. It was a great experience. It allowed him to kind of slow down. He'd had a lot of years of the fast pace, sometimes with no other pharmacists.

[0:09:36] He went through some of the years when pharmacists were in the shortages and they couldn't find them. I can remember him working. They had long hours back then. They had like 8 to 8 Monday through Friday and 8 to 6 on Saturday and 1 to 5 on Sunday or something. He'd work every hour because he didn't have any other pharmacists to find. So he had some of those years. It gave him a chance to kind of slow down and work part time a little bit and me still learn from him.

[0:10:07]

Amanda: That sounds like it really did work out for both of you guys.

Eric: It did.

Amanda: And how long did you work with him?

Eric: So he continued to work at least a little bit up until through 2016. And he'd slowed down. over time he went down to, I don't know, four days a week, and then three days a week, and then a couple. But he worked all the way up to 16, so as a pharmacist I worked with him for about 18 years.

[0:10:38] And then as a technician and stuff before that.

Amanda: Can you walk me through what it was like buying your first pharmacy and branching out?

Eric: Yeah. I told my father a few times, we need to expand, and he kept saying no. He said, I'm too old to expand. And so I started probably a year or two after I graduated.

[0:11:08] So finally in 2004, a little bitty pharmacy owner called me and said, why don't you try to expand, come buy this one? And so my dad said, you and Kelly just buy it, and I'll just kind of support you any way I can. And I don't really want to be involved, but I'll support you and help you and do whatever I need to do that way. So we bought that little pharmacy in Irvington, Illinois as I continued to work for dad, because I didn't really buy his pharmacy in Salem until 2017.

[0:11:42] So I bought the little Irvington one in 2004, and we struggled along and had some really tough years and lean years, but it taught us a lot of good lessons about inventory and controlling your bills and payments and state Medicaid and all those types of things.

[0:12:08] And then we expanded a little more. In 2008, we bought a couple of medical equipment stores from my uncle, who had decided to move to Florida and sell his stores. And in 2015, we bought our second pharmacy in Centralia. And then in 2017, we bought my dad's Salem pharmacy. And 2018, we bought one in Mount Vernon.

[0:12:37] In 2019, we bought another one in Centralia and combined it with ours in a building over there we had to do a big remodel on. And then unfortunately, we had to sell one in 19 because the grocery store we were in in Mount Vernon closed and didn't give us any warning. So we didn't have anywhere to go. We were inside the grocery store, and we were in the middle of the remodel in Centralia, and I couldn't do another building at the same time, so we sold it. But then in late in 2019, we bought another one in Wayne City.

[0:13:06] And then during the pandemic in 2020, we created a long-term care pharmacy. It was one of our projects. So that's where we stand today at five pharmacies and a medical equipment business.

Amanda: Are your parents proud?

Eric: Yeah, they tell me to quit expanding though. Mom does all time. She's like, every time we have a bad day, she's like, I told you not to get that many. And so, yeah, I think, I think they are proud to see it keep going.

[0:13:35] And then my brother works in the medical equipment side of the business. So he runs it and does that side of it.

Amanda: Wow. Can you tell me a little bit about the Southern Illinois culture and what it means to be a local pharmacist in Southern Illinois?

Eric: Yeah. It's very small towns. Salem is 8,000 people.

[0:13:59] So basically, most people in town, you see them at dinner, or at church or just on the street. And so it's not just a business relationship between you and your customers. It's a more of a, you know their families, you know what disease states they might have or what problems they're going through. So it's more of almost like a giant family sense. Some of these people have traded with us since my dad opened the store in 1975.

[0:14:37] I had one just in the other day who said she'd come in the first year dad opened and been here ever since. And so much more than if you get into the larger towns or cities – much more of a just family community.

Amanda: And even with having as many stores as you guys have, are you still able to maintain those relationships?

Eric: We try. Of course, when we bought the – especially like Centralia stores, those are our bigger stores or even when we bought the – I would be there and work for a while and meet the customers. And so most of the stores had some idea who we are at least. But my employees also live in those towns, right? And so they kind of have the same thing and they're little towns. And Irvington and Wayne city are even smaller. They're a thousand or less people. And so they're real small towns. And those pharmacies are important to those people in those towns.

[0:15:33] They don't have much left in the towns, and they have to drive so far to get to places to get groceries or pharmacy needs, so it's really important to them to have those in those towns, I think.

Amanda: And that was actually going to be my next question. Are some of these communities facing food deserts and a lack of services?

Eric: They are. Like in Irvington, there is a bank still, and there's a pharmacy, and now they opened a Dollar General

[0:16:04] Dollar General in every town, right? And in Wayne City, they have a few more things there. They do have a gas station and a grain elevator, I think, and a few other businesses around and a school. Irvington has a school, the grade school. And so they don't have as much in those towns. So I think it's important for them to be there.

Amanda: And especially for a local business to be there.

Eric: Yeah.

[0:16:35]

Amanda: And before we start to get really into the meat of the pandemic, and I do have a couple more questions kind of building the context, but I'd be curious to know kind of what your philosophy is as a pharmacist. I mean, we kind of talked about it a bit.

Eric: Right. Well, my philosophy was always just to try to help customers and patients. Pharmacy is more than just selling them a TV, you know?

[0:17:07] You're trying to take care of them or their family member in a time of sickness and need. And so we try to do the best we can of always helping those patients understand, or we try to do the best we can with affordability. Pharmaceuticals have really gone up in price since even since I started in the business, which has been all over the news. It's not very – everybody's talking about it.

[0:17:32] So it's been tough. You see some of these people that can't – and our area is pretty low income, right? All of our four retail stores. And so the philosophy is just basically try to help those people do the best they can and get them the lowest price or get them a different medication or samples from a doctor or whatever the case might be, just so that they can be as healthy as possible and still be affordable.

Amanda: And this might be a weird question, but I think I've seen ads for things like Good Rx and other like methods of making the bills cheaper for medicine.

[0:18:15] Are you guys able to work with Good Rx, or is that usually like – how does that work, I guess?

Eric: Yeah. So places like that are not real useful in our side of the world because when people go to big chain pharmacies sometimes they need those if they don't have an insurance plan of something to help them control the price.

[0:18:43] Whereas we try to make our prices more like – and you may have seen Mark Cuban's – a cost plus structure whereas the big chain pharmacies don't always do that. And I also don't like some of those plans like that because they are collecting the data and selling it. So we have to submit all the data to them if you were getting a prescription on that. We send all your all your data, what drugs are taking, everything to them, and then they're collecting the data and selling it on the back end.

[0:19:13] So we don't normally use that but we usually have – our prices are right at what theirs are at and so same thing. We're trying to make everything affordable to patients because we live with them in the town every day.

Amanda: And then I saw when I was doing a broad search of your name on Google that you were president of the Illinois Pharmacy or Pharmacist Association.

[0:19:41] When was that and for how long?

Eric: So when I got out of school, my dad was on the board and he had gone through the presidency. Probably right after I got out of school, he probably started right after he got done with his presidency in around 2001, 2002, somewhere in there. I was on the board, I think, 16 years, with the last three being president-elect, president and the chairman of the board is how it works, the last three.

[0:20:17] And really enjoyed my time up there. Saw the good of pharmacy, saw some of the bad of pharmacy when you get involved in the state politics of it. But I enjoyed my time doing it and tried to help the profession as a whole. Not just the retail stores, but the profession as a whole expand and serve the public better.

[0:20:42]

Amanda: And as we're getting into the pandemic now, right before we do, can you tell me about a day in the life of a multi-pharmacy owner?

Eric: Sure.

Amanda: Pre-pandemic, that is.

Eric: Pre-pandemic, it would have been, I was working less hours as a pharmacist and more hours as a pharmacy owner.

[0:21:08] But I would fill in for days off, sick days, vacation days. So I kind of do some pharmacist work still, but I also do more of the business side of it, keeping up on licenses, keeping up on regulations, cert specific trainings we have to do with accreditations or different insurance companies want things to stay accredited with them.

[0:21:35] Negotiating wholesale contracts, trying to always find new products and stuff to bring in. That was probably my days before the pandemic.

Amanda: And I guess one final question before we start is, I know you had mentioned that you have two children. How old were they in the beginning of 2020?

Eric: So my son was born in 2005, so he would have been 14, ready to turn 15.

[0:22:10] I guess when March happened, he would have been 15 already. And then my daughter was born in 2008, so she would have been 12 when it started.

Amanda: And talking about 2020, did you have any big goals for the year? It sounds like you had a pretty intense year in 2019.

Eric: 2019 was extremely hard on not only my wife and I, but on the whole staff.

[0:22:34] And I had promised them at the end of 2019 we would take 2020 just to regroup and kind of get some of our business processes back in order since we basically bought two pharmacies, sold a pharmacy, did a full remodel of a building, changed all the computers, changed all the phones, all in 2019, in every building. It was a major undertaking. And so we had promised them all. I said, look, 2020, we're not buying anything, we're not changing anything, we're just going to get back and get everything kind of reorganized.

[0:23:10] And then March happened.

Amanda: Yeah, wow. Did you know much about the virus in the early months?

Eric: Not really. I mean, of course you see a little bit on the news here and there and I can remember sitting – we were actually at the Mexican restaurant here in town and eating. It was actually kind of a pseudo birthday dinner for my wife and I because our birthdays are both in March with our family and we got the calls from the schools, on like a school reach call, saying they're gonna shut down.

[0:23:45] And I can remember also sitting there thinking, oh it'll just be a couple weeks, right? And we'll clean their buildings and schools and we'll get everything to go away, maybe a month. But yeah, it obviously turned into more than that.

Amanda: Yeah, and I think that date was March 13th when Governor Pritzker announced school closures.

[0:24:08] And then March 15th is when bars and restaurants were mandated to close for indoor dining and then March 20th brought about the stay-at-home order. What was that like for you at that point?

Eric: So, it was a little crazy business-wise because obviously as a pharmacy you can't just close because patients still need their meds. Just because there's a pandemic going on, they still need their insulins and blood pressure meds and everything else.

[0:24:41] So I was still coming to work every day. Obviously, my wife stayed home and did most of her work from home with the children. But was I going to catch it and bring it home to them? Because no one knew what it was at the time and how bad it was. And so we actually closed the walk-in business to our stores for, I don't remember exactly, but I'm going to say a couple of months probably.

[0:25:11] And so we had two of the stores had drive ups and two of them we did curbside delivery, took it out to the car to try to protect our employees. Because if our employees all got it too, then we don't have anybody to service the customers either. So we had some struggles throughout that year with employees that were either exposed or positive. And so we would have shortages of employees because all the quarantines.

[0:25:39] We had longer lines than normal, longer drive up lines for sure than normal. And we tried to serve patients the best we could, but it was sometimes a struggle.

Amanda: And did you guys have to invest in any new technology for curbside pickup, or how did you guys do that?

Eric: No, not really for the curbside pickup necessarily. We just took it out to them, and most of the insurance companies waived the signature requirements for a little while.

[0:26:12] Just actually that happened for a long time and just starting to come back on some of those. Just because of the transmission of the disease, they let us sign for the patients or sign picked up, and so you just had a date and time basically. So we didn't really have to do too much technology. We had to invest in a lot of extra masks and cleaning supplies and gloves, and some of that stuff was really hard to get at the beginning.

[0:26:39] We were really struggling to get any of that in stock. And what we did get, we couldn't really sell, we had to keep for our businesses. And so people were wanting it right and left. It wasn't available.

Amanda: That was going to be my next question. Were you guys able to get personal protective equipment?

Eric: Somewhat. We did the best we could with getting it. It did help closing our stores down that we didn't have so much transmission. It's pretty hard to transmit at a drive up window. But yeah, we had – I don't think we ever fully ran out for our employees, but we were low a lot of times.

[0:27:18]

Amanda: And how did closing the stores to foot traffic impact the customers? Did people seem to be okay with it? Were people upset? Were they scared? What was your impression?

Eric: I think they were mostly okay with it. Sometimes we'd have people that were upset about having to wait in line so long at the drive up, because you can only wait one at a time.

[0:27:42] But I think they understood. And so many people were so nervous about it, I think they understood. And basically, the good part for us is, in one sense is most of our business is prescription, so it didn't totally affect our business. It really hurt our medical equipment sales and our front end over the counter, Tylenols and cough drops and stuff like that. Because people weren't walking in anymore.

[0:28:10] So a lot of those sales went down, but the majority of our business, the prescription side, stayed up. We did have some drop in that because dentists were closed. There was no surgeries. Everything was closed down. Veterinarians were closed. So you didn't have the prescriptions coming in. You had the patient's maintenance medications, but you didn't have all the extra stuff that you normally have.

Amanda: Did that create a financial burden on you guys, if you feel comfortable?

[0:28:40]

Eric: A little bit. Yeah. I mean not near what the restaurant industry and some of the other industries went through, so I don't want to complain at all. And we did get PPP money and HHS money. The government gave us money to help offset that and help keep people working. Probably the hardest hit portion of our business was the medical equipment side because there was no surgeries, no hospitalizations, no anything going on that would require a wheelchair, a hospital bed, or those types of things.

[0:29:13] So that was the biggest hit for us.

Amanda: That makes sense. And were there any benefits to closing to foot traffic?

Eric: It made us be better with our drive up processes. So, I mean, I think you saw that even in the restaurant. Everybody had to get a little more efficient in the way they did it.

[0:29:37] So maybe we'll carry on – hopefully carry on those processes and it'll still be more efficient. Other than that, just protecting our employees and trying to keep our staff the least amount of exposed and positive we could because if otherwise we didn't have staff there was no way to even wait on them at that point. I know there were some local businesses that almost had to close down completely because they had so many staff at one time get – I know one pharmacy up north of us here in central Illinois they had to bring in all temporary staff because the entire staff was exposed.

[0:30:17] And I think that just becomes a major, major disaster. So we were very blessed and lucky that that didn't happen to us.

Amanda: Did you guys do any remodeling with the store?

Eric: So we did. When we closed down that was when we created our long-term care pharmacy. We had talked about it and talked about it and so we, while the building was closed down, we kind of took a portion of the building and remodeled it and made our long-term care pharmacy.

[0:30:43] And that was our kind of our project during COVID besides just the normal stuff. At first we had the buildings closed and some of our outside employees were back in the building. And so we almost had a little extra staff so we used them to help with that.

Amanda: And did any of the Bandy's Pharmacies supply testing for COVID?

Eric: Yeah so we drug our feet on testing a little bit.

[0:31:14] Mainly because the only thing at the beginning that we could find was the rapids and there was not good data. I didn't feel I didn't personally feel like there was good data showing how the rapids were. If you were positive you were positive, but the rapids showed a lot of false negatives. And I felt like people were paying for maybe bad test results. And so we drug our feet for a while but we finally got pushed more and more into it.

[0:31:45] Basically when the governor started with the testing in schools of unvaccinated we found a lab and we helped the school. We were just going to help our local school districts out with testing their employees and we ended up testing, I don't know, 15 or 18 different school districts every week. All their unvaccinated. And we have a we still have a couple of DCFS homes that are still doing it today. And so we went ahead and got in.

[0:32:16] Once we got into the PCR testing we went ahead and got into the rapid testing. And then we got the home tests when we could get them. By the time we got them, nobody wanted them, mostly. We sold some, but yeah, it was kind of one of those situations where you couldn't get them, couldn't get them, everybody wanted them, then when they finally came out, it was past.

Amanda: And is there any federal reimbursement that happens when you guys do those tests?

Eric: Yeah, so different things.

[0:32:46] So the over-the-counter tests would have just been a cash sale item. The rapids were all cash sale items from the customers if they wanted to pay to be tested. The PCR testing with the lab – so we got paid from the lab. We were basically a collection site for the lab. And so we would collect the test, UPS it to them the next day, they would do the testing. They would get the reimbursement from insurance or the government and reimburse us.

[0:33:14] So yeah, we did get paid for it all. It boosted our business back up. That and shots, the COVID shots, that helped boost the business back up from some of the sales we missed.

Amanda: And when we start getting to that point in time, we'll definitely go into a deeper discussion about the vaccines and stuff. But still talking about those early days, did you know anyone who had gotten COVID at that point?

[0:33:47]

Eric: In the early days, no. In southern Illinois it was pretty – a few here and there, but it wasn't widespread like it was in some of the – you'd see on the news in the city areas and stuff. We weren't near that widespread. And I think that was maybe part of the backlash the governor got over closing everything

because people here didn't see it with the lack of numbers that we would have.

[0:34:16]

Amanda: What were your – if you feel comfortable of course, but what were your opinions? Did you think that it would have been better for things to be opened or the opposite?

Eric: I think at the beginning we all thought it was fine to try to protect. From our standpoint, I felt like it did maybe drag on a little long at the end. I think in the middle there we definitely needed it, to have some shutdowns, to have some things that we could protect.

[0:34:47] I'm on the school board so we had to deal with a lot of school issues there. We had to make sure we protected people. I think at the end, once the vaccinations were out and we were vaccinating everybody who wanted to be vaccinated, and there was plenty of vaccine available, it wasn't a shortage or anything, I think maybe it dragged on a little too long at the end.

Amanda: And, about those early those early days of the pandemic, what was the impact on the morale of your employees?

[0:35:20]

Eric: I think they were just a little nervous. I think when we closed down the stores, that helped them. They were nervous about coming to work every day because a lot of people are staying home, right? And we were still mostly just as busy and having to keep up. And I think they took it pretty well. I think when we started testing, there was another set of nervous, anxiety about testing, especially positive patients.

[0:35:49] And then the vaccines created a whole other workflow issue too when we finally got them.

Amanda: And what about the morale of your family?

Eric: Pretty much the whole time they were good. At the very beginning, we were a little nervous because I was going out and we weren't sure if I'd bring it home to them. But then I think my kids, I felt sorry for them a little bit, because they were missing some of the best years of their life.

[0:36:17] Early high school for my son and late grade school for my daughter. And having to stay at home all the time. They're big swimmers and swim practice wasn't necessarily available always. And they were missing that and missing their friends because they really didn't get – I mean, I was still out seeing people in some sense, and they were sitting at home every day.

[0:36:42] And so I think there was a little bit of blah morale.

Amanda: That makes sense. And you mentioned that it was your wife who was able to work from home?

Eric: Yeah.

Amanda: So did that help with child care concerns?

Eric: Yeah, in my mind they were probably old enough they could have stayed at home by themselves, but yeah, it did help that she was able to do all of her work mostly remote.

[0:37:05] I could bring home paperwork to her or whatever she needed to do and she could pay the bills and payroll and all that kind of stuff that she does remotely.

Amanda: And I want to talk a bit about when you guys reopened. What went into making that decision?

[0:37:27] So we were closed down probably it would have been in close to summer. And the numbers really dropped in 2020 summer. So when the numbers really dropped we felt like we should reopen the fronts of the stores just to try to get some traffic back try to ease the drive up concerns.

[0:37:44] Of course we had shields built for a while, that kind of stuff that you saw everywhere. I think at first the employees were a little nervous about that, but at the beginning hardly anybody came in anyways. But over time it was just a slow trickle and it became more and more. And now I feel like we're back to close to pre pandemic patients walking in versus drive up. Maybe a little more drive up still.

[0:38:13] I think maybe it encouraged people to use drive ups and they got used to waiting and now they're they're okay with it. And so we maybe see a little more drive up business than we did in the past. But I think we're getting close to being pre pandemic for walk in traffic.

Amanda: Is that a bit of a relief?

Eric: It is. It eases the burden on on the on the drive ups because it was hard for awhile.

[0:38:41] And then it also just a relief because you like to see some of those customers. And then also helped our medical equipment companies come back some. So it's starting to turn around and come back to its normal pre pandemic sales and set new patients up with whatever equipment items they need.

Amanda: And I know I wrote down the date. Oh yeah. So it was on April 30th that the mask mandate went into effect, which was with the extension of the stay at home order.

[0:39:15] Did you guys enforce masking?

Eric: Yeah. So I'd say at the beginning, we dragged our feet a little bit because we were closed. We had our buildings closed. And so I felt like we weren't really having any exposure other than to each other which if you're that close proximity for that long a period, masks may not help you anyways. So at the beginning, we probably dragged our feet a little bit.

[0:39:40] But then yeah, we masked. I don't know when we started. I can't remember, but I would say not too long after that. Maybe a couple, 3 weeks. We started and then we we had masking – gosh, we didn't stay all the way to the very end of the mandate. When it was getting to the end and everybody felt like it was dragging out a little bit, and vaccines were widely available, that's when we kind of just dropped it with ours.

[0:40:08]

Amanda: And was it difficult to enforce it in the store with like customers?

Eric: We encouraged it for customers, we did not mandate it for customers. Yeah, I would not have went down that rabbit hole because there's too many differing opinions. For customers, I wanted to be making sure I was equally servicing both of them, so we did not make customers wear them.

[0:40:42] And we just made our employees wear them.

Amanda: And then kind of moving into the discussion about summer, Illinois moved into phase three, I think it was the end of May or sometime in May, which meant that restaurants and bars reopened for limited indoor seating. What were your thoughts about that?

Eric: I thought it was time. Especially in the summer, the numbers were down, we needed to do that, give those people chances to keep their businesses going and not have as much kind of financial concern for them.

[0:41:23] They needed the chance to get back, and I was okay with it.

Amanda: Were a lot of restaurants and smaller businesses hurt by the pandemic and some of these closures?

Eric: Yeah, we've seen some of the businesses – and not just in Salem, in the whole local area – they just never came back. Some of the restaurants closed, never came back. So to that extent.

[0:41:49] And then some of the others were just hurt. I see the business owners, I know the guy that owns whatever, the hamburger stand, and they were struggling for a long time there. So I feel like afterwards people really tried to help those local businesses and I've had a couple of them tell me their business has been really good since it came back open because people realized kind of more of the community thing again and tried to benefit and buy more stuff there than at a big chain.

[0:42:19]

Amanda: I was going to ask that. Do you think that being in a closer knit community helps with getting these local businesses back on their feet?

Eric: I do, I do, because people do care about them and they do know the owners very closely a lot of times, and so I think it helps a lot.

Amanda: And this is not necessarily related to the pandemic, but the summer of 2020 was full of a lot of tumult besides the pandemic with protests for racial justice and that there were just different things happening.

[0:42:57] Did that impact you guys here?

Eric: Not too much. We didn't see the protests and that kind of stuff. I mean, we'd see it on the news, but not in our communities so much.

Amanda: And did you guys begin to feel any delays with backups in the supply chain?

Eric: In our equipment side of the business, yeah, we started to see delays in getting equipment.

[0:43:22] We're still seeing a lot of delays in getting equipment today. In the drug side of the business, the pharmaceuticals, we really didn't ever see, thank goodness. We had one little blip on some insulin products and I got a little nervous. I was like, man, if we start running out of these, we're going to be in trouble. But it was only about a couple weeks long and we were able to keep enough in stock. Yeah, we did in the pharmaceutical side.

[0:43:53]

Amanda: And so I guess I have two follow-up questions to that. With the medical equipment delays, did that impact people or because of the pause on elective procedures, were people not really so negatively impacted as they would have been in a normal year?

Eric: So in roughly that summer of 2020, when it probably started in fall of 2020, it probably wasn't too bad impacting people. Now is when it's really

impacting people. Cause we have, we got quotas on, for example, CPAP machines for sleep apnea.

[0:44:26] We only get so many a month. So we got waiting lists to set people up. There was a while we couldn't get crutches to save our lives, any crutches anywhere. And there's just a number of pieces of equipment. And again, it bounces around. Like now hospital beds is a thing. We're struggling to keep hospital beds in stock. Hopefully the supply chain fixes itself here over the next however many months or years or whatever it's going to take.

[0:44:59] Because we we need to be able to provide those products to patients.

Amanda: My other question then is why do you think the drug world wasn't impacted?

Eric: I don't know, because the ones that are impacted all tell us it's because of employee shortages and factory shut downs, so I don't know.

[0:45:29] I'm not privy to the knowledge. Did they not shut the drug company? Did they not shut the drug manufacturers down kind of like pharmacies? They didn't shut us down like they shut the restaurants down, so maybe they made exceptions for the drug manufacturers versus other manufacturers. I don't know for sure, but I think it would have caused a major – maybe even more deaths, if we'd had major drug shortages.

Amanda: Then moving into the fall of 2020 it was a presidential election and there was a lot of people from both sides of the issues who felt like the virus became a political point.

[0:46:10] Did you guys feel like that?

Eric: Yeah, I felt like it did and not only with the presidential election but in your state government some too, and I just felt like it became a little bit political towards the end. And I hated to see that because we're dealing with health care and patient well-being and we shouldn't make that political. It should be 100% non-political but it's unfortunately not.

[0:46:36]

Amanda: How did you know that impact the community in southern Illinois? Were people divided at all? I mean what was the landscape?

[0:46:50]

Eric: Yeah they were divided, and mostly on two issues, masks and vaccines. So it would be the people who were really, really strict with the mask and

thought it should be everywhere in every business and everybody, and then there was people who wouldn't wear them one second.

[0:47:09] And so you had some of that divide that you don't normally see in the small communities necessarily. And then the same thing on the vaccine when they when they finally got them out to us and when we were trying to vaccinate as many as possible. You had the major divide of, I'm not – I mean I even had people tell me I'm not getting the vaccine even though I think it would help me because it's it's too political. And there are things like that.

[0:47:33] And I'm like we shouldn't be in this scenario where we're making politics affect health care decisions.

Amanda: As a pharmacist are you ever kind of like – you know there's those proverbial jobs that kind of – I don't know what the word is – where you kind of are like a therapist to people where they kind of vent to you? Did that happen throughout this pandemic?

[0:47:56]

Eric: Yeah even outside the business a lot too. You see people and talk. And they'd ask a lot of questions and I didn't always have much more answers than they had, because the information was coming out, I don't want to say slowly – they were probably getting it as fast as they could get it – but it just felt like it was slow. And, man, we should know more about this by now but we don't. And so sometimes I think people expect pharmacists or doctors or whoever in the medical field to know more, and we didn't have any more answers than they than they had than they were getting.

[0:48:34]

Amanda: And was it in that autumn of 2020 that COVID really began to impact the area?

Eric: Yeah, I think so. Because we probably got our vaccines in either July or August finally. It was the first time that we were able to get vaccines. They, of course, partnered with some of the big chain pharmacies and supposedly were going to make it roll out quicker with them.

[0:49:02] And we tried to talk to the government about that and how it would, especially in our communities, it would be a much better rollout if they would roll out with local pharmacies who people knew and wanted to get. But we didn't get them. But so by the time we got to autumn and it started really ramping up, that's when we were trying to get the vaccinations out too. And testing was crazy. And then that would that be...?

Amanda: I think that would be 2021, right? Because the vaccine...

[0:49:30]

Eric: Oh yeah, sorry, I'm in the wrong year now.

Amanda: It's gone on. No, I mean, the project's called to March 2020.

Eric: That would have been July of 21. Yes. So in that fall, yeah, that's when we probably – it was before the vaccines in 100% because I hadn't even received ours as health care workers. So that would have been when we had to ramp up. And then didn't they shut back down then, right? You've got the dates more than me, but the government shut it back down.

[0:49:58]

Amanda: Yep, we went from phase three to that partial reopening and then into autumn. Numbers began to go up in city centers. And so I was looking for data in Salem, but I really couldn't find anything to give me the overview of the pandemic here. At least it wasn't easily accessible online.

Eric: Right. I don't know if I'd have exact numbers, but I do feel like that was when it really went up.

[0:50:28] And even all the way through the end of the year. I mean, I feel like even Christmas activities were pretty well shut down.

Amanda: And, yeah, and I think a lot of people were saying that the reason that it was going up in the autumn of 2020 and winter of 2020 was because schools were starting to go back into session. And then with the holidays, it had opened up enough that people were traveling, which caused more spread.

[0:51:00] Did your children's school open up at that point, or were they still remote? I know it's kind of hard to go back.

Eric: We were at two different schools, so high school level for my son, it opened up. They were doing Zoom classes mostly. And I think the grade school, did we open for a while and then we went back to remote?

[0:51:34] I feel like. It's hard for me to remember.

Amanda: That sounds like the trends throughout the state.

Eric: Maybe even the high school too. We opened and then we went back to the more remote Zoom.

Amanda: Do you think that that impacted your children negatively, the uncertainty?

Eric: I think so a little bit, and I think it had to have hurt education as a whole, their education.

[0:52:01] Now, will they be able to catch up? Lots of students will. I'm sure there'll be some that won't. But it had to hurt education because being remote and on Zoom, and some of them weren't even live, they were just remote handout handout, paperwork things that I know there was families that don't make their children do it And that had to hurt their education.

[0:52:28]

Amanda: And, winter 2020 was the first pandemic holiday season. Do you remember how you guys spent your holidays? We normally have a business Christmas party. I know that was canceled. I think we did get together with our families, close family, not like extended families of any sort.

[0:52:57]

Eric: Just like grandma and grandpa and my parents and maybe her parents at different times, but not not extended families like we normally would.

Amanda: Was that hard on you guys? Yeah, I mean you're used to all those great activities and I think winter's hard enough when you don't have all your fun Christmas stuff to to look forward to. Yeah it's hard on everybody.

[0:53:26]

Amanda: And I think some people might have considered it a bit of a Christmas gift but on December 15th of 2020 the vaccines finally became available to health care workers, long-term care facility staff and residents. You guys were considered health care workers right?

Eric: Yeah we were considered health care workers. My wife and I got ours on January 2nd 2021, was our first vaccination, which was the first time that our local health department did clinics for health care workers.

[0:54:02]

Amanda: And so it sounds like you guys got it as soon as you could.

Eric: Yeah we did, and we were first on that list and asked our employees to be on that list and gave them time out during those days. So they did it both in Salem and Centralia. The health department did and tried to get our employees to do it. So some did, some didn't.

[0:54:31]

Amanda: Did you have any reservations about the vaccine before you got it?

Eric: No, not really because if you look, at least through my studies in vaccine history, we don't really have a vaccine that we've had major problems with

or recalls with or anything like that. We have medications in the pharmaceutical business all the time that have – three years down the road, they're like, oh, we got to pull that off the market because of X, Y, and Z problem.

[0:55:01] So that happens consistently, but in the vaccine world, that doesn't happen. It's the way the vaccine works. And so my wife and I didn't have any reservation over getting it.

Amanda: I don't know if this is a good question, so you don't have to answer it, but why do you think some people on your staff had reservations?

Eric: I think partly because healthcare became political.

[0:55:32] And I think part of it is lack of knowledge and understanding. As much as they tried to get the information out there and give people the information, just some people don't, right? I mean, I can remember giving vaccine here, let's see, this is, I'd say, probably two or three months ago now, and the person didn't even know that – I said, would you like Pfizer or Moderna or Johnson & Johnson.

[0:56:03] And they said, I don't even know the difference. I didn't even know those are the names or something to that effect. And I couldn't believe that after all the publicity and all the media blasts, and they didn't even have a clue. They didn't even know the names of the three vaccines. So I think it's partly just lack of understanding or lack of knowledge on it. And then I think the other part was the political issues.

[0:56:31]

Amanda: What is your philosophy on dealing with that and addressing those concerns?

Eric: I basically just try to give people the information and let them make the decision. I try not to inflict my personal beliefs on them. Unless of course they ask, would you get this or would you give this to your children or your mom or something like that. And then I will be happy to tell them if they ask me. But when I'm trying to tell somebody about a vaccine, I just try to give them the basic medical information that they want.

[0:57:05]

Amanda: And at that point, did you plan on being a vaccination site? Or when the vaccine was first coming out, what was going through your head at that time?

Eric: Sure. Well, we'd already done vaccinations for a long time, flu vaccine and pneumonia and all that stuff. So we were definitely going to be a vaccination site.

[0:57:29] I was the very first to sign up, one of the very first to sign up for getting vaccinations, trying to get them. I even wrote an RFP to the state when they were taking RFPs for the first vaccine places, even though I knew they weren't going to give it to Bandy's Pharmacy, they were going to give it to the big chains. I wrote an RFP to the governor for that. My wife and I spent a lot of hours one day writing that.

[0:57:58]

Amanda: What's an RFP? Just for clarification.

Eric: It's called a request for proposal. It's basically almost like a bid that the state wanted everyone to submit, and they were going to decide who they were going to give it to. And then they gave it to Walgreens and CVS, right? I don't remember if Walmart was included in that. But anyways, they gave it to the big pharmacies. We all knew they were going to, but I wanted to be on record showing that I at least submitted one.

[0:58:28] And yeah, we were in the very beginning begging for the vaccine. But I said, like, I'm going to say it was mid-July to August of 2021 before we finally got our first vaccinations in our pharmacies.

Amanda: And you had mentioned earlier that you guys were trying to work with the government because you felt that it would be more impactful for a local pharmacy embedded in the community to be offering the vaccine.

[0:59:06]

Eric: I think it would be at least as impactful, right? I mean, I want to say we're more impactful, but we also do know the people and they do trust the local pharmacies. But there's lots of towns that don't even have my two small pharmacies, neither one, those towns don't have anything else.

[0:59:28] So if we wanted to get vaccinations out as quickly and as massive as possible to the most people, I felt like we should have went with the local independent network too, at least on top of.

Amanda: Why do you think it took so long?

Eric: I don't know. I wish I knew. Yeah, because I don't remember when the big chain stores got theirs. I know it was a little bit after the health department.

[0:59:56] So if we got ours from the health department in January and February, maybe the big chains got theirs in March or April, I guess. I don't know, I remember for sure. But I don't know why it took another three or four months. Maybe there was that lack of supply. It could have been. It could have just been politics. I don't know, I don't have the answer.

Amanda: And I guess another date to throw out there is – in Illinois, April 12th was the day that it became available, too.

[1:00:27] Like, it stopped being that phased plan and became available to everyone age 16 and older. So that was April 12th of 2021. And did the vaccines cost you? What was that process of being that site?

Eric: So you had to, of course, do all the paperwork to be a vaccination site. But the vaccines do not cost us anything. In fact, they gave us most supplies that we would need.

[1:00:59] Some supplies they gave us too much of, some stuff they didn't give us. They gave us all the needles and syringes and stuff we would need, alcohol pads, that type of stuff. We had to provide sharps disposal and gloves and a few other things. But everything was free and then they did give us reimbursement, either through the person's insurance or through the non-insured CARES Act fund or through Medicare or Medicaid, whatever they had.

[1:01:34]

Amanda: And what were some of the those procedures for storing and preparing the vaccine? I mean, do they differ from regular standards? What's that like?

ERIC: It was very difficult on a pharmacist staff because the three vaccines came out all had different storage procedures, different expiration dates.

[1:02:01] Pfizer at the beginning had to be diluted when it came out. And we've never had a vaccine that came in a multidose vial had to be diluted. We've had some live vaccines like the shingles vaccine and stuff that comes single dose so that you have to dilute it because they cannot stable. But you had to dilute it, I don't know, one to six hours. One was good. Twelve hours. One was good.

[1:02:26] It was it was all over the board. I wish they would make a little more. I felt like it was setting people up for errors. And then you had different volumes you were given too, some were point three, some were point five. When the flu vaccine comes out, they're all pre diluted. They're all point five. Everything's the same. And I think it would have helped if we could have had

– and I know it was rushed, so it's probably not maybe not able to be done, but it helped prevent errors.

[1:02:56] Because I'm sure there was errors in the whole community of giving shots.

Amanda: And was there a high demand, when you guys were finally able to carry it?

Eric: Yeah, that's when we really started creating some workflow issues because we couldn't do our normal work for all the vaccinations we were trying to give.

[1:03:24] So we were almost causing delays in our normal filling prescriptions. Our customers were having to wait longer periods of time because we were giving so many vaccinations. We didn't have the staff. I mean, I added some people to help, but it's not that easy just to go out and get people and train them really, really, really fast. Luckily, we had staff like myself who weren't working as a full-time pharmacist, so I could pull out and do it.

[1:03:57] I have another pharmacist who does stuff with our medical equipment side, and he pulled over and did it. We gave lots of vaccinations.

Amanda: What kind of training did you need, or do you need, to give vaccines?

Eric: All pharmacists come out of pharmacy school now with the training already. They do it as part of their pharmacy school. When I came out of pharmacy school, pharmacists didn't really give vaccinations, so my dad and I had to go back when vaccinations started in pharmacies and get a certificate training.

[1:04:31] Pharmacists all have it now. They actually included pharmacy technicians to help ease the pain. We could send technicians to one of those online clinic-type things, so we could have some technicians do vaccination, too.

Amanda: But it has to be someone who's been extensively trained.

Eric: Yeah. It wasn't real easy. Technicians, I can't remember how many hours it took them.

[1:05:00] I would say 10 or 12 hours of training, something like that. I mean, it's not a massive, like weeks and weeks, but still, trying to work than into your regular work days too and get it done. Yeah, it took a little bit.

Amanda: And 2021 was also an interesting year because there was starting to be those issues with hiring people and overturning of staff. Did you guys experience that?

Eric: We did a little bit.

[1:05:28] I had a little bit of trouble. We were always able to stay pretty well full staffed other than our quarantine issues. So, I mean, we'd lose one here and there. We'd pick up another one. But we didn't have an abundance of candidates. It wasn't like we'd have 10 or 12 or 20 candidates for one job. We'd have one, maybe two. So, we experienced it, but luckily we were able to keep our staff pretty well stay at the same level all the time.

[1:06:01]

Amanda: And I wonder if, because, maybe in bigger cities – I'm not quite sure how to word this, but like, some places began to kind of raise their pay. So it was harder for other smaller businesses to compete with that. So was that part of the reason at all?

Eric: Maybe a little bit, yeah, because you did see that some of your standard lower end jobs, in the community, not just in the healthcare world, were really raising pay or giving bonuses or giving iPhones or whatever the gimmick was for the time.

[1:06:41] But yeah, we still maybe saw some of that where we weren't getting as many candidates because they were taking some of those other jobs or we didn't see some of that where they were bouncing between jobs because they could get bonuses or things like that for doing it.

Amanda: And I think in our pre-interview, you also had mentioned that you did clinics, not just in your pharmacy, but you guys went even further to provide vaccines.

[1:07:12]

Eric: Yeah, we did out of store vaccines, we did school districts, we did nursing homes, we did assisted living type facilities. I'm trying to think where else we did them. A number of different sites, just trying to get the vaccine out to as many people as we could as quickly as we could.

[1:07:37] And I think that really helped because sometimes people will not go out of their way to get a vaccine, but if you happen to be sitting in their place of business, like, yeah, I'll take that while I'm here today. So I think that really helped in the communities.

Amanda: And so were people not always happy to see you guys out there promoting the vaccine?

[1:08:06] Or was it generally a pretty good response?

Eric: For vaccinations we had very good response because they pretty much only came to you if they wanted the vaccine. The ones that didn't want the

vaccine wouldn't, just didn't come to you. So the vaccination was pretty good. We had some pretty harsh resistance in the mandated testing for the unvaccinated when that started. We were just trying to help some of the school districts and we got some pretty heavy pushback on that.

[1:08:38] And it wasn't really us that tried to explain to them, we didn't make the mandate, we're just trying to help your district meet the mandate.

Amanda: Yeah, so now we're in August, so that's when school's starting again, it was really – from what I've noticed with dates and stuff, it was after the FDA announced approval for the Pfizer vaccine, which now is called Comirnaty, I think that's like the name, but it's funny because everyone still calls it, you know....

[1:09:08]

Eric: The Pfizer.

Amanda: Yeah, and so that's when Governor Pritzker announced vaccine requirements for teachers and school staff. And then in September is when President Biden announced vaccine requirements for employers with 100 or more employees with the option of weekly testing. So that seemed to cause an uproar in the community?

Eric: Yeah, that was a lot of uproar because then they were forcing things on the unvaccinated who were, that was their choice to be unvaccinated and now they're forcing things on them.

[1:09:38] And that's when we saw some of the pushback. And we wouldn't have seen it necessarily, but we tried to help the districts and mostly schools. We didn't get too much into other businesses, but mostly schools. We tried to help them meet that mandate. And then that's when we had the pushback.

Amanda: And so you were originally just going to do it with your local schools?

Eric: Yeah, we started with just like the two schools here in Salem, right?

[1:10:06] Because I've been on the high school board now for over 20 years. So I'm just trying to help them out and help our local, couple local small schools. And the regional office of education got word of it and said, hey – called me and said, hey, I got more schools that are interested. I said, I'll take as many as I can get in the schedule. And so we did a bunch.

Amanda: Do you remember how many schools total you guys were doing?

[1:10:35]

Eric: Roughly 15 or 16 probably? And it was pretty much early morning. Everybody wanted it. Obviously that schedule filled up pretty quick, so we started having to be midday and then we'd interrupt some of their classroom settings, but we would travel around to all the different places.

Amanda: Can you walk me through the logistics of that?

Eric: Yeah. So we we bought these...

[1:11:05] My wife, I should give her all the credit for that. So she bought these little rolling bags. And I was like, those are silly, but after having them, I was like, we really needed those. Because you'd have to take with you swabs and vials and all our protective gear. And so you'd go to the school and swab them and put in the vial. You had to change it over time with the labs because they were trying to catch up to you. So at first you write on the vials and it was labeled the vials.

[1:11:33] And then it was a whole scan process where you scanned it in with QR codes. And then once you got all those back here, you package them and UPS ship them out next day to the lab. And they would get their results from the lab through a website, like a log on. So that helped the schools keep track of it, too.

Amanda: And so there were PCR tests?

Eric: PCR tests. Yeah.

Amanda: And so would it just be you going out to these schools or like a team?

[1:12:04]

Eric: So it was mostly myself and my wife that did most of the testing. Then we hired on another pharmacy technician to help and then a second one to help. We did some at the local junior college too. And so we had multiple people there cause it was big numbers. I mean, we do 80 to a hundred each time we go there. So that was a little crazy.

[1:12:33] But most of the schools would be – we kind of set that number. If you were below 20, we got it down to where one person could handle it, unless it was the first time. If you were starting to get above 20, we'd start being two or three, depending on if it was the first time or second time.

Amanda: And you would have to go to the schools one time a week?

Eric: Every week, yeah. Same day every week. So we had that full schedule. My poor kids took a little of the brunt because they had to – we'd be like, okay we're out the door kids.

[1:13:02] And they're just getting out of bed, right? So we're leaving before they're even – because we had to get to the schools and start testing. So luckily my son could drive and he would take my daughter to school and then he'd get himself to school.

Amanda: And you mentioned the flack that you guys got for that. Can you talk about that a bit?

Eric: Yeah, because these are unvaccinated people who were felt like there were mandates being put against them just because they were unvaccinated.

[1:13:30] And so we got a little bit of pushback. I think they felt like we were the ones making them test and we were really not the people making them test. We were just trying to help the situation and help their school districts test. So we had a little bit of pushback from them. But it calmed down pretty quick. Once they realized it really wasn't that bad of a test, just a slight nasal swab.

[1:13:56] And I know some people talk about how some of them were really far deep at the beginning and I think that kind of calmed down. And the labs we were using didn't make us go that deep. So I think once they saw that we weren't there, it ended pretty quick.

Amanda: And at that point, were people able to swab it themselves or did you guys do that?

Eric: At first we did it all and then after that we let them choose, but we had to kind of watch and make sure they were doing some a decent swab.

[1:14:26] Because otherwise, what's the point of doing it?

Amanda: And it was in that fall also that there was an interest in Ivermectin as a COVID treatment. And I think there was a bit more media coverage of it than there was actual use of it in medical settings. But I think even Illinois had a couple lawsuits where families were suing to be allowed to have it as a treatment.

[1:14:58] Did you deal with any prescriptions of Ivermectin?

Eric: Yeah, we dispensed some. We did have to go where we wouldn't bill the insurance because the insurance companies basically sent out a notice saying they would audit them later. And what happened is we would get an audit later and they would want the money back. And the medication would be gone, right? So we went to cash only if people wanted that. Did we do a lot of it? I wouldn't say a lot, a little bit here and there.

[1:15:25] We had a couple providers in Southern Illinois that would prescribe it for people. So whether it helped or not, I don't know. I don't have an answer. I

think it was media overblown because in the medical community we do lots of things that are what would be called off label. Trying, all of a sudden. We figure out a medication works for something, even though that's not what it was studied for.

[1:15:53] We still use it for that. And so it was blown up by the media, made a big deal out of it, I think.

Amanda: So in a non-pandemic year, did you guys do you typically carry Ivermectin?

Eric: We do a little bit, but very few pills because we service some nursing homes and things like that. And sometimes they would use it for a scabies outbreak or something. So we would keep just a small number of tablets in stock, but we would never probably go through a box a year even.

[1:16:29]

Amanda: And, talking about nursing homes, did your long term care pharmacy see a heightened influx of prescriptions with the pandemic?

Eric: No, just basically the same because they shut them down so hard and so tight that we didn't see anything different.

Amanda: That's good to hear, because I know in Springfield at least, a lot of the nursing homes were pretty hard hit.

[1:17:03]

Eric: Yeah, we did. I mean, I guess we saw more if we count vaccinations in there because we did go to the homes to do the vaccinations of all the residents and staff. And so we saw some of that. But they would have covid outbreaks, but it's basically a quarantine situation. We didn't treat it that much. You might treat some of the symptoms. So we might see a few inhalation type products to help people with their breathing, struggling, things like that.

[1:17:33] But not too much. '

Amanda: And by that autumn of 2021, it sounds like you said that your kids were back to in-person learning?

Eric: Yeah. I think when I started that year, the high school was on a hybrid schedule. So my son went to school two days a week, two days a week he was on, and three days a week he was on Zoom. So it was like half the school was in on Monday and Thursday and half the school was in on Tuesday and Friday.

[1:18:03] So they were in a hybrid. The grade school went back, I think just mask, they went back full time then. I think maybe it was a shorter day. I don't remember all the logistics of it.

Amanda: And then moving into winter of 2021, did the holidays look different for you guys than they did in 2020?

Eric: Yeah. all my family had been vaccinated, so we were pretty well back to normal holiday activities.

[1:18:35] We talked about it on and off, but we did have our Bandy's Pharmacy Christmas party. Felt like the numbers were low enough at that time. We did have that get together.

Amanda: And how was morale in December of 2021 compared to December of 2020?

Eric: I think it was better and worse. I think it was better in the sense of more things were open. Restaurants were opening and we were having some activities.

[1:19:03] But in the healthcare industry, it was worse because we were so busy with vaccinations and with testing, those two things, on top of our normal workload. And I think everybody was just worn down, right? And from the number of vaccinations we did in a short period of time was what I think just really put a toll on them.

Amanda: Do you think that one year was harder than the other between 2020 and 2021?

[1:19:35]

Eric: I think 2020 probably had more fear and more lack of activities. I think people were struggling with that. I think 2021 was probably better for all that. So if I hadn't been in health care, I would say 2021 was a lot better. But 2021 was – especially once we got vaccines in this late summer – that's when it really, really got busy, busy, busy, busy.

[1:20:08] I mean, I've never had people waiting 10 and 12 deep in line for vaccinations, right? I mean, that just doesn't exist. I mean, in flu shots, you might get busy here and there, but not all the time like that.

Amanda: And I asked you in the beginning about pre-pandemic, what's the day in the life? In the middle of 2021, what was a day in the life of a multi-pharmacy owner like?

[1:20:38]

Eric: So once we got our vaccinations and we started doing the testing, literally that's probably all I did was vaccination and testing. I kept up on the things that were drastically urgent, but I basically let everything else go. It was a hard time to run your business because you were doing so much work in it instead of on it. So it was a little bit hard there. So that's what I've spent 2022 trying to do is catch up on a lot of those things.

[1:21:10] Those processes, trying to get things back that you let go, you know? And we lost some of our good everyday processes through the pandemic, maybe inventory controls or some of our customer service skills with some of our employees.

[1:21:40] Because you didn't have people in the building for a few months, right? Some of those things, or you had masks on. So I felt like when the mask world was all going on, nobody wanted to talk to anybody, right? And so I feel like we're trying to get back some of those good customer service, wait on your customers well, things that set us apart from the big, big chains.

Amanda: That sounds very difficult.

[1:22:07] And in 2021, and I guess kind of like starting into 2022 before we get to this summer, were you able to take any type of break to be with your family to kind of recover from just the stress?

Eric: In 2021 we did take... That would have been in the summer. We went to Mexico Beach, Florida. It was with a couple of our close friends. It was kind of still in that pandemic time, right?

[1:22:42] So we didn't really go to restaurants. We cooked at the house, but we were able to get away for a little bit for that beach. And that would have been before we got the vaccine. So that was right before the craziness. And then afterwards, we just got back from that trip finally – that was our first real getaway with the family.

Amanda: So it sounds like it's been pretty intense for a couple of years.

[1:23:12]

Eric: For a little bit, yeah.

Amanda: But I think one important thing to note with, as we move out of 2021 and into 2022, is that March 3rd– or actually, I think I might have the wrong date. I need to double check. But in the beginning of March is when the Illinois mask mandate ended. Actually, can you talk about what the pandemic fatigue was like in the beginning of 2022?

Eric: I think people were just at the point that – you mean the general public?

[1:23:44]

Amanda: Yeah. And general public yourself, your staff, you know.

Eric: I think the general public and I think even our staff and myself were just at the point of, it felt like it almost became a political hot button issue at that point. And they were leaving some mandates in place that necessarily, in my opinion, once vaccinations were widely available and available to all age groups, and literally they were sitting in all of our pharmacy refrigerators and no more people were clamoring to get them, what was the point?

[1:24:22] And you either got vaccinated or you didn't, and that was your choice. And we need to just go on. And I felt like in our areas, especially our rural areas, we needed to drop our mask mandates and open our restaurants up and get everything going again. And I think a lot of people were just doing it. And so I felt like it drug on too long at the end.

[1:24:45] And maybe there needed to be that restrictions in a Chicago or the world, but, we're so different than them. And so I felt like we got a full state mandate that necessarily didn't match the full state.

Amanda: And in 2022 is when actual medicine for COVID started coming out. And I think there are some antivirals and I think Merck made a pill. Are you able to supply any of those or do you know much about them?

[1:25:18]

Eric: So monoclonal antibody treatments. And so I actually gave the first outpatient injectable dose by a pharmacist in the state.

Amanda: Congratulations.

Eric: Thank you. It was a good honor. I just got lucky. It was kind of a funny story. It was, they asked for applicants. Of course I applied, like I told you I did for vaccines too at the beginning.

[1:25:46] And I applied and one of the ladies in the group picking, they were going to pick a couple of pharmacies to do test sites, and one of the ladies saw the name Bandy's Pharmacy and said, yeah, we'll take Steve Bandy, which is my father. And another guy in the group goes, Steve's retired, but Eric's there and he'll do it. And she goes, okay, we'll take Eric. So I actually probably got in because of my dad again. So they chose us and another pharmacy.

[1:26:16] Once I got the injectable, it was called Regencov, I went to people's... Because we couldn't really do it in a retail setting. You were bringing positive patients in, the store would not work, right? So I basically went house to house giving injections. You had to sit with the patient for – it took about

two hours by the time you were done giving them their injections and monitoring them and making sure that they didn't have any side effects. And then they came out with the pills and we got those.

[1:26:53] At the beginning, they didn't move at all. It was crazy. Like, I don't know if providers didn't know about it. It was kind of a shame because the injectable one, they gave us an override that I, as a pharmacist, was able to, as long as we had a positive COVID test, I was able to basically order it and give it. I didn't need a physician or a nurse practitioner. When they came out with the pills, they made you have to have an order from a doctor or a nurse practitioner or PA, which didn't make much sense.

[1:27:25] They were letting me go out and give injectables. And I think we would have had better access if they would have given pharmacists the opportunity to do that, because if a patient had a positive COVID test, we could just treat them based off the recommended guidelines. They didn't need to go see the doctor because then you're sending them to a doctor's office to infect other people and that kind of thing. So I think it decreased the access to it because they didn't allow pharmacists to order it.

[1:27:55]

Amanda: That's really interesting, just kind of those dynamics.

Eric: Right.

Amanda: Do you find that that is an issue that you face as a pharmacist a lot?

Eric: It is a little bit. I told you we went on vacation, we went to Greece. And Greece, I always go in the pharmacy when I'm in another spot, just to try to talk to somebody. So I talked to them there, and basically the pharmacist there can give out anything except for an antibiotic or a narcotic.

[1:28:25] So those two things have to be ordered by a doctor. But other than that, if you come in for some arthritis pain or something, pharmacists can really help that situation. And I'd like to see that. And it's happened more in my career since I graduated until now. Providers, doctors, nurse practitioners, PAs, more and more want pharmacists' help because they don't get all the drug knowledge in school.

[1:28:54] They get more of the diagnosing knowledge. So they tell you you have high blood pressure, but they don't necessarily always have all the drug training. So they would prefer to have pharmacists' help. But in our system today, we still in America basically have to have a prescription. Pharmacists aren't able to give much. Before COVID, I argued at the state level trying to say if we

have a positive influenza test, there was a product called Tamiflu, which is what they gave everybody.

[1:29:25] If we have a positive influenza test, the pharmacist should be able to give them Tamiflu, right? I mean, there is no other option. That's what we give. I mean, it's dosing the same for – especially adults is all the same. Kids' dosing is all based on weight. But pharmacists, that's what we do, but they don't let us do that.

Amanda: Do you think that because of the pandemic that that will eventually change?

Eric: I hope so.

[1:29:53] This was a huge step for me to be able to go out and give monoclonal antibody treatment without a physician order. From a pharmacist world perspective, that was a huge step. But then they kind of put us a step back when they didn't let us do the pills. We hope that they look at that and they look back and they show – I would have been able to treat a lot more patients if they would have given us access. So I hope they look at that and say, going forward, and say there are some things.

[1:30:23] Not everything. We don't need to do every treatment, but there are some things that we can just treat when you walk in, and we can decrease health care costs maybe some by doing that. I think we'll get there. Years ago, vaccines were only given in doctors' offices. Now, basically, vaccines are mostly given in pharmacies. I mean, some doctors don't even stock them anymore, other than pediatric type facilities, just because it's so much easier for a patient to walk into a pharmacy and get the vaccine they need.

[1:30:55]

Amanda: Do you think that also has to do with the doctor shortage? I'm not quite sure how relevant that still is, but I know for a while there was a bit of a shortage.

Eric: Maybe, yeah. Then that would help ease that pain, too.

Amanda: And it's funny because is always a good interview to me is when we start talking about my next question before I even ask it.

[1:31:23] But I was going to ask how the pandemic has impacted the field of pharmacy. Are there parts of that impact that we haven't really discussed?

Eric: Maybe. I mean, maybe the future that we can order some of those things. So technically with the vaccine, they did let pharmacists – so when we bill was the whole issue, right?

[1:31:51] So they did let pharmacists put their NPI number on it. NPI is numbers National Provider Identification Number. So originally doctors had them and then PAs and MPs started getting them and now pharmacists can get them, but most pharmacists don't have them because they don't do as much good other than when I was able to actually order the injectables, then I could bill under my NPI number as the provider. Whereas a flu shot, we still have to have a collaborating physician.

[1:32:21] So when you come get a flu shot for me, I still bill under one of our local physicians that I have a collaboration agreement with under his NPI number. Whereas hopefully the pandemic's taught us we could move some of those things away, right? The doctor doesn't need to be involved in a flu shot. The patient should just come see the pharmacist. You need a flu shot and it should be put under the pharmacist NPI number. We recommended that, ordered that, gave that and it's on its way. So hopefully that helps with that.

[1:32:53]

Amanda: And what about for specifically local pharmacies? Do you think that the pandemic has helped shape the future of them?

Eric: I hope so. I think that we put extra staff on in local pharmacies and most of my peers I talk to that own local pharmacies put extra staff or pulled people out of offices. Like I know one group of pharmacy owners in Missouri and they have, I don't know, roughly 15 stores.

[1:33:22] And they pulled all their corporate office people out to give vaccinations. I think the independent locally owned smaller pharmacies did a much better job with that than some of the big chain pharmacies where I've heard wait times were astronomical for just getting prescriptions because they didn't have extra staff to meet their vaccination needs, and so they couldn't do the regular work. We 100% took walk-ins the entire time for vaccinations, even though it caused us some headaches.

[1:33:56] Whereas a lot of the big chains went fully appointment based. I just think that the local guys care more about their communities and really push to try to do what was – even though it was causing us pain, to do what was best for the community and get the vaccines out as fast as possible, right?

Amanda: And one thing that I thought was really interesting about our pre-interview that I had really no idea about was the impact of. – I forgot what the acronym stands for.

[1:34:32] But PDMs

Eric: Oh, PBMs?

Amanda: PBMs. Okay, sorry.

Eric: It's Prescription Benefit Managers.

Amanda: Okay, and how ridiculous – I probably shouldn't say that, that's not an opinion – how it's impacted independently owned pharmacies that CVS owns, one of these PBMs.

[1:34:55]

Eric: Yeah, CVS owns Caremark, which is a Prescription Benefit Manager, or PBM. There's basically three big PBMs in the industry, and one is Caremark, owned by them, and then there's Express Scripts and Optum. And those entities have really, really put hardship on the local independent pharmacies. They're driving business away from us to their own stores, to their mail order facilities.

[1:35:27] Mostly through financial benefits to the patient, right? They'll give them cheaper copays to do that. And it's unfortunate because I've always asked for just an equal playing field for monetary purposes. If I have an equal copay structure, I will win most of the battles against the big mail orders and the chain pharmacies with our customer service. But when you give patients such a financial incentive to go there, it really drastically hurts the local pharmacies.

[1:35:59] And they've started taking money back if patients aren't compliant on their meds, and they just continually lower our reimbursements down to where there's – I mean, some of the claims are filling with no dispensing fee or 10 cents. I mean, you're not even buying the bottle or the label for that. So the FTC just recently, in the last probably 30 days, has announced that they're going to look into PBMs finally.

[1:36:27] So that's a big step for us. Hopefully, they will look into them a little further and break up some of the monopoly that's going on with it.

Amanda: Do you think more federal regulation is necessary?

Eric: Unfortunately, yes. At least on that industry. When you get down to only three – I mean, there's obviously a couple other little players, but when they do probably 80-85% of prescriptions, maybe more, and you get down to only three big chain pharmacies, basically, in the United States, you're going to become to a point that they're monopolizing the scenario.

[1:37:07] And I think we've seen that with other businesses over the years where they've had to break up. And so I think we need to look at that. I think it's bad if our little local communities lose all their local pharmacies. There's lots of communities that only have an independent pharmacy.

[1:37:23] And especially when you start getting farther west in the United States, a lot of those big states out there, there's tons of communities that don't have chains out there. So I think if they continually push us out, it'll cause patient access problems. I mean, even in our one little store in Wayne City, if it's not there, patients have to go what might not sound like a lot, but 15 miles one way or 17 miles the other way to get to a town that has a pharmacy. There's a large Mennonite community down there, and those people don't have vehicles.

[1:37:56] I mean, 17 miles by buggy is a long way. And even for elderly patients, sometimes that's too far. They can't always make that trek to get their prescription filled. I don't want to see patient access compromised in the United States. So we've been very good at that as a country and making sure patients have great health care, and we need to keep that up.

[1:38:27]

Amanda: And moving into the final questions, concluding questions, well, for one, thank you for explaining that so well. As a non-pharmacy person, I feel like I have a good understanding. But just going back to the pandemic in general, did your views on it change over time?

Eric: I think so, yeah. Because as we got more information – you know, from the very beginning of the pandemic, no one knew anything.

[1:38:59] And no one knew how deadly it was gonna be. We had tons of different reports, but you didn't know what to believe and what not to believe. So I think over time, as we got more factual information, as we got more vaccines and we saw the benefit of the mask, but then we got to where we needed to be past the benefit of the mask probably, I think over time, I changed, just as we as we got more data.

[1:39:30]

Amanda: And if you feel comfortable talking about it, what would you say would be the most difficult experience of the pandemic for you?

Eric: I think the most difficult would be just seeing overall, in general – I don't know what word to call it – like fatigue. And not just in our employees, in our customers, just in the general public, you know?

[1:40:02] Everyone was doing almost nothing. What I said was, is everyone was doing no fun things. Whatever their fun in life was, whether it was music, sports, eating at restaurants, whatever they enjoyed in their downtime, they didn't have that. Because we were basically going to work, either eating at home or getting takeout and eating at home, right?

[1:40:30] And no one saw anybody, and I felt like it was a complete downturn in the society as a whole and morale, I guess. So I feel like that was the hardest for me to watch. And then our children, too, and missing out on all those events. So I'm so happy to see it coming back. And I feel like it's turned the right direction and we're headed the right way.

[1:40:57] And so even though it's still around some, we've learned a lot and vaccinated as many people who will take it. And so I think we're headed in the right direction.

Amanda: How long do you think it will take the country to recover, whether it's not just from the medical side, but the emotional and collective trauma side of it?

[1:41:22]

Eric: I think we'll recover pretty quickly, especially the kids. I feel like my kids have come back to full bore. They can do all the things. I mean, because there will always be that reflection of those were some tough years. Or at the beginning, it was kind of fun. It was almost like staycations for everybody. I mean, we had a lot of good times when everything was shut down, at the beginning, at our house, just playing games and doing stuff, watching old videos and pictures and stuff you wouldn't normally do because you didn't have time.

[1:41:55] So I think we'll head out of it pretty quickly, most people. I mean, I'm sure there's going to be some lingering, but I think most people are even on that direction now, at least in our area.

Amanda: So you had mentioned that before the pandemic became prevalent, you were hoping to have 2020 as kind of a reset year, kind of getting your feet back under you.

[1:42:22] What is the direction of Bandy's Pharmacy now?

Eric: Sure. So far in 2022, we've just kind of used that as the reset year the past few years and kind of getting back. We're just going to continue to try to serve our customers and our patients and our communities and be good stewards of the communities too. I've obviously – well, had one other job other than Bandy's Pharmacy when I was in college, and so I cannot go work for the big three at this point.

[1:42:59] And so I'm 47. I've got a number of years to work, 15 or 20 more years. So we'll just continue to operate in our communities. I don't know. I mean, we may expand some more. We may not. It just depends on what opportunities come along for us.

Amanda: What usually goes into that decision?

[1:43:27]

Eric: A number of things. This could be where we're at, both Kelly and I, in our lives a little bit and then where our staff's at. Whether we have the staff capable, because if I expand that means I'm probably in that new location for four to six months a lot where I'm not here. So whether they can handle what's going on here. What kind of shape the store that you're looking to purchase is in.

[1:43:57] I've turned down a number over the years based off of almost too much work or too much of a mess, or they do things that I don't consider proper. I mean there's some things you can fix, but there's a point when – I'm a little picky on my buys. I know some other owners who buy them all, all the ones they come up with, but I'm a little more reserved. And I think some of the stuff's going to be what happens with inflation and interest rates.

[1:44:27] It's a big difference when you borrow money on the interest rates trying to buy a business. So I think that'll be a tell here over the next couple of three years what happens with that.

Amanda: And I always like to end looking a little bit to the future, like we've been doing, and looking back and it's just that reflection.

[1:44:52] And we talked about the hardest experience. Would you say that you had some – are there any experiences that you'd say were truly positive, throughout the pandemic, whether they're pandemic related or not?

Eric: I talked about the some of the negative feedback we got in the testing, but we did get some positive too, right? I mean, we had some school districts, nursing homes that were just so thankful that we – between whether we were giving vaccines there, we were doing testing there just for helping them, right?

[1:45:27] And so I think they saw that that's what the Bandy's Pharmacy is about, is we're more of a partner with the community and trying to help them. Were we getting paid to do it? Yes. We had to pay our staff to do it. So I think it was, we wanted to do it and we wanted to help. And I think we showed them that we can.

[1:45:50] So if something comes up in the future, hopefully not, but I mean, pandemic wise, but if something comes up in the future for other business, I think that they'll see that we are there to help them any way we can.

Amanda: Absolutely. So this project started n August of 2021, and one of my standard questions was always what's your vision of normalcy?

[1:46:16] But you know as the project has progressed and the pandemic is becoming more endemic, normal is more apparent. So I guess I would ask what do you hope stays normal and – I don't know quite how to phrase what I'm trying to ask but do you kind of get what I'm saying?

Eric: I feel like as a community – and I even saw it when we went to Greece here recently – I think as a whole we're we're doing a much better job of cleaning, providing hand sanitizers, things that maybe we didn't do pre pandemic as much as we should have to try to keep general public healthy.

[1:46:57] Those things help other diseases, keep the spread of other diseases down besides COVID, right? So if we do things like that, I think that that some of that process has really really got to be a lot better. Not just in the medical world just in the whole world in general. So hopefully we'll keep those cleaning processes up and hygiene.

[1:47:26] And I think we've taught people things and maybe you know it'll help.

Amanda: And this is just anecdotal evidence, but I've heard that people are more willing to get other flu shots and be more up to date with their vaccines because of learning more about vaccines from the COVID vaccines. Is that something that you've noticed?

Eric: We have seen that. So we've had more and more people asking about pneumonia vaccine or shingles vaccine.

[1:47:56] So I do hope that continues. Vaccinations prevent disease, and that's what we should do as a healthcare community. Unfortunately in pharmacy world we're a lot of times treating the disease after the fact. If we could prevent more disease with vaccines, with lifestyle management, for other things, I think that we could drastically lower healthcare costs, have a much healthier society. And so we have seen an uptick in that and I hope it continues.

[1:48:31]

Amanda: And if you could say anything to yourself pre-pandemic, what would it be?

Eric: If I could say anything pre-pandemic?

Amanda: Oh sorry, I phrased that weird. If you could say anything to yourself, if you could go back and give yourself any advice from before the pandemic.

Eric: Hmm. About how to handle it?

[1:49:04]

Amanda: Yeah, how to handle it, what's to come.

Eric: Maybe just calm some of your fears. The 2020 fears through the hard shutdown at the beginning and the summer when I wasn't sure. No one knew and you weren't sure if we were going to make it in business. Were we going to be shut down so long that our businesses are actually going to fail? So maybe just some calming words about that.

[1:49:35] Because it was pretty stressful times for my wife and I. It worked out well for us. Luckily we were in healthcare and people need that. So I feel sorry for the other businesses that maybe didn't make it quite as well as we did.

Amanda: What helped you guys get through it? I don't want to say survival, but what helped you guys weather the pandemic?

Eric: I think it was just taking it a day and a week at a time.

[1:50:04] Because it changed so much and there was just constant change from information coming from everywhere, from the CDC to the government agencies, to the world. I just think it was just a day and a week at a time and try to do what was best for your employees and your whole community and trying to make sure that we continually help them, but we were also safe about helping them.

[1:50:38]

Amanda: And that concludes my questions. Do you have anything that you would like to add? Anything you want to say before we close?

Eric: No, I don't think so. I think we've hit a lot of topics.

Amanda: Well, thank you so much for your time today. I can't imagine how busy you still are, especially after coming back from a nice trip. So thank you again.

Eric: You're welcome.