

MUSC Health keeps No. 1 ranking in S.C. as more specialty programs hit top 10%

BY HELEN ADAMS

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As the coronavirus pandemic challenges hospitals across the country to rise to the occasion, U.S. News & World Report has named MUSC Health the No. 1 hospital in South Carolina. “It’s a nice reminder, in the middle of everything else, that the work you did before is coming to fruition. And to me, it’s a great recognition of our team,” said MUSC Health CEO Patrick Cawley, M.D.

Nine specialty programs at MUSC Health-Charleston placed among the top 10% in the country. Of those, three are in the top tier, meaning they are ranked among the 50 best, and six are high-performing, meaning they aren’t ranked in the top 50 but scored high enough to be in the top 10% national

MUSC Health hospitals in Florence and Lancaster also had two high performing specialties each: chronic obstructive pulmonary disease, also known as COPD, and heart failure.

To put things in perspective, the annual rankings consider more than 4,600 hospitals across the country. They’re designed to help patients make good choices when they need health care.

“U.S. News is probably one of the more comprehensive ranking systems,” Cawley said. “It measures many things, including reputation, quality and different safety elements. Patients should be doubly assured that MUSC Health is doing the right things, and they should feel good about coming to see us.”

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Photo Provided

Physician Assistant student Natalie Penny, top row, third from left, is joined by several classmates who began their studies at Lenoir-Rhyne University and have since joined MUSC’s program.

Turning adversity to success: PA program grows with addition of 34 new students

BY CINDY ABOLE

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Eight months ago, Natalie Penny was living her dream.

As a first-semester student in the Physician Assistant Studies program at Lenoir-Rhyne University in Hickory, North Carolina, Penny had achieved her goal of attending PA school and was on her way to becoming a physician assistant.

The Granite Falls native was among a cohort of 37 students in the institution’s new class, starting the 15-month didactic learning phase of the program.

In early March, as the COVID-19 outbreak swept

the country, Penny’s class and students everywhere were forced to switch to online classes and virtual learning for the remainder of spring semester. For some institutions, the change would create unique challenges for some of its programs, faculty, staff and students.

Penny did well with her classes, but nothing would prepare her for the reality that would soon affect her and her classmates.

In mid-May, after having finished her exams, Penny was away on a beach vacation with her family when she received an email from Lenoir-Rhyne University President Frederick Whitt, Ph.D. The email explained that the institution had formally submitted a voluntary

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Nurse rises to the challenge.

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COVID survivor thankful for MUSC.

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How chief physician executive is helping shape sports in coronavirus era

By **BRYCE DONOVAN**

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Like many kids, Eugene Hong, M.D., loved sports growing up. Unlike most kids, however, he had a wise-beyond-his-years sense of reality.

"I was a very average athlete," Hong says with a laugh. "Being a pro wasn't ever going to happen."

Turns out, he was only partly right. Years later, he would learn about something called sports medicine, a relatively new area to the field of orthopedics at the time. His never-dying love of sports and exercise would guide him in that direction, and in doing so, upon graduation from Tufts University School of Medicine in Boston, he actually got to be a professional in the field he so dearly loved.

"Very few people here know that's my specialty," explained the chief physician executive for MUSC Physicians and MUSC Health.

That expertise led to his scholarly work being cited on ESPN and in *The New York Times* and funding from the National Institutes of Health, Department of Defense and the NCAA. Last month, he published a first-of-its-kind textbook on the mental health of athletes.

But for many years, Hong served as the

head team physician at Saint Joseph's University, Drexel University and Philadelphia University, where he looked after athletes in all their major sports.

"That was icing on the cake," he said. "It combined a love of sports and helping people."

Eventually he would go into academic medicine, becoming a leading authority on concussions and cardiac issues and overuse injuries in athletes, but all the while, he kept one foot planted firmly in the world of sports, serving as the team physician for the U.S. Under 19 men's and women's national lacrosse teams. His list of clients included elite college players, professional athletes and Olympic hopefuls.

"I know people think it's glamorous to treat high-profile athletes, but it's the weekend warriors of all ages who are our bread and butter," he said.

In fact, in between all of his responsibilities as chief physician executive – which include overseeing the entire MUSC Health practice plan, essentially governing 1,200 physicians – the sports medicine board-certified doctor actually still sees patients on Fridays. Mixed in with all that, he also serves at the chief medical officer for Clemson University Athletics.

Recently, the MUSC Health's CPE discussed how recreational, as well



Photo by Son Nguyen

Eugene Hong, M.D., is one of the most respected figures in sports medicine. He knows getting back to "normal" as far as sports goes will be tricky, but believes it can be done.

as professional sports, can be safely reintroduced into our culture and why, even in the time of COVID-19, they are just as important as ever.

Q. When this whole pandemic was just starting to get the general public's attention back in February, you were a part of a group that recommended the NCAA conduct its March Madness basketball tournaments with no spectators, right?

A. When the NCAA announced it was putting together a small committee to advise how to handle March Madness – a committee I was not part of – it included only one team physician, who was a friend of mine. I reached out to her at the time and asked if it would be helpful to have a small group to feed her info, questions, you know, act as a sounding board. She liked the idea, ran it by the NCAA, and they were on

board. So I got together a group of about 10 NCAA team physicians from around the country. I don't know that I directly had a voice, but I know our group did, and we came to the decision that there should be no spectators. We weren't advising to cancel the tournament, but we felt there shouldn't be any people in the stands, which at the time, was bold. It was very scary. Of course, they ended up canceling it altogether, and I remember being like, "Holy cow, they went from no spectators to no tournament."

Q. It really feels like that set the tone for what was to come. Do you look back proudly on the way you and your colleagues handled things, especially since we didn't know how major this pandemic was going to be at the time?

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MUSC CATALYST news

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Shop Innovation Station during tax-free holiday, Aug. 7-8

The MUSC Innovation Station will be open for tax-free holiday shopping, Aug. 7-8. Special sale hours: 8 a.m. to 4 p.m., Friday, Aug. 7 and 10 a.m. to 2 p.m., Saturday, Aug. 8.

Shop for computer desktops, laptops, iPads and related accessories including accompanying keyboards, case covers, stylus pens, etc. Featured products include

Apple, Dell, Lenovo and HP. The sale is limited to available stock. No special orders. Items can be placed on hold in advance with the intent of purchase by Aug. 8. Payroll deduction is also available with processing fee waived for this sale.

The Innovation Station is located in the lobby of the Colbert Education Center and MUSC Library. For information, call 843-792-5312.

Letter from the
Office of the

PRESIDENT

Dear MUSC family,

As reported in the MUSC Catalyst News, a recent update from the MUSC COVID-19 Epidemiology Intelligence Project offers positive and encouraging data in some key categories for the Charleston Tri-county area:

❑ The infection growth rate is down from 3% to 1.8%.

❑ The number of cases is down from 2,600 to 2,000 per week.

❑ The overall number of hospitalizations at MUSC Health is decreasing.

❑ All three of the large hospitals in the Tri-county area now have a manageable number of COVID-19 patients, an improvement from the previous week.

We continue to monitor and respond to the individual community situations affecting our Florence and Lancaster MUSC Health divisions; these areas have multiple red indicators, based on our data analysis, and might need more support from the MUSC family in the days ahead if their infection rates and hospitalizations continue to rise.

As I've mentioned before, successfully moving forward across South Carolina means slowing down the growth rate of new infections at the local level – and the last two weeks, in particular, have demonstrated how much of that is within a community's control when its citizens make a concerted effort to work together for the safety of all. Please take a moment to view a short video that expounds on that thought: <https://player.vimeo.com/video/443135836>.

And if living in the era of COVID-19 weren't enough to contend with these days, we just weathered our first major storm of the season with the arrival and swift departure of Hurricane Isaias. Perhaps it's my bias, but the professionalism, competence and positive "can-do" attitude of our university and health system employees, faculty, students, and clinicians in the face of adverse weather are unmatched when wind, rain, storm surges and tornadoes come our way. Thank you for your efforts this week in the face of Isaias.

As we continue to plan, prepare, watch and wait, whether it be for the next storm or changes related to COVID-19, one thing is certain: Our ability to work together as one MUSC during the most challenging of times will only further position us for greater success as an organization in the years to come.

Yours in service,

David J. Cole, M.D., FACS
MUSC president



Cole



Photo by Brennan Wesley

Hearing loss specialist Dr. Ted Meyer is part of the ear, nose and throat team, one of the highly ranked specialties.

RANKINGS *Continued from Page One*

Ranked MUSC Health specialties:

- Ear, nose and throat (No. 13).
- Gynecology (No. 35).
- Cancer (No. 39).

High performing MUSC Health specialties:

- Gastroenterology and GI surgery.
- Nephrology.
- Neurology & neurosurgery.
- Orthopedics.
- Rheumatology.
- Urology.

EAR, NOSE AND THROAT

The ear, nose and throat team's No. 13 ranking is a welcome development at an unprecedented time for the program. Its leader, Paul Lambert, M.D., chair of the Department of Otolaryngology-Head and Neck Surgery at MUSC, explained why.

"The COVID epidemic has been especially challenging for us given the fact that we instrument and operate where the viral loads are the highest – the nose, oral cavity/pharynx, and sinuses," he said.

"We greatly appreciate the many individuals and entities throughout MUSC that have provided a high level and quality of testing, infectious disease guidance, and PPE allowing our team – especially our head and

neck cancer surgeons – to continue patient care."

GYNECOLOGY

The gynecology team's No. 35 ranking reflects its success in treatments and procedures ranging from routine screenings to complex care. It also offers 3-D mammograms, specialized diagnostics and, when needed, counseling and support from psychiatrists who specialize in women's health.

Donna Johnson, M.D., serves as chair of the Department of Obstetrics and Gynecology at MUSC. "We have an outstanding gynecology team and I am ecstatic they have been recognized for their expertise and their compassionate patient care," she said of her team's U.S. News ranking.

CANCER

MUSC Hollings Cancer Center, the only National Cancer Institute-designated cancer center in South Carolina, maintained its presence among the ranked programs, coming in at No. 39.

The ranking comes at a time of new leadership for the program. College of Medicine Dean Raymond DuBois, M.D., Ph.D., becomes the center's director in mid-August. He's an international leader in the cancer community. DuBois will lead the only National Cancer Institute-designated cancer center in the state.

MUSC joins national patient registry that will answer crucial questions about COVID-19

By **KIMBERLY MCGHEE**

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“Size matters when it comes to research, as illustrated by recent debates about whether hydroxychloroquine is effective against COVID-19.

Some small studies showed it was effective while others showed it wasn’t. The studies couldn’t arrive at a definitive answer because they didn’t enroll enough patients to reach sufficient statistical “power.”

More relevant results are only now beginning to emerge as higher-powered data has become available from studies enrolling more patients.

Definitive answers about COVID-19 will require much larger datasets than those available in any one hospital system. Comprehensive national data will be needed to track the pandemic’s spread, assess treatments and identify hot spots.

To meet that need, the National COVID Cohort Collaborative, or N3C, is creating a centralized national registry of patients who have been tested or treated for COVID-19. Participating hospitals will provide COVID-19 patient data twice weekly to keep the registry current.

The project is funded by the National Center for Advancing Translational Sciences (NCATS). NCATS has invited the more than 60 Clinical and Translational Awards (CTSA) hubs, whose mission is to speed research breakthroughs into the clinic, to submit data into the registry

The South Carolina Clinical & Translational Research (SCTR) Institute, which has an academic home at MUSC, was among the first five CTSA hubs to sign on to N3C, and MUSC has already begun sharing its data.

Stephane Meystre, M.D., Ph.D., is the principal investigator of N3C for the MUSC site. Meystre is the SmartState Chair of the Translational Biomedical Informatics Center for Economic Excellence.

“A national database makes it possible to have a much larger number of patients and represent the different ways the pandemic is evolving in different regions and populations,” said Meystre.

Beyond tracking the evolution of the pandemic, the national registry will help researchers to study some of the rarer complications of COVID-19, according to Meystre. Researchers could use the registry, for instance, to identify enough pediatric patients who were diagnosed with multisystem inflammatory syndrome in children (MIS-C), which can result from COVID-19, to begin to understand and treat that disease better.

Perhaps most exciting of all, the enormous dataset will enable artificial intelligence (AI) to unravel some of COVID-19’s mysteries.

Given access to large quantities of data, AI can see trends and patterns that the human eye cannot. It can even make predictions about what will happen next.

For example, in a separate project, researchers at the MUSC Biomedical Informatics Center (BMIC) and the Data Analytics team have developed an AI algorithm that can analyze data on patient symptoms to predict which patients are most likely to have COVID-19. These predictions will be used to help give more accurate advice to patients monitoring their symptoms and will allow for more efficient COVID-19 testing.

Such AI algorithms feed on data, and the bigger the dataset, the more accurate its predictions will be. N3C will provide AI algorithms the robust data that is needed to begin predicting COVID-19’s next move and to identify the therapies that will most effectively combat it.

N3C is initially requesting two pieces of protected health information – dates and zip codes – from participating institutions. This information is crucial for obtaining a comprehensive view of how the pandemic has progressed over time and spread geographically. It also helps researchers to assess the effectiveness



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Big data enables use of artificial intelligence algorithms. Image by Macrovector.

of mitigation strategies and to make predictions about where the next hot spots might be.

N3C wants to make this vital information available to researchers while taking every precaution to preserve patient privacy. Institutions encrypt the patient data before sharing it. N3C has created a synthetic dataset that shares statistical similarities with the actual data in the registry but does not contain any specific patient information. This synthetic dataset will be open to all registered researchers, and all researchers will be asked to begin their queries of the registry here. Should researchers require actual patient data, which will be available either fully deidentified or as a limited data set, they must request additional approvals and apply to N3C’s Data Access Committee for access.

MUSC was among the first to join N3C because BMIC researchers collaborate closely with investigators at Johns Hopkins University and Oregon Health Sciences University, who are leading N3C, and the University of North Carolina, which is heading up data acquisition for the project. Meystre and other BMIC researchers continue to work with N3C to develop tools using AI for detailed clinical information extraction to help to characterize patients with COVID-19. Investigators can then access the detailed clinical information that is relevant to

their research question.

Also key to the early activation of N3C at MUSC was SCTR’s SUCCESS Center and Regulatory Knowledge and Support (RKS) teams and the Office of Clinical Research’s Research Opportunities and Collaborations (ROC) team. Regulatory coordinator Toni Mauney quickly obtained MUSC institutional review board approval and ROC program coordinator Elizabeth Szwast shepherded the project through the activation process. Together, the teams were able to activate the project within two weeks of learning about the opportunity.

“Because our hub is so collaborative, we can expedite new collaborations and partnerships quickly,” said Stephanie Gentilin, director of SCTR’s SUCCESS Center and RKS.

Meystre is proud of what the SCTR and BMIC teams have achieved.

“It is remarkable how quickly we were able to go from a crucial problem we had to help address, enabling secure and privacy-preserving access to detailed information from patients evaluated or treated for COVID-19, to a very effective system extracting, transforming and exporting this information,” said Meystre.

If N3C proves a success, it could be a model for how CTSA hubs could share patient data to speed the development of new therapies for any number of diseases, thereby improving patient care.

MEET JENNIFER



Jennifer Parker

Department; How long at MUSC
Patient Transport Services; 16 years

How are you changing what's possible at MUSC

By being the best at my job and interactions with patients and families. Sharing a smile, some encouraging words or conversation can go far with someone who may not have any family or friends.

Family

Daughters, Ashley and Brooklyn; dog, Bella; cat, Tori; and a Guinea pig, Brownie

Favorite TV series to binge watch

Chicago Fire and Chicago P.D.

Something that relaxes you during COVID

Spending more quality time with my family

Something you've tried once and will never do again

Water skiing

Favorite quote

"The question isn't who is going to let me; it's who is going to stop me."

— Ayn Rand

College of Medicine
Class of 2024

**MEDICAL SCHOOL SUPPLY
PICK-UP**

We invite all College of Medicine incoming students, with family and friends, to come by the MUSC Horseshoe on Saturday the 15th of August.

Who: COM Class of 2024 Students & family and friends are welcome to join.

What: Walk, Run, or Ride by the MUSC Horseshoe to pick up necessary items for you to begin your medical school journey. Many of your COM faculty and staff will be on site to welcome you!

Where: MUSC Horseshoe and Colbert Education Library Portico (171 Ashley Avenue)

When: Saturday, August 15th 9am-12pm
Last Names A-G: 9:00am
Last Names H-O: 10:00am
Last Names P-Z: 11:00am

All items will be presorted into tote bags for each individual student. You will receive the following items:
White Coat, Stethoscope, ID Badge, Medical Equipment Bag, Masks for In-Person Activities, Class of 2024 T-Shirt, and a few other items.

*Masks are required. All participants will adhere to the Social Distancing Guidelines.

MUSC Libraries is proud to introduce our new catalog!

The existing catalog is still available and can be accessed through the Discover tool on the library webpage. The new catalog can be accessed via the New Catalog tab.

We hope you love the new catalog as much as we do.

MUSC Libraries

Applications accepted for 2020 MUSC Womens Club scholarships

The Medical University Womens Club is accepting applications for its annual scholarships to deserving MUSC students enrolled in all six of MUSC's colleges. The MUWC plans to award a total of \$17,000 in scholarships.

Full-time MUSC students, who are in their second or subsequent years, as well as previous applicants may apply.

An applicant must provide a copy of his/her transcript (does not have to be official), a personal statement and letter of recommendation from an MUSC faculty member as part of the application process.

Application deadline is 4 p.m., Thursday, Sept. 10. Applications must be submitted to muwcscholarship@gmail.com. No paper or late applications will be accepted.

Scholarship recipients will be notified by Sept. 23. For information, email muwcscholarship@gmail.com.

Have you had a Traumatic Brain Injury?

MUSC and the RHJ VAMC are conducting a research study in healthy adults and people with Traumatic Brain Injury.

If you are between 30 and 65 years of age and interested in participating, please call or email for more information.

Contact Laura Lohmes at:
(843) 792-7709
or Lohmes@MUSC.edu

IRB Number: Pro00077915
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Front-line Faces

Bringing a human connection to the COVID unit

Editor's Note: This story is part of a series of profile stories of MUSC Health front-line health care workers who are providing medical care and support to patients with COVID-19.

BY LESLIE CANTU

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As an MUSC Health Meduflex nurse, Travis Toelkes is used to “floating” to different units whenever they need nursing help and quickly learning the protocols, procedures and supply systems of that particular unit.

It’s a skill that’s come in handy as he’s helped to organize a COVID-19 unit from scratch. When the number of patients at MUSC Health quickly escalated at the beginning of summer, managers were told on short notice that it was time to implement the hospital’s tiered bed capacity plan.

Toelkes volunteered to work on one of these COVID units and became part of the core staff on a new unit in University Hospital Extension, the old children’s hospital. Along with nurses pulled from across the hospital, he worked to do everything from setting up chairs and monitors in patient rooms to labeling and organizing supplies.

“All those people have really come together and organized the floor,” he said. “I’m proud of that.”

Growing up, Toelkes always knew he wanted to do something in health care, but he wasn’t sure what. He followed a pre-med curriculum in college and did an internship with a chiropractor, but he realized that wasn’t a good fit. After college, he did deep tissue massage for eight years and then led teens on outdoor adventure camps, guiding them through backpacking, rock climbing and whitewater rafting.

When some friends started going into nursing, they told him about all of the career paths open to nurses – that he could work in a hospital, a clinic or a school, or as a flight or travel nurse. Travel nursing appealed to him for the chance to work in new places, and he earned a Bachelor of Science in Nursing through an accelerated program in Montana.

He also met his wife there.

“In the middle of Montana, I met this little surfer girl with a Southern accent,” he recalled.

Her family was anxious for her to return to South Carolina, so he took a job at MUSC Health. After



Photo Provided

Travis Toelkes volunteered to work on one of the new COVID units at MUSC Health.

a couple of years here, he did end up doing travel nursing, but he returned again to MUSC Health. Working in the hospital made him realize he wanted to work with people on preventive care. Last month, he learned he was accepted to a family nurse practitioner program at the University of South Carolina. He hopes eventually to work in a holistic practice that can help people to make healthy choices. In the meantime, he’ll be caring for COVID patients for the foreseeable future.

Toelkes’s unit cares for COVID patients who need hospitalization but aren’t so seriously ill that they require ICU-level care.

Many of the patients are Spanish speakers who understand a bit of English but not enough to really follow what doctors are saying. Telephone translation is available, but Toelkes, who speaks fluent conversational Spanish, makes sure to follow up and help put these patients at ease. It makes a huge difference to the patients to have someone walk into the room who can speak their language, he said.

“I really make a concerted effort to offer those language skills to everybody because I know being in the hospital is a scary situation,” he said. “For me personally, that’s the most rewarding – I can help Spanish-speaking patients feel more relaxed and cared for.”

Toelkes also makes sure to facilitate communication

between patients and their families. Providing updates to families and setting up video chats has become part of his daily patient routine, and if he hasn’t heard from a family in a few days, he’ll reach out with an update.

Medically speaking, the COVID unit is an interesting place to work. When the pandemic began, the main treatment was breathing assistance, but now, he explained, they have more tools in place, like steroids, the drug remdesivir and convalescent plasma therapy. Toelkes has been able to send some patients home. Others, though, have been transferred to one of the ICU units.

Toelkes realizes that the fast-changing situation – and the constantly evolving public health guidance – has been difficult for the public to keep up with. It’s even been difficult for some health care workers to keep up with, he said. Unfortunately, that’s led to situations in which some in the community dismiss public health guidance outright, saying that experts don’t know what they’re talking about. That’s not true, Toelkes said, but allowed that experts should have stressed from the beginning that they’re learning as they go.

That can be true in the hospital, too, where Toelkes’s unit went from an abandoned children’s unit to a shipshape COVID unit in three weeks.

“We have challenges, but we’re rising to them,” Toelkes said.

Water utility gets MUSC's help to protect employees, public

BY HELEN ADAMS

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When the COVID-19 pandemic hit, there was never a question of whether Mount Pleasant Waterworks would shut down.

“Our water and wastewater treatment facilities have to run 24/7, especially in light of a pandemic where one of the hallmark recommendations is frequent handwashing and personal hygiene,” said Brian Head, the utility’s technical services manager. “People have to have clean water and sanitary sewer systems. It’s absolutely critical.”

So Mount Pleasant Waterworks signed up with MUSC Health’s Back2Business program. Back2Business, created to help organizations run as safely as possible during the pandemic, sent in a team of public health experts to analyze operations, make recommendations and create a playbook with detailed instructions to guide decision-making.

“The pandemic raised questions we’d never faced before, trying to determine policies and procedures,” Head said. “That was the beauty of having MUSC there to provide expert guidance from a health professional standpoint. That was absolutely critical to us being able to respond correctly.”

The Back2Business team began with a site assessment, walking through Mount Pleasant Waterworks’ facilities. Head was worried about employees in essential roles. “We have people who are licensed to treat water and wastewater and repair our distribution and collection systems. If we ended up getting short-staffed in those areas, that could be very problematic.”

So protecting them is a top priority. “Those areas were analyzed very closely, and then we put in additional measures to make sure we isolated those individuals and mitigated risk to the greatest extent possible.”

Another concern: how to help employees who normally ride together in service trucks practice social distancing. “One of the recommendations that came out was single-person occupancy

in vehicles. We were able to relax that later with the use of personal protective equipment,” Head said.

The Back2Business team also looked at more traditional workspaces such as cubicles, meeting rooms and break rooms and made recommendations about social distancing, cleaning and limiting the number of people in each area.

Then, it was all summed up in a document. “We got a 156-page playbook that was sent to us. It’s pretty robust,” Head said. “Every department has an overall exposure risk rating from high to low. Associated with each of those are the recommended PPE requirements for each group. It’s a really handy reference guide to determine what level of protection each person needs to take.”

The playbook also has return-to-work guidelines, travel policies for employees, information about testing for COVID-19 and antibodies from the virus, temperature monitoring, how to meet safely with contractors and more.

Mount Pleasant Waterworks was the first public utility to work with the Back2Business team. Several more are now planning to follow suit. Back2Business project manager Ryan Taylor said it’s been fascinating working with them.

“The neat thing about Mount Pleasant Waterworks is that the type of work they do requires them to be very detail oriented. I’ve appreciated the seriousness with which they take infection prevention implementation.”

Taylor said other businesses could learn from Mount Pleasant Waterworks’ emphasis not only on dealing with the pandemic now but also looking toward the future. “We provided antibody testing when Back2Business first partnered with Mount Pleasant Waterworks to set a baseline for employee exposure within their facility. They’ve requested a second round of antibody testing to help analyze if there have been any groupings of exposures within their different departments. This will help us know if we need to modify any of our risk mitigation strategies.



Photo Provided

A sign tells customers at Mount Pleasant Waterworks that the utility has worked with MUSC Health to protect customers and employees.

“They’re also pursuing biometric screening so that they can identify any high-risk employees and adjust how and when those employees interact with

their co-workers and customers. And they want to schedule flu shots as early as possible in the flu season to help

See **BUSINESS** on page 11

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Innovative treatments for COVID-19 help man survive

BY HELEN ADAMS

adamshel@musc.edu

Albert Jordan wants to be a cautionary tale. “I just want people to wear their masks and be cautious. Wash your hands. This is serious.”

He would know. Like a growing number of South Carolinians, Jordan got dangerously ill with COVID-19.

He didn’t seem like a likely candidate. Jordan is trim. He’s fit. And he’s in his 30s. But somehow, the coronavirus didn’t just infect him – it threatened to kill him.

His story starts in late June. Jordan, 39, wasn’t feeling well. So he asked his mother to pick him up in North Charleston, where he works for a cleaning company. Gwen Jordan was worried. She knew COVID-19 was affecting more and more people in the Lowcountry and across the state.

“I asked him if he wanted to go to the doctor,” she said.

But Albert Jordan wanted to wait a little while to see if he got better. Unfortunately, instead, he got worse. He wasn’t breathing normally and he felt terrible.

A trip to an emergency room led to a pneumonia diagnosis – and a COVID-19 test. Then, the Jordans returned home to see if Albert would get better with antibiotics and pain relievers and wait for the test result. They had no way of knowing they wouldn’t get that result until almost a week later.

In the meantime, things got scarier. The next day, Albert Jordan vomited three times and had a harder time breathing than the day before. And that wasn’t all. “I was lying on the couch. I had my phone by me, and I was talking on the phone to nobody. My mom came in and said I was delusional.”

That terrified his mother. “I thought something else was wrong. I didn’t know coronavirus messed with the mind too,” she said.

The Jordans went to a different hospital this time – MUSC Health in Charleston. There, Phillip Warr, M.D., chief medical officer of MUSC Health and a hospital medicine specialist, led



Albert and Gwen Jordan.

Photo Provided



An X-ray of Albert Jordan’s chest shows the effect of COVID on his lungs.

Image Provided

the team that treated him.

“Albert’s oxygen level was just 83%, way below what it should have been, and he clearly felt terrible. He needed four liters of oxygen immediately,” Warr said.

Albert Jordan was tested again for COVID-19, and this time, he got the result the same day: positive. He was admitted to a special area of University Hospital set aside for COVID patients. There, doctors, nurses and technicians wear personal protective equipment as they take care of patients. No visitors are allowed.

But a doctor was able to show his mother something that loved ones of

hospitalized COVID patients across the country are seeing: X-rays of COVID-clogged lungs. “The doctor said his lungs were full with inflammation and all kinds of junk.”

It was clear the infection was raging. Gwen Jordan was afraid of what it might do next.

That fear was justified.

“The hospital called the next morning and said his breathing was getting worse and worse, but they didn’t want to put him on a ventilator unless they had to,” she said. “When they called and told us to make up our minds within an hour, I thought, ‘Wow.’”

But it wasn’t all or nothing. Doctors gave her some innovative treatments to consider, and she believes they helped save his life.

Albert Jordan was eligible for remdesivir, an anti-viral drug that received emergency use authorization from the Food and Drug Administration for COVID-19. Research suggests it might shorten the amount of time people with severe COVID have to spend in the hospital.

He also got dexamethasone, a steroid that appears to reduce the risk that COVID-19 patients who are on oxygen will die.

Finally, he got an infusion of plasma from someone who had recovered from COVID-19. It contained antibodies that might help his body fight the infection.

He also believes he got an encouraging message from his father, who had died four years earlier. “My dad came in a dream and said it wasn’t my time.”

And it wasn’t. The infection that had threatened to put him on a ventilator started to ease. “He started responding better,” his mother said.

Warr was pleased to see his patient’s progress – and impressed by the grace with which the Jordans handled themselves. “Albert was always so stoic and brave. He never complained of anything, but I knew he did not feel well at all. He always did his part to try to get better, including all of his breathing exercises. His mother remained a strong advocate for him to receive the best care and encouraged him daily,” Warr said.

By July 7, the day Albert Jordan was well enough to go home, there were more than 100 COVID-19 patients in the MUSC’s University Hospital.

The Jordans don’t know how he got infected with the coronavirus that made him so sick. But they do know how serious the situation is right now. Gwen Jordan encouraged people to protect themselves from the virus, and if they get infected, get the right help.

“The doctors were so good and understanding, especially Dr. Phillip Warr. They were very patient and understanding. They really treated him well and understood his condition well.”

Medicine dean Raymond N. DuBois named to additional leadership role as HCC director

Staff Report

MUSC President David J. Cole, M.D., FACS, has announced the appointment of MUSC College of Medicine Dean Raymond N. DuBois, M.D., Ph.D., to the additional role as director for the MUSC Hollings Cancer Center. Dean DuBois, an international leader in the cancer community, has led the College of Medicine for more than four years. He will assume the added leadership responsibilities effective August 17. Hollings is the only National Cancer Institute-designated cancer center in South Carolina.

“Dean DuBois is a nationally recognized oncology leader with an outstanding reputation in cancer research both across the country and internationally,” Cole said. “He is a highly respected leader at MUSC and has been a senior leader at two previous cancer centers, Vanderbilt and MD Anderson. He understands the operation of a cancer center and knows what it takes to be successful. With dual training as an M.D. and Ph.D. researcher, he commands the insight and experience required to fully support both the clinical and academic missions of the Hollings Cancer Center,” he added.

DuBois brings more than 30 years of research experience to his new role at Hollings along with more than 20 years of concurrent experience in leadership at nationally renowned academic health systems. An MUSC Distinguished University Professor in the Departments of Biochemistry and Medicine, he was elected to the National Academy of Medicine in 2019, which places him in the company of an elite group of internationally renowned scientists and doctors, including members who are Nobel laureates. With only 75 members elected each year across a broad range of medical disciplines, becoming part of the 50-year-old organization is considered one of the highest honors in the fields of health and medicine. He is also a

Fellow in the American Association for the Advancement of Science and the American Association for Cancer Research (AACR).

“Ray is a great choice for the Director of the Hollings Cancer Center at the Medical University of South Carolina in Charleston,” said Norman E. “Ned” Sharpless, M.D., Director, National Cancer Institute (NCI). “I have worked with him closely during his service as chair of the NCI Board of Scientific Counselors and as a member of the Frederick National Laboratory Advisory Committee. He recognizes and promotes research excellence, has a proven track record, and strongly supports patient-centered cancer care. He will certainly elevate the Hollings Cancer Center as well as the whole cancer effort in the State of South Carolina.”

DuBois currently serves as chair of the Board of Scientific Counselors for the National Cancer Institute (Clinical Sciences and Epidemiology) and on the Scientific Advisory Board for the NCI Frederick National Laboratory. He is vice chair for the Stand Up To Cancer® (SU2C) Scientific Advisory Board and currently serves as chair of the SU2C Catalyst Program, where he oversees the selection and management of several early phase clinical cancer trials examining unique drug combinations in collaboration with the leadership from BMS, Genentech and Merck.

“We anticipate that Dean DuBois’ dual leadership roles will intentionally create a strong synergy between Hollings Cancer Center and the College of Medicine,” said Lisa K. Saladin, PT, Ph.D., executive vice president for Academic Affairs and provost. “The excellent, collaborative teams already in place in both the College of Medicine and Hollings Cancer Center are sure to enhance Ray’s ability to perform in these dual roles. Building a more integrated connection between Hollings and the College of Medicine is critical to realize optimal success and propel Hollings



Photo by Sarah Pack

Dr. Raymond N. DuBois.

forward.”

Prior to being named dean of the MUSC College of Medicine in March 2016, DuBois served as executive director of the Biodesign Institute in Arizona (ASU) and as the Dalton Professor of Chemistry and Biochemistry with a joint appointment as professor of Medicine in the Mayo College of Medicine and Investigator at the Mayo Clinic Cancer Center. From 2007 to 2012, he served as provost and executive vice president at the University of Texas MD Anderson Cancer Center in Houston and held the Ellen Knisely Distinguished Chair in Colon Cancer Research.

During his tenure at Vanderbilt University Medical Center (1991-2007), he served as director of Gastroenterology, Hepatology & Nutrition as well as director of the Vanderbilt-Ingram Cancer Center. He also was selected to hold three successive endowed chairs at Vanderbilt including the Mina Cobb Wallace Chair, the Hortense B. Ingram Chair and the Benjamin F. Byrd Chair. In 2015, DuBois was honored at Vanderbilt by inclusion as an honorary member in the Tinsley Harrison Society at the Vanderbilt University School of Medicine.

DuBois is known for his research elucidating the role of inflammation and inflammatory mediators in the progression of cancer. His work and other studies led to a better

understanding of the role of anti-inflammatory agents, like aspirin, in reducing cancer risk which led to clinical trials, showing how drugs that inhibit this pathway could prevent or intercept the process of cancer development.

He currently serves as president of the AACR Foundation, Chair of the AACR Foundation Board and is a past president of AACR, the Southern Society for Clinical Investigation, and the International Society for Gastrointestinal Cancer. He was named to the steering committee for the AACR Academy in 2018.

In 2019, he was awarded the AACR Margaret Foti Award for Leadership and Extraordinary Achievements in Cancer Research. Other major awards for his cancer research include the Richard and Hinda Rosenthal Research Award, the Dorothy P. Landon-AACR Cancer Prize and the Anthony Dipple Carcinogenesis Award.

He is also a Fellow in the Royal College of Physicians, a member of the American Clinical and Climatological Association, the Association of American Physicians, and the American Society for Clinical Investigation. He also serves as an editor-in-chief for Cancer Prevention Research, published by AACR.

As the Hollings director, DuBois will report to Saladin and Patrick J. Cawley,

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Rewards & Recognition: An opportunity to recognize employees

We're living in unusual and challenging times. The COVID-19 pandemic has all of us feeling stressed, uncertain, anxious, and for many, those feelings are expressed outwardly toward our family, colleagues and team members. That is why more than ever, we should try to focus on gratitude — the practice of noticing and being thankful for what is valuable and meaningful to us. It's good for our mental and physical health, it can help us relax, and its effects can help us stay well through the coronavirus pandemic and beyond.

Recognizing the contributions employees make to an organization not only provides an opportunity to thank these individuals for jobs well done but also helps to solidify relationships among colleagues, foster employee engagement and increase purpose and connection to our work. According to Charles Schwab, "The way to develop the best that is in a person is by appreciation and encouragement."

Appreciation is a fundamental human need and can significantly impact mental and emotional well-being. Employees respond to appreciation expressed through recognition of their performance because it confirms that their work is valued by others. When employees feel that their work is valued, their satisfaction and productivity rise, and subsequently, they are motivated to maintain or, often times, continue to improve their work. One study found that four out of five (81%) employees reported that they were motivated to work

harder when their boss expressed appreciation for their work. Expressing gratitude allows us to see the best in each other and in our own lives.

Not only are there organizational benefits to showing gratitude and recognition to employees, but research also suggests that generosity has benefits for the giver as well as the receiver. Cultivating and expressing gratitude is said to be one of the keys to increasing overall happiness and can also decrease stress, lower blood pressure and increase feelings of resilience. Engaging in acts of kindness has been shown to boost serotonin and endorphins, increasing feelings of satisfaction and well-being.

While it is evident that our MUSC family members are always highly engaged and effective in their roles, we recognize that in light of the rapidly changing scenario we're facing with the COVID-19 pandemic, stress and anxiety levels among our workforce are likely to be rising as our lives, jobs and normal routines have been disrupted. Despite facing enormous challenges, it is evident that our MUSC family is responding with courage, resolve and exemplary professionalism while continuing to provide the highest level of care possible.

We recognize that there are many in the MUSC community who have and continue to go above and beyond to meet the critical needs of our patients and organization during these unprecedented times, and we want to provide an opportunity to recognize them for

MUSC Health & Well-Being

By Susan L. Johnson, Ph.D.,
MUSC Office of Health
Promotion



these efforts. As a result, the MUSC Office of Health Promotion has created a short Rewards & Recognition nomination survey, <https://is.gd/randr>, that enables all MUSC employees to nominate their colleagues to receive recognition for their exemplary performances, particularly during these unprecedented times.

Any MUSC employee is eligible to be nominated by a fellow colleague. The MUSC Office of Health Promotion will process the nominations as they come in on a first-come, first-served basis. The recognition will be provided in the form of a donated meal, meal ticket, etc., in conjunction with the larger Pandemic Food Response Program, <https://muschealth.org/patients-visitors/coronavirus-information/donations-to-musc-health/food-donations>, also operated by this office.

Send any questions regarding the nomination process to daprek@musc.edu.

GROWTH *Continued from Page One*

withdrawal from the accreditation process to the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA) — the organization that accredits PA programs across the United States. The email also explained that the institution would allow the second and third-year cohorts to complete their rotations and graduate, but that Penny and her cohort would not continue as active students in the program and should anticipate matriculating into another PA program to continue with their studies.

"I couldn't believe it," said Penny, 26, who found herself nauseated by the news. "I kept asking myself, 'Is this real?'"

She reflected on her journey and the personal sacrifices she'd already made to get her to that point not to mention the time, money and commitment required to cycle through the PA school application process at other institutions.

About 258 miles away in Charleston,

Helen Martin, DHSC, PA-C, was on her daily walk when she received a call from Lenoir-Rhyne dean Michael McGee, Ph.D.

Martin is an associate professor and division director of the College of Health Profession's Division of Physician Assistant Studies program at MUSC. Martin previously served as a faculty member at Lenoir-Rhyne in 2013 and helped launch its PA program, also establishing inpatient and outpatient clinical rotations for students. Knowing that Lenoir-Rhyne's PA curriculum and clinical training program closely matched MUSC's, Martin considered the possibilities. At the same time, MUSC PA faculty and college leaders were already outlining an expansion plan of their own in an effort to meet the state's need for more health care specialists, like physician assistants. The situation with the Lenoir-Rhyne students actually offered a potential solution, thought Martin.

"This was a unique opportunity for

MUSC and the Lenoir-Rhyne students," said Martin. "For years, our program's goal has always been to increase our class size. This situation created a rare opportunity for us to act upon. And in the end, it was a win-win for everyone."

Acting quickly, Martin contacted the Lenoir-Rhyne students to determine their needs and immediately met with leadership — Zohar Kapasi, PT., Ph.D., dean of the College of Health Professions, as well as Lisa K. Saladin, P.T., Ph.D., executive vice president for Academic Affairs and provost. According to Martin, everyone agreed that involvement with the Lenoir-Rhyne students would be a good thing, assisting students who were in dire need of placement and creating an opportunity to train and prepare PAs who could potentially stay and practice in the Palmetto State — strengthening the network of health care providers.

"The college has been exploring pathways to expand the class size to train physician assistants to fill the shortage

and growing needs of PAs in South Carolina. The opportunity to onboard the Lenoir-Rhyne students into our program paved the way for us to achieve this objective and allowed these well-qualified students to continue on their journey to becoming physician assistants. I am proud of our faculty for rising to this challenge and serving these students and their profession," said Kapasi.

Five days from the time Penny received the devastating news, she received an email from President Whitt alerting her of her acceptance and the approval of the class's transfer to MUSC's PA Studies program. Students were given five days to accept the offer, and 32 of the 37 original students elected to transfer to MUSC.

"We had been through so much during that period of uncertainty," said Penny. "It was like an emotional roller coaster for me and the others. But Dr. Martin, MUSC's PA faculty and leadership worked so hard to make this happen while keeping our cohort

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GROWTH *Continued from Page Ten*

class together in this process. It was an incredible moment that reaffirmed to me that ‘you’ve accepted us,’ and we truly feel we belong at MUSC.”

Almost immediately, Martin and the PA faculty at MUSC started communicating with the students and made plans. They initiated regular Zoom meetings to connect students with faculty members and staff, share information, review details of the didactic curriculum, discuss clinical opportunities and cover other important topics.

Martin guided the new students’ transition into MUSC’s curriculum and assisted with other needs while helping them adapt to being part of the new larger cohort, as it grew from 60 to 94 total students. On Fridays, Martin hosts a coffee hour specifically for the Lenoir-Rhyne students. It’s a Zoom meeting where students can address personal or academic concerns or just meet and connect with other students to get to know each other and plan student events. Another tool to assist them is the “big brother/big sister” program to ease the students’ transition to PA school while providing social and academic support.

Martin credits the PA faculty and staff and her college’s leadership for their collaboration and support through the expansion.

“All of us in the program and college have learned a lot about online teaching, Zoom for meetings and other tools that were needed to teach remotely. For those who’ve put up some resistance to these

BUSINESS *Continued from Page Seven*

decrease the chances of their employees getting sick with the flu and COVID at the same time.”

Head said he’s proud to post a sign from the Back2Business program at Mount Pleasant Waterworks, which states that the business has completed MUSC Health training for customer and employee safety.

“It conveys that this organization is really serious about its response and serious about the safety of everyone involved because we went to the extent of getting this certification, training

changes, they now realize that it’s doable, and we’ve learned how to adjust and to do it quickly,” she said.

Moving forward, Martin and fellow faculty are focused on the fall and spring semesters and the impact of COVID-19 on students and teaching during this time. If classes or labs must meet in person, students will be organized into smaller groups and required to wear gloves and masks and social distance, all of which are important as one class scheduled for fall, Physical Diagnosis, requires students to work with partners to conduct head-to-toe physical exams.

Martin is pleased with everyone’s progress. She said the students are adjusting nicely, and everyone’s communicating with each other. The students recently completed their class elections, and students from Lenoir-Rhyne were also elected to leadership positions.

“What I see coming out of this transition is the exposure that I know I’ll get out of MUSC’s PA program. The hands-on learning opportunities in MUSC’s state-of-the-art facilities and clinical experiences can only shape me into the health care provider I want to become. I’m excited about all the possibilities,” said Penny.

“This is such an exciting time for us. Just the idea of reaching out and helping these students was a big deal,” Martin added. “I’ve received nothing but sincere appreciation and gratitude from the Lenoir-Rhyne students, and it has reaffirmed that our decision was the right thing to do. They’re such a great group.”

our staff and putting a plan in place that mitigates risk to the greatest extent possible.”

On-campus parking system returns to operations Aug. 12

Effective Wednesday, Aug. 12, the on-campus parking system will return to normal operations and the Hagood Park and Ride system will be relaunched under modified operations. On Aug. 12, only those registered to park in the paid on-campus system will be authorized to do so going forward.

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M.D., CEO, MUSC Health and vice president for Health Affairs, University.

DuBois will take on his added role from the cancer center’s interim director, Denis C. Guttridge, Ph.D., who has served in the role since mid-January. Guttridge accepted the interim position when the previous Hollings director, Gustavo Leone, announced his intention to become director of the Medical College of Wisconsin Cancer Center.

“We want to thank Dr. Guttridge for his leadership, commitment and support of the Hollings mission and team,” said Cawley. “We appreciate all the insight and energy that Denis brought to this interim role and we know he will collaborate well with Dean DuBois as they execute a smooth

transition.” Guttridge will resume his dual role as director of the Charles P. Darby Children’s Research Institute in the MUSC College of Medicine, and associate director of translational sciences for Hollings.

With its singular focus on cancer and multidisciplinary approaches to patient care and team science, Hollings is uniquely positioned to pioneer cutting-edge breakthroughs. The MUSC Hollings Cancer Center was formally established in 1993 and named for the former U.S. Senator and South Carolina Governor “Ernest ‘Fritz’ Hollings, without whose support the formation and ongoing success of the center would not have been possible. Hollings Cancer Center continues to honor Senator Hollings’ legacy of public service, serving the entire state of South Carolina.

SPORTS *Continued from Page Two*

A. I’m very proud, but I would stop short of calling us smart. (Laughs.)

Honestly, with a lot of COVID-19 decisions, we are building the airplane as we fly it. We just made a good decision.

Q. Of course the world’s health is top priority, but when will we get sports back?

A. Sports are so important to our society. It’s one of the reasons why I love what I do. The idea of being active is the right thing to do on so many levels, but at the same time, I’m aware of the medical side of the pandemic. So I am very concerned we’re still dealing with it. In sports medicine, we are anticipating outbreaks and spikes within sports. It’s our job to help keep people safe, including our athletes and coaches. We want people to engage in sports and exercise as quickly as possible, but at the same time, we need to do that as safely as possible. Whether rehabbing from a knee injury or recovering from a pandemic, it’s the same idea.

Q. Different professional leagues have announced varying plans for how they plan to proceed with their upcoming seasons. Is there a danger that amateur sports and recreational athletes will follow their lead?

A. There is no doubt that what those higher elite levels do is emulated. But I would caution anybody in the

community: Sometimes you don’t want to do what the pros do.

Whatever decisions we make, be it for the NBA or recreational youth baseball, we need to be very aggressive. Self-monitor. Report. Don’t come to practice if you’re sick. The infectious disease people have all said this is going to be here for a while. Of course, with sports, many of the players – whether it’s youths or pros – are going to be healthy in general. But they all have loved ones who might be at an increased risk. While we open up society, including sports and exercise, we need to be sure to keep up our vigilance because many medical experts think there will be outbreaks for a while.

Q. How will sports be different going forward?

A. We want sports and exercise to be a part of everyone’s life as a way of keeping them healthy and well. The challenge with COVID-19 is threading the needle. In a team sport, what do we do? It’s on a case-by-case basis. So yes, eventually we’ll get back out there; it just might not look the same as we’re used to. What does this mean for fans of football, for instance? Well, it may be different going forward because it may not be safe to pack 80,000 people shoulder to shoulder. It’s going to be tough, and we’ll probably make some mistakes along the way. But I’m confident we’ll eventually figure it out.

MUSC Health creates drive-in blood draw site for COVID-19 patients

BY LESLIE CANTU

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For those who are recovering from COVID-19 at home but need to have their blood drawn, MUSC Health is establishing a dedicated COVID-positive drive-in blood draw site.

The site will be open 8 to 11 a.m. on Wednesdays in the Rutledge Tower valet parking lot on the downtown Charleston campus. Patients will need their health care providers to schedule the appointments for them.

Creating this dedicated blood draw location will allow MUSC Health to continue to provide care for people with active COVID infections in a manner that is safe for the care team and for other patients.

Sean Nelson, director of Ambulatory Services Primary Care, said the team expects that most patients will need antibody tests, which would indicate they are no longer infectious and can return to work or have surgery. Some patients, though, will need a safe place for routine bloodwork.

"This is critical for our oncology and transplant patients, both children and adults, as well as patients with chronic illnesses that require routine lab monitoring," he said.

Patients are asked to wear short-sleeved shirts and



Photo by Sarah Pack

Patients who need blood labs for their chronic conditions but currently have a COVID-19 infection will be directed to a new, dedicated blood draw site.

masks. A patient who arrives without a mask will be provided one.

Separate from this site, MUSC Health has drive-in

lab sites for people who do not have COVID-19 but are uneasy about entering a medical facility to get their blood drawn or blood pressure checked.

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