



A family's refusal to give up on girl's hearing – and the MUSC docs who proved them right

By HARRISON HUNTLEY

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Rattle-Rattle

Clap-Clap

Doctor of Audiology Amy Noxon continues making different sounds as she attempts to get the attention of Zlata Kuzmina, her almost-three-year-old patient at the MUSC Health Cochlear Implant Program at R. Keith Summey Medical Pavilion. At first, while Zlata taps away on her little rainbow xylophone, it doesn't seem like she is hearing anything, but Noxon explains she has the settings very low. Then, suddenly, as Noxon raises the sound level, Zlata turns toward her father with wonder in her eyes. She motions to her ears. For the first time in her life, the angelic blonde is hearing sounds louder than ever before. Her new cochlear implant is doing its job and providing sound to the young girl.

While MUSC performs over 170 cochlear implant surgeries each year, with many going to young patients like Zlata, this particular implant is attached to both a smaller-than-normal cochlear nerve and a long journey that brought Zlata and her family from Ukraine to South Carolina.

Zlata, a joyful and animated toddler, loves lacey dresses and neon orange socks. She skips everywhere she goes and adores her doting big

Photos by Sarah Pack

Zlata Kuzmina looks up in surprise as she hears something in her right ear. The cochlear implant on her right side had just been activated by MUSC audiologist Dr. Amy Noxon.



Left photo: Mom Diana Kuzmina puts her hand on Zlata's chest after she received anesthesia. Above: Dr. Theodore McRackan playfully examines Zlata as her brother and mother look on.

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AROUND CAMPUS

PEOPLE

Nazir Adam



Nazir Adam, M.D., was named the new chief medical officer for MUSC Health-Orangeburg. Adam joins MUSC

from South Physicians Systems where he served as medical director for the Gulf Region since 2021. Previously, he was medical director for the emergency room in Orangeburg and Bamberg since 2019. He begins his new role June 1.

Sem Ganthier



Sem Ganthier, D.H.Sc., was named executive director for operations for MUSC Health-Orangeburg. Ganthier comes to

MUSC from Hospital Corporation of America-Rapides Regional Medical Center in Alexandria, Louisiana, serving as vice president of operations. He possesses 15 years of progressive leadership experience in the health care industry with expertise in operations, financial management and program growth. He began his role May 8.

Shannon Jones



Shannon Jones, director of Libraries at MUSC, was presented with the Reference and User Services Association (RUSA) Emerging Technologies

Section (ETS) Achievement Award for leadership and excellence in service. Jones has been an active leader and contributor to ETS for two decades holding several organizational positions and made sustained contributions to ETS' goals and missions. RUSA is a division of the American Library Association.

Innovation Week winners recognized as I am an MUSC Innovator Award winners

By REECE FUNDERBURK

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With the goal of infusing innovation into every corner of the MUSC culture, the MUSC Office of Innovation created the I am an MUSC Innovator campaign, which raises awareness of the many forms that innovation can take, inspires others and recognizes individuals and teams that are making an impact, both publicly and regularly. To that end, each quarter, the campaign showcases innovative educators, researchers and staff members enterprisewide that have achieved that goal.

The MUSC Office of Innovation is proud to recognize the following teams as the second quarter's recipients of the I am an MUSC Innovator award. Every year, the second quarter is represented by the winning teams and award-winning pitches at MUSC's Shark Tank competition held during Innovation Week in April. These groups represent winners from across the enterprise.

□ Michelle Spiegel, M.D.; Karen Melanson; Janet Byrne, R.N.; Jamie Allen, D.O.; Andrew Goodwin, M.D.

Project: "Electronic health record-embedded clinical decision support to reduce hospital-acquired infections."

This project is addressing an over-utilization of invasive devices that contribute to hospital-acquired infections, which are associated with poorer patient outcomes. By improving clinical decision support

systems with rule-based logic, Epic will be able to identify and highlight central venous lines and catheters that are potentially eligible for removal from patients.

□ Curry Sherard; Savannah Skidmore; Jesse Flynn; Joe Ruscito; Taufiek Konrad Rajab, M.D.

Project: "Innovative designs for ventricular assist device cannulas that improve outcomes for infants."

This team, led by two students, is looking to improve on a Berlin heart device in children by creating a new device with a simple switch that could divert crucial blood flow around a clog in a tube and keep babies who need a heart transplant alive longer.

□ Edward Kilb, M.D.; Brad Petkovich, M.D.

Project: "Hitting the mark: Implementation of a central venous catheter curriculum to improve medical student self-confidence in quality and safety of procedures."

The goal of this project is to create a comprehensive central venous catheter training module with focus on ultrasound skill training, Seldinger technique and key steps in patient safety that would result in an improvement in student self-assessment of confidence with this singular invasive procedure.

□ Renee Wilson

Project: "Enhancing the patient experience: From car to care." First impressions can be lasting impressions." This project will make services more accessible from the patient's car to where they receive their care, including clear signage, valet parking, assistance

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MUSC CATALYST news

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Kids Eat Free at MUSC returns for summer

Kids Eat Free at MUSC returns for its ninth year. Last summer alone, MUSC served more than 2,800 meals across two Charleston campus locations. Since its inception in 2015, almost 30,000 meals have been provided to children in our community. The mission of Kids Eat Free at MUSC is to optimize health by providing nutritious, balanced meals at no cost to children and teens during summer break. Dare we say mission accomplished?

Food insecurity contributes to the rising cost of health care, and MUSC is proud to be a part of the solution. Participation in hunger-relief programs within health care's existing infrastructure provides an opportunity

to improve population health by increasing access to nutritious meals for those most in need. Kids Eat Free at MUSC meals provide balanced nutrition with the inclusion of whole grain, protein, fruit, vegetable and dairy components.

Kids Eat Free at MUSC is part of the Summer Food Service Program, a federally sponsored and state-run program funded by the U.S. Department of Agriculture. MUSC will again partner with the Lowcountry Food Bank to provide no-cost meals in three locations: the Keith Summey Medical Pavilion, Shawn Jenkins Children's Hospital and University Hospital.

All locations will serve Monday through Friday throughout the summer break. Keith Summey Medical Pavilion will offer cold meals from 10 a.m. to 12:30 p.m. while University Hospital and the SJCH will serve hot meals from 11 a.m. to 1 p.m. All meals are prepared by chef Emily Cookson at the Lowcountry Food Bank, with kid-tested, mouth-watering recipes that source fresh and local ingredients.

Our hardworking MUSC volunteers are again at the heart of this project, supporting this program with their time, energy and amazing company.

MUSC doesn't require financial verification of need: All children 18 years and younger can participate

MUSC
Health
& Well-Being

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



in the program. Visitors, siblings or community members who meet this age requirement, regardless of their purpose at MUSC, can be served.

If you're interested in volunteering for this program or want to learn more, please contact Laura Nance at nancel@musc.edu.

SOUND *Continued from Page One*

brother, Filip. Her enormous blue eyes twinkle while she nibbles on her Lucky Charms. After "playing" the piano with Filip, she can't decide if she wants to blow bubbles or help her fuzzy lamb go night-night.

Zlata was born in Ukraine, which has been under attack by Russian forces for over a year now. Her mother, Diana, is from the Donbas region, which is where much of the fighting has been concentrated. Diana was a family physician in her homeland and enjoyed her life in Ukraine. But when Russians fought to annex Crimea back in 2014, Diana left and moved to Odesa, Ukraine. What was first a temporary move turned out to be permanent after meeting her husband.

In 2022, the family moved to the United States to join an aunt who came to the states five years prior. This turned out to be incredibly fortunate for them, as the years-long immigration process had only just been finalized, months before these most recent attacks started.

"The whole country is in war now, but in the Donbas region, war started in 2014, and that's why we started this process — because we couldn't come back to Donbas because we feel a big difference between Ukraine and Russia," Diana said.

After stops in the Czech Republic, Germany and New York, the family finally settled down in Boiling Springs, South Carolina. But prior to moving to the United States, Diana noticed that Zlata wasn't



Photo by Sarah Pack

OR nurses and Dr. Theodore McRackan, give Zlata a cochlear implant on her right side.

speaking or reacting to sound as her mother might expect. Once in the states, they had an ear, nose and throat (ENT) doctor examine her and scheduled audiology tests.

That doctor referred them to MUSC, where Zlata underwent an MRI to check on her cochlear nerves — the nerves that run from the inner ear to the brainstem and are associated with hearing. An MRI indicated that Zlata likely had no cochlear nerve in her left ear and a very small nerve in her right ear.

When the family met with Noxon, the audiologist, she had them sit in a sound booth to see if Zlata

would react to any noises. The sounds on her left went completely unnoticed, but loud sounds on her right seemed to be a different case. "We didn't expect her to have any hearing," Noxon said. "So when I turned on a loud sound, she startled to the sound in her right ear. And that gave us some hope that she did have some hearing."

This was welcome confirmation for Diana, who was convinced that her daughter did indeed have some hearing. Visits to other physicians were met with disappointments, when doctor after doctor at other prestigious medical centers around the nation said there was no hope.

"We had a few doctors in America that said there's no chance she will hear, and the implant wouldn't help," Diana said. "We continued to search for other doctors, and at MUSC, Dr. Noxon and Dr. McRackan confirmed what I saw — that she reacted to sounds on her right."

After these tests, Noxon suggested that Zlata might be a candidate for a cochlear implant. Ted McRackan, M.D., medical director of the Cochlear Implant Program in the Department of Otolaryngology — Head and Neck Surgery, is a big believer in this procedure. It's a surgery he's very familiar with, as he performs as many as three a day and runs a cochlear implant research program. He also said that research suggests that people find greater benefits from the cochlear implants the earlier they're implanted.

"In the United States, we are very, very proactive

See SOUND page 12

Confused about sweeteners after new recommendations? A dietitian has answers

By HELEN ADAMS

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A new guideline about non-sugar sweeteners from the World Health Organization has left some people wondering if they should switch from Diet to regular Coke, toss the Sweet’N Low and light ice cream and quit trying to cut calories.

“That’s not really the way that I think that it was meant to be taken,” said registered dietitian Tonya Turner. She’s a nutrition specialist with the Weight Management Center at MUSC Health.

“They’re really trying to say sugar substitutes alone are not going to promote or sustain weight change. That’s something that we all understand. Just for overall health measures, there’s already been the recommendation to decrease added sugars. And so now, the WHO is taking it a step further in saying, ‘OK, not only limit sugars like maple syrup, agave, regular sugar, but you should also limit the amount of artificial sugar in your diet as well.’”

In its advisory, the WHO said a review of the available evidence found that non-sugar sweeteners don’t have any long-term benefits when it comes to reducing body fat in kids or adults. It also said the sweeteners may have some side effects, such as raising the risk of Type 2 diabetes, cardiovascular disease and early death.

The food industry organization Calorie Control Council has pushed back, saying decades of scientific studies show that low- and no-calorie sweeteners are safe and do have health benefits. It also noted that the WHO called its guideline “conditional.” The WHO made that choice because it said the evidence might be affected by baseline characteristics of study participants and complicated patterns of non-sugar sweetener use.

The sweeteners the WHO cited included:

- ❑ Acesulfame K, also known as acesulfame potassium: brand names Sunett, Sweet One.
- ❑ Aspartame: brand names NutraSweet, Equal and Sugar Twin.
- ❑ Advantame: a chemical derivative of aspartame.
- ❑ Cyclamates: The Food and Drug Administration (FDA) banned this sweetener in the United States in 1970.



Photo by Sarah Pack

More than 140 million Americans use sugar substitutes, according to the latest data from Statista.

- ❑ Neotame: brand name Newtame.
- ❑ Saccharin: brand names Sweet and Low, Sweet’N Low, Sweet Twin and Necta Sweet.
- ❑ Sucralose: brand name Splenda.
- ❑ Stevia: Stevia leaf extract comes from a plant that grows in South America.
- ❑ Stevia derivatives: brand names Truvia and Stevia in the Raw.

Turner said confusion over sugar substitutes is nothing new. “People are always like, ‘Are they healthy? Should I be using them?’”

She has a ready answer. “They have their place. If somebody’s doing regular sweetened beverages and you’re trying to cut your calories, switching to a sugar substitute is going to be a lower-calorie option. But at the same time, you don’t want to have it be a free-for-all of using sugar substitutes because anything in excess is not a good idea.”

In other words, she said, one Diet Coke a day is OK. Six is not. “Just because it’s calorie-free doesn’t mean it’s a good thing. You still have to be mindful that it’s a processed product.”

Turner also talked about Stevia, which some people use as a natural alternative to sugar. “Stevia is a plant-based sugar substitute. If you’re actually using the Stevia plant, then that’s absolutely fine. If you’re doing it in the Truvia form that’s been slightly chemically

“Just because it’s calorie-free doesn’t mean it’s a good thing. You still have to be mindful that it’s a processed product.”

Tonya Turner

modified, it’s no different than some of the other sugar substitutes.”

Turner encouraged people to turn to natural sources for flavoring. “I think even just using more fruit, flavoring things with actual fruit in a small amount, or lemons and lime juice, that type of thing, and getting away from so much of that sweetness.”

And that’s not her only advice. “There definitely needs to be an emphasis on eating more whole foods, foods rich in fiber, being physically active. So I think it’s just one small component to a much larger picture. Sugars in general, whether they’re coming in an artificial form versus a natural form, should be limited, and we should focus more on whole food sources.”

MEET SHERYL



Sheryl Greene

Department; Years at MUSC
MUSC Sterile Processing Department (SPD); Almost 10 years

How are you changing what's possible at MUSC

My SPD education colleagues and I work to provide new hires with the tools and training needed for success. We also provide an ongoing network of support.

Beach or Pool *The beach is my happy place no matter the weather!*

Favorite restaurant *The veggie Benedict at Five Loaves Cafe in Summerville is divine.*

Favorite place in the whole world
Standing on the Newbiggin Cliffs with the North Sea below – Northumberland, UK

Favorite quote *"We are each of us angels with only one wing, and we can only fly by embracing one another."*

– Luciano De Crescenzo

MUSC HOLLINGS CANCER CENTER

LOWVELO 23

WHAT IS LOWVELO?

LOWVELO is our fundraising bike ride event that rallies the entire community behind one amazing cause – lifesaving cancer research at MUSC Hollings Cancer Center. This year's ride will take place on Saturday, November 4 and participants can join us by choosing from four cycling routes or by selecting a virtual option. Following the ride, there will be a block party at the finish line with live music, food, drinks, and fun to celebrate cancer survivors and honor loved ones lost to the disease. We would love to see participation and support from every area of MUSC. We've all been touched by cancer in some way, and this event is a wonderful way we can all contribute and fight back, because 100 percent of funds raised by participants goes directly to cancer research at Hollings.

EARLY BIRD SPECIAL

Register during the first 24 hours – April 3, 12 a.m. to 11:59 p.m. to take advantage of our early bird rate! This includes FREE registration and the lowest fundraising commitment for ALL route lengths – just \$300.

[Register here](#)

THE ROUTES

NEW THIS YEAR- our longest route will now be 80 miles in an effort to allow all riders to celebrate together at our big finish line block party. There will also be 50-, 23- and 10-mile options, as well as a virtual "home team" option.

[More about the routes](#)

For questions, or to request photos, graphics or videos to help spread the word, please contact: Kristin Lee at leekris@musc.edu.

Food Drive to support MUSC e.a.t.s in celebration of National Nutrition Month

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- Pop top canned tuna or chicken
- Instant oatmeal (packets & canister)
- Boxed low sugar cereals like Cheerios, Total, Wheaties, Regular or Frosted Mini Wheats, Life, Oatmeal Squares

Monetary Donations

1. Scan the QR code below with your phone or go to giving.musc.edu
2. Choose "A fund of my choosing" & designate your donation amount
3. On the next screen choose "other" for your donation to support
4. In "Please Specify" type: Fund#7120/8805 for the EATS program

MUSC e.a.t.s. (ensuring access to staples) is a food pantry program that offers shelf stable food to clinic patients with food insecurity.

MUSC REAL DEIL

Employee Recognition Program

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The Real DEIL Recognition Program focuses on highlighting members of the MUSC family (employees, teams, students and others), at various levels and in all areas, who are modeling, impacting and sharing DEI values and principles day-to-day. The MUSC Real DEIL program will recognize the grassroots services, actions and initiatives that make an impact within and between direct units, areas, departments, divisions, colleges, etc.

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If you have questions regarding this recognition, please contact Imari J. Woods II, MHSA | P: 843-792-4305 | E_woods@musc.edu

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MUSC celebrates outstanding caregivers during National Nurses Week

By HELEN ADAMS

adamshel@musc.edu

Christopher Gramse, who works with patients struggling with substance use and mental health issues, was shocked to be named Nurse of the Year by MUSC Health during National Nurses Week. “It’s just amazing. It’s a great honor. I’m super proud of myself, but also my team, and I mean, my family supports me and helps me continue that love that I feel I have for nursing.”

His supervisor, Patrick Riley, wasn’t surprised. “Chris is a very compassionate individual. He’s very level-headed. He doesn’t let anything rattle him. And truly in the position that he has in working in psychiatry, you have to have a lot of compassion and a lot of patience and tolerance, and he exhibits all of those qualities.”

The award came during a week when MUSC Health honored and celebrated nurses throughout its hospitals and clinics. It had a roving photobooth to showcase nurses, discounted tickets to sporting events, free breakfasts and more.

National Nurses Week begins each year on May 6 and ends May 12, Florence Nightingale’s birthday. It honors the work of nurses and sacrifices they make every day as essential members of health care teams, providing care, compassion and expertise. There are more than 4 million nurses across the country.

Recognition of nurses’ value goes to the very top level of MUSC. The wife of MUSC’s president is a former nurse. Kathy Cole spoke at an educational event during Nurses Week.

“Dave and I appreciate all you do for us and for MUSC on a daily basis,” Cole said, referring to her husband.

“There really aren’t enough words to express our thankfulness for all you did during COVID and beyond. I am humbled by all of you.”

She emphasized the importance of the continuing education nurses pursue. “Health care changes daily. There are constantly new ways of doing things, new technology, new diseases, you name it. If we don’t keep up with what is going on, we won’t be the best we can be for our patients.”

Cole also encouraged the nurses to take care of themselves as well as their patients. “Nursing burnout is a real thing, especially after COVID. Know you are important to us. We value you and what you do. Your patients value you and need you. Do what it takes to take time off, sit in the sunshine and let it warm your face for a few minutes when the days are long and hard. Get sleep and eat right and know your job and your livelihood are critical. A hospital can’t function without our nurses.”

The chief nursing officer of the MUSC Health–Charleston Division, Brenda Kendall-Bailey, DNP, said she’s inspired by the energy of the nursing community. She took on the role of nursing chief on April 17.

“Being a new leader here at MUSC, I witnessed many interactions and was struck by the camaraderie and support provided within the teams; even while the work was hard and the hours were long, the grace and care demonstrated was awe inspiring,” Kendall-Bailey said.

That camaraderie, support, grace and care were on display throughout the week, including at the Nurse of the Year ceremony in historic St. Luke’s Chapel on the MUSC Charleston campus. Nurses from units throughout MUSC Health were there to represent their



Photo by Sarah Pack

Nurse of the Year, Christopher Gramse, with his supervisor, Patrick Riley.

areas as nominees for Nurse of the Year.

Afterward, winner Christopher Gramse, had a message for the public. “I think anybody could be a nurse,” he said.

“But I don’t think you have to be a nurse to care for somebody. Just you see somebody on the street, and you can make their life better just by interacting with them.”

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A towering tale of human – and canine – love

BY **BYRCE DONOVAN**
donovanb@musc.edu

Right before you cross the border into North Carolina, in a tiny little town off I-77, lives a dog named after a building. On its face, it doesn't seem like the most fitting moniker for an energetic 2-year-old golden retriever. But if you dig a little – you know, under the right metaphorical fence – you might just find that he's really named after a love story.

PAYING IT FORWARD

Ashley Miller dreamed of being a doctor when she was just a teenager. Born with an inherited neuromuscular disease that causes progressive muscle weakness, she spent her fair share of time in hospitals growing up. To date, the 34-year-old has had more than 30 orthopedic surgeries because of her Charcot (pronounced “shahr-KOH”)-Marie-Tooth disease.

“No, I do not have shark's teeth,” Miller said with a laugh.

It was during those many trips to see doctors all over the country – ones that resulted in procedures to reinforce her hips, lower her arches, straighten her toes – that she saw some of the best of humanity.

“The way all those people were able to help me, my family ... I just wanted to be able to do that for others.”

That selflessness, a willingness to want to help those less fortunate, was something else she inherited at birth. The daughter of a pastor, Miller always leaned on her faith to guide her. Sometimes it was in the form of small acts of kindness. Other times, it was to volunteer at her church or local food bank.



Photo Provided

Steven and Ashley Miller with their lovable 2-year-old golden retriever.

But in 2012, those core values led her two hours south – she would be starting her first year at MUSC's College of Medicine – touching off a journey that would deepen her love for health care and eventually, lead her to meet her now-husband of seven years.

THE MEETING SPOT

Steven Miller needed a job. Winters in Wisconsin were rough, and a friend in Charleston, South Carolina, said his company was looking for some part-time employees. The prospect of warmer weather and a paycheck was all it took to get him packed, out the door and on the road.

Because that job was only part time, it meant that Miller needed to do other things to supplement his income. One of those side gigs was waxing floors during the night shift at MUSC. Though the job was largely thankless, there was one giant perk:

See **PUPPY** on page 11



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Cycle program opens up new possibilities

BY BRYCE DONOVAN
 donovanb@musc.edu

It took less than 30 seconds to bring them all to tears. The mom. The teacher. The classmates. That's because right there, in front of all of them in a high school gymnasium, a young lady who hadn't made a sound in almost two decades began to squeal in delight. At the epicenter of those emotions was something so simple: a bicycle. But for that student — who was born with a rare combination of developmental and physical disabilities — it was so much more. It was a path to normalcy. To getting the opportunity to do something other kids do all the time.

"To see the look on these kiddos'

faces when they first start moving — totally on their own — is indescribable," said MUSC Health physical therapist Julia Schroeder.

This is the power of Pedals Possible, a nonprofit that donates adaptive bicycles — ones equipped with customized seating, footplates and headrests, specifically designed for riders with special needs — to South Carolina public schools.

To date, the program has provided 21 bikes to 17 schools. And though all of those 17 schools are in Lancaster County, program organizers Stephen Houston and Chad Catledge are working to make it statewide and beyond very soon.

"Eventually, I don't just see this as a South Carolina thing, I see it happening all across the country,"



Photo Provided

Chad Catledge (foreground), Bruce Brumfield, left, and Ramey Fesperman help to buckle a Clinton Elementary School student into his customized adaptive cycle.

Houston said.

In order for that dream to come to fruition, the two realized that some

data to back up what common sense

See **BICYCLE** on page 11

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INSPECTIONS

'Mermaids' find strength in water after breast cancer

BY LESLIE CANTU

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They call themselves "The Mermaids."

Even though a couple of them had a distinct fear of the water.

"I don't need to be afraid of the water anymore," said breast cancer survivor Varnesta Major. "I'm tired of being afraid. When you're diagnosed with cancer, you lose – I lost both of my breasts to the cancer.

"It was a fear, and I was tired of being afraid. So that's just another milestone in my life. I'm trying to conquer the fear of water."

Major and her fellow mermaids found themselves in the water as part of Survivors' Fit Club, a program for breast cancer survivors offered through the MUSC Wellness Center and funded by donations to MUSC Hollings Cancer Center from local nonprofit Racquets for Recovery.

Survivors' Fit Club was founded in 2016, but the water component is new. It was recently added under the direction of Kathleen Wilson, master swim instructor at the Wellness Center.

"The Survivors' Fit Club incorporated a lot of land elements. And I said to myself, the water would be great. And Tatiana (Baier, fit club program director) felt the same way. So between the two of us, we incorporated a water element, kind of a water aerobics-type class, and the ladies enjoyed it very, very much. So it has become an integral part of the fit club," Wilson said.

Water has a lot of advantages for exercise, especially for those recovering from the physical effects of surgery, radiation or chemotherapy.

Cancer survivors might have problems with balance or their joints, for example. The buoyancy and resistance of the water can provide an effective and enjoyable exercise experience.

That was what happened for Shelia Marie Hood.

"When I came here, I had no balance. Even when we started out with machines, I was a little leery of doing the exercises because of my balance," she said. "But after the swimming lessons and being in the pool with Kathleen, I have no problem with balance."

Major agreed.

"The water helps you ... whereas, if I were to do some of these exercises myself, I know I probably would have toppled over, or I'd probably fall. But the water helps you to balance yourself," she said. "And also, it feels really good, especially with the hands, with the stiffness. It helps with the stiffness of the legs and stiffness of the hands. Also, I was having spasms in my back and my side, and it helped with that."

Wilson has extensive experience in the water. She's a marathon swimmer who's swum across the English Channel, the Sea of Galilee and the Strait of Gibraltar. Someone with that type of experience might seem to have nothing in common with a person who's afraid to put her face in the water, but Wilson uses the challenges she faces to connect with the fit club members.

"I'm able to take the characteristics that I need in my sport, which is marathon swimming: Many hours in the water. The unknown. What's going to be out there? What's going to happen to me? And I can bring that to their level and have a much deeper appreciation as to what they have gone through and what their journey might entail. So when a participant says, 'Well, I'm a little afraid of doing this, or my balance won't allow this, or my strength won't allow it,' I have a much better understanding and can help them using the experiences that I've had."

Along with encouragement and support, the program offers camaraderie.



Photos by Clif Rhodes

'Mermaids' of the Survivors' Fit Club, a program for breast cancer survivors, participate in a workout at the MUSC Wellness Center, which has added a new water aerobics-type fitness program.

"We never want to stop the water aerobics class."

Shelia Marie Hood

"These ladies all share a bond in that they have gone through a very harsh treatment," Wilson said. "So they understand each other, and they get in the water, and it's as much work as it is social. We talk the entire time and share stories as we work, which is a great element of the program."

The program lasts for 10 weeks and focuses on exercise, nutrition and behavior change. Participants have a chance to try boxing, yogic breathing, pickleball, stationary cycling, dance classes and weight machines. They also get personalized nutrition advice and guidance on practicing mindfulness. It has been so successful for breast

cancer survivors that Hollings and the Wellness Center are now collaborating on a pilot program geared toward prostate cancer survivors.

Hood, who has gone from a fear of the water to putting her face underwater and opening her eyes, appreciated the personalized focus.

"Kathleen studies her class, so she knows what we need before we know what we need," she said. "We never wanted to stop the water aerobics class."

Their enthusiasm for this new component inspired them to take on the name "The Mermaids."

Cancer is not a journey to undertake alone, the women said.

"I believe in God. I have a lot of faith and huge family support," Major said. "And being in the program, I've met new friends. Sheila, Sabina and Kai are very supportive. So I thank God that he allowed all of us to cross each other's paths because they will forever be my friends."

'Unprecedented' uptick in invasive group A strep infections

By HELEN ADAMS

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The national increase in invasive group A strep infections in children, under investigation by the Centers for Disease Control and Prevention, is borne out by the numbers at the MUSC Shawn Jenkins Children's Hospital.

"To see more than 12 since December is very, very unusual," said Allison Eckard, M.D., division chief for pediatric infectious diseases. "This is unprecedented."



Eckard

Strep throat is a common childhood ailment often treated with antibiotics. It's caused by group A strep bacteria. "In some cases, the bacteria may be present in children's throats, and they don't even require treatment. Occasionally, however, group A strep can cause very serious invasive infections," Eckard said.

Group A strep is considered invasive when the bacteria infect an area that doesn't normally have bacteria. "So, for example, your blood or your bone or your joint or your pleural space," Eckard said. The pleural space is in the lung area.

Group A strep bacteria can enter the body through the respiratory tract, she said, or — and this may surprise some parents — through a break in the skin. The bacteria can be on the skin and take the opportunity to enter the body

when a person gets what can be a minor cut.

"Group A strep are bad bacteria. Certain strains can have virulence factors that make it more aggressive in some cases and in some patients. And, so, what could be routine strep throat in some kids or a knee scrape, in another case can overwhelm the body with infection and cause septic or toxic shock and, in some cases, unfortunately death."

The CDC said invasive group A strep infections have also caused cases of necrotizing fasciitis. Necrotizing means it causes the death of tissues. Fasciitis refers to inflammation of tissue under the skin.

"Most of the time, children who have group A strep pharyngitis are going to do just fine," Eckard said, referring to strep throat. "But you have to have a healthy respect for the bacteria, as serious infections can develop and progress very rapidly. If your child is acting sicker than expected with the usual cold or sore throat or your child has any concerning signs or symptoms, it is better to seek medical attention early rather than waiting," Eckard said.

Kids are more likely to get strep than adults. Strep throat is most common in kids age 5 to 15.

While invasive group A strep is rare, a person suffering from it can get very sick quickly. Early symptoms include a high fever; severe aches and pain; sore muscles; redness around a wound; dizziness; confusion; and a widespread, intense red rash.

The CDC said invasive strep A infections went down during the COVID-19 pandemic. They began to

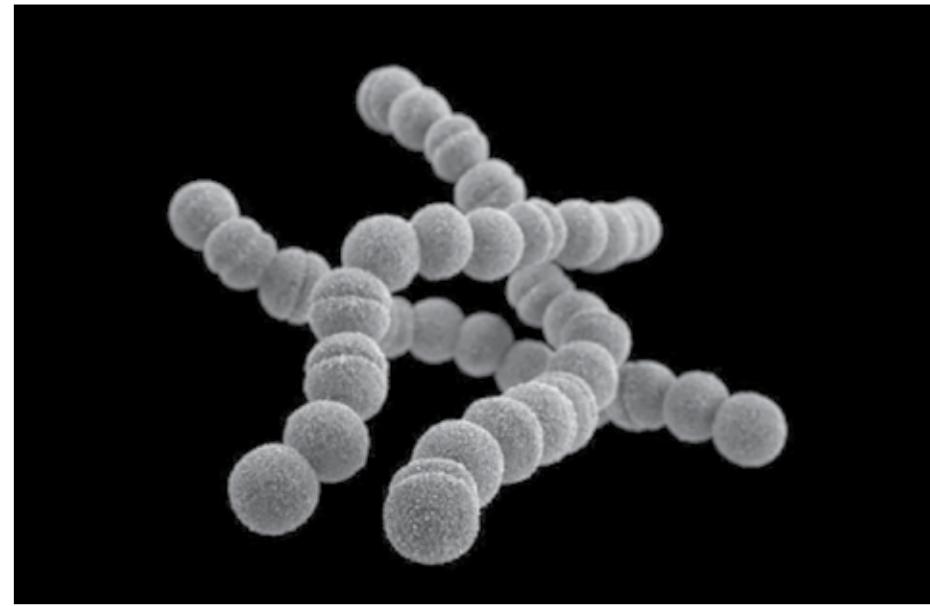


Image Provided

More than a dozen children at the MUSC Shawn Jenkins Children's Hospital have been diagnosed with invasive group A strep infections since December.

"It is possible that this uptick in cases is related to the fact that children were not exposed to group A strep as often during the pandemic and have lower levels of protective antibody."

Allison Eckard, M.D.

rise in 2022, and in 2023, they've stayed high in some parts of the country.

"It is possible that this uptick in cases is related to the fact that children were not exposed to group A strep as often during the pandemic and have lower levels of protective antibody. It could also be due to many children being exposed or re-exposed to the bacteria at the same time, and our normal numbers of invasive group A strep are clustered together over a shorter period of time," Eckard said.

"Another hypothesis is that there is a post-COVID effect, where some patients have a suppressed immune system after being infected with the virus, making them more susceptible to other infections. Or is there a new strain of group A strep? We really don't know yet."

MUSC Children's Health is working with the South Carolina Department of Health and Environmental Control to track and analyze cases. DHEC recommends careful and regular hand washing and keeping cuts and scrapes clean and covered to avoid getting or passing on group A strep.

The agency said on its website that there is no increased risk to the general public.

Eckard agreed but said it's important for parents to know what to watch out for. "People tend to not think of group A strep as serious. But it can be very serious. And there are certain strains that tend to cause more morbidity and potential mortality in any age group but particularly in children because they're often exposed to group A strep in the school environment."

AWARDS *Continued from Page Two*

from the care to the door, and they will be kept abreast of upcoming events in the region via a digital board.

□ **Prince Anand, M.D.; Camille Filoromo, Ph.D.; Ahmad Alqesseih, M.D.; Derek Dubay, M.D.; Natalie Wessels; Adrian Carlson, Pharm.D.; and Jay McCarley, Pharm.D.**

Project: “Addressing disparities in kidney transplant in a rural community hospital.”

The current process for kidney transplant recipients requires the patient to have excess funds saved for peri-transplant expenses, including housing caregivers while the patient is admitted to the hospital. This project will create a dedicated suite that supports comfortable living accommodations for a family member to remain in-room with the patient and will decrease the amount of money required peri-transplant and, hence, increase access to transplantation.

□ **Evelyn LeBron-Cooper, Roldan Mandane, Joseph Fraser, Cyreano Hamoy, Corey Bess and Roxie Smallwood**

Project: “The ‘ST’ edema sling.”

BICYCLE *Continued from Page Eight*

already told them probably wouldn’t hurt. So Catledge approached MUSC Health-Lancaster Division CEO Scott Broome and MUSC College of Health Professions (CHP) assistant professor Cynthia Dodds, PT, Ph.D. The two immediately jumped at the opportunity to get the University and its resources involved.

For the past year now, Schroeder and her partner, Elizabeth Humanitzki, a research occupational therapist at CHP, have collected boatloads of data. Once each child was introduced to one of the program’s adaptive bikes, the duo then observed him or her over an eight-week

This project would help male patients experiencing scrotal swelling to reposition themselves and aid in initiating mobility while also reducing discomfort and pain by relieving pressure on the affected area.

I am an MUSC Innovator nominations are 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.

Do you know someone who should be recognized? Fill out and submit a nomination form at redcap.musc.edu/surveys/?s=LMJKAWCLD9.

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.

period – each child having to ride at least three times a week – looking at things like their facial expressions, posture and the level of assistance needed.

Not so surprisingly, their data seemed to back up the smiles – riding bikes leads to happier kids.

“It’s pretty evident that participating in this program makes a difference in these kids’ long-term lives,” said Humanitzki. “And to see it happening right in front of you is really incredible.”

To learn more about Pedals Possible, visit www.pedalspossible.com.



Photo Provided

Steven with his early Christmas present from Ashley.**PUPPY** *Continued from Page Seven*

when their shifts lined up, he got to flirt with a young woman he had met at church. A second-year med student named Ashley. During those short-but-sweet late-night rendezvous, the two would discuss their faith, their respective futures and their love of dogs.

Over time, their connection deepened, and they began dating. All the while, they continued to meet – in the same spot they always did on the second floor of Rutledge Tower – planning out their lives. This time, together. In that shared future were a few constants: family, faith and the understanding that one day – when Ashley’s work schedule finally settled down and Steven had his degree in radiology – they would get a dog.

In 2016, in the span of just two days, Ashley graduated from MUSC and tied the knot with Steven. “That

was a busy weekend,” Ashley said, laughing. Her blossoming career would take the married couple to Austin, Texas, and then Durham, North Carolina, before eventually – in 2021 – bringing them back to South Carolina to the town of Fort Mill, located just five miles from the North Carolina border.

This is where they finally got that dog. It was October, and Ashley surprised Steven with a 7-month-old golden retriever puppy as an early Christmas present.

“He was so happy,” Ashley said.

Fondly remembering that special building where, years ago, they had all those late-night heart-to-heart talks and fell in love, the new pup’s name was a no-brainer.

Rutledge.

SOUND *Continued from Page Three*

about getting children cochlear implants as soon as possible, based on data showing that the earlier you get implanted, the better you perform,” McRackan said. “So if a child is found to have severe or profound hearing loss at birth, the earlier they get the implant, the more likely they are to catch up with their peers at an earlier date, with regard to speech and many academic outcomes.”

When McRackan met with the family and agreed to do Zlata’s cochlear implantation procedure, an interesting connection emerged: McRackan’s great-grandmother was Ukrainian. It was a coincidence that bonded the group and gave the family an added measure of comfort.

The implantation, which took McRackan and his team two hours to complete, was successful. At that point, everything would ride on the activation.

Noxon mentioned that there can be some misconceptions when it comes to cochlear implants. Poignant viral videos pop up on the internet showing people appearing to gain full hearing post-activation, instantaneously perceiving the world around them in an exhilarating new way. But, she explained, those kinds of reactions are rare, and often, the new



Photo by Sarah Pack

Zlata with her brother, Filip, and parents.

stimulus of sound is strange and scary for young children.

“It’s hard to predict how a child will react on the first day,” Noxon said. “We typically like to start it at a soft level so we do not scare her and then kind of turn it up slowly, looking for reactions to sounds. But reactions to sound for kids can vary from giggles to tears and anything in between.”

Even before the implant was turned on, Zlata could communicate. The whole family is learning American Sign Language, and here in the exam room, it’s how

they communicate with each other. After a quick examination, Noxon escorts Zlata and her parents to her office, where she fits the processor around Zlata’s ear as the little girl plays with her new blinking wand toy. At first, the volume is too low, and Zlata does not react. As the volume increases, Zlata reacts the way Diana hoped she would ... with surprise and joy written all over her face.

As Zlata looks around to see where the sound is coming from, she lifts her hands inquisitively. As Noxon continues to adjust the implant, she explains that newly implanted deaf children don’t have any assigned meaning to sounds – more often, they pay attention to some sounds and completely ignore others.

Everyone is grateful for Zlata’s results and incredibly optimistic for her future.

“She already has language through American Sign Language, so it’s just in understanding spoken language she will need to progress and develop,” Noxon explains. “She has such a great support system so I know she will be successful in her own way.”

And Diana has high hopes for her daughter. “I pray to God that she will hear. That she will speak. And also, I pray that she will sing. All our family sings. I hope she will sing with us in her own voice.”



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