

Joseph A. Oddis: Influences and achievements

C. RICHARD TALLEY AND MARY JO REILLY

Am J Health-Syst Pharm. 1997; 54:1815-25

Joseph A. Oddis has been the chief executive officer of ASHP for 37 years. During that period ASHP has grown into the most influential pharmacist society in the world. ASHP has a membership of 31,000, a staff of 180, an annual budget of nearly \$30 million, net assets of \$31 million, and a modern headquarters building located in the nation's center of political power. The Society offers an array of services that is the benchmark by which other organizations are judged, and it is the accrediting body for health-system pharmacy residency training and technician training.

All of this evolved under the steady leadership of Joseph A. Oddis. His success during his term at the helm of ASHP, bridging several "generation gaps," is a testament to Joe's fundamental understanding of people—and what motivates them—and to his adaptability, within the boundaries of explicit core values. Joe has been able to lead a continual re-examination of ASHP's values over the years, and to implement whatever new principles are found to be necessary, for he is the personification of both renewal and continuity.

Joe Oddis has touched many lives. Most people who interact with him leave with the impression that they are very special. Joe is an engaging conversationalist, articulate and adept in social situations. Although he is not especially gregarious by nature, he enjoys being around people. He is never so extroverted as to draw attention to himself; he is unusually polite by today's standards. He is persuasive, persistent, even relentless at times.

With his fundamental interest in people, it is not

surprising that he is considered a mentor by many practitioners and association managers. He has been instrumental in helping many practitioners to ascend to new positions and take on challenges they had little interest in—before a chat with Joe. He is known and respected in the hospital industry and is frequently asked to help find people for key positions in pharmacy. The same can be said of the association world, where he has chaired the American Society of Association Executives foundation board of directors.

To fully understand a great person, one must look at influences during the person's formative years. Joe did not independently engineer the journey that is his life story; rather, that journey was strongly influenced by the values of his mother and father, by a parish priest and a Mercy nun, by the dean of his college of pharmacy, and by a supportive wife and family.

Early life

The story of Joseph A. Oddis begins in dark times illuminated by the optimism, hope, and faith of his forebears. The setting is Pietransieri, Italy, in the 1920s. Italy, like much of Europe, is struggling under the terrible economic and political conditions left by World War I. Giacinto Oddis, like so many, dreams of a better life and looks toward America as the answer. Felicetta D'Amico, a young woman from the same village, shares his aspirations and courage to start anew. Together they plan to emigrate to America, marry, improve their lot, and return to Italy after time has healed their motherland's war wounds.

C. RICHARD TALLEY is Assistant Vice President, Publications and Drug Information Systems Office, and MARY JO REILLY, SC.D., is Senior Vice President and Chief Operating Officer, American Society of Health-System Pharmacists, Bethesda, MD.

This article is based on interviews with Joseph A. Oddis, a previously published history of ASHP,¹ and personal observations.

Presented in part at the ASHP Annual Meeting, Minneapolis, MN, June 2, 1997.

Copyright © 1997, American Society of Health-System Pharmacists, Inc. All rights reserved. 1079-2082/97/0802-1815\$06.00.



Immigrants upon arrival at Ellis Island (Corbis-Bettmann).

Luckily for American pharmacy and indeed world pharmacy, Giacinto and Felicetta not only made it to the United States, but remained here. The couple married and settled in Muse, Pennsylvania, a town near Pittsburgh. Giacinto, who had little formal education, found work in the local coal mines. The couple lived in a neighborhood of other Italian immigrants, and Italian, not English, was the language spoken at home and among neighbors.

Four children were born to Giacinto and Felicetta. The first, Nialandino, died in a sledding accident at the age of five. The second, Josephine, died at birth. Saddened but undaunted, the couple was blessed with two more sons: Giuseppe Amilcare, born in 1928, and Nialandino, born four years later. The names Giuseppe and Nialandino were Anglicized to Joseph and Neal, and young Joseph chose the saint's name Anthony at his confirmation into the Catholic Church, becoming forevermore Joseph Anthony Oddis.

Joseph and Neal were raised among the traditions and priorities of the typical Italian family: community life centering on the church and helping others, home-made pasta, and love of music. Joe recalled other memories from this era in a 1973 publication²:

I can see my father leaving home at 5 a.m. each morning to report to the coal mine shaft to be lowered to the depth of the mine where he would spend eight hours shut off from the light of day. And following our dinner meal, he would collapse on the couch, spent and weary from digging coal far below the earth's surface. It was this example and many other hardships my parents endured as immigrants which must have prompted my brother, who is a physician, and me to dedicate ourselves to hard work, to a deep desire for a good education, to an appreciation of the value of living, to respect for authority and fellow man, and to a belief that life on earth is fleeting and an interlude between now and a hereafter. We were never wanting for encouragement to excel in whatever we did.

Times were indeed hard. America's Great Depression

had settled in for its long stay. Joseph and other school-age children would help make ends meet by culling coal remnants from the mountains of residue from the local mining operation. A ton of coal scabbled in this manner—and not needed at home—could be sold to neighbors for \$2.

Education as a pharmacist

Joseph did well in school; his chief interest was music. As a senior in high school he was elected class president and shared highest academic achievement with two other students. When it came time to consider college, he intended to continue his study of music. Toward that end, Father James Biller, the assistant pastor of the church the Oddis family attended, took Joseph to meet the dean of the school of music at his alma mater, Duquesne University, in nearby Pittsburgh. Joe recalls that a life-altering event occurred during that same visit¹:



High school graduation portrait of Joseph Oddis (Oddis private collection).

It was Father Biller who also introduced me to Dr. Hugh C. Muldoon, dean of the school of pharmacy, whom he admired while he was an undergraduate at the University. In a short interview which couldn't have lasted more than 30 minutes, I was so impressed by Dean Muldoon, his personality, his eloquence, his goodness, that I was determined I wanted to study under him. I am certain it was not the attraction of pharmacy as much as the magnetism of the man that caused me to apply for admission to the school of pharmacy. . . . His lessons and personal example in humanism made lasting impressions. He was a perfect gentleman with impeccable manners and a sensitivity for social graces.

In this description of Dean Muldoon, we can see, of course, some key characteristics of Joe himself. The graceful Joe. The dapper Joe. The integrity and goodness of the man.

Funds for tuition were scraped together, but there wasn't enough for Joseph to be a campus resident, so for a few months he commuted between Muse and the Duquesne campus by train and streetcar. A courtesy call Joe made to Sister Gonzales, his Sunday School teacher from his childhood in Muse, changed that. The Sisters of Mercy had chosen Sister Gonzales, who had already attained a master's degree in chemistry, to attend pharmacy school in order to become the director of pharmacy at Mercy Hospital. She was a junior in the college of pharmacy—and simultaneously managing the pharmacy at Mercy Hospital—when Joe was a freshman.



Sister Gonzales at Mercy Hospital, Pittsburgh, in the early 1950s (Oddis private collection).

Through their reacquaintance, Joe was offered a part-time job in the pharmacy in exchange for room and board at the health student dormitory within Mercy Hospital, situated a few blocks from the Duquesne campus. This was to be his residence throughout his college career. He would later realize that this period of living, working, and learning with other health professionals was the crucible in which his appreciation of their interdependency was formed.



Joseph Oddis with his parents and brother at Joseph's graduation from Duquesne University (Oddis private collection).

Service in the U.S. Army

Joe graduated from Duquesne in 1950 and worked full-time as a staff pharmacist at Mercy Hospital until he was drafted into the United States Army in 1951. In the Army, he chose a two-year tour of duty instead of officer training, which would have increased his military obligation to three years. After basic training, he was attached to the 38th General Hospital. He spent a year at Fitzsimons Army Hospital in Denver, Colorado, training to provide support of U.S. troops in Korea. Fate here dealt a life-changing card: Instead of being sent to Korea, his hospital unit was sent to Europe, and he was assigned to the Army hospital in Landstuhl, Germany. This deployment decision turned out to be propitious,

for the Army had also sent Jeanne Trevena to that spot on the globe. Jeanne had graduated from St. Joseph College in West Hartford, Connecticut, with a degree in biochemistry, and then volunteered for a three-year stint in the Army. Before being sent to Germany, she had been teaching medical technologists at Fort Sam Houston in San Antonio, Texas.

Joe and Jeanne attended the same church, and over time their interest in each other grew. When Joe's enlistment ended, Jeanne still had a seven-month obligation to the Army, so they parted when Joe returned stateside, with an agreement to "see if the spark was still there" when Jeanne returned home. Apparently it was, because on July 10, 1954, Joe and Jeanne were married. Joe was again working at Mercy Hospital in Pittsburgh, this time as the assistant director of pharmacy. He owned his first car, a new 1953 Ford, and the couple bought their first home with a mortgage of about \$10,000.



Joseph and Jeanne Oddis (Oddis private collection).

Experience at AHA

Joe's hospital pharmacy career took its next turn in 1954, when he accepted a position as chief pharmacist at Western Pennsylvania Hospital in Pittsburgh. Like other pharmacists of the era, he found that attempts to expand the scope of services in the hospital were often met with resistance and misunderstanding from the medical and nursing staffs. The opportunity to share his frustrations and successes with other hospital pharmacists contributed to his becoming active in the western Pennsylvania affiliate of the American Society of Hospital Pharmacists. As president of that chapter, Joe



Joseph Oddis (right) at Western Pennsylvania Hospital, Pittsburgh (Oddis private collection).



Joseph Oddis (seated at right), then an American Hospital Association staff member, discussing hospital pharmacy problems with (left to right) George Archambault, John Adams, George Phillips, and Clifton Latiolais (Oddis private collection).

began developing a sense of pharmacy organizational politics and a recognition that, together, practitioners could do things they could not do alone. His success in this venue caught the attention of George Archambault, who held the chief pharmacy position in the Public Health Service. George recommended Joe for a new job at the American Hospital Association (AHA), staff representative in hospital pharmacy. The creation of this full-time position had long been encouraged by ASHP representatives sitting on a joint AHA-ASHP committee.

Joe accepted the offer, and he and Jeanne moved to Chicago in 1956. Among his chief responsibilities in this new job was the management of the annual institutes on hospital pharmacy. He became involved in decisions about educational content, speakers, and logistics, working with Paul Parker at the American Pharmaceutical Association (APhA) and Gloria Niemeyer, then Secretary of ASHP. He was also one of only a few AHA staff members assigned as aides to the elected presidents of the association. Joe looks back on those years at AHA as his internship and residency in association management.

The years in Chicago also spanned milestones in the Oddis family. In 1956, a few months before the move to Chicago, a son, Joseph Michael, was born. In 1958, Joe and Jeanne were again blessed, this time with the arrival of a daughter, Marie Theresa.

Move to ASHP

In 1960, Joe Oddis was recruited by ASHP and APhA to hold the dual position of Executive Secretary of ASHP and Director of the Division of Hospital Pharmacy at APhA. These positions had been held, respectively, by Gloria Niemeyer Francke and Paul Parker. Over the next couple of years, the hospital pharmacy division at APhA was dissolved, and Joe became the full-time chief executive officer of ASHP.

With the help of local realtors, Joe and Jeanne found a home in Bethesda, Maryland, priced at \$25,000. They live there still. Joe was sworn in as ASHP Executive Secretary in 1960. At the end of that year, the balance in the Society's checking account was \$537.49; the balance in the savings account (i.e., reserves) was \$3241.01, and there were 3294 members. Shortly after being installed, Joe wrote his first column in *AJHP* (October 1960), where he noted, "There exists within each member of the Society a compelling, enthusiastic spirit of cooperation and self-sacrificing attitude that penetrates all obstacles or barriers to success." To this day, he believes that. He has led the Society to today's heights by calling on that spirit of cooperation and self-sacrifice.

Joe's move from AHA to ASHP coincided with some stunning changes in the financial picture of ASHP. From 1959 to 1962, the annual budget for ASHP grew from \$36,000 to over \$250,000. This change in cash flow was primarily a result of the growth of ASHP's publishing efforts. In 1956, the *American Journal of Hospital Pharmacy*, under Don Francke's editorship, began accepting paid advertising. For several years, this helped pay printing and mailing expenses, and eventually it generated modest income in excess of expense. But it was the first printing of the *American Hospital Formulary Service (AHFS)*, in 1959, that really changed ASHP's financial status. William Heller, working with George Provost at the University of Arkansas, had made *AHFS*—conceived and developed by Don Francke at the University of Michigan—into an instant publishing success. Hamilton Press, in Hamilton, Illinois, provided the capital to print and distribute the first edition and the supplements.

George Provost (left) and Donald E. Francke (ASHP archives).



George Provost (left) and Donald E. Francke (ASHP archives).

Building a staff and expanding publications

In ASHP's early years, as now, the Society's officers and board members were volunteers. But once the Society had hired Joe Oddis, it recognized the need to expand its paid professional staff to handle administrative matters. In this vein, Joe quickly realized that it would be prudent to centralize control of the diverse *AHFS* endeavors. The ASHP Executive Committee de-

cided in June 1961, at Joe's urging, to centralize all operations of *AHFS*—a decision that proved to be of key importance to the Society's development. To that end, and with the approval of the ASHP Board of Directors, Joe invited George Provost to move to Washington, D.C. (George lost seven weeks of accumulated vacation at the University of Arkansas by making the move—and he never let Joe forget it.) The ASHP staff complement grew to six people when the administrative aspects of *AHFS* were transferred from Hamilton Press.

Providing adequate training of pharmacists for hospital practice was a principal goal of the Society from its beginning, and staff was added in this area when John Oliver became Director of Education and Training. The residency accreditation program was established in 1963 under Oliver's guidance.

A coup of sorts was achieved in early 1963 with the decision of Don and Gloria Francke to leave Ann Arbor, Michigan, and accept offers to join ASHP's Washington headquarters staff. Don Francke had edited and published *AJHP* from Ann Arbor, so his move to headquarters completed the consolidation of all ASHP services. The Franckes' move brought inhouse their institutional memory; they had been movers and shakers in ASHP since its creation. The Franckes also brought international prestige to the ASHP staff, because they were known and respected in pharmacy circles worldwide through their publishing activities and travels.



Don and Gloria Francke (ASHP archives).

International Pharmaceutical Abstracts (IPA) was launched in January 1964. Its origin dated back to Gloria Niemeyer's hobby of keeping a list of articles published on hospital pharmacy. By 1951 this list had been published as the *Comprehensive Bibliography*. In his capacity as an officer in the press and documentation section of the International Pharmaceutical Federation (FIP), Don Francke had tried to have *IPA* published through FIP. When funding for the project was not approved, Don worked with Joe to persuade the ASHP Board of Directors to launch this product as a bimonth-

ly publication. Publishing *IPA* expanded the Society's visibility and enhanced its reputation internationally. Further, it underscored Joe's wisdom in attracting the Franckes to the ASHP staff; had they not been ASHP staff members, *IPA* might not have been an ASHP publication.

In 1964 ASHP also published *Mirror to Hospital Pharmacy*, a national survey of pharmaceutical services in hospitals. This was the culmination of work begun with a \$36,000 annually renewable grant funded under the Medical Facilities Survey and Construction Act of 1954. The project "defined the essential components of adequate pharmaceutical service, identified reasonable costs for such services, established standards for hospitals of all sizes and types, and identified areas of hospitals other than the pharmacy that could benefit from the services of hospital pharmacists." Don Francke, while still at the University of Michigan, was project director of the grant. Clifton Latiolais was assistant project director, and Gloria Francke and Norman F. H. Ho served as research associates. The effects of the survey were far reaching. It was the impetus for ASHP to expand its educational offerings, the precursor of the ongoing ASHP national survey of hospital pharmaceutical services, and a subject of discussion by the ASHP Commission on Goals during decades in which ASHP became a force in altering the course of pharmacy.

Joe Oddis's early efforts to build a staff exemplified his vision and skills in creating a strong ASHP. From the outset he demonstrated a great sense of "tomorrow." He began a long, successful pattern of creating an environment in which talented people could do their best work—giving staff members true responsibility and then staying out of their way. A story often repeated about Joe's recruiting technique involved his telephoning people late at night to offer them jobs. He typically worked at his desk well into the evening, and by 11 p.m. would have collected his thoughts, mapped his strategy, and been ready to offer someone a position on the embryonic ASHP staff. This unique style proved to be a successful one.

Educational services of ASHP

The "interchange of information" was a constitutional objective of ASHP from the start, and the *ASHP Bulletin*, which became *AJHP*, partially fulfilled that goal. Concurrently, there was a need for educational meetings. The first of ASHP's institutes was held in Ann Arbor, July 15 to 19, 1946. Over the years ASHP worked with AHA and APhA in the creation and management of these meetings, and Joe Oddis had direct involvement with the process while serving on AHA's staff. With Joe on board with ASHP in 1960, and with a grant from Wyeth Laboratories, specialized, advanced institutes were launched to precede the annual sessions. By the late 1970s, ASHP was conducting 17 institutes, workshops, conferences, and short courses each year.

ASHP's educational offerings took a giant step toward financial as well as professional success through Joe's vision and direction. While Joe was at AHA, and in his early years with ASHP, many hospital workers viewed the pharmaceutical and other health-related industries as adversaries. Despite Joe's suggestions that the industry be brought into these meetings as participants and exhibitors, others resisted because they viewed such a presence as inconsistent with the Society's mission. Joe ultimately prevailed by creating a conference specifically for industry sales managers and product managers. At a December 1964 meeting held at the Greenbrier resort in West Virginia, 38 companies were represented by 50 industry invitees. The success of that meeting resulted in industry being invited to attend a unit dose drug distribution conference the following year—the precursor of ASHP's annual Midyear Clinical Meeting. It is noteworthy that Joe was successful in avoiding any real or perceived conflict of interest through a simple rule: The industry was permitted to buy exhibit space but was precluded from sponsoring speakers or educational sessions in ASHP's part of the conference.

ASHP practice standards

As a pharmacy practitioner and later as a hospital association employee and an association executive, Joe Oddis felt strongly about the merits of developing practice standards. Like other notables in the history of hospital pharmacy, he could see that minimum standards of practice could advance the profession to new heights. Minimum standards had been developed in 1935 by Edward Spease and Robert Porter and adopted by the Catholic Hospital Association. At that time, most hospitals could not meet the standards. In 1947, Don Francke coordinated an ASHP member-generated minimum standard. In 1956, the year Joe joined the staff of AHA, ASHP President-elect Paul Parker appointed Clifton Latiolais to chair the Committee on Minimum Standards. In 1958, ASHP published the Minimum



Paul Parker (standing at right) and Joseph Oddis (seated at left) at a meeting of the ASHP Executive Committee in 1962 (ASHP archives).

Standard for Pharmacies in Hospitals with Guide to Application, and over the ensuing decades of Joe's stewardship, ASHP has worked with practitioners to develop and publish nearly 100 other standards, guidelines, technical assistance bulletins, and position papers. Although the creation of these documents was always

ASHP and Pharmacy Events during the Oddis Decades

1960s: Establishment of a solid foundation in distributive services through unit dose drug distribution and i.v. admixture services; expansion to 24-hour service; major medication error studies; Medicare; many new ASHP publications; expansion of the institutes; beginnings of clinical pharmacy; introduction of the residency accreditation program (1963); establishment of the ASHP Research and Education Foundation (1969); publication of *Mirror to Hospital Pharmacy*; first Midyear Clinical Meeting; ASHP's move from the APhA building; beginning of the ASHP executive residency (1968)

1970s: Clinical pharmacy; strong moves by pharmacy to have more control over drugs in hospitals; many new ASHP practice standards; new ASHP publications, notably the *Handbook on Injectable Drugs*; expansion of the ASHP residency accreditation program and establishment of the Commission on Credentialing; first resident-matching program (1978); discontinuation of the requirement that ASHP members hold APhA membership; ASHP purchase of building in Bethesda (1970); formation of ASHP Special Interest Groups; establishment of the Midyear Clinical Meeting as the premier meeting in all of pharmacy; formation of the Board of Pharmaceutical Specialties, with ASHP support

1980s: Recognition and approval of specialized residencies; growth of ASHP Foundation activities; battle over Pharm.D. as sole entry-level degree for practice; establishment of free-standing ASHP Annual Meeting (1981); publication of *Clinical Pharmacy* and the *Consumer Drug Digest*; Hilton Head Conference on Directions for Clinical Practice in Pharmacy; ASHP sponsorship of petition for recognition of nutrition support pharmacy as a specialty

1990s: Managed care; integrated systems; ASHP name change; reconfiguration of ASHP to reflect needs of members through component groups; increase in student participation and membership

for the purpose of improving patient care, collateral benefits were the improved status of the profession and high regard for ASHP for having the courage and diligence to continually raise the mark in pharmacy practice.

The formulary system

Among other elements, the minimum standards document called for the implementation of formulary systems in hospitals. Formularies were intended to allow pharmacy and therapeutics (P&T) committees in hospitals to control costs and maintain patient care by allowing the hospital to select one product from its therapeutic equivalents. Controversy over this matter pitted the pharmaceutical industry, represented by the National Pharmaceutical Council (NPC), and medicine, represented by the American Medical Association (AMA), against the prerogatives of pharmacists granted by consent of P&T committees.

Several years of heated debate, along with threatened and actual litigation, culminated in two breakthroughs. In 1960, AHA and ASHP issued a joint state-

ment on the legal basis of the hospital formulary system and guiding principles for operating a hospital formulary system. AMA was not involved in creating this draft, and its concerns forced another summit in 1963. At that juncture, AHA, AMA, APhA, and ASHP met and revised the 1960 Statement of Guiding Principles on the Operation of the Hospital Formulary System to the mutual satisfaction of the parties involved and in a way that did not alienate the pharmaceutical industry and jeopardize its support of ASHP. Many believe that Joe Oddis's gentlemanly manner, quiet perseverance, forthrightness, and nonconfrontational style were largely responsible for this outcome. In 1986 the Pharmaceutical Manufacturers Association (PMA) officially accepted the concept of therapeutic interchange for hospital inpatients but opposed its application in other settings.

ASHP's persistence on the formulary issue also holds historical import: When the Medicare bill was enacted in 1965, Medicare administrators borrowed freely from ASHP's statements and standards to create standards for institutional health care. The use of a formulary system was among the eligibility requirements for Medicare reimbursement. Likewise, in 1965 the Joint Commission on Accreditation of Hospitals deemed an active P&T committee essential for hospital accreditation.

Hospital pharmacy residency training

Another key objective mentioned in the ASHP Constitution was to ensure adequate training of pharmacists for institutional practice. ASHP grappled with this issue for almost two decades before a 1962 ASHP conference attended by 70 prospective internship preceptors (and eight allied health organizations, attending as observers) produced the first Statement on Accreditation of Hospital Pharmacy Internship Training Programs.

Joe Oddis marks the success of residency accreditation activity as one of the hallmarks of his years at ASHP. While extremely costly to ASHP in dollars, the necessity of this activity and its contribution to ASHP's

mission have never been questioned. The program has been responsible for elevating the level of practice and patient care at the sites where residencies are conducted, but more important, residents "go forth" and elevate the level of practice at the sites where they are subsequently employed. The 10,000th resident has now graduated from an ASHP-accredited program; there are currently 375 accredited programs.

ASHP executive residency in association management

On an airplane returning to Washington after a conference in 1967, Joe Oddis and Warren McConnell, who was ASHP Director of Education and Training, hatched the idea of a residency in association management. Initiated in 1968, the ASHP executive residency prepares graduates in the health care field (to date, all have been pharmacists) to be association executives by providing a firm grounding in association management through a focused, hands-on, one-year course of study. Joe conceived the program to provide ASHP's affiliated state societies with executives trained in association management as well as in a health-related profession. This reflects remarkable vision, because in 1968 no state society was ready for full-time staffing. Since that time, 5 of the 26 graduates of the program have staffed state associations and 11 have served on the staff of national associations, including ASHP, APhA, the National Association of Chain Drug Stores, NARD (now the National Community Pharmacists Association [NCPA]), the American Society of Consultant Pharmacists (ASCP), the American College of Apothecaries (ACA), and the National Wholesale Druggists Association. All have successful careers.



John Oliver (right) and Joseph Oddis at an ASHP institute in 1962 (ASHP archives).



Mary Jo Reilly, Warren McConnell, and Joseph Oddis (front row, fourth, fifth, and sixth from left) with former ASHP executive residents in 1994 (ASHP archives).

ASHP Research and Education Foundation

As early as 1952, the ASHP House of Delegates resolved to develop a policy on accepting research grants. But it was not until 1969 that tax and legal requirements were finalized to create the ASHP Research and Education Foundation. It started with a \$100,000 gift from Kenneth P. Lusher, president of Intra Corporation, an early manufacturer of unit dose packaged pharmaceuticals.

Interorganizational liaison

ASHP has a long history of cultivating mutually beneficial relationships with health-related organizations. As early as 1944, Don Francke gave high priority to working with AHA, and that relationship led to AHA, APhA, and ASHP cosponsorship of the early institutes on hospital pharmacy. When Joe Oddis moved from AHA to ASHP, those ties continued, and others were initiated or expanded. The Society had close ties with the Catholic Hospital Association because many of the early leaders of ASHP were Catholic Sisters.

Around 1960, the ASHP leadership began to recognize that the stature of hospital pharmacists and of the Society would be enhanced if there were more and stronger relationships with other health care organizations. In Joe Oddis's early years, joint committees were established with the American Association of Colleges of Pharmacy (AACP), AHA, and the American Nurses Association, and a liaison committee with the National League for Nursing began to function. By the early 1970s, the Society had established liaisons with the American Society of Internal Medicine and the Association for Respiratory Therapy. ASHP participated in programs of the American Society for Clinical Pharmacology and Therapeutics (ASCPT). The Society became an affiliated institutional member of AACP in 1976. In that same year, ASHP also formed a joint committee with ASCP. The following year the American Foundation for Pharmaceutical Education elected ASHP to membership, and the National Association of Boards of Pharmacy (NABP) included an ASHP representative on its committee on innovative pharmacy practice. Joe Oddis was officially and actively involved in programming for the American Association for the Advancement of Science.

In the mid- to late-1970s, ASHP established interactions with various government groups (e.g., the Food and Drug Administration and the Health Care Financing Administration, which administers Medicare) for the purpose of promulgating ASHP practice standards and thereby advancing pharmacy practice. ASHP took an active part in the Joint Commission on Prescription Drug Use with the American Academy of Family Physicians, AHA, AMA, APhA, ASCPT, the American Society for Pharmacology and Experimental Therapeutics, and PMA. This commission was formed by Senator Edward Kennedy to challenge the pharmaceutical industry to

develop programs for review of prescription drug use.

In 1977, the Society was an organizer of the Joint Commission of Pharmacy Practitioners (JCPP), a group that continues to function vigorously. Current JCPP members include all of the national pharmacy practitioner organizations: ASHP, APhA, ASCP, the Academy of Managed Care Pharmacy, the American College of Clinical Pharmacy, NCPA, and ACA. AACP, NABP, and the National Council of State Pharmacy Association Executives are liaison members.

ASHP is also a founding member of the National Council on Patient Information and Education, and Joe Oddis has served on the board of directors of that organization since its inception. Each year, ASHP sends representatives to more than a dozen health-related groups, including the Joint Commission on Accreditation of Healthcare Organizations, where the Society is represented on several committees. ASHP also maintains liaisons with the American Association of Pharmacy Technicians and the Pharmacy Technician Educators Council.

On the international front, ASHP officers and the officers of the Canadian Society of Hospital Pharmacists meet annually to compare notes and examine opportunities that will be of mutual benefit. Good relationships exist with the European Association of Hospital Pharmacists and the European Society of Clinical Pharmacists. Of course, FIP is a major international connection and a conduit for relationships with many other international pharmacy organizations.

In recent years, relationships have been established with several organizations in the managed care field and with home care groups, organizations focusing on health care and information management technology, and the National Conference of State Legislators.

These relationships exist primarily because Joe Oddis, perhaps more than any other association executive,



Oddis enjoying a cigar (Oddis private collection).

believes strongly that conflicts among associations can be best resolved by working together quietly, behind the scenes.

Separation of ASHP from APhA

Beginning with the creation of the APhA Division on Hospital Pharmacy in 1947, and for many years thereafter, ASHP enjoyed guest occupancy of offices at APhA headquarters in Washington, D.C. Even after the Division was abolished in 1962, ASHP and APhA continued this arrangement for four more years. During that period, APhA had built an annex to its building and had moved most of its staff into the new quarters. The growth of ASHP's staff in the early 1960s occurred at a time when there was substantial unused office space at APhA. ASHP ultimately occupied over half of the space in the original APhA building before APhA's own staff grew to the point that it needed the space.

When ASHP began looking for its own office space, it was accustomed to operating with no overhead and thus was eager to find inexpensive quarters. In 1966 ASHP leased space at 4630 Montgomery Avenue in Bethesda. The Society originally occupied only half of the building. Other tenants included the Berlitz School of Languages, the Arthur Murray Dance Studio, AACP, the United States Pharmacopeial Convention, and Mathematica, a research firm. Five years later, ASHP had an opportunity to buy the building, so it did. In the ensuing years, ASHP gradually took over the entire building. By 1992, ASHP's 50th anniversary, space constraints forced ASHP to relocate to its current modern headquarters at 7272 Wisconsin Avenue, only a few blocks away in Bethesda.

By the early 1970s, the number of pharmacists practicing in hospitals was growing dramatically, as 24-hour pharmacy service, i.v. admixture services, and residency training took a firm hold. When ASHP was founded in 1942, one requirement in its Bylaws was that ASHP members also be members of APhA. As the years passed, ASHP members and leaders felt that this requirement was hampering the growth of ASHP membership. In 1972, ASHP members voted to delete from the Bylaws the requirement of membership in APhA. Between 1973 and 1976, ASHP membership grew from approximately 7,000 to 15,300.

Even after ASHP severed its formal affiliation with APhA, Joe Oddis continued to search for a mechanism to maintain pharmacy unity. He proposed a joint commission of pharmacy organizations, and ASHP and other pharmacy associations grappled with this idea for several years. The ultimate outcome was the formation of JCPP in 1977. The chairmanship of JCPP rotates among member organizations.

International involvement

ASHP's relationships with the international pharmacy community were initiated by Don Francke in 1952.



Joe Oddis with ASHP Presidential officers Jim McAllister, Phil Schneider, and Tom Thielke at an international meeting (Oddis private collection).

The Society invited two officers of FIP to attend its 10th anniversary meeting in Philadelphia. In turn, the FIP guests hosted ASHP's delegation to the First International Congress on Hospital Pharmacy in Basel, Switzerland, later that year. For the next 25 years, Don and Gloria Francke represented ASHP at FIP meetings. In his new capacity as Executive Secretary of ASHP, Joe Oddis attended his first FIP meeting in Vienna, Austria, in 1962. That was the beginning of his long-term involvement in FIP. He served as president of the FIP section on hospital pharmacy from 1977 to 1982, was elected FIP vice president in 1984, and began a four-year term as FIP president in 1986, becoming the first non-European ever to hold this office.

Joe recalls that in the early years of participation in FIP, ASHP learned a lot from its international colleagues. Their involvement in the manufacture of medicinal products was more advanced than ASHP's. But over the years, as the clinical pharmacy movement grew, ASHP representatives could in turn teach their colleagues at FIP meetings.

Involvement in FIP improved ASHP's status in the world community. It also contributed to changing FIP from a European organization to a global one. On a higher level, ASHP's international involvement has helped improve the human condition. It has helped countries to accelerate advances in their health care systems. Now, U.S. pharmacy is learning through FIP about managed care applications in other countries.

A vision for all of pharmacy

Among the strong characteristics of Joe Oddis are his deep desire to advance the profession of pharmacy, his intuition about what will further the profession's progress, and his willingness to invest in his hunches. Early in his career he adopted a progressive view about the pharmacist's role in health care—a view that has been a continual source of stimulation and direction for ASHP in the face of shifting fads and jargon in the profession's discourse. Joe has a sixth sense about how to build support for doing the right thing.



Oddis accepting the Donald E. Francke Medal (ASHP archives).

Often, the Oddis technique for establishing a clear direction has been a conference or a study task force. In 1962, for example, Joe pulled together key opinion leaders in hospital pharmacy when he felt it was time to move forward with residency accreditation. On several occasions, such as a 1971 conference with AACP in Overland Park, Kansas, on clinical education, Joe brought together leading pharmacy educators and practitioners to discuss how to advance clinical pharmacy.

Joe has devoted much time and energy to building professionwide support for technicians, as exemplified by the ASHP Task Force on Technical Personnel in Pharmacy in the late 1980s and the creation of the Pharmacy Technician Certification Board in 1995. In these initiatives, as in so many others, affiliated state societies played a vital role in the Oddis game plan.

Joe has believed strongly that pharmacy education should offer only the doctor of pharmacy degree for entry to practice. When ASHP adopted this policy position in 1978, Joe became one of the profession's most persistent advocates for this reform. In public forums, he would often find himself surrounded by skeptics. But Joe would calmly speak up and, with grace and dignity, articulate a vision for the profession that demanded doctoral-level training. Characteristically, he would reflect respect for those who held contrary views. Over the years, Joe's patient, courteous style has slowly paid off, and he has created many converts to his way of thinking about pharmacy education.

These few examples show Joe to be a leader of all of pharmacy, not just an advocate for a narrow interest within the profession.

Recognition

The success of ASHP under Joe Oddis's leadership has not gone unnoticed. Joe has received six Doctor of Science (*honoris causa*) degrees. The first, in 1975, was



Oddis receiving one of his honorary degrees (Oddis private collection).

bestowed by the Massachusetts College of Pharmacy, and his alma mater, Duquesne University, granted him this honorary degree in 1989. He has received numerous awards, including the most prestigious in all of pharmacy: the Harvey A. K. Whitney Lecture Award, presented by ASHP in 1970; the Hugo H. Schaefer Award, presented by APhA in 1983; the Donald E. Francke Medal, presented by ASHP in 1986; the Remington Honor Medal, presented by APhA in 1990; and the André Bédard Award, presented by FIP in 1994.

Joe's recognition extends far beyond degrees and awards; beyond the appointments and elections to positions in scientific, professional, and learned societies; beyond his numerous advisory appointments to academic institutions; and beyond his numerous honorary memberships. The recognition he values most is that which has come to him through his closest associates and even his passing acquaintances.

Without clamor for distinction or recognition, Joe has gained the respect and admiration of professional



Oddis with long-time friend and coworker Walter Jones (ASHP archives).

colleagues in all arenas. He has wonderful methods of trolling for ideas in which staff and visitors can exchange thoughts, frustrations, and much laughter.

He is very accessible and loves to talk to all kinds of people. He is at home with students, business executives, and leaders in every field—kings and queens on some occasions, as well as waiters and cooks and the other people all of us depend on.

He is the consummate philosopher. In a self-effacing way, he teaches without seeming to teach, counsels without seeming to counsel.

Personal and professional respect for Joe comes in part from his natural and acquired attributes. He has a wonderful sense of balance. Whatever happens, he never gets too high or too low. He has faith in the future. He never seems to be in a hurry. He never intrudes; he never chides or scolds; he rarely complains.

He is very spiritual. In all his successes, his life's work involves more than dates, events, and places; it involves more than buildings and books and money. In all Joe's work, people are most significant. He is a real "people person." He has never lost sight of the real purpose of the Society, nor of the needs and expectations of the members.

To have come from so modest a background and achieved such significant distinction and international renown is a measure not only of ability but of an inner strength. We all get wise as we get older. The trick is to gain wisdom while you are still young enough to have it do you some good, and Joe seems to have done this. For "wise" is always one of the words used to describe



Joseph Oddis and Henri Manasse, his successor as ASHP Executive Vice President.

Joe. Other attributes that come quickly to mind in describing him include integrity, honesty, and fairness. He is compassionate, loyal, principled, resourceful, generous, dignified, and gracious. And he is widely acknowledged to be a great raconteur. His strength is not in aggression; his strength is in his convictions, his power in consistency.

Joe will be remembered as a man of dedication, simplicity, and integrity who has never abandoned either principles or people. The Society has been guided by these same strengths during his tenure.

References

1. McConnell WE, Harris RR. The American Society of Hospital Pharmacists: a history. *Am J Hosp Pharm.* 1993; 50(suppl 2):S1-45.
2. Oddis JA. Joseph A. Oddis. In: Blockstein WL, Granberg CB, eds. Remarkable pharmacists. West Des Moines, IA: RobLee Hill; 1973:17-23.