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WVU

Project aims for affordability in health care

BY WILL DEAN
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The Bridges in Digital Health project at West Virginia University is aiming to make health care more affordable by harnessing digital information while increasing access to advanced STEM education.

A huge problem in this country is health care costs are going through the roof, said Gay Stewart, co-investigator for the project and director of the WVU Center for Excellence in STEM Education.

“People are living longer, which is good,” she said. “But you put those two things together and it puts a lot of families at a significant disadvantage. ... There’s a lot of information out there and if we could better harness our digital information, we could make health care more affordable, and better to support our people.”

One problem though is that people trained in patient care might not be trained in large data techniques, Stewart said. There are even problems with language and understanding how to talk across disciplines.

“At its heart, this project is to advance those sorts of techniques, which have proven to be things that could really make health care better for people,” Stewart said. “And grow a



WVU Illustration/Aira Burkhart

A multidisciplinary team at WVU will embark on a project that will leverage artificial intelligence and digital health — which includes data from mobile devices and wearables — to address rising healthcare costs, the expansion of the nation’s elderly population and health disparities.

workforce that, this is just the way they think about doing things — collaborating and working across these not seeing it as a boundary, but seeing as an opportunity.”

The project is funded by a \$3 million grant from the National Science Foundation and was announced in October 2021. It anticipates

training 24 funded and 40 unfunded master’s and doctoral students from different disciplines such as engineering, computer science, medicine, health sciences, physical sciences and economics.

Stewart said the team will recruit participants from underserved groups — such as rural and first-

generation students — in STEM. She explained first-generation STEM graduates are much less likely to go to graduate school than their peers.

The pitch to students: “So, you’re interested in data, you could go to work for Apple, or you could come, you know, change the world and improve the

health care system,” Stewart said.

The inaugural class for the program will begin training this summer for students starting their degree programs in the fall.

“If we’re really going to address the problems of the future, the idea is to not just, so there’s interdisci-

plinary, right, I play with you, but to go to transdisciplinary, where people can just pull techniques that cross disciplines and they think about talking to each other and working together to build solutions,” Stewart said. “And so we’re hoping to actually build a transdisciplinary graduate degree program so that these students who have these interests across these boundaries could work across all of this while they’re getting a graduate degree. And that program would be something that will exist and will continue to grow and get better well beyond the funded project.”

TWEET @WillDean_DP

“SO, YOU’RE INTERESTED IN DATA, YOU COULD GO TO WORK FOR APPLE, OR YOU COULD COME, YOU KNOW, CHANGE THE WORLD AND IMPROVE THE HEALTH CARE SYSTEM.”

Gay Stewart
Co-investigator for Bridges in Digital Health and director of the WVU Center for Excellence in STEM Education

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MON HEALTH

Medical system grows here and across state

BY DAVID BEARD
DBeard@DominionPost.com

Mon Health System keeps growing.

The Dominion Post sat down with Mon Health President and CEO David Goldberg and other system leaders to talk about recent developments and accomplishments, and what's ahead.

"Everything we do is patient-focused," Goldberg said. People don't like to spend money on health care. "So we really want to drive to be the best, so when people do it they're getting a return on investments."

March and April brought three developments, all reported in The Dominion Post. First, Mon Health System and CAMC Health System signed a letter of intent to create a new single health care system operating under the umbrella name Vandalia Health.

Then, Mon Health System inked an affiliation agreement with Highland-Clarksburg Hospital, which opened in 2013 on the former site of United Hospital Center. It's a 115-bed, private, nonprofit hospital offering comprehensive behavioral health services for children, adolescents, adults and forensic patients. It employs nearly 300 people.

And then, Mon Health System and West Virginia Junior College inked a letter of intent to launch a first-of-its-kind nursing education program in the state. In a collaborative move to address the state's nursing shortage, WVJC's nursing students will experience an accelerated 18-month program at the hospital and virtually.

The system is built on six pillars, Goldberg said: quality and safety; people and culture; strategic



Mon Health Medical Center

The Dominion Post file photo

growth; integration and efficiency; stewardship; and physician-led care team.

"We don't just build things to build; we want to be purposeful," Goldberg said. Integration and efficiency creates an integrated care delivery system, creating a uniform experience across the system for the employees and patients.

Physician-led care has administration partnering with the Mon Health Medical Group, with Dr. Brad Warden as physician-lead. Doctors partner with administrators to drive planing across service lines — instead of administrators just telling doctors what the plans are.

Some numbers reflecting growth: Gross revenue

of \$1 billion, up from \$860 million in 2018 when Goldberg came aboard; \$450 million net operating revenue, up from \$360 million in 2018; presence in 12 counties, including Fayette in Pennsylvania and Garrett in Maryland; \$200 million payroll and almost 4,000 employees, making it the state's ninth-largest employer.

Mon Health has just completed its three-year strategic plan and is embarking on its next, Goldberg said. Among the goals has been integrating electronic health records across its care centers and clinics and hospitals. They've trimmed record systems from 17 to three — all during the pandemic.

Karen Friggens, vice

president for physician services, talked about progress at their three main facilities: Mon Health, Preston Memorial and Stonewall Jackson.

Gross patient revenue this fiscal year is up 20% over the prior; net operating revenue is up 6%; physician office visits are up 18% and visits per provider are up 14%.

"That tells you we're actively recruiting, continuing to try to grow and expand services," she said. "Patient access is probably the number one need right now — how can we get patients in faster?" Having the Wedgewood clinics and open evenings and weekends is helping to address that need.

In Preston County, they

said, Mon Health has grown its orthopedic and primary care services, and surgeries in Preston up across the board. A \$600,000 Congressional earmark will allow them to start offering chemotherapy at Preston Memorial so cancer patients don't have to come to Morgantown.

At Stonewall, they've filed for a Certificate of Need to replace the current building with a new one and hope for an answer from the Health Care Authority in June. Primary care has a new office there with walk-in services. The cardiology team travels down there to offer care and urology will start going down in June. They are delivering 200 babies a year there now, double the pre-

vious count. And they have an eye surgery Center of Excellence there.

Mon Health Marion Neighborhood Hospital in White Hall — at the Middletown Commons — is their new shining jewel, they said.

They've seen 2,500 emergency room patients, said Dr. Krystal Atkinson. "I've never seen a community open their arms the way they have for Dr. Edwards and the team he's leading down there."

The staff is getting positive reviews, she said. "They're taking care of their community, they're taking care of their neighbors and they hear those glowing remarks. It's palpable when you're down there."

This is the first free-standing hospital built in the state in the last 20 years they said, with 10 private rooms, eight ER bays and full radiology services. The building itself will serve as the template for the new Stonewall Jackson.

We asked the leaders some of the keys behind their growth. Goldberg said, "We tell our story better. The Mon brand is very important to people."

He said, they make it as easy to get in as possible. They focus on centers of excellence they're strong in, focus where they should go, where there's a gap, bring health care closer to home.

COVID and the flexibility of the staff really told the story, he said. "Our best brand ambassadors are our people." During the pandemic, there were no furloughs or layoffs. Staff helped wherever they were needed, whether it was in their job description or not.

"No one complained. Everyone did what they knew what had to be done for the community."



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HEALTH SYSTEM

WVU Medicine continues service across state

BY DAVID BEARD
DBeard@DominionPost.com

WVU Medicine President and CEO Albert Wright talked with The Dominion Post about three of WVUM's recent major milestones.

One of those is the management and clinical affiliation agreement with Thomas Health, announced in April. That arrangement was in the works for awhile, Wright said.

"We view ourselves as the academic health system of the land grant university of the state of West Virginia," he said. "As we build out our footprint around the state, our long-term goal is to have essentially the ability to take care of all people in the state."

Since Charleston is the state capital, he said, it makes sense to have a presence there. "We're going to build Thomas up pretty significantly, we think, over time."

Market share data, Wright said, shows that WVU Medicine sees a lot of patients sent to Morgantown from the southern part of the state. And that will always be the case for the system's flagship hospital. But long-term, it's better for those who can more easily be cared for in



William Wotring/The Dominion Post file photo

WVU Medicine expanded into the Charleston area this year and anticipates more changes in 2022-23.

Charleston to be cared for there.

Thomas Health's CEO announced his retirement at the same time they announced the WVUM partnership, and Wright is serving as interim CEO.

"I'm doing that myself because I think it's that important."

Regarding the partnership, "I think long-term, that's going to be a very good thing for Thomas, for Charleston, for WVU Medicine."

Thomas Health is the name of the system and that brand will phase out, he said. The system's two hospitals will become WVU Medicine Thomas Memorial Hospital and WVU

Medicine St. Francis.

They will start to integrate Thomas Health into the WVUM system over the next year with hope of having them fully integrated by April 2023, Wright said.

WVU Innovation Corp.

At the end of March, WVU and WVUM announced that WVU Innovation Corp. took ownership of the former Mylan pharmaceuticals plant on Chestnut Ridge Road.

Wright said at the time that discussions are already underway with potential tenants to lease space within the 1.1 million-square-foot facility. Stacey Armstrong was named Innovation Corp. president.

During this conversation, Wright said three or four entities are pretty significantly interested.

"We're vetting what that looks like. These are complicated transactions," he said.

For some tenants, portions of the physical plant may need some modifications. Others may need startup funding from the state or federal government.

"I get a little more excited about the innovation corporation every time we meet with a potential tenant or when I go tour the facility. I think the future's going to be bright."

Wright calls that part of his job the fun part — doing breakthrough work, building things that don't exist yet.

SEE WVU, I-8

MON HEALTH SYSTEM

PMH sees out-patient growth, pursues expansion

BY JENIFFER GRAHAM
Newsroom@DominionPost.com

KINGWOOD — Mon Health Preston Memorial Hospital joined Mon Health in February 2014.

It's a 25-bed critical access, acute care hospital, and a leader in rural health care delivery.

Mon Health Preston Memorial opened a state-of-the-art hospital in May 2015. The hospital offers a wide range of services, including a 24-hour physician-staffed emergency department, critical care, laboratory, imaging, respiratory therapy, physical therapy and a diagnostic sleep laboratory.

"As everyone knows, we have been delivering health care in unprecedented times the past two years," Melissa Lockwood, PMH chief administrative officer, said. "I want to personally recognize our front-line health care workers who have done an amazing job treating patients. This is everyone from our emergency room professionals to our other care team members in respiratory, ICU and inpatient units. Also, our housekeeping personnel keeping our hospital clean and infection free, dietary staff who feed our patients and facilities



The Dominion Post file photo

Mon Health Preston Memorial Hospital.

staff who keep the building operating."

PMH was able to be a state testing site during COVID-19 and partnered with the Preston County Health Department to provide easy access to testing during the height of the pandemic, when testing was more difficult to obtain.

As the number of infected people goes down, the hospital has been able to soften previously placed visiting restrictions and screening processes upon entering the facility.

Due to being a health care facility, PMH still requires masks for patients and visitors and will continue to monitor the CDC guidelines.

In 2021, PMH:

- Recognized its nurses, as all Mon Health hospitals

are participating in a national recognition program for nurses called the DAISY Award. Nurses are nominated by patients, family members, other nurses, physicians, other clinicians and staff.

- Established a Recovery Care Program with Dr. Lola Burke, a primary care physician. The Reverse the Cycle programming is multi-pronged and includes

a peer recovery coach, licensed clinical social worker and a case manager. Interaction with the patient typically starts in the Emergency Department with the peer recovery coach, but direct referrals can come from providers.

- Brought in providers under Mon Health PMH, including Primary Care — Dr. Mike and Bernice Schwarzenberg and Debbie Miller-Fike.
- Dr. Jaschar Shakuri-Rad from Mon Health Medical Center expanded his urology clinic time at Preston every month.
- Expanded cardiology services with Mon Health Heart and Vascular providers who come multiple days a week.
- Started a Grateful Patient program to give patients and families an opportunity to donate to programs and services they care about and recognize staff who have treated them well.
- Focused again on a Patient and Family Advisory Council (PFAC). This group has been less active due to COVID, but PMH has re-invigorated the council in the past year. The PFAC brings together patients and families with the mem-

bers of the health care team to improve the patient and family experience. Members of the PFAC are invited to serve on a variety of hospital committees to ensure the voice of the customer is represented. The goal is to ensure high-quality, customer-centered care.

The horizon

"We continue to pursue a strategic initiative of a hospital expansion to accommodate our unprecedented outpatient growth since we opened the new hospital," Lockwood said. "The addition will include space for oncology infusion patients as we grow that service, expand the number of exam rooms available for legacy and new outpatient service lines, as well as expand the number of physical therapy treatment rooms and space to include square footage for cardiac and pulmonary rehab."

- PMH now offers anterior hip replacement surgery. For qualifying patients, this minimally invasive technique can improve recovery time with less pain.
- PMH offers 3D mammography, bringing state-of-the-art care for screening and diagnosis of breast cancer.
- The hospital received approval for \$580,000 in congressional spending for construction of pharmacy updates and infusion center space. This will be used to prepare the facility for expanded oncology services. Dr. Qazi from Mon Health Medical Center will be at PMH weekly later in the year to oversee this new service line.
- The hospital is working toward a chest pain accreditation for the ED, with plans to apply this summer. This program will be similar to the acute stroke ready care designation in that it requires rigorous quality of care measures to be met for patients being treated for chest pain.
- Telemedicine between PMH and MHMC will be available in the next couple of months for cardiology and then other specialties. It will be available for outpatient, emergency and inpatient consults and prevent unnecessary transfers of patients, allow physicians onsite to have more specialists available for consultation, and patients to be treated without a trip to Morgantown.



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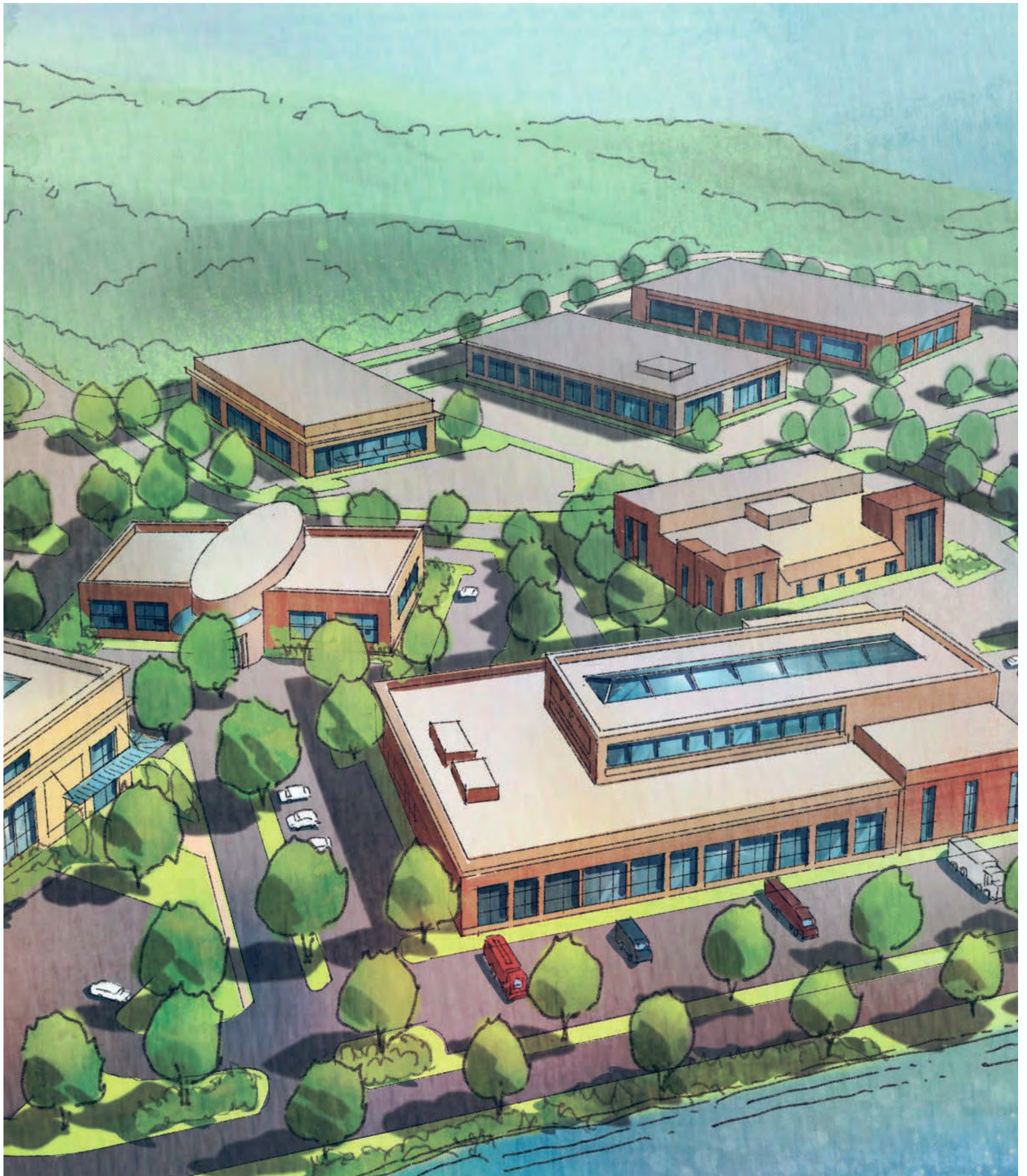
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HEART INSTITUTE

Two specialty centers at WVU best in nation

Top expertise to treat children and adults

BY JENNIFER GRAHAM Newsroom@DominionPost.com

It started as a vision, but leaders at WVU Medicine made sure it became a reality. Now, it is home to two of the nation's top specialty heart centers right here in Morgantown.

The WVU Heart and Vascular Institute and WVU Medicine Children's Heart Center have the expertise to save those with heart problems from birth through adulthood.



Vinay Badhwar

In 2015, Albert L. Wright Jr., president and CEO of the WVU Health System,



Christopher Mascio

who is also chair of the Health System's Board of Directors, had a vision to improve the overall cardiovascular health of West Virginia and to make that a primary focus of WVU Medicine.

They then figured out how to make that vision a reality.

"As inspiration to do this, all they needed to do was to look around the state, as I did, to witness what was going on. While good care was available in many locations around the state, access to what we call quaternary care — highly complex care — was lacking," Dr. Vinay Badhwar, executive director of the WVU Heart and Vascular Institute, said.

He said Marsh, Wright and Gee invested millions of dollars into the devel-



WVU Medicine photo

Dr. Nathaniel Langer (left), Dr. Serguei Melnitchouck (right), and their surgical team from Massachusetts General Hospital visited Morgantown to train under WVU heart and vascular surgeons Dr. Lawrence Wei (second from left), co-director of the Center for Aortic Surgery and Center for Aortic Valve Disease, and Dr. Vinay Badhwar, M.D. (second from right), chair of cardiovascular and thoracic surgery.

opment of an infrastructure, an actual new physical structure, as well as in people to bring in expertise from around the world to WVU Medicine.

"Between 2016 and now, the creation of the WVU Heart and Vascular Institute has expanded from approximately 27 medical providers to well over 200 that provide a high level of heart and vascular expertise to every corner of the state of West Virginia, now servicing patients from every corner of the country, and actually across the world," he said.

Over the course of these progressive six years, the WVU Heart and Vascular Institute brought in expertise from around the globe.

"In fact, no longer is West Virginia a location where people have to think about 'can I get this procedure, or can I get this expertise here in the state?' Not only can one most assuredly obtain any

advanced therapy available, but in fact, people from other states, including places where there already exists well-known healthcare, are coming here for care. Patients are coming every day from our neighboring states, but importantly, patients are coming from across the nation and around for certain super specialty areas where we are the national leader. People are coming to WVU in Morgantown, and not to Baltimore, Cleveland, or New York. That is a tangible change over the last few years," Badhwar said.

"They are coming for complex, advanced cardiology services, vascular services, thoracic services and, especially, for complex heart surgery. WVU is a destination center known around the nation for advanced heart and lung surgery, and in particular, robotic heart surgery. In fact, WVU has trained physicians to start their

robotic heart programs at Massachusetts General in Boston, Yale University in Connecticut and many, many others."

He said as part of that investment and part of the theme of bringing that expertise extends into other forms of heart care.

"Most timely is not just the care of adults in West Virginia, but importantly, the care for the children in West Virginia that have heart problems," Badhwar said. "In the past, we had an established heart program, but not at the level of nation-leading quaternary centers. Our goal was to be able to keep every child in West Virginia and provide nation-leading excellence. Now, we do just that. In fact, over the past two years, we've invested, in conjunction with WVU Medicine Children's, in augmenting and further developing what was a good heart program into one of national excellence.

"Part of that project was the hiring of Dr. Christopher Mascio and Dr. Jai Udassi to help work together with the WVU Children's and the WVU Heart and Vascular Institute, to take that momentum and level of expertise for the children of West Virginia."

The WVU Medicine Children's Heart Center is the only children's hospital in the state that offers comprehensive care for patients with congenital heart disease. This care starts at the fetal stage and continues through adulthood.

Mascio, chief of the Division of Pediatric Cardiothoracic Surgery, and Udassi, chief of the Division of Pediatric Cardiology and Cardiac Intensive Care, lead the WVU Medicine Children's Heart Center. Along with a dedicated team of pediatric physicians and advanced provider specialists, they provide top level

quaternary care to those born with heart disease.

"There are few true cures, but with lifelong surveillance, our patients can go to school and participate in activities," Mascio said. "In the near future, we hope to offer heart transplants and other advanced therapies for children with heart failure."

He said the heart transplants would be intended for children from West Virginia and the surrounding region, who are in refractory heart failure and have very poor heart function. A new heart would allow these patients to remain in state to receive this life-saving therapy.

Conditions treated at the center include arrhythmias, patent ductus arteriosus (PDA), transcatheter valve and stent placement, tetralogy of fallot, and all stages of palliation for single ventricle heart defects, including hypoplastic left heart syndrome (HLHS).

Mascio said pediatric heart treatments began in the 1960s. Since that time, the medical procedures have become safer and more effective.

"It started in the 1960s, but it wasn't until the early 1990s that babies consistently survived heart surgery," he said. "Today, there is a 96%-98% survival rate."

Mascio has been performing pediatric heart surgery for 16 years.

"I've always had an attraction to cardiac physiology and surgery," he said. "This is a new frontier. All of us are standing on the shoulders of the greats of the past. It's a privilege to be able to help and provide good service and care. Despite doing this for many years, I am still amazed. It has been said when you save a child, you save a lifetime, and I find that amazing."

WVU Medicine Children's is currently located on the sixth floor of WVU Medicine J.W. Ruby Memorial Hospital in Morgantown. The new WVU Medicine Children's Hospital opens later this year.

"MOST TIMELY IS NOT JUST THE CARE OF ADULTS IN WEST VIRGINIA, BUT IMPORTANTLY, THE CARE FOR THE CHILDREN IN WEST VIRGINIA THAT HAVE HEART PROBLEMS. IN THE PAST, WE HAD AN ESTABLISHED HEART PROGRAM, BUT NOT AT THE LEVEL OF NATION-LEADING QUATERNARY CENTERS. OUR GOAL WAS TO BE ABLE TO KEEP EVERY CHILD IN WEST VIRGINIA AND PROVIDE NATION-LEADING EXCELLENCE. NOW, WE DO JUST THAT."

Dr. Vinay Badhwar
Executive director
WVU Heart and Vascular Institute

WVU FROM PAGE I-6

WVU Children's

Construction is wrapping up on the new WVU Medicine Children's hospital with a Sept. 29 target date to move patients in, Wright said.

They expect to take full possession this summer and will begin setting everything up. After Labor Day they'll start trial runs to make sure everything will operate smoothly when the children are moved from Ruby's sixth floor. With a daily patient count of about 120, smooth operation of the new freestanding site is essential.

"We've hired some really wonderful people to work

in that children's hospital," he said. "It is spectacular."

Peak Health

In February, WVUM announced that Marshall Health and Mountain Health Network joined WVU Medicine as owners of Peak Health, a West Virginia-based health insurance company formed in 2021 with the mission of making healthcare more accessible, understandable and collaborative.

Wright said more news on that front is coming, but noted that WVUM will switch all employees from Highmark to Peak Health on Jan. 1, 2023.

TWEET @dbeardtdp



David Beard/The Dominion Post file photo

WVU Health System has set Sept. 29 as a target date to open the new WVU Children's hospital. This free-standing six-floor facility will replace the one-floor hospital that is now housed on the sixth floor of J.W. Ruby Memorial Hospital. This is just one of the projects in the works for WVU Hospitals.

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BY EVA MAYS
Newsroom@DominionPost.com

West Virginians face a higher mortality rate from cancers compared to residents of other states.



Hannah Hazard-Jenkins

This places West Virginia in 49th place out of 50 states, edging out Kentucky by a narrow margin.

"If you look at the state as a whole, we tend to have the higher risk behaviors and health behaviors that lead to a higher incidence of cancer," said Dr. Hazard-Jenkins, director of the WVU Cancer Institute.

Smoking, alcohol consumption and obesity are all linked to cancer, as is unchecked environmental pollution that is found throughout Appalachia. Access to care is particularly challenging within the state, which may also be a contributing factor to the elevated mortality rate.

One element of cancer care is screenings. Since 2009, the WVU Cancer Institute has used Bonnie's Bus to travel throughout the state to screen patients for breast cancer. Modeled on that program, the Cancer Institute launched LUCAS (Lung Cancer Screening) in late 2021. The LUCAS vehicle is a 48-foot rig equipped with a low-dose computed tomography (LDCT) scanner.

According to the CDC's website, the LDCT requires



the patient to lie down while an X-ray machine uses a low dose of radiation to make detailed images of the lungs. Artificial intelligence is used to create a higher-quality scan. With less disruption in the images, radiologists are able to pick up on subtle irregularities that would otherwise be concealed. The LUCAS rig travels to communities in 42 West Virginia counties that don't have access to this type of screening.

LUCAS is available to those with private insurance, Medicare, or Medicaid.

"As with Bonnie's Bus, we've made a commitment with LUCAS, that anybody who's qualified to come won't be turned away," said Hazard-Jenkins. She elaborated that to be qualified,

individuals must meet the Centers for Medicare & Medicaid Services guidelines, which recommend screening for current smokers (or those who quit within the last 15 years), age 50 or older with a smoking history of at least 20 packs per year. If an uninsured individual meets the eligibility requirements, they will be screened using donations and grant funding. The community is welcome to donate to support this effort through the WVU Foundation (www.wvuf.org).

In the last quarter of 2021, LUCAS screened 168 patients in 26 locations before pausing for the winter season when road conditions make traveling unfavorable for the rig. In March and April 2022, LUCAS has already

screened 200 people.

There are well-established screening processes for only a few types of cancer, Hazard-Jenkins noted. She indicated that multiple companies are developing Multi-Cancer Early Detection (MCED) tests that would, in theory, be able to identify a wide variety of malignancies using a blood sample. By catching cancers early, MCEDs have the potential to provide more positive outcomes to cancer patients.

Hazard-Jenkins stressed that while early detection of cancer is important, there are many other types of care that cancer patients need.

"Access to care is important throughout the entire continuum of cancer care," she said.

Medication, chemother-



William Wotring/The Dominion Post file photo

The WVU Cancer Institute launched LUCAS (Lung Cancer Screening) in late 2021. The LUCAS vehicle is a 48-foot rig equipped with a low-dose computed tomography (LDCT) scanner (above).



WVU Medicine photo

Bonnie's Bus, founded in 2009, travels the state to screen patients for breast cancer. It was the inspiration for LUCAS.

apy, radiation treatment and surgery are all a part of cancer care. Socio-economic and geographic factors can make getting from rural areas a strain on both cancer patients and their families. The WVU Cancer Institute continues to expand its footprint so patients can get care closer to home.

Clinical trials allow oncologists to use innovative new drugs that aren't available to the general

medical community. A list of current clinical trials offered through WVU Medicine can be found at hsc.wvu.edu/ctr/current-clinical-trials.

"Trials allow the most forward-thinking treatment, and I think it's very exciting," said Hazard-Jenkins. "We'll continue to work on getting trials to our regional sites, so we can help patients locally."

SMOKING, ALCOHOL CONSUMPTION AND OBESITY ARE ALL LINKED TO CANCER.

DIABETES

Ultrasound treatment successful in animals, human trials ongoing

Associated Press

A team of researchers led by General Electric (GE) has successfully used ultrasound to regulate insulin levels in diabetic and hyperglycemic ani-

mals. Human trials for type 2 diabetes are currently underway, and the team is optimistic. Scholars working on this project are from several institutions, including the University of California Los Angeles

(UCLA), the Yale School of Medicine (YSM), and Albany Medical College (AMC).

The success of these trials could revolutionize the treatment of type 2 diabetes and alleviate the necessity

for insulin and glucose monitors.

Big News for America's Insulin Crisis

Yale's statement from Raimund Herzog, associate professor in the Department of Internal Medicine

at YSM who worked on this study, speaks to the gravity of these trials.

"Unfortunately, there are currently only very few drugs that lower insulin levels," Herzog added. "If our ongoing clinical trials

confirm the promise of the preclinical studies reported in this paper, and ultrasound can be used to lower both insulin and glucose levels, ultrasound neu-

SEE DIABETES, I-13

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NEUROSCIENCE

RNI grows locations, telemedicine programs

BY ERIN CLEAVENGER
ECleavenger@DominionPost.com

The Rockefeller Neuroscience Institute at West Virginia University continues to provide expanding clinical services and groundbreaking research and education with its advancements in brain health.

Karyn Wallace, RNI vice president, said the institute is growing in volume on the clinical side and trying to keep up with the pace of adding hospitals and operating sites throughout the state.

Last year, RNI not only treated people in West Virginia and surrounding areas, but was able to see at least one patient from 49 of the 50 states. According to Wallace, a patient from Alaska would have completed all 50 states.

Currently, there are 22 practice locations for the RNI, up from 17 in 2020.

The biggest point of pride in the clinical programs, Wallace said, is the continued growth of the institute's telemedicine and telestroke programs

"We have grown to 30 sites in our telestroke program," she said. "And those sites are mainly located throughout the state of West Virginia, up into Pennsylvania and Ohio.

"That really enables folks to get us when they need stroke care very, very quickly should they have the need for an intervention," she continued. "So truly a lifesaving program and something we are really proud of."

RNI's stroke program is a comprehensive Joint Commission accredited



WVU Rockfeller Neuroscience Institute

program, Wallace said, adding they had just gone through a recertification for accreditation. They are waiting for the official answer from the commission, but the inspection went well.

The institute is also growing its movement disorder clinics, which take care of patients with Parkinson's and other movement disorders, along with memory health clinics that deal with Alzheimer's, aging and dementia patients.

"In [memory health clinics] we take care of the family and the caregiver as well," Wallace said.

"Which is really special and something they don't do in a lot of places."

Wallace said a lot of the efforts in the clinic programs have been in what they call multidisciplinary clinics. These clinics have a lot of different providers taking care of the patients at once, which saves the patient from having to make multiple appointments with different doctors.

One of the exciting points of 2021 was the Healthy Minds Center, Wallace said.

"It is a university program where our behavioral medicine and psychiatry

folks support the mental health needs of our student population at WVU."

Wallace said there had been a lot in the media about student mental health and doing a better job to take care of that.

"Our team was able to step up and start that program," she said. "It has been pretty instrumental in helping to support that population."

RNI has also been conducting a variety of first-in-the-world research studies with plans to continue a lot of that work this year and beyond.

Wallace said the main focus of those research pro-

grams are substance abuse disorders with some deep brain stimulation projects.

"That's going to extend and continue, so we're able to continue that to the next phase, which is really exciting," she said.

Some of the research being done involves the use of transcranial magnetic stimulation (TMS) and virtual reality programs, helping with substance abuse disorders and Alzheimer's.

"We continue to tackle Alzheimer's disease," Wallace said. "That's one of the institute's missions and one of our passions, to really try to work toward some solutions for



Karyn Wallace

Alzheimer's."

A lot of research on depression, anxiety and other mental health issues is also being done, Wal-

lace said.

With COVID, enrollment slowed down, forcing some research efforts to slow as well. Wallace said they are working on recruitment and seeing those efforts build back up.

"The people we are able to touch with those [research efforts] go up certainly over the next year," she said.

Being a fully bedded academic institute, RNI's research missions and clinical missions are educational missions as well. Wallace said they will continue to teach residents and trainees to work toward the research and clinical goals of the institute.

To learn more about the work being done at the Rockefeller Neuroscience Institution and to find a practice location or telestroke site near you visit wvumedicine.org/rni.

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"THAT'S ONE OF THE INSTITUTE'S MISSIONS AND ONE OF OUR PASSIONS, TO REALLY TRY TO WORK TOWARD SOME SOLUTIONS FOR ALZHEIMER'S."

Karyn Wallace
RNI vice president

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MON HEALTH DEPARTMENT

Unprecedented events don't stop Smith and staff

BY BEN CONLEY
BConley@DominionPost.com

By any accounting, the last two-plus years have been unprecedented for the Monongalia County Health Department.

The daily fight against COVID-19 necessitated substantial growth within the organization — now the state's largest based on employee count — and hastened a division of duties among its leadership.

In January, Dr. Lee Smith relinquished administrative control to Executive Director Anthony DeFelice in order to focus on clinical duties full-time as MCHD's medical director and the county health officer.

But there are plenty of changes yet to come.

One, DeFelice explained, is the expansion of the department's dental and clinical services programs.

DeFelice said \$50,000 in grant funding from both Highmark and Delta Dental will help create two new dental operatories. He said an additional dentist will likely join Dr. Youssef Kasar by September and a third could follow down the line.

This construction is going to happen despite the elephant in the room, or in this case, next door.

In January, WVU Health System President and CEO Albert Wright restated WVU's desire to acquire the health department property from the county. That would include MCHD's central office, at 453 Van Voorhis Road as well as the WIC Building next door.

"We're going through this process not knowing where we might be in a couple years, but I think we've got to keep moving

forward," DeFelice said, adding that he's been working with Monongalia County Commissioner Jeff Arnett to locate a new facility that would suit the health department's needs.

"The issue is going to be finding a location that has enough room and parking. My understanding is [WVU] wants to get this moving forward, but we've got to make sure the facility works for us," he said.

And that would mean a facility that would allow the health department to once again function under one roof.

As part of MCHD's recent growth, it brought two new facilities on line.

The department's Threat Preparedness operations are now based in the old DHHR Northern Operations building, on the Morgantown Municipal Airport campus. MCHD's Environmental Services program is now located in a building off Hartman Run Road.

Beyond facilities, DeFelice said the health department intends to pursue accreditation through the Public Health Accreditation Board, an effort that was paused in order to focus on COVID.

Part of that, he said, entails going through each of the health department's programs and codifying policies and procedures. Doing so could mean big money down the line.

"I think one of the things that's going to happen is, and this is my opinion, but in order to get federal grants, they're going to look for accredited health departments and organizations," DeFelice said.

While he stops short of

SEE MCHD, I-13



Submitted photos

Olivia Denzie and Colton Cooper of MCHD Threat Preparedness participated in tick dragging near the Monongalia County 4-H Camp in August. Ticks are sent off to be tested for disease. Below, Alex James, a public health educator at MCHD, offers candy to a child who attended the pediatric COVID vaccine clinic at WVU Rec Center on Nov. 5.



"THE EMPLOYEES HAVE JUST BEEN AMAZING. THEY'VE GIVEN UP WEEKENDS, EVENINGS, HOLIDAYS TO WORK ON COVID. THEY DESERVE A HUGE SHOUTOUT. AND DR. SMITH, HE'S LIVED AND BREATHED IT FOR TWO AND A HALF YEARS. WHAT A WONDERFUL JOB THEY'VE DONE."

Anthony DeFelice
Monongalia County
Health Department
executive director

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COVID-19

New entity at WVU hopes to help often ignored parts of the country

Clinical, translational science institute started in Jan.

BY JIM BISSETT

JBissett@DominionPost.com

Long before COVID showed up, Appalachia was already in a socioeconomic pandemic of its own.

Think isolation and angst.

And poverty and chronic illness.

Think every other measuring stick that always managed to somehow fall short with the rest of the nation.

All ever-present here.

Then consider the very opportunistic coronavirus.

Enter the West Virginia Clinical and Translational Science Institute, which is currently housed at WVU.

Researchers founded the institute this past January when the region and nation were reeling from the post-holiday omicron surge.

The mission, its founders said, is to put the microscope onto oft-ignored parts of the country particularly to COVID because of all the aforementioned factors.

And not just the region most associated with West Virginia's flagship university.

The institute here is part of a broader network known as the IDEa States Consortium, or ISCORE, which takes in diverse locales from Maine to Puerto Rico to Hawaii.

ISCORE was created by Dr. Sally Hodder, who is director of the WVU insti-



Ron Rittenhouse/The Dominion Post file photos

WVU Medicine has offered COVID testing at University Town Centre almost from the beginning of the pandemic. The health system has also offered vaccines at its location at Morgantown Mall and WVU Rec Center.

tute, in fact.

For Hodder, it comes down to underserved populations, which are traditionally underserved in clinical studies programs.

In addition to those living in Appalachia, those populations include Blacks, Native Americans, Latinos and Pacific Islanders.

Together, she said, that's a demographic with COVID written all over it.

"Many of the ISCORE sites are located in parts of the country that have seen some of the highest COVID infection rates," Hodder said.

High infection rates, she



added, followed by brain fog, depression, anxiety, fevers and chronic cough.

And all of the above, Dr. Clay Marsh said, is just a few.

Marsh is WVU vice president and executive dean for Health Sciences at the medical campus in Morgantown.

At the beginning of the

pandemic, in March 2020, he was tapped coronavirus czar for the state of West Virginia.

He doesn't want to see the coronavirus dissipate, he said.

He wants to see it defeated.

You can only defeat your enemy, he said, by understanding your enemy.

"As effective treatments have been developed for acute COVID-19, we are just beginning to appreciate the breadth of post-COVID symptoms," he said, in the pandemic blush of that January.

What follows now, he said, is the advancement of the science — "So that effective treatments for this disabling complication of COVID may be developed."

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THE INSTITUTE HERE IS PART OF A BROADER NETWORK KNOWN AS THE IDEA STATES CONSORTIUM, OR ISCORE, WHICH TAKES IN DIVERSE LOCALES FROM MAINE TO PUERTO RICO TO HAWAII.

PANDEMIC

Necessary to learn to live with coronavirus

BY JIM BISSETT

JBissett@DominionPost.com

People can learn how to coexist with just about anything — including a pandemic.

A trip to teacher Adam Messenger's fourth-grade class at Mylan Park Elementary School bore that out this past February.

The class had a guest that day: WVU Extension agent Becca Fint-Clark, who is known for her educational outreach with 4-H programs across Monongalia County.

Clark was teaching the class some pandemic-inspired arts and crafts.

Most notably, how to construct a "glitter stress jar."

For the uninitiated, the glitter stress jar is exactly what it says it is.

Here's how you make one: Take a plastic con-

"MY ADVICE ABOUT COVID IS TO NOT GET IT."

Dr. Lee B. Smith

Medical director

Monongalia County Health Department

tainer, add a helping of clear glue, a few glugs of water and a generous dollop of glitter — the kind of which you'll find in a packet at a craft store.

You shake it, thus steering the glitter in a swirling slog.

Think snow globe, in slow-motion.

Think ... calming.

Now, here's where the COVID coexisting element comes in. The first part, that is.

Before the glitter, Mason Houck looked at the water-glue mash-up for a second, and then gave an observation that only a kid coming of age during an unprecedented clinical

event could give.

"Looks like hand sanitizer," he said.

After the glitter, Mason's classmate Vanessa Morgan, had a different take, as she looked back on that quarantining she did with her younger siblings at home.

Younger siblings who sometimes pester and torment, as only younger siblings can.

"I could use this," Vanessa said, in a way that managed to be rueful, world-weary and beyond her years — and all at the same time.

Fint-Clark shook her head, as a rueful grin of her own crinkled up from under her mask.

"This is their reality," she said.

"Of course, they're going to think about hand-sanitizer. Of course, they're going to think about stress at home. This is what they're living right now."

Or, what they were living at that moment.

A couple of weeks after the stress-jar foray, Monongalia County's school district decided to make the wearing of masks in its buildings and on its buses and playing fields optional.

That's because cases were on the wane.

Except when they weren't.

Mon still had active cases. Statewide, people were still going in the hospital. Some of them died. They still are.

Dr. Lee B. Smith, the for-

mer emergency room physician and current medical director of the Monongalia County Health Department made the call on masks — with a clinical caveat.

If he felt masks needed to go back on in the schools, they would.

School officials and Board of Education members were in agreement with his judgement and authority.

Smith, meanwhile, continues to push for both vaccinations and boosters, along with the following of all the other protocols.

Preventive measures are key, the medical director told BOE members at recent meeting.

"My advice about COVID," he said, "is to not get it."

TWEET @DominionPostWV

WORLD

WHO: COVID-19 falling everywhere, except the Americas and Africa

Associated Press

GENEVA — The number of new coronavirus cases reported worldwide has continued to fall except in the Americas and Africa, the World Health Organization said in its latest assessment of the pandemic.

The decline comes as Europe marked a COVID-19 death milestone: 2 million on the continent.

In its weekly pandemic report released late Tuesday, the U.N. health agency said about 3.5 million new cases and more than 25,000 deaths were reported globally, which respectively represent decreases of 12% and 25%.

The downward trend in

reported infections began in March, although many countries have dismantled their widespread testing and surveillance programs, making an accurate count of cases extremely difficult.

WHO said there were only two regions where reported COVID-19 infections increased: the Americas, by 14%, and Africa, by 12%. Cases remained stable in the Western Pacific and fell everywhere else, the agency said.

WHO Director-General Tedros Adhanom Ghebreyesus warned during a press briefing this week that "the rising cases in more than 50 countries highlights the volatility of this virus."

Tedros said COVID-19 variants, including mutated versions of the highly infectious omicron, are driving a resurgence of COVID-19 in several countries, including South Africa, which was the first to identify omicron in November.

He said relatively high rates of population immunity are preventing a spike in hospitalizations and deaths but cautioned that "this is not guaranteed for places where vaccination levels are low." Only about 16% of people in poorer countries have been immunized against COVID-19.

WHO's report noted that some of the biggest jumps

SEE WHO, I-13

NATION

U.S. OD deaths hit record 107,000

Associated Press

NEW YORK — More than 107,000 Americans died of drug overdoses last year, setting another tragic record in the nation's escalating overdose epidemic, the Centers for Disease Control and Prevention estimated Wednesday.

The provisional 2021 total translates to roughly one U.S. overdose death every 5 minutes. It marked a 15% increase from the previous record, set the year before. The CDC reviews death certificates and then makes an estimate to account for delayed and incomplete reporting.

Dr. Nora Volkow, director of the National Institute on Drug Abuse, called the latest numbers "truly staggering."

The White House issued a statement calling the accelerating pace of overdose deaths "unacceptable" and promoting its recently announced national drug control strategy. It calls for measures like connecting more people to treatment, disrupting drug trafficking and expanding access to the overdose-reversing medication naloxone.

U.S. overdose deaths have risen most years for more than two decades. The increase began in the 1990s with overdoses involving opioid painkillers, followed by waves of deaths led by other opioids like heroin and — most recently — illicit fentanyl.

Last year, overdoses involving fentanyl and other synthetic opioids surpassed 71,000, up 23% from the year before. There also was a 23% increase in deaths involving cocaine and a 34% increase in deaths involving meth and other stimulants.

Overdose deaths are often attributed to more than one drug. Some people take multiple drugs and inexpensive fentanyl has been increasingly cut into other drugs, often without the buyers' knowledge, officials say.

"The net effect is that we have many more people, including those who use drugs occasionally and even adolescents, exposed to these potent substances that can cause someone to overdose even with a relatively small exposure," Volkow said in a statement.

Experts say the COVID-19 pandemic has exacerbated the problem as lockdowns and other restrictions isolated those with drug addictions and made treatment harder to get.

Overdose death trends are geographically uneven. Alaska saw a 75% increase in 2021 — the largest jump of any state. In Hawaii, overdose deaths fell by 2%.

EXPERTS SAY THE COVID-19 PANDEMIC HAS EXACERBATED THE PROBLEM AS LOCKDOWNS AND OTHER RESTRICTIONS ISOLATED THOSE WITH DRUG ADDICTIONS AND MADE TREATMENT HARDER TO GET.

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MEDICAL MARIJUANA

Cannabis finally makes move with 5 dispensaries

BY DAVID BEARD
DBeard@DominionPost.com

West Virginia’s medical cannabis program sat largely dormant for years after the initial legislation passed in 2017.

That was due, in part, to resistance on the part of some conservatives who built weaknesses into the original bill and fought the needed tweaks along the way.

But most everything has fallen into place and late last fall the program began blooming locally.

On Nov. 12, Morgantown’s first medical cannabis dispensary, Trulieve, opened in Sabraton. We reported at the time that more than 200 people lined up along the front of Sabraton Plaza that morning, waiting their turn to step inside.

Shortly after, Trulieve opened its second dispensary in Weston. The company reports that another local shop is planned for Granville Square, with others set to open in Belle, Huntington, Hurricane, Milton, Parkersburg and South Charleston.

On April 27, Trulieve announced it had acquired Greenhouse Wellness West Virginia, which has a dispensary permit for Martinsburg. All told, Trulieve has 10 dispensary permits along with cultivation and processing permits.

On March 18, another company, Zen Leaf, opened a dispensary on Venture Drive, just above IHOP. Another is set to open in Westover later in May.

The parent company, Verano, reports that across the state, it has permits to operate a cultivation and processing facility, along with seven medical cannabis dispensaries, which are projected to begin opening late this year.

And on April 1, Cannabist opened its first local dispensary on Don Knotts Boulevard. We reported then that members of the Morgantown



A look at the new Zen Leaf location on Venture Drive.



Ron Rittenhouse/The Dominion Post file photo

Ron Frye was the first to receive medical marijuana when Trulieve opened its Sabraton location earlier this year. Sammantha Norris of Trulieve explains the options.

Area Partnership joined with staff for a ribbon-cutting in the cold, wet wind. The first customers waited in line.

This is Cannabist’s fourth West Virginia dispensary. The others are in Beckley, St. Albans and

Williamstown. Its growing and processing operation is in Falling Waters, outside Martinsburg.

The most recent attempt at medical cannabis legislation failed twice this year — first during the regular session and then again

during the April special session. The special session bill was HB 213, a resurrection of HB 4267, which died on the last day of the regular session in March.

It was intended to limit the number of medical cannabis testing laboratories to two until Jan. 1, 2025, and forbid the two labs from conspiring to fix prices.

It stirred controversy. Proponents said the problem it aimed to address was created by the failure of the Department of Health and Human Resources. Two companies made the window for the bids, invested millions of dollars based on DHHR assurances and DHHR then fell through on its assurances. So the issue will likely go to court where the companies could recoup their money without ever setting up labs, or go out of business.

Opponents said it would discourage competition and create a monopoly for the two labs.

Zen Leaf’s parent company is Verano. Verano spokesman Steve Mazeika spoke with The Dominion Post about some tweaks that are still needed in state law.

“A current limitation in West Virginia is regarding the sale of edibles, which are currently not permitted,” he said. “This is not necessarily unique, as certain states have taken a phased approach to allowing the sale of certain cannabis products that are consumed in different formats. We hope to add edibles to our product portfolio in the future, pending state approval.”

The Legislature’s last effort to add edibles to the list of approved delivery methods was in 2021, when two bills with that provision failed: SB 590 and SB 231. Both died in House Health, where the then-chair opposed both and refused to put them on the agenda.

TWEET @dbeardtdp

MCHD

FROM PAGE I-11

saying COVID-19 has been good for the cause of public health in West Virginia, DeFelice said it certainly has forced the conversation about the role health departments can and do play



Kayla Sisler, LPN at MCHD, hands out pamphlets during the 2021 Breast Cancer Survivorship Walk at Hazel Ruby McQuain Park.

Submitted photo

DIABETES

FROM PAGE I-10

romodulation would represent an exciting and entirely new addition to the current treatment options for our patients.”

Diabetes affects about 37 million Americans, 90-95% of which have type 2 diabetes. Diabetes involves a body’s resistance to insulin, a hormone created by the pancreas which tells your cells to intake blood sugar and use it as energy. When the body doesn’t respond to insulin well, it causes the pancreas to work overtime causing high blood pressure and a myriad of potential health issues.

About a quarter of diabetes patients rely on insulin injections to live, which has become especially problematic in the United States. As of 2021, the United States’ average

unit of insulin cost was by far the highest worldwide. Averaging \$98.70 a unit, the US is charging more than three times the next highest average of Chile at \$21.48 per unit.

The astronomical prices of such a vital medication have caused a crisis for American families and forced states to impose out-of-pocket price caps for insulin and file lawsuits against drug manufacturers. The American Diabetes Association’s (ADA) 2018 survey found that 27% percent of insulin-dependent patients chose between paying rent and affording insulin.

With American insulin costs only rising in the past decade, diabetes treatments avoiding insulin injections could change the game entirely. Still in its trial phase, there’s no telling what this new ultrasound treatment could cost

for health insurance companies or individuals. Regardless, adding more options for treatment to patients’ arsenal can only improve the situation and open the door for more studies.

How does ultrasound modulation work?

The study’s title summarizing this potential treatment, “Focused Ultrasound Modulation of Hepatic Neural Plexus Restores Glucose Homeostasis in Diabetes,” is a mouthful. So let’s break down what researchers are really doing for the layman.

Therapeutic ultrasound machines have been approved for medical use for years but are generally used to treat chronic pain by increasing circulation and promoting healing. Ultrasound machines use a “transducer” to send

ROE V WADE

Some fear tech surveillance of pregnancy

Associated Press

PHILADELPHIA — Companies that collect data from the digital clues people leave online often know their most sensitive health information — gleaned from web searches, health apps and location trackers.

Privacy experts fear this digital trail could be used to surveil pregnancies if the U.S. Supreme Court allows abortions to be banned, as a leaked draft opinion suggests it will. Ford Foundation technology fellow Cynthia Conti-Cook says the

data gives outsiders a peek into someone’s soul. It’s mostly used to target advertising, like baby products shown to pregnant women. But the data could become evidence in a criminal case, something that worries abortion supporters.

WHO

FROM PAGE I-10

in COVID-19 cases were seen in China, which saw a 145% rise in the last week.

Earlier this week, Chinese authorities doubled down on pandemic restrictions in Shanghai after a brief period of loosening up. The move frustrated residents who were hoping

a more than monthlong lockdown was finally easing after complaints of food shortages and quarantines where some people were forced to surrender their house keys.

WHO’s Tedros said he didn’t think China’s “zero-COVID” strategy was sustainable, “considering the behavior of the virus now and what we anticipate in the future.”

North Korea announced its first coronavirus outbreak and imposed a nationwide lockdown. The size of the outbreak wasn’t immediately known, but it could have serious consequences because the country has a poor health care system and its 26 million people are believed to be mostly unvaccinated.

hepatoportal could be applied to the liver from outside the body with an ultrasound transducer. In addition, GE’s research team concluded that this method successfully regulated diabetes in animals. This means that treating diabetes could one day be as simple as receiving a painless ultrasound in a specific spot on your abdomen.

The future of biomedicine

GE’s new method of ultrasound modulation is six years in the making and still has a ways to go before being applied to the medical field. A massive milestone for diabetes research, this non-invasive proprietary method is also a huge step in bioelectronic medicine.

Bioelectronic medicine is a new practice that is approaching mainstream

acknowledgment. It is about using novel electronic devices to detect and treat diseases. Its applications are diverse and largely investigative, generally involving using devices to stimulate or downregulate parts of the body’s nervous system involving these diseases.

These include implanted devices or external and non-invasive devices like the ultrasound transducer used in this study.

Such devices are successfully being used to treat arrhythmias, Parkinson’s, major depressive disorder, treatment-resistant epilepsy, incontinence, cancer, and chronic pain. While many applications are still under trial, the bioelectronic medicine movement is expected to altogether revolutionize medicine in the coming decades.

HEART HEALTH

Doctors: N.C. woman youngest in U.S. to get rare surgery

The Charlotte Observer

CHARLOTTE, N.C. — For three years, Kristiana Rigney, a dirt-bike-riding, soccer-playing, hunting-and-fishing outdoors enthusiast from Mooresville, N.C., couldn't catch her breath after the simplest movement. She couldn't sleep either, as her heart raced at 180 to 190 beats per minute, about the average heart rate of world-class runners in a marathon. The normal resting heart rate of a person 18 or older is 60 to 100 beats per minute. Rigney's rare condition afflicts only about 100 people in the country, as of January, doctors told her. So Rigney, 20, had to delay college and her pursuit of a zoo-based veterinary career, and stop the outdoor activities she'd always loved. Her

mom desperately searched for answers, a journey that led her to the Overland Park Regional Medical Center in Kansas. That's where she would become the youngest person in the country to undergo pioneering surgery to deal with a rapidly beating heart condition. The surgery was performed April 21. **Out of breath** Rigney's heart condition began to emerge as she recovered from the last of three hip surgeries she'd undergone since she was 14. She couldn't play with her black lab, Cash — short for Johnny Cash — and her family's black lab, Rocky — short for Rocky Balboa. And she couldn't tend to the

family's beloved beta fish, Blueberry and Dumbo. In October, she tried riding her Kawaski KLX G dirt bike on the trail she and her family carved on their five wooded acres, but she soon ran out of breath. The bike sits waiting for her in the garage to crank up once again — a day she feared might never arrive. **Mom's search for help** Kristiana's mother, Jennifer Rigney, searched tirelessly for a doctor who could help, and visited ones in North Carolina, Tennessee and Minnesota. On a visit to the Mayo Clinic in Rochester, Minnesota, a doctor told her nothing more could be done for her daughter than the many medications she was on, Jennifer Rigney said.

But the doctor mentioned a research study that showed good results from a rare type of heart surgery used in Europe but not FDA-approved. Back home in Mooresville, Jennifer Rigney scoured medical journals and found the study in Heart Rhythm, the journal of the Heart Rhythm Society. She contacted the study's principal investigator, Dr. Dhanunjaya Lakkireddy. Lakkireddy is a cardiologist and executive medical director of the Kansas City Heart Rhythm Institute at HCA Midwest Health in Overland Park, Kan. He and another cardiologist agreed to perform the surgery on Kristiana. "I thought she was going to be with this forever," Jennifer Rigney told The Char-

lotte Observer. "But a mother will do anything to keep her kids safe." **The surgery** The two-hour surgery involved doctors using a long stick-like device burning the errant blood vessels that caused the heart to beat rapidly, Kristiana Rigney told The Charlotte Observer. It was a success. Her heartbeat had returned to normal. She was discharged on April 29 and flew home with her mom two weeks later. The hospital spotlighted Kristiana Rigney's health journey in a May 3 post on its website, and featured her and her surgeons at a news conference. The Kansas City Star and local TV stations profiled her

remarkable comeback. "These doctors are my heroes," Kristiana Rigney said in the post on the hospital website. "The nurses are my angels from heaven. I have so much living left, and I'm grateful to everyone at this hospital who helped me live again." She felt, she later told the Observer, that she had "been given a new life." Rigney now faces six months of recovery. She plans to resume her freshman year zoology studies at the Oregon State University ECampus in the fall, and add the martial art jiu-jitsu to her list of activities. She also plays the guitar and piano. And she guarantees what she'll do when her six-month recovery is up: She walk into the garage and rev up that bike.

PANDEMIC

New U.S. hospitals face fiscal crisis over COVID relief money

Associated Press

THOMASVILLE, Ala. — A whole town celebrated in 2020 when, early in the coronavirus pandemic, Thomasville Regional Medical Center opened, offering state-of-the-art medicine that was previously unavailable in a poor, isolated part of Alabama. The timing for the ribbon-cutting seemed perfect: New treatment options would be available in an underserved area just as a global health crisis was unfolding. In the end, that same timing may be the reason for the hospital's undoing. Now deep in the red two years into the pandemic, the 29-bed, \$40 million hospital with a soaring, sun-drenched lobby and 110 employees is among three medical centers in the United States that say they are missing out on millions in federal pandemic relief money because the facilities are so new they lack full financial statements from before the crisis to prove how much it cost them.



AP photo

People enter and exit Thomasville Regional Medical Center in Thomasville, Ala., on May 3. The hospital is among three in the nation that say they are missing out on federal pandemic relief money because they opened during or shortly before the COVID-19 crisis began.

Regional Hospital, located south of Wichita in Derby, Kansas. The hospital is due as much as \$15.8 million, officials said, but because it only opened in April 2019 and lacks complete pre-pandemic financial statements, it has received just a little more than \$985,000. The only thing that's saved the facility from financial ruin so far is the cooperation of doctors, contractors and vendors who haven't pushed for payments, he said. "If we lose them, we lose the hospital," said Beus. Three Crosses Regional Hospital opened in 2020 in Las Cruces, New Mexico, and piled up a staggering \$16.8 million in losses in just three quarters while receiving only \$28,000 in aid, said Landon Fulmer, a Washington lobbyist working with all three hospitals to obtain additional funding. Each facility is being penalized for being new even though they provided the same costly COVID-19 care as other medical cen-

ters and lost revenue from other procedures including elective surgeries, he said. "It really is quite a strange situation in a way, one that shouldn't have happened," Fulmer said. With about 420,000 health care providers nationwide already receiving assistance from a \$178 billion pot, the government isn't covering 100% of losses for anyone, said Chris Lundquist, a spokesman for the U.S. Health Resources and Services Administration, which is overseeing the program. "HRSA has strived to provide as much support as possible to as many hospitals as possible within the limits of the law and funding," he said. The agency said it used proxy financial information for hospitals that opened in 2019 or 2020 to create an equitable payment system. "They have all received funding," said Lundquist. While virtually all the aid money is spoken for,

Lundquist said hospitals seeking additional aid can go through an appeals process. Hospitals also can seek a supplemental appropriation or funding in the upcoming fiscal years, he said. All three of the hospitals say they deserve more. Officials in Thomasville are trying to leverage congressional influence. Mayor Sheldon Day has made several trips to Washington, D.C., to speak with members of the state's congressional delegation and health officials, and the president of the Alabama Hospital Association, Dr. Don Williamson, has contacted the White House seeking help. "They've been assured they're going to be taken care of. But the fact is, when you're dealing with government entities, you don't have the money until you have the money," said Williamson. Located in southwest Alabama, Thomasville lies within an impoverished

area called the Black Belt. About 70% of Black Belt residents qualify for Medicare or Medicaid, and health care has been limited for generations. The last hospital shut down in Thomasville more than a decade ago, leaving only hospitals that offer fewer services in the surrounding region. Officials worked for years to secure a new hospital so residents wouldn't have to drive 90 minutes for high-tech services such as digital imaging, full surgical options, echocardiograms, 3D mammography and more. Using a partnership between the city and a municipal health care authority, Thomasville Regional secured federal funding from the Department of Agriculture and opened on March 3, 2020, before cases of COVID-19 caught fire in the rural South. "We thought we were off to a good start," said James, the chief executive. "And

then everything shut down." Patients stopped showing up for scans, elective surgeries, mammographies and other money-making services because of pandemic shutdowns, and financial reports that looked promising turned perilous within weeks. Recognizing that new hospitals couldn't calculate COVID-19 losses because they couldn't compare 2020 numbers with past years, Health and Human Services allowed hospitals to use budget numbers for calculations rather than prior financial statements. That's how the hospital determined that it was missing out on more than \$7 million in aid, James said. While the hospital is still waiting on that aid, he said, the government did agree to provide \$1 million in assistance that went to all other hospitals. "That was OK, but other hospitals that are in our region got \$8 million, \$9 million," he said. The Birmingham-based Medical Properties Trust recently gave the hospital \$2 million and James said leaders are confident Thomasville Regional will eventually get the extra federal aid. "But it will take time," he said. Like Thomasville Regional, Rock Regional in Kansas saw revenues dry up soon after opening, said Beus, the CEO. It's still experiencing staff shortages because of the pandemic and having to pay a premium to travel nurses to work shifts on the wards, he said, all while working with consultants and members of Congress just trying to stay afloat. "It's been a little frustrating," he said.

IN THE END, THAT SAME TIMING MAY BE THE REASON FOR THE HOSPITAL'S UNDOING.

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TRUST

CVS exec: People deserve fair shot at being healthy

Associated Press

The new chief health equity officer at CVS Health hopes she will have more influence in fixing care disparities before they land patients in the hospital.

Dr. Joneigh Khaldun sees those disparities play out routinely as an emergency physician. She said she is focused on giving everyone a fair chance to be as healthy as possible. Millions of Americans do business daily with CVS Health's drugstores, clinics, prescription processing and health insurance. Khaldun told The Associated Press she wants to help the company build trust with patients and connect more people to routine care,

The Woonsocket, R.I., company's first chief health equity officer said she is focused on giving everyone a fair chance to be as healthy as possible, a task made easier by her employer's broad reach.

Khaldun wants to help CVS Health build trust and connect more people to routine care, all while still practicing medicine part time.

The 42-year-old former chief medical executive of Michigan is one of several chief health equity officers appointed by health care companies in the past year.

She spoke recently with The Associated Press. The conversation was edited for clarity and length.

Q: How do health care disparities play out in the emergency room?

A: Particularly in Black and Hispanic communities, people are more likely to have underlying chronic conditions. They're less likely to have access to a regular source of care. They're more likely to live in poverty and have challenges taking their medications. By the time they get to me in the ER, they're having a stroke and it's too late.

Q: You plan to focus on culturally competent care delivery. What's an example?

A: Plenty of data suggests that when care teams look like the communities that they serve or have similar experiences, you have better health outcomes. We are looking very closely at the diversity of our provider networks. It's also thinking about how care is provided. Language, how important that is, preferred language, and what community we are in, what our products look like.

Q: Are there implicit biases in how care is provided?

A: As human beings ... by nature of how our brains are designed, we tend to have bias. That does impact the way we make decisions. It's historically marginalized communities not having their pain appropriately addressed. We know that women tend to not receive the same level of interventions and diagnosis of their cardiovascular issues as men.

Q: In some cases, bias leads to deep distrust. Can you chip away at that?

A: It takes time. People need to understand that the people who are serving them understand them, care and will listen. It's being transparent about what you're doing with their data, why you're making decisions, what they can expect in the future.

ANIMAL HEALTH

Human medicine rescues giraffe

Associated Press

ESCONDIDO, Calif. — Over the past three decades Ara Mirzaian has fitted braces for everyone from Paralympians to children with scoliosis. But Msituni was a patient like none other — a newborn giraffe.

The calf was born Feb. 1 at the San Diego Zoo Safari Park in Escondido, north of San Diego, with her front limb bending the wrong way. Safari park staff feared she could die if they didn't immediately correct the condition, which could prevent her from nursing and walking around the habitat.

But they had no experience with fitting a baby giraffe in a brace. That proved especially challenging given she was a 5-foot-10-inch-tall newborn and growing taller every day. So, they reached out to experts in orthotics at the Hanger Clinic, where Mirzaian landed his very first animal patient.

"It was pretty surreal when I first heard about it," Mirzaian told The Associated Press this week during a tour to meet Msituni, who was strutting alongside the other giraffes with no troubles. "Of course, all I did was go online and study giraffes for like 24/7 until we got out here."

Zoos increasingly are turning to medical professionals who treat people to find solutions for ailing animals. The collaboration has been especially helpful in the field of prosthetics and orthotics. Earlier this year, ZooTampa in Florida



AP file photo

This Feb. 10, image released by the San Diego Zoo Wildlife Alliance shows Msituni, a giraffe calf born with an unusual disorder that caused her legs to bend the wrong way, at the San Diego Zoo Safari Park in Escondido, north of San Diego.

teamed up with similar experts to successfully replace the beak of a cancer-stricken great hornbill bird with a 3D-printed prosthetic.

The Hanger team in California had fit orthotics for a cyclist and kayaker who both went on to win medals at the 2016 Paralympics in Brazil and customized a brace for a marathoner with multiple sclerosis who raced in seven continents.

And in 2006, a Hanger team in Florida created a prosthetic for a bottlenose dolphin that had lost its tail after becoming tangled in ropes from a crab trap. Their story inspired the 2011 movie "Dolphin Tale."

But this was a definite learning curve for all,

including Matt Kinney, a senior veterinarian for the San Diego Zoo Wildlife Alliance in charge of Msituni's case.

"We commonly put on casts and bandages and stuff. But something that extensive, like this brace that she was provided, that's something we really had to turn to our human (medicine) colleagues for," Kinney said.

Msituni suffered from hyperextended carpi — wrist joint bones in giraffes' front limbs, which are more like arms. As she overcompensated, the second front limb started to hyperextend as well. Her back leg joints also were weak but were able to be corrected with specialized hoof extenders.

And given that she weighed more than 100 pounds at birth, the abnormality was already taking its toll on her joints and bones.

While the custom braces were being built, Kinney first bought post-surgery knee braces at Target that he cut up and re-sewed, but they kept slipping off. Then Msituni wore medical grade braces for humans that were modified for her long legs. But eventually Msituni broke one.

For the custom braces to work, they would need to have a range of motion but be durable, so Hanger worked with a company that makes horse braces.

Using cast moldings of the giraffe's legs, it took

WALKING DATA

Step-by-step: Disney rhino gets fitted with fitness tracker

Associated Press

ORLANDO, Fla. — Someone new is joining the ranks of fitness enthusiasts who monitor the number of steps they take each day with Fitbits and other fitness tracking devices. Only Helen isn't human: She's a 30-year-old white rhino at Walt Disney World.

Helen went out onto the savanna at the Kilimanjaro Safaris attraction at Animal Kingdom on Monday wearing a fitness device all-day.

The purpose is to gather data on the number of steps she takes each day, whether she is walking, running or napping, and which part of the man-made savanna she favors the most. The device, about a foot in diameter, has an accelerometer and a GPS tracker and it's fitted around her ankle.

The data it produces will be shared with more than two dozen other institutions participating in a large research project studying the best ways to care for rhinos at facilities, said Scott Terrell, a veterinarian who is director of Animal & Science Operations, Walt Disney Parks & Resorts.

"By doing this research



AP photo

Helen, a 30-year-old white rhino, wears a fitness device on her right front leg as she walks around on the savanna at Walt Disney World's Animal Kingdom theme park, May 16 in Lake Buena Vista, Fla. The purpose of the fitness device is to gather data on the number of steps she takes each day, whether she is walking, running or napping, and which part of the man-made savanna she favors the most.

and using this technology, we can really focus in on the physical fitness of the rhinos as a component of their health and well being," Terrell said.

The tracker consists of a belt with a small pouch with electronics attached to it.

Her caretakers had been trying to get Helen

accustomed to the device by having her wear it for a limited amount of time and then extending that time.

If Helen continues to appear comfortable wearing the device, which will be taken off at night, eventually two-thirds of the nine white rhinos at Animal Kingdom will be wear-

ing the devices out on the savanna.

Around 27,000 rhinos remain in the wild, primarily at national parks and reserves.

Three species — black, Javan, and Sumatran — are critically endangered due to poaching, according to the World Wildlife Fund.

RESEARCH

Global pollution kills 9 million people a year

Associated Press

A new study blames pollution of all types for 9 million deaths a year globally, with the death toll attributed to dirty air from cars, trucks and industry rising 55% since 2000.

That increase is offset by fewer pollution deaths from primitive indoor stoves and water contaminated with human and animal waste, so overall

pollution deaths in 2019 are about the same as 2015.

The United States is the only fully industrialized country in the top 10 nations for total pollution deaths, ranking 7th with 142,883 deaths blamed on pollution in 2019, sandwiched between Bangladesh and Ethiopia, according to a new study in the journal The Lancet Planetary Health. Tuesday's pre-pandemic study

is based on calculations derived from the Global Burden of Disease database and the Institute for Health Metrics and Evaluation in Seattle. India and China lead the world in pollution deaths with nearly 2.4 million and almost 2.2 million deaths a year, but the two nations also have the world's largest populations.

When deaths are put on a per population rate, the

United States ranks 31st from the bottom at 43.6 pollution deaths per 100,000. Chad and the Central African Republic rank the highest with rates about 300 pollution deaths per 100,000, more than half of them due to tainted water, while Brunei, Qatar and Iceland have the lowest pollution death rates ranging from 15 to 23. The global average is 117 pollution deaths per 100,000 people.

eight days to make the carbon graphite braces that featured the animal's distinct pattern of crooked spots to match her fur.

"We put on the giraffe pattern just to make it fun," Mirzaian said. "We do this with kids all the time. They get to pick super-heroes, or their favorite team and we imprint it on their bracing. So why not do it with a giraffe?"

In the end, Msituni only needed one brace. The other leg corrected itself with the medical grade brace.

When they put her under to fit the custom brace, Mirzaian was so moved by the animal's beauty, he gave her a hug.

"It was just amazing seeing such a big, beautiful creature just laying there in front of me," he said.

After 10 days in the custom brace, the problem was corrected.

All told, she was in braces for 39 days from the day she was born. She stayed in the animal hospital the entire time. After that, she was slowly introduced to her mom and others in the herd. Her mom never took her back, but another female giraffe has adopted her, so to speak, and she now runs along like the other giraffes.

Mirzaian hopes to hang up a picture of the baby giraffe in her patterned brace so the kids he treats will be inspired to wear theirs.

"It was the coolest thing to see an animal like that walk in a brace," he said. "It feels good to know we saved a giraffe's life."

MAYO CLINIC

Lifestyle changes may help manage menopause

Mayo Clinic News Network (TNS)

The average healthy woman begins menopause at 51, though some women will begin in their 40s or in their late 50s. It's a natural biological process that marks the time a woman ends her menstrual cycle.

Health care professionals at Mayo Clinic remind all women that mood swings, hot flashes and difficulty sleeping are common symptoms that can be effectively managed with hormone therapy. Lifestyle changes also can help relieve these temporary symptoms.

Hormone therapy may help but this treatment comes with side effects, and it is not for everybody.

"Many women are not candidates to take hormone therapy, like women who have a diagnosis of breast cancer. But in a woman who's taking hormone therapy and still having symptoms, lifestyle management can also be effective," said Dr. Denise Millstine, a physician from Mayo Clinic's Women's Health Center.

"Hit the golf course, for instance. Regular exercise, along with a healthy diet, may help. Women who exercise regularly are healthier overall, and they might be reducing their hot flash burden, as well."

If you smoke, Millstine says quit. "Women who smoke have more frequent hot flashes, and they also have more severe hot flashes."

Consider yoga, deep-breathing exercises and massage to relieve stress.

"I will often refer women for a trial of acupuncture to see if that can reduce their hot flash burden, in addition to simple practices like paced breathing or breathing exercises."

Menopause is a natural stage of aging. See your health care provider.

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