

MUSC CATALYST news

WE'RE BACK!

FIRST PRINT
ISSUE IN
407 DAYS

APRIL 30, 2021

MEDICAL UNIVERSITY OF SOUTH CAROLINA

VOL. 37, NO. 20



3

Power of example
Faculty members
#backthevaxMUSC.

9

A year later
MUSC family reflects on
pandemic.

2
6
11

Meet Scott Garrand
Summer camp advice
COVID Q&A

MUSC Health to bring COVID vaccines to Chas. County high schools

By HELEN ADAMS

adamshel@musc.edu

Starting next week, MUSC Health will work with the Charleston County School District to offer COVID-19 vaccines to students 16 and up. MUSC Health pharmacists and doctors will supply the Pfizer vaccines and be on hand to help as needed while school nurses give the shots.

Allison Eckard M.D., director of the Division of Pediatric Infectious Diseases at MUSC, said the vaccinations will be voluntary and require parental consent. "They're going to sign people up through an online registration, and part of the registration will be a parental consent process. Because the vaccine is new and some people are still hesitant about getting it, involving the parents is the right thing to do – although state laws don't actually require parental consent."

Jeff Borowy, chief operating officer for the school district, is eager to get started. "We want to try to get this out there as quickly as possible."

The Centers for Disease Control and Prevention recently recommended the Pfizer vaccine for people 16 and older, based on clinical trials that show it's safe for them to get the shot. Pfizer is planning to expand that to children 12 and up in the near future – Eckard thinks maybe even in the next few weeks – and to all children six months and older likely in late 2021 or early 2022. Other

vaccine makers hope to follow in Pfizer's footsteps.

Borowy said once more kids qualify for the vaccine, the district will offer shots to them, too. "We are doing whatever it takes to improve our position and lower the chances of having to quarantine students because of close contacts with people who have COVID."

Eckard sees the school vaccinations as an important step toward post-pandemic life. "If people are interested in kids being in school without plexiglass and without masks, this is the way to do it. As more and more students and teachers are vaccinated, not only will the number of COVID cases decrease, but there will be fewer students who need to quarantine. It's also the way to prevent even the small chance of severe disease in children and to protect those around them. It is our path forward and our best hope to move beyond this pandemic."

MUSC Health has been working with the Charleston County School District since the early days of the pandemic to keep students, staff and their families as safe as possible. Its Back2Business team helped district leaders assess conditions in and outside of classrooms. In turn, the district shared data with Eckard that allowed her to warn when case numbers were spiking. And MUSC Health helped the district vaccinate teachers and other employees in March.

"It's been a huge value to us in getting the mission done and getting it done in



Photos by Sarah Pack

Vials of the Pfizer COVID vaccine arrived at MUSC Health in December 2020.

a way that people believe in what we're doing, because of MUSC's reputation in the community," Borowy said. "People trust MUSC's experts, and using them as a foundation has really helped us."

But trust doesn't mean people don't have questions, Eckard said, citing one that keeps coming up. "People ask me, 'Why would you give the vaccine to a child if the chance that your child will develop severe COVID is very small?' There are a couple of answers to that. One is that there are children who are at risk for severe COVID, and some who will be hospitalized or die. The risk is much lower than in adults, but it is still a risk. Two, there's also the risk of multi-

system inflammatory syndrome in children. We've had over 100 cases of MIS-C now in South Carolina." MIS-C is a rare but serious complication that sometimes shows up in children who didn't even know they'd had a COVID infection.

To reduce those risks, MUSC Health will offer COVID vaccines in the district's eight largest high schools. Other health care organizations will handle the rest of the district's schools.

Eckard said it's exciting for everyone involved to move toward getting kids vaccinated. "I feel very good about the Pfizer vaccine. It's very effective in preventing COVID and preventing severe disease."



Editorial Office

MUSC Office of Public Affairs & Media Relations, 135 Cannon Street, Suite 403C, Charleston, SC 29425.

843-792-4107

Fax: 843-792-6723

Editor: Cindy Abole

catalyst@musc.edu

The MUSC Catalyst News is published bi-monthly. Paid advertisements, which do not represent an endorsement by MUSC or the state of South Carolina, are handled by Island Publications Inc., Moultrie News, 134 Columbus St., Charleston, S.C., 843-958-7480, 958-7384, 958-7488 or 937-7489. E-mail: advertising@moultrienews.com.

Front Photo: Rev. Herman "Frank" Harris shares an opening prayer during the April 14 MUSC's Day of Remembrance ceremony at St. Luke's Chapel. Read the story on page 7.

Photo by Sarah Pack

Editor's Note: After a year-long hiatus of its printed, hard copy edition, The MUSC Catalyst News, is back. The Office of Public Affairs and Media Relations staff have consulted with MUSC infectious disease and Safety and Quality experts and industry studies to confirm that paper products such as newsprint are safe and low-risk in surface-based transmission of the coronavirus.

Copies of the newspaper will be distributed bi-monthly to racks around campus as well as via the MUSC Mailroom's zoned mailbox system on campus and at various MUSC satellite medical offices and clinics in the Tri-county, as well as MUSC's Regional Hospitals, upstate. For information about delivery or advertising in The Catalyst News, contact Cindy Abole, print editor at catalyst@musc.edu or 792-4107. Remember to recycle!

The power of example

By KIMBERLY MCGHEE

mcgheek@musc.edu

Gregory A. McCord, Ed.D., superintendent of the Marlboro County School District, a county in South Carolina's Pee Dee region where the population is more than half Black, knew he had a problem. Many of his teachers were reluctant to receive the COVID-19 vaccine.

He understood why – trust in medicine and science had been eroded by past abuses, such as the Tuskegee Syphilis Experiment, which never offered penicillin to its Black participants, even after the antibiotic was found to treat the disease effectively.

But he also knew that medicine had since instituted many safeguards to protect research participants, such as the inclusion of 10,000 people of color who participated in the COVID-19 vaccine trials, and that the highly effective vaccine was sorely needed by his hard-hit community.

If he was going to succeed in getting his teachers to trust the vaccine, he would need to lead by example.

McCord turned to Marvella Ford, Ph.D., and James Tolley, M.D., co-directors of the Black Faculty Group at MUSC, for help. Ford is the associate director of Cancer Disparities at MUSC Hollings Cancer Center and the Endowed Chair in Prostate Cancer Disparities at South Carolina State University, and Tolley retired in 2019 after 25 years serving as an MUSC faculty member and 12 years as the director of the Emergency Department at the Charleston Memorial Hospital. Both were well-acquainted with the distrust of science and medicine felt by some people of color.

"Distrust has evolved from not having enough folks of color taking care of folks of color," said Tolley.

Ford and Tolley worked with Sheila Champlin, chief communications and marketing officer at MUSC, to arrange for a photo of McCord getting vaccinated. That photograph and the power of McCord's example led to an increase of 50% in the number of teachers in his county willing to be vaccinated.

Improving vaccination rates for communities of color is critical, Ford explained. "People of color are at high risk of getting COVID-19, going to the hospital and dying of COVID-19," she said. Blacks are almost three times as likely to be hospitalized as whites and almost twice as likely to die. Latinos and those of Hispanic descent are more than three times as likely to be hospitalized as whites, and 2.3 times more likely to die.

COVID has hit these communities hard, in part because people of color are often essential workers, whose jobs put them at a high risk of exposure, and because they do not always have good access to health care. "Folks of color are more likely to be employed in those types of situations where they are exposed more, and they may not be as privileged as



Photo by Sarah Pack

Dr. James Tolley and Dr. Marvella Ford, co-directors of the MUSC Black Faculty Group.



Photo Provided

Vaccine trial participant Argentino Calvo.

others to have health care," said Tolley.

Ford and Tolley wanted to draw on the growing number

of MUSC faculty of color to set an example by getting the vaccine themselves and encouraging communities of color to do so as well. The MUSC Black Faculty Group joined with the Hispanic/Latino Faculty Group to issue a release in January in support of the COVID-19 vaccines.

Among those lending their support to the release were Nicholas Shingu, M.D.; Ayaba Logan; Mileka Gilbert, M.D., Ph.D.; Ruth Adekunle, M.D.; Gayenell Magwood, Ph.D.; Latecia Abraham-Hilaire, DHA; and Monique Hill of the Black Faculty Group and Michael de Arellano, Ph.D., who leads the Hispanic/Latino Faculty Group.

But they aren't stopping there. Members of the two groups are visiting virtually with churches, neighborhood associations, community groups and sororities and fraternities to discuss the importance of vaccination.

"We go to church in the community. We are the community," said Ford. "As Black and Latino faculty, we want to be a resource to other community members, and so we meet with them, and we answer their questions. After the meetings, many attendees want to become ambassadors to encourage other people to get the vaccine."

"Trust is definitely a critical issue," said de Arellano. "Research has found that patients are more likely to trust and engage in treatment when their providers have similar backgrounds, including similar racial or ethnic backgrounds. Patients can feel better understood and trust that their medical provider is looking out for their best interests, which is now critical to dispel any sort of concerns and to provide corrective information regarding COVID-19 vaccinations."

They have also created a flyer identifying 10 key reasons

See AMBASSADORS on page 14

Nursing students gain clinical experience at COVID testing sites

By LESLIE CANTU

cantul@musc.edu

At a time when all of their classes remain virtual, students at the College of Nursing at MUSC have been out in the field, collecting samples at MUSC Health’s COVID-19 specimen collection sites.

It’s an example of the close relationship that the college and the hospital system have been fostering under the leadership of Dean Linda Weglicki, Ph.D., and chief nursing officer Patti Hart, DNP.

And while the students got to master nasopharyngeal swabbing – a skill they don’t usually learn – it was the skill of communicating with and educating patients that truly came into play.

Accelerated Bachelor of Science in Nursing students Sarah Moore and Jonah Burrell participated in the clinical experience in November as part of their Population Health class.

“It was, for me, an opportunity to really get involved with the community and make a difference,” Burrell said. “Knowing that Population Health was really focused on the community and getting out in the community to provide the nursing care that we were studying about and actually getting that hands-on experience with COVID testing within our own community – I think that was really special for me.”

Moore agreed.

“I was a little nervous about it, but then it was really cool to be a part of it and to say that, as nursing students, we were able to be a part of this global pandemic testing. I thought it was overall a really great experience,” she said.

The clinical experience was organized in a matter of weeks, thanks to Chris Hairfield, R.N., who oversees a program at MUSC Health for new nurses and places nursing students in rotations in the hospital, and Sharon Kozachik, Ph.D., interim associate dean for academics in the college. They created a task force last July to figure out how to get clinical experiences for students while such rotations were being severely curtailed.

Hairfield himself had worked at the West Ashley specimen collection site for a few months, and it occurred to him – why couldn’t the students help there? Not only would they get experience, but they would provide more sets of helping hands at a time when the site was busy with people seeking tests.

The students would have to learn the proper sequence of steps to put on and take off extensive personal protective equipment, as well as the skill of nasopharyngeal swabbing, but the site could be a great fit because the nurses and techs there already worked in pairs. A duo would approach each car, with one person holding the collection bag and the other doing the swabbing.

The students first practiced swabbing with their instructor. Then, paired up with an experienced nurse, they would have the chance to observe at close hand how the nurse did the swab and then perform swabs themselves under supervision.

“We are grateful to the health care system for all they have done in facilitating our students having really excellent clinical nursing experiences,” Kozachik said. “I view this as an opportunity for us to give back to the health care system.”



Photos by Sarah Pack

College of Nursing student Cassidy White, right, gets help from patient care tech Caran Raeford, left, and Rossetta Buaxton, CNA, middle, on how to administer a COVID-19 test to a patient.



College of Nursing student Adam Weaver administers a COVID-19 test to a patient at the newly opened North Charleston specimen collection and vaccination site.

Clinical instructor Kim Poulakis, R.N., who accompanied students to the site, said it was inspiring for her and the students to see how MUSC had pulled together and organized the West Ashley drive through specimen collection site.

“Just seeing the innovative ideas, and the flexibility and adaptability of health care, was profound for all of us,” she said.

Although some students were nervous about being around potential COVID patients, it turned into a positive experience for all involved, she said.

Some of the more difficult cases involved doing the testing on children, including a child with disabilities, and those cases tested the students’ communication skills. The site was also doing some saliva testing, but people couldn’t do the saliva test if they had eaten or drunk anything within the previous half-hour, even if they had a doctor’s order for a saliva test; those situations also stretched the students’ communication skills.

The West Ashley site recently closed, and students are now at a collection site in North Charleston that utilizes individual

MEET SCOTT



Scott Garrand

Department and how long at MUSC
Enterprise Brand Strategy; 2.5 months

How are you changing what's possible at MUSC

By telling the stories of MUSC's doctors, nurses and other health care workers that make this change possible

Family and Pets

Wife, Nicole; son, Jax, age 6; daughter Vivienne, age 1; and Stella, our Boxer dog

Music currently playing in my car

New Edition's "If It Isn't Love"

Favorite TV show to binge watch

Parks and Recreation and Seinfeld

Something you've done at work that you're proud of

Flew with WW2 vets to Washington D.C. To be able to talk to these great men and tell their stories is something I'll never forget

Favorite quote

"When you come to a fork in the road, take it." — Yogi Berra

MOVE MORE CHALLENGE

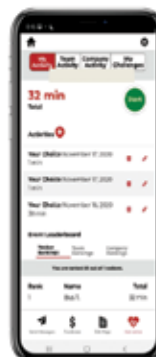
LET'S GET MOVING MUSC!

Step 1: Start or join a team at www.LowcountrySCHeartWalk.org/MUSC2021

Step 2: Download the free Heart Walk app and login with your username and password

Step 3: Once the challenge launches, you'll have 30 days to log your minutes. See if you can reach 150 minutes a week! Any way you move counts! You can walk, dance or even vacuum to stay moving.

Step 4: Join us on Celebration Saturday (February 27th), as we celebrate the results of the challenge and what we have accomplished together as a community!



TIPS TO MOVE MORE

- **Put the screens on hold.** Instead of heading right for the TV after dinner, take a walk, practice a sport, or play a game of hide-and-seek.
- **Clear some space, put on some music, and take a dance break!**
- **Tune into fitness during TV time.** Walk or jog in place or on a treadmill, lift weights, or do yoga while you watch your favorite shows.
- **Get your garden on.** Gardening, mowing and yard work are a great way to get active outdoors.
- **Create an at-home circuit workout** without any special equipment.
- **Learn more ways to add activity to your routine** at heart.org/HealthyForGood

Raise funds
AND raise
heartbeats

Simply download the Heart Walk app and GO!



INNOVATION
WEEK AT MUSC

There's something for everyone!

Interactive panels | Podcasts & interviews | Practical tips | Competitions
Fun demos | Live & recorded sessions

Tracks include:

Transformational Technology | Learning Reimagined | Science Never Sleeps
Pitch Sessions | Innovators Toolbox | Health & Wellness

Don't miss these signature events:

Poster session, Tuesday, 4/27, all day
Shark Tank competition, Thursday, 4/29, 2:00 p.m.

musc.edu/innovationweek



HAVE AN IDEA BUT
NOT SURE WHERE TO
SUBMIT IT?



MUSC
INNOVATION
GATEWAY



VISIT THE MUSC INNOVATION GATEWAY!
THE GATEWAY SERVES AS THE VIRTUAL FRONT DOOR
TO MUSC'S INNOVATION COMMUNITY, ALLOWING
USERS TO SUBMIT IDEAS AND BE AUTOMATICALLY
CONNECTED TO RESOURCES AND TEAMS
THROUGHOUT OUR ORGANIZATION.

VISIT THE MUSC INNOVATION GATEWAY TODAY!

50%
OFF!

22 WESTEDGE STREET

SCAN HERE
FOR MENU!



RUSH BOWLS



SHOW
YOUR
MUSC ID
AND RECEIVE
50% OFF
ANY BOWL
OR SMOOTHIE

MUST MENTION "THE CATALYST"



What to look for in a summer camp during COVID

By HELEN ADAMS

adamshel@musc.edu

Bug spray? Check.
Sunscreen? Got it.
Swimsuit, sneakers, shorts? Yes, yes, yes.
But what about masks? Or a pre-camp COVID test? Are they an essential part of any family's summer camp checklist this year?

And more importantly, with most kids still unvaccinated at this time, is summer camp even safe?

Allison Eckard, M.D., an infectious disease specialist at MUSC Children's Health, has some thoughts on that based on her expertise and experience. She has taken care

of children hospitalized with COVID-19, including some suffering from the rare but serious complication known as MIS-C, so she's seen what the virus can do.

Eckard is also the mother of two young kids, so she knows what it's like to worry about children's safety. And she's been serving as an expert adviser to Charleston County and other school districts, analyzing safety measures' effectiveness, so she knows what works.

Now, it's time to look ahead to summer. Last year, most summer camps were a bust, thanks to the coronavirus. But this year, the arrival of vaccines is making adults less nervous and kids more hopeful they're headed back to camp. There's a good reason for that.

"Children can get a lot, emotionally, socially and developmentally, from going to camp," Eckard said.

"In my opinion, it's the responsibility of both the parents and the camp to make good decisions for not only an individual child but for all of the children at camp. And that means that they should have protocols in place for testing campers, minimizing risk with physical distancing and masks, screening for symptoms and getting sick kids out of camp, just as we've been doing for school."

Some camps make their COVID



Eckard

"It's all about risks and benefits and what kind of population you're talking about. A child with no underlying health concerns may need a different level of risk mitigation than a child who has a compromised immune system, for example. But all camps should have a well-defined plan for minimizing transmission among both campers and staff."

Allison Eckard, M.D.

precautions clear, posting them online. Others don't, so if parents want to know what they're doing to keep kids safe, it's up to them to ask.

"It's all about risks and benefits and what kind of population you're talking about. A child with no underlying health concerns may need a different level of risk mitigation than a child who has a compromised immune system, for example. But all camps should have a well-defined plan for minimizing transmission among both campers and staff," Eckard said.

"The best camps to look out for are those with good policies and those where the children spend a lot of time outdoors because that's going to be a lower risk."

She recommends parents look for camps that:

- ☐ Lay out plans for physical distancing.
- ☐ Require universal mask wearing, especially when campers are indoors, or if they're less than six feet apart.
- ☐ Screen children for symptoms.
- ☐ Have plans for isolating sick children and quarantining close contacts.

While day camps that include a lot of fresh air are the lowest risk, Eckard said, "I would not rule out an overnight camp."



Photo by iStock

A lot of families are ready for kids to get back to the kind of activities and friendships that come with summer camp.

If a child does go to an overnight camp, she suggests looking for one that keeps kids in groups that can serve as households. They eat together and sleep in the same cabin or tent. "You can't wear a mask 24/7, so cohorting is a way to lower their risk and lower the risk of the virus spreading throughout a camp."

Eckard said it's also a good idea for overnight camps to require COVID testing before a session starts.

National organizations are offering camp guidelines as well, including the American Academy of Pediatrics. Elizabeth Mack, M.D., director of the Division of Pediatric Critical Care at MUSC, is an AAP spokeswoman.

"Camp provides what many of us are craving after this last year — community and relaxation. We expect Pfizer vaccine emergency use authorization in early May and then Moderna shortly thereafter for kids 12 and up. So vaccination will be a huge part of the strategy for older kids. But we can't let

up on the other mitigation strategies," Mack said.

And protecting children who are at risk of severe COVID, such as kids with asthma, obesity, sickle cell disease, lung issues or immune system concerns, needs to remain a priority. "Check with your pediatrician about whether camp is right for your child," Mack said.

Eckard encouraged all parents to do the right thing, even when they aren't required to. For example, if a child wants to go to an indoor basketball camp and is unvaccinated, masks are important. "An individual family can do the right thing by putting a mask on their own child. Despite what some people say, the data show that it's very safe to wear a mask, even when you're doing vigorous exercise. Kids just need mask breaks — preferably when they are outside and spaced more than six feet apart."

An unvaccinated child around other kids without a mask not only raises the risk of allowing the coronavirus to spread that week — but also in the days ahead. "Camp is unique in that a lot of times, children have different camps every week. So there's a lot more chance that one person is going to infect a greater number of people."

So yes, masks need to stay on a lot of kids' camp checklists for now.



Mack

COVID Day of Remembrance focuses on lives lost – and saved – during this global pandemic

BY BRYCE DONOVAN

donovanb@musc.edu

As the warm glow of sunlight filtered in through the colorful stained-glass windows of St. Luke's Chapel, dozens of MUSC employees gathered to honor the lives lost to COVID-19.

During the hour-long Day of Remembrance ceremony – which was livestreamed on Microsoft Teams – nearly a dozen people got up and spoke, recited poetry or played music as a way of honoring the memories of those who have died as a result of the devastating pandemic that has claimed the lives of more than 9,000 South Carolinians.

MUSC Health CEO Pat Cawley, M.D., spoke about a former patient who was hospitalized with COVID at MUSC for more than four months. In the end, he would be discharged – a ray of light in an otherwise sobering and somber year.

“But he told me when you experience loss – whether it's the loss of a life or the loss of a moment – it requires a journey,” Cawley said. “So today, as we talk about loss, just know that we're all on this journey together.”

Medical intensive care unit nurse manager Janet Byrne, R.N., who also served as the COVID-19 ICU nurse manager, underscored that point, remarking that – before COVID-positive patients were allowed to have in-person visitors – nursing staff members took on way more than they ever could have imagined when they got into health care.

“Whether they were holding a hand or an iPad for a family member, somebody was always there for them at the end,” she said.

Heather Woolwine, director of Public Affairs, Media Relations and Presidential Communications, spoke on behalf of President David Cole, M.D., FACS, who fittingly couldn't attend because he was in surgery caring for a patient, and first lady Kathy Cole.

“Grandparents. Neighbors. Siblings. Coworkers,” she began, sharing their heartfelt sentiments. “When you move beyond the data and statistics associated with this pandemic, what you realize is that every single death, every single case, is a human being whose loss is felt deeply by those who are left behind.”

Interspersed throughout the 60-minute ceremony, MUSC music therapists performed



Photos by Sarah Pack

MUSC Health Medical Intensive Care Unit nurse manager Janet Byrne shared reflections from hospital bedside staff.



MUSC music therapists sing several songs throughout the program which was held April 14 at St. Luke's Chapel.

songs by Eric Clapton, Maroon 5 and Andra Day. Third-year medical student Rachel Kaye bravely stood to read a poem she wrote about her grandfather, who succumbed to COVID. She spoke of his love of Paris, magic tricks and sports. How he escaped from the Holocaust and became an artist. She spoke of a legacy that will live on forever in those who knew him best. A human, not a statistic.

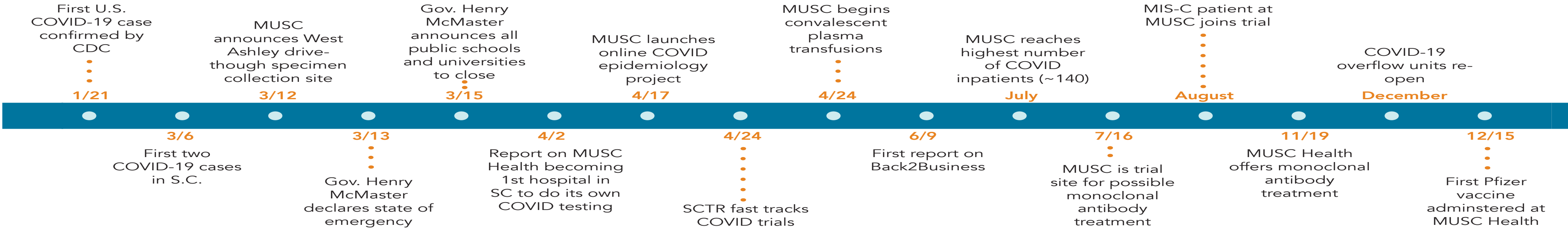
After the ceremony, Pet Therapy and Arts in Healing teams buoyed spirits with lovable dogs to pet and a mural to be signed in honor of loved ones lost. The Urban Farm staff wanted to show their support, offering sunflower seeds, which could be planted

in dirt and taken home to be put into the ground, an eternal reminder of somebody special.

Resilience expert Alyssa A. Rheingold, Ph.D., director of clinical operations at the National Crime Victims Research and Treatment Center within the Department of Psychiatry and Behavioral Sciences, closed the ceremony with one final thought: “These lives lost have a rippling effect on our community. That's why it's important to create space like today for our friends and family to take time to honor them and recognize their impact on the world around them.”



Caroline Tweedy, left, hands Kristen Hicks, College of Dental Medicine student, sunflower seeds to plant in the remembrance of lives lost to COVID-19.



A year later: MUSC remembers, reflects on extraordinary year of COVID pandemic



For more information about the MUSC Day of Remembrance: A Ceremony to honor all lives lost due to COVID-19, visit <https://horseshoe.musc.edu/everyone/day-of-remembrance>. To watch the April 14 video, visit <https://web.microsoftstream.com/video/99a27088-4a59-4685-be90-07d748582c34>

The MUSC family came together on April 14 or participated in a live stream event to acknowledge the trauma and grief suffered throughout the pandemic and remember those lives lost to COVID-19. For those who lost patients, family members, friends or colleagues, the Day of Remembrance was created to offer comfort to them and to honor and celebrate the lives of those lost. Leadership and employees shared words of encouragement and healing and care team members representing front line physicians, nurses, technicians and support teams who have cared compassionately for patients and their families every day shared bedside reflections.

The event was planned by members of the MUSC Resiliency Clinic, Office of Health Promotion, Pastoral Care and MUSC Health Arts and Healing teams.

Top left photo: College of Medicine student Rachel Kaye reads a poem about her grandfather. Bottom left photo: Attendees gathered at St. Luke’s Chapel to listen to speakers, which included leadership sharing words of acknowledgement and healing, music, poetry, prayer and reflections by staff.

Photos by Sarah Pack, Timeline Graphic by Leslie Cantu

When did you realize everything had changed?



Alicia Dollahan, R.N. relief staff leader, SSICU

I realized everything had changed the first time I toured the newly established COVID-ICU in 4Center to learn how to move through the isolation zones and minimize breaks in the airborne setup. The former PCICU, in which I’d worked as an ECMO specialist at the bedside of numerous sick babies, now had tarps inside the doors, adult-sized beds and an overall eerie feeling from the noise of the negative-pressure devices making the entire unit safe to more effectively quarantine adults infected with this new virus we were just starting to experience here in South Carolina.

Personally, the first time I went to the grocery store after the first South Carolina quarantine in Spring 2020 was implemented was when I realized

everything had changed. I hadn’t had a COVID patient yet and didn’t know just how contagious this virus was. Despite being prepped for PPE use and safety at MUSC in anticipation of caring for COVID patients, I was TERRIFIED. Only one person per household could enter the store. Everyone walked around like they were in a minefield where the other shoppers were the mines and a breath in the wrong direction would set everything off. Multiple people were crying from the stress of the situation and for my own safety and the safety of my family, I couldn’t ask them if they were OK because I couldn’t get close enough to them to do so. I felt totally isolated in a store full of people and knew everyone else felt the same. I remember driving home in shock, unable to process what I had just experienced.



Kelly Hedges, MUSC Health Volunteer and Career Exploration Services

It was March 13, 2020 that our department started working remotely. This was an eye-opening experience as I couldn’t be present around the MUSC Health hospitals as well as with volunteers. At home. I have a 13-and 15-year old kids who were displaced from school and were at home. I quickly became a ‘teacher’ as well as a work volunteer manager. On April 7, my department was completely furloughed among other MUSC Health employees. The thing that I loved to do the most – work and help patients and their families – was no longer an option. I transitioned to be a full-time stay-at-home mom – helping my kids get through the hardest school year that I can remember. Both kids are academically gifted and normally love school. Things evolved

where they didn’t like school and didn’t like working from home. They were isolated from friends, activities and sports that they loved. We struggled as a family during this time to find a ‘new normal.’ What came from that experience was a new sense of calm and time together to work through those opportunities. We really jelled as a family and got through a tough school year with As and Bs while having some good old-fashioned family fun that included walks, bike rides, picnics in the park and other outdoor activities. Although it was difficulty getting through 2021 – we lost friends and loved ones to the coronavirus as well as mourned with families that we love – it also was a time to reflect on what was really important. I also think it shifted priorities for everyone in the family, including me. It made me realize how quickly time passed and how did I spend that gift of time. 2020 was truly a transformational year for me.



Liz Higgins, M.D., palliative care physician, MUSC Children’s Health-Internal Medicine and Pediatrics

When I came to work and found out that COVID-19 was real, and we had patients that needed to be seen who had this deadly disease that at the time we knew very little about; it became very real, very quickly. Our team decided to provide 24/7 coverage to people in MUSC Health hospital, supporting patients, staff and anyone that needed palliative care. We realized that we’d be that person by a patient’s bedside for the family when the family couldn’t be there. That was the biggest change for us. We’re used to helping families and helping them through their grieving process, and now we became the ‘family’

at the bedside – holding the phone of their loved one to assist the family at the other end of the phone. It was very intense and emotional. It was a true honor for me to serve in that way. It reminded me that this is why I went to medical school – to help people. Each time we entered the COVID units, we felt a little fear as we zipped in and out of the entrance, donning our PPE and feeling like we were stepping onto the moon instead of an isolated specialized care unit. Yet, each of us was able to communicate to a family member that ‘I had just seen your loved one, and they’re at peace.’

Our team is incredibly resilient. There was sadness. There were tears. We definitely have grown as a group throughout this pandemic period.”



Katie Hinson, MUSC Health Arts and Healing

I realized the day our Arts and Healing therapy team was unable to see patients in need.

Our team struggled to find and create innovative ways to continue to care for our patients and families in the way that we normally did pre-COVID-19.

The biggest change was learning to adapt and coming together as a team to figure out creative ways to care. Our music and arts therapists were busy creating videos and caring for patients through wellness and mindfulness videos in addition to calling patients and conducting therapy over the phone – sometimes difficult to do. When we returned to the hospital, we adapted

our interventions to protect our patients and their family members.

Our team worked remotely and on campus in spring 2020 during start of the pandemic. We spent time on campus working with patients – long-term and new admissions – and families as well as working from home creating content while staying as safe as possible. During the pandemic, the hospitals wouldn't allow visitors – so no family support for patients. The team was able to fill that gap.



Alyssa Rheingold, Ph.D., Department of Psychiatry and Behavioral Sciences

The day we found out that we had to work remotely and figure out how to quickly pivot our outpatient mental health clinics over a weekend – something we accomplished successfully. We transitioned from 5% to 100% virtual visits within a week. This made us realize how much the pandemic impacted and changed everything.

Personally, I focused on helping my two teenage daughters wade through remote school from home as well as cope through loss with activities canceled because of the pandemic and other challenges. I realized from the beginning last spring how life has shifted and changed. Also, some of my family live in New York City. I was worried and scared for them early on as New York was the epicenter of the coronavirus. I helped them to cope and deal with

their stress and anxiety. At MUSC, I work in a specialty clinic, the Resiliency Center at MUSC and National Crime Victims Center. I helped people who've experienced traumatic events, victimization and other symptoms. Just in this past year, we've seen an incredible increase of local and statewide referrals to our clinic. Because of these requests, our center had to initiate long waiting lists because the demand and need were so great. Not many communities and agencies were able to pivot as quickly to telehealth, to get these needed services; MUSC was prepared. Our center also has been a great resource for other agencies to help them to develop their telehealth models. This past year was probably most challenging in our clinics. I'm very proud of our 50-member National Crime Victims Center team composed of staff, clinicians and faculty members as well as our 10-member Sleep and Anxiety Disorder team.



Fred Scruggs, R.N., surgical specialty intensive care unit

I realized things were changing when as part of our SMT (specialized medical team), I was activated to go out to the MUSC West Pavilion with several other members of the team to COVID-swab people as they drove through the tent city that was constructed out there. For two weeks, we were out there in full hazmat PPE, COVID-swabbing various men, women and sometimes children if they had symptoms and scheduled an appointment. After the second week, several of us were pulled back to Main Hospital to help to open the first COVID ICU in 5 Center.

Personally, I realized things were changing when my kids couldn't go back

to school after spring break ended. One of my daughters was a senior and was looking forward to all the festivities that come with being a senior. She missed out on her senior prom, senior trip and almost missed out on graduation day. Her high school was able to have a graduation two weeks later than scheduled out on the football field with all the students social distanced and with only two guests allowed per graduate. My other daughter was a sophomore and ended up missing out on her entire varsity track season.



LaQuana Simmons, MUHA Human Resources, Operations team leader

Closures of the Lowcountry area schools and daycare providers were a challenge for me and my work colleagues. I have two children – a preschooler and one in college. My college-aged daughter moved back home from school and attended virtual classes for spring semester 2020, but I had to adjust my schedule to work from home for my younger child.

Things were very hectic and chaotic in the beginning, as our office phones were not prepared to handle the volume of employee calls seeking various types of information – from questions about leave and the pandemic to job

questions and other queries. All of us worked hard to respond to each phone call and emails.

Prior to working remotely, I had not realized how much of my time was spent commuting to and from work to my home. Removing that challenge allowed me to organize my time and plan my day more effectively. The ability to successfully work remotely has been a topic of conversation for a while. Now that we've proven it can be done, we have the tools to implement it on a larger scale that can be equally successful. As care team members, we are able to 'give it our all' during the workday, especially when our work-life balance is in order.

Pressing pause, antibody wars and what to know about the vaccine

By BRYCE DONOVAN

donovanb@musc.edu

Half.

That's the total of the U.S. population that has gotten at least one dose of the vaccine. On the one hand, this is great news. We're so much closer to this magical herd immunity — most researchers agree it's at least 70% for this particular coronavirus — we've been hearing about. But on the other hand, it brings a sobering reality: As a nation, we're now officially to the point where we're dealing with those who are on the fence about getting vaccinated.

States that came charging out of the gates, like West Virginia and Louisiana, are now the poster children for vaccine hesitancy. In fact, several of those states are now asking for fewer doses of vaccine each week because of waning demand.

Researchers knew this was inevitable. It was only a matter of time. But now the rubber has met the road, and we as a nation are entering a new phase in vaccine implementation.

"It's time for us to switch strategies," said Danielle Scheurer, M.D., MUSC Health System chief quality officer. "In the beginning, we set up a bunch of high-volume sites and it worked great, but they aren't filling up as much. So now we're looking to go to the people instead of having them come to us."



More like, "field of dream on." Unlike some magical baseball fields, vaccinators can't just hope that if they build a site people will come

Photo by IStock

That means you might start to see MUSC vaccination sites pop up at community grocery stores, gas stations and highway rest areas.

"Instead of us looking at this as 'if we build it, they will come,' we need to get it to them," she said.

With the vaccine landscape changing almost daily, each week we are checking in with Scheurer to ask her the most pertinent questions that are hanging in the balance.

What you need to know about the COVID-19 vaccine – Part 6

Danielle Scheurer, M.D., MUSC Health System's chief quality officer, weighs in on the most pressing issues related to COVID-19 and vaccination. The following is a condensed compilation from recent articles that can be found in their entirety on the MUSC Catalyst News digital platform at web.musc.edu/about/news-center.

Q. Roughly, how many people is MUSC vaccinating every week at this point?

A. I'd say around 20,000. But the truth is every day there are open slots at all of our sites. So we're looking into offering walk-ups at all of them as well as implementing vans as mobile sites that can be quickly set up in high-traffic areas in the places of greatest need. Bottom line: We need to make it easier for people.

Q. Let's pretend for a moment that everybody in this country wants to get vaccinated. How quickly do you think we could make that happen?

A. We finally have ample supply of vaccine across the nation. So I'd say that within a couple of months, we could have everybody vaccinated. It is harder in COVID-stricken areas, but we could get it done.

Q. With cases on the rise again and variants largely responsible, what do you think our future looks like? Will there be any more lockdowns in this country?

A. I hate to say this, but I think it's entirely possible. We're not at herd immunity, and we're running into tremendous hesitancy issues. And society has largely reopened. Couple that with complacency around masking and social distancing, and I'd say we're not in the clear yet.

Q. Pfizer has requested FDA approval to green light its vaccine for 12- to 15-year-olds. Is this too fast, or are you not worried?

A. It's totally fine. The only thing I'm unsure of is how long it will take. I heard it might be a couple of weeks for it to get through all the hoops. But on the topic of young adults, in the very near future we're going to be working with the Charleston County School District — just like we did with its teachers — to go from school to school and offer vaccinations to students 16 and older. Obviously, they'll need parental consent, but that's just one more step in the right direction.

Q. Has anybody been tracking the long-term differences between people who have been vaccinated and those who have contracted COVID to see if one immune system is better

equipped for the long haul?

A. It's a great question. It's going to take us a while to figure that out. We need to look at long-term reinfection rates. We can draw blood and look at antibodies, but that's just a small piece of the immunological pie. There's a T-cell immunity phenomenon we know about, and that's something we can't measure. There are several components of immunity that make figuring the answer to this question quite difficult. Time will tell.

Q. I read that some people in Michigan who were vaccinated subsequently got COVID and died. Had you heard that, and what does that mean to the big picture?

A. I did hear that. We haven't seen any known deaths from the vaccine, but we have seen deaths in those who get COVID even after being fully vaccinated. We know from both clinical trials, and post-trial population studies, that the vaccine is not 100% effective. More like 95%. Just looking at the numbers in the U.S., we've had about 130 million cases of COVID and about a half-million deaths; compare that to about 200 million doses of vaccine administered and single-digit hospitalizations and no known deaths. So if I had to pick COVID or the vaccine? I'd choose the vaccine every time.

Q. What did you think, as a health care provider, about the pausing of the Johnson & Johnson vaccine? What is an acceptable level of risk in the midst of a global pandemic?

A. You know, I was surprised that they suspended vaccinations. Just looking at the numbers, of the 7-plus million people who got the J&J vaccine, six got blood clots and one died. There was a study published recently that looked at the incidents of these same clots in patients with COVID. The risk of getting clots like this with COVID is about 35 cases per million. People who have been vaccinated have a one in a million chance of getting clots. So although these vaccines may cause unusual clots, the risk is even higher with COVID.

***Have a question you'd like answered? Email it to donovanb@musc.edu with the subject line "Vaccine Q."*

Global Health Week panel considers state of coronavirus vaccination

BY LESLIE CANTU
cantul@musc.edu

So far, the global vaccination campaign against the coronavirus is going well, but there are still several obstacles that could upend the process, according to panelists during Friday's session of MUSC Global Health Week.

Global Health Week is an annual event sponsored by the MUSC Center for Global Health that considers health issues of worldwide significance. Normally occurring in person on the Charleston campus of the Medical University of South Carolina, it was canceled last year because of the pandemic and returned this year in virtual format.

Panelists included Heidi Larson, Ph.D., founding director of the Vaccine Confidence Project; Peter Hotez, M.D., Ph.D., dean of the National School of Tropical Medicine at Baylor College of Medicine; and Emmanuel Agogo, M.B.B.S., Nigeria country

representative for Resolve to Save Lives. The panel was led by Thomas Quinn, M.D., director of the Johns Hopkins Center for Global Health, who spoke at the 2019 MUSC Global Health Week about the evolution of the global HIV/AIDS epidemic.

Agogo noted that only 2% of vaccines have made their way to Africa. His nightmare scenario, he said, is that once well-off countries achieve herd immunity within their borders, they will grow comfortable and "interest in ensuring there's a global good, the global equity that we talk about in terms of vaccinations, is gone."

Access to vaccines and vaccine manufacturing capacity must be democratized across the globe, he said, so that lower- and middle-income countries aren't left out of vaccination efforts or future efforts to develop booster shots.

Hotez noted that the World Health Organization's COVID-19 Vaccines Global Access program, known as COVAX, is an



Photos by Sarah Pack

Thomas Quinn, (clockwise from top left), Heidi Larson, Emmanuel Agogo and Peter Hotez talk about the worldwide campaign to get people vaccinated against the coronavirus.

innovation that is working. In fact, he hopes that it becomes institutionalized so it can help with future pandemics.

Instead, the failure he pointed to was one of science policy leadership. So many

leaders looked to the newest, most cutting-edge technologies to develop vaccines without giving a thought to how those vaccines would be distributed on the ground, especially considering the ultra-cold freezer requirements for the Pfizer vaccine.

He compared the mRNA technology behind the Pfizer and Moderna vaccines to luxury car brands.

"There was no way you were going to provide Lamborghinis and McLarens for the world," he said.

His group, however, has been using its prior 10 years of research to focus on creating a vaccine using the "Toyota and Hyundai" technology of the vaccine world – recombinant proteins, already used in the Hepatitis B vaccine – that are simple to make, low cost and easy to scale up.

The vaccine is currently being tested in India, with good results, he said. But even though he had a 10-year head start on different types of coronavirus vaccines, his trial is behind some of the others because he had to spend time raising money to develop this vaccine.

"I still don't have any engagement from the federal government, from BARDA," he explained, referring to the Biomedical Advanced Research and Development Authority. "We could easily make another 3 billion doses. And again, they're not very



MUSC Health
Medical University of South Carolina
Changing What's Possible

2021 Nurses Week Activities Calendar
Charleston Division



MAGNET
RECOGNIZED
AMERICAN NURSES
ACCREDITATION CENTER

| Thursday May 6 | Friday May 7 | Saturday May 8 | Sunday May 9 | Monday May 10 | Tuesday May 11 | Wednesday May 12 |
|--|--|--|---|--|--|--|
| National Nurses Day | | National Student Nurses Day | | | | International Nurses Day National School Nurse Day |
| Nursing Forum 7:30 am 2 West Ampt. Or Virtual via MS Teams | Preceptor of the Year Award Presentation SCHA Healthcare Heroes Truck Hope Tour 3:35 pm 169 Ashley Ave. | Unit Pride Celebrations Contest Pizza Party Prize | RiverDogs Celebrate Healthcare Heroes (home game) | DAISY Team & DAISY Leader Award Presentations Nurse of the Year Ceremony 11:00 am - 12:00 pm St. Luke's Chapel Remote Watch Party 2 West Ampt. Or Facebook Live | "Be a Super Hero" Unit Celebrations Contest Pizza Party Prize Blessing of the Hands 7:00 am & 7:00 pm | Florence Nightingale's Birthday Celebration Nursing Professional Organizations in the Greenway 11:30 am - 1:00 pm Nurse Recognition Raffle Draw EPP, NKI, SE Rounding on Units |
| Leader Rounding all day/evening (all leaders) | | | | | | |
| RiverDogs Celebrate Healthcare Heroes (home game) | | | | | | |

Friday, May 14
Compassion Purpose Resilience (CPR)
8:30 am - 1:00 pm
SJCH 7010 or virtual (Register in MyQuest)
CEU's and DEI credit(s) available



NURSES MONTH
AMERICAN NURSES ASSOCIATION

YEAR OF THE NURSE
2020-2021
EXCEL • LEAD • INNOVATE
ANA ENTERPRISE



After 1 year and 1 month, West Ashley specimen collection site closes

By LESLIE CANTU

cantul@musc.edu

After serving as many as 1,000 people per day, MUSC Health's West Ashley drive-through COVID specimen collection site is closed for business.

It's a sign of how the pandemic has evolved. When the site opened in March 2020, Ambulatory environmental health and safety and emergency manager Erik Modrzynski said, they didn't know how long it would be needed, how many patients it would serve or even what the hours should be to meet demand.

MUSC Health was the first in the nation to combine a virtual screening appointment with a drive-through testing site. Keeping potential COVID patients outside of hospital and clinic buildings, where they could potentially infect staff members and other patients, was a priority.

Just a few months before, MUSC Health had opened the West Ashley Medical Pavilion within Citadel Mall. In March 2020, with the health system in need of a large outdoor site easily accessible from the interstate and major roads, mall owners Richard and Ginger Davis graciously agreed to allow MUSC Health to set up the drive-through testing site in the mall parking lot for an indefinite period.

For the next year, nurses and techs worked, swathed in personal protective equipment, in the sweltering Charleston summer, with the blacktop radiating heat back up at them; in the rain, unless there was lightning, in which case they hurriedly packed up; and in the cold.

MUSC Health leaders also realized that setting up a single testing site wasn't enough to serve the community. In April 2020, they opened a pop-up testing site in Columbia, offering both walk-up and drive-through services, followed by one in Sumter during the first week of May 2020.

Soon MUSC Health was offering pop-up testing across the state. As of April 12, 2021, MUSC Health had performed more than 390,000 tests statewide.

Even as that testing was expanding, Modrzynski was working behind the scenes, along with collaborators from Clemson University, to develop portable testing pods that could be placed in smaller locations and would keep team members shielded from the virus as well as the worst of the weather.

Those pods are now in use at a vaccination and testing site in North Charleston, at 2401 Mall Drive.

The Mall Drive site is better suited to current demand. With testing down to a couple of hundred people per day, it didn't make sense to maintain the expensive West Ashley site.

On April 13, crews were dismantling the site, reclaiming their tents and trailers to be rented out to the next customer. Belfor project manager Donald Ivy said the various companies involved had two weeks to finish, but he expected cleanup to move much quicker. After that, the blacktop will be repaired and the parking lines repainted, he said.

For Modrzynski, the testing site is a point of pride: Physical proof that no matter what, the people at MUSC Health are committed to working to get the job done for patients.



Photo by Leslie Cantu

Crews dismantle the drive-through COVID-19 specimen collection site in West Ashley. With dwindling demand for testing, it no longer makes sense to maintain this site. MUSC Health continues to offer testing at other sites.



Photo by Sarah Pack

An aerial view of the West Ashley specimen collection site when it first opened in March 2020.

AMBASSADORS *Continued from Page Three*

communities of color should get the vaccine and providing information on vaccination sites that they share with community members.

At these events, the faculty members help to dispel community members’ fears about the vaccine. They assure them that the vaccine has no COVID in it, and so it can’t give them the infection. They explain that the vaccine was able to be created so quickly not because corners were cut but because the government made huge investments in the vaccine, and a large number of patients were willing to enroll in the trials. They further explain that difficulty in enrolling patients can slow down trials and delay novel therapies from reaching the clinic.

Community ambassadors can also help establish trust in the vaccine and counter misinformation with fact.

Argentino Calvo, a retired firefighter and paramedic, participated in one of the vaccine clinical trials and serves as a community ambassador for the vaccine in the local Hispanic community.

“Being a firefighter and paramedic, you tend to become a leader of the community, a face of the community,” said Calvo. “So I get a lot of phone calls from people in the Hispanic community about questions and concerns. I try to encourage them. I tell them that I am in a vaccine trial because I believe it can do good. I tell them my family members in America and in South America are taking the vaccine. I try to give them a little more confidence about the vaccines.”

Another vaccine trial participant, Gullah Geechee sweetgrass artist and caretaker Warren Marcus, who prides himself on his bluntness, doesn’t mince words when trying to persuade people in his community to get the vaccine.

“All lives matter, but if you are going to walk around protesting that black lives matter, then show that black lives matter by going to get vaccinated.”

It is also important to let the communities of color know that those who are vaccinated can experience mild side effects, such as headaches, fatigue and muscle aches, which pass quickly.

“People sometimes get scared when they experience the mild side effects,” said Calvo. “I tell them, no, don’t worry, that’s normal. You might have flu-like symptoms for 24 hours, and then you will feel better. And then you’ll be protected from COVID. We had a number of Latino friends who had COVID, and several of them died. I’m so thankful that we now have the vaccines.”

“The sooner that we all become vaccinated, the sooner we can all protect each other and get back to a sense of normalcy with our families,” said Tolley.

“Getting a COVID-19 vaccine will help to protect each of us and our families and our communities,” said Ford. “We have to think about children, about parents and grandparents who may live with us in our households and other community members. This is not just about us. We have to think about protecting other people around us and the vaccine can help to do that.”

| COVID-19 Cases, Hospitalizations, and Deaths, by Race/Ethnicity | | | | |
|--|--|-----------------------------|---|----------------------------|
| Rate ratios compared to White, Non-Hispanic persons | American Indian or Alaska Native, Non-Hispanic persons | Asian, Non-Hispanic persons | Black or African American, Non-Hispanic persons | Hispanic or Latino persons |
| Cases | 1.7x | 0.7x | 1.1x | 1.3x |
| Hospitalizations | 3.7x | 1.0x | 2.9x | 3.1x |
| Death | 2.4x | 1.0x | 1.9x | 2.3x |
| Source: Centers for Disease Control and Prevention | | | | |
| Race and ethnicity are risk markers for other underlying conditions that affect health, including socioeconomic status, access to health care, and exposure to the virus related to occupation, e.g., among frontline, essential, and critical infrastructure workers. | | | | |

Courtesy of Dr. Marvella Ford and Danielle Hutchison

How to get the vaccine

- ❑ Schedule an appointment using MyChart, the MUSC Health patient portal, at <https://muschealth.org/vaccine-scheduling>. For those without internet access or MyChart, please call the COVID support line at 843-876-7227. MUSC Health is scheduling appointments in the Charleston, Columbia, Florence, Chester, Lancaster, and Marion areas.
- ❑ Check for upcoming locations for the Fetter Health Care Network’s mobile vaccination clinics at <http://fettercovid19screening.org>. These clinics do not require an appointment or preregistration. Staff will register those seeking vaccines onsite on the day of the vaccination clinic.
- ❑ Use the vaccine locator (<https://vaxlocator.dhec.sc.gov/>) provided by the South Carolina Department of Health and Environmental Control (SCDHEC). Or you can also call SCDHEC’s vaccine information line at 1-866-365-8110.
- ❑ Next scheduled mobile vaccination event via Fetter Health Care Network
Thursday, April 29. First Baptist Church, 121 Brewer Road, Summerville, SC 29483, 9 a.m. to 2 p.m. (Moderna-dose 1)

GLOBAL *Continued from Page Twelve*

interesting vaccines: simple receptor binding domain expressed in yeast. But I think we have to take a look at that," he said.

The group also discussed vaccine hesitancy, especially in light of the pause placed on the Johnson and Johnson vaccine while federal health officials investigate six cases of women who experienced a rare form of blood clot after receiving the vaccine.

"I truly, truly, deeply hope that a 'pause' is genuinely a pause. Every extra day that there's ambiguity is a day to be filled with mis- and disinformation and more anxiety," Larson said.

She said she'd like to see information about the risk and how to manage the risk be communicated clearly. When the Astra Zeneca vaccine was paused in Europe, she saw in polling a "precipitous" day-by-day drop in public confidence.

She said polling about vaccine confidence has become akin to political polling in that there are volatile swings in public opinion based on daily events. However, some surveys that ask about overall vaccine confidence might be masking the fact that people have strong preferences for a particular vaccine and low confidence in another.

Local leadership needs to step up to attest to the vaccines, particularly in places where national leaders are instilling doubt and undermining, she said.

"We heard in Brazil that it could turn you into a crocodile. And you think, 'This is a crazy idea, you know? Who would ever believe that?' But just the suggestion of it has really tipped some confidence in certain places. So I think with situations where national leadership is not building confidence in scientific interventions, local, local, local is needed. And in a way, in the absence of national leadership in a number of countries, local leadership has come up, and that's actually been a good thing," she said.

The anti-vax movement has globalized and become political, Hotez said. Scientists tend not to want to get involved in politics, he added. Further, for a long time, there was the thought that ignoring the anti-vax movement would keep it contained to fringe groups, but instead, the anti-science movement has grown, he said.

On the bright side, the panelists noted that already, more than 815 million people worldwide have received at least one dose of a vaccine.

STUDENTS *Continued from Page Four*

testing huts.

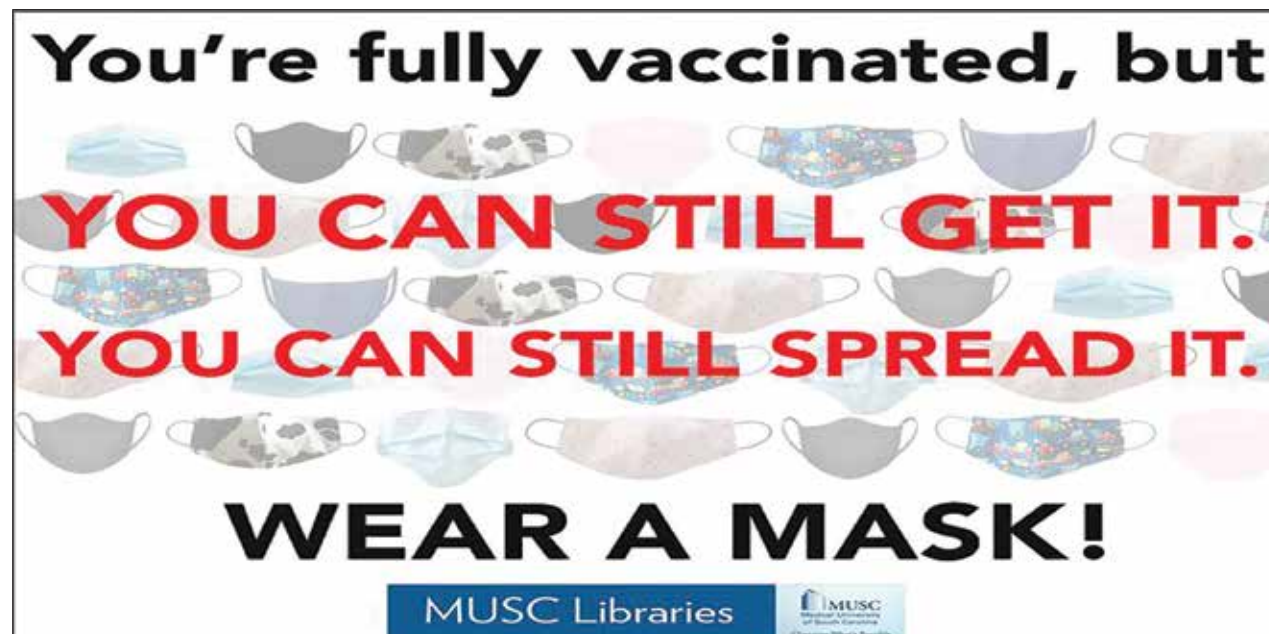
Moore and Burrell have moved on to other rotations, but they each said they brought their newfound swabbing skills into the hospital to help perform the tests on newly admitted

patients.

"I ended up becoming the COVID 'swabber' of the floor whenever I worked because I was like – as much as I can, if it's hands-on experience I will do it," Moore said.

Both students have accepted positions at MUSC Health to begin after they graduate this

spring. Moore will work in a digestive disease unit in Ashley River Tower while Burrell will work on an inpatient floor at the Institute of Psychiatry. He will also begin the Doctorate of Nursing Practice program in fall 2022 to become a nurse practitioner.





AVAILABLE POSITIONS

FOOD & BEVERAGE

Baker
Line Cooks
Pastry Cook
Lead Line Cook
Servers (Various Outlets)
Cocktail Servers
(Various Outlets)
Server Assistant
Bartender (Various Outlets)
Pool Service Coordinator
Host/Hostess
Barista

ROOMS

Club Lounge Attendant
Guest Service Agent
Door/Bell Attendant
Reservations Specialist
Valet
Garage Attendant
Room Attendant
Houseperson
Housekeeping
Inspector-Supervisor
Public Area Attendant
Turndown Attendant

SPA

Massage Therapist
Nail Technician
Esthetician

MANAGEMENT

Marketing Manager
Assistant Banquet
Manager
Food & Beverage Supervisor
Spa Manager

www.hotelbennett.com/careers

\$500 SIGN-ON BONUS

Questions: hr@hotelbennett.com