

Lawmakers support establishment of MUSC Health adult burn center

Staff Report

MUSC has received financial support from the South Carolina House Ways and Means Committee to establish a new adult burn center. Legislators voted to provide a recurring \$5 million annually to ensure that South Carolina adults who suffer from burns can remain in state to receive high-quality, specialized care.

As the state's only pediatric burn referral center, the MUSC Children's Health burn specialists already care for hundreds of children every year from across the state in hospital, emergency department and outpatient locations. The MUSC Health pediatric team treats all burns, ranging from minor to severe. Funding from the legislature will allow MUSC to build out an adult burn center adjacent to its current pediatric burn unit. The state legislature is expected to finalize the fiscal year 2018 state budget in May. The new fiscal year begins July 1.

Previously, MUSC had operated an adult burn center for more than 30 years, suspending operations effective June 10, 2002. Founded by Dabney R. Yarbrough III, M.D., and Max S. Rittenbury, M.D., the adult burn center provided comprehensive, multidisciplinary care for burn victims.

"When we open this new burn center, it will be the only one of its kind in South Carolina serving adult burn victims from accross the state."

President David J. Cole

"Every year, roughly 1,000 South Carolina residents experience the trauma of burns of all types," said David J. Cole, M.D., FACS, MUSC president. "We are proud of the long history MUSC has for providing the best care possible to burn victims throughout South Carolina. When we open this new burn center, it will be the only one of its kind in South Carolina serving adult burn victims from across the state."

Patrick J. Cawley, M.D., CEO of MUSC Health and vice president for Health Affairs, University, said the professionals who provide care to burn patients are some of the most dedicated men and women. "Funds designated by the state legislature will provide the underpinnings to expand our physical facilities and acquire the human resources needed to serve our



Photo by Brennan Wesley

adult population. We welcome the opportunity to relaunch this much-needed service for the citizens of our state."

Pediatric burn specialist Dr. Aaron Lesher says it's exciting to have services expanded to serve adults as well. While the intermediate trauma and stabilization care for adult patients has continued since 2002, the new center would provide long-term inpatient and outpatient care for adults similar to the services already provided by the pediatric burn center.

Once the new adult burn center opens, MUSC will be the only health care institution in South Carolina with both a pediatric and an adult burn center, each serving citizens statewide. According to data from the South Carolina Revenue and Fiscal Affairs inpatient data set, of the approximately 1,000 South Carolina burn victims cared for in an inpatient setting each year, an average 76 percent are adults and 24 percent are children.

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Students coordinate Black History events, celebrate impact

By J. RYNE DANIELSON

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"Are all your health care needs being met?" That's the question Anton Gunn, executive director of community health innovation and MUSC Health chief diversity officer, asked people in the community as he went door to door in the late 1990s seeking their input.

Gunn shared his earliest experiences with community health needs assessments and the Affordable Care Act at one of several Black History Month events hosted by MUSC's Office of Student Programs and Student Diversity. Michael A. de Arellano, Ph.D., senior associate dean for diversity, also held a presentation, explaining how a lack of diversity in medicine negatively impacts patients and family members and highlighting some steps the College of Medicine is taking to ensure its students come from the communities they will one day serve.

Gunn, a University of South Carolina Gamecocks lineman turned health care policy expert, was instrumental in the passage of the Affordable Care Act, former President Barack Obama's health care law. He explained how he got involved in health care policy.

"Twenty years ago, my first job after college was working for a nonprofit organization assessing how low-income residents of public housing communities were accessing the health care system," Gunn said. "People would say, 'What do

you mean are all my health care needs being met?' 'Well, do you have a doctor that knows your name?'"

Gunn said in every city in America there are two types of hospitals. "The first is the type where patients go to get better. That's where you want to be because you know you'll receive the best care available. The second type is where you don't want to be. That's where patients go to die. For example, if you live in Chicago, patients will say, 'Don't take me to Cook County, take me to Northwestern.' In Columbia back in 1996, they said 'Don't take me to Richland Memorial; take me to Providence.' Every city has two types of hospitals."

Which type of hospital is available to a patient is still determined too much by race, socioeconomics and luck, he explained.

"As I spent my time learning about the health care system and focusing on health care disparities, health care became the thing I was most passionate about. I believe if you're not healthy in your mind, body and spirit, you can't live out your God-given potential. And every day I knocked on doors in the community, I heard stories of individuals who had great potential that went unfulfilled because they were sick and couldn't afford treatment, because of undiagnosed mental illness, because they were cutting pills in half to make a 30-day supply last 60 days. I heard thousands of these stories from every

county in this state," Gunn said.

Gunn wanted to do something about the problems he saw, and ultimately, he decided to run for the South Carolina

State House — losing by a few hundred votes in 2006 and winning by a few

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Documentary debut: behind the scenes of hospital chaos

By ALYSSA FRANCHAK

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A young student with testicular cancer sits in a hospital waiting room with an elderly drug abuser facing homelessness, a carpenter with unbearable bone spurs and a five-year-old-girl with a swollen face and burning fever.

What do they all have in common?

They face a health care system that has left them out.

The acclaimed documentary "The Waiting Room" provides a raw and poignant look at the chaos that ensues daily inside the emergency room of the public Oakland, California, hospital, which serves people from every walk of life who are mostly uninsured or underinsured.

The MUSC University Humanities Committee will host a screening of the film beginning at 5:30 p.m., March 8 in the Basic Science Building auditorium and a panel-led discussion on the topic will follow.

"Attendees of the screening can expect to develop a better

understanding of the wide range of people who use emergency services — what their stories are, what brings them to the ER and what barriers they face when seeking access. At the same time, the film highlights barriers providers face as they attempt to offer quality care within a hectic setting," said Lisa Kerr, Ph.D., chair of the University Humanities Committee.

The committee selected people for the panel who have experience working with the uninsured and underinsured in much the same way as those featured in the film.

The panel will consist of Everard "Rod" Rutledge, Ph.D., associate professor in the College of Health Professions and retired CEO of Bon Secours Baltimore Health System; Olivia Keane, MUSC CARES Clinic physician recruiter; Anita Ramsetty, M.D., medical director and faculty advisor of the CARES Clinic; Stacy Sergeant, M.Div, an MUSC chaplain; and Austin O'Malley, a clinical instructor in the Center for Drug and Alcohol Programs.

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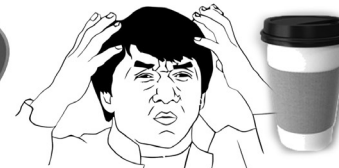
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RECYCLEMANIA TRIVIA – WEEK 5

"Which parts of a to-go coffee cup are recyclable?"

(hint: there are three parts: lid, cup, sleeve)



Respond to recycle@musc.edu for a chance to win a prize

musc.edu/gogreen

Last Week's Answer: Seven Trees



DENTAL MEDICINE STAFF AWARDS



Top photo: Interim dean of the James B. Edwards College of Dental Medicine Dr. Patricia Blanton, center, congratulates Jamie Hood, left, (non-clinical) and Vivienne Wertz (clinical) during Dental Medicine's staff recognition awards for fourth quarter 2016 at the college's Feb. 7 staff meeting and luncheon. Bottom photo: Dr. Blanton also recognized Irina Pechenaya, left, (non-clinical) and Christine VanSickle, right, (clinical) as the college's 2016 annual award recipients.



Photos provided

Transplant surgeon reflects on a lifetime of patients, career

By JEFF WATKINS

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The hands that wrapped themselves around the hearts of hundreds of patients during transplant operations now find themselves occasionally wrapped around the grip of a 7-iron.

Jack Crumbley, M.D., who enabled his patients to add new chapters to their lives through life-saving surgery, has begun his own new chapter.

Retirement.

Sort of.

He still sees patients when working night shifts at the Ralph H. Johnson VA Medical Center, treating emergency cases and overseeing the work of medical residents.

But now he has more time to indulge himself in hobbies like golf and nature hikes.

And his golfing partners may often be his former patients, whose lives he extended with their new hearts. He has invitations to play from across South Carolina.

"I've liked golf forever," he tells a visitor in his Gazes building office, "and now I'm actually getting to play some."

The esteem that his former patients have for him transcends rounds of golf, however. There is at least one dog named after him as well as a winning race horse. One wonders if there are children named Jackson — other than one of his sons — running around South Carolina in tribute to him.

Crumbley performed the state's first heart transplant in 1987: his patient, a 12-year-old boy. Although he had been involved in more than two dozen procedures at the University of Minnesota, where he was recruited by then-MUSC surgery chairman Fred Crawford, M.D., the prospect of starting a heart transplant program from scratch was daunting.

"Absolutely terrified — absolutely terrified," he says. "It's a very lonely thing to be several hundred miles away from any other person who knows how to do what you're expected to do. And, boy, I spent

"The Lord seemed to provide experts when I needed them most. You just can't be any luckier."

Dr. Jack Crumbley

a lot of time on the telephone calling my friends and asking what to do, and calling people I never even knew to ask advice about this, that, and the other thing, and they were always very helpful."

And stepping into the MUSC operating suite where his first transplant patient awaited? "I was scared to death, but 24 hours later, the kid's eating a hamburger — what better press can you get than that?"

Crumbley is quick to spread praise for the program's early success to his colleagues, including Crawford; John Kratz, who became the program's donor surgeon; Walt Uber, Pharm.D.; the late anesthesiologist Mitch Hollon, who managed anesthesia for each of the first 40 transplants; and his first transplant coordinator, Cassandra McFadden.

At crucial times during the program's startup, Crumbley says, the right people just fell "out of the sky."

"The Lord seemed to provide experts when I needed them most. You just can't be any luckier," he says. "You just can't be any luckier."

Cardiac Transplant Medical Director Adrian Van Bakel, M.D., Ph.D., has been with the program since 1991, and recalls the early years when Crumbley not only performed the surgery, but managed the patients after the operations.

"Once they were transplanted, Jack did everything for those first four years," Van Bakel recalls. "He managed them at the bedside right after the surgery, he managed all their immunosuppression, he saw them in clinic and made rounds on them every day. It became so busy that in order to maintain his surgical schedule, they needed somebody on the cardiology side to do medical management after



Photo provided

Patient Ray Gardener shares a special moment with transplant surgeon Dr. Jack Crumbley at a Nov. 12 patient reception held in Crumbley's honor.

transplant. So that's where I came in."

Crumbley and Van Bakel worked so closely together over the years that their relationship was like that of an old married couple, according to Crumbley. "Sometimes we fight like cats and dogs, but don't anybody dare to say anything about him that's not right, and I think he would protect me the same way. You can always depend on him. You can always know that he'll do the right thing, and he'll be there."

Van Bakel concurs.

"If you called Jack for advice at 1 a.m., he would give you advice over the phone, but then an hour later, he would show up at your side to help, even when you didn't ask him. That, to me, is a friend and a colleague and someone who really is dedicated to excellent patient care.

"If we ever got into disagreements or arguments, it would fester a bit for me, but for him, the next day everything was fine. He never held it in or thought less of you for disagreeing with him. And vice versa, sometimes Jack would call me in the middle of the night while he was doing a transplant and say, 'Something's not working right,' so I'd get ready to come in.

"It's been an interesting and, I think, very rewarding relationship working with

him," he says.

As a member of an organ transplant team, your time is very often not your own. You go when the call of a donor heart comes in. Once, the team performed a "hat trick," three heart transplants in a 24-hour span. Family plans, holidays and vacations can be trashed with one phone call. During one Christmas, Crumbley was so concerned about a patient's prognosis, he stayed by his bedside for several days, never leaving the hospital.

"There were times when he gave up vacations because we would get a donor call just when he was ready to leave town, and he would say, 'No, I'm going to stay, and I'm going to do this transplant.' He gave up a lot, at least in the first 10 years," Van Bakel says.

Crumbley credits his wife, Tricia, a former nurse, for keeping things stable on the homefront during his unpredictable schedule.

"It takes an extraordinarily strong woman to stand in for all the times you're not there," he says. "She'd pack the kids up and go camping even when I couldn't go. She's an exceptionally independent woman. She filled in and

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MEET CHRISTINE



Christine Y. Bailey

Department; How long at MUSC
Environmental Services; 4 months

How you are changing what's possible at MUSC
By improving environmental cleaning in a college setting

Family
Daughters, Timica Carter, Tarsha Cobbs, Sharmista Smith; son, Sedric Smith; and six grandchildren

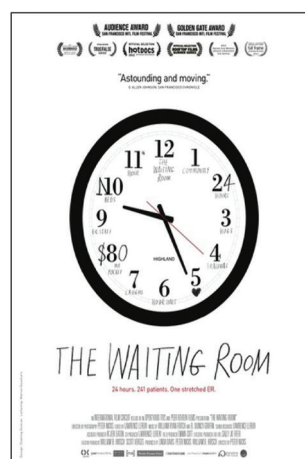
How do you spend your weekends
Enjoying my family and friends. On Sundays, I go to church.

Greatest moment in your life
Seeing my children grow up as adults

How would you spend \$1 million
Buy my kids and myself a new house; pay off my mother's mobile home and remodel it; and bank some.

Words of advice
Never give up on God because he'll never give up on you.

24 Hours. 241 Patients. One stretched ER.



For more info on the film, visit
<http://www.whatruwaitingfor.com/>

FREE film screening and panel discussion.
All welcome.

March 8th, 5:30pm
Basic Science Auditorium (Room 100)

Hosted by the University Humanities Committee

DIVERSITY *Continued from Page Two*

thousand in 2008. He became the first African-American to represent his district. Gunn's work on the Medical Affairs committee and his national reputation as an advocate eventually earned him a place in the Obama administration, helping to design and implement key provisions of the ACA. He became one of the Obama Administration's chief spokespersons on the ACA, explaining the law to state lawmakers, business leaders and the public, and quickly earned the nickname, "Mr. Healthcare."

In 2014, Gunn left the Obama administration and brought his experience to MUSC. "My job is to increase diversity, health equity and cultural competency," he said. "Cultural competency is being able to apply cultural knowledge to enhance clinical skills and being able to tailor health care delivery to patients' social, cultural and linguistic needs."

Increasing cultural competency, he explained, reduces medical errors and legal risks and improves quality of care, patient satisfaction and positive outcomes.

One of the best ways for a health care organization to build cultural competency, Gunn said, is to hire doctors representative of the communities they serve, who bring far more than just their medical knowledge to the job.

Though he is not a physician, Gunn himself brings a diverse viewpoint to medicine.

"Heath care is what I do, but hip-hop is who I am,"



Photo by Sarah Pack

MUSC Health chief diversity officer Anton Gunn spoke at a Feb. 23 event celebrating Black History Month. Gunn talked about his work on the ACA, also known as Obamacare, and discussed how health disparities affect low-income and minority residents of South Carolina.

he said. "As a young black man in America, hip-hop gave me a sense of culture. I was 14 years old before

I knew who Malcom X was, and I didn't learn it in school. I learned it from hip-hop records."

Building a diverse pipeline of doctors starts early, said Michael A. de Arellano.

"Diversity means better outcomes," he explained. "Academic medical centers that welcome and embrace a plurality of backgrounds and identities are more likely to excel on all levels. Diversity leads to innovation. You can hang out with folks who have similar backgrounds and similar interests, but if everyone brings something similar to the table, you're all going to be terrible problem solvers. Having a diversity of perspectives really does enhance the chances of new and better ideas."

Pipeline programs like Student Mentors for Minorities in Medicine and retention programs like Mentoring Ensures Medical School Success are equally important to ensuring a range of backgrounds are represented in each College of Medicine class. The College of Medicine also reviews each applicant holistically, focusing on more than just test scores.

"Past a certain threshold, MCATs are just not a great predictor of whether or not a person will be a good doctor," de Arellano explained. "We're also interested in your accomplishments outside academia, your unique background, the added value you bring to the table."

The emphasis on things other than MCAT scores

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did everything that I couldn't always do."

The family aspect extends far beyond that of his household and his professional relationships. At a retirement reception for him in November 2016, more than 110 patients and their families showed up to pay him tribute.

"I still see those patients every day in clinic," says adult heart transplant coordinator Heather Geffert. "They're happy for him to move on to the retirement phase, but they miss him sorely. They reference him as a brother figure, a father figure, a friend. I think there's a tremendous difference between a doctor and a physician. Any doctor can diagnose and treat patients, but a good physician imparts wisdom, gives guidance, and has a tailored knowledge of his patients. He's one of the greatest physicians, and if you would ask any of his patients, that's what they would say about him."

John Fox of Seabrook Island has the distinction of being Crumbley's longest surviving patient, receiving one heart in

1988 and a second 10 years later.

"Dr. Crumbley is amazing," Fox says. "He's kept me alive for 28 years."

Just as impressive as Crumbley's surgical skills is his personality, according to Fox. "Even when you saw him late in the day, 6:30 or 7, he was always the same person, your friend and your doctor," he says. "He's a genuinely nice person, like Marcus Welby (a fictional TV doctor with a kind bedside manner), nice to be around. Some doctors are great doctors, but not nice people. I'm sad to see him go, but I'm glad he's getting to do what he wants to do."

"He's a part of my life."

Holly Patterson of McClellanville, who received her heart in 1999, says Crumbley is "just a really cool guy."

Through the high times and low times in her life, Crumbley was always there to counsel her. "He was never critical of me because I wasn't the perfect patient," she says. "I feel that God gave him a gift and he answered God's call."

Although academia and medical centers provided Crumbley's knowledge and skills, it was his father, a surgeon, who showed him how to relate to his



Photo provided

Dr. Jack Crumbley praises wife, Tricia Crumbley, for her steadfast support and family stability at home.

patients.

"I learned medicine in medical school, learned surgery as a resident, learned transplant as a fellow, but I learned how to be a doctor from my daddy. Watching him growing up, you get an idea of what

a doctor's supposed to be," Crumbley says.

From his father, Crumbley learned how to personally connect with his patients, to talk about their interests, their families, to escape, if only for a moment, their health. "Not everybody does that, and I would say, what do you mean, not everybody does that? Because my dad would come home and say, 'I got a patient who's a long-haul truck driver, and he was telling me about doing this or doing that.' My dad would tell me — not about his patients' medical stuff — but about the interesting people he met. It just sort of seemed normal to me."

Crumbley himself has developed many interests beyond medicine. He's a naturalist and a bird watcher. He's a scuba diver and, of course, a golfer.

"As time went on," Van Bakel recalls, "particularly as he shifted out of a surgeon's role and into more of a medical colleague, an internal medicine colleague, I got to know his personality a little bit better. We would occasionally go to national meetings together, and

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doesn't mean test scores suffer in medical school, though. Surprisingly, the opposite is true. Since introducing diversity initiatives, the College of Medicine's graduation rates have continued to climb to its current rate of 98.5 percent and other indicators of success are up too.

MUSC is a national leader for the number of students it graduates each year who are underrepresented in medicine

(URM). The College of Medicine now ranks fifth in the country for number of African-American medical students and is in the 96th percentile in African-American graduation rates, after only historically black college and universities. Nineteen percent of the class of 2017 was comprised of URM students —more than five points above the national average.

"The idea that we have to choose between diversity and high standards is a bunch of malarkey," de Arellano said.



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he was a lot of fun outside the hospital. He had a very broad range of knowledge about things and was interesting to talk to — politics, literature, anything he was interested in. He's one of those guys who, if he became interested in a subject, he'd become highly knowledgeable in a short period of time, at least more than I would be. He likes history — that's another subject he was pretty well up on."

Geffert agrees. "He's an extremely well-rounded man, truly like a Renaissance man," she says. "We worked so closely together. He truly became my friend. We share a love of nature and birding and an insatiable curiosity about the world."

Eventually, the hands that gently placed hearts into the chests of 227 patients at MUSC began to betray him. Crumbley developed benign essential tremor, a neurological disorder that causes involuntary shaking, most commonly of the hands. It forced him to stop surgery.

"You see me sipping on the decaf, but I'm a two-handed drinker," he says. "It became obvious to me that it wasn't safe to operate anymore. Not because I couldn't do 90 percent of it, but because of the 10 percent I didn't think I could safely do. I guess the closest thing people think of is being a pilot and being grounded. It was hard to do that, but you know, if you're not safe, you're not safe, and your ego shouldn't get in the way of what's the right thing to do."

He shifted his energy more to internal medicine and became board-certified in critical care. He even spent some time in the neurological intensive care unit. Now, he works nights at the VA hospital.

"I keep my foot in the door," he says. "I'm a vet. I like taking care of the vets. I feel like it's an important thing, especially nowadays. Our VA, it's in the top 10 percentile in terms of medical quality anyway. It just sort of seems like the next comfortable place. I guess I'm kinda the fireman. There are things I do to sort of watch over the residents and be a resource for them. For example, I see every emergency admission that comes

in the VA. I manage transfers into the medical service, at least. It seemed like a good thing to do at the time. But it's not the same as taking care of the transplant patients, that's for sure. And I'll do that until the VA doesn't need me or tells me something different to do."

What hasn't changed, however, are the bonds he built over the years with his transplant patients and his colleagues. He compares his time as a transplant surgeon to that of your local family doctor. When he learns of the passing of one of his patients, he makes every effort to attend the funeral. It's what a family doctor would do.

"I got to do something that nobody else gets to do. Surgeons are surgeons, and family practice and internists are family practice and internists. And if you're a small-town doc, you know everybody in town, and their children, and you know what they do for a living. And it's been that way, taking care of the transplant patients, having my own little town practice, except they're all way more interesting, scattered about, and they're all just so nice. They're so kind and so

easy to take care of. Although medically they're difficult, very, very, very few of them are personally difficult.

"They gave you the opportunity to be an intimate part of their life, and if you're an intimate part of someone's life, then it's like going to a funeral for family. They get to be like family — a big family," he says. "I tell you what, those people have been one of the biggest blessings in my life."

When Geffert sees her transplant patients in clinic, they still talk about how much they miss Crumbley. What one person told her stays with her to this day. "Our long-time patient, Jack Whack, said it best, 'You know, I miss him like I miss a long, cold drink of water.' How perfect. There's no other way to express that kind of yearning for something when you can't have it. A long cold drink of water — what can replace that? Not much of anything."

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