

## Community of Turkish students, faculty at MUSC finds support in aftermath of earthquake

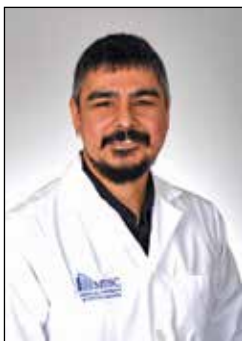
BY HELEN ADAMS

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MUSC's Turkish community is rallying around faculty and doctoral students whose loved ones are struggling in the aftermath of a powerful earthquake that was followed by an almost equally strong aftershock on Feb. 6. Another quake and more aftershocks hit the region earlier this week. The death toll in Turkey has risen to more than 40,000 people. In neighboring Syria, about 6,000 people have died.

Onder Albayram, Ph.D., an assistant professor of pathology and laboratory medicine, lost members of his extended family. His parents survived, but he worries about them. They live in his hometown of Gaziantep. That's the city closest to the quake's epicenter in southern Turkey. Albayram's parents are temporarily staying in a factory that withstood the earthquake, waiting for an inspection that will show whether their apartment building is safe to move back into.

Albayram calls his parents daily and stays in touch with friends who are keeping an eye on them. "I told



Albayram

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Photo by Kellie Adams

Writer Bryce Donovan wanted to see what all the fuss was about. He now regrets his curiosity.

## Mam, oh mam, is this fun

**EDITOR'S NOTE:** This is the fourth in a series of regular columns by MUSC writer Bryce Donovan. "Trust Me, I Know a Doctor" takes us inside Bryce's mind as he experiences the interesting aspects of life at MUSC, all told through his own lighthearted lens.



They say inspiration can strike when you least expect it. Other times, it happens exactly when you think it will, like when I decided to write a column about getting a mammogram, while making paninis.

**YOU:** "I just threw up a little in my mouth."

**ME:** "Quit being so dramatic. It's not like I got any chest

hairs in them."

**YOU:** "Oh my God, I'm never eating another sandwich again."

In all seriousness, mammograms are something I've always been curious about. Well, that, and where babies come from — but one riddle at a time. To get to the bottom (or is it front?) of the mystique surrounding mammograms, I decided to schedule one to see what all of the fuss was about.

"But Bryce," you might be saying, "you're (probably) a man. How does that even work?"

Well, spoiler alert ... not very well.

But let's back up a bit. To understand why I wanted to do this in the first place, you need to know a few things about me:

1. I will jump at any opportunity to take my shirt off in a work setting (especially if it doesn't end with a trip

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my friends, ‘Never, ever tell my parents who passed away.’ They need to be stable. It’s been very traumatic for them. They haven’t watched any news because it’s very traumatic. And I tell them they should be patient, stay calm and so on. I mean, you survive, but lots of relatives passed away, and the weather is very tough. It’s the middle of winter.”

It’s chilly in Hatay Province, too, southwest of Gaziantep, where MUSC doctoral student Kubra Calisir grew up. It’s in the Mediterranean region of Turkey and shares a border with Syria. The quake and its aftershock took a heavy toll there, too, leaving Calisir’s grandparents trapped under the rubble of a building until her aunt rescued them.

Calisir’s parents moved quickly to help, driving 15 hours from western Turkey to pick up her grandparents and bring them to safety. They realized the elderly man and woman were seriously hurt and got help. “My grandparents are in a hospital in intensive care. They have breaks in their ribs, and they have lung ruptures because the ribs broke the lungs. So they are not in a good shape right now,” Calisir said.

Knowing that makes it even harder to be so far from home. Calisir’s first impulse was to travel to Turkey, but family and friends encouraged her to stay in Charleston and continue her studies at MUSC.

“It’s really sad. We need help. And people there need to feel that they are

not alone. So that’s what I am trying to do right now. Like, although I’m far away, I’m still with you. I didn’t sleep for three days. I’m just watching the news all the time and thinking what I can do for them. Not only just for my family but for all people suffering this.”

Having friends and mentors from Turkey at MUSC makes her feel a little less alone. That includes Besim Ogretmen, Ph.D., a biochemistry and molecular biology professor.



**Ogretmen**

He’s been at MUSC for more than 20 years. He said there’s a growing cadre of scientists from his country living in Charleston, drawn by the work being done at MUSC and the city’s charm.

“We have very talented researchers and clinical faculty at many levels, from graduate students to senior leaders at MUSC, from various regions of Turkey, with diverse backgrounds. When a tragedy like this devastating earthquake happens, all of us, as a part of the MUSC family, mobilize to help the victims in one way or another. We are so thankful that many friends and colleagues at MUSC and other institutions around the U.S. check with us to ask how our families are doing and how they can help,” Ogretmen said.

Fellow biochemistry and molecular



*Photo by the Yomiuri Shimbun via AP images*

**Rescue operations at a collapsed building in Gaziantep in southernmost Turkey.**

biology professor Ozgur Sahin, Ph.D., is grateful for the support. His family was about 170 miles from earthquake’s epicenter, but that didn’t keep that area from shaking, too. “They came out, and they spent the night in a public school. There’s a huge amount of snow in that region. It is really terrible,” he said.

“It is wintertime, and the aftermath is really bad. The people who survived will need a lot of accommodation, which is currently not available. That’s why the motivation is really to help those people who survive — and they don’t die of cold, you know?”

Sahin and other faculty members and students are raising money for those survivors. They encourage others to consider contributing to a thoroughly vetted charity, such as the Foundation of Anatolian People and Peace Platform, better known as AHBAP, or the Disaster and Emergency Management Authority, aka AFAD.

Meanwhile, there’s a fundraising web page for Calisir’s family. On it, she says about three-quarters of her family, including her injured grandparents, lost everything

But not all losses are physical. “I still can’t wrap my head around this disaster.

That has been the worst of all,” said Turkish doctoral student Eda Karakaya.

“Despite telling myself that even if I had been in Turkey right now, there would not be much I can do; I just can’t stop thinking about it. Not long ago, on Nov. 22, my hometown of Zonguldak — on the Black Sea region — got hit by an earthquake as well, although it was not this big. What I had gone through that time, I am going through the same experience over and over again. And I just can’t shake the thought that my family, my people must live with this fear.”

That fear is based in part on the fact that Turkey sits at the junction of three tectonic plates, raising its earthquake risk.

MUSC’s Turkish scholars and scientists will be closely watching as their home country recovers, doing what they can from Charleston. Calisir’s appeal on her fundraising page put it simply. “Any help would be greatly appreciated. This is all I can do to help my family at the moment. Thank you for taking the time to hear me out, and I thank you in advance for your help and support.”



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President's  
Blog

## CUT TO THE CHASE

# Ahead of the curve: Re-imagining rural health care

By DAVID J. COLE

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On Jan. 17, MUSC accomplished something that goes against one of the longest running trends in rural health care. We opened a brand new, state-of-the-art, 25-bed rural facility in Cades, South Carolina: MUSC Health Black River Medical Center. This will serve the communities located in southern Florence and Williamsburg counties. It will also serve as a direct connection to the excellence and expertise that comes with being part of the state's only comprehensive academic medical center. Why is this such a big deal? I'll explain.

There is a constant stream of media and articles, peer-reviewed and otherwise, related to the current state of rural health care (or lack thereof) in the U.S. To this point, we live in a state that is considered mostly rural once you get outside of the larger metro areas of Charleston, Columbia and Greenville. And every single one of these articles offers similar dire-straits stats:

- A recent report conducted by the American Hospital Association highlights the causes of 136 rural hospital closures from 2010 to 2021 – 19 just in 2020.

- All rural hospitals that closed suffered from issues, such as staffing shortages, low patient volume, regulatory barriers and financial challenges like skyrocketing costs in the supply chain.

- A report from the University of North Carolina at Chapel Hill found 184 rural hospital closures since January 2005, where in some cases, hospitals shifted to no longer offering inpatient

care, instead offering emergency services only.

- This report details how in South Carolina, we've had four rural hospital closures since 2005, and of the 26 current rural hospitals, five are at immediate risk of closing.

Why does this matter? What is the impact for these communities when a local hospital closes?

To state it clearly – a community without health care is a community without a future.

This last point is why MUSC was invited to the table with county, state and federal government representatives, local hospital leaders and community members to discuss the future of health care in the Lake City/Williamsburg County area. Fast forward to today, and Black River is the only newly constructed rural hospital that has or will open in 2023 – not just in South Carolina – but likely in the NATION.

Now, you might be thinking, "Well, Dave, does this mean that MUSC is running INTO a burning house while everyone else is running OUT?" Excellent question ... and my answer is that this facility is one of the most forward-thinking, collaborative and innovative solutions to the rural hospital dilemma in action.

In the previously mentioned AHA report, the authors outlined some ideas for how rural hospitals could become more solvent. And while yes, more federal support, decreased regulatory burdens and Medicaid expansion are logical pathways, it's hard to negotiate those pathways for most smaller hospitals – it's rare for them to get ahead of that curve. Where the report gets more interesting is when it



*Top Photo by Sarah Pack, Bottom Photo by John Russell*

talks about partnership arrangements and flexible models of care – think telehealth. MUSC Health has been working with local and regional rural health systems over the past five years to create an innovative and effective means of balancing and re-imagining the challenges facing rural hospitals: staff recruitment and retention, patient outmigration, increasing overhead costs and requirements and truly delivering the best local care with access to any level of care required.

Because of who we are, and what we do, MUSC is able to bring many tools to the table with our local partners to help to address many of these issues that block best patient care and sustainability for critical access for these

rural hospitals – physician recruitment, quality oversight, brand recognition, staff retention, access to subspecialists, telehealth and shared services, system infrastructure and pricing. All of this springs from our core commitment: putting our patients and those we serve, the citizens of South Carolina, first.

What the AHA report itself doesn't really talk about, but what we know to be true, is that rural health care facilities like Black River are the heart of their communities. They provide a sense of belonging and trust that only occurs when neighbors care for other neighbors. It is hard to place a numerical value on the importance of that – it evokes hometown, community

*See RURAL on page 11*

# Jimmy Carter's longevity a contrast with decrease in life expectancy in U.S.

BY HELEN ADAMS

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With 98-year-old Jimmy Carter in hospice for his final days, an expert on aging at MUSC is reflecting on the former president's remarkably long life at a time of decreasing life expectancy in the United States.

"I mean, it's just astounding to see the longevity of this particular generation," said Heather Boger, Ph.D., education and outreach director of the MUSC Institute for Healthy Aging. "I think political party aside, you look at what Jimmy Carter was able to do, even after he didn't get reelected, what he went and made of his life is amazing."

After losing in a landslide in 1980, the former president and peanut farmer from Plains, Georgia, established the Carter Center and traveled the world to help with peace negotiations, monitor election security and work to get rid of infectious diseases. Carter won a Nobel Peace Prize and worked with Habitat for Humanity for decades.

While few could match Carter's achievements, Boger, a neuroscience professor and researcher, said there are plenty of other accomplished and long-

lived people of his generation. "You look at Betty White; she died just shy of 100 last year. And we've had several live well into their nineties, including prominent actors and other public figures," Boger said.

Those well-known names had access to excellent health care and nutrition because of their resources and statuses, of course, but there were also societal changes that helped the famous and not famous of Carter's era.

"For their generation, we had a lot of improvements that took place, such as medical advancements and establishment of sanitary systems. There isn't as much disease and infection, which was running rampant before. Because of all these advancements, as well as people being more cognizant of taking care of themselves, we see more individuals living longer and healthier lives. Same can be said of Jimmy Carter's wife, Rosalynn. She's 95 years old and by her husband's, of 76 years, side."

You might think this all adds up to long life expectancy for generations to come. But Boger fears that won't be the case. "Life expectancy has declined in the last few years. And I'm actually expecting it to come down a bit more. We don't



*Courtesy LBJ Library*

**Former President Jimmy Carter smiles during a visit to Austin, Texas, home of the Lyndon B. Johnson Presidential Library and Museum.**

know yet the long-term effects COVID will have, not only from the infection perspective but also from the aspect of long-term social isolation on mental health. We already know there has been an increase in substance use disorders, which is a cause for concern," she said.

And those aren't the only issues. "A lot of gaming, a lot of unhealthy diet, a lot of over-consumption when they're not expending that energy. All of these factors are creating kind of the perfect storm that is going to have, I think, a significant impact long term. I think we're not doing enough to better preserve and nurture our young people to grow and have these longer, healthier lives."

So what should our society be doing about it? Boger suggested looking at super-agers, such as Carter. "I think we need to be cognizant of the fact that this particular generation, those who have been able to live into their nineties and hundreds in the last decade, they had very active lifestyles. They were out and about physically being active. They

weren't tied to devices like we are."

Boger said research shows that social and spiritual activity are important, too. "There was the Religious Orders Study done almost 20 years ago out of Rush University in Chicago really assessing this. I think it was roughly a thousand nuns, priests and other religious professionals that were followed, and findings suggested that their social and spiritual activities, as well as learning new skills, contributed to long active lifestyles with very little disease or comorbidities with many living into their hundreds."

Boger said researchers have also studied the effect of outlook on longevity. "Optimism, your attitude, being able to laugh at things, not taking everything so seriously, is so important. Really focus on things you have control over or have the greatest impact to you but letting go of everything else. Also maintaining humor, a positive attitude, can contribute to a long life."

Jimmy Carter appears to have



*Courtesy The Carter Center*

**Jimmy and Rosalynn Carter visited children in Nigeria in 2007.**

**See LONGEVITY on page 11**



## MEET SCOTT

**Scott Christopher Deal****Department; Years at MUSC***Information Solutions; 11 years***How are you changing what's possible at MUSC***By providing IT support for individuals to keep their systems working that they depend on – as they should.***Family and pets** *Jessica, Jayden and Jordan, dogs, Tonka and Spock (rescue dogs)!***A unique talent you have** *Gardening***Who in history would you like to meet and why***Nikola Tesla – his inventions and understanding of things enable our modern society.***Music in your player right now** *The Kinks "Days"***The best thing about living in Charleston***Beautiful historic beaches, lakes, rivers and good food***What food is a must have in your fridge** *Sharp**cheddar cheese***Favorite movie quote** *"I am free, Ranken. I am free."**– "Runaway Train"***SAVE THE DATE**The Division of Education Innovation and Student Life  
and the Office of Student Engagement

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# ‘These are warning strokes’ – New guidance on TIAs could have big impact

By HELEN ADAMS

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If you have a transient ischemic attack, or TIA, you need to get help immediately. It may be a warning that you’re about to have a stroke. If you get the right kind of help, you may be able to prevent that.

“It is very common, especially in rural areas, for TIAs to go unrecognized. Then the patient goes on to have a stroke that could have been prevented,” said vascular

neurologist Parneet Grewal at MUSC Health’s Comprehensive Stroke Center.

Prevention is the goal of a new scientific statement from the American Heart Association.

It’s aimed at making sure doctors and nurses across the country, including those in rural areas that may not have stroke experts, follow the right steps to take care of patients who have had TIAs.

Grewal, an assistant neurology professor at MUSC, said the guidance could save lives. “Historically, people have been calling TIAs mini strokes. But these are not mini strokes. These are warning strokes. Ten to 18% of these people, within the next 90 days, will have a stroke, with almost half occurring within two days of the TIA.”

The American Heart Association statement spells out what doctors should do to try to keep that from happening, from comprehensive evaluation to risk assessment scoring.



**Grewal**

It includes specifics for health care providers in rural areas.

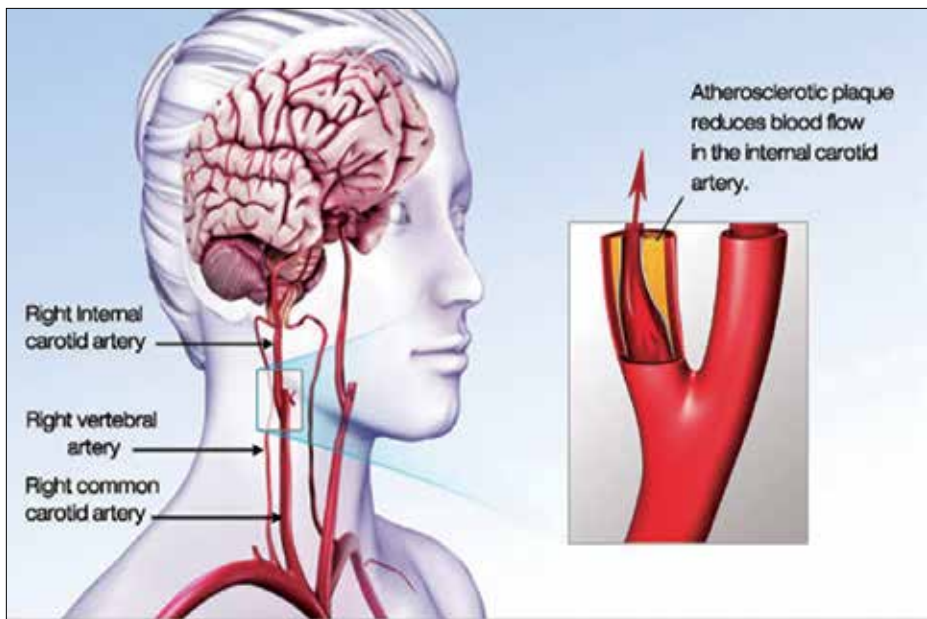
Grewal said no matter where a patient lives, getting the right care starts with recognizing the signs. “In a TIA, basically the symptoms are the same as stroke symptoms. It’s only that they’re very transient. They’re temporary. We tell our patients to watch for sudden loss of balance, sudden vision loss, an uneven smile, check if one arm is weak or if you’re having slurred speech or trouble talking. Those are all warning symptoms of a stroke.”

If that’s happening to you or someone you’re around, Grewal said you need to get to an emergency department as soon as possible. If you’re in an area that doesn’t have a neurologist, your doctor may be able to use telehealth to connect with a stroke expert at MUSC Health or another hospital with neurological expertise. It just needs to happen quickly, Grewal said.

“The duration of TIA symptoms is typically less than 60 minutes, but we don’t want people to wait 60 minutes before they come to the ED. You don’t know if in the end, it will be a stroke or a TIA.”

If it’s a TIA, Grewal said a series of evaluations should follow. One test checks something called the patient’s ABCD2 score. “It can help decide if you’re in the low-risk group or the high-risk group for having a stroke.”

- The “A” stands for age. Your stroke risk doubles every 10 years after you turn 55, according to the Centers for Disease Control and Prevention.
- “B” is for blood pressure. High blood pressure raises the risk as well.
- “C” is for clinical features of the TIA, such as weakness and speech problems.
- “D” stands for duration of symptoms and whether the patient has a history of diabetes. The shorter the time the



*Image used with permission from the American Heart Association*  
**In a transient ischemic attack, a blood clot blocks an artery for a short period of time.**

symptoms lasted, the lower the patient’s risk of a stroke. Diabetes doubles the risk.

But the ABCD2 test isn’t the only assessment that should follow a TIA, Grewal said. “Everybody with a TIA should have a noncontrast CT head done,” Grewal said, referring to a computed tomography brain exam. “There are some things that can mimic a TIA, like a brain mass or a hemorrhage. So noncontrast CT at least helps us rule out those things quickly in the Emergency Department.”

The patient also needs an MRI to see if the attack did any damage to the brain, Grewal said. “About 40% of the patients who have TIA symptoms, when we do their MRI, they have abnormalities on the MRI. So they then are actually diagnosed with a stroke and not a TIA at that point,” Grewal said.

That’s not all. “If they fall in the high-risk category, based on the ABCD2 score, they get admitted to the hospital. Patients also need to undergo vessel imaging; get an evaluation for cardiovascular risk factors, such as diabetes or hypertension; and get a thorough cardiac workup.”

Grewal said TIA patients considered

lower risk should be seen in a stroke clinic, ideally within 48 hours or at most within a week, for further examination. But she knows there have been challenges in making sure TIA and stroke patients get the right care. “Despite the fact that we have had improved emphasis on stroke symptoms, there have been a lot of disparities in the treatment rate, mortality and 30-day readmissions in rural areas.”

The reasons for that vary. “It can be due to multiple causes, including patient health literacy, clinicians with an unconscious bias or people aren’t aware of what it means to have a TIA. And then also access to care and quality of care that you receive in these communities can make a big difference.”

She said the new AHA guidance should help. “I think this is something that needs constant education and reinforcement. I think this statement will lead to a change in practice just because it is specifically focused on that target demographic. It’s now up to each hospital to review the current policies related to TIA and stroke to create a pathway for adequate care and management.”



# New Center ensures people with kidney stones get treatment in 24 hours

By HELEN ADAMS

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Gwen Rogers knows all about kidney stones — not only because she's a urology nurse but also, unfortunately, from plenty of personal experience. She's had enough kidney stones to sense when one is about to make her life very uncomfortable. "A lot of times it's just kind of a funny feeling that comes over you. At first, you feel a little nauseated; you feel a little dizzy, kind of like something's not right."

Then, depending on the size and location of the stone, the real discomfort may ramp up. While some kidney stones can pass through the body safely, sometimes the hard little rocks of salt and minerals get trapped in the urinary tract.

Rogers described what that feels like. "The pain starts in the back or flank area and progressively gets worse. Then the pain wraps around over the hip, whether it be the left hip or the right, and wraps right into the groin area. It can be pretty excruciating and happens really quickly at that point."

The nurse, who recently moved to the Charleston area from North Carolina, said in the past, getting



Photo by Sarah Pack

**Gwen Rogers takes medicine before work to try to prevent kidney stones. She has a history of suffering from the painful little rocks and is happy a new clinic ensures she gets treatment quickly.**

treatment wasn't exactly a speedy process. "I would call the office; I'd wait for somebody to call me back, and that could take one or two days. Of course, when the pain kicks in, you end up going to the emergency room, and the wait there could take hours for them to see you and finally begin treatment."

She's grateful that MUSC Health now has a designated Kidney Stone Center with a hotline that offers treatment within 24 hours. When Rogers called that hotline on a recent Thursday evening, she was thrilled to be scheduled for surgery the next day.

Urologist Stephen Savage, M.D., leads the center. He knows how important it is to help patients such as Rogers, who are suffering, ASAP, using care tailored to their situations. "We have a dedicated full-time team. We have three fellowship-trained urologic specialists in stone disease. We will offer every treatment for stone disease, including endoscopic surgery, percutaneous surgery, robotic surgery and shockwave therapy," Savage said.

Endoscopic surgery involves a urologist guiding a scope through the urinary tract to the stone to break it up. Percutaneous surgery means a tiny tube is put

See **CLINIC** on page 12



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TEST *Continued from Page One*

to HR).

2. I was raised by a single mom. A tough, no-nonsense woman. And I respect the heck out of her. So any time I can do something to understand the plight of women better, I want to take that opportunity.

Speaking of the plight of women, my poor wife has been married to me for 15 LONG years, so first things first, round of applause there. But I also bring her up because, for as long as I can remember, I've always asserted that she's less of a wuss than I am. (In fairness, she has also said this. So have my kids. As well as most amusement ride operators.) So know that this isn't just me giving her lip service. It's a fact. But I doubt I'm alone here. I'd wager to say that most men would agree women are, on the whole, the tougher sex. I mean, just based on science alone, it's unarguable that women deal with some of nature's most difficult tasks. Things

like menstruation, childbirth and pretending to enjoy themselves while sitting through 10 "Fast & Furious" movies over the span of two decades.

So, it was out of respect – well, that, and to be able to say, "Amen, sister!" whenever my wife talked about the unpleasantness of mammograms – that I decided to sign up for the imaging procedure that most women go through typically once a year. To make it happen, I reached out to Rebecca Leddy, M.D., MUSC Health's director of breast imaging.

I thought my request would be novel, but somewhat to my surprise, she said MUSC gives mammograms to, on average, a couple of men a week (mainly for a condition known as gynecomastia). So my visit wouldn't be completely uncharted territory for mammography technician Kellie Adams. But don't you worry, I still made things plenty awkward:

ME: "More like a 'man'nogram, amirite?"

KELLIE: "We'll get a clearer image if you don't talk."

ME: "We're still in the waiting room."

Throughout the entire experience, Adams was compassionate and professional. You would have thought that she performs mammograms on men all the time. She calmly walked me through the procedure before asking me to take my shirt off and put on a gown. Then, she placed tiny stickers on my nipples. At the center of each was a small metal ball.

"It's so we know where the nipple is," she told me. Sometimes they can look like a tumor or a mass on imaging, she explained. The stickers just cut out any confusion. Where confusion still exists, however, is why some patients ask if they can have extras to take home with them.

"I just give them some. I don't ask questions," she said, laughing.

Once that was done, Adams gently walked me up to the 3D mammography machine. Then she turned me sideways, pushed my chest up against it and slowly clamped down a clear plastic tray on top of my right breast. Due to nerves, and just being an all-around disgusting human being, I had begun to get quite sweaty. This didn't do us any favors, as I kept slipping out of the machine. The only thing missing was the "Benny Hill Show" theme song. Imagine trying to trap a fish between two sheets of ice, and that's pretty much what Adams was up against. The only real solution was to press harder in order to keep my boys in place.

And that's when I got my first taste of the unpleasantness I've heard women talk about.

"The smaller you are, the more you feel," Adams said, not that she's trying to start a competition with bigger chested men.

After repeating this comedic routine three more times – Adams keeping her game face on the entire time, even though I had begun to laugh (and possibly cry a few times) – we were finally finished with all of my images. And just like that, I had completed my very first mammogram. Adams gave me a high-five.

"You did great," she said.

And you know what? I think she was right. It wasn't a blast, but I made it through and lived to tell (and of course complain) about it to my wife. I must admit, it's a bit of a badge of honor to join the girls club and be able to know exactly what it's like to have your breast smushed as flat as a, well, panini. Yeah, sorry to revisit that visual.

That night, as I changed into my pajamas, I told my kids all about what I had done. At first, they laughed. But once the giggling subsided, I noticed a hint of something else in their eyes. They were looking at their dad – a man they dearly love, a man who had just done something proactive and health smart, a man who had set a good example for them – with, was it admiration? Pride?

And then I realized I had forgotten to take my nipple stickers off.



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# Students offer special blankets and sun protection tips to new parents

By HARRISON HUNTLEY

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Whether it's clothes, toys or even diapers, new mothers often find themselves surrounded by gifts from friends and family alike. This year, students at the MUSC College of Medicine (COM) are offering their own gifts to new parents at MUSC Shawn Jenkins Children's Hospital (SJCH), and they might be lifesaving.

Laura Andrews and Chelsea Shope are a part of the COM Dermatology Interest Group that regularly visits the mother-baby unit at MUSC Shawn Jenkins Children's Hospital. They come bearing gifts, including a drawstring bag that holds a special sun protection blanket and reminders about the dangers of sun exposure to newborns.

"It's a UPF blanket, meaning there is a 'UV protection factor' in the blanket," Andrews said, explaining ultraviolet rays. "We also provide a pamphlet with educational information and a QR code where families can go get more protective clothing, hats and blankets."

This is important because the American Academy of Pediatrics (AAP) recommends keeping newborns and babies under 6 months out of direct sunlight, due to the high risk for sunburn. And while the U.S. Food and Drug Administration has not approved the use of sunscreens in babies under 6 months old, the AAP supports limited use when adequate clothing and shade are not available, stating that parents can apply a minimal amount of sunscreen formulated especially for infants, with a sun protection factor of 30 to 50, to the face, back of the hands and tops of the feet — but, ultimately, urging sun avoidance.

The COM group partners with IMPACT Melanoma, a national nonprofit organization that works to reduce the incidence of melanoma. The students are involved with the organization's No Sun For Babies

initiative, which states that a sunburn during childhood can nearly double a person's chance of developing melanoma.

The information provided gives parents three easy ways to protect their babies from the sun. First, babies need to stay in the shade, which they can do using the new blanket provided to them by the COM students. Secondly, hydration is important, and breast milk or formula has all the fluids necessary to accomplish that. Finally, it's important that babies remain covered in protective clothing and wide-brimmed hats to avoid sunburn.

"We have been very excited to support this effort because the importance of sun protection and sun protective behaviors for infants and young children is not often discussed," said Lara Wine Lee M.D., Ph.D., an assistant professor of dermatology in the College of Medicine. "Not only are sunburns in children a major risk factor for all types of skin cancer, including melanoma, but also contributes to other problems with long-term skin health. Sun protective behaviors should be taught early so our kids grow up with good preventative health practices, and this program is an excellent opportunity to educate families on the importance of sun protection."

With a grant from the SJCH, the COM students were able to provide the bags and protective blankets for free to the new mothers. In the summer months, the students plan to continue the distribution but swap out the blankets for car window shades to keep babies cool and shaded on summer road trips.

"Parents are often surprised that you still get UV rays through glass," Shope said. "If you're rocking or feeding your baby feeding by a window with natural light, you are still getting some of that sun exposure. The blanket is a great option because you can cover up those sun exposed areas when you are sitting."



*Photos by Sarah Pack*

**Medical student Laura Andrews explains to a new mother how to protect her newborn from harmful ultraviolet light.**



**Students, as part of the College of Medicine dermatology interest group, created and distributed drawstring bags filled with a special sun protection blanket and educational info about protecting newborns from sun exposure.**

## Board votes to move forward on long-term lease, operations agreement with tRMC

The MUSC and the MUHA Board of Trustees held their regularly scheduled committee sessions and board meeting on Feb. 9 and 10, respectively.

□ After appropriate due diligence and with the overwhelming support of county officials and state legislators, trustees voted unanimously to finalize a long-term lease and operations agreement with the Regional Medical Center (tRMC) in Orangeburg, S.C.

MUSC was invited by the state legislature and elected officials of Orangeburg and Calhoun counties to consider a new relationship with tRMC following the establishment of proviso 23.6 of the South Carolina General Appropriations Bill for Fiscal Year 2022 to 2023, which states that “the Medical University of South Carolina and the Medical University Hospital Authority shall partner with the Regional Medical Center in Orangeburg for research and improved access to care in rural and underserved communities experiencing chronic disease.”

Under the current nonbinding letter of intent between Orangeburg and Calhoun counties and MUHA, MUSC Health would assume control of all hospital operations and associated ambulatory practices. Finalization of the definitive agreement and receipt of various regulatory approvals are required to complete the process.

“Health care requires constant innovation so that evermore complex levels of care can be delivered safely closer to home. This is done through telehealth, physician-to-physician collaboration and working with talented and capable caregivers already within a particular area,” said James

Lemon, D.M.D., MUSC Board of Trustees chairman. “The board is highly supportive of this paradigm that benefits patients and local health providers by ensuring the viability of local community hospitals. We’re pleased to welcome the Regional Medical Center team and look forward to supporting their efforts to care for their neighbors.”

As part of its commitment to providing accessible high-quality, coordinated and cost-effective patient care services through a community-based health care delivery network, MUSC Health will work with the local health care community to improve and expand access to advanced medical care in Orangeburg, Calhoun and Bamberg counties by:

- Recruiting physicians, nurses and allied health workers to meet the community’s needs most effectively.
- Developing and applying best practices to improve care delivery and decrease health disparities.
- Implementing and expanding telehealth services and using technology to enhance quality, safety and access to care.
- Offering health care providers and clinical staff training and skill development opportunities.
- Establishing future graduate medical education opportunities.

“The proposed partnership is a game changer for the communities tRMC serves, and we are all pleased to have it unanimously approved by the MUSC board. The commitment to research and improved access to care in these rural, underserved communities ensures that they will not only survive but thrive,” said S.C.

Representative Gilda Cobb-Hunter, who serves the communities of District 95. “The overwhelming support for and excitement about this long-term relationship bodes well for its successful implementation. Thank you MUSC for your willingness to help provide quality health care options for our people.

“Regional Medical Center has cared for this community for over a hundred years and partnering with MUSC Health confirms our commitment to the patients we serve. We are extremely excited and very proud to join an organization that shares the same goal of delivering an innovative health care experience and a common mission to positively impact the health and wellness of our communities,” said Regional Medical Center board chair Lucius Craig, M.D.

Once the process is complete, MUSC Health anticipates hiring all active employees in good standing at compensation levels generally consistent with current rates and fair market value. MUSC Health team members will meet with the administrators at each of the facilities to determine staffing and needs, with the intent to make operations as efficient and successful as possible, maximizing value to patients, families and their respective communities.

MUSC President David J. Cole, M.D., FACS, said, “MUSC’s role and responsibility is to help ensure and elevate best local care with appropriate access to the more complex care offered by the state’s only comprehensive academic health system, especially in the rural and underserved regions of our state. Welcoming tRMC into the MUSC family establishes new partners who will join this journey with us. We’re excited to continue fulfilling our unique statewide charge to meet the rapidly growing needs of South Carolina citizens.”

□ As part of his regular board report, Cole shared some key achievements and updates since the prior meeting spanning across the education, research

and clinical missions of the institution. Some specific highlights included:

- MUSC Health Black River Medical Center’s grand opening in Cades, S.C. was held on Jan. 17, and the hospital is already exceeding census expectations.
- The 36-bed inpatient unit for patients from the South Carolina Department of Corrections opened at MUSC Health Chester Medical Center on Jan. 16.
- In Our DNA SC, the MUSC research partnership with Helix, surpassed the first-year goal of 20,000 samples in January.
- The Charleston Pediatric and Congenital Heart Program was nationally recognized by the Society of Thoracic Surgeons for its overall four-year observed mortality rate of 1.37% (expected 2.59%) and lower lengths of stay than the national average for all benchmarks and categories.

• The transplant program located in Lancaster received notice of Centers for Medicare and Medicaid Services certification, reflecting high levels of quality and safety compliance. To date, 34 transplants have been performed.

□ The board also received information regarding a new medical office building slated for opening in spring 2025 in Berkeley County and within the City of Charleston, located in the Point Hope development in Cainhoy. At this time, possible services that will become available at this location may include: imaging, infusion, lab, PT/OT, primary care (adult and pediatric), gastroenterology, musculoskeletal/ortho, heart and vascular, behavioral health, OB-GYN, neurology, ophthalmology and shell space for further growth.

The MUSC/MUHA Board of Trustees serve as separate bodies to govern the University and hospital, normally holding two days of committee and board meetings six times a year. For information, visit [academicdepartments.musc.edu/leadership/board/index.html](https://academicdepartments.musc.edu/leadership/board/index.html).



**RURAL** *Continued from Page Three*

pride, apple pie. Sort of like going to your local barbershop and getting a good haircut and a good conversation because they know you. Maybe it’s human nature, but we tend to feel safer when we’re closer to our homes and have the benefit of knowing that we can access the care we need. It’s one of many reasons that MUSC embraces the basic truth that the best care is local, and providing the right care, at the right place, at the right time, for every patient – rural or not – is a cornerstone of any growth decision we make. We pursue innovative approaches because we are actively listening and engaged with the communities that come to us for help ... because we have a higher purpose.

Our great privilege and duty to the citizens of South Carolina means that we must deliver outstanding health care, educate future health care providers and change the future of health and wellness in our state through innovation and research. What this all

means for Black River Medical Center is that as it matures into the high-quality community hospital we know it can be, it will also be poised to solve major health care issues in the long term by helping to increase the number of local care providers through training consortiums and by participating in groundbreaking clinical research that brings cutting-edge treatments closer to home.

Our organization has made incredible progress under some of the most challenging and transformative forces affecting modern health care, and I want you to know that it has required more than merely having a vision. It has required partnership, teamwork, common goals and values – and above all, trust. From our trustees, advisory board members, donors, elected officials and community leaders to our amazing boots on the ground, each individual’s contribution means that not only will health care delivery survive in this community, but I predict it will thrive for generations to come.

**LONGEVITY** *Continued from Page Four*

incorporated all of the factors that can lead to a long life. He remained active for as long as possible; had a strong social network, with close family ties, and was openly spiritual, teaching a Sunday School class in his hometown and writing books about the importance of religious faith in his life. He recently credited that faith with making him an optimist. He’s a reminder that people have a lot to offer as they age, something, Boger believes, that as a society we need to do a better job of acknowledging.

“We are very stereotypical of old people, unfortunately, in this nation – that once you’re old, you don’t know anything. You can’t do anything. Instead, we need to say ‘You have made a significant contribution, and I want to do for you and help you as much as you’ve helped us.’ So bridging that gap and

breaking those stereotypes, I think is quite significant,” Boger said.

As Carter spends the end of his life at home, as a lot of us would like to do, Boger said his life should be an example to help others live long lives, too – including her. “I want to one day be able to say, ‘I’ve lived a happy, healthy and active 98 years on this Earth.’ It’s what we should all strive for.”

**2023 Lowcountry Heart Walk  
scheduled for Feb. 25**

Join friends, family and co-workers to support the annual 2023 Lowcountry Heart Walk on Saturday, Feb. 25. Event check-in is 8 a.m., at Brittlebank Park. Support any of MUSC’s 44 teams and 259 participants. As of Feb. 22, MUSC has collected \$75,103 of its \$300,000 goal. To donate, visit [https://www2.heart.org/site/TR?company\\_id=395699&fr\\_id=7825&pg=company](https://www2.heart.org/site/TR?company_id=395699&fr_id=7825&pg=company).



**Find the words hidden vertically,  
horizontally, diagonally, and backwards.**

**ROLE MODEL**

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| ADULT    | INFLUENCE | QUALITIES |
| ASPIRE   | INSPIRE   | REACH     |
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| BEHAVIOR | LEADER    | TEACHER   |
| CHILDREN | MENTOR    | TRAITS    |
| GOAL     | MODEL     | WORKFORCE |
| GUIDANCE | OVERCOME  |           |

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CLINIC *Continued from Page Seven*

in the skin of the back to allow the doctor to find and get rid of the kidney stone. In robotic surgery, the doctor uses robotic instruments to go through small holes in the abdomen to remove the stone. And shockwave therapy uses shock waves to break kidney stones into small pieces so they're easier for the body to get rid of.

Kidney stones are more common than you may realize. About one in 10 people get kidney stones, according to the National Kidney Foundation. Savage said his team takes care of patients throughout MUSC Health's hospital system. "People in Lancaster, Florence, Kershaw, Marion – we work with all of them."

Savage said a variety of dietary, environmental, hereditary and metabolic factors can cause stones. "There's a lot of kind of folklore out there about why kidney stones form and a lot of misinformation. What we offer

everybody is, ultimately, an analysis of what's coming out in their urine to figure out why they're making stones so we can make personalized, targeted recommendations for them so that they don't have to go through this anymore."

Rogers is trying a low oxalate diet, avoiding foods such as spinach, almonds and rhubarb that contain high amounts of the compound. She's also taking medication to reabsorb calcium that is spilling into her urine and a supplement to increase her citrate to inhibit stone formation.

For her, there's no magic trick to prevent kidney stones. She's genetically predisposed to getting them. But proper diet and medication can drastically reduce her risk. And now, when she has one, she can get care almost immediately.

"I definitely want to say that this has been a great advancement for patient care – making a CT scan available, making a surgical suite available, getting a doctor on board right away. When



*Photo by Sarah Pack*

**Dr. Stephen Savage talks with nurse Tiffany Kirbus, left, and physician assistant Joanne Daniel about upcoming patients at the MUSC Health Kidney Stone Center.**

you're in that much pain, it weighs heavy on you and you want relief fast. So time is of the essence at that point.

The stone center team definitely has been a godsend, to be honest."

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