Blood Transformed
A cutting-edge treatment for sickle cell disease helps one patient live pain-free.

Reunion of a Lifetime
After a month in the hospital, one grateful patient returns home to his family.

Breathing Easy
Vaping almost cost a 23-year-old her life.

Dream Machine
Robotic-assisted surgery spares a 12-year-old boy’s spleen.
Your Safety Is Our Priority

Since March, New Jersey has remained at the center of the COVID-19 pandemic. As a result of the courage of our health care heroes, along with the social-distancing efforts of the community, we can now focus on recovery and preparedness for future surges.

Here at Hackensack Meridian Health, our researchers and clinicians have played a significant role in fighting the virus. Learn how they’ve applied groundbreaking innovation to the care of patients being treated for COVID-19 on page 10. One innovation was recently featured on CBS’s “60 Minutes”: the convalescent plasma therapy clinical trial at Hackensack University Medical Center. Our trial is unique because of its rigorous criteria—identifying donors with super-high levels of neutralizing antibodies—and infusing a larger amount of plasma than other studies.

Today, as the state continues to carefully reopen the economy, we are focused on ensuring our patients are safe when receiving the care they need. It has always been and will continue to be our top priority.

If you are hesitant to seek in-person care, please know we have enhanced our processes to protect patients, team members and doctors, including:

- Treating non-COVID-19 patients in separate areas in hospitals
- Creating specially designated entrances for certain procedures and services
- Monitoring temperatures of patients, team members and visitors
- Establishing rigorous cleaning and sanitizing procedures, including ultraviolet-light cleaning
- Testing all patients staying at our hospitals for COVID-19
- Providing masks to patients, visitors and team members
- Providing appropriate personal protective equipment for team members
- Practicing social-distancing throughout our facilities
- Practicing tried-and-true best practices for infection prevention, including rigorous hand hygiene

Patient safety is even at the heart of this issue of HealthU. Typically, we photograph every patient in the magazine. Our photographer achieves an in-person connection with patients to tell their unique story in a beautiful, visual way. Because this issue was planned during the surge of COVID-19, that face-to-face connection would have been too risky. Our team took a creative approach—replacing photo shoots with illustrated portraits of patients. We give you an inside look at how we achieved this on page 3.

We are committed to doing everything we can to ensure you receive the safest care possible. For more information about our commitment to safety, visit HackensackMeridianHealth.org/GetCareNow.

Robert C. Garrett, FACHE, CEO
Hackensack Meridian Health

Hackensack Meridian Children’s Health
Ranked Among the Top


Learn more at HMHforU.org/BestChildrens.
First, patients sent us photos of themselves that we could reference in creating an illustration.

To establish the composition, our illustrator created a collage using the provided photos.

Next, our illustrator created a rough black-and-white drawing resembling the final product.

Finally, our illustrator applied color to achieve the final version you see in the magazine.

Typically, we photograph every patient appearing in HealthU. Because this issue was planned during the surge of COVID-19, that contact would have been too risky. Instead, our team took a creative approach and replaced photo shoots with illustrated portraits of patients. Here is a look at how we did it.
Hi. Welcome to this issue of HealthU
A message from Robert C. Garrett, FACHE, CEO of Hackensack Meridian Health.

 BETTER U • TIPS AND RESOURCES TO HELP YOU LIVE YOUR HEALTHIEST LIFE

Tips for a Safe and Healthy Summer
Avoid heat exhaustion when working out  •  Kids and anxiety  •  Sleep tips  •  Recipe for wagon wheel pasta supper

U • Ask
We answer your top health-related questions.

 INNOVATION • TRANSFORMING MEDICAL RESEARCH INTO TREATMENTS

The Test of Our Lives
Researchers and clinicians are applying the latest research and innovation to combat the COVID-19 pandemic.

 SPOTLIGHT ON U • YOUR STORIES OF HEALING AND TRIUMPH

Blood Transformed
A cutting-edge treatment for sickle cell disease has given Razel Colón new blood cells—and a new beginning.

Horse of a Different Color
Team member Kevin Jester volunteered to test a new cardiac calcium scan by receiving one. The last thing he expected was a result that would change his life.

Breathing Easy
Vaping led to a lung injury that almost cost 23-year-old Caitlin Hayes her life.

Dream Machine
When doctors found a lesion on 12-year-old Blake Lewis’ spleen, robotic-assisted surgery helped them preserve as much of his spleen as possible.

A Little Help From Her Friends
In her time of greatest need, Michele Williams was supported by her friends, along with her innovative medical team.

Stroke of Luck
When Gary Rumpf experienced a stroke, his medical team wasted no time in treating him.

Gut Check
Pediatric specialists across the network help kids fight chronic gastrointestinal diseases and live their lives to the fullest.

Reunion of a Lifetime
After a month, Angel Rojas recovered from COVID-19 and reunited with his family, thanks to a plasma donation.

 SCHEDULE • EVENT AND CLASS LISTINGS

Your Calendar for Late Summer and Fall 2020
Live and virtual events and classes you won’t want to miss.

 TEAM PLAYERS • EMPLOYEES WHO GO ABOVE AND BEYOND FOR THEIR PATIENTS

Hear and Now
Audiologist Karissa Gavin goes the extra mile to help one patient with curbside hearing-aid services.

 BY THE NUMBERS • A SNAPSHOT VIEW OF AN IMPORTANT HEALTH ISSUE

COVID-19 Crisis in Numbers
The impact of the pandemic across the Hackensack Meridian Health network.
Fit for Life  exercise and fitness are pillars of good health

Keep Your Cool

Throughout the summer, many of us take to the outdoors to get fresh air and exercise while maintaining social-distancing rules. But as summer temperatures rise, so too does the danger of heat exhaustion when working out outdoors.

The Heat of the Moment
Heat exhaustion happens when your body overheats. Common symptoms include:

- Headache
- Cold, pale and clammy skin
- Body aches or muscle cramps
- Tiredness/weakness
- Dizziness/fainting
- Heavy sweating
- Rapid, weak pulse
- Nausea or vomiting

The Safe Outdoors
When staying active outdoors this summer, remember these seven tips to stay safe:

1. Stay hydrated. Drink plenty of fluids to maintain a normal body temperature.
2. Stay indoors during peak sun hours, between 10 a.m. and 4 p.m. If possible, schedule your outdoor activities in the early morning or evening.
3. Wear light-colored, lightweight and loose-fitting clothing. Dark, tight-fitting clothing traps heat, keeping your body from cooling properly.
4. Always use sunscreen. Sunburn can dehydrate you and keep your body from cooling down. Wear a wide-brimmed hat and sunglasses, and apply sunscreen of SPF 30 or higher 30 minutes before going out. Then reapply according to directions on the package. Products labeled "broad spectrum" or "UVA/UVB" work best.

5. Understand your individual risk. Certain medications (beta blockers, diuretics and antihistamines, for example) increase the risk of heat exhaustion. In addition, frequently check on those at highest risk for heat-related death, such as elderly, disabled or homebound people. Check on children and pets frequently, as they can’t always communicate when something is wrong.
6. Stay informed. Check local news for extreme-heat warnings. Avoid outdoor activities during these times.
7. Safely wear a mask. When wearing a mask outdoors in high temperatures, choose a breathable material, like light-colored cotton, for your face covering. Also have multiple face coverings on hand, in case your first becomes damp from sweat.

104°

Turn It Down
If you experience any symptom of heat exhaustion, stop what you’re doing and move to a cooler place. If symptoms persist, it’s time to call your doctor. When not treated promptly, heat exhaustion can lead to heatstroke, a life-threatening condition that happens when the core body temperature rises above 104 degrees Fahrenheit.

GO ONLINE
Find more tips for working out safely at HMHforU.org/Exercise.
Music That Heals
Research suggests that experiencing live music can reduce stress, relieve pain, create energy, boost moods, promote exercise and well-being, and forge a feeling of togetherness in a community. “We value our relationship with the Count Basie Center for the Arts and are proud to play a role in its expansion,” says Robert C. Garrett, CEO of Hackensack Meridian Health. “Our association with the Basie Center is a natural extension of our dedication to improving the health and well-being of our patients and their families.”

“We are grateful for our valued partnership with the Count Basie Center for the Arts,” says Robert C. Garrett, CEO of Hackensack Meridian Health. “Research suggests that experiencing music and the arts can reduce stress, relieve pain, create energy and boost moods. We’ll get through this challenge together, as a community.”

When the Kids Aren’t Alright
For adults, the COVID-19 crisis and social-distancing measures have taken a toll on mental and emotional health. But the crisis also has been difficult to process for kids and teens.

Recognizing that your child is experiencing anxiety, stress or depression isn’t always straightforward. Not every anxious child is a tense ball of nerves, and not every depressed child cries often. How, then, do parents know when their kids are struggling with emotions, and how do they talk to them about it?

Signs of a Mental Health Issue
The first sign that a child may be contending with a mental health issue is a sudden change in behavior that is outside the developmental norm for the child’s age, says Lauren Kaczka-Weiss, D.O., a child and adolescent psychiatrist at Jersey Shore University Medical Center.

“For example, if your teen is suddenly avoiding texting or video chatting with friends, or has dropped a favorite activity without explanation, that could be a sign that something is amiss,” Dr. Kaczka-Weiss says.

In younger children, depression, anxiety and stress may show up as complaints about headaches and stomachaches. However, don’t assume that your child’s headache or stomachache is being caused by a mental health issue, Dr. Kaczka-Weiss says. It could very well be a physical ailment. She recommends checking in with your child’s pediatrician to talk about what you’re seeing and what your next steps should be.

How to Talk to Your Child About Mental Health
“When talking to children about anxiety, stress or depression, it’s best to be honest and straightforward, and to communicate with your child at an age-appropriate level,” Dr. Kaczka-Weiss says.

For children under 6 years: Use drawings of smiley or sad faces to try to tease out what they are feeling.

For children between 6 and 12 years: You can talk about feelings. Dr. Kaczka-Weiss says children at this age can understand the difference between frustration and anger. They can communicate, “I’m just really frustrated, Mom.”

For teens: Assessing what’s going on with your teen may be more of a challenge, but being honest—telling your teen how nervous you’re feeling about broaching the conversation—may help you both ease into a frank conversation.

While it’s always appropriate to seek professional help, Dr. Kaczka-Weiss suggests these coping techniques:

Deep breathing: When your child feels overwhelmed, encourage them to inhale through the nose, like they are deeply smelling a flower, and exhale through the mouth, like they are slowly blowing out birthday candles.

Counteracting negative self-talk: When you hear your child say something negative about themselves, return it with a positive trait that you love about them, and tell them to repeat after you.

Exercise: A quick walk or a game of catch are great ways to get out of the house and spend quality time with the family.

Meditation: Meditation helps kids slow down thoughts, focus on breathing and visualize themselves in a positive light.

Learn more about caring for your mental well-being or your children’s at HMHforU.org/MentalHealth.
How to Sleep Better During the Coronavirus Crisis

As we adjust to our new normal, it’s important to not let new habits form that can be disruptive to sleep, like staying up late or becoming overwhelmed with anxiety. “These days, sleep is more important than ever because it influences our immune system,” says Adrian Pristas, M.D., corporate medical director of Sleep Medicine at Hackensack Meridian Health.

He offers these steps to make sure your family continues to get the proper amount of sleep during this coronavirus crisis:

- **Make a schedule for your new normal.** That might include setting timetables for things like reading and outdoor time, keeping consistent bedtimes and wake times, and cutting off screen time an hour before bedtime.
- **Stay active.** Exercise can help combat anxiety and improve quality of sleep. Use workout videos to stay active indoors or take a walk outside while keeping proper social distance.
- **Be mindful of your snack and alcohol intake.** It can become a vicious cycle: Eating poorly can lead to weight gain, which can lead to obstructive sleep apnea. Poor-quality sleep can then make weight loss even harder because of chronic fatigue.
- **If you’re sick, rest.** If you’re sick, try sleeping as much as you can at night and taking a nap during the day if you need to.
- **Remember to disconnect.** Limit your consumption of the news and COVID-19-related media, and use your free time to catch up on things like reading a novel or tackling home projects, like painting or reorganizing.

For additional tips for getting better sleep during the coronavirus, visit HMHforU.org/BetterSleep.

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**Wagon Wheel Pasta Supper**

Serves 6, plus leftovers

**Ingredients**

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
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<tbody>
<tr>
<td>1 pound wagon wheel pasta</td>
<td></td>
</tr>
<tr>
<td>3 tablespoons olive oil</td>
<td></td>
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<tr>
<td>3 tablespoons garlic, thinly sliced</td>
<td></td>
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<tr>
<td>½ teaspoon kosher salt</td>
<td></td>
</tr>
<tr>
<td>1 teaspoon crushed red pepper</td>
<td></td>
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<tr>
<td>1 pound spinach, frozen (defrosted)</td>
<td></td>
</tr>
<tr>
<td>½ cup Parmesan cheese</td>
<td></td>
</tr>
<tr>
<td>2 tablespoons pine nuts, toasted</td>
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</tbody>
</table>

**Steps**

- Cook the pasta according to the package, until al dente (firm, not limp).
- While the pasta is cooking, heat the olive oil at medium heat in a large skillet. Add the garlic, salt and crushed red pepper. Cook until the garlic starts to turn golden, about 3 minutes.
- Add the spinach and combine until heated throughout.
- Meanwhile, drain the pasta, reserving 1 cup of the cooking liquid. Put the hot liquid into the pan, add the drained pasta, stir to combine. Top with Parmesan and pine nuts.

**Nutritional Information**

Per serving:
- 313 calories
- 12g protein
- 46g carbohydrate (4g fiber)
- 9g fat (2g sat, 7g mono/poly)
- 413mg sodium

**Seasoned Cook**

Use chopped walnuts if pine nuts aren’t available. Lemon can be zested on top. Don’t have wagon wheel pasta? Substitute your favorite.
Ready to Resume

I’ve been putting off my hernia repair because of COVID-19. Is it safe to reschedule that procedure? —Talia P.

You should feel confident in rescheduling your procedure. When it became apparent in March that New Jersey’s hospitals could be overwhelmed by patients with COVID-19, Gov. Phil Murphy required hospitals to suspend surgery that could be delayed without undue risk to patients. Once the peak of COVID-19 cases in New Jersey passed, public health experts determined that it would be safe to offer elective procedures in hospitals with a sustained 14-day downward trend of COVID-19 cases.

The New Jersey Department of Health issued guidelines to help hospitals safely resume elective surgery. Since May 26, Hackensack Meridian Health hospitals have used these guidelines to safely perform elective surgery for both adults and children. Patients getting elective surgery are required to:

► Wear face coverings
► Practice social distancing
► Get tested for COVID-19

All Hackensack Meridian Health facilities have taken additional measures to ensure patient safety, including:

► Testing all admitted patients for COVID-19
► Keeping patients who test positive in separate areas than patients who test negative
► Regularly cleaning and sanitizing all facilities
► Testing air, water and surfaces to ensure that they’re properly cleaned and sanitized
► Offering special entrances for people having certain elective procedures
► Taking the temperatures of everyone in the facility, including patients and healthcare providers
► Providing healthcare providers with the PPE that they need

Learn more about the steps we are taking to protect our patients at HMHforU.org/COVID19.

Lauren J. Fischer, M.D., FACS
Board certified in general surgery
800-822-8905
Holmdel
Crucial Conversations
My family is white, and I want to talk to my 4-year-old and 7-year-old about race. Where should I start?
—Matt T.

As a parent, you’re an important role model and will influence the way your children understand privilege, respect others and make a positive difference. In order to be a positive role model, it is imperative that parents and caregivers identify, confront and correct their own racial biases. To create an environment where diversity feels commonplace, consider:

- Building a culturally diverse social network that includes traveling and exposing children to other communities
- Enrolling kids in activities with socially diverse groups
- Exposing children to TV shows, museums, festivals and books of diverse cultures

It is important to be mindful of generalizing and be aware of stereotypes that influence your language because children constantly observe their parents.

Your younger child might begin to notice and vocalize differences in people they observe around them. Children at this age also have a basic understanding of good and bad, so the focus of the conversation can be about kindness. Discuss any differences in a positive manner. For example, if your child asks about someone’s skin color, you can state, “We are all different, which is what makes us all special.”

For your older child, their emotional development gives them a strong understanding of what is fair and unfair. So the conversation can explore privilege and inclusiveness, observing when there are differences and how to react. You can say, “There are times when people are treated badly because of something they can’t control or change. Other times, people are treated better because of something they can’t control or change. Both situations are unfair. People should be treated equally at all times.” You can use books, television and movies to point out stereotypes and racial bias.

How can you avoid shoulder and back pain while working from home?

A. Fix your posture
B. Be mindful how often you look down
C. Practice neck and shoulder movements throughout the day
D. All of the above

Answer: D All of the above. Many people had to quickly adjust to life working from home—finding a place at the dining room table, at the kitchen counter or a corner of the couch. But if you’re not careful, you can put too much pressure on your neck, shoulders and back from sitting incorrectly. To avoid bad posture, keep your upper back against the backrest of your chair. Ensure that your computer screen is leveled at 30 degrees down from your line of sight. Relax your shoulders and try not to hunch them over. Practice neck and shoulder movements throughout the day, holding positions for 15 to 20 seconds. If stretching is causing any pain or discomfort, talk to your doctor.

Ahh…Ahh… Allergies!
I’ve got intense allergies during the summer months. How can I know my symptoms aren’t related to COVID-19?
—Lauren B.

It can be overwhelming when you start to feel a bit under the weather, especially in the midst of a global pandemic. For starters, some symptoms of COVID-19 are fever, shortness of breath and chest tightness. Typically, these aren’t related to seasonal allergies, so if you are experiencing them, you should contact your doctor right away.

With allergies, common symptoms include itchy eyes, ears and nose; a stuffy nose; and lots of sneezing. Medication prescribed by your doctor and staying indoors away from pollen can help relieve discomfort.

If you suffer from asthma, allergy season could also be a time when you experience shortness of breath or difficulty breathing. Take extra caution because respiratory issues like this one can put you at higher risk for COVID-19. Continue to follow your normal treatment, and contact your doctor if you’re experiencing any additional symptoms.

JOIN THE CONVERSATION Do you have health questions for our doctors? Submit them at HMHforU.org/UAsk.
Across the Hackensack Meridian Health network, researchers and clinicians are applying the latest research and innovation to combat the COVID-19 pandemic.

It’s taken a full-court press to fight COVID-19 and try to contain its spread. Doctors, nurses and other health care workers have worked tirelessly on the front lines. Elected officials have strived to create thoughtful plans for safely reopening. And people of all walks of life have done their part to practice social distancing and good hygiene.

Across the Hackensack Meridian Health network, researchers and clinicians have played a vital role in fighting the virus, as well: applying groundbreaking research and innovation to the care of patients being treated for COVID-19.

One of the many benefits of health network-based research is the unique ability to develop new therapies and approaches to diagnosing and treating diseases that not only work in controlled conditions, but also in real-life patient care. That’s certainly been the case in the time of COVID-19.
Rapid Testing When It’s Needed Most

Early on in the COVID-19 crisis, Hackensack Meridian Health’s Center for Discovery and Innovation (CDI) created a test that dramatically reduced the time it takes to diagnose the virus. Launched in mid-March, this game-changing diagnostic tool reduced the previous testing process from days to just hours.

The test enables hospitals in the network to more rapidly quarantine and treat patients suspected of having COVID-19—or in the case of negative results, spare patients unnecessary time in the hospital and the use of hospital resources. This innovation adds more testing capacity in New Jersey and gives patients and all residents greater access to testing.

“The faster you can identify a person as positive, the faster you can implement more stringent controls and isolation on that individual and limit virus exposure to other people,” says David S. Perlin, Ph.D., chief scientific officer and senior vice president of the CDI.

The CDI test combines elements of the U.S. Centers for Disease Control and Prevention diagnostic with a test developed in Germany and adopted by the World Health Organization. CDI experts began work on the test in January.

More than 3,500 patients have been tested. At its peak, more than 120 people were tested over a continuous 18-hour period, a testament to long hours and growing expertise at the clinical laboratory at Hackensack University Medical Center. Having an in-house diagnostic tool has been a huge benefit to the hospital. “Speed, with accuracy, is the way we keep the number of cases down,” Dr. Perlin says. “Having our own test allows us to respond in real time. It’s a crucial tool for the point of care when we need it most.”

Lifesaving Plasma

The John Theurer Cancer Center and the CDI have also created a convalescent plasma infusion program that uses plasma found in the blood of recovered COVID-19 patients to treat those who are severely ill from the virus. The goal of transfusing the antibody-rich plasma of a recovered patient to an infected patient is for the antibodies to start fighting off the virus, preventing it from causing damage to the body. “The study is still young, but early results are promising,” says Michele Donato, M.D., chief of stem cell transplantation and the cellular therapy program at John Theurer Cancer Center.

The first recipient of antibody-rich plasma collected in the study recovered from COVID-19 after being on a ventilator. That patient’s plasma was infused into a pregnant woman who was extremely sick. In a matter of days after the infusion, the woman was discharged. “That first donor and recipient really encouraged us to keep moving forward,” Dr. Donato says.

To date, 128 patients have received study plasma, and 48 patients were treated in the reciprocal study. To learn more about the program—which was recently featured on CBS’s “60 Minutes”—visit HMHforU.org/Plasma.

A Major Milestone

Hackensack Meridian Health reached a significant milestone in its COVID-19 research: The 1,000th patient was administered one of the latest investigative treatments over the course of the pandemic.

From antiviral drugs to immunotherapies, these patients have been treated in 10 different clinical trials, as well as through compassionate-use and expanded-use access. “Our investigators and clinicians have worked on trials across the network and around-the-clock since the earliest stages of the pandemic,” says Ihor Sawczuk, M.D., FACS, president of Hackensack Meridian Health’s Northern Market and chief research officer of the network. “These trials have been turning the tide against COVID-19.”

The trials include:

- **CYNK-001** The CYNK-001 immunotherapy aims to bolster patients’ immune response and is approved in cancer applications. The U.S. Food and Drug Administration recently authorized the therapy as an investigational new drug for use in adult COVID-19 patients amid the spreading pandemic. Hackensack Meridian Health is the first to test this therapy for COVID-19.

- **Remdesivir** An antiviral drug developed to respond to Ebola and Marburg viruses, the therapy is being investigated for COVID-19 cases at Hackensack University Medical Center, Jersey Shore University Medical Center, JFK Medical Center, Bayshore Medical Center and Ocean Medical Center.

- **Acalabrutinib** Hackensack Meridian Health is the first to test this medicine, approved to treat mantle cell lymphoma, a kind of non-Hodgkin’s lymphoma.

- **Tocilizumab** This immunosuppressive drug used to treat arthritis is being tested at Hackensack.

- **Sarilumab** A monoclonal antibody intended for arthritis treatments is being tested. The study assessing the efficacy and safety of the treatment in COVID-19 patients is open and enrolling at Hackensack, JFK and Jersey Shore.

- **Convalescent Plasma** The convalescent plasma infusion program (a national study and a Hackensack Meridian Health study) transfuses the antibody-rich plasma of recovered patients to infected patients.

For additional information about COVID-19 discoveries and innovations—along with resources and videos from our doctors—visit HMHforU.org/COVID19.
Blood

Without pain crises from sickle cell disease, 18-year-old Razel Colón can now play basketball, lift weights, go to the movies and more.
For 18-year-old Razel Colón of Hoboken, New Jersey, not all childhood memories are warm and fuzzy. That’s because Razel didn’t have a normal childhood. Instead of sports, swimming pools, sprinklers and sleepovers—things most kids enjoy and take for granted—he remembers wheelchairs, IVs, heating pads and hospital beds.

And pain. Excruciating, debilitating pain.

“It would start off with an ache in my back or my legs, and then it would work its way down to my feet. Then it would go up to my arms, my neck and my head,” Razel says. “We’d try everything—hot showers, heating pads, pain medicine—but nothing worked. It would hurt so much that I couldn’t move. It felt like someone was crushing me with a dump truck.”

Razel suffered from these episodes, called pain crises, for most of his life. They happened once, twice, sometimes even three times a month, lasting for up to a week each time. Their cause: sickle cell disease, an inherited blood disorder wherein misshapen blood cells impede the vascular distribution of oxygen throughout the body, causing pain, organ damage and even stroke. Every time Razel had a crisis, it was as if his blood was suffocating him from the inside out.

“When you have sickle cell disease, you have a mutation in your beta-globin gene that causes your red blood cells to sickle—to be crescent-shaped instead of round,” explains pediatric hematologist/oncologist Alfred Gillio, M.D., director of the Children’s Cancer Institute at Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center. “These moon-shaped red blood cells get stuck in small blood vessels, which disrupts the flow of oxygen to tissue. It’s very painful.”

Historically, the only response to sickle cell disease was managing it with pain medication. Recently, however, new potentially curative treatments have emerged, including a cutting-edge gene therapy that has completely rid Razel of his condition and the paralyzing pain crises that accompany it.
A Challenged Childhood

Razel’s mother, Kyelia, knew something was different about her son. A few hours after delivering him via C-section, she held him for the first time and noticed his yellow pallor. He was jaundiced. Although he received phototherapy on the spot, it wasn’t until several days later that Kyelia and her husband, Felix, learned the cause of their baby boy’s turmeric-colored complexion.

“When we came home from the hospital, I asked my husband to get the mail. When he came back, there was a letter from the state, because when all children are born, the state requires them to get bloodwork [to screen for serious illnesses],” Kyelia recalls. “Before my husband even read the letter, he had this look on his face, and I said, ‘He has sickle cell disease.’ I don’t know how I knew. I just had a feeling.”

Sickle cell disease runs in Kyelia’s family. The inherited trait that causes it, however, is recessive. That means someone can carry the sickle cell trait but not actually have sickle cell disease. Babies only develop the disease if they inherit the trait from both of their parents. Although the trait is widely known to exist in African bloodlines, what’s lesser known is that it’s also present in Hispanic, Mediterranean and even Arab-Indian lineages.

So while Kyelia, who is African American, knew she was a sickle cell carrier, her husband, who is Hispanic, had no idea that he was.

“Everyone always says sickle cell is an African American disease, so we were shocked,” Kyelia says. Shock quickly became sorrow when baby Razel began exhibiting symptoms, the first of which was a high fever. When Kyelia rushed him to the nearest Emergency Department, she was referred to sickle cell specialists at a hospital 30 minutes away. Doctors there treated him with medication, but two and half months later, Razel was back in their nearest Emergency Department with yet another fever. Razel’s original hematologist was unavailable, but he sent a trusted colleague to help: pediatric hematologist/oncologist Stacey Rifkin-Zenenberg, D.O.

“When I first met Dr. Rifkin, I thought she was a superhero,” Kyelia says. “She came in an ambulance with a nurse and assessed Razel, then scooped him up and said to the EMT, ‘Let’s go. We’ve got to move.’ Then she whisked him out of there and took him to the hospital. That was the beginning of our relationship with Dr. Rifkin.”

Razel followed Dr. Rifkin-Zenenberg when she began practicing at Joseph M. Sanzari Children’s Hospital in 2016 as section chief for pediatric pain and palliative care. “I’ve known Razel since he was 3 months old,” Dr. Rifkin-Zenenberg says. “He’s gone through a lot in that time. He’s had a lot of hospital admissions and a lot of pain crises, and that’s impacted him dramatically.”

The impacts weren’t just physical. Because he was admitted to the hospital so frequently, Razel regularly missed school. And because sickle cell flares up when the body is under stress—from physical activity, infections or extreme temperatures—he was forced to abstain from normal childhood activities like sports, snowball fights and waterparks.

“My sickle cell disease got in the way of a lot of things,” says Razel, whose crises worsened when he reached adolescence, despite being on hydroxyurea, a chemotherapy drug that can reduce pain crises in sickle cell disease patients. “I couldn’t get in the sprinklers because the water was too cold for my body. I couldn’t even play outside with my friends because they would be running around and my body would start to ache if I tried to keep up with them. I’d feel pain, and I’d have to go back in the house and tell my mom. Next thing you know, we’d be on our way to the hospital.”

The End of Sickle Cell?

In the midst of so much pain, it would be easy to feel hopeless. But somehow, Razel remained unflinchingly optimistic.

“There were days when I thought, ‘I can’t deal with this,’ but I did because Razel didn’t complain,” Kyelia says. “He was in so much pain, but he would be the one comforting me. Even when he was hurting, he always told me, ‘Ma, don’t worry. I’m going to be healed from this.’ I didn’t understand how he could ever be healed from this—it was his blood—but he kept saying it.”

Adds Razel, “I just believed. There was no cure, but I always prayed they would come up with one.”

Today, there are two curative treatments for sickle cell disease. The first is a bone marrow transplant, which replaces a patient’s unhealthy blood-forming cells with healthy ones provided by a donor. This requires finding a well-matched (HLA-matched) bone marrow donor. Razel’s younger sister was not a match; siblings only have a 25 percent chance of being tissue-matched. A volunteer-matched donor or a half-matched donor can often be identified, although these alternative donor transplants can be associated with more complications.

Razel’s fortunes changed with the advent of a second therapy that’s currently undergoing clinical trials at sites across the country, including at Joseph M. Sanzari Children’s Hospital. Called LentiGlobin, it’s a gene-based therapy wherein doctors harvest the patient’s own stem cells and add to them a
5 Things You Need to Know About Sickle Cell Disease

If sickle cell disease runs in your family, here are five of the most important facts you should know about it.

1. You can carry the sickle trait even if you don’t have sickle cell disease.
   Sickle cell disease is caused by an inherited mutation in the gene that’s responsible for making hemoglobin, the molecule in red blood cells that carries oxygen from the lungs to the rest of the body. Because the mutation is a recessive trait, it can exist in DNA without becoming sickle cell disease. In fact, it only manifests as sickle cell disease in people who inherit the mutation from both parents.

2. Sickle cell disease can occur in people of any ethnicity.
   Although sickle cell disease is most prevalent in individuals of African descent, it’s also common in Hispanic, Mediterranean, Pakistani and Indian populations. If the sickle cell trait exists in their gene pool, biracial and Caucasian children also can develop it.

3. Pain crises are sickle cell’s signature symptom.
   The genetic mutation that causes sickle cell disease changes the shape of red blood cells, which changes how they carry oxygen. The cells tend to stick together, which can cause blockages in very small blood vessels. This can cause acute pain episodes called crises in the organs and extremities.

4. Sickle cell disease can cause organ damage, stroke and even death.
   When organs—including the liver, heart, kidneys, gallbladder and eyes—are deprived of oxygen, they can be damaged, and even stroke can occur. Sickle cell disease patients also may suffer from acute chest syndrome, which resembles pneumonia, and splenic sequestration, which occurs when sickled blood cells get stuck in the spleen. All of this puts patients at increased risk of premature death.

5. There are potential cures for sickle cell disease.
   While the most common treatment is hydroxyurea—a chemotherapy drug that helps reduce the number and frequency of pain crises in people with sickle cell disease—patients now also have two potentially curative therapies available to them. The first is bone marrow transplant, and the second, currently undergoing clinical trials, is a gene therapy that allows patients to be their own donors.

   Corrected gene that makes nonsickle hemoglobin. The patient then undergoes chemotherapy to kill off existing stem cells, after which the patient is transfused with their own genetically modified stem cells. Then the patient’s body can produce normal red blood cells that neutralize the effects of sickled red blood cells.

   “Razel is the first patient in New Jersey to undergo this gene therapy trial,” says Dr. Rifkin-Zenenberg, the trial’s principal investigator at Joseph M. Sanzari Children’s Hospital. “And while I think it’s a little too early to say he’s cured, he’s been out of the hospital since December and hasn’t had any pain crises—and no evidence of sickle cell disease.”

   If its curative effects hold, gene therapy could prove even more attractive than bone marrow transplants, says Dr. Gillio.

   Gene therapy also surmounts graft-versus-host disease, a common transplant complication wherein immune cells in the donor’s marrow recognize that they’re in a foreign body and begin attacking the marrow recipient. Dr. Gillio adds, “Graft-versus-host disease can be significant and life-threatening, and when we use the patient’s own cells, we don’t have to worry about it.”

   For Razel, what’s most exciting isn’t what’s happening in his cells, it’s what’s happening in his life: Without pain crises, he can go outside in the snow, swim, lift weights, go to the movies and even fly on airplanes—none of which he could do before. “I have a normal life now,” Razel says. “I feel like a brand-new person.”

GO ONLINE

To learn more about the sickle cell clinical trial, contact the study research staff at pedsresearch@hackensackmeridian.org or call 551-956-5600.
Horse of a Different Color

Team member Kevin Jester volunteered to test Southern Ocean Medical Center’s new cardiac calcium scan by receiving one. The last thing he expected was a result that would change his life.

A year after heart surgery, Kevin Jester is back to working at his 5-acre horse farm that he runs with his wife.
When team members were being recruited to test the new cardiac calcium scan procedure at Southern Ocean Medical Center, Kevin Jester, the hospital’s imaging manager, signed up, not because he had any worries about his heart health—he was just doing his part to make sure everything was working as it should before the hospital started offering it to patients. “It’s one thing to go through a simulation,” Kevin says. “But it’s also very helpful to have a living patient to practice on.”

The imaging procedure (called a CT Calcium Scoring scan) is a CT or CAT scan, is painless and noninvasive, and takes only 10 minutes. An electron beam detects and measures the amount of calcium in the heart’s arteries. The more calcium that is present, the greater the likelihood of developing heart disease or having a heart attack or stroke.

When Kevin finished the scan and walked into the control room to chat with his colleagues, he knew something was up. “Everyone was kind of looking at me like I had three eyeballs,” he says.

**Unexpected News**

Although Kevin, 64, has high blood pressure, he had no family history of heart disease or any symptoms of heart disease. On top of that, a routine heart health check-up six months prior indicated that all was normal. Yet his score on the calcium scan was sky-high.

“The biggest benefit of calcium scans is they give you an anatomical assessment of atherosclerosis [the build-up of fats, cholesterol and other substances in and on the artery walls],” says Jasrai Gill, M.D., Kevin’s cardiologist at Southern Ocean. “That helps us understand if patients are high-, medium- or low-risk. Then it helps us individualize and further tailor the aggressiveness of their cardiovascular therapy.”

Kevin’s calcium scan results suggested that he was at high risk for a cardiac event such as a stroke or heart attack. So Dr. Gill recommended a cardiac catheterization, which Kevin underwent that same week at Jersey Shore University Medical Center.

In the recovery room, Dr. Gill told him he had good news and bad news. The good news, he said, was that Kevin didn’t have any stents put in during the catheterization. The bad news? Kevin needed a quadruple bypass. “My wife and I looked at each other and were in total disbelief,” he says.

He had one 100-percent artery blockage, and three arteries that were 80-percent blocked. Dr. Gill referred him to cardiothoracic surgeon Brook DeJene, M.D., who was at Kevin’s bedside within two hours and scheduled an office visit the next business day.

Dr. DeJene explained Kevin’s options: Do nothing and risk a heart attack or stroke; try stents, which may or may not work; or have the quadruple bypass.

**An Extra-caring Touch**

Kevin, who has worked at Southern Ocean for 22 years, had not met Dr. DeJene before he became his patient, but he was immediately impressed. “You’re apprehensive and you wonder if you’re making the right decision,” he says. “But Dr. DeJene had such a calming nature about him that you just felt very comfortable and confident.”

Kevin was even more impressed when he arrived at Dr. DeJene’s office. While it’s routine for a nurse to take patients from the waiting room to the exam room, Dr. DeJene did that himself, as well as took his blood pressure and removed his stitches after surgery. “He does everything himself. That impressed me,” Kevin says. “He genuinely cares about his patients.”

Both Drs. DeJene and Gill thought the surgery was Kevin’s best option, partly because his heart was in such good shape. Dr. Gill didn’t want him to take the chance of having a heart attack and damaging his heart. “Now, I’m good for another 64 years!” Kevin jokes.

Within a week and a half of getting the calcium scan, Kevin had his quadruple bypass surgery. He spent a week in the hospital, followed by a month of home care with Hackensack Meridian At Home visiting nurses. After that, he completed two months of outpatient cardiac rehabilitation at Southern Ocean, where he worked with “a great group of nurses,” he says. “They keep you moving, and they educate you at the same time—and you have a lot of fun doing it. They’re a special group of people, I’ll say.”

**‘Don’t Be Afraid’**

A year after the surgery, Kevin has no physical restrictions. He is back to working at the 5-acre horse farm he runs with his wife, Janine Howley. He tosses hay bales around and teaches carriage driving as his form of strength exercising, and he bought a treadmill for cardio exercising. “Walking is the best thing to do for cardio health,” he says.

After his experience, he has told all his family and friends to get calcium scans. “Don’t be afraid to go get tested, even if you’re feeling good,” he says. 🤗
Now recovered from lung injury, Caitlin Hayes is back to her studies and hopes to one day become a nurse.
I know,” she says. “I didn’t even realize the effect that this could have on my lungs from vaping for such a short period of time.”

Though shortness of breath and a dry cough are the two most well-known symptoms of EVALI (e-cigarette or vaping product use-associated lung injury), gastrointestinal symptoms such as nausea, vomiting, diarrhea and abdominal pain can also be present.

Prompt Treatment

Omar Awan, M.D., a hospitalist at Bayshore, met Caitlin the morning she was admitted. “Caitlin was very short of breath and couldn’t speak in full sentences. I could hear a lot of crackles in her chest, which is something you don’t expect with somebody who’s an otherwise healthy, young female,” he says. He ordered a CT scan of her chest and transferred her to the ICU for a higher level of care and closer monitoring. “I was worried that she might wind up on a ventilator, so I had that discussion that same morning with her parents.”

Caitlin’s aggressive treatment—high-flow oxygen, empiric antibiotics and steroids—was successful. A follow-up CT scan a week after her first showed remarkable improvement in her lungs, says Mona Awad, M.D., a pulmonary medicine and critical care medicine specialist at Bayshore.

“Caitlin responded very well to treatment, and her lungs improved tremendously. She was extremely symptomatic when she was first admitted and had a very severe lung injury. But day by day, she improved, and her symptoms and oxygen requirements lessened as she continued to recover,” Dr. Awad says. “With everyone’s care and support, and early intervention, thankfully she had a great outcome.”

All in the Family

Although Donna had a deeper understanding of what was happening to her daughter because of her professional background, she found she had to separate her two identities and stop thinking like a nurse. “I was scared. I had to go into ‘mom mode’ and not think about how bad it could be because I couldn’t take it,” says Donna, who didn’t think her daughter was going to survive. “I didn’t want to be scared in front of Caitlin, so I had to act like everything was going to be OK.”
What You Need to Know About Vaping Lung Disease

In the summer of 2019, the Centers for Disease Control and Prevention identified a new dangerous vaping-related lung disease called EVALI (e-cigarette or vaping product use-associated lung injury). As of mid-February, more than 2,800 cases of people hospitalized with EVALI, and 68 deaths, have been reported in the U.S.

While people of any age can be diagnosed with EVALI, the median age for cases is 24. More than half of cases occur in people under the age of 25.

Symptoms of EVALI are similar to those of the flu and other illnesses, making a diagnosis challenging for patient and doctor. “People may confuse these symptoms with something else, like the flu, which is concerning,” says Mona Awad, M.D., who has had patients with EVALI mistake the disease at first for a gastrointestinal condition.

Symptoms include:
- Shortness of breath
- Chills
- Abdominal pain
- Coughing up blood
- Dry cough
- Vomiting
- Headache
- Weight loss
- Fever
- Diarrhea
- Dizziness
- Chest pain
- Coughing up blood
- Weight loss
- Dizziness
- Chest pain

What Should You Do If You Have Symptoms?
If you are experiencing any of the above symptoms and you vape, you should contact your primary care doctor right away. If you are having trouble breathing or are very short of breath, consider going to the Emergency Department for immediate medical attention.

There is no one test that diagnoses EVALI, so your doctor will examine you, ask about your vaping history and may order a chest X-ray or CT scan.

“A chest X-ray can tell whether there is haziness on both sides of the lung,” says Omar Awan, M.D. “If there is, the doctor may need to get a CT scan, which usually is very indicative of whether somebody has a vape-related lung injury.”

While our understanding of vaping-related lung injuries continues to develop, there’s no doubt that vaping is a risky behavior that is putting lives at risk. “Vaping is becoming much more common and trendy now with the teenage and younger adult population,” Dr. Awad says. “People who vape need to be super vigilant of the potential harm.”

Even though Caitlin doesn’t remember much from those first few days in the ICU, she knows her mother was by her side. In those rare moments when Donna stepped out for a break, Caitlin felt she was in good hands.

“The nurses and doctors were so great. It really felt like a family,” says Caitlin, joking that the high level of care and attention she received felt like being in an episode of “Grey’s Anatomy.”

Donna agrees. “The entire staff at Bayshore, from the people who cleaned the rooms to the nurses and doctors, everybody was incredible. If you had to be sick, it was the most wonderful experience you could possibly have,” she says.

A Life-changing Experience
After 10 days in the hospital, Caitlin was able to return home. “By the time I went home, I felt a million times better than when I went into the hospital,” she says.

Full recovery took a few weeks while she slowly regained her strength and energy, but she now feels back to her normal self. She has returned to her studies, where she is training to be a medical assistant and patient care technician.

The excellent nursing care she received at Bayshore has inspired her to continue her education to become a nurse, and Caitlin hopes to work in emergency medicine or critical care.

The whole experience also drove home the hazards of vaping to Caitlin, who has since stopped using e-cigarettes and vaping products. “Don’t vape,” she says. “It’s not worth it.”

GO ONLINE
Coming soon to Bayshore Medical Center: a brand-new Emergency Care Center. Learn more at HMHforU.org/BayshoreED.
In mid-April 2019, 12-year-old Blake Lewis told his mom, Angela, that he had a bad stomachache. She monitored him for a while, assuming it was just a bug, but eventually took him to K. Hovnanian Children’s Hospital at Jersey Shore University Medical Center when his pain worsened.

During a weeklong stay at the hospital, various tests showed that Blake had an infection in his intestines. He was treated with a restrictive diet and an enema to flush his system, then released, symptom-free.

However, the testing revealed something more ominous, something entirely unrelated to his infection. The CT scans showed a lesion on his spleen—the organ located in the uppermost area of the left side of the abdomen, just under the diaphragm, that helps fight certain bacteria and acts as a filter for blood as part of the immune system.

“If it hadn’t been for the stomachache, we would’ve never known it was there,” Angela says. “And we have no idea how it got there or how long it had been there, either. It could have been since birth or could have been a couple of years.”

**The Waiting Game**

Victoriya Staab, M.D., a pediatric surgeon and medical director of pediatric trauma at K. Hovnanian Children’s Hospital, was concerned about the finding and told Blake’s family that there were two options going forward: watchful waiting or surgery.
“It’s very rare to have a mass on the spleen, and rarer to find one in children,” Dr. Staab says. “So, of course, the million-dollar question was: Is this cancer?”

Blake’s parents—Angela and his dad, David May—opted for watchful waiting. The lesion on his spleen didn’t grow, but it didn’t go away either.

So during a multidisciplinary tumor board meeting, a team of physicians from various specialties, including pediatric hematologists/oncologists, pediatric surgeons, robotic surgery experts and radiologists, decided to recommend surgery to remove Blake’s lesion. “When they told us they wanted to remove the lesion, we were happy to hear it; we were so stressed out just waiting,” Angela says. “They explained everything in ways that we could understand and made us feel so safe and cared for.”

Blake’s medical team wanted to preserve as much of his spleen as possible, as removing the entire spleen is incredibly risky in children. Because the spleen acts as a filtration system, removing it could lead to an array of bacterial infections, some of which could be deadly.

They decided to remove only the lesion, and not the entire spleen, during a surgical procedure called a partial splenectomy. But the lesion was located on the upper portion of Blake’s spleen, making it difficult to reach during surgery.

The team also wanted to avoid a traditional open surgical procedure, which requires a larger incision, a lengthier recovery and a higher risk of complications. Dr. Staab consulted with Seth Kipnis, M.D., FACS, director of robotic surgery at Jersey Shore, to find out if it would be possible to perform a partial splenectomy using robotic surgical technology.

**Uncharted Territory**

The surgery wouldn’t be just any surgery. A robotic surgery on a pediatric patient had never been performed at K. Hovnanian Children’s Hospital. Still, Dr. Staab and Dr. Kipnis knew it was their best option.

“Since Blake’s lesion was difficult to reach laparoscopically, the only way we could avoid a total splenectomy was to use the robot,” Dr. Kipnis says.

On September 20, 2019, Dr. Staab and Dr. Kipnis worked as co-surgeons during Blake’s two-hour procedure. Dr. Staab operated the intraoperative ultrasound, which is used to assess the size, margins and blood supply of the lesion during surgery; Dr. Kipnis operated using the robotic surgical system.

The da Vinci robotic surgical system that Dr. Kipnis used during Blake’s operation has four arms:
Taking Kids to the Emergency Department During the COVID-19 Outbreak

Bringing your child to the emergency department can be a nerve-wracking experience, especially during the COVID-19 pandemic. You may be anxious about your child’s immediate condition, but also concerned about entering a hospital environment that is treating both suspected and confirmed coronavirus patients.

“It’s critical for parents to remember that severe symptoms should never be taken lightly, and that any delay in seeking emergency treatment can create more dangerous health situations for children and put them more at risk for severe infection,” says Santiago J. Caasi, M.D., pediatric specialist at Raritan Bay Medical Center.

Why It’s Still Safe to Bring Your Child to the Hospital
Contrary to what many think, the emergency department is still a very safe place to go, especially for children, despite the pandemic. Most hospitals are following stringent infection-control practices to prevent the spread of the virus between patients and employees, including:

- Implementation of universal masking policies, meaning all employees and patients must wear a mask at all times while in the hospital
- Enforcing social-distancing practices (physical distancing of 6 feet between people) when appropriate
- Isolating all suspected and positive COVID-19 patients into private areas
- Minimizing contact through advanced triaging systems, including direct admission/transfer to the hospital and bypassing the emergency department when possible
- Following thorough protocols for regular cleaning and sanitizing of all surfaces and rooms, including ultraviolet light treatment, and adding an extra step of sanitation between patient encounters

Hackensack Meridian Health hospitals are testing all admitted patients for COVID-19, including patients admitted from the emergency department as an inpatient or observation case.

“Anything that would have prompted you to bring your child to the emergency department in the past should still prompt a visit today,” Dr. Caasi says. “If your child has an emergency, try not to be distracted by the pandemic, and help them get the treatment they need as soon as possible.”

Learn more at HMHforU.org/KidsED.

GO ONLINE
Learn about the family-oriented surgical services at K. Hovnanian Children’s Hospital at HMHforU.org/PediatricSurgery.
In her time of greatest need, Michele Williams was supported by her friends, along with the innovative team at Jersey Shore University Medical Center.

For Michele Williams, on the night of her massive heart attack, the time, place and people seemed perfectly aligned. “I was blessed through the whole experience,” she says. “I attribute it to my faith, to being at the right place at the right time, and to my team of nurses and doctors—every last one of them.”

The 72-year-old could have been alone at her condominium in Red Bank, New Jersey, when she first felt the pain in her arm and neck. Instead, she was in the kitchen of her good friend Cathy Sutley. Cathy is one in a tight circle of Michele’s friends who regularly help one another. While all of those friends live in the Jersey Shore area, only Cathy lives one exit down from Jersey Shore University Medical Center, which uses a promising new device known as the Impella heart pump. Michele could have been in the car, on her way to the annual Thanksgiving dinner at her church, when she lost

How critical is time when it comes to cardiovascular incidents? Find out at HMHforU.org/HeartHelp.
consciousness and went into shock. Thanks to Cathy’s 911 call, she was instead in the back of an ambulance, her vitals and status being transmitted en route.

The real-time communication between the paramedics and hospital saved precious minutes, alerting Jersey Shore’s team of Michele’s condition. “Once I saw that she was in shock, I was immediately able to notify the shock team upstairs,” says interventionalist Arthur Okere, M.D., one of several interventional cardiologists at the facility experienced with using the Impella device. He was waiting curbside for Michele’s ambulance. “She didn’t look good. She was blue and cold.”

In the Stars, Not the Signs

That alignment of time, place and people proved critical, as other warning signs were barely existent. Michele’s mother did have endocarditis (an infection of the inner lining of the heart chambers and heart valves), and Michele herself is a former smoker. But her primary care doctor of 30 years—the same doctor who treated her mother—was a diligent monitor of her history and condition. At an annual well exam two weeks prior, Michele’s cholesterol and blood pressure numbers were the best they had been in years. “The doctor was beaming because my counts were so good,” Michele says.

What happened to Michele that late-fall evening was the result of a different set of randomly colliding factors—not the good kind, in this case. “Michele’s left anterior descending artery [LAD] became blocked,” Dr. Okere says. “It’s the vessel people call the ‘widow-maker,’ because when it’s totally obstructed, it automatically increases your chances of death.”

Heart attacks involving the LAD result in high instances of death. To avoid that, cardiovascular interventionalists often resort to invasive, high-risk procedures such as coronary bypasses, transplants and angioplasties. With the introduction of the Impella came another option.

Self-billed “the world’s smallest heart pump,” the Impella device takes over the heart’s pumping functions during its greatest time of need. Inserted via the femoral artery, the device suctions the heart’s left ventricle and reroutes the blood to the ascending aorta to be distributed throughout the body. “It’s kind of like taking the hand of a guy who has been in a huge fight and standing in for him until he’s able to rest and recover,” Dr. Okere says.

First in Line

Michele Williams was the first patient at Jersey Shore University Medical Center to be selected for participation in the National Cardiogenic Shock Initiative (NCSI) for the study of early mechanical intervention in cardiogenic shock. Spon- 

sored by Detroit’s Henry Ford Health System, the initiative will eventually involve as many as 500 cases from around the world, with the intent of standardizing the use of the Impella and, hopefully, lowering the mortality rate for cardiogenic shock.

The initial pilot study of this treatment showed a 50 to 76 percent improvement in patient survival as opposed to conventional methods. The treatment process includes standard techniques to open blocked coronary arteries, angioplasty and stent placement, combined with the use of state-of-the-art technology and reduction in medication given to patients. Rapid placement of an Impella heart pump better prepares the patient’s heart to accept treatment and ensure blood is pumped to the rest of the body while allowing recovery. Jersey Shore’s Cardio- 

genic Shock Team then shares quality data on each patient with the NCSI team to continue to develop best practices.

It’s less invasive, more protective of the heart and offers a shorter recovery period than its counterpart protocols. The device comes out after several days, at which point the patient is assessed for additional hospital stay, medication or procedures. Michele wore the Impella for seven days, remained in the hospital an additional three days and was sent home with a LifeVest on Thanksgiving. “The LifeVest is essentially an external defibrillator,” Dr. Okere says. “When your heart takes a hit like that, it’s no longer going to pump at an optimal level, which places it at risk for cardiac arrhythmias.”

“I wore the vest for three months, 24 hours a day, except during showers,” Michele adds.

Never Better

In January, Michele began cardiac rehab at Riverview Medical Center. “I was eager to get up and move,” she says. “I noticed the more I pushed myself, the better I felt.”

Since Thanksgiving, she’s seen Dr. Okere twice and will continue to do so indefinitely. “Once I’ve performed this intervention on you, unless you already have another cardiologist, you’re my patient for life,” Dr. Okere says. “We laughed the other day at how great she looks—she’s unrecognizable from the woman I saw coming out of the ambulance that evening. She’s radiant; she’s vibrant.”

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It was a hot—90-plus-degrees hot—and humid day in July 2019 when Gary Rumpf, a funeral home owner and director, decided to get his only form of exercise for the day: mowing the lawn.

At home by himself after church, the former volunteer firefighter and high school football player declared to himself that despite the heat, he was going to “get this done,” figuring he could break up the chore by taking dips in the swimming pool if he needed to cool off.

He walked out to his garage, filled his mower with gas, rolled it to his lawn, grabbed the pulley handle and yanked hard. The mower started on the first pull, and Gary thought to himself, “This is my lucky day!”

As it turned out, it was his lucky day.

When Gary Rumpf experienced a stroke while mowing his yard, his medical team wasted no time in treating him and beginning physical and occupational therapy.

In the Nick of Time
Halfway through mowing the lawn, Gary felt an odd sensation: a flushing feeling from his left ankle up the left side of ...
his body. He didn’t know what was happening, but when he found himself dragging his left leg, he knew whatever was going on with him wasn’t good. He struggled to finish the section of lawn he was mowing before calling it quits. The moment he took his hands off the mower’s handle, he hit the ground.

He managed to pull himself into his air-conditioned home and downed an aspirin with a glass of cold water. No one else was there, but when his wife, Joan, walked in the door a short time later, she insisted he go to nearby Raritan Bay Medical Center-Perth Amboy. He refused. She called in reinforcements in the form of their daughter, who lives nearby.

Realizing he couldn’t feel anything on his left side, he finally agreed to go. Some four hours after he felt that flush, he arrived at the Emergency Department, where Mark Niemiera, M.D., ordered a number of tests, including a CT scan and an MRI.

“The MRI showed that Gary had an acute right thalamocapsular lacunar infarct, which is a stroke caused by a blockage that affects the vessels connected to the thalamus, a brain structure involved with functions such as speech, memory, balance and sensation,” Dr. Niemiera says. “It was vital for us to recognize the stroke quickly, especially given the amount of time that had already passed.”

Lacunar strokes, which account for one-fifth of all strokes, are frequently caused by chronic high blood pressure—just one of the conditions Gary has that put him at risk for stroke. He also has diabetes, high cholesterol and atrial fibrillation.

The atrial fibrillation most likely caused his stroke, says Eric Uhrik, D.O., FAAN, the neurologist who was part of Raritan Bay’s Emergency Department on-call stroke team when Gary arrived at the hospital. “Uncontrolled and untreated atrial fibrillation [a-fib] can cause blood clots to shoot to the arteries of the brain, causing blockages to blood flow to the brain tissue,” Dr. Uhrik says. Gary was in the midst of changing the medication used to treat and control his a-fib when he had his stroke.

Once Gary’s stroke had been diagnosed, a multidisciplinary team including doctors, physical therapists, occupational therapists, nurses and radiologists worked together to create a treatment plan that would yield the best restorative outcome possible.

How to Reduce Your Risk of Stroke

According to the American Heart Association, 80 percent of strokes are preventable. You can help reduce your risk of stroke by:

- Regularly checking your blood pressure
- Maintaining a healthy weight
- Eating foods low in cholesterol and fat

For additional tips for reducing your risk of stroke, visit HMHforU.org/StrokeRisk.

Occupational and physical therapy began immediately at his bedside. “They did not let me lose anything more and tried to rebuild on my function right when it happened,” Gary says. “I’m so appreciative of what they did there.”

Tremendous Care

Once Gary was medically stable, he was transferred to JFK Johnson Rehabilitation Institute for a week of in-patient rehabilitation. Overseeing Gary’s care there was Iqbal Jafri, M.D., medical director for the Center for Cardiac and Pulmonary Rehabilitation.

“When he arrived here, Gary was experiencing numbness and weakness, and had difficulty walking,” Dr. Jafri says. “After a week of intense rehabilitation, he was able to walk independently again. He was independent in self-care, as well.”

After Gary completed inpatient rehabilitation, he returned to Raritan Bay for 30 days of outpatient therapy. He says the care he received at both locations was “tremendous.”

Today, he still has a bit of a drag with his left leg and he sometimes forgets words, but he is back to reduced hours at the funeral home and calls himself “blessed” even if he doesn’t progress further.

“I am appreciative that I don’t have permanent paralysis either in that arm or leg, or my face drooping down. I don’t dribble anymore,” he says. “I can’t thank the hospital enough for what they did.”

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Eric Uhrik, D.O., FAAN
Board certified in neurology
800-822-8905
East Brunswick

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Super Stomach

Crohn’s disease was ruining 14-year-old Andrew Winter’s life. Then, it saved it.

Andrew Winter of Manchester, New Jersey, has taken more than a few punches in his young life. After all, the 14-year-old has a second-degree black belt in martial arts. The biggest blow, however, came in November 2016. That’s when he began experiencing adult-sized stabbing pains in his kid-sized gut.

“It was like his whole world was turning upside-down on him,” says Andrew’s mom, Debbie Winter. “First, his grandfather passed away. Then, his guinea pig passed away. And then, to top it all off, he started getting really bad stomach pain at school.”

To be sure, this was not your typical stomach pain. “The difference between a regular stomachache and what I had is huge,” says Andrew, who was just 11 years old at the time. “The pain was so bad that I would be screaming from it. I can’t even describe it. It was like a hippo was sitting on my stomach with needles on its rear end. It was the worst pain I’ve ever felt in my life.”

Virus Diagnosis No More

Neither ginger ale nor Pepto-Bismol could possibly settle a stomach as inflamed as Andrew’s was. The first time it happened, his father picked him up from school and took him to an emergency room. Although they kept him overnight and gave him morphine for the pain, doctors there told him it likely was nothing more than a stomach virus. So when the pain subsided, they sent him home.

When the pain returned a few weeks later, Debbie took Andrew to his pediatrician. The
diagnosis was the same: a stomach virus. Although a viral explanation didn’t make sense—no one else in the house was getting sick, and he typically felt instantly better after vomiting—the cycle repeated itself several times until April 2017, when Debbie took Andrew to an immediate-care clinic near their home. There, at 2 a.m., doctors suggested Andrew go to the hospital. This time, they recommended he go to a different facility: Ocean Medical Center.

When they performed an ultrasound and an X-ray, doctors discovered a blockage in Andrew’s small intestine and transferred him to K. Hovnanian Children’s Hospital at Jersey Shore University Medical Center.

Andrew stayed in the hospital for a week, during which time he received extensive bloodwork, a CAT scan and a colonoscopy. Finally, the persistent hypothesis of a stomach virus was laid to rest. Instead, doctors concluded that Andrew had two bacterial infections—C. diff and salmonella—on top of Crohn’s disease, an inflammatory bowel disease that causes chronic inflammation of the gastrointestinal tract.

Food wasn’t the only thing Andrew missed. Because of the frequency of his Crohn’s flare-ups, which happened once or twice a month, he also missed out on school, time with friends and beloved activities, including martial arts, tennis and cross-country running.

A Shocking Surprise

Medication and diet provided only limited relief, so Andrew ultimately ended up in the operating room. In February 2019, pediatric surgeon Victoriya Staab, M.D., performed a bowel resection, during which she removed a segment of his small and large intestines—and with it, a shocking surprise in his appendix.

“Andrew’s appendix had to be removed because it was located in a portion of his intestine that was right next to where his Crohn’s disease was,” explains Dr. Staab, chief of pediatric surgery at K. Hovnanian Children’s Hospital. “After the operation, we sent the removed segment of his intestines to our pathologist and discovered that we’d incidentally removed a carcinoid that was in his appendix. So by taking out that segment of diseased intestines, we also removed a tumor, which was pretty amazing.”

Such tumors typically are asymptomatic, which is why Andrew’s wasn’t identified sooner, and extremely rare, says Jessica Scerbo, M.D., section chief for pediatric hematology/oncology at K. Hovnanian Children’s Hospital. “Less than 1 percent of people with cancer have a carcinoid in the appendix,” Dr. Scerbo says. “If Andrew hadn’t had his appendix removed, it might have gone completely undetected. In that case, it’s possible the appendix would have ruptured and that the tumor would have seeped into his abdomen, creating a significant risk for metastasis and recurrence of the tumor.”

Although it felt like a curse, Andrew’s Crohn’s disease ended up being a blessing. “The tumor was only an accidental finding,” Debbie says. “We were very lucky.” Although Dr. Scerbo will continue to monitor Andrew for new tumors, his body so far remains cancer-free. Since the surgery, Andrew has put on a healthy amount of weight, something he struggled with before the procedure. “When we went to the doctor almost a year after the surgery, the nurse told us that he had gained 42 pounds since then,” Debbie says. “Before the surgery, he was several inches shorter than me, and now he is several inches taller than me!”

And because the surgery alleviated his Crohn’s symptoms, he is pain-free, too. “I feel great now,” reports Andrew, who says his martial arts training gave him the discipline he needed to defend himself when Crohn’s attacked. “Getting my black belt taught me to never give up. The whole experience has made me grateful for the things I have, especially food.” 🍩
Crohn’s disease robbed Mary Koch of precious time, weight and confidence. Now, a miraculous remission has given them back.

Tummy troubles are difficult to talk about—especially for kids, who typically have one of only two reactions to all things gastrointestinal: humor or shame. When there’s blood involved, however, digestive distress is neither funny nor embarrassing; it’s frightening.

No one knows that better than Dolores Koch and her 13-year-old daughter, Mary, of Dumont, New Jersey. When Mary was just 8 years old, she and Dolores were at a mother-daughter Girl Scouts event when Mary had an accident. They subsequently went to their pediatrician, who attributed Mary’s symptoms—diarrhea and bloody stool—to a gastrointestinal (GI) virus that was circulating in their community. It quickly became apparent, however, that Mary had something much more serious than a fleeting stomach bug.

“After just three and a half weeks, her weight dropped to 47 pounds, which was less than the 5th percentile on the growth chart for weight,” Dolores recalls. “She was eating three meals every single night—she’d eat, then she’d be on the toilet, she’d eat again and then she’d be on the toilet again—and the weight was just falling off. She wasn’t sleeping. She couldn’t shower. She had no energy. She could barely even stand. It was really scary.”

An ‘Aha’ Moment

Mary’s pediatrician had an aha moment a few weeks into treating her when he attended a seminar on inflammatory bowel disease by pediatric gastroenterologist Elaine Moustafellos, M.D. He subsequently referred Mary and Dolores to Dr. Moustafellos’ practice at Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center, where Mary became the patient of Co-chief of Pediatric Gastroenterology Wendy Jeshion, M.D.

“I met Mary five years ago when she presented with abdominal pain, rectal bleeding, diarrhea and weight loss. On physical
Gastrointestinal Issues in Kids

Whether they’re caused by the flu, food poisoning, food allergies or simply one too many cookies from the cookie jar, occasional digestive issues—stomachaches, nausea, vomiting, constipation, diarrhea—are totally normal in children of all ages. Sometimes, however, a stomachache is more than it seems, cautions Wendy Jeshion, M.D., co-chief of pediatric gastroenterology at Joseph M. Sanzari Children’s Hospital at Hackensack University Medical Center.

“In my specialty—pediatric gastroenterology—we see a large spectrum of diseases and disorders that affect the digestive system,” says Dr. Jeshion, who names the following gastrointestinal (GI) conditions as the most common she observes in children:

- **Celiac disease:** In people with celiac disease, ingesting gluten—a protein found in wheat, barley and rye—triggers an immune system response that results in damage to the small intestine, causing an array of symptoms including diarrhea, abdominal pain, short stature and weight loss.

- **Inflammatory bowel disease (IBD):** IBD encompasses two major digestive disorders: Crohn’s disease and ulcerative colitis. The former is a chronic inflammatory disease characterized by inflammation and irritation anywhere along the digestive tract. The latter specifically impacts the colon, which often becomes bespeckled with ulcers, or sores. Symptoms of both may include abdominal pain, rectal bleeding, weight loss and diarrhea. Although their cause is unknown, the immune system and genetics are thought to play key roles.

- **Eosinophilic esophagitis (EoE):** EoE is a chronic inflammatory disease of the esophagus (the tube connecting the mouth to the stomach). Although its exact cause is unknown, it’s thought to be an immune system response to food allergies wherein white blood cells accumulate in the esophagus, causing inflammation that makes swallowing difficult. Symptoms include nausea, a sensation that something is lodged in the throat, regurgitation of food and food getting stuck in the esophagus.

If you suspect your child has a chronic GI issue—persistent abdominal pain, diarrhea and bloody stools are among the potential signs—talk to your pediatrician. “Pediatricians are really good gatekeepers who can initiate labs and decide whether the patient should see a gastroenterologist,” Dr. Jeshion says.

Learn more about pediatric GI health, including what signs and symptoms to look for, at HMHforU.org/GutCheck.

On the other hand, quite a few conditions are typical. “In my practice,” Dr. Jeshion says, “many of these issues are very common.”

Dr. Jeshion says. “We were told not to expect remission and that the best we could hope for was to make her condition more manageable. It was a hard pill to swallow.”

Over the course of four years, Dr. Jeshion prescribed numerous medications—at one point, Mary was taking more than 15 pills a day—most of which failed. Things got so bad that the Make-A-Wish Foundation granted Mary a wish: Mary’s favorite actor, Sean Giambrone, from the ABC sitcom “The Goldbergs,” visited her at home on her 10th birthday.

That was a high. Mostly, though, Mary’s young life had become a series of lows. “It was a very scary experience because I was always in pain and couldn’t break away from the bathroom,” says Mary, who at the height of her illness had to use the bathroom up to 16 times per day, which left her all but tethered to the toilet—so much that she stopped being social and received home education for the better part of three years.

**Making Remission Possible**

Mary’s illness finally turned a corner in spring 2016, a few months after she began taking Remicade, a biologic drug she receives via infusion 13 times a year. “Biologics are medicines that come from living organisms and are made via genetic engineering,” Dr. Jeshion says. “Remicade blocks a protein produced by the immune system, resulting in a decrease in inflammation in the GI tract.”

An endoscopy and colonoscopy in September 2019 revealed what Mary thought was impossible: She was in both endoscopic and histologic remission.

“That means her digestive tract looked entirely normal both to my eyes when I did the scope and in the lab when examining the biopsies, which is exactly what we hope to achieve when we prescribe medication,” Dr. Jeshion says.

Adds Dolores, “To find out something we never thought was attainable is attainable is such a huge relief. There were so many days that I questioned whether she would ever get better, but Dr. Jeshion and her team gave us hope, and I’m so grateful for that.”

So is Mary, who has since returned to school and friends. “I went from being a sick, weak person to being a lot more outgoing,” she says. “I can do a lot more now than I used to be able to do. I feel like my normal self.”

Learn more about pediatric GI health, including what signs and symptoms to look for, at HMHforU.org/PediatricGI.
After recovering from COVID-19, Angel Rojas is improving every day. Today, he is back to walking and eating on his own.

**Reunion of a Lifetime**

After almost a month in the hospital, Angel Rojas recovered from COVID-19 and reunited with his family, thanks to a lifesaving plasma donation.
On May 5, 2020, 52-year-old Angel Rojas became the 5,000th patient treated for COVID-19 to be released from a Hackensack Meridian Health hospital. It was a joyous celebration that his family hoped for, for 26 long days.

Angel’s recovery was equally celebrated by one of the doctors who treated him at JFK Medical Center: Syed Hassan, M.D.

For Dr. Hassan, it was personal. He, too, is a COVID-19 survivor, having fought the virus early on during the surge. But sadly, he lost his father-in-law to it.

“Seeing my patients recover from COVID-19 is a source of somber pride for me,” Dr. Hassan says.

“When it comes to this virus, even small successes are sources of inspiration for me to keep fighting.”

While May 5 was a day of elation, the previous month was filled with days that were the opposite.

Quick Thinking, Swift Action

In early April, Angel came home from work one day coughing and weak with a slight fever. Recognizing that New Jersey was in the midst of its COVID-19 surge, his son, Victor Rojas, advised him to quarantine in a bedroom separate from the rest of the family.

“My dad stayed in the bedroom for a couple of days. My wife would cook meals for him, and I would bring the food upstairs wearing a face mask and gloves,” Victor recalls.

A few days later, Angel’s condition worsened, and Victor began developing symptoms. Victor convinced Angel to go with him to get tested for COVID-19 at an urgent care facility. While there, Angel’s temperature read 103.3 degrees Fahrenheit, an X-ray showed pre-pneumonia and his oxygen level wasn’t exceeding 86 (of 100) percent.

“The doctor told us that we needed to go to the hospital right away,” Victor says. He immediately drove Angel to JFK, and once Angel was admitted, they had to say goodbye, since visitors weren’t allowed inside during the surge.

Just 24 hours later, Angel—who has type 2 diabetes—needed to be intubated because his condition had significantly worsened. “When the nurse called me and told me that my dad had to be put on a ventilator, it was a big hit,” Victor says. “Over the next few days, he wasn’t doing well, and his kidneys started to fail. We were told he might need dialysis, so we gave consent to start that if needed.”

The hits kept coming: On April 12, Victor received his own COVID-19 test results. “I found out I was COVID-19-positive, so my whole family had to quarantine at home until the end of April,” he says. “It was terrible worrying about my dad but not being able to see him. At the same time, no one in our house could even go outdoors.”

Amidst it all, though, a silver lining: the timing in which Angel got to the hospital, in large part due to Victor’s quick thinking. “We’ve seen that when patients come to the hospital already intubated, their chances of recovery are not as high, compared with patients who get intubated after they are in the hospital,” Dr. Hassan says.

For Angel, it turned out that just 24 hours may have made an incredible difference.

Life-saving Plasma

As Angel’s condition declined, a new possible treatment was coming to light: infusing plasma rich with antibodies, donated from recovered COVID-19 patients, into very ill COVID-19 patients.

“When Dr. Hassan told us that plasma infusion was an option for my dad, we researched it and asked him about possible risks,” Victor says. “We decided it was worth the try and hoped his body wouldn’t reject it.”

Dr. Hassan and the other physicians who cared for Angel were cautiously hopeful, too, but they never expected how quickly it could help Angel. “He began improving almost as soon as he received the plasma,” Dr. Hassan says.

“Within four or five days, he was able to be extubated, or taken off the ventilator. That’s pretty remarkable.”

Angel’s kidney function improved daily, as well, and there were no longer signs of pneumonia on his lungs. By the end of April, he was moved out of the intensive care unit and into a room to recover. His family was notified that he would soon be released to come home.

“The whole experience was very hard. I was praying that my husband would come out of it. I couldn’t eat or sleep,” says Maria Rojas, Angel’s wife. “Once I found out that Angel woke up and would eventually come home, it was a huge weight off my shoulders.”

Rejoicing and Recovering

When Angel was released from JFK on May 5, Maria and Victor were there in the parking lot to celebrate him—along with a parade of dozens of cheering JFK team members.

“It was an emotional moment,” Victor says. The reunion with his family brought a tremendous sense of relief for Angel. Today, he continues to improve, and a home care nurse comes each week to check his vitals and lungs.

“Now I am able to get out of bed alone, walk around, go outside and eat on my own,” he says. He’s also incredibly grateful. “I feel blessed by the team that was on my side,” Angel says. “I’m thankful for all of the doctors and nurses for the patience, care and love I received while I was there.”

For Dr. Hassan, he considers that his calling. “My personal experience with this virus really pushed me to make sure that I give the best care possible,” Dr. Hassan says. “I truly believe that this was what I was made for.”

Syed Hassan, M.D.
Board certified in internal medicine
800-822-8905
Red Bank and Edison
**We’ve Gone Virtual!**  We may not always be able to meet in person, but we want to continue to provide important information that will help you live a healthy life. That is why we are offering virtual programs that you can attend from the comfort of your own home. Below are just a few you can check out, and we continue to add new programs regularly. Please visit [HackensackMeridianHealth.org/Events](https://www.hackensackmeridianhealth.org/events) or call 800-560-9990 for the latest information and to register for one of these programs. Webinar information will be provided after you register.

**Safe at Home by Safe Sitter Webinar**  Prepares students in grades four through six to be safe when they are home alone, including how to prevent unsafe situations and what to do when faced with dangers.

**Dates & Times**
- Aug. 10, 10–11 a.m.
- Sept. 9, 6:30–7:30 p.m.
- Oct. 3, 10–11 a.m.

**Safe Sitter Webinar**  Babysitter training for boys and girls ages 11–14. The class includes handling emergencies, childcare skills and first-aid. Must attend both sessions.

**Dates & Times**
- Aug. 24 & 26, 10 a.m.–12:30 p.m.

**Back to School Webinar**  Parents are encouraged to join Moses Olorunnisola, M.D., as he addresses questions and concerns parents may have as children venture back to school.

**Date & Time**
- Aug. 26, 11 a.m.–noon

**Healthy Choices Series Webinar**  Join us for fun-filled evenings for moms/guardians and their sixth, seventh and eighth grade daughters. Learn about making healthy life choices and increasing communication during these important teen years during this three-part webinar series.

**Dates & Times**
- Aug. 27, 6:30–7:15 p.m.
- Sept. 23, 6:30–7:15 p.m.
- Oct. 14, 6:30–7:15 p.m.

**Take Vape Away Virtual Program Webinar**  Learn the facts about vaping and e-cigarettes, the risks and dangers, as well as available resources.

**Date & Time**
- Sept. 1, 11–11:45 a.m.

**Stroke: Are You at Risk? Webinar**  Learn the signs, symptoms, risk factors and what you should do if someone is having a stroke.

**Date & Time**
- Sept. 10, 11 a.m.–noon

**Balancing Act: Fall Prevention Webinar**  Join Manisha Parulekar, M.D., as he discusses how to prevent falls and decrease fall risks.

**Date & Time**
- Sept. 22, 11–11:45 a.m.

**Are You Getting a Good Night’s Sleep? Webinar**  Lack of sleep can affect you in many ways. Adrian Pristas, M.D., will discuss sleep disorders and tips to get a better night’s rest.

**Date & Time**
- Oct. 7, 11 a.m.–noon
### Emotional First-aid
Emotional first-aid can benefit ourselves, our children, our families and our communities. Simple techniques can empower us and decrease the effects of stress and trauma. Join Lisa Sussman, Psy.D., and learn simple and powerful tools that you can use right away!

**Dates & Times**
- Sept. 15, 11–noon
- Oct. 1, 11–noon

**Location** Virtual Event

[HackensackMeridianHealth.org/Events](https://HackensackMeridianHealth.org/Events)

**800-560-9990**

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<th>Event Title &amp; Description</th>
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| **Thriving and Surviving** Six-week, evidence-based cancer survivor workshop.             | Sept. 2, 9, 16, 23 & 30 and Oct. 7, 3–5:30 p.m. | Virtual Event  
[HackensackMeridianHealth.org/Events](https://HackensackMeridianHealth.org/Events)  
**800-560-9990**                                                   |
| **Fresh Start Smoking Cessation** Four-session smoking cessation program is offered by the American Cancer Society. Attendance is required at all four sessions. | Sept. 4, 11, 18 & 25, 10–11 a.m.  
Sept. 15, 17, 22 & 24, 6–7:30 p.m.  
Oct. 2, 12, 23 & 26, 10–11 a.m. | Call 800-560-9990 for locations                                    |
| **Stop Smoking with Hypnosis** Hypnotherapy is effective in alleviating unwanted habits and developing positive behaviors and lifestyle changes. Fee: $30. Group session. | Oct. 7, 7–8 p.m.  
Sept. 9, 9:30–10:30 a.m.  
Oct. 1, 10–11 a.m.  
Oct. 13, 1–2 p.m.  
Oct. 14, 2–3 p.m.  
Oct. 15, 1–2 p.m.  
Oct. 22, 1–2 p.m. | Virtual Event  
[HackensackMeridianHealth.org/Events](https://HackensackMeridianHealth.org/Events)  
**800-560-9990**                                                   |
| **Breast Health: What Can You Do?** Learn the signs and symptoms of breast cancer as well as self-examination and more. | Aug. 26, 11 a.m.–noon  
Sept. 10, 1–2 p.m.  
Sept. 30, noon–1 p.m.  
Oct. 14, 2–3 p.m. | Virtual Event  
[HackensackMeridianHealth.org/Events](https://HackensackMeridianHealth.org/Events)  
**800-560-9990**                                                   |
| **The ABCs of Diabetes** Gain a greater understanding of diabetes, the signs, symptoms and treatment options, as well as learn simple ways to keep your diabetes under control. | Aug. 26, 11 a.m.–noon  
Sept. 10, 1–2 p.m.  
Sept. 30, noon–1 p.m.  
Oct. 14, 2–3 p.m. | Virtual Event  
[HackensackMeridianHealth.org/Events](https://HackensackMeridianHealth.org/Events)  
**800-560-9990**                                                   |
| **Diabetes** Gain a greater understanding of diabetes, the signs, symptoms and treatment options, as well as learn simple ways to keep your diabetes under control. | Aug. 26, 11 a.m.–noon  
Sept. 10, 1–2 p.m.  
Sept. 30, noon–1 p.m.  
Oct. 14, 2–3 p.m. | Virtual Event  
[HackensackMeridianHealth.org/Events](https://HackensackMeridianHealth.org/Events)  
**800-560-9990**                                                   |
Due to COVID-19, we are taking proactive measures and postponing some of our events. Please visit HackensackMeridianHealth.org/Events or call 800-560-9990 to confirm programs are still on before showing up.

**Angioscreen®** Learn your risk for heart attack and stroke. Includes carotid artery ultrasound, heart rhythm, blood pressure and screening for abdominal aortic aneurysm and peripheral artery disease (PAD). Receive a color report of your findings, educational material and a consultation with a registered nurse. Special rate: $49.95. Registration required.

To inquire about appointments, visit HackensackMeridianHealth.org/Events

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<th>Event Title &amp; Description</th>
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<td>Calculating Your Cardio Risk</td>
<td>Aug. 20, 6–7 p.m.</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td>Cholesterol: The Good, the Bad and the Ugly</td>
<td>Sept. 8, 1–2 p.m.</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td>Sept. 22, 1–2 p.m.</td>
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<td>Sept. 29, 1–2 p.m.</td>
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<td>Heart Attack or Anxiety: What Is It?</td>
<td>Sept. 23, 1–2 p.m.</td>
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<td>Sept. 25, 1–2 p.m.</td>
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<td>Are You Getting a Good Night’s Sleep?</td>
<td>Aug. 19, 11 a.m.–noon</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td>Oct. 8, 1–2 p.m.</td>
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<td>Understanding Memory Loss</td>
<td>Aug. 25, 11 a.m.–noon</td>
<td>South Plainfield Library, 2484 Plainfield Ave.</td>
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<td>Aug. 26, 11 a.m.–noon</td>
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<td>Aug. 27, 2–3 p.m.</td>
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<td>Sept. 10, 2–3 p.m.</td>
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Hackensack Meridian Health offers regular support group meetings. Visit HMHforU.org/SupportGroups for more details.
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<tr>
<td><strong>Stroke: Are You at Risk?</strong> Learn the signs, symptoms, risk factors and what you should do if someone is having a stroke. FREE health screenings provided.</td>
<td>Sept. 3, 2–3 p.m.</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td>Sept. 8, 2–3 p.m.</td>
<td>Woodbridge Library, 1G Frederick Plaza</td>
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<td>Sept. 8, 11 a.m.–noon</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td>Oct. 6, 11 a.m.–noon</td>
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<td>Oct. 6, 1–3 p.m.</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td><strong>Parkinson’s Disease</strong> Join Ashok Patel, M.D., as he discusses facts about Parkinson’s disease and ongoing treatment trials.</td>
<td>Sept. 8, 2–3 p.m.</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td><strong>DASH and the Mediterranean Diet</strong> Join our registered dietician as she discusses the nutritional benefits of the DASH and Mediterranean diets.</td>
<td>Sept. 8, 11 a.m.–noon</td>
<td>South Plainfield Public Library, 2484 Plainfield Ave.</td>
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<td>Sept. 15, 1–2 p.m.</td>
<td>Woodbridge Public Library, 1G Frederick Plaza</td>
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<td>Sept. 23, 6–7 p.m.</td>
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<td>Sept. 30, 4–5 p.m.</td>
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<td>Oct. 6, 6–7 p.m.</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td><strong>Fall Harvest Cooking Demo</strong> Join our registered dietician and chef, and learn about healthy local produce you can incorporate in your meals. Samples will be provided.</td>
<td>Sept. 9, noon–1 p.m.</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<tr>
<td><strong>De-stress to Feel Your Best</strong> Learn how managing stress and anxiety can help you improve your self-care for greater health and well-being.</td>
<td>Aug. 25, 2–3 p.m.</td>
<td>JFK Adult Day Care, 3 Progress St., Edison</td>
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<td>Sept. 2, 2–3 p.m.</td>
<td>East Brunswick Library, 2 Jean Walling Civic Dr.</td>
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<td>Sept. 22, 6–7 p.m.</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td>Sept. 23, 11 a.m.–noon</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td>Oct. 14, 9:30–10:30 a.m.</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td><strong>Weight Loss with Hypnosis</strong> Hypnotherapy is effective in alleviating unwanted habits and developing positive behaviors and lifestyle changes. Fee: $30. Group session.</td>
<td>Sept. 9, 7–8 p.m.</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td><strong>Weight Loss Surgery Seminars</strong></td>
<td></td>
<td>Visit HackensackMeridianHealth.org/WeightLoss or call 800-560-9990 for dates, times and locations.</td>
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<tr>
<td><strong>Balancing Act: Fall Prevention</strong> Learn steps you can take to prevent falls and decrease falls risks.</td>
<td>Sept. 16, 1–2 p.m.</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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<td><strong>Oh, My Achy Back!</strong> Douglas Nowacki, M.D., will discuss the latest in diagnosis and treatment options.</td>
<td>Oct. 14, 6–7 p.m.</td>
<td>Virtual Event HackensackMeridianHealth.org/Events 800-560-9990</td>
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Hear and Now

Florence Hall of Iselin, New Jersey, heard a whistling sound in her hearing aid and knew being isolated during the COVID-19 crisis would be even more challenging with her hearing device broken. She speaks frequently to her children, sometimes on the phone and other times as they stand at a safe distance on her lawn.

“I want to be able to talk with people, even if we can’t be together,” says 79-year-old Florence.

To support patients like Florence during these unprecedented times, the JFK Johnson Rehabilitation Institute Center for Audiology (which treats patients of all ages with a range of hearing and balance-related problems, including tinnitus) brainstormed innovative ways to connect with patients despite the need for social distancing. They created a new model: curbside hearing aid services.

Florence was able to drive to JFK Johnson, place her broken hearing aid in a paper bag and leave the bag on a bench outside the facility. Then audiologist Karissa Gavin wore a mask and other personal protective equipment as she collected the device.

From a safe distance, Karissa spoke with Florence in the passenger seat of her car. Karissa took the hearing aid inside for repairs while Florence and her husband waited in their car. The device was repaired in about 15 minutes and put back on the bench, where Florence picked it up and returned home.

“It was all so professional and comfortable,” Florence says. “I don’t know where I would be now with just one of my hearing aids working. It would feel tilted.”

Adds Anne M. Eckert, Au.D., MBA, administrative director of rehabilitation, who came up with the idea to connect with patients, “Many of our patients are older and really must be socially distant during this time. And we know it’s so important now that our patients be able to talk on the phone or video chat with family. We don’t want our patients to become withdrawn because their hearing aids are in need of repair.”

The curbside audiology service is for existing patients who need troubleshooting with their hearing aids. The center can repair many hearing aids onsite, although some devices may have to be sent out for more substantial repairs.

Karissa says the response to the curbside program has been overwhelmingly positive. Patients are receiving the services they need without leaving their car or entering a medical facility.

“The way we do things was completely disrupted by COVID-19,” Karissa says. “But we came up with creative solutions because we still want to be there for our patients.” 🕵️

HELPING HANDS...a word with our expert

**What inspired you to become an audiologist?**
My first two years in college, I had absolutely no idea what I wanted to do. All I knew is that I wanted to help people. I spent countless hours searching online for careers in health care, and that’s how I came across audiology. To be honest, prior to that, I didn’t even know what an audiologist was. Once I read about the profession, I just knew that I wanted to be the professional who gave people the gift of hearing.

**What do you enjoy most about your work?**
To put it simply: giving my patients the ability to communicate with their loved ones.

Florence Hall
Patient

Service: Center for Audiology curbside hearing aid services

Karissa Gavin, Au.D., CCC-A
Audiologist
JFK Johnson Rehabilitation Institute

Employed since: 2018

GO ONLINE
Nominate a Hackensack Meridian Health team member who has gone above and beyond at HMHforU.org/TeamPlayers.
COVID-19 Crisis in Numbers

Throughout the COVID-19 crisis, our brave health care heroes have put their lives on the line to provide compassionate, unwavering care—and our patients and their families have fought tirelessly in hopes of a joyous reunion. While the data doesn’t tell the whole story, it does provide a level of understanding of the immense scope of this virus and the incredible magnitude of the team on the front lines and behind the scenes.

*Data from Hackensack Meridian Health through June 30, 2020

- **5,183** patients recovered from COVID-19.
- **68.1%** of patients.
- **23.8%** of patients treated were in critical care.
- **650** COVID-19 patients received plasma therapy.
- **1,000** patients enrolled in COVID-19 related clinical trials.
- **56,756** people were tested across the Hackensack Meridian Health network.
- **7,631** patients were treated across the network.
- **900** additional team members were brought in to meet demand.
- **5,183** patients enrolled in COVID-19 related clinical trials.

For more information about our response to COVID-19, visit HMHforU.org/COVID19.
Staying Healthy Is Part of Staying Safe

While you take extra precautions to stay safe, make your heart health a priority. Even if you don’t have symptoms, a quick and easy CT Calcium Scoring scan can detect calcium-containing plaque in your arteries, which can cause a heart attack. The procedure is noninvasive and painless, and takes only 10 minutes. The results help your doctor understand if you are at risk for a potential life-threatening heart condition. See how this test saved one man’s life on page 16. Schedule your scan today for just $99, discounted from regular prices of $250 or more. Visit HackensackMeridianHealth.org/GetHeartCareNow.