



Photo by Sarah Pack

Dr. Lucius Craig speaks at the March 1 celebration of a new agreement between MUSC Health and the Regional Medical Center in Orangeburg. The agreement will improve research and access to health care for the community and surrounding areas.

‘Momentous occasion’: MUSC Health, Orangeburg hospital celebrate new relationship

By HELEN ADAMS

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Surgeon Lucius Craig, M.D., chief of the medical staff at what was the Regional Medical Center in Orangeburg, is happy that it's now part of MUSC Health. “This is going to improve care in this area for today and for our children's grandchildren, in this area. That is amazing, and we're all a part of that,” Craig said at a ceremony marking the occasion.

“This is a part of history. Local and county officials, and also the state legislators, saw the importance of

the role that this hospital plays in the delivery of care in this area and in South Carolina. To that effect, we explored options for an affiliation with a larger health care system. Ultimately, we determined that MUSC will be the most beneficial option.”

The Regional Medical Center and MUSC Health reached a long-term lease and operations agreement, announced on March 1. The goal is to improve research and access to health care in rural areas and communities that don't have enough medical options. MUSC Health will run not only the Orangeburg hospital but

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‘Pay attention to symptoms,’ young colon cancer survivor says

By LESLIE CANTU

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“You're young. You're healthy. We're not worried about cancer.”

That's what Ebony Holmes' doctor said when she raised concerns about her stomach pains and the blood she saw in her stool.

It's what the gastroenterologist said when she showed up for the colonoscopy that her doctor ordered, just in case.

And yet, in February 2022, Holmes, at age 38, became one of about 19,000 people under the age of 50 diagnosed with colorectal cancer each year in the U.S.

Although the colorectal cancer death rate has been decreasing in older adults for decades, thanks to increased awareness of the importance of screening, the rates of colorectal cancer and of colorectal cancer deaths have been increasing in younger adults since the mid-2000s. There are a number of ideas about why this might be, including unhealthy American diets and the rising rates of obesity, but no one knows for sure why colorectal cancer rates are rising in people under the age of 50.

Holmes said she was in shock after the colonoscopy revealed a cancerous mass. Even more shocking — further testing at MUSC Hollings Cancer Center showed that the cancer had spread to her liver. It was classified as a stage 4 cancer.

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Hollings surgeon Virgilio George, M.D., chief of colorectal surgery at MUSC, said that about 10% of colon cancer cases are in people under the age of 45. Unfortunately, he said, it's common for both patients and doctors to think the symptoms must be anything but cancer in a young person. And younger adults are often busy with work and family – Holmes has two young sons – and ignore vague symptoms, he said.

“What happens is you put your health on the back burner because you have all these important things that take precedence,” he said. “So self-care is also something that, as a younger population, we need to do. We need to be more vigilant about this.”

Holmes had genetic testing done, to see if a gene mutation might be the reason for her diagnosis, but the testing didn't uncover a culprit.

“Basically, I was told it was just the luck of the draw, which is really not something you want to hear. It means that there was nothing I could do to prevent it,” she said.

After getting the diagnosis, Holmes began putting together the clues about odd symptoms she had had.

A few years earlier, she had been diagnosed with anemia.

“They didn't know why. It was just, all of a sudden in my 30s, I'm anemic,” she recalled. Anemia can be a sign of colon cancer because the tumor can

bleed internally. She had also noticed changes in the frequency of her bowel movements and how they smelled.

“But it's just something where you think, ‘Oh, maybe I ate something different today,’” Holmes said. “So it's really little signs that you wouldn't think are associated with cancer that you really need to pay attention to.”

Holmes' treatment plan included six months of chemotherapy to shrink the tumor, followed by surgery in October. George noted that Hollings is able to offer multidisciplinary care – all members of the care team consult with each other to ensure that each patient is getting the right care.

“That's a phenomenal resource that we can provide to our patients coming to MUSC. These days, care is tailored according to the cancer and according to the patient,” he said.

Further, Hollings is the only program in South Carolina to earn accreditation through the National Accreditation Program for Rectal Cancer.

Just as important as the medical plan was the support she got from family and friends.

“Family support is the biggest thing that helped me through it. I had support coming in from everywhere. Family out of town, family calls checking up on me daily, making sure that I didn't need anyone driving me. My husband drove me to every appointment, was there through every chemo,” she said. “They made sure that I didn't stay alone because sometimes,



Photo by Clif Rhodes

Ebony Holmes said that family support got her through her treatment for colorectal cancer, which is increasingly being diagnosed in younger adults.

being alone, sometimes your thought process can drag you down.”


Happily, Holmes has had a good outcome so far.

“As of Dec. 21, I am cancer free officially – none detected in my liver or in my colon or anywhere else, for that matter,” she said.

She advises others to pay attention to

their bodies and to appreciate life.

“Enjoy life. It can turn just that quickly,” she said. “I'm just so grateful. My faith in God kept me through this whole process. Don't take life for granted. Just enjoy every moment, live every day like your last because you never know.”



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Using trauma treatment to break down what one HIV patient calls 'stinking thinking'

BY HELEN ADAMS

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A woman who asked to be called Shirley to protect her privacy has been haunted both emotionally and physically by what began as a fun night out in 2001. "I had been partying and was back home when I got a phone call from a friend, and everybody was over by her house. So I wanted to go back out again. But she lived too far away to walk."

So the Charleston-area woman caught a ride. What happened next would change her life. "I felt like it was all my fault. If I had never got in the car, if I had never been wanting to go out to get high, I would've never been raped because I would've been in my house," she said.

She was not only hurt and traumatized. Her rapist, the driver of that car, also gave her HIV. Human immunodeficiency virus causes AIDS if left untreated.

Unfortunately, trauma and HIV are a combination that experts in this area see all too often. One estimate put the number of people with both HIV and PTSD between 35% and 64%. That's a big problem because trauma can affect patients' physical and mental health and even their comfort with taking the medications that can keep HIV from progressing.

That caught the attention of clinical psychologist Cristina Lopez, Ph.D., an associate professor in the Department of Psychiatry and Behavioral Sciences at MUSC. She's leading a clinical trial testing whether adding PTSD treatment to patients' HIV care can make them healthier. The National Institute of Mental Health is funding the study.

"There's a lot of research showing that people who live with PTSD are less likely to take their antiviral therapy," Lopez said, referring to the pills and shots that can control HIV.

"So for example, if you were sexually assaulted, and that's how you contracted HIV, taking a daily pill serves as a constant trauma reminder potentially. So then how do you, short term, get rid of your PTSD symptoms? You don't take your pill that day," Lopez said.

Skipping pills can allow HIV to mutate and cause the medicine to quit working. Lopez said PTSD may also make people more likely to miss the medical appointments they need throughout their lives to make sure the virus stays under control.

So she's recruited 60 participants for her study at MUSC to try to change that. All have both PTSD and HIV.

Every one of them will get an hour-long session called Lifesteps, which they can do in person or online. It emphasizes the need for people to take their medications as prescribed, shows what can happen if they don't and gives them tools to motivate them to stay on track.

But half, including Shirley, will also get 12 sessions of cognitive processing therapy. Lopez said it uses education and cognitive training, also known as brain training, to help people identify thoughts and feelings about their



Lopez



Photo by Sarah Pack

A Biktarvy pill that contains three medicines to treat HIV sits in front of a pillbox.

traumas. It then gives them tools to change unhelpful beliefs. Each session will be 90 minutes long and take place at MUSC's Ryan White HIV/AIDS Clinic.

Infectious diseases expert Allison Eckard, M.D., takes care of patients at that clinic. She's also part of the study team. "It's just really exciting to see HIV patients get the help that they

need in a very specific way. Because what I have learned is that trauma-focused therapy is very different than regular mental health services. This study allows us to offer that in a meaningful way," she said.

"We all know anecdotally how vulnerable this population is and how at risk they are for traumatic events and how trauma plays into their medical care and the psychosocial aspects of their lives. But it's only been in the

last couple of years that people started recognizing that this population needed trauma-specific mental health services."

In South Carolina, that population includes about 20,000 people living with HIV. The virus hits some groups harder than others, especially racial and ethnic minorities and men who have sex with men. About a quarter of the people with HIV are women, like Shirley. Women are most likely to get it through sex with men who have HIV.

Despite the relatively big numbers, Eckard said some people think HIV isn't a problem anymore. "The HIV epidemic in the U.S. is one of those things that many people either deliberately or subconsciously sweep under the rug – particularly in the South, because there's a lot of stigma and other things related to HIV that nobody wants to talk about. And so a lot of our patients with HIV suffer in silence. They don't have anybody to talk to about their HIV."

Shirley feels that stigma. "I'm not out with my status yet. I've been diagnosed since 2005. I have two children, and they are the only ones that know."

*See **THINKING** on page 7*



Eckard

TEDxCharleston 2023: ‘Re-emerging’ from uncertain times

By Bryce Donovan

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Name something that COVID didn’t ruin. OK, so maybe it’s responsible for an uptick in remote work, which isn’t all bad, but for the most part that useless virus has given society a real gut punch — and it’s just now finally starting to recover.

That’s why the focus of this year’s TEDxCharleston event — the grassroots initiative featuring local speakers speaking passionately about topics ranging from health to social issues, technology and more — is a celebration of our culture coming out of a tough stretch, tougher and smarter for the experience.

According to organizers, the past two-plus years have created a world fraught with new challenges and risks but new opportunities as well.

“Creativity, innovation and thoughtfulness are all needed to deal with this new reality,” the event’s website states. “An exciting lineup of speakers and performers will explore many important and inspiring ideas at the event, appropriately themed ‘Re-Emerge.’”

TEDxCharleston draws nearly 1,000 in-person participants each year, not including an extensive online following. This year marks the 10th year of the event, which will be held at Charleston Music Hall on March 29.



Photo Provided by TEDxCharleston

John Rhodes, an MUSC cardiologist with dyslexia, was one of the featured speakers at last year’s TEDxCharleston event.


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Abbott



Hink



Spiotta

Three of the 20 scheduled speakers/performers are MUSC’s very own: surgical oncologist Andrea Marie Abbott, M.D.; trauma surgeon Ashley Hink, M.D.; and neurosurgeon Alejandro Spiotta, M.D.

Abbott, who serves as director of MUSC Health’s Melanoma Program, specializes in the treatment of breast and skin cancers. Communication is something the surgeon really values. Her talk will focus on how all people, not just in health care, can better achieve their goals through communication that is calm, concise and

honest.

Hink, who is passionate about eliminating gun violence in our community, not just treating those who have been hurt, has been instrumental in establishing several new programs and initiatives in and around the Charleston area. Hink plans to speak about how health care systems can work with survivors and communities to break cycles of violence by addressing its root causes.

Spiotta, a professor of neurosurgery and neuroendovascular surgery and vice chair of the Department of Neurosurgery at MUSC, has devoted much of his professional career to studying and treating cerebrovascular disease. During his career, he’s performed thousands of complex, high-stakes brain surgeries in record time through deep focus and mindfulness. During his TEDx talk, he will get into how those same techniques can help with everything from exercise to finding success in the workplace.

For information, visit <https://tedxcharleston.org/>.

MEET KATIE

**Katie Castello**

Department; Years at MUSC
Department of Surgery; 12 years

How are you changing what's possible at MUSC

By going above and beyond to ensure the department culture is always great and continually evolving by identifying new and innovative ways to support our faculty and staff.

Pets and their names *Dowdy, a chocolate lab, and Bill, a fish*

Favorite sports team *I attended East Carolina University – Go Pirates!*

Best thing about living in Charleston
The people – everyone is so friendly, and it made us feel right at home when we moved here.

Favorite movie quote *“Worrying is like a rocking chair. It gives you something to do, and doesn't get you anywhere.”*
 – National Lampoon's Van Wilder

Training and Intercultural Education Opportunities
 Department of Diversity, Equity and Inclusion

Spring 2023

| | |
|---|---|
| Appreciating Diverse Experiences Saturday, January 21, 2023 9:00 am - 1:00 pm Wednesday, March 15, 2023 9:00 am - 1:00 pm Participants will receive 4 Hours of DEI Credit | Effective Allyship Wednesday, January 11, 2023 9:00 am - 11:00 am Thursday, April 13, 2023 12:00 pm - 2:00 pm Participants will receive 2 Hours of DEI Credit |
| Embracing Generational Differences Friday, February 17, 2023 10:00 am - 12:00 pm Friday, March 10, 2023 10:00 am - 12:00 pm Friday, April 14, 2023 10:00 am - 12:00 pm Friday, May 12, 2023 10:00 am - 12:00 pm Friday, June 9, 2023 10:00 am - 12:00 pm Participants will receive 2 Hours of DEI Credit | Having Difficult Conversations Thursday, February 9, 2023 9:00 am - 1:00 pm Wednesday, May 10, 2023 9:00 am - 1:00 pm Participants will receive 4 Hours of DEI Credit Hours |
| Recognizing and Challenging Unconscious Bias Tuesday, April 4, 2023 1:00 pm - 5:00 pm Participants will receive 4 Hours of DEI Credit Hours | Safe Zone Ally Training Thursday, March 2, 2023 9:00 am - 1:00 pm Wednesday, June 7, 2023 9:00 am - 1:00 pm Participants will receive 4 Hours of DEI Credit |

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PRESENTED BY DORIS RUBIO, PhD
 Assistant Vice Chancellor for Clinical Research Education & Training, Professor of Medicine, University of Pittsburgh

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Link to application and follow for more information

Actor Bruce Willis' type of dementia one of several forms that can strike

By HELEN ADAMS

adamshel@musc.edu

The type of dementia affecting the actor Bruce Willis is just one of several forms that dementia can take. Figuring out which one a patient has is important because it can affect the kind of care needed and what the patient and family members can expect.

Willis, 67, has frontotemporal dementia. It's a rare condition that usually shows up earlier than other forms of dementia.

Neurologist Nicholas Milano, M.D., specializes in treating patients with all types of dementia at the MUSC Health Memory Disorders Clinic. He explained what Willis is dealing with. "Frontotemporal dementia is really an umbrella term that covers two big two types of dementia," Milano said.

"That umbrella term includes the behavioral variant of frontotemporal dementia. Patients with the behavioral variant of frontotemporal dementia have a progressive change in their personality where they become disinhibited or maybe apathetic and have more trouble with problem-solving when it comes to their thinking."

The other disorder under the umbrella of frontotemporal dementia is primary progressive aphasia, Milano said. "Aphasia means lack of language. So, it's a primary progressive disease of language. Both have the same or similar pathologies, but it depends on where that pathology is in the brain."

Willis, famous for his roles in dozens of movies, including "Die Hard," "Pulp Fiction," "Looper" and "The Sixth Sense," was diagnosed with aphasia in March 2022. This month, his family said he has progressed to frontotemporal dementia. "I can't say for certain, as I don't know the details of Mr. Willis' case, but given the fact that the family previously reported he was diagnosed with aphasia, he probably fits the diagnosis of primary

progressive aphasia," Milano said.

"While everyone is different, the average life expectancy of a patient diagnosed with frontotemporal dementia is nine years from the first symptom but five years from the first diagnosis. Because usually there's a delay in diagnosis."

There is no cure or way to slow the progression of frontotemporal dementia, Milano said. "Because it's less common than Alzheimer's disease, there probably hasn't been as much research, and there haven't been any treatments that have been shown to be beneficial."

But doctors and family and friends can work together to try to make a patient, such as Willis, as comfortable as possible, often with the help of psychiatrists, speech therapists, neurologists and other specialists.

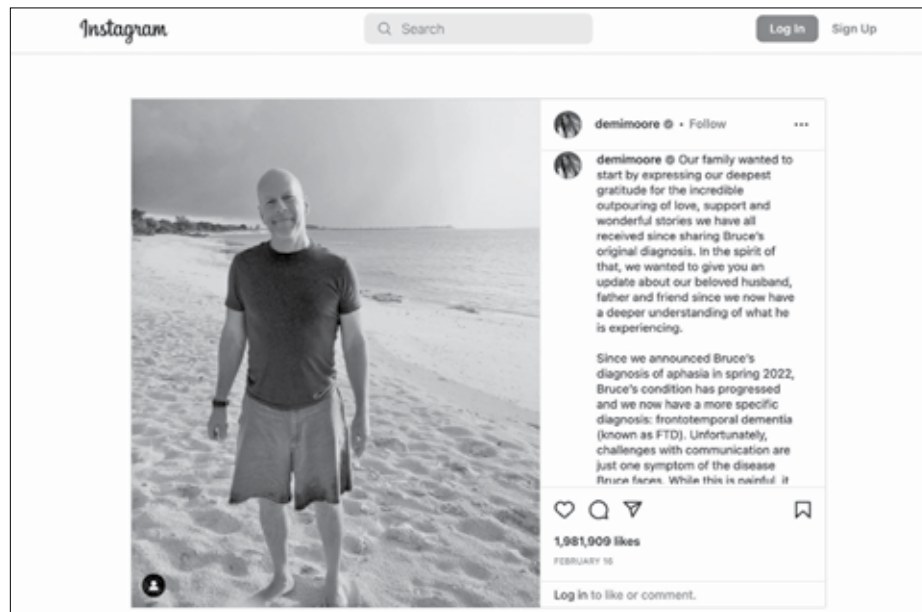
ALZHEIMER'S DISEASE

There is more encouraging news about the most common dementia diagnosis: Alzheimer's disease. "I have more optimism than I have in a while. I think, in general, there's more optimism among everyone now because there are some drugs that, even though they're not slam dunks, they look a lot more promising than everything anything else in the last 20 years," Milano said.

The drugs, Aduhelm and Leqembi, were approved by the Food and Drug Administration under accelerated approval because they were able to clear amyloid plaques from the brain. The plaques, which are made of protein fragments, can cause problems with how the brain works.

Milano said he's especially hopeful about Leqembi. "In the lecanemab [brand name Leqembi] studies, it also slowed progression of memory loss in patients. Now the question is did it slow it by a meaningful amount or not? I think time will answer that, but we've never had that before. We haven't had a med that's done that before."

Both drugs have to be given in the



Screenshot by Instagram

Bruce Willis' former wife, Demi Moore, posted on Instagram about his diagnosis of frontotemporal dementia, known as FTD.

early stages of Alzheimer's disease to have a shot at making a difference. "You have to catch it within the first year or so of the disease. So that's why it's really important that if you're having symptoms, you talk to your doctor. You don't want to put it off because that's the time when, theoretically, you could be put on one of these meds," Milano said.

Warning signs include forgetting whole conversations, repeating questions and getting lost while driving. "Those are significant symptoms that are more worrisome and require a more thorough evaluation," Milano said.

Alzheimer's disease progresses at different rates in different people. Most live four to eight years after diagnosis but some as long as 20 years, according to the Alzheimer's Association.

OTHER CAUSES OF DEMENTIA

While Alzheimer's disease affects the bulk of its patients, Milano's team at the MUSC Health Memory Disorders Clinic sees many other types of dementia as well. "There are lots of

different causes of dementia. You can have reversible things, even like vitamin deficiencies, or you could have strokes, which cause a vascular dementia, or you could have a degenerative disease of the brain that progresses to cause dementia."

Types, in addition to the ones Milano mentioned, include dementia with Lewy bodies, which is related to Parkinson's disease, and mixed dementia, which may mean having both Alzheimer's and vascular dementia.

They have different names, but they have something important in common. "All of these degenerative diseases have basically a buildup of abnormal proteins in the brain, which cause the neurodegeneration. So it's just different types of abnormal proteins," Milano said.

It's unclear why the proteins build up. Scientists are trying to figure that out.

But Milano said doctors already know there are risk factors for dementia that people can try to avoid. "A lot of them are very similar to your cardiac

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THINKING *Continued from Page Three*

But she's comfortable talking with therapists about what happened to her. In fact, Shirley said the MUSC study's cognitive processing therapy led to a breakthrough. She described the process. "When we did CPT, we used a booklet and wrote down the things that we're struggling with, some of the issues that we have to face," Shirley said.

"It's like breaking down what I call stinking thinking. It's each thought that you have that's negative about your existence, due to whatever trauma you've been through. And you feel that the guilt and the blame is on you."

A therapist helped Shirley talk through that guilt and blame. "I learned through the counseling how to break each one of those down and dissect it and really understand what I was going through and that the blame was not mine. And it took some figuring out. I mean, still, I have some guilt behind it because of the fact that I was raped is how I contracted HIV," she said.

"So I have that bias about blaming

myself for the situation, and it took the therapist to really explain to me and break it down to me that it wasn't my fault. It would've happened to anyone, and I just happened to be in the wrong place at the wrong time. If it wasn't me, it would've been anybody else. It was just that type of situation. He was just that type of person."

The realization was a relief, she said — peace of mind for a woman who has been living with HIV and PTSD for more than two decades.

Shirley said she never let the PTSD keep her from taking her medication, but it did weigh on her. And doctors say PTSD isn't just a mental health issue. It can also cause physical problems such as higher blood pressure, a raised heart rate, tiredness, muscle tension, nausea, joint pain, headaches, back pain and other types of pain. It can even lead to a shorter life.

The study is still underway, but Shirley said the PTSD treatment had big benefits for her. She wants people to know that HIV is not a death sentence, as she first thought, but something



Photo by Sarah Pack

Skipping HIV treatments can allow the virus to multiply quickly in the body. The MUSC study aims to help patients make sure they stick to their medication regimen.

people can live with if they keep it under control.

Shirley hopes the study will lead to more widespread PTSD treatment for patients with HIV who need it like she

did, allowing them to live healthier, happier lives. "I go to work every day. I laugh. I giggle. I enjoy life to the best of my ability."



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Nursing a relationship: How nearly 300 days in the hospital strengthened a couple's bond with one another – as well as with a profession

BY BRYCE DONOVAN
donovanb@musc.edu

He was sure it was her. Twice they had passed in the hallway, and he had stolen side glances each time. It had to be, he thought. Same face, same mannerisms. But the part-time patient care technician and second semester MUSC College of Nursing student still had to ask.

“How long have you worked here?” he blurted out the next time they crossed paths. “Coming up on 10 years,” she replied. “Why?”

And that voice. Now he was certain. Before he could say another word, a flood of emotions washed over the 32-year-old as he thought back to 2013. When his life forever changed. Or more accurately, nearly ended.

‘THINGS WERE HAPPENING SO FAST’

Jordan Eaddy grew up in rural Hampton County. In high school, he played golf and was on the high school chess team.

“Not exactly the coolest kid in town,” he said, laughing.

But then he met Kaila, two years his junior, and his image got a much-needed shot in the arm. “Now here I was, dating this girl who was out of my league,” he said. “That was pretty cool.” Knowing a good thing when he saw it, Jordan proposed. Kaila got into nursing school. He became a paramedic firefighter. They started house shopping. Things were good. And then the stomach pain came.

It was intermittent at first, but soon it became something he couldn't ignore. Some days, the pain was so bad he couldn't even get up to go to work. And that's when the then-23-year-old knew something was seriously wrong. The week of Easter 2013, he couldn't ignore things anymore. One day at work his stomach hurt so badly he could barely stand, so he finally drove himself to the ER. It was there, at Hampton County Regional Medical Center, where they saw it. On the screen in front of them was an image of a 10 cm mass in his abdomen.

He had cancer.

After that, things became a bit of a blur. A transfer to MUSC. More scans. Lots of scary terminology. Surgery. Discharge. Then, a few weeks later – just when he thought he might be out of the woods – he collapsed while at his grandmother's house. This time it was sepsis, a life-threatening response to an infection. Jordan was rushed to the hospital again where he was immediately airlifted back to MUSC. Just like that, he was back in surgery.

“Things were happening so fast,” he said. “And then, all of a sudden, I'm going under again.”

When he finally woke up, it was 10 days later.

FROM THE BRINK

Kaila remembers every one of those awful days between, none worse than the first.

“They were just really honest with me and the family,” Kaila recalls of that first night at MUSC. “They said there



Photo by Sarah Pack

Jordan and Kaila Eaddy have a long and interesting relationship with MUSC.

was a good chance he wouldn't make it to tomorrow.” Jordan's body was ravaged by widespread infection and his cancer had spread.

being out for 10 days. Photo provided Against the odds, though, he hung on. And much to his doctors' surprise,


Jordan after he first woke up from

See **COUPLE** on page 11

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Photos by Sarah Pack

Dr. David Zaas, CEO of the Charleston Division of MUSC Health, shares a laugh with state Rep. Gilda Cobb-Hunter in Orangeburg.

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also an Emergency Department in Barnwell and clinics serving patients in Orangeburg, Calhoun and Bamberg counties.

Many speakers at the celebration credited the deal to the efforts of state Rep. Gilda Cobb-Hunter. She'd been worried about the hospital's financial well-being and future and was thrilled to see it join MUSC Health.

"Do y'all know that less than 10 months ago, this proviso, y'all, was inserted into the state budget, suggesting to MUSC that they create this partnership? And Lord, here we are less than a year later," Cobb-Hunter told the crowd gathered in a tent on the Orangeburg hospital's campus.

The partnership was also welcome news to James Lemon, D.M.D., chairman of the Board of Trustees at MUSC, for personal reasons. "My hometown Barnwell, South Carolina, is 35 miles from here. So this area is very close to my heart. I've been treated in this hospital. It is close to many of you today, and this is a momentous occasion for those of us who have lived here and live here," he said.

"We have a higher purpose as our state's only comprehensive academic

health system. It's a great privilege, duty and responsibility to the citizens of South Carolina to deliver outstanding — outstanding — health care, educate future health care providers, and through research, we must help increase and improve the health and wellness of our entire state."

A fellow MUSC Board of Trustees member, Barbara Johnson-Williams, spoke as well. She lives in Orangeburg, sometimes called "the Garden City." It's home to between 12,000 and 13,000 people and has two well-known college campuses: Claflin University and South Carolina State University as well as Orangeburg-Calhoun Technical College.

"This community deserves respect, compassion, collaboration, integrity and innovation. And at its core, these values are what drive MUSC forward and make necessary advances, changes and improvement in local care delivery," she said.

"I'm thrilled that as a result of this new relationship, our community is going to have health care, as it's so richly deserved, right here in our backyard with an unprecedented level of connectivity to the highest specialized care that MUSC is known for."

State Rep. Russell Ott was equally



Regional Medical Center employees, still in their scrubs, drop by to hear the speakers at the celebration.

jubilant, calling the event a historic celebration. State Sen. Vernon Stephens drove the point home, praising the fact that rural health care is improving in quality and becoming more accessible and affordable.

"When you look at the Regional Medical Center and where we were and where we should have been and where we are going, you can only say, 'Thank God,' for he has truly smiled down upon us. And it is our day; it is our day to be excited about living in rural South Carolina," Stephens said.

MUSC President David Cole, M.D., emphasized the value of having good care close to home. "We know that strong health care facilities are often at the heart of a community's long-term success. My belief is together we'll be able to ensure the health care and well-being of this community and be an asset for the economic growth and the economic future. I have high confidence that we will succeed as we continue to move forward. This new relationship today is a key first step."

MUSC Health CEO Patrick Cawley, M.D., described what the relationship will mean for the Orangeburg hospital and its affiliated clinics. "First, we're going to recruit more physicians, more nurses, more allied health workers to

meet specific community needs most effectively. Second of all, we'll develop and apply best practices to improve care delivery and to decrease health disparities. Third of all, we'll look at implementing and expanding telehealth services and use technology to enhance quality, safety and access to care," Cawley said.

"It also means offering health care providers and clinical staff training and skilled development opportunities. It also means establishing future graduate medical education opportunities, which is important for MUSC."

Cole later toured the Orangeburg hospital with chief operating officer Sabrina Robinson. She said she's excited about the changes coming to her campus. One key change sprang to mind. "Access. Access for our patients, bringing them back home. Bringing our employees back home. Employees and patients both leave the market. So we'll be able to care for them here."

Employees on hand for the celebration enjoyed snacks and got MUSC Health bags and other gifts to mark their new affiliation. That included certified nursing assistant Rosalind Curry. "I think it's going to be

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March is National Nutrition Month

This year marks the 50th anniversary of the Academy of Nutrition and Dietetics celebratory National Nutrition Month and an invitation to learn about making informed food choices and developing healthful eating and physical activity habits.

This year's theme, "Fuel for the Future," encourages eating with sustainability in mind by making choices that not only nourish our bodies but protect the environment as well.

If you're looking for ways to invest in sustainable eating, consider one of the suggestions below. Focus on just one area or behavior change at a time and remember that even small changes can have positive impacts on your health and the environment.

1. Choose plants and minimize meat consumption by filling half of your plate with vegetables and eat fruit for dessert. Swap beans for meat in some of your favorite traditional dishes like tacos or

chili.

2. Choose local and decrease the carbon footprint of traveling food and support your local food economy. Plan a weekly trip to your local farmers market or purchase a share of produce from your local farm Community Supported Agriculture (CSA). Don't forget that the MUSC Wellness Center is a pick-up site for Gruber Farms CSA, and the Charleston Medical District Greenway hosts a biweekly local farmers market.
3. Eat seafood responsibly by visiting seafoodwatch.org to get science-based advice on making marine-life-friendly choices.
4. Eat mindfully to benefit your body and the planet. Engaging all of your senses during your eating experience makes for a more enjoyable meal and helps to minimize overeating.

WAYS TO ENGAGE IN NATIONAL NUTRITION MONTH

The MUSC Office of Health

Promotion and Morrison are teaming up to fight food insecurity by promoting our own food pantry, MUSC e.a.t.s. Food insecurity affects approximately 14% of our Lowcountry residents and can contribute negatively to a person's health and well-being. For more information about MUSC e.a.t.s., please visit the Office of Health Promotion's website.

WAYS TO SUPPORT MUSC E.A.T.S.

1. Donate food to blue boxes located in Charleston campus cafeterias. Look for signage with specific food requests.
2. Team up with your department or peers to fundraise to make a monetary donation. Donations can be made at giving.musc.edu. Scroll to "a fund of my choosing," then type in "fund #7120/8805 for the e.a.t.s. program."

OTHER INFORMATION

MUSC's Health and Wellness Institute is offering 20% off of nutrition

MUSC Health & Well-Being

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



counseling services with its registered dietitian during March. Located in Mount Pleasant, the Institute offers in-person and virtual visits. Visit its website for more information.

All MUSC Health divisions can be on the lookout for "Cool Beans" promotional handouts, tips and recipes by Morrison, centered around plant-based eating with beans. Charleston campus "Cool Beans" promotions with the MUSC dietetic interns:

- ☐ SJCH Cafeteria: Tuesday, March 14, 11 a.m. to 2 p.m.
- ☐ Main Cafeteria: Wednesday, March 15, 11 a.m. to 2 p.m.
- ☐ ART Cafeteria: Thursday, March 16, 11 a.m. to 2 p.m.

Diagnostic radiologist-educator honored with Governor's award

BY MADELINE RITGER

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South Carolina Gov. Henry McMaster presented the Order of the Palmetto to Stephen Schabel, M.D., of MUSC's Department of Radiology. This award, which is considered South Carolina's highest civilian honor, is given to a person who has demonstrated lifetime achievement, service and contributions.

Schabel received the award for his contributions to education and to the state as a member of the South Carolina Board of Medical Examiners. Schabel led the medical education program in Radiology and was named a Distinguished University Professor by the MUSC Board of Trustees. He was also named an honorary alumnus in 2013 for his dedication to the University. Schabel was honored and humbled by this distinction. "The University has been a wonderful place to work for all those years. Teaching medical students and residents was always my first love, and

over the years, I have been blessed to teach thousands. They are my professional 'children,' and I am so proud of them all."

In addition to these achievements, Schabel, a highly esteemed professor among his students, was a three-time recipient of the Golden Apple Teaching Award from the American Medical Student Association and earned the first Educator Mentor medal. He has been dedicated to the South Carolina Board of Medical Examiners, serving as both a member and president, and also tirelessly served the Federation of State Medical Boards and the National Board of Medical Examiners (NBME).

"All that service came with no dollar income but brought with it invaluable experiences and friendships with leaders in American medicine and medical education that I treasure. I also think I made a positive mark for S.C. at NBME and in the national medical education community with my service. Every faculty member should volunteer in any way they can to serve

their profession and the state."

H. Biemann Othersen Jr, M.D., nominated Schabel for this award for his "long-standing support of and dedication to the function of the South Carolina State Board of Medical Examiners."

In his nomination letter, Othersen spoke of Schabel in the highest terms. "Doctor Schabel is a superb radiologist and is a Distinguished Professor at MUSC. He has performed important radiological procedures on thousands of patients, and he has done so with skill and empathy."

Schabel was thrilled to have been recognized with such an important South Carolina distinction. "It of course is a huge honor! Like no other I know."

It was said that Schabel committed his entire professional career to MUSC as a diagnostic radiologist and consummate educator. He taught generations of MUSC medical students, and the weekly lectures he conducted were considered to be

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COUPLE *Continued from Page Eight*

he began to come around. But the real fight was just beginning.

There were more bouts of infection. More organ failure. Jordan slipped in and out of consciousness. Days stretched into weeks. Weeks became months. Kaila dropped out of nursing school, refusing to leave Jordan's side. Some days, Jordan would smile and talk to them. Far more days, he didn't.

"Honestly, I did not think he would make it through," she said. "At all."

Things got really dire at one point, she recalled. But there was one doctor who said there was a combination of chemotherapy drugs and antibiotics they could give Jordan that might give him a shot. "I'll never forget her telling us, 'If we give him these drugs, he'll probably die. But if we don't give him these drugs, he'll definitely die.'"

"That really hit me hard," she said.

Miraculously, the drugs worked. But in the end, though the medicine did a lot of the heavy lifting, what really got her and Jordan through it all — what gave them hope when there really wasn't much to be had — were his nurses. The whole family became very close with the medical/surgical ICU care team.

"They are the sole reason he is still here today," Kaila said.

It's kind of hard not to grow close when you spend 299 days together.

ROAD TO RECOVERY

After nearly 10 months in the hospital — three grueling seasons — Jordan Eaddy was finally discharged from the hospital. But life wasn't all sunshine and rainbows on the outside. For starters, Jordan couldn't even walk or do much for himself. So he mostly relied on Kaila. Though her love for him was as strong as ever, her love of health care took a huge hit in the months that followed.

"There was a long stretch there where I didn't ever want to have anything to do with nursing again," she said, having all but given up on her childhood dream. And how could you blame her — she was 20 years old and doing her fiancé's dialysis five days a week, the chemotherapy having taken its toll on his kidneys.

Caring for Jordan was a full-time job. The last thing she wanted to do was to leave him to go do the same thing for other people. For a while, she toyed with the idea of being a social worker. But eventually, Jordan — along with Kaila's passion for caring for others — took a turn for the positive.

But it was slow going. When he finally was able to get out of bed, Jordan couldn't go more than a few



After waking up post-surgery, Jordan's first time talking using his speaking valve.

steps without getting worn out. And that was with the aid of a walker. One day, he turned to Kaila and said, "What if I can't do this anymore?"

In a moment of tough love, she snatched the walker from him and wouldn't give it back. She told him to stop feeling sorry for himself. And that ignited something deep inside of them both. For Kaila, it was the rebirth of the neglected nurse within; for Jordan, it was the will to dig deep, give it his all. In that moment, Jordan vowed to be able to walk by their wedding, which was only a few months away.

"I finally decided it was time to fight," Jordan said. "So it kind of became a game. I decided how far I could take it. Every day I was alive was like house money. I owed it to myself. I owed it to my family. I owed it to Kaila."

In July of 2014, the couple was finally married — and they were able to walk down the aisle together.

"Sometimes we'll say we were really dealt a crappy hand," Kaila said. "But we're thankful for everything we went through because it made us appreciate and understand things better."

FULL CIRCLE

Time passed and Jordan went back to being a paramedic firefighter. Kaila did various jobs but never let go of her dream of becoming a nurse. Though life together was a gift, they both still felt something was missing.

"Ever since I was a kid, I had always wanted to be a



Photos Provided

The couple participated in "Relay For Life" just months after Jordan was released from the hospital.

doctor," Jordan said. "But after seeing firsthand how much of an impact nurses can have on a patient and their family, I think we both really felt like that was our calling."

And so, in 2022 both of them were accepted into the MUSC College of Nursing's Accelerated Bachelor of Science in Nursing program. Jordan is on track to graduate in December — Kaila in May of 2024.

Recently, Jordan got a part-time job as a patient care technician at MUSC to give him a little more hands-on experience to go with his schooling. It's only one day a week, but it puts him in direct contact with patients — and with the opportunity to make a difference. Just like his nurses did for him all those years ago. One of whom he now works alongside in the cardiovascular intensive care unit.

He gets a little emotional when he thinks back to that serendipitous first encounter in the hallway a few months ago, her face immediately recognizing his, tears rolling their cheeks as they hugged.

"You're taller than I thought," she had told him. A fair statement, seeing as she had never seen him out of his bed at any point during his nearly year-long hospital stay. Now, they work on the same team, paying forward the gift of hope to today's patients.

"I don't talk a ton about myself to patients," Jordan said. "But sometimes, if one's having a particularly rough day, I'll say, 'Look, I've been in your shoes, and I want you to know that things will get better. You just have to have a goal and not give up.'"



Photo by Sarah Pack

Radiation therapist Harriet French talks with Dr. David Zaas, left to right, Dr. David Cole and Cole's wife, Kathy, during a tour of the Orangeburg hospital's cancer center.

COMMUNITY *Continued from Page Nine*

an awesome time. I think it's going to be really good," she said.

Crystal Frazier, an onboarding coordinator in Human Resources, said the agreement means new ways of working. "I like it. It's so different from

what we had. The programs, the process of onboarding and orientation. Systems also."

Craig, the surgeon who led the celebration, said the new ways are welcome. "This is a win-win for this community and also for MUSC."

DEMENTIA *Continued from Page Six*

risk factors. So your vascular risk factors, like blood pressure, cholesterol, diabetes, all of those are really important to treat and make sure they're managed properly. Being sedentary is thought to be a risk factor. Depression is a risk factor. So make sure that if you are having symptoms of depression or anxiety to talk to someone about it and get treatment if needed."

Get treatment and give the body and mind a workout if possible. That can help maintain brain health, lowering the risk of dementia.

"People who do physical exercise, that's considered a preventive factor. People who are continuing to exercise their minds do better as they get older. It helps maintain brain and cognitive reserve. So what does that mean? There hasn't been anything that has been shown to be better than anything else. So, for example, doing crossword puzzles is not better than reading. It's just finding something that you enjoy

and that you do regularly," Milano said.

And don't freak out about minor forgetfulness. "The symptoms that I hear all the time in older adults that I don't worry about are, 'I have trouble pulling up someone's name. I know who they are, but the name won't come to me, and eventually it does.' Well, that's not worrisome; that's very normal. Also, things like misplacing keys — usually that doesn't bother me at all when I hear about that."

AWARD *Continued from Page Ten*

as entertaining as they were practical. His unique teaching style continues to be remembered by his students, even years after graduation. His warm and compassionate manner has had a lasting impact on students, colleagues and patients alike.



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