A New Beginning
Dear UMMC Family,

Choices. The power, right, or opportunity to choose.

As I think about the last 12 months, I am reminded about our shared life experiences but also the distinct differences. Of course, the COVID-19 pandemic is the first thing that comes to mind. In early spring 2020, we faced so many unknowns, restrictions and limitations that required us to make hard choices, regroup and reorganize. We learned to face our fears, including new ways of coping in order to survive. The pandemic forced us to demonstrate our collective strength to better care for our learners, employees and patients. Subsequently, the pandemic also revealed significant disparities and structural inequities in health and wealth, which shed light on what we have been less willing to address openly, which is structural racism. Moreover, our witnessing of the killings of unarmed Blacks and other racially charged events exacerbated the issue and intensified debates, but with no identifiable solutions in sight. Then I thought, ‘Should we all be part of the solution?’ The answer is, “Of course we are!” We must choose to commit to doing what is necessary to help build a more equitable world and UMMC.

Structural racism could be described as laws, rules or policies in a society that provide advantages or opportunities to those of one race over others. It is not something that is chosen but exists. It manifests in differences in access to health care and other social determinants of health, such as the availability of food, transportation, quality education, employment, public safety, housing and technology – all at the root of structural racism.

Not long ago, while conducting a workshop, I shared information from the "Continuum on Becoming an Anti-racist Multicultural Organization."1 Within this framework, I shared our institutional successes, opportunities and challenges while acknowledging that this is our journey. No institution or system is perfect. Nevertheless, perhaps now is the time to strive for perfection. Achieving “inclusive excellence” will not become reality if we are not engaged in “collective action” to transform our institution into one that is fully inclusive. This not only requires genuinely accepting our racial and cultural differences as true assets, but entails:

- A vision of an institution and wider community that has overcome systemic racism and all other forms of oppression;
- Full participation and shared power with diverse racial, cultural and economic groups in determining the mission, structure, constituency, policies and practices of organization;
- Members across all identity groups becoming full participants in decisions that shape the institution, and inclusion of diverse cultures, lifestyles and interests;
- Building a strong sense of community and mutual caring;
- Allying with others in combating all forms of social oppression; and
- Actively working in larger communities (regional, national, global) to eliminate all forms of oppression.

Even through a difficult year, I am optimistic and proud of our institution’s accomplishments and progress. The Office of Diversity and Inclusion remains heavily engaged in training, education, support and consultation services to schools, departments and areas, investing time and resources to address inequities and improving our culture. Across the campus, our champions for diversity, equity and inclusion are increasingly bolstering institutional efforts through policy interventions; intentional recruitment and retention strategies; curricula enhancements that include topics on bias, racial equity and social justice; the encouragement of inclusivity through team-building and collaboration; the engagement of diverse populations in research; and the prioritization of health equity to improve the patient experience. We are very grateful for our champions and we need more!

What choice will you make today?
Will you become a champion?
Will you commit to intentional strategies and investments in diversity, equity and inclusion?
Will you commit to creating a culture of belonging?
Will you commit to ensuring full participation of people of color and marginalized groups, including their worldview, culture and lifestyles?
Will you commit to inclusive decision-making and other forms of power sharing at all levels?
Will you commit to dismantling racism in the wider community?

It is 2021. Make the commitment.

Juanyc D. Taylor, PhD
Chief Diversity and Inclusion Officer

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1 Continuum on Becoming an Anti-Racist Multicultural Organization© Crossroads Ministry, Chicago, IL: Adapted from original concept by Bailey Jackson and Rita Hardiman, and further developed by Andrea Avazian and Ronice Branding; further adapted by Melia LaCour, PSESD.
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## Philanthropy

Inside Back Cover
As admissions chair in the School of Health Related Professions’ Doctor of Health Administration Program at the UMMC, Dr. Elizabeth G. Franklin has long perceived how the cohorts of D.H.A. students from diverse health care backgrounds, different parts of the U.S. and with varied educational, ethnic, racial and socioeconomic backgrounds yield the strongest, most successful graduates.

“These diverse groups also report higher learner satisfaction,” said Franklin, an associate professor of health administration in SHRP. “We seek to develop cohorts that are a combination of health care leaders in our state, as well as from other areas of our country, that represent a variety of backgrounds, beliefs, ethnicity and gender.”

She understood the importance of unconscious bias with regard to hiring employees and also selecting students for a particular program of study, but she wanted to know more, and as importantly, she wanted to apply what she had learned.

“We realized, especially in discussing opportunities for better understanding and care, that there is often a gap in others fully comprehending what children and families with disabilities face on a daily basis,” Paine said. “As with many individualities and identities, it is so difficult to really understand something unless you have lived it.”

Working with Karen Golden, a 2C nurse and mother of a special needs child, to develop modules that inform competent, compassionate care for families in the Children’s of Mississippi Complex Care Unit and on 2C, Paine wanted to expand the effort to other units and departments at UMMC.

“Graduates” of the Diversity and Inclusion Champion Professional Development and Certificate Program, a comprehensive online educational program for UMMC employees on topics related to diversity, inclusion and equity that impact the workplace, research and clinical settings, Franklin and Payne were well equipped with the knowledge and skills to professionally and ethically work in complex environments with diverse employees, patients and clients.

But the catalyst that spurred them to achieve their stated goals of influencing change within the Medical Center was a new mastery-level credential just recently added to the program, “Diversity and Inclusion Project Implementation.”

Established by Dr. Juanycce D. Taylor, UMMC chief diversity and inclusion officer, and administered by Shirley Pandolfi, cultural competency and education manager in the UMMC Office of Diversity and Inclusion, the mastery credential requires the implementation of a new workplace application, practice or initiative within the institution. Successful participants receive a
mastery level digital badge, the Diversity and Inclusion Champion pin, a Certificate of Successful Completion of the program, and the satisfaction of knowing their efforts have provided great cultural and societal benefit to the Medical Center.

Pandolfi said the Champion program offers many benefits, such as online learning opportunities; consultations with institutional leaders and subject matter experts; and tools to support job functions. Attendees discover how to build and sustain a more inclusive climate while learning advanced concepts essential to unconscious bias, cultural competency, skills building and creating inclusive workplace and learning environments.

“Mississippi is more diverse than people realize,” Pandolfi said. “Every individual at UMMC can do something to make our learning, clinical or workplace environment better. Each individual in their own office can make a difference, can advance diversity and inclusion and can help the university bring about cultural change.

“When we are able to be respectful of each other’s differences, it benefits everybody.”

The Champion program consists of 10 levels, each a self-paced online module that provides foundational and advanced concepts essential to skill-building, cultural competency and creating an inclusive workplace and learning environment. Several disciplines have approved the program curriculum for continuing education credit, and after completing each level, participants receive a digital credential.

The program’s levels consist of the following topics:

**Level 1: Unconscious Bias in the Workplace**
This module describes the natural presence of unconscious bias in the way the human brain receives and interprets information.

**Level 2: Unconscious Bias in Health Care**
This module identifies behaviors that communicate bias in a provider-patient relationship that impact the provision of quality health care services.

**Level 3: Unconscious Bias in the Clinical and Learning Environment**
This module describes how unconscious bias is manifested in clinical and learning environments, micro-aggressions and strategies to mitigate the impact of unconscious bias.

**Level 4: Unconscious Bias in Recruitment, Selection and Performance Reviews**
This module describes how unconscious bias influences the objectivity of evaluating candidates for positions and during the performance review process.

**Level 5: Provider Bias and Dealing with Patient Requests**
This module demonstrates unconscious bias when dealing with patient requests based on race, gender, faith, cultural backgrounds and other social constructs, and analyzes the clinical environment in the patient-provider relationship.

**Level 6: Collecting Sexual Orientation and Gender Identity Data in the Electronic Health Record**
This module explains stigma and illustrates how to communicate effectively with patients from the lesbian, gay, bisexual and transgender community when providing health care services.

**Level 7: A Deeper Look into Employee Discrimination and Harassment**
This module provides the tools and skills to interpret and evaluate harassment and all forms of discrimination in the workplace.

**Level 8: Responsiveness to Linguistic, Identity and Cultural Needs**
This module explains how to reduce disparities and identify access points to public and community services that are culturally and linguistically appropriate.

**Level 9: Leadership, Influencing and Communicating Change**
This module provides the knowledge to apply new skills to effectively influence and communicate cultural change.

**Level 10: Diversity and Inclusion Management, Metrics and Accountability**
This module provides qualitative and quantitative metrics for measuring the progress towards diversity goals and accountability to formulate and implement strategies within the organization.

At the conclusion of Level 10, successful candidates take part in a graduation ceremony, receive a lapel pin and certificate, and are recognized during the ODl’s The Pillars awards ceremony in January. They are also encouraged to put their newfound skills into practice at UMMC by submitting a mastery level proposal for a new initiative, practice or project to advance diversity and inclusion at UMMC.

“After the proposal is accepted, participants have to complete
two reports - a progress report and a final report - which are shared with institutional leadership at the end of the year,” Pandolfi said.

The Champion program’s first cohort had 72 participants in 2019; of those, eight went on to submit mastery level projects. Of the Champion program’s 62 second cohort participants in 2020, 27 continued working on mastery level projects.

Pandolfi said the benefits of such a dramatic increase in mastery level participation are illustrated by the sheer diversity of the projects submitted.

“We have projects ranging from institutional policy revisions to things people can change in their individual workplaces,” she said. “All of these people are creating change at the Medical Center, creating something special with the people they work with, from welcoming patients in the hospital to teaching students in the schools.

“Some members of the second cohort are using a team approach to their projects. Several members of one office decided to put an initiative together. We are very excited about that, because it’s beneficial to programs and departments when team members get together to have a meaningful discussion about how they can implement change within their department.”

Paine, a member of the second cohort, initiated just such a team approach with his mastery level project, “Competent and Compassionate Care for Families with Disabled Children.” Regarding patients and their families, his team members from the School of Medicine’s Department of Pediatric Palliative Medicine - including Shannon Brown, nurse care coordinator; Beaty Hill, inpatient nurse; Latanya Lee, respiratory therapist and ventilator specialist; Annice Little, social worker; Dr. Elizabeth R. Paine, associate professor of medicine; Regina Qadan, nurse practitioner; and Alyssa Sims, respiratory therapist and ventilator specialist - are searching for an optimum strategy “to listen actively, ask respectful and compassionate questions and enter into the lifelong work of walking together with others who are unique from you.”

“This project seeks to provide a ‘walking path’ through these steps with the hopeful result of more competent and compassionate care for children and families living with disability,” Paine said. “Our conversations with staff have resulted in an awareness that there are often disconnects between families and staff surrounding the hospital care of these kids. Families bring their children here and staff serve at UMMC, both because they care and want what is best for these children.

“The stress of illness and the hard work of caring, however, can often cause high emotions on both sides, which can then translate to opportunities for either misunderstanding or active listening and advocacy. We wish to instill the latter through modules which will allow staff at UMMC to ‘walk a mile in another’s shoes.’

Paine said initial impressions have been universally positive, and he would like to develop and spread the project further at the institution once his team can demonstrate its success to UMMC leaders.

“That’s the first thing that caught our attention,” she said. “When we talk about diversity and inclusion, appropriate communication plays a big role in an institution’s ability to provide competent, compassionate care. We have seen that sometimes, your culture can affect your views and miscommunication between health care providers and patient families can happen.

“Dr. Paine’s team is trying to add these cultural competency elements to their staff so communication can be more effective between families, health care staff and caregivers.”

Enhanced communication in the clinical setting is not the only byproduct of a strong commitment to diversity and inclusion. For Franklin, a member of the Champion program’s first cohort, those underlying principles can also fortify academia.

“We often tell our students that they will learn more from each other than from us,” she said. “When we learn about patient safety processes at Oschner, leadership opportunities in the VA system in Tennessee, patient relations at Mayo, quality improvement projects at the UCSF or research protocols in a Native American population, we have a deeper appreciation for the possibilities in Mississippi.”

Her mastery level project, “Awareness and Avoidance of Unconscious Bias in the Admissions Process,” shared the research findings and evidence-based information presented by the ODI with the D.H.A. admissions committee and the admissions chairs and co-chairs of the six other academic programs in the School of Health Related Professions, which included Health Informatics and Information Management, Health Sciences, Medical Laboratory Science, Occupational Therapy, Physical Therapy and Radiologic Sciences.
With the support of Dr. Angela Burrell, DHA department chair, and Dr. Jessica Bailey, dean of SHRP, Franklin said, “it was important to share the information we had learned with the rest of the school so that their admissions chairs and committees might be aware of and avoid unconscious bias as they recruit and admit students. So we reached out to the ODI for help in providing a speaker for a professional development for all our admission chairs and co-chairs in preparation for the admissions cycle last year.

“The afternoon-long session was a lively, interactive learning opportunity in which we were allowed the freedom to discuss our experiences.”

The SHRP admissions personnel discussed the definition and origin of unconscious bias, the most common types of unconscious bias that occur and how chairs and committees could minimize bias in the recruiting and admissions process.

“The admissions chairs and co-chairs that I have met with since this session have expressed their appreciation for this information and confirmed that, while we all have biases due to basically how our brain works and how it processes our previous experiences, we now have tools for combatting these as we recruit and admit the health professions students that will build the strongest classes each year in all our programs,” she said.

Franklin doesn’t just want to increase awareness of unconscious bias among SHRP admissions staff; Pandolfi said she would like to engage prospective students as well.

“When we’re talking about student diversity and inclusion, Dr. Franklin is a good example,” Pandolfi said. “Her project enhances the admissions process regarding inclusion. When applying to the D.H.A. program, applicants have to answer an interview question regarding diversity and inclusion - such as what would you do in this scenario, or what do you think about this topic?”

Writing a proposal for an impactful mastery level project like Franklin and Paine’s is one thing; gaining approval from departmental or school leaders to implement it can be another.

“We read all the projects, initiatives and ideas submitted for the mastery level projects, then we give them our feedback and, even if they don’t have buy-in from their supervisors to support the initiative, we’re able to say how it should be conducted,” Pandolfi said. “Then after one month, we want to know what’s going on with their project - how they are moving forward. In December, we send out a final report that I shared with leadership so they know different people are working to advance diversity and inclusion here in Mississippi.

“They are putting in six months of training and making the effort to work collaboratively on these initiatives. We want to spread the word about these initiatives and how they are moving forward. We want to make them proud of what they are doing to bring about a more inclusive culture at UMMC.”

For their part, Franklin and Paine both regard the Champion program in general - and the mastery level project in particular - as vital agents of change at the Medical Center.

“Dr. Taylor’s team is so important to UMMC because they help bring to mind, for the whole UMMC family, the importance of nurturing a climate of respect and inclusion in all our mission areas,” Franklin said. “They remind us that we can foster excellence in our individual areas by including all points of view and building strength because of - not in spite of - our differences.

“I would encourage all UMMC faculty and staff to participate in the Champion program, and if there is a phase of the certificate program that particularly interests someone, moving ahead to the mastery level is a great way to pilot or implement a diversity initiative in their area. To move beyond the educational content and apply this knowledge in one’s unique area, school or department is a worthwhile endeavor.”

Paine described the Champion program as both “challenging” and “inspirational.”

“(It) was highly recommended by our chair, Dr. Mary Taylor, as a wonderful opportunity for trainees, providers and staff to appreciate the differences in person and perspective that inform our everyday work and interaction here at Children’s of Mississippi,” he said. “Through this self-inquiry and the resulting open and honest discussions surrounding the learning modules, we have been able to grow as a team and provide better care for our patients and colleagues.

“The master level project gives us the opportunity to be advocates in the skills that we learned from the ODI program modules and go ‘where the rubber meets the road’ in order to work towards a more just and more equitable health care system for our patients and families.

“It has made us take a hard look in the mirror individually, and it has made us a more informed and active part of a diverse workforce and community. Most importantly, it has empowered us to come together, to have open and honest conversations and move forward as a team to make the Medical Center a better, more equitable health care resource for families and children living with disability.”
2020-21 Vice Chancellor’s Council on Diversity and Inclusion

The Vice Chancellor’s Council on Diversity and Inclusion elevates and prioritizes matters relating to diversity and inclusion at the Medical Center. The council provides leadership and consultation on goals and metrics of the strategic diversity and inclusion action plan, including campus initiatives to enhance diversity and inclusion among students, faculty, staff and the community at large.

Juanyce D. Taylor, PhD (Chair)
Chief Diversity and Inclusion Officer

Roya Attar, OD
Assistant Professor of Ophthalmology
Department of Ophthalmology

Dashunda Bunton Bailey
Project Manager III
Office of Diversity and Inclusion

Cecelia Bass
Director, Employee Relations
Department of Human Resources

Molly Brasfield
Chief Human Resources Officer
Department of Human Resources

Hanna Broome, PhD
Assistant Dean for Graduate Education
Interim Assistant Dean for Student Affairs
Department of Cell and Molecular Biology

Emily Cole
Executive Director
Office of Enrollment Management

Carrie Cooper
Director
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Assistant Professor of Pharmacology and Toxicology

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Chief Nursing Executive and Clinical Services Officer
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Marilyn Harrington, DNP
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Department of Family Medicine
Chief Faculty Affairs Officer

Peyton S. Thigpen
Associated Student Body President
School of Medicine Class of 2021

Doris Whitaker
Director
Pastoral Services
Office of Patient Experience

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Vice Chancellor for Health Affairs

Ralph Didlake, MD (ex-officio)
Associate Vice Chancellor for Academic Affairs
Chief Academic Officer

Charles O’Mara, MD (ex-officio)
Associate Vice Chancellor for Clinical Affairs

Jimmy Stewart, MD
Associate Dean for Graduate Medical Education

Richard Summers, MD (ex-officio)
Associate Vice Chancellor for Research
UMMC’s Institutional Diversity and Inclusion Policy

UMMC will continuously encourage and engage in ongoing and focused processes, operations and communications that reflect our commitment to diversity and inclusion and a positive workplace culture. This includes fair and equitable practices in recruitment; selection; hiring; promotion and tenure; and career development and advancement opportunities of underrepresented groups in employment categories or classifications where there is underrepresentation. Student admissions, retention programs and enrollment management functions should also be free of implicit and explicit barriers that may impede the success of qualified applicants and enrolled students. UMMC employees and learners may find the full policy in the Document Center on the UMMC Intranet.

Mission of the Office of Diversity and Inclusion

The Office of Diversity and Inclusion at the University of Mississippi Medical Center guides strategies for integrating diversity and promoting inclusive excellence into UMMC’s three mission areas – education, research and health care. The office fosters a climate of inclusion throughout UMMC’s workforce and student body, where respect for different points of view, backgrounds and cultures are seen as strengths that enable the academic health center to benefit from each individual’s unique talent and perspective.

Professional development opportunities

Office of Diversity and Inclusion team members and experienced trainers offer year-round training to departments, committees and workgroups on the following topics:

- Cultural competence in health care
- Diversity and sensitivity in the workplace
- Foundational learning on unconscious bias
- Unconscious bias in the clinical/health care setting
- Unconscious bias in the learning environment
- Unconscious bias and stigma with LGBTQ populations
- Unconscious bias in recruitment and selection processes

Topics may also be customized to fit specific departmental needs.

In 2020, training and speaking engagements were offered to the following UMMC departments, constituent groups, organizations and community events:

- Capital Area Bar Association
- Mississippi Board of Nursing
- Mississippi AIDS Education and Training Center
- Mississippi Center for Translational Research
- Nursing and Healthcare Leadership Conference
- School of Graduate Studies in the Health Sciences
- School of Health Related Professions, Department of Occupational Therapy
- School of Medicine, Appointment, Promotion and Tenure Committee
- School of Medicine, Department of Dermatology
- School of Medicine, Department of Family Medicine
- School of Medicine, Department of Medicine, Division of Infectious Diseases
- School of Medicine, Department of Medicine, Division of General Internal Medicine
- School of Medicine, Department of Psychiatry and Human Behavior
- School of Medicine, Office of Medical Education
- School of Nursing
- St. Andrew's Episcopal School
- UMMC Biobank
- UMMC Office of Clinical Trials, CREW Program
- UTSW Medical Center, Department of Surgery

For more information, visit: https://bit.ly/UMMC_unconscious_bias_training
Two dozen Medical Center faculty, staff and students highlighted challenges and shared solutions for promoting equity and advancement of women in medicine and science at UMMC during the IGNITE Symposium Nov. 19, 2020.

Sponsored by the UMMC Group on Women in Health and Science, the series of brief presentations was organized into three sessions: Gender Equity and Empowerment, Parenting and Wellness, and Career and Leadership Development.

Although the event was presented entirely online because of COVID-19 restrictions, during its peak, 85 individuals attended virtually, according to Dr. Hanna J. Broome, assistant professor of cell and molecular biology, assistant dean of graduate education, director of the M.S. in Biomedical Sciences Program and GWIMS president-elect.

“I was extremely pleased with the attendance - it really surpassed my expectations,” Broome said. “The attendees were also actively engaged with the speakers and each other throughout the symposium.

“We’ve all attended the virtual meetings where not much was going on apart from the speaker’s presentation. But in the Ignite Symposium, there was feedback, networking and conversation in the chat box throughout the event.”

The stated purpose of the symposium was to “ignite meaningful conversations and actions that will advance women’s success in medicine and science.” Dr. Erin Dehon, associate professor of emergency medicine, vice chair of diversity, inclusion and equity and a clinical psychologist, said the event exceeded its goals.

“Over a three-hour timeframe, we had 21 inspirational and informational talks from faculty and students in schools across UMMC,” Dehon said. “We certainly succeeded in creating a forum for women to network and support one another.

“I did not expect so much interaction in a virtual format. It was really amazing to witness all of these women support one another.”

Dehon said the most meaningful part of the symposium for her was the active engagement of participants in the chat throughout the presentations.

“Attendees frequently thanked presenters for sharing their personal stories and commented on the relevance of the presentation to their own lives,” she said. “It was clear that the Ignite presentations really resonated with the audience. There was such a positive energy, a feeling of belonging and a collective passion for achieving gender equity in medicine and science.

“We came away from the event with so many wonderful ideas, and I hope GWIMS can tackle a few of these in the near future.”

Broome said she could see the symposium grow into an annual, full-day, in-person conference with keynote presentations, topical concurrent sessions and small group meetings for networking.

“There is a lot of potential for interdepartmental and interdisciplinary collaboration and support systems with an event like this,” she said, “an event that brings together students, faculty and staff from so many different areas at UMMC.”

Broome

Dehon
Session 1: Gender Equity and Empowerment

Power Poses for Projecting Confidence and Feeling Powerful in the Clinical Setting  
Dr. Laura Vearrier and Carrie Henderson

Women Becoming Physicians  
Jordan Mayes King

The Science of Encouragement  
Dr. Mitzi R. Norris

Babies Make Us Bystanders: Retaining and Promoting Women with Children  
Dr. Risa Moriarity

Women Empowerment in STEM  
Megha Satpathy

A Letter to Myself  
Dr. Juanyce Taylor

Empowering Women in Medicine  
Katherine Cranston

Take the Lead: Women in Academic Medicine  
Dr. Jessica Bailey, Dr. Angela Burrell and Dr. Brian Rutledge

Moms in Medicine Group: An Unmet Need at UMMC  
Dr. Tara Lewis

The Frazzled Female: Today’s Working Mom  
Dr. Sydney Murphy

Medicine and Motherhood  
Dr. Ardarian Gilliam-Pierre

The Mother Load: Naming and Taming the Burden of Parenthood  
Dr. Ellen Robertson

Women in Medicine and Infertility  
Dr. Sarah Sterling

Music and Medicine: Keys to Wellness  
Dr. LaToya Mason

COVID-19 and Emotional Well-being  
Dr. Roselin Nittala

Session 2: Parenting and Wellness

Family Matters in Graduate Medical Education  
Dr. Laura Humphries

Stress Management for Career-focused Moms  
Dr. Christina Jordan

Session 3: Career and Leadership Development

Effectively Managing Change and Uncertainty in Early Career  
Dr. Kristen Alston

Multiply Strength within Your Team  
Dr. Carley Dear

Step Out of Your Silo: The Value of Creating a Network of Mentors, Experts, Sponsors and Supportive Colleagues within and Outside Your Discipline  
Dr. Erin Dehon

Supporting Women in Academic Medicine  
Dr. Kimberly Bibb
2020 UMMC Student Body comparison by sex

TOTAL 3,008

TOTAL 650

School of Medicine
- Men: 321
- Women: 329

TOTAL 680

TOTAL 477

School of Nursing
- Men: 83
- Women: 363

TOTAL 477

TOTAL 763

School of Health Related Professions
- Men: 76
- Women: 119

TOTAL 195

School of Dentistry
- Men: 79
- Women: 130

TOTAL 209

School of Graduate Studies in the Health Sciences
- Men: 13
- Women: 29

TOTAL 42

TOTAL BY SEX

- Men: 1073
- Women: 1935

TOTAL 672

John D. Bower School of Population Health
- Men: 285
- Women: 387

TOTAL 672

Post Graduate
School of Medicine  
Founded in Oxford: 1903  
Established in Jackson: 1955  
First Year Students: 165  
Total Students: 650  
Dr. LouAnn Woodward, Dean

School of Nursing  
Established: 1958  
First Year Students: 547  
Total Students: 763  
Dr. Julie Sanford, Dean

School of Health Related Professions  
Established: 1971  
First Year Students: 214  
Total Students: 477  
Dr. Jessica Bailey, Dean

School of Dentistry  
Established: 1973  
First Year Students: 59  
Total Students: 195  
Dr. Sreenivas Koka, Dean

School of Population Health  
Established: 2016  
First Year Students: 18  
Total Students: 42  
Dr. Natalie W. Gaughf, Interim Dean

School of Graduate Studies in the Health Sciences  
Established: 2001  
First Year Students: 135  
Total Students: 209  
Dr. Joey Granger, Dean

School of Pharmacy (Jackson Campus)  
Founded in Oxford: 1908  
Jackson Campus Established: 1970  
First Year Students (UMMC): 104  
Total Students (UMMC): 219  
Dr. Leigh Ann Ross, Associate Dean of Clinical Affairs

2020-21 Fall Enrollment Data
To learn more about our 36 degree programs, please visit the academic bulletin at: www.umc.edu/bulletin

2020-21 Graduation Data: Degrees Awarded
John D. Bower School of Population Health: 13  
Nursing Certificates: 14  
School of Dentistry: 67  
School of Graduate Studies in the Health Sciences: 124  
School of Health Related Professions: 198  
School of Medicine: 146  
School of Nursing: 350

To learn more about our 36 degree programs, please visit the academic bulletin at: www.umc.edu/bulletin
Some students think they need to choose between being a doctor or a scientist.

But there is a third option: Why not both?

UMMC and the American Physician Scientists Association hosted a Physician Scientist Interest Day for underrepresented students Feb. 29, 2020 at the medical education building on the Medical Center’s Jackson campus. The APSA is a national student-led group dedicated to improving educational opportunities, advancing patient-oriented research and advocating for the future of translational medicine.

“There is a nationwide push for maintaining diversity in the physician-scientist training pipeline from the training stage to faculty,” said Meredith Cobb, an MD-PhD student at UMMC and one of the event’s organizers. “We are here to raise awareness about this career path, answering questions about what it means to be a physician scientist and how to navigate the training process.”

Physician scientists are doctors who also conduct research. The two fields require different types of training. Dual doctoral programs, such as UMMC’s MD-PhD program, are the primary training pathways for physician scientists. Other UMMC programs, such as the Master of Science in Clinical Investigation and the Medical Student Research Program, provide other ways for physicians and physicians-in-training to learn how to conduct biomedical research.

Physician Scientist Interest Day is targeted for undergraduate students who identify with one or more of the following groups, considered underrepresented in the biomedical sciences: women; black, Hispanic/Latino, native American or Pacific Islander; lesbian, gay, bisexual, transgender or questioning individuals; and people with disabilities. More than half of UMMC’s current MD-PhD students identify with one of these groups.

Creating a diverse classroom and workforce encourages diversity of thought, Cobb said.

“Everyone comes with a different perspective,” she said. “When it comes to treating a patient or solving a scientific problem, you don’t want everyone looking at it from one angle.”

Interest day featured tours of the medical education building, research presentations from current students, small-group information sessions and an overview of the UMMC admissions process.

“We also wanted to bring in students and faculty who can talk about their experiences at UMMC as physician scientists and who can talk about the resources that are available here to support students from under-represented groups,” Cobb said.

Dr. Loretta Jackson-Williams, vice dean for medical education at UMMC, delivered the keynote address. An MD-PhD graduate of Boston University, Jackson-Williams said it is important for current physician scientists to encourage students who are interested in this career path.

“Mentorship allows students to see how this cross-preparation significantly contributes to their daily work,” she said. “It’s also important to talk with students about the length of the [training] process so they view it as a development journey.”

Cobb said the School of Medicine, the School of Graduate Studies in the Health Sciences and the Office of Diversity and Inclusion have all been “incredibly supportive” of the event. More than 100 students from colleges in Mississippi, Alabama, Louisiana and Arkansas registered for Physician Scientist Interest Day.
College students under-represented in medicine participated in a program designed to secure qualified hopefuls a place in the medical school at the UMMC.

PROMISE – Promoting Recruitment Opportunities in Medicine with Individual Study Experiences – is the first early assurance program directly managed by the School of Medicine and fills what would have been a void left by the recent dissolution of a similar program.

Most of the students who applied are college sophomores; upon meeting the academic requirements, they would enter the School of Medicine in 2022.

"It lessens the stress of those who complete the program because they will know by the time they are seniors if they are accepted to medical school," said Dr. Dan Coleman, director of outreach in the School of Medicine.

The PROMISE plan is to reserve a certain number of spots each year for future physicians whose enrollment will enrich the diversity of the medical school's student body and who may need support in piloting the waters of admissions requirements.

"A lot of these students don't know what it takes to go through this process," said Dr. Demondes Haynes, professor of medicine and associate dean for admissions in the School of Medicine. "We help give them structure. We want to show them that it's doable."

As Dr. Loretta Jackson-Williams put it, "If you want to commit to us, this allows us a way to commit to you."

"Meet all the criteria and you have a spot in medical school," said Jackson-Williams, professor of emergency medicine and vice dean for medical education.

PROMISE walks students through the admissions steps and outlines for them the requirements for pre-med college coursework. It also helps them prep for the Medical College Admission Test, or MCAT.

Students must achieve a certain GPA and MCAT score. They are required to submit a formal application to the medical school and undergo an admissions interview.

"Reaching back into the pipeline before application to medical school is one way to be sure we reach the best and brightest candidates," said Dr. LouAnn Woodward, UMMC vice chancellor for health affairs and dean of the School of Medicine. "This is especially true for those who are underrepresented in medicine, and the new PROMISE program helps us do that."

Most medical schools have similar initiatives. Haynes said many were created in response to the lack of African American males seeking a medical degree and to meet a recommendation from the Association of American Medical Colleges to establish admissions standards that are more "holistic," or inclusive.

"We want to have a broad outreach to make sure our medical students better reflect the population of our state," Haynes said.

Academic advisors and instructors at the state’s colleges, community colleges and universities have been notified about PROMISE, Coleman said.

Among the students being sought are those who are lacking in resources and who may be economically disadvantaged, Jackson-Williams said.

"We want to reach out to all colleges and universities in the state," Haynes said. "Those schools have career advisors, but some are more dedicated to pre-med than others and many have to wear several hats."

"We’re trying to lighten their load."

Two other outreach efforts also reserve spots in the School of Medicine: the Mississippi Rural Physicians Scholarship Program and the School of Graduate Studies in the Health Science's Professional Portal Program, which nurtures students seeking careers in health care or biomedical science. The academic thresholds for admission are the same for all three programs.

PROMISE is a replacement for and an enhancement of MEDCORP-Direct, which was administered by the Office of Academic Affairs.

"PROMISE was developed to continue its work," Jackson-Williams said. "The School of Medicine now has the opportunity to shape this work, as we do our curriculum."

One PROMISE goal is to track those students who are accepted and decide to participate, Jackson-Williams said.

"We want to see how many are successful. Even if a student doesn’t complete our program, I count it as a success if its impact has encouraged that student to enter any health care field. All of these students may not continue in medical school, but instead somewhere else in health care or even become a science teacher."

"They have been encouraged by this learning and supportive environment."

PROMISE offers one more way to meet the Medical Center's goal of creating a healthy Mississippi, Haynes said.

"And doing so by growing our own to take care of our state."
As a little girl named Jasmine Lawson, she went into foster care whenever her mother went on a binge, handed down from family to family like an outgrown coat.

The adults in charge tried to place Jasmine and her half-sister, Latasha, with Latasha’s father – who was slightly less invisible than Jasmine’s dad. It didn’t work out.

So whenever their mother would drop them off at day care and abandon them there, a social worker would take them to a hospital emergency room, where they waited to be placed in a home they could call their own for a while.

Today, some 20 years later, you can still find Jasmine – now Jazmyn Shaw – in the emergency room, but this time as a nurse waiting on patients instead of waiting for a mother - this time as the mom of a daughter herself, with both a son and a medical degree on the way.

“It seems crazy that I’m only about a year away from graduation,” said Shaw last year. Now a fourth-year student in the School of Medicine at UMMC, she said, “It’s really unbelievable. After everything I’ve been through, I’m doing this now.”

‘All I had’

“Now” is the part of her story she prefers to dwell on, the one where the particulars don’t, in dreary succession, overlap. As for “everything I’ve been through,” those chapters are just echoes of each other, bad moments on a loop.

“I can’t really tell you what the saddest day of my life has been,” Shaw said. “I’ve had so many that were just the same sad day.”

But an account of that same sad day is what resonates with those who have heard it and who are struck by how it differs so much from the day she lives now.

“After I met her and learned more and more about her,” said Katherine Cranston, her friend and fellow medical student, “I said, ‘Oh, my God. You should write a book.’”

The beginning of that book might start in Phoenix, Arizona, where Jasmine Lawson was born, the child of an unknown father and a mother who was barely there.

“She was a drug addict,” said Shaw, one of three sisters, including Latasha, who is just 11 months older, and Shamarr. “When I was younger, I was very close to Latasha. For a while, she was all I had.

“She made sure I ate and made sure my hair was done – but what that looked like, I don’t know. I was 6 years old.”

One of the scariest moments of her young life happened when was just 4 or 5. It may have been the first time she was taken to the emergency room, or maybe just the first time she remembers it. She also remembers an act of kindness that diminished her fear and dejection, not only then, but also in the years to come.

“One day, there was a physician in the ER who sat me on her lap and told me I was safe and that everything would be OK,” Shaw said. “She gave me a teddy bear to hold.”

If there was a single moment that determined what she would become, that may have been the one. Of course, she didn’t know then where she would end up by age 6, much less by 26. Sleeping in beds that weren’t really hers, she had dreams of becoming a doctor, even as a girl; but dreams that were “clouded by certain circumstances,” she said, and all but drained of hope.

“There was always the more realistic expectation of having to survive.”

‘Generational curses’

One day when she was 7 and in the first grade, the school’s intercom crackled with her name.

“I was told to go to the office at the end of the day,” she said.

Waiting for her were a social worker, her mother and a woman who would take Jasmine home with her.

For the next five years or so, Jasmine remained with that woman’s family in foster care.

At age 12, “Jasmine” became “Jazmyn.” She also became that family’s daughter; the adoption was finalized.

“I’m very thankful for them,” Shaw said. “They took really good care of me.”

The family’s name is Braxton – the second of three names Jazmyn Shaw, at one time or another, has attached to her first.

With so many identities, so many homes, where is her sense of place? Where does she fit in?
“I’m not from Mississippi originally,” Shaw said, “but in my heart, Mississippi is the first place that felt like home. The place where I found stability.”

It’s the place where she found Aaron Shaw.

“It was hard to trust people before,” she said. “But with him, I’ve always felt very secure, very safe. He’s one of the kindest humans I know, someone I can be with and not constantly be in survival mode.

“I’d say we both broke a lot of generational curses, and we both are setting examples for our kids. My family and the life Aaron and I have created is what I’m proudest of. I feel fulfilled. Aaron also came from poverty. People who look at both of us and where we came from might say, ‘You’re not supposed to be where you are now.’”

One place she wouldn’t be now, most likely, is with Aaron, or in Mississippi, but she is because her adoptive father is from Brookhaven. That’s where she headed one day in 2007 to attend a graduation for one of his children from a previous marriage. And that’s where her life was suddenly changed by an encounter with Aaron. Three years later, she moved to Mississippi, where she would marry and make a life in Clinton.

“Moving here was pretty much on a whim,” Shaw said. “Aaron and I had been in a long-distance relationship until then. Thinking Arizona had nothing else to offer, I packed my bag and got on a plane. It’s all been uphill since then – in a good way.”

‘I panicked’

She transferred her cashier’s job at a retail store in Phoenix to a store in Jackson. She saw customers come in wearing scrubs, dressed for a dream that was hers. It was a dream she decided to revive.

“I asked those customers to recommend a good local school for pre-med or medical sciences,” she said.

In August 2010, the year she moved to Mississippi and married Aaron, she became a pre-med major at Mississippi College. In February of the following year, she found out she was going to become a mother.

“I panicked,” she said.

She remembered what she and her sister had been through – the mom and the money that were never there. She weighed the amount of time and money it would take to become a doctor – “time” and “money” are practically synonyms for medical school – against her wish to earn a good living for her family much sooner.

“I decided to go into nursing,” she said. “Medical school meant a lot of debt. I had a daughter on the way. If I went into nursing, I would be able to finish and immediately make a living. I’d be better able to take care of her, and that was very important to me.

“The idea of being a physician wasn’t realistic. I set it aside.”

In the spring of 2014, she graduated from Mississippi College with her Bachelor of Science in Nursing. By the fall, she was training as a nurse practitioner.

While working at St. Dominic Hospital in Jackson, though, her dream got another chance. It was re-resuscitated in the place you would expect: the ER.
"Dr. Karl Hatten was there one day." Shaw said, "He told me I had a lot of potential and I should consider going to medical school.

Apparently, he saw in her what others have confirmed at UMMC. "Medical students have similar qualities. We all work hard," Cranston said, "but I think she stands out because she works harder than everyone else.

“She has an insane amount of drive and energy, but she is this normal, humble, down-to-earth person who is able to balance everything going on in her life. Her passion for medicine is palpable and, in a way, it helps you remember why you are passionate about medicine, too.”

As for Shaw, it helped that her husband was “very supportive.” She pulled out of the nurse practitioner program at UMMC in December 2014, and by the following January, began the pre-med studies she had long deferred – while still working weekends as a nurse.

And everything else, it seemed, began working for her. She took the Medical College Admission Test in 2016, scoring well enough to be admitted, on her first try, to the only medical school she applied to: the one at UMMC.

“I didn’t want to move,” she said.

Deciding to find the time for school was one thing. Finding the means was another. She and Aaron had long talks that seemed to come up short.

“But one day I came home from a physics class and checked the mailbox,” Shaw said. “I saw a letter from UMMC and figured it was more admissions paperwork.”

It was not. It was a letter congratulating her for being awarded a Fred McDonnell, M.D. Scholarship. “I thought, ‘Oh, cool, a scholarship,’” she said. Then it got cooler. “I kept reading and saw the words ‘full cost of attendance’” she said, “and ‘renewable.’

“I couldn’t believe it. I walked into the house and burst into tears. I asked my husband to read it so he could tell me I had read what I thought I had read. For the next couple of days we kept reading that letter, just to make sure.”

‘Better days’

The McDonell Scholarship is one of several awards totaling millions of dollars made possible by Jim Barksdale, a Mississippi philanthropist and entrepreneur, and his family. Shaw became one of dozens of scholars whose medical education has been totally paid.

“I am so thankful for it,” she said. “It has allowed me to go to school for free. Once I graduate, I will be able to give back to the community much more quickly than I would if I was $250,000 in debt.”
In the classroom, in her student research work, in her medical rotations with UMMC physicians, she has made the most of that gift.

“She is very professional and communicates extremely well with fellow students, faculty and, most importantly, with patients,” said Dr. Bryan Barksdale, UMMC professor of cardiology and one of the physicians for whom the Barksdale scholarships are named. “We enjoyed her on the [cardiology] service very much.”

Dr. Sarah Sterling, who has mentored Shaw for her project in the Medical Student Research Program, has known her since Shaw joined the ER as a nurse. Sterling said she has proved to be a “great role model for younger females interested in medicine.”

“She is an all-star in so many ways, but still someone who is kind and someone you would want to hang out with,” said Sterling, associate professor of emergency medicine. “It’s rare to find that combination.

“She has been dynamite in her research project, as she is in other aspects of her life. She is just relentless. She is going to do as much as she can, and do it well.”

What she does goes well beyond the classroom. Shaw represents medical students across the country as chair of the Medical Student Council for the Emergency Medicine Residents’ Association and has served on the EMRA’s Diversity and Inclusion Committee.

On campus, she is a past leader of Black Representation in Medicine – an organization with a goal to encourage more African American women and men to enroll in medical school.

“This is also a big part of who I am,” she said. “For those students who have backgrounds like mine, I hope I never forget that I have been where they are now.

“The big thing for me now is letting my own kids know that, no matter what your rock bottom is, just remember it’s temporary. Even if temporary is really long, better days are coming.”

‘180 degrees’

There are also many reasons she picked her specialty, emergency medicine, as her role with EMRA suggests.

“I like not knowing what’s coming next,” she said. “The adrenaline rush. I also love the camaraderie in the Emergency Department, how we work together daily to save people’s lives. We see people in their worst moments. I feel like I’ve had a lot of bad moments in my life, too, but also had a shoulder to cry on. I enjoy being able to be that person for others.

“As an ER physician, you have the opportunity to be there for people at really low points in their life.”

Just as a physician had been there for her on a day when her mother didn’t show up. The last time she saw the woman who gave birth to Jasmine Lawson, Jazmyn Shaw was 20. She had traveled to Arizona, hoping to show off her new baby: her mother’s granddaughter.

Now, her mother has showed up.

“She has decided to be sober,” Shaw said. “I would say she’s done a great job in turning her life around, 180 degrees.”

Aubri, her daughter, is at an age when Shaw was living an itinerant life of temporary homes with temporary parents.

“If anything, I think that has made me appreciative of every single moment with Aubri,” she said. “I spend moments with my daughter I didn’t get to spend with my mom when I was younger. It makes them that much more special.”

So special that she does her best to arrange school and her part-time work in the ER so she can be at Aubri’s softball games.

“One of the hardest things for me happened when I missed one of her softball tournaments. But the awesome thing is that Aubri is really proud that her mom is going to be a doctor.”

A doctor, she said, who refused “to accept that the way her life started is the way it had to end.”

While attending a board retreat of the Emergency Medicine Residents’ Association in Nashville, TN, Shaw made sure to also spend time with her husband, Aaron, and their daughter, Aubri. (Photo courtesy of Jazmyn Shaw)
Do not say the “Q word” on UMMC’s all-COVID-19 Intensive Care Unit.

The lack of noise on the 20-bed medical ICU, or MICU, might beg the question: Is it quiet today? What might happen in the next 10 minutes belies that.

“We don’t like that word around here. It brings bad luck,” said Tony Sistrunk, an MICU charge nurse. “As soon as you say it, things might pop off. That’s a word we take out of our vocabulary.”

When quiet turns into what some on the unit would call chaos, it’s nothing like the scenario Americans saw on television of overwhelmed, overcrowded hospitals in New York City. Instead, a flurry of activity could entail patients from the all-COVID-19 wing of University Hospital’s second floor being moved to the MICU if their condition deteriorates, or to the cardiovascular ICU, which devotes half its beds to COVID-19 patients, depending on the need.

It could mean providers weaving around each other to congregate by what some call the “brains” outside many of the rooms: a ventilator, plus machines dispensing insulin to diabetics, heparin to those in danger of blood clots, propofol to keep patients on vents sedated and fentanyl to cut excruciating pain patients can endure when providers must roll them in their beds.

“I’d call it life support,” said Dr. Andy Wilhelm, critical care physician, of the monitor collection. “It’s more than the vent. It’s all of it.”

It could mean teams hustling up and down the unit, flipping patients from their backs to their bellies or vice versa. It could be caregivers swiftly getting in and out of a room, then being met outside the door by a fellow provider who helps them “doff,” or remove their contaminated gloves and gowns, and clean their plastic face shields with a disinfectant.

It requires selfless teamwork, knowing who is where and when, a shout down the hall to gather up the people resources needed to lift a patient or complete a procedure.

“It takes so many people,” said Allison Moore, a nurse on the MICU for the last 10 years. “You have to gown up and protect yourself, sometimes very quickly.”

What’s often absent in patient rooms is conversation. Those on ventilators are heavily sedated and paralyzed. The rest are often too desperately ill to have the interaction with their nurses that builds trust and friendship.

“These people are truly isolated,” said Workman. “I take care of my patients as a whole – physically, spiritually, mentally. I worry that because of this virus, I can’t be who I want to be as a nurse.

“There are days where I don’t feel I met all their needs, but then they tell me I did everything they needed.”

In the MICU, “we don’t really get to know the patients themselves,” said Ashley Moore, nurse manager. “We learn everything about their bodies, but we really get to know their families.

“We are cheering for the patients to get out of here, but they might never know us.”

“It’s sad watching them. You say prayers for them,” Allison Moore said. “I held one man’s hand for a long time, and when I got back to him later, he was dead.
“But one of my patients might get extubated today. I’m hopeful for them.”

Wilhelm wishes everyone in the public could see what he sees. The days when three or four patients in the MICU die “are tough,” he said.

The time last May, when both the MICU and the 20-bed cardiovascular ICU were totally filled with COVID-19 patients, was a challenge, with Medical Center front line caregivers doing a yeoman’s job despite an ever-changing understanding of the monster virus.

“We think of COVID as a respiratory disease, but it’s not,” said Wilhelm, medical director of the MICU. “It causes multi-organ failure. One or a combination of both will land you in the ICU.”

Ditto for other complications, among them kidney failure, stroke, brain bleeds, diabetes and blood sugar gone wild.

“We had one person with severe muscle aches and kidneys that had shut down, but their respiration was great,” Wilhelm said. “There are so many clinical manifestations.”

Shortly after 9 a.m. one Tuesday morning, a team of caregivers led by pulmonary physician and attending Dr. Jessie Harvey began rounding from room to room, mostly staying in the hallway. The group included a cardiology fellow, an intern, a pharmacist, a nurse practitioner and a social worker.

They stopped at the room of a middle-aged patient with a history of stroke who was intubated earlier in the month. Caregivers twice had tried to remove the patient from vent support, without success. The next patient, also middle-aged, had been placed on a vent the day before.

“I don’t know if (the patient is) getting better, or if (the patient) just likes being proned,” Shannon Moffett, pulmonary nurse practitioner, told the team.

The patient is oblivious to the proning, a maneuver in which a person is carefully flipped from his or her back to belly down. This patient’s condition could be improving because proning takes weight off the lungs in hopes of making it easier to breathe.

“It lets the alveoli in the lungs open up and get the crud out,” Sistrunk explained. “If you’re on your back, nothing’s moving.”

The team leaves their top gloves behind and swiftly exits.

Parish, a nurse, is waiting to spray down their gloved hands with alcohol and drop a clean pair into their hands to don as they hustle to the next patient to be proned.

“You can’t touch anything. You can’t stop,” Parish said. As long as the patients don’t have secondary infections that could cause cross-contamination, the proning group doesn’t have to change its other PPE.

Patients stay on their stomachs for 16 hours and on their backs for eight. Every two hours, the team “swims” them, turning their heads in one direction and raising one of their arms above their heads. That reduces their risk of damage to nerves that control movement and sensation in their shoulders, arms and hands, Sistrunk said.

“That patient didn’t make it,” he said.

As information trickles out about promising new treatments, Medical Center caregivers intercept it.

“We are scouring social media. We are scouring news media,” Wilhelm said, but there’s not yet proof that any of the drugs being touted as possibly shortening the duration or improving mortality actually do that.

COVID-19 patients who need hospital support but not ICU care fill the 32 beds on 2 North. On this day, all but a couple are in use. If they’re at max, the overflow goes to 2 South.

“At one time, they were in the 20s, and we were full,” said Jamie Hill, a nurse manager on 2 North.

Pediatric patients go to the children’s hospital or its ICU. There have been a relatively low number of COVID-19-positive patients and PUIs, persons under investigation for COVID-19, said Shelly Craft, nurse manager.

Her only COVID-19 patient that day, a PUI, “needs just a little higher level of care” than they would be receiving on a regular floor, Craft said.

Deaths on 2 North are significantly less than in the ICU.

“How they feel and their symptoms determine when they leave,” Hill said. “We don’t discharge them through the front door. We have their driver come to a special door, and we educate them on caring for the patient.”

2 North is bustling. Fronting the nurses station is a huge cart of disinfectant wipes and PPE. It helps staff keep track of what’s running low and helps ensure none of it leaves the unit.

As COVID-19 providers stay in motion, so do others who support them. That includes the health care heroes who dispose of hundreds of pounds of PPE and other virus-contaminated waste.

Nurses place bags of waste into large red plastic totes in each patient room, then move the tote just outside the door. With gloved hands, Bill Culpepper, housekeeper, lifts the totes onto a long dolly that holds nine containers, three deep, and leaves empty containers in their place. He pushes the heavy dolly to a loading dock and lines up the totes in a large trailer. Culpepper does that 10 or more times per shift.

“I got Jesus,” he said. “I’m not scared. I’m proud to do what I do every day.”
Dr. Rachael Morris remembers well the first pregnant woman positive for COVID-19 to give birth at the Winfred L. Wiser Hospital for Women and Infants at UMMC. It was April 14, 2020. The gravely ill expectant mother was in the Medical Intensive Care Unit, not on a ventilator, but receiving oxygen. Nurses carefully pushed her in her bed to one of the two Wiser operating rooms reserved for COVID-19 patients. After her baby was born via C-section, the young mother was wheeled back to the Wallace Conerly Critical Care Tower, about a five-minute walk from Wiser. Because the baby was so close to term, “we moved toward delivery,” said Morris, a maternal-fetal medicine specialist and associate professor of obstetrics and gynecology.

The baby, born free of the virus but ill enough to need critical care, was whisked to the Neonatal Intensive Care Unit on the first floor of Wiser.

Although many COVID-19 patients who end up in the ICU don’t survive, this mother and her baby did.

“Obstetrics in general is very unpredictable,” Morris said. “COVID has presented a very unique situation. An emergency from a fetal or maternal perspective can happen at any time with a COVID patient.

“Sometimes, you have seconds to intervene on a baby.”

Morris and Wiser’s Labor and Delivery Team have worked hard to develop a rhythm of care, not just for COVID-19-positive patients, but for hundreds of mothers and babies free of the virus who require their own specialized treatment.

Before COVID-19, mothers had their babies either through a C-section in a second-floor Wiser OR or down the hall in a labor and delivery birthing suite. Unless they needed a higher level of care, they’d go to the Mother-Baby Unit on the third floor following delivery. Their babies would room with them unless illness or complications required NICU care.

The highly contagious nature of COVID-19 has given complex care in a very full women’s hospital a whole new meaning. The majority of mothers already are high-risk because of comorbidities, including obesity, diabetes, sickle cell, HIV and hypertension. On top of that, COVID-19 presents challenges and scenarios unlike any labor and delivery providers have seen, or might ever see.

“Our numbers are rising quickly. It’s not slowing down,” Morris said.

“I’ve eaten, breathed and slept this since the week of Spring Break,” said Leslie Hood, a nurse educator who served as a Labor and Delivery nurse manager for most of the pandemic. “Having to lead through a pandemic – to be the one to figure out the answers and to support the staff – that’s been an experience.”

Every day, providers must make a call on where to place mothers before and after delivery.

“It’s so complex. There are so many situations that come through our doors,” Hood said.

The patients include women receiving prenatal care from UMMC and those who haven’t received it anywhere. There are very sick mothers transferred from other facilities.

There are mothers in an obstetric emergency on top of COVID-19, or so sick from COVID-19 that they must go straight to the ICU. Some might first arrive at the Adult Emergency Department or at Women’s Urgent Care.

The truly sick mothers “could go into respiratory failure,” said Dr. Marty Tucker, professor and chair of obstetrics and gynecology. “They can have pneumonia and high fever. The main thing that gets them into the hospital is the inability to breathe. They get fatigued and weak.”

Early in the pandemic, “we had six deliveries where the mother tested positive after delivery,” Hood said. “That drove us to universal testing for all mothers. If a mother comes in and delivery is so imminent that we can’t wait on a standard test, we do rapid testing.”

Those mothers require a special labor and delivery room with filtering and ventilation that pushes potentially contaminated air outdoors.

“Every second counts so far as staff exposure,” Hood said. “We get them into a negative pressure room as soon as possible. We are so hands-on, and we are so diligent with our PPE. We have all of our other high-risk moms.
We’re doing it all on the same unit.

In mid-March 2020, Hood and Morris began developing and testing protocols and processes for COVID-19-positive mothers and their babies. Joining them were Connie Richardson, Wiser’s director of nursing; Yolanda Moore, a Women’s Urgent Care nurse manager; Nital Parrish, Labor and Delivery nurse manager; Dr. Mobolaji Famuyide, chief of pediatric neonatology; Dr. Amber Shiflett, Wiser medical director; and Alice Chaney Herndon, Mother-Baby Unit nurse manager.

Tucker, who began work at UMMC Jan. 13, barely had time to settle in.

“He empowered us, and then asked us what we needed from him,” Hood said. “At the time, there was no data out there. We mapped things out and practiced different scenarios – how to safely deliver them, how to transfer them and how to keep employees safe. We did simulations with Women’s Urgent Care.

“We rounded and talked to the staff to make sure they knew we’re going to do things to keep them safe. We wanted their input on how to make things better.”

Morris said she worked closely with Dr. Andrew Wilhelm, medical director of the MICU, “to develop what an obstetrical care plan should look like. We created an emergency care C-section algorithm. We developed a surgery workflow and a multidisciplinary approach to care.”

On April 14, 2020, they were as ready as they could be.

“We created a C-section simulation video to educate our caregivers based on that first case,” Hood said. “We put it on YouTube to help educate other academic medical centers.”

They pioneered a continuity of care for COVID-19-positive mothers that stretches far beyond labor and delivery. If a pregnant mother is in the ICU, labor and delivery staff come to her.

“We’ve had our nurses hold the fetal monitors on these moms because they are coughing so hard,” Hood said. “Our nurses who work with them are rock stars.”

Post-delivery, COVID-19-positive mothers go to University Hospital floors dedicated solely to COVID-19 patients. A labor and delivery mother-baby nurse follows them. It’s a deployment of resources that must be managed carefully.

If a pregnant mother is admitted and subsequently tests positive for COVID-19, “the entire birth experience changes in a second,” said Meredith Morris, labor and delivery nurse.

“The first thing that happens is that the family member who is with them is sent home, and the mom is put into a negative pressure room. When I tell them they’re going to be tested for COVID, I tell them the protocol so they won’t be surprised by it.

“A lot of the time, they’re more anxious that they have to be alone, and that the father of the baby can’t be there, than they are about the actual sickness. They don’t get to see their baby until they go home.”

Vaginal delivery is safer and preferred if the mother is well enough. As few people as possible are in the patient’s room during delivery, and the baby is taken to the NICU or a special isolation nursery. But when a C-section is needed, seconds could count.

“You don’t want to do an emergency C-section on a COVID patient,” Hood said. “Anesthesia needs time to intubate them.”

Before a COVID-19-positive mother undergoes a C-section, she is covered with a sheet and puts on a face mask. She’s wheeled out of her room by a “dirty team” in full PPE. A “clean team,” also in PPE, takes over and transports the patient to an OR. Meanwhile, the “dirty team” changes into fresh PPE to receive the patient.

The new mother can’t touch her baby.

“They’ll give us their phone and we will take pictures for them,” Meredith Morris said. “We try to do as much as we can to make it a good experience and to keep it like a normal birth. It’s been so nice being here for the patients who don’t have anyone else here for them – to be their family member.”

Rachael Morris said she is proud of the labor and delivery team – residents, fellow, faculty, nurses, support staff and others who have stepped up to care for a special group of mothers and babies. All told, the OR team includes an obstetrician, anesthesiologist, labor and delivery nurses, OB scrub technicians, residents and fellows.

“Our teams are handling COVID with confidence and a knowledge base,” Morris said.

The labor and delivery staff has “respectful fear” for the virus, but are undeterred in staying the course on a pandemic with no expiration date, Hood said.

“They may have limped across the street going home, but came back the next day thinking about how they can better take care of their patients.”
After 42 years, Jackson resident remains loyal dental school patient

Imogene Clark, 89, is all smiles as she sits in her chair at the University of Mississippi School of Dentistry’s student clinic.

She is set to receive a crown on one of her teeth – an experience that for most is not smile-inducing. But sitting there under the eyes and hands of a young dental student, with an experienced faculty member watching, is a familiar place for Clark.

A Jackson resident, Clark has been coming to this student clinic for all of her dental treatment since 1978. In fact, her first student provider was Jay Willis, a member of the dental school’s inaugural class who went on to practice dentistry for more than 35 years on the Mississippi Gulf Coast.

Since the first class began in 1975, dental students have been seeing private patients in some capacity under the supervision of licensed faculty dentists. Currently, during the students’ third and fourth years, they see private patients under supervision at about half the cost of the same services in private practice.

The relationship is a win-win, with students gaining necessary experience and patients receiving necessary treatment at a lesser price. For Clark, a longtime employee of the Mississippi Department of Transportation, it was less about the financial advantage and more about Willis and the other student providers.

“I just absolutely adored him,” Clark said of Willis. “Every time I saw him, I insisted he take $10, and I remember he’d say, ‘I’m going to eat at Captain D’s for lunch today.’”

She and Willis stayed in touch occasionally after he graduated, updating each other on their own lives and the lives of their children. Willis, who is retired from practicing dentistry and now runs his own business, still remembers Clark fondly.

“She was just so loving and giving, and she really appreciated the dental care I was providing for her,” he said. “As a result of that, we became buddies.”

He still remembers when she cut out his engagement announcement in the local newspaper and brought it to one of her dental appointments.

“‘She always inquired about me and my plans . . . she was always going above and beyond, and things like that is what made our relationship special. It’s what makes her still in my memory after 40 years of being out of school or having even seen her.'”

Even after Willis graduated and moved on, Clark kept coming back to the School of Dentistry for her dental work. Every year she came for a cleaning aside from a few appointments to deal with small issues such as a bridge and wisdom teeth that needed pulling.

“I just love coming here,” Clark said. “I can talk to them and tell them what I think I need, and they allow me to say whatever I feel like I need to say.”

Taylor Campbell, a current dental student, has been Clark’s student provider for almost two years. She is equally grateful to Clark for helping her through what can be a stressful learning experience.

“It’s been an honor,” Campbell said. “She’s so sweet and so very, very patient with me. She’s helped me with some experiences that could be very stressful.

“She’s like a teacher to me.”

The relationship between Clark and dozens of dental students through the years illustrates the importance of the dental school’s patients, said Dr. John Smith, associate dean for student affairs and admissions. He said Clark has been a big part of many dentists’ education.

“She’s trained a lot of dentists,” he said. “If it weren’t for the patients, we couldn’t do what we do. They’re as much a part of the education process as the faculty.”

And the more years that have passed, the more grateful she’s become for one particular outcome of her dental care: At 89 years old, she still has all of her teeth.

“I’m so thankful they’ve helped me through the years keep my teeth,” Clark said with a beaming smile.
What if a cure for your child’s life-threatening sickle cell disease depended on finding a match for a bone marrow transplant?

That was the situation Darold and Joneaset Mitchell of Flowood faced with their daughter, Kali, who became the first pediatric patient to receive a haploidentical bone marrow transplant in Mississippi. The transplant was performed by Dr. Dereck Davis, an assistant professor of pediatric hematology and oncology at UMMC and a Children’s of Mississippi hematologist/oncologist.

Kali, a straight-A student at Northwest Rankin Elementary, is now free from the sickle cell disease that once threatened her life.

A severe pain crisis sent her to the Pediatric Intensive Care Unit at UMMC in 2016. There, she lived through pneumonia and other complications.

“Her doctors told us that, if she had another sickle cell pain crisis, it would be more severe and that she might not survive,” Joneaset Mitchell said. “They recommended that Kali get a bone marrow transplant.”

Sickle cell disease, an inherited condition in which there aren’t enough healthy red blood cells to carry adequate oxygen throughout the body, affects about 100,000 Americans and about one out of every 365 African-American births.

The condition is named for sickle- or crescent-shaped red blood cells, which can stick in small blood vessels. This can slow or block blood flow and oxygen to parts of the body, causing pain and potential damage.

Bone marrow transplant offers the only potential cure for sickle cell anemia, but finding a donor who is an exact match can be difficult. In the past, when a fully matched donor could not be found, the bone marrow transplant was not possible.

Now there is hope for these patients.

In haploidentical transplants, doctors use “half-matched” donors through a new drug protocol that allows the body to accept the matched donor cells and attack the cells that would keep the body from accepting the transplant.

Nearly all patients who need a bone marrow donor now have a potential donor, Davis said. Joneaset was the closest match to Kali.

“I would do anything for her,” Joneaset said, “but donating bone marrow was not difficult. It required an overnight hospital stay, and it wasn’t very painful.”

In 2017, Davis started a blood and marrow transplantation fellowship at Children’s Healthcare of Atlanta, a part of Emory University, bringing pediatric haploidentical skills to UMMC. Children’s of Mississippi, the pediatric arm of the Medical Center, is the only place in the state children can receive those life-saving transplants.

“Kali was a good choice for a haploidentical bone marrow transplant because of previous compliance with medication, and she was in good health prior to the transplant,” Davis said. “Her transplant was completed over a year ago, and she is doing very well.”

Following the transplant recommendation, her family moved from Noxubee County to Flowood to be closer to Children’s of Mississippi. From August to November 2018, she was an inpatient in the state’s only children’s hospital and in UMMC’s bone marrow transplant unit. During that time, Kali came down with pneumonia, requiring the use of a ventilator. She also had to use a feeding tube at different times during her stay.

Through her health battles, Kali has been a “great patient,” Davis said.

“She asks a lot of questions, which is a really good thing, and she always tells me how she is feeling. Her curiosity and communication help us in treating her.”

The Mitchell family hopes their experience will help others with sickle cell, Joneaset said.

“We’ve heard from other families and hope this treatment can help them, too.”

Davis agrees: “We are evaluating other children and educating families about all of the curative options for sickle cell disease. Historically, only those with full matched siblings were transplanted due to the significant risk associated with unmatched donor transplants.

“Haploidentical transplantation opens up a large pool of donors that previously we wouldn’t have had.”
Praise be: Surgery faculty’s journey fired with passion, purpose

By Gary Pettus

Trying to tell Dr. Praise Matemavi’s story in anything smaller than an encyclopedia is like pouring Niagara Falls into a shoe.

The life of the young assistant professor of surgery at UMMC is a torrent of striking details. A lot will have to be left out. But what?

The flamingo-colored shoes she wears in memory of her mother? The 350-page book she wrote in less than four months? The life she knew in Africa until she was 14? The unplanned pregnancy, the abusive marriage, the struggle with self-doubt?

Certainly, you don’t leave out the man from Zimbabwe, Titus Matemavi, the Seventh-day Adventist minister who named his second child Praise, the younger sister of Faith, and who, when Praise was 10, placed in her hands a book that set her feet on a journey toward one of medicine’s most demanding careers.

“I read that book in one night,” said Matemavi, seated in an office decorated with framed tributes to her triumphs as one of the rarest of the rare: a black female transplant surgeon in America. Alongside those honors hangs a painting she calls “The Journey.”

The landscape of a twisting path coursing to distant mountains is a reward from her former colleagues for finishing her fellowship at the University of Nebraska Medical Center. The book, an engine of inspiration, had helped propel her there, to Omaha.

“It was ‘Gifted Hands: The Ben Carson Story,’ Matemavi said. Her father gave it to her shortly after she discovered the existence of what must have sounded, to a 10-year-old’s ears, like a surgery that was saving children’s lives. That was what she was going to do, she decided.

But her parents decided she couldn’t do it in Zimbabwe. And so began the journey.

Rose Matemavi did not quite see her younger daughter finish her surgery training at New York Presbyterian Queens Hospital. Two months before Praise graduated, Rose died.

Pink is the color of breast cancer awareness, and Matemavi decided to wear shoes covered in it in memory of her prayer warrior, the woman she texted before every surgery to ask for prayer’s protection in the OR.

In East Lansing, during a visit to the campus of Michigan State University, Faith took a picture of Praise in front of the administration building. On the back of the photo are the words of Praise: “This is where I will come for medical school someday.” She was 14, and she was right.

“My parents didn’t put any limits on what I could do,” she said. “They believed so much in me.”

And they expected much of her. But years later, there was one thing Matemavi could not do for her mother during the weeks and months when both knew she was dying of cancer.

It was the most painful experience of her life, she said. More heartbreaking than the time she, 18 and unmarried, had to tell her father she was pregnant. More painful than having to marry a man she didn’t love. More dreadful even than the violence by his hand. She dealt with that, too.

“I thought if I stayed in that relationship I would end up dead,” she said. “I realized I had to do whatever I could to survive. It shaped the way I viewed life – that I was not a victim, that I would choose the way I came out, that I would not let it define who I was going to be.

“It taught me to fight for the life I want.”

And to fight for her children. By then, she had two. So she left her husband.

“That was the biggest fear I had to conquer,” she said. “For you to grow, you have to have fear. Then you get past it.”

When she came across the story of Dr. Sherilyn Gordon-Burroughs, some of that fear must have crept back in. Matemavi devotes the first chapter of her book to honoring a woman she never met and never will.
There are more than six dozen other women described in that book, Passion and Purpose: Black Female Surgeons, but it’s unlikely any remind Matemavi of herself more than Gordon-Burroughs. Like Matemavi, she was a child of immigrant parents, a Seventh-day Adventist and odds-beating force of nature. Unlike Matemavi, she didn’t survive her abusive marriage.

Last spring, during pandemic-imposed seclusion, “The book is all I worked on,” she said. “The women in it are incredible. They inspired me.”

They represent more than two dozen countries, many in Africa. They include UMMC faculty members Dr. Shuntae Batson, Dr. Keisha Bell Catchings and Dr. Gina Jefferson, along with Dr. Amber Hardeman, a former UMMC surgery resident now at Tulane University.

Matemavi was 21 at the time she left her husband. “But I also feel like it made me very independent,” she said. “When I left, I knew I had to become the best mom I could be and the best at whatever I do.”

Affording the best was a different matter. Because she was not a naturalized citizen at the time, Matemavi wasn’t eligible for student loans at a university. She was able to get enough scholarships, though, to cover her tuition at a community college, where she earned her Associate Degree in Nursing.

For three years she earned her living as a cardiac nurse in South Bend, Indiana. Eventually, she became a citizen of the United States. But there was still one obstacle left for the aspiring medical student: She didn’t have a bachelor’s degree.

“All these medical schools require one,” she said. She had one year to earn the 60 credits she needed, one year to be on schedule for her self-imposed goal to finish medical school by the time she was 29.

She did it by attending class all day and into the night, leaving her children with a babysitter. She did it while working the 3 to 11 shift on Fridays, spending time with her children at church on Saturdays, then working a double shift on the weekends. She did it at Sienna Heights University in Michigan, where an academic adviser had told her it would not be possible.

On June 24, 2006, she entered the Michigan State College of Osteopathic Medicine at the university she picked when she was 14. Unlike her choice of medical school, her choice of a career – heart surgery – did not endure. Ironically, it was a cardiothoracic surgeon who helped convert her to another cause.

“He had seen me reading Walk on Water when I was a medical student,” Matemavi said.

Written by Dr. Michael Ruhlman, the book is subtitled “The Miracle of Saving Children’s Lives.” The surgeon told Matemavi about another miracle: pediatric liver transplant surgery.

“He described it as ‘technically challenging and beautiful in its own right,’” Matemavi said. And that’s why she became, her research says, one of only 10 Black female transplants surgeons in the country.

Through the years, she has discovered the redemptive beauty of abdominal transplant surgery in general and kidney transplants in particular.

The surgeon at Michigan State also helped shape Matemavi’s geographical destiny.

“He knew a surgeon at the University of Nebraska, Dr. Alan Langnas, who did this type of surgery,” Matemavi said. “So you can imagine how excited I was when I was accepted there for training.”
That acceptance followed her surgery residency in New York. And a second divorce. In medical school, she had married a fellow student, but during her residency, the marriage became a victim of her exhausting schedule.

It was one of several blows she took as a resident. Another was her mother’s death.

The words of her mentors and teachers intervened, including Dr. Howard Tiszenkel. Today, Matemavi wonders if he told every intern that he or she was destined for “greatness,” but it doesn’t matter. Because that’s what she needed to hear.

Dr. Wendy Grant was one of the surgeons who trained Matemavi in Omaha. The Alton S. Wong, M.D. Distinguished Professor in Surgery at the University of Nebraska Medical Center has guided about 20 transplant surgeons, including Matemavi.

“I knew a couple of the surgeons at [UMMC],” Grant said. “I thought she would be great for them, and it would be a great place to start.”

For her part, Matemavi was looking for two things: a place that needed her and one with “no snow,” she said. She found both, more or less, in occasionally snow-dusted Jackson.

At UMMC, which she joined in 2019, she has performed mostly kidney transplants, a need for many African Americans.

“She’s a great surgeon and partner,” said Dr. Chris Anderson, the James D. Hardy Professor and Chair of Surgery at UMMC. “She has made our team better. She has a passion for all things transplant and all the pieces that are part of it.

“The patients love her. The transplant nurses and staff love her. OR loves her.”

Matemavi plans to spend the rest of her future with Ryan Tiemeyer, a dialysis nurse she met in Omaha. She now has two biological children, three stepchildren and one happy marriage.

For every heartbreak that inflamed Matemavi’s life, for every tragedy and disappointment, along came a windfall to tamp it down and tame it. But until last year, there was one thing about herself she couldn’t tell you, because she didn’t know: How she got her name. The one person who did now lives in California, so she sent him a text.

“I was so sick between 1973-August 1975,” he wrote her back. “People didn’t think I was going to live, get married and have children. Progression of the names: Faith - it is by Faith that the Lord blessed me with my first child and Praise the Lord for my second child!”

Matemavi’s “Passion and Purpose” is dedicated to “every child and woman who has a dream beyond what they can see.”

Matemavi’s office wall is decorated with a painting she calls “The Journey,” a memento from her fellowship at the University of Nebraska Medical Center.
During a June 2018 visit to California, Matemavi, left, poses with her father, Titus, and her sister, Faith.
Bobby is a longtime Mississippi Delta resident who spends his retirement hunting and enjoying his hobbies after a career in the military.

The cancer survivor in his 70s tries to lead a healthy lifestyle, including wearing a mask and social distancing whenever he ventures out of the house.

“I don’t go anywhere unless I have to, and if I do, I try to kill two birds with one stone,” said Bobby, whose last name is being withheld for privacy.

Because he’s an aging Mississippian living with HIV, diseases that come with growing older can be more of a health threat to him. That makes it critical for people in that population who are middle aged or older – especially in a pandemic - to prioritize receiving regular health care and taking daily medications that keep HIV at bay.

By 2030, about 70 percent of people living with HIV will be aged 50 or older, said Dr. Leandro Mena, chair and professor of population health science in the John D. Bower School of Population Health. But in a largely rural state like Mississippi, with poor access to health care for many, getting regular care can be a life-threatening challenge.

HIV, or human immunodeficiency virus, weakens a person’s immune system by destroying important cells that fight disease and infection. If older adults with HIV are staying at home due to concerns about the COVID-19 virus and its rampant transmission in the state, challenges to their mental well-being can be worse, he said.

“It’s a very isolating disease. People sometimes lack a support network,” Mena said. “There’s an increased proportion of individuals with (suicidal thoughts) and depression. There’s a tremendous need for social support and mental health services for individuals aging with HIV.”

UMMC’s Adult Special Care Clinic, which specializes in HIV care provided through the Medical Center’s Division of Infectious Diseases, serves more than 2,000 patients. Of that number, almost half, or 44.5 percent, are age 50 or older.

Mena said there’s a deep concern that aging individuals with HIV might not know they have it. It’s a time in their lives when lifestyle modifications, such as exercise, diet and smoking cessation, can play an increasing role in managing chronic diseases, including HIV.

Those confirmed with HIV or who have risk factors for the disease also can be seen at the TEAM Clinic, a multidisciplinary clinic dedicated to the LGBTQ population. Short for Trustworthy, Evidence-based, Affirming and Multidisciplinary Care, the clinic is located at Riverchase Medical Suites in Flowood and is one of a few in the region that strive to ensure all Mississipians have access to high quality, holistic primary care, no matter their gender identity or sexual orientation.

The public can receive free HIV testing at UMMC’s Express Personal Health Clinic at the Jackson Medical Mall Thad Cochran Center. Middle-aged Mississipians frequently come to the clinic for testing, said Jennifer Brumfield, a clinical research nurse and manager of clinical research at Express Personal Health.

“Some are the partners of HIV-positive patients,” Brumfield said. “Others may have just left a relationship and want a comprehensive sexual health screening.”

Mena said many older adults aren’t aware that HIV could be a risk to them and miss the health benefits of testing, early detection and treatment. Older adults are more likely than younger adults to have developed AIDS by the time they are diagnosed with HIV, which makes detection and immediate treatment all the more important.

Bobby, who said he contracted HIV from blood transfusions, said he’s lucky that he was diagnosed as a young man instead of decades later.

Today, blood transfusions are generally considered safe, although some patients can have side effects. Blood banks thoroughly screen donors and test donated blood for viruses, bacteria and parasites, but infections are still a rare possibility. The chance of contracting HIV through donated blood is considered to be 1 in 2 million.

Mena said he has seen older patients in UMMC’s Emergency Department sickened by AIDS who have never received therapy for HIV. “Those 50 and older who are diagnosed with HIV should have treatment as soon as possible,” he said.

An emerging area of concern is women 50 and older with undiagnosed HIV. “They might have the same lack of education and the same lack of understanding of their sexual health risks as an adolescent. They might not know how to protect themselves.”

Studies show older adults with HIV are more prone to frailty, or age-related deficits in normal body function that come with age, such as loss of muscle, stamina, weight and the ability to regularly exercise, Mena said.

He urges those with risk factors for contracting HIV to be tested, and those 50 and older to recognize that they are just as at risk for the infection as someone half their age.
No day at the Lanier High School Teen Wellness Clinic looks the same for the nurse practitioners and staff who work there.

Some students are regular visitors to the clinic. They come in to speak to a nurse, get food out of the food pantry or pick up some deodorant and soap. When they’re sick or in need of a check-up, they visit the clinic right there in the school, which allows them to return to class and reduces absenteeism.

The clinic at Lanier High School in Jackson provides critical services to young people who face major challenges to health care access. The same goes for the seven other school-based clinics in Jackson Public Schools and the South Delta School District run by the School of Nursing at UMMC.

At Lanier, the family nurse practitioner and other staff provide the high schoolers well-child checkups, sports physicals and health education. Clinic staff also see the students for acute or episodic visits.

Dr. Valerie Bradley, Lanier principal, said she couldn’t imagine not having the clinic. “Our children come to school with a lot of physical and mental challenges, and all of those things threaten their well-being as well as their educational performance,” Bradley said.

Hunger, mental health challenges and a lack of access to health care – whether because of transportation or financial challenges – can be major barriers to learning.

“One definite benefit is I can send them right down the hall as opposed to somebody coming to check them out, and they may or may not come back that day,” said Bradley. “It keeps them in school, and we can make sure their mental and physical well-being is in check.”

In fall 2019, the finances of the school-based clinics were on shaky ground and the survival of the clinics was in danger. Lanier staff and those at several other schools also saw a real need for increased behavioral health services beyond what was being provided at the time.

Enter Dr. Kayla Carr, an assistant professor of nursing at UMMC who has a longtime relationship with the school-based clinics. Carr’s undergraduate research helped establish the Mercy Delta Express Clinics at the Ripley Blackwell Head Start Center in Mayersville, at South Delta Elementary School in Rolling Fork, at South Delta Middle School in Anguilla and at South Delta High School in Rolling Fork.

In December 2019, she saw a grant opportunity and jumped on it. Her initiative resulted in the awarding of a three-year, $1.5 million Health Resources and Services Administration grant.

“This funding will keep the clinics viable for at least another three years and give us time to re-think some of our structures and strategies to stay more sustainable, so it’s a great thing,” said Carr.

Dr. Julie Sanford, dean of the School of Nursing, said she and the entire school are thankful to HRSA and to those who donate to the clinics.

“These nurse-managed clinics are impacting students and faculty at the schools and leading to outstanding health outcomes,” Sanford said. “We are so grateful to those who believe in the importance of these clinics.”

The funds will allow the clinic to hire a full-time psychiatric nurse practitioner to work alongside the family nurse practitioner at Lanier and the other school-based health clinics when necessary. The new nurse practitioner will provide services such as screening, medication management and counseling in person and via telehealth.

He or she will also implement a coping skills program for fifth and eighth grade students. The program will teach students how to manage their stress and mood, positive communication strategies and when and how to seek professional help.

The grant is also allowing the providers to use the digital mental health platform Silvercloud – a tool that could be crucial during the COVID-19 pandemic. After the school abruptly shut down in March 2020, students lost access to many of the resources the clinic offered.

Students can do daily check-ins and communicate with school clinic staff through the app, which also offers interactive strategies for improving their mood.
Culturally inclusive care requires reducing language barriers to improve health outcomes and help diverse patient populations navigate the health care system. It also involves improving cultural competence among providers, staff and learners to improve patient safety and quality.

UMMC’s Translation and Interpretive Services in the Office of Patient Experience bridges the gap and meets the needs of Limited English Proficiency patients and families cared for in UMMC’s hospitals and clinics. To enhance their services, the Office of Diversity and Inclusion offered a course in fall 2020, “Learning Basic Medical Spanish,” for anyone at UMMC interested in increasing his or her effectiveness in communicating with Spanish-speaking patients. The course was taught in a hybrid format of online modules and an in-person session by native Spanish-speaking UMMC professionals, including a professor of pediatrics, a language services manager and a cultural competence manager. Thirteen employees completed the seven-hour online and four-hour in-person training course.

### Course modules

**The Hispanic Culture, the Alphabet and Numbers**
Participants will recognize fundamental beliefs in the Hispanic culture to provide culturally competent care. Participants will also practice pronouncing the alphabet and numbers in Spanish.

**Common Medical Phrases, Pronouns, Adjectives and the Verb “To Be”**
Participants will memorize the most used medical phrases and pain terminology in Spanish. Participants will also learn sentence structure using pronouns, adjectives and the verb “to be.”

**Medical Supplies, Nouns and Articles**
Learners will memorize the names of the most common medical supplies in Spanish. Participants will also learn sentence structure using nouns and review articles in Spanish.

**Basic Medical Commands, the Human Body and Verbs**
Participants will translate the names of essential human body parts and how to give instructions in Spanish. Participants will also recognize sentence structure in Spanish.

**Medical Specialties, Specialists and Negative Sentences**
Participants will distinguish medical specialties and specialists in Spanish. Participants will also interpret the structure of negative sentences and words.

**The Patient Interview and Formulating Questions**
Participants will apply the best techniques for an active interview with Hispanic patients. Participants will also interpret the interrogative sentence structure in Spanish.

**The Medical Diagnosis and Adverbs**
Participants will memorize common diagnosis and diseases vocabulary in Spanish. Participants will also recognize the use of adverbs in Spanish.

### Newborn Medicine welcomes former Wiser NICU director as new chief

By Annie Oeth

When the 88 private neonatal intensive care rooms in Children’s of Mississippi’s expansion opened last fall, Dr. Mobolaji Famuyide was several months into her new role as chief of UMMC’s Division of Newborn Medicine.

Famuyide, professor of pediatrics, bioethics and medical humanities, was medical director of the NICU at the Winfred L. Wiser Hospital for Women and Infants. She succeeded Dr. Renate Savich, who retired last summer.

“The thought of stepping in the shoes of respected leaders who have headed this division, introduced seminal improvements to our newborn services and positively impacted neonatal care and outcomes in the state is intimidating but a very strong foundation to build on,” Famuyide said.

Dr. Mary Taylor, Suzan B. Thames Chair and professor and chair of pediatrics, said Famuyide’s leadership has been outstanding in her previous role as medical director of UMMC’s Neonatal Intensive Care Unit, the only Level IV NICU in the state.

“She has been a shining example of a well-rounded academic physician,” Taylor said. “She is an excellent clinician, a respected educator and an accomplished researcher.”

The expansion’s private NICU rooms provide the best possible start for the state’s smallest and most critically ill babies, Famuyide said.

In this 2018 photo, Dr. Mobolaji Famuyide is shown at the state’s only Level IV NICU.

“With this new tower, we (are) able to provide more developmental support, engage parents more in the care of their babies, provide a conducive environment for pumping and breastfeeding and reduce the length of stay in the hospital.”

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**Synergy** | **P30** | **UMMC Office of Diversity and Inclusion**
In her work as a clinical pharmacist at UMMC, Erika Webster cares deeply about her patients’ needs, far beyond the medications that keep their chronic diseases in check. She sees their other challenges: poverty, transportation issues, a healthy and safe place to live, access to healthy food – or any food, for that matter.

Webster, who received her Master of Science in Population Health Management from the John D. Bower School of Population Health in 2020, is poised to do even more to help her patients live their healthiest lives. “I want to incorporate my clinical background to identify high-risk patients and their barriers to care, and to develop solutions,” said Webster, a 2006 University of Mississippi School of Pharmacy graduate. “When patients have access to healthy foods and reliable transportation, they are more likely to have better health outcomes.”

Webster works in the pharmacist-run anticoagulation clinic at the Jackson Medical Mall Thad Cochran Center. There, she helps patients manage Warfarin, a blood thinner used to prevent harmful blood clots from forming or growing bigger. Beneficial blood clots can prevent or stop unwanted bleeding, but harmful clots can put patients at risk of heart attack or stroke.

Warfarin “is a high-risk drug, and management is very complex,” Webster said. “Acute drug interactions and changes in chronic diseases can take place, and that can cause harm to patients.

“We’ve seen patients present with an acute illness like a congestive heart failure exacerbation, and that makes their anticoagulants out of range and can increase their risk of bleeding.”

That’s where a closer look at their health disparities comes in. “If we can incorporate ways to address food insecurity and lower their sodium intake, as well as educate them on ways to manage their disease, that will help prevent readmissions,” Webster said.

Webster takes the time to provide education to her patients on lifestyle modifications, such as improving their eating habits, that can help them better manage their health challenges. “If we see medication issues, we can reach out to their provider and make recommendations,” she said.

To better care for her patients, Webster became a board-certified pharmacotherapy specialist in 2008 and a certified diabetes educator in 2009. “Dr. Webster’s passion and commitment to addressing our diabetes epidemic by implementing diabetes prevention programs in primary care settings makes her part of a new generation of health care professionals determined to work to make the needed changes to improve our health care system and the health of our people,” said one of her professors, Dr. Leandro Mena, chair and professor of population health science and a professor of medicine. “We are very excited and happy to have Dr. Webster graduate in our second class of our master of science in population health management.”

Webster said she learned about the John D. Bower School of Population Health’s degree programs by reading internal UMMC publications such as the weekly eCV newsletter disseminated to every UMMC email address.

“There was an article about the school’s initiative with the Diabetes Moonshot, a program geared toward addressing patients with pre-diabetes,” she said. “I was fortunate enough to reach out to the dean of SOPH and tell her that is an area I am interested in, and she allowed me the opportunity to serve on the Diabetes Moonshot Committee. I learned about population health and why it’s so needed in Mississippi.

“Mississippi ranks among the highest in chronic diseases, and the SOPH is moving forward with initiatives to help improve the health of Mississippians. I wanted to be a part of that process.”

Webster is originally from Pocahontas, a small community off U.S. 49 in north Hinds County. She received her Bachelor of Science in Pharmaceutical Sciences in 2004 from the University of Mississippi before continuing her studies to receive her Pharm.D.

“I’m a very social person,” said Webster. “COVID-19 has put a hindrance on my hobbies - I love to travel - but I enjoy spending time with my family and friends.”

She worked full time while earning her master’s, much of it online, but some of the program included weekend instruction at the SOPH.

“That’s where a closer look at their health disparities comes in. “If we can incorporate ways to address food insecurity and lower their sodium intake, as well as educate them on ways to manage their disease, that will help prevent readmissions,” Webster said.
UMMC has received a $1 million grant for community outreach and engagement in minority communities heavily affected by COVID-19.

The National Institutes of Health announced the Community Engagement Alliance Against COVID-19 Disparities, or CEAL, in September 2020. UMMC is one of 11 universities in as many states conducting work for the one-year, $12 million project.

Dr. Caroline Compretta, assistant professor of preventive medicine, is the principal investigator for the UMMC CEAL site.

“The COVID-19 pandemic has exacerbated long-lasting health disparities in Mississippi and in the United States,” Compretta said. For instance, while 38 percent of Mississippi’s residents are black or African American, they make up more than half of COVID-19 diagnoses in the state. Likewise, Hispanic and native American populations are experiencing disproportional rates of COVID-19 cases and deaths compared to white Americans in other parts of the country.

Decreasing the effects of COVID-19 in these communities can’t rely on just clinicians and hospitals, but must use established and trusted community networks and leaders.

The first goal of CEAL is to “conduct urgent and rapid community research on engagement, sources of trust and communication in order to build trust and produce culturally specific messaging related to COVID-19,” Compretta said. The team will use a combination of surveys, focus groups and listening sessions to assess beliefs and behaviors about COVID-19 risk and prevention.

UMMC will be working with the Mississippi State Department of Health’s Dr. Victor Sutton, director of the Office of Preventive Health and Health Equity and a co-PI for CEAL. MSDH has already started evaluating sources of trust among Mississippians, sharing some early results during a recent Jackson Heart Study conference.

“Building on the strength of local organizations, as well as our longstanding community-engaged research efforts, will help us communicate effectively to address disparities and support the proven resilience within communities,” said Dr. Eliseo Pérez-Stable, director of the National Institute on Minority Health and Health Disparities. “This work will help ensure people get accurate and trustworthy information about the virus, how to reduce its spread and how to protect themselves and their families.”

This first aim helps the study achieve its second: to promote and increase racial and ethnic diversity in COVID-19 clinical trials. Low clinical trial enrollment among African Americans is not a new phenomenon, and at least one COVID-19-related study shows that this trend is continuing.

“We want to understand what some of the barriers are to clinical trial participation,” said Compretta, and in turn, “provide education and link [community members] to the clinical trials we have at UMMC in order to increase participation.”

CEAL is working under the umbrella of the Mississippi Center for Clinical and Translational Research, which has built a statewide infrastructure to conduct public health and community-level research. Dr. Michael Hall, UMMC associate professor of medicine and MCCTR director of clinical and population studies, is also a CEAL co-PI.

Compretta, who became the MCCTR’s community engagement and outreach core leader last July, emphasized that CEAL will involve partners spanning from the Gulf Coast to the Delta. MSDH, the University of Southern Mississippi, Tougaloo College and Mississippi State University will help conduct the work. In addition, CEAL will enlist the help of approximately 20 community organizations, including the Fannie Lou Hamer Foundation, the Mississippi Band of Choctaw Indians and the Delta Alliance for Congregational Health.

Like all things related to COVID-19, the timeline and implementation of CEAL is happening on a much faster timeline than other health research.

“We have had to be nimble in order to respond to this pandemic and recognize that this project is more fluid than usual,” Compretta said. For example, one of CEAL’s goals is to understand the factors that influence vaccine trial participation.

Likewise, CEAL’s conclusions will also be able to flex and inform other areas of public health for years to come, beyond the eventual end of the COVID-19 pandemic.

“We can apply the lessons we learn from CEAL to help examine other disease states and encourage participation in other kinds of clinical trials,” Compretta said.
UMMC recognized faculty, staff and students in a brand new way during the 2020 Excellence in Research Awards.

Usually, the Office of Research hosts a ceremony honoring the awardees. Because of the COVID-19 pandemic, they shifted to a video format, distributed through the Medical Center’s research listserv.

“COVID-19 has given us the opportunity to recognize the recipients of this year’s awards in new and innovative ways,” said Dr. Richard Summers, UMMC associate vice chancellor for research. Summers praised the “innovation” and “flexibility” demonstrated across campus in 2020.

“I have never been more proud of the research community here at UMMC,” he said.

**Platinum Medallion – $5 million**

**Dr. Michael Garrett, professor of pharmacology and toxicology**

Garrett studies the genetics of complex yet common diseases, such as kidney disease, hypertension and diabetes, to find new targets for future drug treatments. He also leads UMMC’s Molecular and Genomics Core Facility.

**Dr. Celso Gomez-Sanchez, professor of pharmacology and toxicology**

Gomez-Sanchez studies primary aldosteronism, a common cause of hypertension. In 2019, he licensed a series of monoclonal antibodies he developed for diagnosing this condition to a biotechnology company.

**Dr. Jason Griggs, associate dean for research, School of Dentistry**

Professor and former chair of biomedical materials science, Griggs studies the breakage patterns in ceramic and metallic dental implants to find new ways to construct these materials.

**Dr. Michael Ryan, professor of physiology and biophysics**

Ryan studies hypertension, kidney and vascular disease in conditions such as lupus and preeclampsia. An associate dean for student affairs in the School of Graduate Studies in the Health Sciences, he also leads programs training young investigators in cardiorenal diseases.

**Dr. Richard Summers, associate vice chancellor for research**

Summers leads UMMC’s research and extramural funding efforts, including clinical and translational research and telehealth applications. Professor and former chair of the Department of Emergency Medicine, he has studied cardiovascular disease in that field and mathematical models of physiology.

**Gold Medallion – $1 million**

**Dr. Denise Cornelius, assistant professor of emergency medicine**

**Dr. Sally Huskinson, assistant professor of psychiatry and human behavior**

**Dr. Seth Lirette, assistant professor of data science**

**Dr. Jose Miguel-Hidalgo, professor of psychiatry and human behavior**

**Dr. Aimee Parnell, associate professor of pediatrics-cardiology**

**Dr. Rob Rockhold, deputy chief academic officer**

**Dr. Damian Romero, professor of cell and molecular biology**

**Dr. Kedra Wallace, associate professor of obstetrics and gynecology**

**Dr. Junie Paula Warrington, assistant professor of neurology**

Silver Medallion – $500,000

**Dr. Yingjie Chen, professor of physiology and biophysics**

**Dr. Caroline Compreta, assistant professor of preventive medicine**

**Dr. Sarah Glover, professor of medicine-digestive diseases**

**Dr. Ritesh Tandon, associate professor of microbiology and immunology**

**Dr. Barbara Gisabella, assistant professor of neurobiology and anatomical sciences**

**Dr. William Hillegass, associate professor of data science**

**Dr. Erin Taylor, instructor of physiology and biophysics**

**Bronze Medallion – $250,000 total**

**Dr. Celso Gomez-Sanchez, professor of pharmacology and toxicology**

**Dr. Erin Taylor, instructor of physiology and biophysics**

**Dr. William Hillegass, associate professor of data science**

**Dr. Jorge Vidal, associate professor of microbiology and immunology**

**COVID-19 Research Hero Awards**

**Informatics: Creation of a COVID-19 registry**

Krishna Ayyalasomayajula, research informatics analyst

Fremel Backus, intelligence program manager

Alex Castillo, executive director of informatics and analytics

Ashish Jannela, research informatics analyst

Ramona Sandlin, manager of enterprise information and honest brokers

**Innovation: Design of an emergency use ventilator**

Dr. Charles Robertson, associate professor of anesthesiology

Clinical trials: Leading the initiation and management of COVID-19 trials

Dr. Gailen Marshall, professor of medicine and R. Faser Tripplett Chair of Allergy and Immunology

**Testing: Internal COVID-19 testing and validation**

Dr. John Bates, assistant professor of microbiology and immunology

Dr. Sarika Jain, assistant professor of pathology

Dr. Patrick Kyle, professor of pathology

Internal COVID-19 test kit assembly and volunteering on the front lines UMMC students
Haley Williams had never seen anything like it before. And as some people are apt to do when they’re bursting with news, she had to call someone – her mother.

“I said, ‘Mama, I’m in a research lab with all women.’”

This certainly was a news flash, considering that only 30 percent of the world’s science researchers are women, while in the U.S. the figure is only 28 percent for those in science and engineering: two of the four pieces that add up to the education curriculum known as STEM (Science, Technology, Engineering and Math).

Yet here in a lab at UMMC, the percentage is 100: six out of six, including three women who are African American – another rarity – but not counting the lab’s Cuban American supervisor of business and clinic operations, Yilianys Pride.

“It was serendipitous. It just sort of happened,” said Dr. Sarah Glover, the lab’s principal investigator, “and I’m thankful because when you have a diverse lab, it’s not just about the science, it’s also about caring for your friends and neighbors.”

In this case, some of those friends and neighbors are among minorities who are often overlooked in tests for medical treatments for chronic ailments, such as inflammatory bowel disease, the bailiwick of Glover, professor and chief of digestive diseases at UMMC.

African Americans, for instance, represent 13 percent of the U.S. population, but a recent review of studies showed they made up less than five percent of clinical trials patients for investigations of such IBDs as Crohn’s disease, said Glover, citing figures from one of her grant applications.

Even worse, African Americans with Crohn’s are more likely to be hospitalized than Caucasians and suffer poorer outcomes.

“It’s important to have more minorities participating in clinical trials because, sometimes, our body reacts differently to certain treatments, compared to someone who is Caucasian,” said Dr. Tanya Robinson, assistant professor of digestive diseases and manager of the lab, located in the Guyton Research Center. “It’s also important because you can get a better look at the disparities in the rate of such diseases.

“Those include higher rates of diabetes among African Americans and prostate cancer among African American men.”

Diversity in the lab poses another potential plus: peace of mind, Robinson said.

“I’m hoping that, with more minorities who are researchers, we will be able to bring more of them to clinical trials as patients. If they can see another minority doing research or practicing medicine, it may ease their fears about participating.”

Taylor Christian of Columbus, for one, said no female physician has ever treated her – or even an African American doctor.

“I never really thought much about the fact that they didn’t look like me, but to many people, that is important,” said Christian, a third-year medical student who stores, ships and processes samples for the lab’s study of COVID-19’s impact on the immune system, gastrointestinal disease and more. “I definitely believe it’s important to show people with a minority background that, even if the people who traditionally have certain careers don’t look like you, that shouldn’t deter you, if that’s what you want to do.

“For me, working in this lab has been kind of a confidence booster.”

For Robinson, a Jackson native, the hope of bringing more African Americans to research is personal: At least two of her loved ones have diabetes; she has lost several to breast cancer.

“Also, autoimmune disease runs in the family,” said Robinson, who has bachelor’s and master’s degrees from Jackson State University, a Ph.D. in microbiology from the University of Alabama at Birmingham and postdoctoral fellowship credentials from the MD Anderson Cancer Center in Houston, Texas. “That’s why I was originally interested in becoming a doctor. But after being part of two different research programs, that sealed it.

“I realized I can also contribute to the cure of diseases this way, and research fits my personality. I just love it.”

It’s also personal for Williams, a volunteer lab technician who has applied to the School of Medicine at UMMC.

“I want to help my community and underserved communities in particular by researching ways to fight preventive diseases,” said the Smithville native. “I want to understand why some affect certain populations more than others But I did not expect everyone I would be working with to be a woman, or to walk into that lab for the first time and see that Dr. Robinson is a woman of color. Then Dr. Glover walked into the room and it was, ‘Oh, my gosh.’

“Before that, I didn’t think I would be able to do research once I became a physician. I thought, ‘Something will have to go.’ But Dr. Glover and Dr. Robinson have showed me that you can do it all. This is like a dream job.”
It was Robinson who pulled together the equipment for the lab at the behest of Glover, who arrived at UMMC from the University of Florida in Gainesville in early 2019. She also helped assemble the staff, most if not all of whom reached out to Glover based on her projects or reputation.

“Tanya is a gem,” Glover said. “There are definitely fewer Ph.D.s who are women and African American. So I’m lucky to have found her. She understands that disparities exist. She brings a certain passion to the science.”

Robinson and Glover also brought in Dr. Anna Owings of Nashville, an internal medicine resident in her final year of training, and Hannah Laird of Starkville, a second-year medical student and lab volunteer for the COVID-19 project.

For Owings, diving into research was also personal. She is “very close” to someone with Crohn’s disease: her identical twin sister. It was Glover’s focus on Crohn’s, in part, that drew her to this lab.

“One of those is Pride, born in the Cuban province of Villa Clara, where she grew up playing “doctor and pharmacist” in a country where “everyone has a right to health care,” she said. In Cuba, Pride earned a bachelor’s degree in biology before emigrating to Mexico with a visa to work in a research lab, and then to the United States.

“Coming to America was like [being] born again,” said Pride, whose search for more work led her to Texas and eventually to Miami. “I knew how to read and write English, but I had to learn how to speak it. And I had to learn much more, such as how to drive.”

And how to find another job in health care. Her quest led her to Jackson, where she was hired to help in a sleep deprivation study for the Department of Psychiatry and Human Behavior at UMMC, and then, for eight years, as an auditor in the Mississippi State Department of Health.

At MSDH, Pride “fell in love with the administration part of health care” to such a degree that she earned another one: a Master of Healthcare Administration at Belhaven University.

When Glover started her own search for a research specialist/patient navigator, she found Pride, recently promoting her to her current job in the division. Even so, Pride is still working as a patient navigator for the lab, where, she said, “We all bring a lot to the table.”

“I love it. I am passionate about what happens behind the scenes in the patient care industry, and this is the perfect setting. Here, we are all different, but we are equal. We are all women – that’s the part that is equal. At the same time, we have our different cultures, our different backgrounds. So it’s lovely.”
Mississippi-born philanthropists and entrepreneurs James L. “Jim” and Donna Barksdale were honored at UMMC in 2020 for their contributions benefitting diverse and underrepresented communities.

The couple received the Inspiration Award, one of six institutional accolades, during the third annual presentation of The Pillars, a tribute to those who further diversity and a “climate of inclusion” at the state’s only academic medical center and within the community beyond.

The annual event is hosted by the UMMC Office of Diversity and Inclusion.

The Barksdale family name is linked to millions of dollars in gifts for initiatives to better the state, including one whose 20th anniversary was marked recently: the Barksdale Scholarships.

“They are heroes of the Medical Center and for the state of Mississippi,” said Dr. LouAnn Woodward, UMMC vice chancellor for health affairs and dean of the School of Medicine.

Dozens of scholars have benefitted from their gifts, including a large number of African Americans, many of whom are now practicing physicians in this state.

In announcing the award, Dr. Juanyce Taylor, UMMC chief diversity and inclusion officer, noted Jim Barksdale’s reputation as a “renowned business executive, philanthropist, faithful, genuine leader.”

A Jackson native, Barksdale, 77, chair and president of Barksdale Management Corp., graduated from the University of Mississippi in 1962 with a degree in marketing before selling computers for IBM.

Later, at Federal Express, where he had a variety of leadership roles, including CEO, he helped deliver a computerized package-tracking system.

Afterward, he became president and CEO of a cellular communications company whose prosperity prompted its purchase from AT&T Wireless.

Starting in 1995, he led Netscape Communications Corp. for about four years as president and CEO during the dot-com boom. The company’s success led to its purchase in 1999 by AOL for $10.5 billion.

He and his wife of four decades, the late Sally McDonnell Barksdale, gave Ole Miss $5.4 million in 1997 to create what is now the Sally McDonnell Barksdale Honors College, “to keep the best and brightest in the state,” as Barksdale said at the time.

Three years later, the Barksdale Foundation granted $100 million to the state to foil illiteracy through the Barksdale Reading Institute, led at one time by one of Jim Barksdale’s five brothers, attorney
Claiborne Barksdale. The donation also funded the Mississippi Principal Corps, a program to develop highly effective, homegrown school administrators.

With an additional $2 million endowment, Jim and Sally Barksdale established scholarships meant to encourage talented African American students to stay in Mississippi for their medical education, naming the awards after physicians in their family: Dr. Bryan Barksdale, Dr. Don Mitchell and Dr. Fred McDonnell. More than 50 of these students have received these annually renewable grants.

Some years after Sally Barksdale’s death in 2003, Jim Barksdale met Donna Kennedy of Magee, who for years ran her own clothing design business while also forging a career as a leader in education, business, philanthropy, civic endeavors and more. She was president of the Junior League of Jackson when it voted to support the Children’s Cancer Clinic at UMMC.

After their marriage, the first Jim and Donna Barksdale Scholars entered the School of Medicine at UMMC as beneficiaries of grants presented to students of merit.

Now, some 20 years later, the total number of Barksdale Scholars is about 90. The Barksdales’ medical school contributions have exceeded $17 million, paying for the education of scores of scholars, most of them African American, and all of them committed to living and practicing medicine in Mississippi for at least five years.

“I appreciate the honor,” Jim Barksdale said after the ceremony. “I’m so proud of our medical scholars; about 47 are now practicing in the state. We’re starting to make a dent in the physician corps in Mississippi.”

The Pillars’ Recognition of Service and Inclusive Excellence observance acknowledged the work of five more “visionaries and leaders,” in Taylor’s words, who were named winners of the Excellence Award, Inclusion Award, Beacon Award, Lifetime Achievement Award and Esprit De Corps Award.

Another eight UMMC faculty and staffers were recognized as members of the inaugural 2020 Masters Class of learners from the Diversity and Inclusion Champion and Professional Development Certificate Program.
Inclusive Conversations are a series of exchanges and dialogues among members of the UMMC community on stimulating topics in pursuit of sharing and understanding different experiences, emotions and perspectives.

Dr. John J. Green
Feb. 19, 2020
Professor of Sociology
Director of the Center for Population Studies
University of Mississippi
“Population Trends, the 2020 Census and Implications for Health and Development in Mississippi”

Casey Loper
Sept. 15, 2020
Program Manager
Mississippi Nurse Voluntary Program
Mississippi Board of Nursing
“Don’t Let the Past Steal Your Present – Transitioning Into Recovery”

Dr. Carolyn Adams-Price
Oct. 15, 2020
Associate Professor of Psychology
Chair of the Gerontology Program
Mississippi State University
“Older Rural African Americans in Mississippi: Home and Community as a Cultural Haven”

Each month, a meaningful, positive word is posted throughout the Medical Center campus, underscoring UMMC’s values. The “Word of the Month” is a visual reminder of the institution’s standards when it comes to the promotion of a respectful and inclusive environment. Words are posted in elevators and on bulletin boards. Managers are encouraged to post the word in their departments or unit and to use the word as a “talking point” to stimulate dialogue with employees.

2020 Words of the Month
- April: Collaboration
- May and June: Empathy
- July: Differences
- August: Unity
- September: Character
- October: Dignity
- November: Perception
- December: Kindness


Distinguished Lecture Series shines spotlight on meaningful change methods

Many professional presentations provide opportunities for audiences to receive invaluable information. But the best of these seminars give attendees advice that can be applied to professional practice and their daily lives.

That’s the aim of the Office of Diversity and Inclusion - sponsored Distinguished Lecture Series, in which national thought leaders share how their audiences can positively engage and effectively impact meaningful change.

The guest taking part in the Distinguished Lecture Series in 2020 is:

Dr. Thomas LaVeist
Dean, School of Public Health and Tropical Medicine
Tulane University
“Deconstructing Systemic Racism: A Conversation with Dr. Thomas LaVeist”
Oct. 2, 2020
A campus group celebrating those who embody kindness and compassion in patient care has made a national name for itself as a role model in its own right.

The Gold Humanism Honor Society, Jeanette Pullen Chapter, at UMMC has landed the highest “exemplary” rating from the Arnold P. Gold Foundation, which created the GHHS program.

Claiming more than 35,000 inductees nationwide, the GHHS applauds medical students, residents and faculty for their humanistic, generous treatment of patients and for their service as role models, mentors and leaders in medicine.

In announcing the exemplary rating in a message to Dr. LouAnn Woodward, vice chancellor for health affairs and dean of the School of Medicine, GHHS leaders stressed the strength of the 15-year-old chapter’s events, activities and programs.

“I am very proud of our GHHS chapter,” said Woodward, noting the wisdom of organizers who named it after Dr. Jeanette Pullen, professor emeritus of pediatrics and former longtime director of the Division of Pediatric Hematology-Oncology. “Dr. Pullen advanced the care provided to children with cancer, nationally. She has lived the characteristics this organization holds most valuable.”

The message to Woodward, signed by Dr. Dorothy Levine, GHHS vice president, and Dr. Richard I. Levine, GHHS president and CEO, congratulated UMMC, the chapter’s students and its advisor, Dr. Lyssa Weatherly, assistant professor of medicine in geriatrics.

“I give the credit to the students,” said Weatherly, who was a Gold Humanism honoree in 2010 as a medical student at UMMC and later as a resident. “They do all the work and are the ones doing the service. I really let them be the leaders. They have all the good ideas.”

Since its beginning in 2005, the Pullen chapter has worked to “perpetuate the tradition of the caring doctor” - the goal of the GHHS as stated by the founders of the New Jersey-based Arnold P. Gold Foundation, including the late Dr. Arnold Gold, a renowned pediatric neurologist, and his wife, Dr. Sandra Gold.

While the Gold Awards are limited to medicine, the values they uphold reflect the aspirations of all learners, health professionals and employees at UMMC, Woodward said.

The Pullen chapter has distinguished itself with such activities as Tap Day, where previous inductees track down each of the 20-plus third-year medical students chosen as initiates, awarding them gold, smiley face balloons and golden bags of candy. That’s how students learn they’re in the GHHS.

Among those who deploy the forces of Tap Day is Ludivina “Lucy” Valera-Quintero, a project manager in the Office of Medical Education and GHHS chapter administrator. “Gold Humanism has grown a lot. You have to dedicate a lot of time to it, but it’s the best part of my job.”

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<th>2020 Humanism and Excellence in Teaching Award winners</th>
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<tr>
<td>Dr. Lucas Bryan Buchanan, internal medicine</td>
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<td>Dr. James Craig Bullock, family medicine</td>
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<td>Dr. Wade O’Connell Christopher, general surgery</td>
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<td>Dr. John Caleb Grenn, internal medicine/pediatrics</td>
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<td>Dr. Sara Diane Faulkner Porter, psychiatry</td>
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<td>Dr. Jacob Morgan Stout, neurology</td>
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<td>Dr. Terrence James Thompson, obstetrics &amp; gynecology</td>
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<th>2020 Leonard Tow Humanism Award winners</th>
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<tr>
<td>Faculty: Dr. Virginia Austin Harrison, associate professor of pediatrics</td>
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<td>Student: Dr. Sean Himel, Class of 2020 graduate</td>
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<th>2020-21 Gold Humanism Honor Society inductees</th>
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That job includes planning for the White Coat Ceremony, the end-of-summer ritual welcoming incoming students to the School of Medicine. There are also the Student Clinician Ceremony for rising third-year students; Wellness Day, a half-day retreat where students mingle with physicians and residents; and much more, including a time set aside to deliver some morale-lifting baked goods to exam-stressed first-year medical students.

Students aren’t the only ones deemed good as gold. Each year, selected by the chapter for the Leonard Tow Humanism in Medicine Award, are a faculty member and a student who demonstrate clinical excellence and altruistic patient care. The M3s also vote for a half-dozen residents for the Humanism and Excellence in Teaching Awards.
Dr. Mohadetheh Moulana, UMMC assistant professor of psychiatry and human behavior, was among the nominees for Diversity Educator of the Year honored last February 2020, by the Mississippi Institutions of Higher Learning.

To celebrate Black History Month each year, the IHL Board of Trustees hosts its Diversity and Inclusion Awards ceremony to acknowledge leaders from each of Mississippi’s public universities and the community at large for their work to improve diversity and support underrepresented populations.

Moulana, who is also director of curriculum development in the Department of Psychiatry and Human Behavior, was one of 10 candidates for the 2020 award that ultimately went to Dr. Susan Mayfield-Johnson, associate professor in the School of Health Professions at the University of Southern Mississippi.

Moulana’s efforts to foster inclusiveness were also recognized last January, when she became the faculty recipient of the Beacon Award presented by The Pillars to those who promote diversity and a “climate of inclusion” at the Medical Center and elsewhere.

Moulana has degrees from Kuwait University and received her Ph.D. in molecular immunology from UMMC, where she is also a postdoctoral fellow in cardiovascular disease.

The The Carl G. Evers, M.D. Society announced the 2020 winners of the Evers Awards, which honor the achievements of medical school educators, administrators and departments.

Established as an honorific and service organization striving to improve medical education at UMMC, the society is named for the late Dr. Carl Evers, who served as professor of pathology and associate dean for academic affairs in the School of Medicine from 1978 until his death in 1992.

The honorees, as voted by each of the medical school classes, are:

**M1 Class**

**Professor of the Year:** Dr. Ellen Robertson, Neurobiology and Anatomical Sciences

**All Star Professor:** Dr. Gongchao Yang, Neurobiology and Anatomical Sciences

**Department of the Year:** Biochemistry

**M2 Class**

**Professor of the Year:** Dr. Stanley Smith, Pharmacology and Toxicology

**All Star Professor:** Dr. Kristen Adams, Department of Pathology

**Department of the Year:** Microbiology

**M3 Class**

**Department of the Year:** Internal Medicine

**Clerkship Administrator of the Year:** Laura Thigpen, Pediatrics

**Attending of the Year:** Dr. Paul Moore, Obstetrics and Gynecology

**All Star Attending:** Dr. Brett Jeter, Medicine

**All Star Attending:** Dr. Shannon Orr, Surgery

**Resident of the Year:** Dr. John Caleb Grenn, Medicine-Pediatrics

**All Star Resident:** Dr. Wade Christopher, Surgery

**All Star Resident:** Dr. Benjamin Carrol, Neurosurgery

**M4 Class**

**Department of the Year:** Internal Medicine

**Attending of the Year:** Dr. Austin Harrison, Pediatrics

**All Star Attending:** Dr. Amanda Clark, Medicine

**All Star Attending:** Dr. Asef Mahmud, Medicine-Pediatrics

**Resident of the Year:** Dr. Adrian Sims, Medicine

**All Star Resident:** Dr. Nathalie Malcolm, Medicine-Pediatrics

**All Star Resident:** Dr. Samer Mehio, Medicine
Since its establishment in 2013, UMMC's chapter of the Group on Women in Medicine and Science has grown to more than 700 members. Its goals include addressing gender equity, recruitment and retention, awards and recognition, and career advancement.

GWIMS members champion gender equity issues, receive awards

**Dr. LouAnn Woodward Authentic Leadership Award:**
Dr. Phyllis Bishop, professor of pediatrics, chief of children’s gastroenterology and chief quality officer

**Resilient Spirit Award:**
Dr. Joy Akanji, nurse practitioner and nurse manager, Student and Employee Health

**Shining Star Award:**
Dr. Lillian Joy Houston, associate professor of psychiatry and director of Psychiatry Emergency Services

**Emerging Star Award:**
Dr. Catherine Lowe, cardiology fellowship trainee

**Helen Barnes, M.D. Diversity and Inclusion Award:**
Dr. Kimberly Crowder, professor and chair of ophthalmology

**Innovation Award:**
Dr. Hana Noblenza, medical director of the Neuroscience Intensive Care Unit

**Rising Star Award:**
Dr. Denise Cornelius, assistant professor of emergency medicine

**Trailblazer Award:**
Dr. Jerry Clark, chief student affairs officer and associate dean for student affairs in the School of Medicine
The first reaction is usually, “I didn't even know about this profession.”

That’s quickly followed by, “I thought doctors and nurses did all the tests and interpretations.”

Dr. La'Toya Richards-Moore and her colleagues in the Medical Laboratory Science Program are regularly greeted by surprised faces whenever they host lab activities for local students or give presentations to youth in the Jackson metro area.

When most high school students consider careers in medicine, they almost exclusively think about becoming doctors, nurses and dentists, according to Richards-Moore, program director, Medical Laboratory Science in SHRP. She said building awareness of allied health programs like hers is fundamental to the future of health care in Mississippi – and the nation.

“MLS is the hidden profession,” Richards-Moore said. “If the labs weren’t conducting the tests, how would doctors and nurses know what to do for their patients? Without the lab work, they couldn’t make any diagnosis or make any sound determination that would be beneficial for their patients.

“We may not be seen, but we are very vital to the health care team.”

In partnership with the School of Nursing at the University of Mississippi Medical Center, the Health Care Scholars Program aims to educate up-and-coming high school students about the profession and stimulate interest in medical laboratory science as a potential career.

For the last three years, Richards-Moore has shepherded the program, which started with Lanier High School in Jackson and
has grown to include Watkins Elementary School in Jackson, Camden Elementary School in Madison and Germantown High School in Gluckstadt, among others.

“We’ve actually gone to career fairs at the schools and hosted projects in the Lanier science lab,” she said. “We’ve welcomed the students into our (SHRP) lab and taught them how to make an isolated strand of bacteria, then shown them how to view different types of bacteria with a microscope. We’ve shown them how we test bodily fluids and how we interpret the results.”

Depending on the types of classes, the ages of the students and the individual instructors’ wishes, SHRP faculty may host demonstrations using actual equipment – such as microscope analyzers – to examine real samples – such as test cultures, swabs, urine specimens or other anatomical items – to uncover the world of medical laboratory science.

“It’s very popular,” Richards-Moore said of the demonstrations. “The kids love to look into the microscope, they love to see the specimens. They get excited when we’ve done tests for opioids or drug screenings.

“For the elementary students, we may tailor the presentation to conditions prevalent in Mississippi, such as diabetes. We have anatomical models of unhealthy feet affected by diabetes, a giant blob of fat and what a healthy plate of food looks like.”

Richards-Moore and her colleagues welcome about 40 Germantown High School students to UMMC twice a year; Lanier High School sends a contingent of 25 or 30 each visit. Last year, her MLS team even visited the Oprah Winfrey Boys and Girls Club of Kosciusko.

In all, she estimates well more than 500 students have been exposed to MLS in one format or another – students who might otherwise have never considered becoming a laboratory scientist.

“We are always looking for opportunities to collaborate or partner with schools to reach these children,” she said. “These relationships are life-changing, both for the students as well as the faculty.”

Dr. Rob Rockhold, professor of pharmacology in the School of Graduate Studies in the Health Sciences, and deputy chief academic officer at UMMC, serves with Richards-Moore on the Advisory Boards for the Lanier and Germantown Health Science Academies. As a result of their participation, UMMC’s Simulation and Interprofessional Education Center staff work regularly with faculty and students from Lanier.

“The interactions provided by Dr. Richards-Moore for the Lanier and Germantown students are among the most expansive and rigorous of any available to those health science academy students in the greater Jackson Metro area,” Rockhold said. “Germantown, especially, has progressed exceptionally well, recently achieving status as a Model Academy following a rigorous external national review” by the National Career Academy Coalition of the Academy of Healthcare Excellence.

“The Lanier HSA has progressed well also and has the unique circumstance of partnering with AMR to offer the ambulance driver certificate program that offers a job for certified students immediately upon high school graduation.

“Both the Germantown and the Lanier efforts demonstrate how individual schools partner with local resources to give public school students unique opportunities to enter health careers and encourage additional professional training in health care delivery. These efforts are another substantive way in which UMMC is meeting its primary mission to improve the health of all Mississippians.”

Richards-Moore understands how students can overlook medical laboratory science as a profession. Her initial career aspirations...
MLS personnel are key to the specialized laboratory tests upon which health care providers rely to be able to accurately diagnose disease, follow patient responses while in therapy and determine levels of drugs/toxins in the bodies of patients. Our UMMC faculty benefit emotionally from seeing these young people grow and blossom as future health care providers and colleagues. They gain volunteer service hours and demonstrate leadership capabilities that reflect positively during review for promotion and tenure.”

— Rockhold
through its devastation has called a temporary halt on her Health Care Scholars Program but has nevertheless become another ‘teachable moment’ for her students – if remotely so.

“The Mississippi State Health Department has called many of our graduates and faculty members to help with COVID-19 testing,” she said. “It’s made our (Health Care Scholars Program) students aware there are professions that work alongside doctors, nurses and dentists to address this challenge and help keep people healthy.

“There’s a shortage of medical laboratory scientists. It’s a very rewarding profession because you’re actually helping to save lives, and there are career opportunities readily available.”

Demetrius Brown, HTL graduate, demonstrates how tissue biopsies are embedded.
Early in the pandemic, a group of Medical Center leaders considered ways to honor those patients who had died from COVID-19 while in UMMC’s care. As the months passed and the deaths mounted and the fatigue grew and the pandemic had worn on day after day, it became clear the institution needed some way to find meaning — and hope — during this extraordinary time in history.

In early September 2020, UMMC was approaching a pair of milestones: 200 patient lives lost to COVID-19 and 1,500 COVID-19 patients recovered from the virus and restored to their lives and families. Medical Center leaders said it was important to honor the work of all those at UMMC — especially the front-line caregivers and support staff — who have given so much of themselves in service to others.

On Sept. 24, 2020, in the University Hospital Chapel, 11 of UMMC’s leaders offered brief remarks during a service called “Through Shadow and Light: Reflections on Our COVID-19 Journey.” Their comments were touching, genuine and heartfelt, and fit together like an intricate puzzle to provide healing and hope.

A few highlights:

**Doris Whitaker, director of pastoral services:** “Presence is the ministry of the human touch, the human element in health care. I want you to know that our COVID patients did not die alone. The staff of the University of Mississippi Medical Center — we were with them. We were in it for the long haul. Your family might not have been present, but our UMMC family was actively present in our patients’ lives.”

**Dr. Joshua Mann, chair of the Department of Preventive Medicine:** “These are extremely difficult times, but highly important and highly meaningful. I’m grateful for this opportunity to honor all of you who have made the choice to work diligently to help those impacted by COVID-19, even putting yourselves at risk.”

**Dr. Andrew Wilhelm, medical director of the Medical Intensive Care Unit:** “The public and the media call us heroes. I speak for many when I say that we do not feel like heroes. We may practice with courage and resolve, and thankfully most of our patients go home. Those days in the ICU when patients go home make us feel good. Other days are more humbling.”

**Dr. Risa Morarity, executive vice chair of emergency medicine:** “The Emergency Department is always an intimidating and fearsome place for patients. But the pandemic has made the Emergency Department a sometimes intimidating and fearsome place for us, too. We are accustomed to welcoming the unknown. We pride ourselves on being prepared for anything. But the pandemic has challenged us.”

**Dr. Driscoll Devaul, director of respiratory and pulmonary services:** “We’re thankful for the 1,444 patients that were able to resume their lives and transition home after discharge, but as respiratory therapists, we share in the grief for those 189 members who lost their lives under our care. Through their loss we vow to become stronger as team members.”

**Matthew Harris, Medical Intensive Care Unit nurse:** “There was a young man dying of COVID in the ICU … We called his wife to let her know what was going on and she wanted to tell him goodbye. So we put the phone in a biohazard bag and placed it next to his pillow and put it on speaker so she could talk to him. She told him goodbye and when she hung up the phone, seconds later his heart stopped. So moments after she had told him goodbye we had to call her right back and tell her that he had passed. She wasn’t able to get the same closure that she would have had being there next to his side and being able to hold his hand.”

**Dr. Keith Mansel, director of Palliative Care Services,** shared a quote by Thomas Merton, “You do not need to know precisely what is happening or exactly where it is all going. What you need is to recognize the possibilities and challenges offered by the present moment and to embrace them with courage, faith and hope.”

**Dr. Scott Rodgers, chair of psychiatry and human behavior:** “If we are going to see our way through this crisis – and we are going to see our way through it - we must dig deep within ourselves and find the emotional reserve needed to continue persevering, to continue seeking solutions to the problems we face, to continue trusting in our Medical Center’s leaders and in each other, and to stand tall and proud as we face each day, with the understanding that our patients need us, our families need us, our colleagues need us and our own health and well-being need us.”

**Dr. Ralph Didlake, associate vice chancellor for academic affairs:** “Memorials don’t need to be stone monuments or brass plaques or even formal affairs. A memorial can be as simple as taking quiet time to reflect, or to read a work of literature that might help inform one’s perspective, or to appreciate a well-wrought poem, or experience the healing effects of a work of visual art or a piece of music. Each such small act of memorialization helps us, as humans, to put the difficulties we encounter in our lives into meaningful context. Doing so gets us closer to seeing and ultimately accepting not only what we have lost, but also what we have gained through difficult experiences.”

**Dr. Charles O’Mara, associate vice chancellor for clinical affairs:** “Valuable lessons have been learned about ourselves and about the strength and capabilities of us all working together for a common purpose. These lessons will serve us well, both individually and as a great health care organization, in facing challenges and responsibilities in the future, for the remainder of and beyond this pandemic. Thus, we look forward, over the horizon, to a very bright future … a future in which we are all strengthened by previous experiences and by lessons learned.”

To view a video of the ceremony, visit https://umc.edu/UMMC/through-shadow-and-light/virtual-event.html
“Despite the absence of vaccine for racial disparities and racism, we, as medical providers caring for the health and well-being of children in Mississippi, can provide our voices to those who have none. A vision strongly supported by the UMMC leadership, not only for the medical community, but for the state of Mississippi at large. There have been recent developments like the TEAM (Trustworthy, Evidence-based, Affirming, Multidisciplinary) Clinic, which is a patient-centered health care for the LQBTQ (Lesbian, Gay, Bisexual, Transgender and Questioning) community fostering a climate of inclusion at UMMC for the community. The Pediatric Diversity and Inclusion Focus Group envisions culturally diverse pediatric medical providers and inclusive of people’s and patients’ racial, religious and sexual differences. The new freestanding Children’s of Mississippi hospital tower is the embodiment of inclusion at UMMC and a testament to world-class care.”

— Dr. Roberto Parulan Santos,
UMMC professor of pediatrics
(infectious diseases)

“UMMC strives to implement a culture of inclusion through education, training and outreach. Our medical community has numerous opportunities for practitioners as well as patients to understand and appreciate the benefits of diversity. This inclusive environment is an important component to healthy outcomes.”

— Dr. Caroline E. Compretta,
UMMC assistant professor of preventive medicine, John D. Bower School of Population Health

“UMMC fosters a climate of inclusion by promoting the participation of all stakeholders in our institution. Paraphrasing the African proverb, “if we want to go far, we must go together.”

— Dr. Norma Ojeda,
UMMC professor of pediatrics

UMMC employees, students show support for #WhiteCoatsforBlackLives

The Student National Medical Association and Black Representation in Medicine invited faculty and students from all seven schools at UMMC and health care professionals at the Medical Center to participate in a ceremony of unity on June 5, 2020.

The participants at UMMC joined many of their peers across the country to kneel and to celebrate #WhiteCoatsforBlackLives.

According to Ashley Brown, a School of Medicine student who helped organize the event in front of the School of Medicine education building, the purpose was to show how support for Black lives encompasses the entire health care community, especially at a diverse institution like UMMC.
Dr. Felicitas Koller, assistant professor of transplant surgery, was featured as a Community Hero in the Clarion-Ledger newspaper in February 2020.

Koller’s volunteerism with the national Stop the Bleed program was a highlight of the story that appeared in the Feb. 20 issue. She gives of her time to provide life-saving education to bystanders on how they can keep someone from bleeding until emergency responders arrive.

A faculty sponsor of the Medical Center’s chapter of the Association of Women Surgeons, Koller worked with medical students to make Stop the Bleed the chapter’s signature service project. She leads the students in community outreach, traveling to schools and other community organizations to demonstrate how to stop someone from bleeding and to perform basic trauma response. The training also includes how to handle potential danger and distractions at the scene of an emergency, including distractions caused by other bystanders.

Since taking on the faculty sponsor role, Koller has trained about 150 people in Stop the Bleed and in basic first responder skills.

Jackson Public Schools students receive free dental care during Give Kids a Smile

School of Dentistry students and faculty welcomed and treated nearly 400 elementary school students from the Jackson Public School District during the 14th annual Give Kids a Smile event in February 2020.

The children received free dental care in the form of cleanings, fluoride treatments and sealants, and dental students, in return, got needed experience and a chance to give back to their community. Plus they had fun: Many School of Dentistry students dressed up as tooth fairies and wore colorful costumes to amuse the sometimes nervous children.

The American Dental Association began the Give Kids a Smile program in 2003 as a way for dentists to join with the community to provide dental services to underserved children. In 2017, the School of Dentistry incorporated Give Kids a Smile into a new, weeklong effort providing care to underserved and uninsured adults and veterans from across the state, called Dental Mission Week.
The University of Mississippi Medical Center’s Inclusive Excellence Fund supports activities/programs that promote diversity, foster a culture of inclusion, and reinforce the value of our differences in carrying out the institution’s mission of excellence in education, research and patient care.

**Funds have been used to support activities, such as:**

- Visits from local high school health sciences academies to increase awareness of health careers
- Physician Scientist student recruitment activities
- Faculty and staff networking events and continuing education to boost professional development and workforce retention
- The annual Pillars Awards which recognizes faculty, staff, students, alumni and community supporters for their service and contributions to diversity, equity and inclusion

Give online today at:  
https://www.umc.edu/odi/Giving/Donate-Online.html
Cocoa Consideration

UMMC nurses show their appreciation for the UMMC Physical Facilities team by serving them hot cocoa in the Carpenter Shop’s Central Hallway on Feb. 13, 2020.