

Grand Rounds with Nobel Peace Prize winner Leymah Gbowee

“WHEN WE FOCUS ON PEACE AND JUSTICE, we cannot just focus on the end of wars and the putting down of arms,” said Leymah Gbowee, the 2011 Nobel Peace Prize recipient. “Establishing peace is ensuring that every condition is created to dignify human life.”

Gbowee – who spoke at the Sept. 26 Department of Medicine Grand Rounds – is an activist and social worker whose nonviolent mobilization of women in Liberia helped bring a 14-year civil war to an end in 2003. She is the founder and president of the Gbowee Peace Foundation Africa, which focuses on education, leadership development and community engagement as key pillars of building a healthy and peaceful Liberia.



GBOWEE

When Gbowee was pregnant with her third child and traveling to escape the violence in Liberia, she was seen by a doctor and was told she was extremely anemic. Sick and needing a blood transfusion, her doctor approached her partner to donate, but he had to refuse as he, too, was sick.

“My doctor did not say, ‘I am a doctor, so I will stay in my lane,’” Gbowee said. “Instead, he paid for my medications and increased my visitation days to ensure I was eating well because his office provided food.”

The day Gbowee gave birth, her doctor’s mother died, keeping him from the hospital. “I gave birth to a tiny 2 pound premature baby and I did not have a dime. So the hospital put me in the hallway and did not put my baby in an incubator,” she said. “After a week, my doctor came back. The staff told him I was up in the corridors with the other women who cannot afford care and he came running to me. ‘Oh my god, I have a grandbaby,’ he said. He paid my bill, gave me some extra cash and sent me home. That is peace interacting with medicine.”

In discussing privilege with the group of physicians, residents, trainees and students during the Grand Rounds, (Continued on page 2)

Surgical Family Waiting Area moves to Yawkey

ON NOV. 11, the hospital’s Gray Surgical Family Waiting Area will move into a newly-renovated space on the second floor of the Yawkey Building. This move paves the way for critical expansion of the Electrophysiology Lab on the first floor of the Gray Building.

“Although we are moving to a new physical location, the volunteers remain the true heart and soul of the Family Waiting Area,” says Jackie Nolan, director of the Volunteer Department, which oversees the program.

The Family Waiting Area was established more than 30 years ago under the leadership of Maeve Blackman, former director of the MGH Volunteer Department. The early years involved paper-tape communications between recovery room personnel and a volunteer sitting at a desk in a hallway. Today, the volunteers offer a combination of personalized and state-of-the-art support within a dedicated waiting room area. There, families are kept informed of a patient’s progress and doctors can personally and privately communicate surgical results. From the outset, the aim of the program has been to make families feel a part of a patient’s surgical process, from pre-op to their arrival in the Post Anesthesia Care Unit or Intensive Care Unit.



SNEAK PEEK: Nolan, second from right, visits the new waiting area with volunteers.

MGH Volunteers are responsible for supporting a diverse population of more than 2,000 family members, friends and other visitors each month. The team of 36 volunteers is responsible for keeping families up to date on the timing of procedures and the location of the patient. Tracking is done via Epic, the electronic medical record, and in partnership with the surgical liaison nurse, who circulates throughout the operating rooms.

“The ongoing contributions of the Family Waiting Area volunteers can’t be overstated,” says Nolan. “They are the point of contact for so many of our patients and families when they are at their most vulnerable, and they truly make a difference every day.”

Advances volunteers have led over the years include the introduction of multi-modal interpreter services, a recovery room Perioperative Family Liaison support program, on-site escorts, and online reporting and waiting area redesigns to enhance traffic flow and comfort.

The Yawkey Family Waiting Area will be open weekdays from 8 am to 5 pm. After 5 pm, families will wait in the Maxwell & Eleanor Blum Patient and Family Learning Center. ■

RESEARCH ROUNDUP

Genetic study points to new strategies to delay the onset of Alzheimer's disease

Some people who carry gene mutations known to cause early onset Alzheimer's disease do not show symptoms until a very old age. Studying these individuals may help identify other gene variants that help delay the onset of the disease.

In a new study, Yakeel T. Quiroz, PhD, MGH neurologist, describes one such patient from a large extended family in Colombia that is genetically prone to early onset Alzheimer's.

The patient has the genetic mutation that causes early onset Alzheimer's, but unlike most of her relatives – who developed signs of dementia in their 40s – she did not show any signs of impairment until three decades later.

Imaging tests showed she had only minor neurodegeneration in her brain, despite having unusually high levels of amyloid beta deposits, the hallmark of Alzheimer's disease. The number of tau tangles – another key component of the disease – was more limited.

The researchers believe that carrying two copies of a genetic variant called Christchurch helped delay the disease onset by limiting the more damaging effects of tau tangles and neurodegeneration that occur after the building up amyloid beta.

The results suggest it may be possible to delay the onset of Alzheimer's disease even in patients with significant buildups of amyloid, and that treatment success may not be contingent on reducing overall amyloid beta levels in the brain.

Why some football players have a higher cardiovascular risk than other athletes

While research has shown that elite athletes are at a decreased risk of death from cardiovascular problems, a certain group of athletes – football linemen in the United States – actually have higher risk than the general population and other elite athletes.

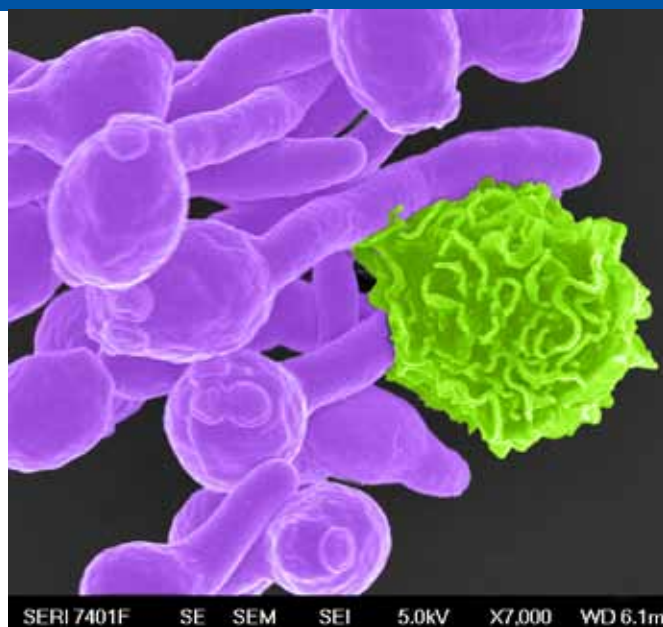
A study led by Aaron Baggish, MD, director of the MGH Cardiovascular Performance Program, found that most football players who play on the offensive and defensive line at the college or professional level undergo forced weight gain during training that can cause high blood pressure, sleep apnea and the development of a thick, stiff heart and arteries later in life.

The results of the study suggest that introducing more aerobic conditioning to the training regimen for linemen could help to reduce this risk. "When we've studied other populations of people who engage in aerobic activity, we see the exact opposite of what we see in this population," Baggish says.

MGH performs first application of pig skin to a human wound

Burn specialists at the MGH have successfully used a live-cell, genetically engineered pig skin to temporarily close a burn wound in a patient. This is the first time that pig tissue derived from an animal with gene edits has been transplanted directly to a human wound.

The advance could help alleviate the shortage of human cadaveric tissue typically used to temporarily close large burn wounds to allow for the skin to heal. The procedure took place as part of a clinical trial led by Jeremy Goverman, MD, of the MGH Sumner Redstone Burn Service.

**Research Institute Image Contest winner**

MORE THAN 46 IMAGES were submitted by researchers as part of the second annual MGH Research Institute Image Contest. After two weeks of deliberation, judges selected a winner and eight finalists.

"Neutrophil Attack!" by Adam Viens, a research technician in the Division of Infectious Diseases, took first place. His photo will be showcased in a full-page ad in *Proto Magazine* and all finalist images will be featured in an installation in the lobby display case of Building 149 in the Charlestown Navy Yard.

As part of the Mansour Lab, Viens is focused on understanding the innate immune system, specifically white blood cells and how they recognize and respond to fungal pathogens. The goal is to develop novel cellular diagnostics and therapies for invasive fungal infections.

Visit <https://mghresearchinstitute.org> to learn more about the Image Contest. ■

**– Grand Rounds**

(Continued from page 1)

Gbowee emphasized the opportunity those in health care have to generate change and transform society.

"We all have privilege, but our privilege is a blessing, and we have to use that privilege to change the world," she said. "There has been a lot of talk about how people have to stay in their zone. The military needs to stay in the military zone, peacemakers need to stay in the peace zone, and those in medicine need to stay in the medical zone. What people who say that don't understand is all of this circles back to social issues and health issues. All issues are interconnected and interrelated."

Asher Bruskin, LICSW, discusses gender affirming care



THE INTERNATIONAL TRANSGENDER DAY OF REMEMBRANCE is Nov. 20. To better understand the annual observance, the issues facing the transgender community and how the MGH can be more gender affirming, Asher Bruskin, LICSW, of the MGH Transgender Health Program and MGH Infectious Diseases Clinic, shares his thoughts.

WHAT IS THE TRANSGENDER DAY OF REMEMBRANCE?

Transgender Day of Remembrance is a memorial vigil observed every year on or around Nov. 20 to honor lives lost in the previous year to acts of anti-transgender violence.

The observance began in 1999 as a vigil for Rita Hester, a transgender woman living in Boston, who was murdered. Hester's friends and community came together to honor her memory, and over the years the annual memorial has grown to take place in communities throughout the world.

WHY IS IT RECOGNIZED?

There is an established history of transgender and non-binary people, along with many others with marginalized identities, being killed or ending their own lives without acknowledgement of their humanity. The act of mourning is an act of affirming that transgender and non-binary people exist and that they deserve to be remembered in ways that honor their full sense of selves.

Transgender Day of Remembrance is also a community event that honors the resiliency of those who remain active in working for justice.

WHAT NEEDS TO CHANGE TO END THIS VIOLENCE?

Anti-transgender violence does not exist on its own. Structural violence and systemic oppression cause the conditions that leave many transgender and non-binary people vulnerable to both interpersonal violence and to persistent bullying and degradation. These structural conditions particularly allow for more targeted and deliberate acts of violence against transgender women of color due to their multiple marginalized identities. In order to disrupt and undo violence on the individual level, we must work to change the larger systems that allow and legitimize hate-based violence.

WHAT CAN I DO TO SUPPORT THE TRANSGENDER COMMUNITY ON TRANSGENDER REMEMBRANCE DAY AND IN GENERAL?

On Nov. 20, the MGH Transgender Health Program and the MGH Spiritual Care Department will host a memorial vigil in the chapel.

It is important to affirm the worth all people – especially of transgender and non-binary people – including patients, staff, colleagues and visitors. Use and respect the names and pronouns people share with you. Be sure to review MGH policies and training materials that uphold MGH's dedication to making everyone feel welcome and supported as a gender-affirming medical center and home. ■



Light that enlightens

LET THERE BE LIGHT: MGH staff gathered in the East Garden Room Oct. 29 for the annual hospital celebration of Diwali, hosted by Human Resources. The holiday – known as the festival of lights – is the most widely recognized Hindu festival worldwide, during which Hindus, Buddhists, Sikhs and Jains celebrate for five days. Diwali symbolizes the spiritual victory of light over darkness, good over evil, and knowledge over ignorance.

Welcome home Bigelow 7

FOR MOST OF THE STAFF on the newly-opened Bigelow 7 General Medicine Unit, the renovated space is their first experience of working at the MGH. For two members of the team though, it is a homecoming.

Mary Brown, RN, recently graduated from nursing school only to return to the floor she trained on during her time as a patient care assistant when the floor was an Emergency Department Observation Unit.

"It's been very comforting for me to be back on a floor I am familiar with, but with the floor being changed to a Medicine Unit, there's a feeling that we are building the floor from ground up," Brown said at the official opening of the new unit Oct. 29. "Before we opened, we had conversations about what we wanted our floor to look like, what kind of culture our floor would have and discussed our goals. Starting something like this from the beginning is a once in a lifetime sort of opportunity."

Another familiar face of Bigelow 7 past and present is Pablo Tourn, operations manager in Patient Care Services. "It's nice to be back home and see this floor come back to life during the renovation," he said. "There were so many different groups working together on this project, from our unit staff to Building and Grounds to Pharmacy."

Because of the tight quarters on the unit, Tourn and his colleagues had to get creative when it came to using the space. "Everything has to have a purpose and everything has a home when working on a smaller unit," he said. "With so many of us on the floor involved in the planning process, we were able to really customize the space to ensure that we have everything we need to take care of our new medicine patients."

The renovation of the Bigelow 7 unit is part of the hospital's multipronged approach to addressing capacity constraints at the MGH. "The strong collaboration, dedication and commitment amongst the Department of Medicine, Nursing and Patient Care Services, and other support services and departments resulted in a reinvigorated physical environment, and a safe and efficient transition," said Marie Borgella, RN, Bigelow 7 nursing director.

The leadership team for Bigelow 7 includes Tourn; Borgella; Mia Haddad, RN, clinical nurse specialist; and William Hillmann, MD, inpatient physician director. ■



FROM THE GROUND UP: From left, Jenna Cole, RN; Tourn; and Borgella

Open Enrollment is here: Things to consider for 2020

OPEN ENROLLMENT WILL RUN through Nov. 13 and all staff are encouraged to log on to the www.AskMyHRportal.com/OE2020 portal to review, choose and enroll in their 2020 benefits. The site includes step-by-step enrollment instructions, videos, rate sheets, enrollment guides and medical plan comparison charts.

Here are some important things staff should know to make the most of their 2020 benefits, including health plans, dental and vision coverage, and life and disability insurance.

WHICH MEDICAL PLAN IS RIGHT FOR YOU?

Staff will continue to have a choice between Partners Select and Partners Plus plans, administered by AllWays Health Partners.

If your medical and behavioral health providers are mainly Tier 1 providers, or if you live outside the Greater Boston area, Partners Select may be the best plan. If your family needs the flexibility of having access to Tier 2 or out-of-network providers, Partners Plus may be the right plan.

To decide which plan will best meet you and your family's needs, refer to the Partners Plus vs. Partners Select comparison page on Ask myHR.

NEW MEDICAL ID CARDS FOR 2020:

Employees who are enrolled in an employee health plan through AllWays Health Partners for 2020 will receive a replacement ID card in December. The new card will provide additional information about Aetna Signature Administrators, which extends the AllWays Health Partners network outside of Massachusetts. This additional information will help ensure claims are processed in a timely manner.



The AllWays Health Partners ID card also contains information about CVS/Caremark prescription drug coverage.

LIFE INSURANCE:

If your family members depend on you financially, consider enrolling in supplemental life and/or accidental death and dismemberment (AD&D) insurance through MetLife. Enroll in coverage for yourself, your spouse and your children.

HOW MUCH CAN A FLEXIBLE SPENDING ACCOUNT SAVE YOU?

A flexible spending account allows you to save on taxes for certain health care and dependent care expenses. These accounts may save you hundreds of dollars each year, but be sure to re-enroll during every Open Enrollment period.

ARE YOUR BENEFICIARIES UP TO DATE?

Open Enrollment is a great time to ensure that beneficiary information is up to date for life insurance, retirement and tax-sheltered annuity plans.

CONFIRM OTHER COVERAGES FOR 2020:

Are your dental, vision, disability and retirement plans at the coverage levels you need? While these plans are not changing, now is a good time to check whether your current coverage aligns with the care you expect to need for yourself or your family in 2020.

For more information, refer to the Open Enrollment page on Ask myHR. If you don't find the answer to your question, submit a request or call the HR Support Center at 1-833-275-6947. ■

Transplant Center unveils Donor Memorial Tree

THE MGH TRANSPLANT CENTER recently unveiled a Donor Memorial Tree in the lobby of the Lunder Building, honoring organ and tissue donors and their families.

"The organ donor memorial is based on the Celtic Tree of Life, which symbolizes balance and harmony between the earth and heaven, and heaven and earth," said Paul Myoung, administrative director of the MGH Transplant Center and chair of the hospital's Organ and Tissue Donation Committee. "The knots encircling the tree represent the woven and binding connection between the past, present and future."

The tree is a custom work of art that took more than two years to design. Inscribed in the circumference are the words "Thank You" in 15 languages, reflecting the importance of diversity, inclusion and equality. Myoung said it is a message of appreciation and remembrance for everyone who chooses to give the gift of life.

"The donor memorial is intended to be a timeless tribute," said Joren Madsen, MD, DPhil, director of the Transplant Center. "It celebrates the benevolence and generosity of donors, but it is also a source of strength for the dedication of those who work in transplantation at Mass General and New England Donor Services."

As of July, there are an estimated 113,000 people waiting for a lifesaving transplant. One donor can save up to eight lives through organ donation. In 2018, there were more than 17,500 organ and tissue donations in the United States.

"As a bedside nurse caring for donor patients and families, I'm overjoyed that this memorial allows the Mass General community to honor the gift of organ donation in such a symbolic manner," said Katelyn Sparks, RN, of the Neurological Intensive Care Unit. ■

