MUSC CATALYST news

SPECIAL:
MUSC CELEBRATES
WOMEN'S HISTORY
MONTH

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Photo by Sarah Pack

Dr. Donna Kern, senior associate dean at the College of Medicine, noted that the journey for this class of soon-to-be M.D.s had spanned 1,313 days, starting with their first day of medical school and culminating with Match Day.

Match Day: Sometimes the weight of something can't be measured by a scale

By Bryce Donovan

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It's just a small white envelope.

And yet, it holds so much. Though its contents are a single sheet of paper with a few words on it, what it represents for the people opening it is the product of years of hard work coupled with a tantalizing glimpse into the next three to seven years of their lives.

Welcome to Match Day. Held the third Friday of March every year, it's the day when soon–to–be M.D.s find out if they paired up with one of their top picks for residency training programs. In essence, it's the moment they find out where their first job as a doctor will be.

At precisely 12:00 p.m., on the dot, fourth-year medical school students across the country all open their envelopes. Some cry. Some scream. Some just go silent. Euphoria works in mysterious ways. But regardless of their reactions, for all of them, that 8½–by–11–inch badge of honor is a very, very big deal.

This year, MUSC's College of Medicine once again held

See **Match** *on page 2*

Women's History Month

Over three decades of keeping kids healthy and in school

By Harrison Huntley

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The June 7, 1995 edition of the Post and Courier included a letter to the editor titled "Special Doctor." A family from Hilton Head Island wrote that their daughter had been in and out of MUSC since March of that year, traveling to Charleston and back each time. But the reason they wrote in was to share the family's feelings about "one very unique physician at MUSC" who they'd had "the good fortune to meet." This doctor pulled up a rocking chair to talk to their daughter "as if she has all day." She delivered flowers from her own garden one day and doughnuts the next. It's clear from this letter that Janice Key, M.D., made this patient and her family feel special. But that's actually what makes Key special – she works to make sure every child can live a happy and healthy life.

Key moved to Charleston from North Carolina in 1991 to become MUSC's first adolescent medicine specialist. Charles Darby, M.D., then–chairman of the Department of Pediatrics, immediately tasked her with starting the adolescent medicine program at the University. "He's really the kind of person who was supportive of any idea that I had," Key said. "He didn't tell me what to do. He would help me figure out how to get it done, which is amazing to have that kind of boss."

But just two years after embarking on that project, she received a call from Lee Galliard, the principal of nearby Burke High School. Since most of the student body didn't have health insurance, Galliard proposed a school–based

See **Advocate** *on page 8*

Match

Continued from Page One

its Match Day ceremony at Charleston Music Hall, a venue just a short walk from campus, where the event has taken place for many years, with only a few exceptions (COVID forced it to be virtual in 2020 and in 2021 it was held at Riley Park). What is already a festive event often gets ratcheted up even further, thanks to outlandish annual themes. This year's was "Heroes and Villains Assemble!" Students came dressed as their favorite good guy, bad guy or both – depending on your stance on mullets – as was the case for Will McCarter dressed as Joe Dirt.

Evey Adams, a Charleston native who went to Academic Magnet, came as Princess Daisy from the Super Mario video games. Though Mario himself was conspicuously absent, she was joined by Tori Delk (Toad), Maggie Reilly (Yoshi, the loveable green dinosaur) and Morgan Hill (Luigi). Adams, who went into medical school thinking she would become a pediatrician only, eventually, to find her heart was in obstetrics and gynecology, left the event with a coveted residency at her hometown hospital – MUSC.

"This has got to be one of the best days of my life," she said. "And I get to celebrate it with my parents, my sister and my husband. It going to be hard to top this."

Adams' in–game comrades and real–life friends Delk, Reilly and Hill, will keep the band together, with all three matching at MUSC for internal medicine, med-peds and cardiothoracic surgery, respectively.

Though more than one–third of the class matched with MUSC, others were headed a little farther from home. Like Xzavier Killings, who was also celebrating his 29th birthday, and that he would be going to Pennsylvania to do his residency in pediatric medicine at the Children's Hospital of Philadelphia. He took a moment to thank family and friends saying, "You guys inspire me every day."

Or Jackson Pearce, who, dressed in full running gear along with several of his classmates – a nod to how they had each added a year of research to their medical school experiences, thus making this their "victory lap" – told the crowd he'd be doing diagnostic radiology at Yale Medicine.

The event was a veritable who's who in the world of superheroes, villains and movie stars. There was Wonder Woman, Ted Lasso, several Teenage Mutant Ninja Turtles, even Nacho Libre, the Mexican luchador. College of Medicine professors and student affairs employees got into the spirit, dressed as the cute little yellow Minions, serving any- and everybody who needed assistance during the nerve–racking 90–minute event.

College of Medicine Dean Terrence E. "Terry" Steyer, M.D., who had a celebration of his own – it was his first Match Day as full–time dean – reminded students to remember that they didn't accomplish this feat alone; they all had large support systems consisting of friends, family and faculty. And then his pride took over: "All I can say is, 'Wow! I'm amazed at all you have accomplished. I'm amazed at all you will accomplish.'"

Steyer and team were pleased to report that 99% of the college's 158 graduating students secured a residency position. Of the specialties in which students will be pursuing their training, categorical internal medicine led the way with the highest number of students at 21 (13.3% of the graduating class). Other popular specialties included pediatrics (9.5%), family medicine (8.9%), diagnostic radiology (7.6%) and anesthesiology (7%).

Members of the class also matched into highly competitive residency programs across the U.S., including the University of California–San Francisco, Johns Hopkins, Vanderbilt, Northwestern, Duke, Brown, Stanford, NYU and Boston University, just to name a few.

The Class of 2023 also includes nine students who will enter military service, beginning their residencies at Walter Reed National Military Medical Center in Bethesda, Maryland; Wright-Patterson Air Force Base just outside of Dayton, Ohio; Madigan Army Medical Center near Lakewood, Washington; Nellis Air Force Base in Las Vegas, Nevada; Tripler Army Medical Center in Honolulu, Hawaii; and Naval Hospital Camp Pendleton in Oceanside, California.

Class president Ana Montoya, who came as Princess Fiona from "Shrek," eloquently summed up the day's festivities as she fought to keep her orange wig from falling off: "While this doesn't define us, today certainly is worth celebrating. Every one of you are worth celebrating. Because this is a really big deal, a great achievement. And you should all be very proud."

Photos by Sarah Pack

Ana Montoya gave a special shout out to her grandmother in Colombia, South America, who was watching a livestream of the event.

Jackson Pearce, who matched for diagnostic radiology at Yale Medicine, shares his news with the crowd.

MUSC CATALYST news

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My In Our DNA SC experience

By Kelly Warren

What's that I hear? The opportunity to get in on another new and interesting MUSC partnership? I'm intrigued! Catalyst News readers who've been around for a bit might remember my participation in the AstraZeneca COVID-19 vaccine trial at the end of 2020 and beginning of 2021. Now, I'm back in action to share about my experiences with you about another MUSC research project, In Our DNA SC.

If you haven't heard, MUSC announced a strategic collaboration with Helix, a population genomics company, in September of 2021 to develop a first-of-its-kind initiative in South Carolina called In Our DNA SC. My interest in this program was first piqued when I learned that I could receive information about health conditions that I might be prone to. I knew some of the medical conditions that had frequently appeared in my family tree in recent generations but I wanted to have as much information as possible, so I could take preventive steps. When I heard that I could also receive ancestry information, my interest rose. Nerd alert – I'm a sucker for any chance to deep dive into my family's history and heritage. And when I read about how these two features could be combined to excuse, I mean, explain things like my dependence on caffeine, I was pretty sold.

Demystifying my own hesitations

I will admit, though, to having had some reservations. I didn't know about Helix prior to this partnership, so while I trust MUSC with sensitive data, I was still a little hesitant. Second, I've always been a rule follower, so while I wasn't concerned about my genetic material somehow incriminating me, I had to consider whether I really wanted it stored "out there." My final concern was also one of the reasons I wanted to participate. Did I really want to know the information these tests could provide? What if I were to learn that I'm predisposed to something scary and needed to make tough choices? How would I react to such news if it wasn't something I could control or prepare for?

The first hesitation was the easiest to address. I spent time learning about Helix, reading information about its partnership with MUSC and reviewing the waivers and agreements that participants sign to provide consent for research participation. Feeling better on that front, I contemplated the storing of my genetic code. Maybe this was an oversimplification, but I decided that as someone who has a smart phone and social media profiles, shops online, pays taxes and had to turn over a ton of documents to buy a house, I'm already pretty trackable by the proverbial "them."

My final concern called for more serious thought. On one hand, living with the unknown is part of being a human. However, it drives me bananas because my nature is such that if there's something to be prepared for, this girl has done her research and established a plan. However, I've also never been confronted with serious medical issues of my own, only those faced by family members and friends. And while some of their journeys have been difficult to witness, since it wasn't my body, the situations are not really comparable. Adding onto that was the lack of experience: what do I do if it was something that I couldn't really prepare for? Sure, I'd be on higher alert, but sometimes things can't be avoided merely with lifestyle changes. Or, what if it was something that could only be avoided through more serious measures? Would I be ready to make significant life changes today to try to help future me?

I sat with these questions for a while. Eventually, though, I reached my decision. I would rather take advantage of scientific advances and know what was potentially coming my way than not.

And so, I went to musc.edu/inourdnasc and clicked the blue button to sign up.

How it worked

Signing up was easy. A window opened for MyChart; I logged in — though I could have also created a MyChart easily if I hadn't already had one — and was taken through the lengthy consent forms. Normally, I gloss over the consent forms but given my previous hesitations, I did pay closer attention to these. They were consistent with what I previously read, so I felt okay about proceeding and, honestly, it gave me more reassurance about the record keeping and use of my sample. After completing the forms, I selected a date and location to provide my specimen collection.

Photo by Sarah Pack

Patient care tech Alexandru King goes over what will happen to Kelly Warren when she signs up for In Our DNA SC.

I opted to participate in an on-campus event rather than waiting for my next primary care appointment. When it was time, I headed over to the tent where helpful employees explained the process. They gave me a tube to fill with saliva and showed me the line to reach. The pre-appointment instructions included a note not to eat or drink within 30 minutes of the appointment, though I quickly realized it had been a little longer than that since I'd had water. So much for reaching the line being easy peasy!

Soon, my specimen tube held its requisite sample, and I turned it in. As they labeled my tube and bag with my patient-ID information, they explained that I would soon receive an email from Helix prompting me to create an optional Helix account to link my profile with my sample. They shared that in a few weeks, I would receive an email alerting me that the results were ready. I was also reminded that as science and tools advanced, Helix would continue updating my profile with new information, but that I was able to withdraw from participating at any time. Armed with this information, I set off to wait.

One week later, I received an email confirming that my sample had been received by Helix. That message contained instructions about next steps and what to expect. It said that within eight weeks, my Helix traits and Helix ancestry results would be ready.

My ancestry and traits results

Three weeks later, I received an email saying that my DNA sequencing was complete, and those reports were available. It also noted that my Helix health results would be ready within two months.

So, on a quiet evening with plenty of time to dive in, I logged into my Helix account via MyChart. It took me through some information reviews and another consent, this time specifically for the ancestry and traits components, followed by Platform 101, a module that explained how results are used, what I can do and, of course, risks and limitations.

I arrived at a landing page with three modules to choose from, corresponding with the three types of results –health, traits and ancestry. Since the health one wasn't ready yet, I started with traits. As I scrolled through, I let out an audible "whoa!"

Some things were spot on, and I was amazed that they were associated with

See **DNA** *on page 13*

MUSC Health team helps hospitalized patients get addiction treatment

By Helen Adams

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Allison Smith, M.D., hates to see addiction not only take over patients' lives but also cause life-threatening health problems. “They come in because they're sick, so critically ill, they are often at risk of dying.”

Case in point: Lauren, a young woman struggling with heroin use, who arrived at University Hospital with a blood infection. She got it when unhealthy bacteria entered her body through her long-term use of needles. The infection led to dangerous inflammation in her heart, a life-threatening condition called endocarditis.

Lauren not only needed surgery and a pacemaker at just 29 years old, she also needed help quitting the drug that almost killed her. She found that help through Smith's team, a group that includes a peer recovery coach and a care coordinator who are passionate about helping people struggling with drug and alcohol issues get addiction treatment while they're still in the hospital. You can read Lauren's first-person account here.

Smith said getting patients such as Lauren on evidence-based medications that treat opioid use disorder is essential. The medications help cut back on cravings and withdrawal symptoms and can allow them to return to their normal lives. They also decrease the risk of overdoses and death. “It is critical to not only treat the medical consequences of substance use, like endocarditis, but treat the underlying disease of addiction to prevent future morbidity.”

Smith's program, the only one in the Charleston area that reaches patients while they're hospitalized for major health issues related to addiction, is seeing plenty of success. In its first year, the team started more than 70 patients on medications for treating substance use disorders. These medications include buprenorphine and methadone for opioid addiction and naltrexone for alcohol addiction.

“We're seeing that a really high percentage of people who start these medications while in the hospital stay in treatment after discharge. We call them at a month, three months, six months and are tracking if they're still in treatment. We were seeing 61% were still in treatment at 30 days. At six months it was 44%. That's higher compared to other studies.”

Photos by Sarah Pack

Dr. Allison Smith talks with peer recovery coach Patrick Harmon. Their team started more than 70 patients on medications for treating substance use disorders in the program's first year.

Peer recovery coach Patrick Harmon, left, and Dr. Allison Smith, across from him, meet with colleagues. The Addiction PMC program launched in 2021 and has seen patients from all over the state who have come to MUSC Health for treatment.

The program builds on the success of a similar one in the Emergency Department at MUSC Health that focused on fast-access to treatment for opioid addiction. Peer recovery coach Patrick Harmon has worked for both programs. He's now on Smith's team, continuing to use his own experience with addiction to bond with patients.

“Most of the time when I introduce myself and I say that I am a person in long-term recovery, most patients usually let their guard down a little bit at that point, and they say, ‘OK, well I'm open to hear what you have to share with me,'” Harmon said.

As a person in recovery, he knows how challenging what he's asking them to do — try medication to help them quit using drugs or alcohol — really is. “It took me multiple attempts,” Harmon said.

“I had a friend, one of my childhood friends, in adulthood had been an actively using addict, and I had not seen him for a while. The next time I saw him, he was different. And I said, ‘Hey, I haven't seen you for a while, man. Where you been?' So he was like, ‘I went to rehab,'” Harmon said.

“It wasn't long after that that I picked up the phone book and was looking for something related to rehab. And I found a place that directed me to a detox. So I think really, running into that friend who had made some changes in his life was the seed being planted for me.”

He tries to plant that seed for patients in the hospital. Some are more than ready to give medications approved for treating addiction a try. Others aren't. In those cases, he gives out his business card and a supportive message. “If you change your mind at any point, and you decide that you actually want to talk to someone about any substance use related challenges you might have, you can feel free to give me a call at any time.”

Smith, an assistant professor board certified in Addiction Psychiatry in the Department of Psychiatry and Behavioral Sciences at the Medical University of South Carolina, launched her program in 2021. Funding comes from the South Carolina Department of Alcohol and Other Drug Abuse Services' State Opioid Response Grant for Development of Hospital-Based Addiction Services.

Smith calls her group the Addiction PMC

See **Treatment** *on page 15*

MEET VALDA

Valda Grant

Department and how long at MUSC
MUSC Communications Call Center; 20 years

How are you changing what's possible at MUSC
I make every effort to help patients, visitors and my fellow colleagues with anything.

Family
Son, Chris

Who in history would you like to meet and why
Martin Luther King Jr. – He had so much more to share.

Music in your player now *Mali Music*

Favorite restaurant *California Tortilla*

Your idea of a dream vacation *Tour of Africa's entire coast*

Favorite quote *"If you can't fly then run, if you can't run then walk, if you can't walk then crawl, but whatever you do, you have to keep moving forward."*
— Martin Luther King Jr.

MUSC Health

MUSC'S EARTH & ARBOR DAY

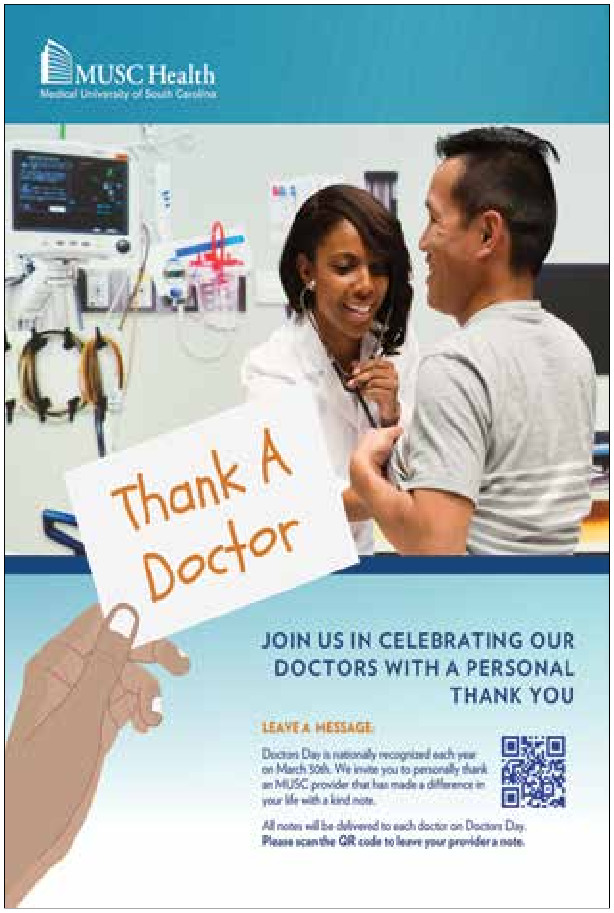
THE GREENEST DAY

APRIL 20TH

COLBERT EDUCATION CENTER
AND LIBRARY

Local crafts, farmers, food trucks, music, non-profits, and giveaways

11am - 2pm



MUSC Health
Medical University of South Carolina

JOIN US IN CELEBRATING OUR DOCTORS WITH A PERSONAL THANK YOU

LEAVE A MESSAGE:

Doctors Day is nationally recognized each year on March 30th. We invite you to personally thank an MUSC provider that has made a difference in your life with a kind note.

All notes will be delivered to each doctor on Doctors Day.
Please scan the QR code to leave your provider a note.

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Presented by: Swamp Fox Agency

#ImWhatsPossible #MUSCkids

Double Take: How one donor's two organs gave another man infinite possibilities for future

By Bryce Donovan

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Some love stories are straight out of Hollywood.

"When we first met, I really couldn't stand him," Ellen Suttle said.

This isn't one of those stories.

It was the late '90s and Cosmore Suttle was a non-commissioned officer in the Army, stationed on a base in Heidelberg, Germany. Ellen, then in her early-30s, worked security at the gate. As she recalled, every time Cosmore came on base, he'd ask her out. Every time she'd say no.

"And then one day he asked, and I was really hungry," she said with a laugh. "So, I said yes."

Two seconds into that date, Ellen realized she had pegged him wrong. The Barbados native was, "funny, charming and unassuming." And the young German woman was forever smitten. Today, the blended family lives just outside of Savannah, Ga., in a town called Pooler. And it was there, in Pooler, that Cosmore was a karate instructor and Ellen worked at Costco.

Past tense because in January of last year, everything changed.

It was just another weekday. Cosmore picked up Ellen from work and they went out to dinner. On that particular night, they were at their favorite Thai restaurant. The waiter had just left the table with their order when Cosmore turned to Ellen and said he didn't feel well.

That was the last thing he remembered before waking up in an ambulance.

"He just slouched in his chair and fell to the floor," Ellen said. The next eight minutes — those terrifying 480 seconds while she waited on the paramedics to arrive — felt like an eternity to his significant other of now 25 years.

"I just remember some guy coming over and doing CPR on Cos. I was completely in shock," she said. "No question, it was the most terrifying moment of my life."

The Suttles didn't want to admit it at the time, but the truth was, warning signs had been brewing since 2020. A military veteran and 4th degree black belt, Cosmore wasn't the kind of guy to just sit around on the couch. But one day, he did. And then he did it another. Soon his ankles began to swell, and his heart started to race.

"I've always been a healthy guy," he said. "I work out, I don't smoke, I don't drink. So when my health started failing it was so weird."

Very quickly, doctors in Savannah, Ga., diagnosed Suttle with heart failure. He was stunned. That wasn't something that happened to people like him. People who took care of themselves. People whose families didn't have a history of heart disease.

"The reasons why people's organs stop working properly can be many; and quite frankly, we don't always know the root cause," said MUSC Health transplant surgeon Joseph Scalea, M.D. "But as a surgeon, I don't spend a lot of time dwelling on that. I just want to fix them."

At first, the doctors in Savannah tried a variety of diets, medicines and even implanted a miniature defibrillator in his chest, but none of it really helped. Over the next two years those hard-core drugs, combined with the stress his heart was putting on the rest of his body, eventually caused one of his kidneys to fail. Leading to that terrifying moment in the restaurant.

At 57 years old, Suttle was told his kidney was shot and heart was functioning at 25% efficiency. If he didn't get new ones – and soon – he would die.

"It's one thing to have one organ fail," Scalea said. "But it goes from urgency to emergency when you're talking about two."

According to the United Network for Organ Sharing, double organ transplants account for less than 1% of all transplant surgeries in the U.S. To date, the heart and kidney combination has been done less than 3,000 times. Ever.

Photos by Sarah Pack

Cosmore Suttle pumps his fist after receiving a successful double organ transplant.

MUSC Health transplant surgeons Drs. Arman Kilic, left, and Joseph Scalea replaced Suttle's heart and kidney, respectively.

But medicine is constantly evolving. Surgeons' skills are improving. Technology is advancing. On January 1, MUSC Health surgeons Scalea and Arman Kilic, M.D., gave Cosmore two new organs — Kilic the heart; Scalea the kidney — as well as a second chance at life.

Adding to the complexity of the operation was the fact that the organ donor was known as DCD, or a patient whose donation occurred after circulatory death (an occurrence that comprises only 15% of all transplants). Which makes Cosmore's story all-the-more remarkable. There have been only about 20 other patients before Cosmore that had received a simultaneous heart-kidney transplant in the U.S. using a DCD donor.

"These are the kind of things — special technology that allows us to preserve those organs while between donor and recipient — that are changing the future of medicine and transplantation," Scalea said.

Cosmore came out of the surgery a brand-new man. In his room after the surgery, Kilic told him his heart was like a Ferrari. Not missing a beat, Scalea added that his

See **Transplant** *on page 14*

Women's History Month

Nurse scientist jumps feet first into area she had to fight for

By Helen Adams

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When asked what she'd like to focus on in a story about her for Women's History Month, College of Nursing professor Teresa Kelechi had an answer she knew might be surprising. "One of the biggest contributions in my career since I've been at MUSC is changing the practice of how nurses can help people and do – I know this sounds weird – foot care."

Kelechi, who has a research doctorate in nursing, serves as the David and Margaret Clare Endowed Chair and the associate dean for Research and Ph.D. Studies in the College of Nursing and the director of recruitment for the South Carolina Clinical & Translational Research Institute. She said her career is grounded in the very body parts that keep most of us grounded –literally.

It's the people in danger of losing that grounding who inspired her interest. "Twenty years ago, or even maybe longer, South Carolina had one of the highest foot amputation rates in the country."

That's in part because the state also had – and still has – one of the highest diabetes rates in the country. Diabetes can cause nerve damage and reduced blood flow, leading to injuries and blisters that either heal slowly or not at all. That can cause ulcers and gangrene, and in some cases, the need for foot amputation.

Kelechi knew something had to be done – and nurses could be a part of that. They're experts in taking care of patients. But when it came to intensive foot care, it was hands off.

"Nurses were prohibited from practicing foot care. And it was never defined what foot care really was. But it was generally assessing the feet and making sure that the integrity of people's skin and toenails were in good shape. And again, it sounds gross," Kelechi paused to laugh.

"But you know, if you have diabetes or neuropathy and you have problems with skin, such as thick calluses, excessively moist toe web spaces and thick, hard toenails, those can lead to wounds and other infections that can be devastating."

She knew nurses could play a much bigger role in preventing that devastation. But it was an uphill battle. "I had to politically put myself out there. Some of the other practice people, such as podiatrists, were fighting the idea that nurses could go in and do this foot care."

She wrote a section for the South Carolina's Nurse Practice Act, a document that sets forth rules and regulations, and went to the state Board of Nursing and proposed that it be added.

Photo by Sarah Pack

Dr. Teresa Kelechi says nurses were once prohibited from providing foot care. She set out to change that.

> *"The foot-care movement provided for hands-on training of nurses in continuing education programs, which we had here at the College of Nursing for years. That, to me, was such an important aspect of my overall career."*
>
> **Teresa Kelechi, Ph.D., R.N.**

"They accepted it, and then it became a national standard and set the stage for nurses throughout the entire country to be able to help people take better care of their feet, teach them what's right with footwear and so on and so forth. I am so proud of that work because it had such an impact on people, not just in South Carolina but throughout the country and worldwide. It spawned a national foot-care certification for nurses."

Kelechi has many other accomplishments on her resume. They include:

☐ Finding new ways to treat the symptoms of venous disease and helping patients manage it.

☐ Improving communication between researchers and the people who participate in their studies.

☐ Studying the influence of social determinants of health, such as social isolation and loneliness, on wound healing and the use of artificial intelligence methods in diagnosing inflammation in non-healing chronic wounds.

☐ Developing stress management help for caregivers of people with dementia.

Her work hasn't gone unnoticed. Kelechi will be inducted into the International Nurse Researcher Hall of Fame in July.

She's proud of all of that. But the area that really stands out for her this Women's History Month is the impact she's had in the field of nursing foot care. "I think at the end of the day, when I look back, I think about how many people's feet were saved or their quality of life was improved. There was an economic impact, and people were getting what they needed," Kelechi said.

"The foot-care movement provided for hands-on training of nurses in continuing education programs, which we had here at the College of Nursing for many years. That, to me, was such an important aspect of my overall career. It also influenced my research, and it influenced how I teach in students' clinical practice. And it influenced how I approached my career as a nurse scientist because my science rose out of that clinical practice area."

Images Provided

Dr. Janice Key, far right, poses with The Lean Team on the then-new Ravenel Bridge.

ADVOCATE

Continued from Page One

health center in the high school. “They would defer treatment of an illness, miss days of school and then use the emergency room rather than preventative care,” Key said.

Luckily, Key had helped to start a school–based center in North Carolina, so she had the experience to start one at Burke. This one would be different, though, as it was the first time MUSC set up a clinic that was not in one of its own buildings. A year later, the school received the funding to remodel some space in the school, transforming it into the first school–based health center in South Carolina.

But Burke High School was just the first of many school–based health centers. Under the guidance of MUSC’s James McElligott, M.D., and Kathryn King, M.D., the program expanded to schools in the Charleston area and throughout the state of South Carolina. Currently, Claire MacGeorge, M.D., serves as the medical director, and there are over 100 schools across the state with access to school–based telehealth.

“This is important because it helps reach kids equitably,” Key said. “If there’s a barrier of transportation or due to parents working, we can overcome that and can reach these kids.” The program is clearly working, too. Key reports that kids at schools that have a school–based health center use emergency rooms 50% less than those who don’t have such a center.

But Key wasn’t content to stop there. She noticed that students needed more than just clinical care. Her desire was for them not just to avoid illness but to lead healthy lives incorporating habits that would support them beyond their school years. So she compiled guidance from the Centers for Disease Control and Prevention and National Academy of Medicine and brought it into local schools. “We called it the Lean Team and started leading bridge walks,” she said. “Doctors wanted to be involved, so we changed its name to Docs Adopt School Health Initiative.”

As she learned more about the challenges facing schools, she realized that the schools wanted to encourage healthy living among their students but lacked the resources to do it. With that in mind, Key, together with the Boeing Center for Children’s Wellness (BCCW), an MUSC program that she leads, developed the School Wellness Checklist. The list provides guidance for schools on topics such as nutrition, physical activity and staff wellness. “I’m careful to have a lot of things on there that are free for schools, that don’t have a big budget, that address health equity,” Key said.

Dr. Key’s first school-based health center at Burke High School was the beginning of MUSC’s work in school-based health/telehealth.

The most recent impact report from the BCCW shows the value of the checklist. Children at these schools were at least 12% less likely to be categorized as overweight or obese, and every four years of school participation is associated with a 0.5% increase in the attendance rate and a 0.77% decrease in the suspension/expulsion rate. Even more impressive is that these outcomes were similar regardless of the type of school or resource level of the school community.

Of course, Key is excited about these outcomes and is proud of what she and her team have accomplished. But at the end of the day, she’s still focused on helping one child at a time. She still visits the health center at Burke every week to see patients, just like she did back when she started the first center.

“I just followed the community,” Key said. “I didn't have this as a goal. It's not a research project. We analyze ourselves constantly, but it's not like we went to the school and said we want to do this research project. So it's really the community, following along the need, and carefully making it work each step of the way.”

Women's History Month

Face of Ehlers-Danlos Syndrome also the brains behind quest to find a cure

By Bryce Donovan

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Photos by Sarah Pack

At 19, Cortney Gensemer discovered that she had a connective tissue disorder known as Ehlers-Danlos Syndrome. Rather than wallow in the fact that there is no cure, she instead discovered one of the genes responsible for the condition.

At 27 years old, Marie Curie was no Cortney Gensemer.

In the end, things turned out pretty well for the two-time Nobel Prize-winning Polish physicist, but Gensemer has still got time on her side — not to mention Instagram.

With over 11,000 followers on the popular social media platform, Gensemer — a post-doctoral scholar at MUSC — is quickly becoming the face of a condition that affects roughly 1.5 million people worldwide. How this young and energetic researcher became synonymous with Ehlers-Danlos Syndrome, a connective tissue disorder that often leads to overly flexible joints and fragile skin, is the stuff of scientists' dreams.

Ever since she was 14, Gensemer knew she was a little different. A sports fanatic who excelled at lacrosse, she was always the one on the team wearing an ankle brace or Ace bandage. While her teammates had occasional aches, she was in constant pain.

"Back then, I just didn't know any different," she said. "I just thought the pain I was feeling after a practice or games was what all my friends were calling 'soreness.'"

But a chance encounter with a physician while a freshman in college opened her eyes to the possibility that, maybe, just maybe, she wasn't simply injury prone. That's because, as fate would have it, the doctor she crossed paths with was married to a woman with EDS.

"He told me, 'There's more going on than you realize,'" she said.

Within just a few weeks, Gensemer was officially diagnosed with hEDS — the "h" standing for hypermobile, the most common of 13 subtypes of the syndrome. Less than seven years after her diagnosis, she, along with MUSC Department of Regenerative Medicine and Cell Biology professor Russell "Chip" Norris, Ph.D., and his team, identified a gene mutation associated with hEDS. In other words, there's now an identifiable marker for hEDS. Meaning, in the not-too-distant future, doctors should be able to screen for it just like they can for other types of EDS, diabetes or HIV, making their find arguably the biggest breakthrough in the world of EDS since the disorder's discovery in 1900.

"I'm not naive," Gensemer said. "I don't think we're just going to magically find a cure for EDS tomorrow, but I think it's safe to say this gets us one step closer to that goal."

So it makes sense when you think about it. Mix one part groundbreaking scientist and one part movie-star good looks, and it's not hard to understand why the Pennsylvania native is now one of the most recognizable faces in the world of hEDS.

Former Miss America Camille Schrier, left, during her visit to the Norris Lab.

With that platform has come some perks: In 2021, her discovery led to a visit from then-Miss America Camille Schrier, who also suffers from hEDS. During her visit to the lab, Schreir was so impressed with what Gensemer and the team had accomplished that she pleaded with her 45,000 Instagram followers to donate to the Norris Lab. Last year, Gensemer was asked to be the keynote speaker at the Penn State University Equity Summit. Closer to home, she was recognized by MUSC's College of Graduate Studies for her accomplishments inside and outside of the lab, receiving the first Student Impact Award.

And, of course, there are all the podcasts and TV interviews she does. And in the

See **Cure** *on page 16*

Women's History Month

Leader has passion to solve problems, help others 'be their best selves'

By Cindy Abole

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Photo by Sarah Pack

Jessica Johnson came to MUSC Health as the chief operations officer in July 2022.

Growing up, Jessica Johnson always knew she would have a career helping others and working in health care.

The Brooklyn–born Tar Heel has lots of memories shadowing her mom during her school's Take Our Daughters and Sons to Work Day experiences — both of Johnson's parents had careers in health care.

"I learned early on that a job in health care meant you got to make someone's day a little better. I didn't know exactly what I wanted to do then but knew I wanted to work in a hospital and take care of patients and hopefully make a difference in people's lives," said Johnson.

Fast-forward to 2013, having completed her Master of Healthcare Administration from the University of North Carolina at Chapel Hill, she soon saw her path. During her junior year of undergrad, she volunteered at the UNC Gillings School of Global Public Health, which helped her to realize the business side of health care — beyond the direct clinical roles — that supported her strengths and interests, especially problem-solving.

"This side of health care felt more like an organic place for me to make an impact. It didn't feel forced, and I didn't feel stressed out about getting through the hard science courses anymore. It was the best decision I made for my career and life path," she said.

It wasn't until the summer of 2014, when Johnson put her career on hold and bought a one–way ticket to Vietnam, that she discovered her true passion. She took a temporary break to travel and study specific areas of the world she was interested in and immerse herself in life and cultures.

During that time, she connected with a grassroots health care group whose focus it was to discuss health care barriers for various Vietnamese patient groups and offer solutions. Problems with HIV/AIDS cases around the country, especially those affecting infants and children in orphanages, touched her heart. Although the country was striving to provide universal health care to residents, in reality, she found that Vietnam's health care system was poor and almost non–existent in rural areas.

"I may not have been a clinician with this group, but I had the experience and interest to help them organize, schedule services, coordinate efforts to help these patient groups. It was a small part compared to the 'labor of love' demonstrated by these committed professionals. Honestly, that's how I see my role today — I'm here to remove barriers for our clinicians and ensure our health care teams are able to show up to be their best selves in their jobs," she said.

Johnson returned to America with newfound energy, direction and a purpose. She shifted her perspective to create new personal goals: Don't sweat the small stuff. Focus on what you can control. Make it easy for people to do the right thing and remove barriers.

With a renewed mindset, she committed to making contributions that would change health care in manageable ways.

She worked in revenue cycle in New York City before accepting a strategic services associate operations manager position at Duke University Hospital in 2016. The opportunity was a homecoming, returning her to the Research Triangle area, while she worked closely with several of Duke Hospital's experienced leaders.

From 2018 to 2021, she served as Duke University Hospital's director of medical, surgical and critical care services and then as administrative director of surgery for Denver Health. She's particularly grateful for the mentoring and guidance she received during her career.

"Rarely does a person get things done by performing high-level tasks quickly and efficiently without recognizing and bringing people along the way. There's nothing more valuable than collaboration with others and fostering team spirit among groups to get one to the goal," she said.

Upon arriving at MUSC Health in July of 2022 as a chief operations officer, Johnson quickly saw its strengths as a statewide health care provider — especially the organization's long-standing commitment to ensuring that communities with little to no options for health care have the ability to receive quality care. Johnson is a staunch advocate for health equity and addressing the barriers that limit access to health and wellness for all.

"A person can get the best clinical care in the world inside of a hospital but once they are discharged and go to a food desert or home with internet insecurity or a neighborhood that lacks sidewalks, parks or areas where an individual can exercise or work out — that's a problem," she said. "As an organization, we can do more outside of our walls. Those events pushed a lot of initiatives — engagement with community champions and others we are trying to impact. It's a reminder that we're more than just a hospital."

In her role, Johnson's looking at new opportunities, innovations and sustainable solutions to improve operations and processes.

An area that she sees as a priority is building employee resilience, well–being and self-care — especially for the clinical care teams.

"All of us at some point at work need to decompress, especially since the pandemic. Everyone has different thresholds and are on different levels in which they need to decompress, and that's OK. We need to identify stress factors and enforce processes to help people do the 'right thing,' while eliminating barriers that prevent them from doing what they do best," she said.

Last November, Johnson was named among 21 national women health care leaders to the 2023 Carol Emmott Fellowship class by the Carol Emmott Foundation. The class

See **Leader** *on page 14*

Nurse innovators honored for work helping children with emotional intellegence

By Reece Funderburk

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The MUSC Office of Innovation has recognized the College of Nursing's Joy A. Lauerer, DNP, and Amy Williams, DNP, as the Winter 2023 recipients of the I am an MUSC Innovator Award. Sponsored by the Office of Innovation, the I am an MUSC Innovator campaign is designed to raise awareness of the many forms that innovation can take, to inspire others and to recognize individuals or teams that are making impacts, publicly.

Lauerer and Williams are no strangers to recognition for their many contributions to the institution.

Lauerer, an associate professor in the CON, received the Golden Lamp Award an unprecedented four times, chosen by students as the nurse they would most like to emulate as a professional nurse. She received the Palmetto Gold Award in 2014 for excellence in nursing education. In 2016, she received the American Psychiatric Nurses Association Award for Innovation in Education and in 2017 was elected for a three-year appointment as the co-chair of the Child Adolescent Council.

Williams, an associate professor, holds a governor's appointment as a trustee for South Carolina First Steps to School Readiness and the Early Childhood Advisory Counc;il. In this role, she fills the only health care provider seat, working alongside members of the South Carolina General Assembly and state agency heads to ensure that all of South Carolina's children are as prepared for kindergarten as possible through evidenced-based early childhood educational programs. She is the recipient of a Duke Endowment grant to promote school preparedness in the Latin community and the site administrator for Zero to Three's Healthy Steps initiative in her clinic.

The duo was nominated this quarter for their work with Little Beeings, a social emotional intelligence box for children.

"Most parents and caregivers lack the resources to help develop and shape children's emotional and social development," they explained.

"Considering our ongoing changing culture for parents and caregivers that includes, including the rise of the single-parent families, increased exposure to violence, changes in family and caregiver dynamics and overuse of technology, we have seen significant increases in children and families seeking treatment for children's behavior health problems at an increasingly earlier age."

The answer to this pain point that the two tackled was to create the Beeing You Box, a fun and interactive subscription-based learning product that offers parents and caregivers resources that foster social emotional development. The box uses a variety of activities, toys and emotional intelligence (EI) games not only to make learning fun but also build an emotional support foundation between the child and his or her caregivers.

The boxes feature three different levels, with each level roughly based on the age of the child (from 3 to 6). Each is designed to align with where the child is developmentally. As demonstrated by the name, bees play a central theme in the makeup of the items included in the box.

"Entomology research tells us that bees are among the smartest, most collaborative insects," said Williams. "We develop an early relationship between children and the outdoor environment/ecosystem through exposure to the cooperative work that naturally takes place between animals."

"The key is helping parents better develop their children's EI. Focusing on strengthening emotional and social skills helps children improve self–awareness and self-confidence, manage their emotions and impulses and build strong positive character qualities," said Lauerer. "To best do this, parents need to start working on developing their child's EI in the early preschool years when children are at a sensitive period of social development and benefit greatly from early emotional and social support."

Each quarter, the Office of Innovation showcases educators, researchers, care team members and service team members enterprisewide who have been nominated for the impact they've made in the area of innovation.

Nominations are solicited by and submitted to the chief innovation officer and evaluated based on the merits of the innovation, including potential impact and unique factors that contributed to the innovation. Nominations are solicited on a quarterly basis but may be submitted for consideration at any time at web.musc.edu/innovation/awards-and-impact.

Photos Provided

Drs. Amy Williams, left, and Joy Lauerer are the winners of this quarter's I am an MUSC Innovator Award for their work on Little Beeings.

Bee-themed boxes, dreamed up by a pair of College of Nursing faculty members, contain supplies to help parents and other caregivers make learning fun for kids ages 3 to 6 while building an emotional support foundation.

Do you know someone who should be recognized? Fill out and submit a nomination form.

Award criteria

To be eligible for the I am an MUSC Innovator Award, the individual or team must be:

- Employed by MUSC or attend MUSC as a student.
- Acknowledged within the organization for the creation of an idea, product or process that can solve a problem or create a new opportunity.
- Recognized as collaborative, respectful, adaptive to change and committed to quality care.

Dental medicine graduate returns as a donor, patient

Photo Provided

College of Dental Medicine alumnus Dr. John Paxton and wife Lil.

By Harrison Huntley

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Going to the dentist may be one of the most routine things you do. Your dentist probably sends you a postcard or email, inviting you to schedule your next appointment. If you frequent the student clinic at the James B. Edwards College of Dental Medicine, you might even get a text before your appointment. But for some with special needs, the experience of being welcomed back to the dentist's office on a regular basis may be less common.

John Paxton, D.D.S., and his wife, Lil, are working to change that. As one of the college's first graduates, the father of a special-needs daughter and a current patient at the clinic, Paxton has seen firsthand the difference it makes when future dentists gain experience meeting special needs early in their career.

The Paxtons said they've always been involved with MUSC in one way or another. A graduate of the James B. Edwards College of Dental Medicine, Paxton supported the university from the Upstate as he ran his dental practice in Greenville. But with their recent move to Charleston, they became aware of the Pamela Kaminski Clinic for Adolescents and Adults with Special Health Care Needs. More than 500 patients with a variety of special health care needs or medically complex needs, ranging from adolescents with autism to seniors with dementia, have called this clinic their dental home.

The mission of the Kaminsky clinic hit close to home for the Paxtons, whose daughter was born with cerebral palsy. After getting an X-ray of her mouth, Paxton also discovered that his daughter didn't have any adult teeth. As a dentist himself, taking care of his daughter was never a question. But Lil said that's not the case for all dentists. "A lot of people would not work with special-needs patients," she said. "John did in his practice because we looked at it differently. It's about realizing that everybody's unique, and everybody has certain problems and disabilities, and you accept the person as the person is and then work with that individual."

Michelle E. Ziegler D.D.S., division director for Special Care Dentistry at MUSC, said that it's critical for dentists and future dentists to have experience caring for special-needs patients. "Most patients, I would say 80% of patients, can and should be treated in private practice settings," Ziegler said. "Those patients just require a little bit more TLC, perhaps a little bit more time and just some management skills on the part of the dentist."

But that doesn't always happen. Ziegler said some of the patients she sees at the Pamela Kaminsky Clinic for Adolescents and Adults with Special Health Care Needs come from up to three hours away because they haven't found care that's closer to them. She encourages those patients to use MUSC's Special Needs Network of Dentists, known as Project SANDS, to find special-needs dental care providers.

Now, for Paxton, things have come full circle. Since being diagnosed with Alzheimer's, Paxton himself has become a patient at the Kaminsky clinic. As an alumnus, a patient and a supporter of the James B. Edwards College of Dental Medicine, Paxton and his wife want to make sure that this is a program that can continue to affect the lives of dentists and patients for years to come.

To that end, they created the Dr. and Mrs. John H. Paxton Special Needs Dentistry Endowment. The fund will provide annual support for special-care dentistry, to help patients who are seen at the Kaminsky clinic. It also gives MUSC students the opportunity to learn how to care for these patients now and in the future.

"It's an honor to be able to do this," Lil Paxton said. "Why leave your money to something else? Give it and pass it on in the hopes somebody else will pass it on."

"I think that it's really just wonderful to see that Dr. Paxton made a gift after going to school here, and having had a child with a disability," Ziegler added. "He understands the need for services for these patients. And now for him to be in a position to give back to the clinic it is just wonderful."

DNA

Continued from Page Three

genetics, like being likely to move more during sleep (accurate), being more likely to burn with sun exposure than to tan (my devotion to aloe vera can attest to this), not becoming flushed when consuming alcohol and being better at sprint bursts than endurance activities. There were a few things that didn't line up, like an aversion to cilantro, or weren't surprises, since I could see them in myself and family, like eye color and hair curl. The results also stated that I have an average caffeine metabolizer, meaning caffeine and its effects are likely to last longer in me than in others. Given my unwavering devotion to multiple cups of coffee each day, this is one result that I plan to forget I read.

Most interesting, though, were the things that I already knew about myself but wanted, as a result, to examine through a new lens. For example, the results indicated that I'd go to sleep at a typical time and sleep for a bit longer than the average person. This is interesting because since I was a child, I've known that I needed a good amount of sleep to function. Nonetheless, for many years, I've struggled with falling and staying asleep. Some family members also experience this, so I thought it might be genetic, especially because these episodes don't necessarily correlate with stressful seasons. I found myself quite curious to think more about the causes of these sleep issues.

Moving over to the ancestry panel was exciting. We've previously traced portions of my family lineage back to Scotland, England and Germany, but the tracing has been pretty limited and unreliable. Once again, the panel was different and more intriguing than what I had anticipated.

First, there were five categories that explained things that I am more or less adaptive to. My genes indicated a "negative" adaptation to high altitudes and malaria. I was marked "adaptive" for lactose tolerance, which isn't a surprise given my love of dairy. I was very surprised that my genes indicated Arctic adaptation, especially since I'm known for getting cold so easily. That officemate running her heater all summer? That would be this girl. Needless to say, the friends and family members that I shared that news with had a good laugh.

The last thing I checked out in that section was my regional ancestry. As expected, 98% is European, with the vast majority indicating northwestern Europe. Further down, it was clarified that this comprised the British Isles, Scandinavia and the central part of northern Europe. I wished it had been a little more specific, but I also got that that's a bit of challenge, due to how empires and boundary lines have shifted over the centuries.

There were two surprises in this section. First, I was quite surprised to see 1.2% of my genes indicated that I have South Asian roots, specifically Punjabi and Panthan (Pashtun). The information explained that this region covers modern-day Pakistan, northern India and Afghanistan. The second surprise was seeing 0.8% related to Sub-Saharan Africa, split evenly between East Bantu and Senegambian heritages. The information provided identified these as very ancient regions that have been around for thousands of years. I don't know enough about genetics and to have a grasp on how recently these traits would have been introduced to my lineage, registering at such small percentages. With this information I would take the opportunity to conduct more research into my family history.

MY HEALTH RESULTS

A few days later, I received the notification that my health results were ready. I immediately felt a wave of relief as I read the first line: "No DNA variants identified." The next part explained that while the test didn't identify DNA variants that increased my risk for the three conditions that this test looks for, it didn't mean that I was totally in the clear. I appreciated that the results explained the fact that genetics were just one aspect to be considered, but that other factors could still increase risks of cancer or heart disease; for example, family history can't be ignored.

Moving down the page, I first saw my results for hereditary breast and ovarian cancer and the two genes Helix tested for this. Being that several women on my mom's side had breast cancer, including my maternal grandmother, my mom had done the BRCA testing several years ago. Since hers was negative, I expected the same result but was still a little nervous. Needless to say, I was very relieved to see that result.

Next was Lynch syndrome, an inherited condition that increases the risk of colon, endometrial and several other cancers. Helix analyzes five genes for this condition. I hadn't known any family members to have had these cancers, so it was not a high concern but, still, it was helpful information to have.

The final test was familial hypercholesterolemia (FH), a heritable condition that causes chronically high blood cholesterol levels and heart disease. Four genes were tested for FH. This one was the wild card that I was worried about, with several family members on both sides with high cholesterol and/or blood pressure and a variety of heart conditions. I've always assumed that there's a combination of lifestyle and inherited traits involved, given that some folks eat pretty healthy, or are fairly active, while others are less so. I'll still be keeping an eye on this, but it's nice to rule out one factor.

FOCUSING ON MY HEALTH

So, to summarize my experience, I'm glad that I participated in In Our DNA SC. I've learned some fun things, and the health information was reassuring. I'm also looking forward to continuing to participate over the long run as Helix adds more tests and is able to analyze my sample for more genetic conditions. While my results were clear for the three areas tested, I'm not taking this as a free pass and will continue making preventive lifestyle decisions and getting all the recommended screenings.

In Our DNA SC
A Community Health Research Project

Note from In Our DNA SC:

Genetic or DNA trait results are based on the likelihood of a trait, not certainty. When a given trait is reported, it is a probability or likelihood that a person will express the trait in question. This is based on several genetic markers that have been associated with that trait but not a certainty. For example, there may be a 90% (9 out of 10) chance that a person with the "curly hair" result does

See **DNA** *on page 15*

Photo by Sarah Pack

Medical historian and writer Dr. Deirdre Cooper Owens gave a lecture on Feb. 6 on the life and work of Harriet Tubman.

Medical historian, writer shares wisdom of Harriet Tubman

By Cindy Abole

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When medical historian, writer-lecturer and advocate Deirdre Cooper Owens, Ph.D., was invited to speak at the third Waring Historical Library's Black History Month lecture on Feb. 6, she was both pleased and excited – pleased that she would be returning to her maternal family's ancestral beginnings around the Charleston Lowcountry and excited to speak about a topic she's passionate about: American abolitionist, women's rights activist and philanthropist Harriet Tubman.

Cooper Owens' lecture, "Healing, Mobility and Fugitive Logic: Revisiting Harriet Tubman as Both a Healer and Intellectual," was a chance to talk about her current research and writing project, which has transformed into a passion project writing about dedicated women-healers.

Brian Fors, Ph.D., curator of the Waring Library, welcomed a hybrid audience to the Library's first in-person event since the COVID pandemic began in Spring of 2020. Introductions were made by Waring Historical Society's President Jacob Steer-Williams, Ph.D., of the College of Charleston.

In a touching moment, Cooper Owens opened her talk, dedicating it to her own family's strong matriarchs and healers - her grandmothers: Ella Belle Cooper, a pastor, and Mary Jane Elizabeth Cooper, a nurse.

Already a popular figure in American and African American history, Cooper Owens challenged the event's in-person and virtual audiences to consider looking at Harriet Tubman in a different light – as a Black woman and former slave living with a disability as well as an intellectual, aware of her surroundings. She emphasized how Tubman's thinking and freedom work affected American democracy, touched by multiple pathways.

"For me, it was an opportunity to tell Harriet Tubman's story in a different way," she said. "Learning about her got me interested, and I hope others will see her in a different light as well."

Cooper Owens became fascinated with Tubman's life – from her early life as a girl born into slavery and later as a leader and advocate for others, helping dozens of enslaved people to escape to freedom and new lives, from 1850 to 1860. She emphasized

See **Tubman** *on page 15*

Photo Provided

The Suttles have always liked to travel. For the past few years that hasn't been an option. They hope to get back to it soon.

Transplant

Continued from Page Six

kidney was like a Maserati.

Even with a successful surgical outcome, life in a post-transplant world has been tough for Cosmore. At first, he was weak. He'd still get out of breath easily. But over time, things slowly started to improve. And with the new year came a new lease on life. In the months that have followed, Cosmore has said he's finally getting back to feeling the way he used to. Not perfect, he'll admit, but the best he's felt in more than three years – and things seem to get better nearly every day.

"I'm not gonna lie, you definitely treasure your life more than you did before," he said.

The Suttles say they have been back to doing the normal kind of things they used to do before all his trouble began. They eat meals together. Watch movies together. Travel is even on the horizon. And most importantly, their daughter, who postponed her wedding so her dad could walk her down the aisle – is starting to talk about the big day again.

"We definitely hang out more as a family," Ellen said. "Even if they don't like it and we get on their nerves. Because once you go through something like this you don't take anything for granted."

Leader

Continued from Page Ten

is part of an elite 14-month experience designed to support and increase gender equity in health care leadership within the communities and institutions they serve.

Looking ahead, Johnson hopes to see a health care workplace where everyone is keeping each other well.

"It's my goal to ensure that all of us can do our best at our jobs. I want to give people what they need to be successful in their roles and make it easy for them to do the right thing so that everyone can be their best selves," she said.

TUBMAN

Continued from Page Fourteen

Tubman's ability to be successful in her freedom work, using fugitive logic – a form of thinking rooted in observation, methodology, awareness of her environment and reacting to that, as well as spiritual cartography – the ability to collaborate with others and make important connections to create a roadmap to freedom for others.

Even in her advanced age, Tubman continued to work hard to create sustainable communities and healing spaces for the underserved and oppressed. She remained active in her communal freedom work and was a founder of the first Black women's movement, the National Association of Colored Women's Club. She also opened the Harriet Tubman Home for Aged & Indigent Negroes in Auburn, New York, her home until 1913, when she died at the age of 91.

Cooper Owens shared her own theory, questioning if 19th Century leaders had followed the guidance of a leader like Harriet Tubman, what would America be like today?

Harriet Tubman

"We should be using Tubman's model for institution building and philanthropy. In today's 21st century, we could've benefited from Tubman's model in how to heal people. She may not have had a formal education, but in today's health care focus on patient-centered care and the patient experience, it's important that we focus on quality of care and integrate individualized care, respect, compassion in addition to science. There's valuable lessons to be learned by a person like Harriet Tubman. Her compassion for helping people, her healing work and dedication to equality and the personal freedom of others should be a guide for all of us to follow," she said.

TREATMENT

Continued from Page Four

team. P stands for peer, M for medications and C for complex care coordination. It has a statewide reach. "We've seen people from over 31 counties from South Carolina. We're not just serving the Charleston area. People come here to MUSC for a higher level of care and specialty care, especially if they need valve replacement surgery or other specialty treatment."

She said providing that care, including addiction treatment and services, not only benefits the patients but also the health care system. Abstinence from drugs or alcohol cuts way back on future health risks and, most importantly, prevents overdoses and deaths.

Society benefits, too. "If people are in treatment and in recovery, they're able to rebuild families, restore relationships and reenter the workforce and the community," Smith said.

"Addiction doesn't discriminate, and it's so important to make sure that we screen, identify and offer people lifesaving treatment. The inpatient hospital setting is the perfect opportunity to accomplish that."

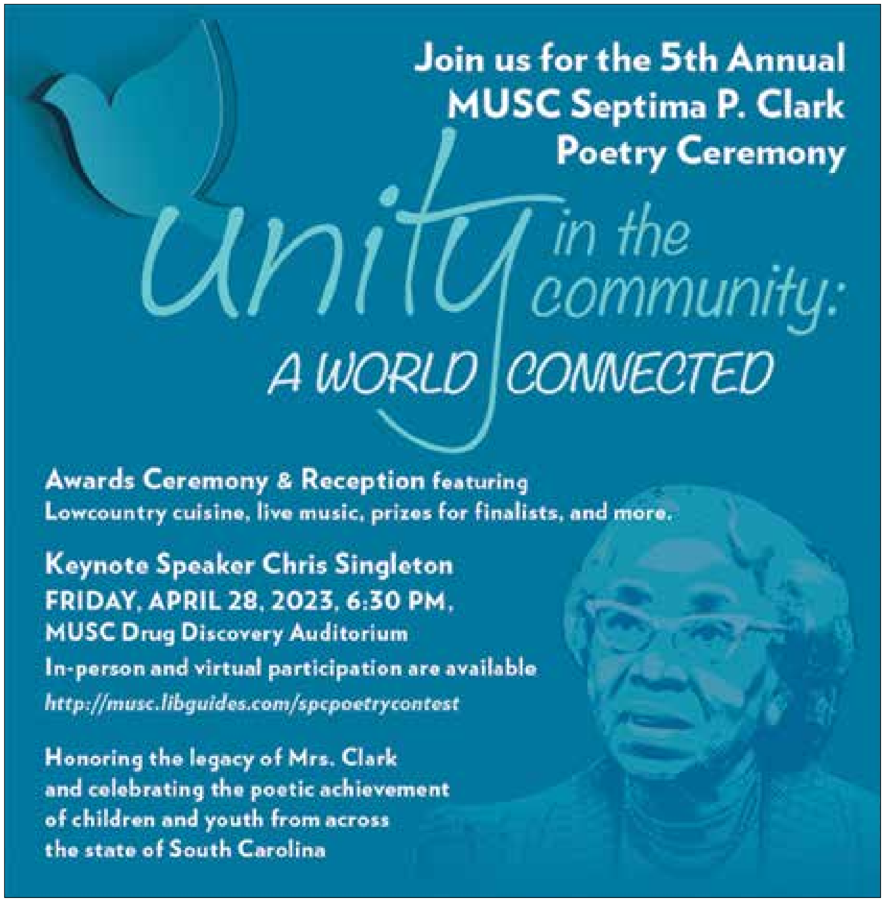
DNA

Continued from Page Thirteen

indeed have curly hair, but that means that there is also a 10% chance they do not – in other words, 1 in 10 people with the "curly hair" result actually may not have curly hair. This is how DNA traits tend to work. In addition, other factors may affect if you express a trait like environmental exposure or factors or other genetic interactions.

Unlike traits or ancestry testing where we're trying to describe patterns as best we can, when assessing a person's risk for a health condition, we're answering a yes or no question: Are the DNA changes associated with the condition present or not.

To learn more about participating in In Our DNA SC and/or to share your story, please visit InOurDNASC.org.



CURE

Continued from Page Nine

midst of all of that, with grant deadlines, lab experiments, journal submissions and a quickly approaching wedding, she's also working with MUSC leaders to develop the first-of-its-kind EDS institute in the country. And, while some her age are still searching for their callings, Gensemer, who just turned 27, is being recognized during Women's History Month 2023 for her extraordinary contributions. The only one surprised by this honor was Gensemer herself.

"Never in a million years would I have ever imagined having a seat at the table with so many important people," she said. "Sometimes I can't believe this is all real."

Nearly every day, Gensemer posts new content to Instagram, not to mention she shares any new or significant findings in the world of EDS the minute she hears about them. So basically, when she's not making the news, she's spreading it.

"When I first learned I had EDS, I wanted to know as much about it as I could," she said. "But there just wasn't that much info out there. I really think that's what's inspired me to do a lot of the work I do on social media."

In the last decade, Gensemer has had nine surgeries on her hips, shoulders and spine. She's gone through unbearable pain, and some days, just getting out of bed is an accomplishment. But her success in the lab and role as a public figure have buoyed her spirits and made her even more resolute. Her unusual dual role of expert – a term she says she's still coming to grips with – and patient make her the perfect role model. In fact, the Norris Lab even now has a summer intern program named after her – and it only hires college or graduate students who have EDS themselves – paving the way for the next generation (or is it same?) of Gensemers of the world.

"Never in my wildest dreams did I think any of this would happen," she said. But for all her success, she has remained grounded, at her core the same self–described "nerdy scientist" who loves making people smile.

"I really think big things are coming in the world of EDS discovery, maybe eventually a cure," she said, then added with a laugh: "I can't think of a better way to end up out of a job."