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An Historical Perspective of African American Women in Professional Pharmacy Associations, 1900-1970

John E. Clark

Abstract

African American women pharmacists are not as well known for their leadership in the professional pharmacy associations as they are in national social and civic organizations. This historical review explores the roles and experiences of African American women in professional pharmacy associations between 1900 and 1970. African American women were not elected to leadership roles in white national professional pharmacy associations before 1969. Leadership roles and experiences of African American women pharmacists in social and civic organizations prior to the 1960s did not transcend into professional pharmacy organizations and did not gain national recognition until decades later. A major factor was the practices of racial segregation.

Introduction

The number of women in pharmacy has been slowly increasing to the point that, today, they make up more than half the total number of practising pharmacists in the United States (U.S.) and over 60 percent of applicants to pharmacy schools.¹ Historically, women pharmacists have not always been present in large numbers. Their slow rise over time has come with questions about their role and entry into the profession,² as well as, whether they should be allowed to own a pharmacy, work full-time, work at night,³ work in technical laboratories,⁴ work as drug clerks,⁵ whether they should be a member of a pharmacy school faculty,⁶ or be granted entry into professional pharmacy fraternities and associations.⁷

Prior to 1882, membership inclusion of women in national, state, and local professional pharmacy associations was slow to start, minimal for most women, and non-existent in southern states in the U.S. for African American women. This was in part due to a desire for exclusion by some male members and an enthusiastic welcome by others. Because of family members in the profession (for example, father, spouse, or brother), status of family in the community (for example, clergy, ministers, or physicians), and assistance in an apothecary, white women were slowly granted membership into state and national pharmacy associations, even when they faced opposition.

While much effort has been made to portray women pharmacists as a distinct united group,⁸ the experiences of African American women in the profession and in the professional associations highlight that involvement has not been the same for all women in pharmacy. More so than for white women, often the experiences, struggles, and accomplishments of African American women are not well documented, and their stories remain relatively untold. The objective of this article is to explore the roles of African American women in professional pharmacy associations, and their contributions to diversity, inclusiveness, and social change within the profession.

Professional pharmacy associations in the United States

The professional pharmacy associations have been the societies where organized pharmacy practice was formed in the U.S. Membership within them have allowed pharmacists to meet, interact, and join forces with like-minded colleagues from throughout the nation, thus enhancing their personal networking abilities and opportunities. By being a member, pharmacists could actively participate in open forums, give presentations on topics and issues of mutual concern to pharmacists; receive the most current information pertinent to their business or practice; and gain recognition for their involvement and membership. The associations were also the voice for pharmacists to advocate for change in their profession. Throughout the late 1890s and early 1900s, the changes in pharmacy education, pharmacist licensure, regulations, cost of drugs, matters of pharmacy ownership and employment were strongly associated with the action of and membership in professional associations as they sought to standardize and better organize the profession.⁹

Joining the professional pharmacy associations as a member has always been voluntary. Early in the development of the professional associations, pharmacists treated membership as an obligation. For those who did not join, there was a sense that a heavy price could be paid through loss of potential income, erosion of professional skills and community trust, professional identity, and potentially professional isolation. Not only individuals but entire communities could be affected by decisions of professional organizations.¹⁰

Founded in 1852, the American Pharmacists Association (APhA, formerly the American Pharmaceutical Association) was the first professional society of pharmacists established within the United States.¹¹ The APhA was founded approximately 5 years after the American Medical Association (AMA, 1847) was

formed. By the late 1890s, two national physician organizations had formed, namely, the AMA and its Black counterpart, the National Medical Association (NMA). Since NMA included Black pharmacists as members from the beginning, it seems that with APhA, two national organizations designed to provide a home for pharmacists had also been formed. For both the AMA and NMA organizations, the duplication, separation, and membership were clearly distinguishable by race. AMA's membership, like APhA, was predominately white, while the NMA physician and pharmacist membership was predominately Black.

The NMA was founded in 1895 as the National Association of Colored Physicians, Dentists, and Pharmacists, and was the only professional associations that openly welcome African American pharmacists as members.¹² In creating a place for African American pharmacists throughout the country, the NMA also formed several affiliate state and regional chapters, some of which still exist today. The formation of the NMA was the response to discrimination and exclusion of African American physicians from membership within the AMA, largely due to reactions by their state and local affiliates.¹³ While there is compelling information that shows the AMA had a history of rejecting the membership of African American physicians and their integrated multiracial medical societies,¹⁴ it is less clear whether the APhA or other national pharmacy associations did the same to African American pharmacists as a practice or policy.

Reactions of professional pharmacy associations to African American pharmacists

In 1892, members of the Alabama Pharmaceutical Association (an APhA state affiliate) opposed the membership of John Darius Crum, an African American pharmacist, who joined the APhA without mention of his race in the membership application process.¹⁵ The concerned Alabama members became so outraged by the incident that they filed a complaint with their Executive Committee for the expulsion of Mr. Albert E. Brown, a member who had endorsed Mr. Crum for membership. The members felt that Mr. Brown's action was offensive to the membership of the Alabama Pharmaceutical Association and that he should be sanctioned. The Executive Committee decided that the concerns were not matters for the state organization to address but ones for the national organization and recommended that the concerned members submit their concerns to the APhA. The APhA accepted John Darius Crum's membership and included him among Active Members in a report given at the APhA forty-third Annual Meeting in 1895.¹⁶

It is unclear when African American pharmacists first joined the APhA. Small numbers of African American pharmacists, including John Darius Cum became a part of the APhA in the early 1890s. Their small numbers were due in part to the racial climate of exclusion and segregation in the country in the late nineteenth and early twentieth centuries, and to the slow leadership to promote an equitable and inclusive organizational environment for all pharmacists.

African Americans who joined APhA and other associations may have had different experiences when trying to participate depending on the location and the organization. Most places in the South where APhA annual meetings were held embraced practices of segregation ("Jim Crow")¹⁷ into the 1960s, and may have presented challenges and restrictions for the participation of African American pharmacists in conference hotels, restaurants, social events, and other public places. Opportunities for African American pharmacists to present and vote on resolutions that could affect their lives and how they practise pharmacy may have also been limited,¹⁸ especially in the APhA House of Delegates since most delegates were nominated and selected by the state affiliate chapters where opposition in the South to their membership had been reported.¹⁹ Dr A.P. Bethel, an African American pharmacist, reported that he was treated very cordially when he attended the 1919 APhA annual meeting in New York.²⁰ However, African American pharmacists trying to attend the National Association of Retail Druggists (N.A.R.D.) annual convention in Washington, DC on 23 September 1924 were not allowed to enter the convention hall despite presenting the proper tickets for admission. Dr L.A. Walker, an independent drugstore owner who was accompanied by two African American pharmacy students, demanded an explanation for the denial and insisted on being admitted. Instead, the security officer contacted the local police who threatened to place Dr Walker and the students under arrest if they remained and persisted on being admitted into the convention.²¹

Minstrelsy and pharmacy

A common feature at professional association's conventions was the entertainment that was arranged for the visitors and participants attending the convention. Minstrel shows or minstrelsy were a form of entertainment in the U.S. and Europe that started in the 1820s and remained popular into the early twentieth century was. It was a theatrical form of entertainment grounded in comic enactment and powerful racial stereotypes. It presented Black people as stupid, comical, frivolous, ignorant, and in some characters, grotesque, fanatical, and violent. The music and performances were extreme-

ly popular before 1863 and after the Civil War in 1865 and were embraced by society because it was what people thought of Black people. Early performers were commonly white males who painted their faces black. While white supremacy was not the stated objective of minstrel shows it was clearly the result, as white performers mimicked African Americans manners, mores, music, dance, and tended to de-humanize and portray them as less than themselves.²²

Mr Polk Miller was a pharmacist, an APhA member, and a minstrelsy-type entertainer who was scheduled several times between 1894 and 1897 to entertain and perform for members at APhA meetings. He and his sons owned the successful Polk Miller Drug and Chemical Company in Richmond, Virginia.²³ Miller was a former soldier who fought for the Confederacy, grew up on a Virginia plantation, and glorified and presented Black music in a stereotypical fashion in the “Negro dialect”.²⁴ In published interviews about his performances in the *Bulletin of Pharmacy*, writers commonly used racially offensive language in describing his shows.²⁵ His performances were openly nostalgic for the days of slavery, and his music was considered very entertaining and was popular with many APhA members and the public. Although he had a very rare and unique band and was one of the first popular entertainers in America to perform in front of audiences with Black band members, none of his performances called for African American equality, integration, or unity among all pharmacists, but instead frequently affirmed and perpetuated negative stereotypes of African Americans and of the slaves he had owned on his plantation.²⁶

Other artists’ acts of minstrelsy were scheduled at the APhA forty-seventh Annual Meeting in Put-in-Bay, Ohio, in September 1899²⁷ and at the fifty-eighth Annual Meeting in Richmond, Virginia in May 1910.²⁸ These scheduled acts in pharmacy were not coincidental, and ran parallel to the political climate in the country following the abolishment of slavery in 1865 and the creation of “Jim Crow” laws in the 1890s.²⁹ The slow efforts made to welcome and integrate African Americans into the profession and professional associations may have been associated with the perceptions created by minstrelsy.³⁰ Performances of minstrelsy in the U.S. declined between the 1920s and 1930s, and by the 1960s they had become unpopular and were considered racist. It is not clear whether the APhA or other professional pharmacy associations took any policy-related or collective action to address the issues of discrimination and exclusion of pharmacists in their professional organizations, or the discriminatory practices of the places where they held their meetings before the 1960s.

Women and professional pharmacy associations

The first woman pharmacist to be admitted into the APhA was Mrs Ella F. Warren of Bellville, Richland, Ohio in 1882, who appear to have joined almost unnoticed.³¹ Other women followed her in joining APhA and several of their state affiliates up through the late 1890s. Once they had become members, rarely did they progress to a position beyond that of Secretary or Vice-President in the organizations.³² Prior to 1912, several women pharmacists in the U.S. had formed their own professional associations because of opposition to their entry (i.e. sexism)³³ and their desire for equal footing in the profession. These organizations included the Women’s Club of the Massachusetts College of Pharmacy (1900),³⁴ the Society of Women Pharmacists and Chemists of Pennsylvania (1903),³⁵ the Women’s Pharmaceutical Association (1903),³⁶ Women’s Pharmaceutical Association of the Pacific Coast (1906),³⁷ New Orleans Women’s Pharmaceutical Association,³⁸ the American Women’s Pharmaceutical Association of New York,³⁹ and the Women’s Pharmaceutical Association of Illinois.⁴⁰ The mission, goals, and objectives of the women pharmacy organizations were not all the same and included such purposes as:

- To represent female pharmacy students and graduates (Women’s Club of Massachusetts College of Pharmacy).
- To improve the status of women pharmacists professionally, socially, and in business; to recognize the accomplishments of women pharmacists (Women’s Pharmaceutical Association).
- To improve the relationship between women and men pharmacists, to assist women in the study of pharmacy and chemistry, and in business (Society of Women Pharmacists and Chemists of Pennsylvania).
- To promote and encourage the improvement in pharmacy practice through the control of drugs, pharmacy laws and regulations, and support of national professional pharmacy organizations (Women’s Pharmaceutical Association of the Pacific Coast).
- To support and promote women in pharmacy by working to remove barriers and obstacles to training, apprenticeship, employment, and relationships with the public (American Women’s Pharmaceutical Association of New York; New Orleans Women’s Pharmaceutical Association).

In 1912, APhA eventually created a place for women pharmacists in the Association by approving the establishment of a Women’s Section of the organization.⁴¹ In developing their membership, the women made great efforts to persuade all women pharmacists to join their

Figure 1. Members of the National Association of Colored Women's Club, Inc. (NACWC), established 1896. (Source: blackpast.org, nacwc.org, pbs.org)



section.⁴² However, it is unclear whether the national Women's Section or the other separate women groups tried to recruit, endorse, welcome, or support African American women pharmacists who were also challenged, not only by the same gender-based issues at the same time, but also by the racial segregation mandated by laws in several cities, counties, and states.⁴³

African American women pharmacists in civic organizations

In 1896, the National Federation of African American Women, the Women's Era Club, and the National League of Colored Women merged, becoming the National Association of Colored Women's Clubs (NACWC).⁴⁴ The NACWC favoured women's suffrage and called for the rights of all women, but also campaigned against lynching and "Jim Crow" laws.⁴⁵ They also favoured better education for African American women and campaigned vigorously to improve child-care and care for the elderly. The NACWC was one of the most prominent African American women's organizations during the early 1900s (Figure 1).

The founders were very well known and respected in the African American community, and included Harriett Tubman (1822-1913),⁴⁶ Margaret Murray Washington (1865-1925),⁴⁷ Frances E.W. Harper (1825-1911),⁴⁸ Ida Bell Wells-Barnett (1862-1931),⁴⁹ Josephine St Pierre Ruffin (1842-1924),⁵⁰ and Mary Church Terrell (1863-1954).⁵¹ By 1918 NACWC membership had risen to over 100,000 nationwide.⁵²

Like trends in the Women's Movement, the leadership of the women's pharmaceutical association created very targeted and reasonable agendas, some of which

may have been designed to address the issues of sexism but not racism. African American women in pharmacy instead joined the national social and civic organizations because of their importance to their own lives and communities, and they offered a place where their issues and voices in addressing injustice, equality, sexism, and racism would be heard. In addition to membership in the NACWC and their regional chapters, some of the organizations for which African American women pharmacists formed, became members and officers, included the Tuesday Evening Club, Federation of Women's Clubs, National Negro Business League, National Council of Negro Women, and the National Urban League Guild.

Pharmacist Julia Pearl Hughes (Figure 2) joined with Mary Church Terrell in 1917 to form the Wage-Earning Colored Women's Association in Washington, D.C.⁵³ The Association attempted to function as an employment bureau to help Black people get better jobs. It partnered with local schools to train and build occupational skills in areas of science to make the participants more marketable to white employers. Her service and advocacy efforts did not stop there. While serving on the Board of Directors of the National Equal Rights League in 1922, Dr Hughes and other Board members presented an adopted resolution to the U.S. Congress urging them to renew their efforts against the Ku Klux Klan⁵⁴ by passing the Dyer Anti-Lynching Bill.⁵⁵ She also played an important part in the lobbying efforts of Senator Henry Cabot Lodge (Republican) from Boston urging him to use all of his powers to pass the Bill.⁵⁶ In 1922, Harvard University's freshman dormitories were segregated. Dr Hughes again contacted Senator Lodge

urging him to condemn the race-based policies at dormitories at Harvard University.⁵⁷ In 1919, she moved to New York City and served terms as President and Secretary of the New York City Federation of Colored Women's Clubs, and remained active in the New York Empire State Federation from 1925 into the 1940s.⁵⁸



Figure 2. *Julia Pearl Hughes* (Source: Crusader Magazine, 3.1, Sept 1920:1)

Clara Smyth Taliaferro (1873-1938), Ph.D., active in the African American Women's Movement, was the principal organizer and founding member of the Tuesday Evening Club of Social Workers in 1909, which is still active and continues today. She served as President of the Club from 1909 to 1924. The initial aim of the Tuesday Evening Club was to provide wholesome facilities where Black adolescents and young adults would have an outlet for their social and recreational needs.⁵⁹ The Tuesday Evening Club was an affiliate member of the National Association of Colored Women (NACW). In 1924, the Tuesday Evening Club became a member of the Federation of Women's Clubs, founded by Mary McLeod Bethune.⁶⁰ Because the two organizations shared the same office building space, this joint venture gave Dr Taliaferro an opportunity to serve as an officer and participated as a member of both premier organizations from 1924 into the 1930s. She represented the NACW and the Federation of Women's Club at all meetings, and served on the Child Welfare and headquarters committees of the Federation in the Washington, District of Columbia (D.C.).⁶¹

Mrs Mollie V. Moon (1912-1990) founded the National Urban League Guild in 1942 and served as its first-time volunteer President from 1942 to 1990.⁶² Mollie Moon (then Mollie Lewis-Blanchet) graduated from Meharry Pharmaceutical College with the Ph.C.

degree in 1928.⁶³ She was later employed as a pharmacist in three states. In 1933 Mollie Moon worked as a pharmacist in Douglas Pharmacy, New Orleans, Louisiana. She moved to Gary, Indiana, and in 1934 she worked as a pharmacist for Shultz's Pharmacy. In 1937 she moved to New York and worked in La Morrell's Drug Store in New York City. She became a social worker with the Department of Social Services in New York and continue in that role from 1938 to 1972.⁶⁴ It is unclear if she ever went back to practise pharmacy. Mrs Moon served on the national advisory council for U.S. Department of Health, Education, and Welfare's Food and Drug Committee from 1972 to 1976.⁶⁵ As a social worker she became very familiar with the social services system in the country and decided to devote the rest of her life to uplifting the Black community. As a result of her leadership, the Council of Urban League Guilds were formed in 1942 with the mission to enable African Americans to secure economic self-reliance, parity, power, and civil rights. The National Council of Urban League Guilds continues to exist today through 85 chapters in four regions across the U.S.⁶⁶

Mrs Etnah Rochon Boutte (1880-1973), Ph.G. became active in the African American Women's Movement. She was the wife of pharmacist Matthew Virgil Boutte and served as President of the New York Metropolitan Council of the National Council of Negro Women, Inc. in 1945.⁶⁷ Prior to her role in the Council, she joined her husband at Camp Grant (Rockford, IL) in 1917 when he enlisted in the Army and became part of the American Expeditionary Forces (AEF). She and Matthew taught the soldiers basic conversational French as part of the readiness training before going to France during the First World War. She returned to New York in 1918 when Matthew was deployed to France, and for two years served as the Executive Secretary of the New York Circle for Negro War Relief.⁶⁸ War related services for soldiers and their families were not distributed equally from the American Red Cross. Under Mrs Boutte's leadership the Circle of Negro War Relief was able to provide very needed services and supplies to the Black soldiers and their families that were lacking from the American Red Cross during the war and when the soldiers returned home.⁶⁹ She left her role as Executive Secretary in 1919, but continued to support the Circle until around 1921. In 1925, she also served as the New York representative on the Executive Committee of the State Directors of the Anti-Lynching Crusade.⁷⁰

Ella Phillips Stewart (1893-1987), one of the pioneering female pharmacists in the African American Women's movement, served as the fourteenth president of the National Association of Colored Women's Clubs

from 1948-1952.⁷¹ Prior to becoming president, she had served for twelve years as the NACWC Treasurer and editor-in-chief of the organization's newsletter, the *National Notes*. She also served as the president of the Ohio Association of Colored Women's Clubs from 1944 to 1948.⁷² Under her leadership and with her keen sense for business, Mrs Stewart restructured the NACWC to run more like a business corporation than a social club. The organization grew, with Mrs Stewart commanding the leadership of over 100,000 women. In 1952, her career path took on a global direction when she was appointed vice-chairperson of the American Committee of the Pacific and Southeast Asian Women's Association. She worked on the committee for six years with the U.S. Department of State to raise literacy standards in Asian countries.⁷³ Throughout her career, Mrs Stewart spoke out against racism, segregation, discrimination, and on matters of civil rights involving the communities she represented.⁷⁴ She became one of the most well-known women in the African America Women's Movement not only in the U.S. but also throughout the world. Despite her success, she was not recognized among female pharmacy leaders in the national professional pharmacy associations until decades later.

African American professional pharmacy associations

On 14 October 1913, Rosamond Alice Guinn (1906-1923) (Figure 3) was a student and one of eight women who founded a club to support women pharmacy stu-

Figure 3. Rosamond Alice Guinn (Source: *Lighting the Way: Historic Women in the South Coast.org*, 2018)



dents at the Massachusetts College of Pharmacy. The club would later become the national fraternity, *Lambda Kappa Sigma*, which continues to thrive today.⁷⁵ When Rosamond Alice Guinn graduated in 1915, she became one of the first known African American female graduates of the Massachusetts College of Pharmacy, and was one of the first cohort of African American women pharmacists in the U.S. Awards during her graduation ceremony included a membership in the American Pharmaceutical Association (APhA) which was endorsed by two active members. She held membership in the APhA from 1915 to 1923.⁷⁶ Her mem-

Table 1. Female African American Pharmacists in the National Medical Association (NMA), 1908-1931. (Source: *Journal of National Medical Association*)

Name	Year	Position/Office
Amanda V. Gray	1908	Member, NMA Committee on Resolutions
Amanda V. Gray	1909	Member, Executive Board, NMA
Clara Smyth Taliaferro	1909	Treasurer, Pharmaceutical Section
Julia Pearl Hughes	1909	Secretary, Pharmaceutical Section
Julia Pearl Hughes	1910	Editor, <i>Journal of the NMA</i> , Pharmaceutical Section
Annie E. Hughes	1911	Treasurer, Lone Star Medical, Dental and Pharmaceutical Association
Harriet B. S. Marble	1912	Secretary, Pharmaceutical Section
Evelyn G. Houston	1913	Editor, <i>Journal of the NMA</i> , Pharmaceutical Section
Camile Green-Mims	1916	Secretary, Pharmaceutical Section
Harriet B.S. Marble	1918	Vice President, Pharmaceutical Section
Harriet B.S. Marble	1919	Delegate, NMA House of Delegates
Thelma F. Waters	1929	Vice President (first), Pharmaceutical Section
Mabel Butler	1929	Vice President, Pharmaceutical Section, Maryland
Julia A. Stuart	1929	Vice President, Pharmaceutical Section, Rhode Island
Mittie McClain Young	1931	Editor, <i>Journal of the NMA</i> , Pharmaceutical Section
Emily Brown Childress	1931	Secretary, California Medical, Dental, and Pharmaceutical Association

bership is one of the earliest known documented cases of an African American female pharmacist joining the APhA.

Amanda V. Gray (1870-1957), Clara Smyth Taliaferro, Harriet B. Marble (1885-1966), Beebe Stevens Lynk (1872-1948), Hattie Hutchinson (1878-1913), Camille Green-Mims (1890-1918), Eva Ross (1875-?), and Emily Childress (1895-1960), were also pioneering African American women pharmacist leaders that became active in the NACWC and the Pharmaceutical Section of the NMA.⁷⁷ They held leadership positions and participated in a manner that would have likely not have occurred in other national and state pharmacy organizations (Table 1). At the twelfth Annual Meeting of the NMA in 1909, Julia Pearl Hughes was elected Secretary of the Pharmaceutical Section of the NMA and Amanda V. Gray was elected to the Executive Board of Directors.⁷⁸

Amanda V. Gray, Julia Pearl Hughes, Camille Green-Mims, and Harriet B. Marble frequently gave platform pharmacy presentations, served alongside the men on national committees, and published articles in the *Journal of National Medical Association*.⁷⁹ As a result of her leadership roles, Amanda V. Gray was cited as one of the most popular women in the NMA.⁸⁰ In

August 1918, Harriet B. Marble was elected as the third Vice President of the Pharmaceutical Section of the NMA at its Annual Convention in Richmond, Virginia.⁸¹ At the time, the Richmond Convention was the largest attended meeting ever of the NMA, which gave the women some of their largest national exposure within the African American professional community. Camille Green-Mims followed Harriet B. Marble as the Secretary of the Pharmaceutical Section of NMA,⁸² and Emily Childress became Treasurer and one of the first active African American female pharmacist leaders in the California National Medical, Dental, and Pharmaceutical Association in the 1930s.⁸³

The strong relationship between the NMA and African American pharmacists began changing between 1920 and 1940, with trends of low pharmacist membership growth and participation.⁸⁴ By 1940, the NMA Pharmaceutical Section had become inactive, but pharmacist participation continued in some of the state affiliate chapters. Other simultaneous and associated trends included a decline in the number of African American pharmacy school graduates following the Carnegie Foundation's 1910 Flexner Report. This recommended the closure of 40 percent of the U.S. medical colleges that failed to meet new educational and

Table 2. *Early African American Pharmacy Schools, 1868-1927. (Source: Clark J.E., Early Education of African American Pharmacists 1870-1975, Pasadena, CA: Bookstand Publishing, 2021)*

Name	Location	Year opened	Year closed	Affiliation
Howard University College of Pharmacy	Washington, District of Columbia (DC)	1868	active	Independent
Meharry Pharmaceutical College	Nashville, Tennessee (TN)	1890	1936	Freedmen's Aid Society of the Methodist Episcopal Church
Shaw Leonard School of Pharmacy	Raleigh, North Carolina	1890	1918	American Baptist Mission Society
University of West Tennessee Department of Pharmacy	Jackson, TN (1900-1907); Memphis, TN (1907-1923)	1900	1923	Independent, proprietary
New Orleans University College of Pharmacy of Flint Medical College	New Orleans, Louisiana (LA)	1900	1915	Freedmen's Aid Society of the Methodist Episcopal Church
Louisville National Medical College Department of Pharmacy	Louisville, Kentucky	1902	1912	Independent, proprietary
Frelinghuysen University School of Pharmacy	Washington, DC	1917	1927	Independent, proprietary
Washington College of Pharmacy	Washington, DC	1922	1926	Independent, proprietary
Xavier University of New Orleans College of Pharmacy	New Orleans, LA	1927	active	Sisters of the Blessed Sacrament

training standards.⁸⁵ By 1923, five out of seven African American medical schools which were established between 1868 and 1907 for the purpose of producing physicians to provide healthcare for their communities, were forced to close.⁸⁶ Four of the medical colleges that closed also produced African American pharmacists in their Departments and Colleges of Pharmacy.⁸⁷ (Table 2).

As the number of physicians available to service their communities declined, so did the number of African American pharmacists. The low numbers of African American pharmacists continued for decades.⁸⁸ The trend became more significant when the Meharry Pharmaceutical College, which had produced the largest number of African American pharmacists, closed in 1936.⁸⁹ By 1940, it was projected that the number of African Americans graduating from pharmacy schools in the U.S. had fallen to less than 40 graduates per year.⁹⁰ Other contributing factors to the decline may have been the increase in the length of pharmacy school's curriculum from a three-year to a four-year programme, the Great Depression from 1929 to 1939, and the Second World War.⁹¹

In 1947, the National Pharmaceutical Association (NPhA) was formed.⁹² It was one of the first national organizations created by African American pharmacists and continues to exist today to provide a network and forum with an emphasis on issues of importance to African American pharmacists and healthcare in minority communities. The second national professional association formed by African American pharmacists was the Association of Black Hospital Pharmacists (ABHP, today the Association of Black Health-system Pharmacists), which was established in December 1978 in San Antonio, Texas.⁹³ Before 1947, no African American women had held leadership positions higher than Vice President of the NMA Pharmaceutical Section. Since their beginnings, both organizations have chosen the largest number of African American women to serve in elected positions as officers and members of their executive boards more than any other national professional association of pharmacists in the U.S. (Table 3).

African American women pharmacists in professional pharmacy associations

In September 1969, APhA made history when it hired Rosalyn Cain King (1939-present) (Figure 4) as the first African American female pharmacist at the APhA headquarters in Washington, D.C.⁹⁴ She also was the first African American pharmacist to serve as the pharmacy consultant at the United States Agency for International Development (USAID) from 1980-1985.⁹⁵ In 1979, APhA made history again when it elected its first

Table 3. Female African American Past Presidents of National Professional Pharmacy Associations, 1979-2018

Past President	Year	American Pharmacists Association	National Pharmaceutical Association	Association of Black Health-system Pharmacists
Mary Munson Runge	1979	√		
Marion Hunt	1984		√	
E. Carole Johnson	1991			√
Margaret Peoples	1999			√
Brenda Whittenberg	2001			√
Lori Woodson	2003		√	
Patricia Gellineau	2008			√
JoAnn Spearman	2009		√	
Sharon Early	2010		√	
Man-ouchkathe Cassagnol	2010			√
Marisa Lewis	2011		√	
Aisha Morris Moultry	2011			√
Monica Robinson Green	2012			√
Anjanette Wyatt	2013			√
Cornetta Levi	2014		√	
Deanna Winfield Gates	2014			√
Erica Hanesworth	2016		√	
Lakesha Butler	2018		√	
Kathleen Belford	2018			√



Figure 4. Rosalyn Cain King (Source: NPhA Archives, 2018)



Figure 5. Mary Munson Runge, APhA President, 1979 (Source: APhA Foundation)

woman president in the 126-year history of the organization. Mary Munson Runge (1928-2014) (Figure 5) was installed, not only as the first woman, but also as the first African American, to serve as president of the Association.⁹⁶ Since that time, there have been two African American men, Robert D. Gibson and Lawrence Brown, who were elected as president, but no African American women have followed Dr Runge's leadership since 1979. (Table 4).

Dr Heidi M. Anderson (1957-present) (Figure 6) was the first African American female pharmacist to serve as Secretary (1995-1998) and Chair (1999-2000) for the Section of Teachers of Social and Administrative Sciences and as Secretary (1997-1999) for the Council of Faculties of the American Association of Colleges of Pharmacy (AACP).⁹⁷ In 2007, she was one of the first African American female pharmacists elected to the Board of Directors of the Accreditation Council for Pharmacy Education (ACPE).⁹⁸ Dr Heidi Anderson's service on the Board of Directors made her a candidate for president of the ACPE. In 2010, she became the first African American female pharmacist elected President of the Accreditation Council for Pharmacy Education, a position for which she was elected twice (again in 2012).⁹⁹

Table 4. Female African American Past Presidents of State Professional Pharmacy Associations, 1963-2021

Past President	Year	Organization
Mary Munson Runge	1963	Northern California Society of Hospital Pharmacists
Mary Munson Runge	1967	California Society of Hospital Pharmacists
Mary Munson Runge	1973	California Pharmacists Association
Elaine Dunn	1976	Monmouth County (NJ) Society of Pharmacists
Yolanda Douthard	2004	Washington D.C. Society of Hospital Pharmacy (WMHSP)
Charzetta James	2018	Florida Society of Health-system Pharmacists (FSHP)
Dawn Moore	2021	Indiana Pharmacy Association

Today, racial, ethnic, gender diversity, and inclusion in pharmacy education and practice are goals and expectations.¹⁰⁰ In 2005, the American Society of Health-System Pharmacists (ASHP), through its Ad Hoc Committee on Ethnic and Diversity and Cultural Competence, became one of the first pharmacy associations to address the changing trends in ethnic and racial diversity in the profession, and recommend ways to improve and foster inclusion within the ASHP membership, Board of Directors, its councils, committees, commissions, and other component groups, including its staff.¹⁰¹ In 2007, the ASHP Task Force on Pharmacy's Changing Demographics recommended ways that hospital and health-system pharmacy practice can capitalize on the evolving racial, ethnic, and gender demography in pharmacy to improve the profession's contribution to health care. Janet Mighty (1958-present) (Figure 7) also became the first African American female pharmacist elected to serve on the ASHP Board of Directors in 2007. While she did not win the election in 2012, she also became the first African American female to be on the ballot for President of the ASHP.¹⁰²

Conclusion

Since the early 1900s, African American women have played a significant role in the integration of women into professional pharmacy organizations in the U.S. However, the stories of their impact, achievements, and leadership are not often told. Their motivation for inclusiveness has not only been to have a career in pharmacy and to be treated equitably, but also to serve their



Figure 6. Heidi Anderson (Source: University of Kentucky News and Public Relations)



Figure 7. Janet Mighty (Source: ASHP Board of Directors Report, 2007)

communities, address injustices, and advocate for changes in their civil rights. While their concerns did not and have not always aligned with the agendas of other women pharmacists, the differences have not precluded African American women from quietly creating paths for others to follow.

This distinction puts African American women pharmacists in the group of history's quiet and invisible soldiers that have held the door open for others to follow. It is through their efforts – these invisible heroines of pharmacy – that Anna Cooper's quotation is revealed: “when and where I enter in the quiet, undisputed dignity of my womanhood, without violence and without suing or special patronage, then and there the whole Negro race enters with me”.¹⁰³

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