

*She's a  
Miracle*

Infant battles rare,  
aggressive meningitis

*A Toothache  
That Changed  
Everything*

Living beyond  
trigeminal neuralgia

*A New  
Beginning  
After  
Weight Loss*





Visitors to the inaugural Home & Garden Show peruse curated items at the four-day event held in March at the Arthur R. Outlaw Mobile Convention Center. Proceeds benefit the ECMO program at USA Health Providence Hospital.

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Top: Laura Betbeze sought help from USA Health Neurosurgery for a rare and painful facial nerve disorder.

Greg Brown approached his cancer diagnosis and treatment head-on, and beat the odds.

Playing with toy medical equipment helps prepare young patients for what to expect during a procedure in the hospital.

Hundreds filled the Soul Kitchen in January for Doc Rock, a battle-of-the-bands fundraiser.

On the cover: Two-month-old Lanier Faircloth is back at home after a month-long hospitalization for bacterial meningitis.



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**D**ear Friends:  
When I spend time with patients and families in our community, I often hear something that never loses its impact: “Because of USA Health, I got my life back,” or “USA Health saved my life.”

Those moments stay with me. They are a reflection of trust, and a reminder of the responsibility we carry as the Gulf Coast’s only integrated academic health center. Every day, our team members show up ready — ready with the expertise, the compassion, and the commitment to care for what matters most. I am incredibly grateful for them and the difference they make in the lives of so many.

In this issue of USA Health magazine, you will see that impact come to life through the stories of patients and families across our region. These are not just stories about care — they are stories about what’s possible when clinical excellence, education, and innovation come together in service to a community.

You’ll meet the parents of Lanier Faircloth, a true miracle baby who is thriving today after receiving highly specialized care in our pediatric ICU. You’ll read about a cancer survivor who defied the odds through leading-edge treatments like immunotherapy. And you’ll meet a woman whose life was transformed not only by surgery, but by the compassion and acceptance she experienced along the way.

You’ll also see the impact of our physician faculty from the Whiddon College of Medicine — individuals who are not only caring for patients but also helping shape the future of medicine. From a woman now living pain free after treatment for a debilitating facial nerve disorder to a young man inspired to pursue nursing after experiencing innovative care for spina bifida, these stories reflect something we believe deeply: Great healthcare doesn’t just treat illness — it changes lives.

We are fortunate to serve a community that believes in taking care of one another. And we do not take lightly the role we play in that dynamic. At USA Health, we are not only caring for today; we are building what healthcare can and should be for the future of the Gulf Coast.

It is a privilege to be part of these stories and to serve alongside people who make this work possible every day.

We hope you enjoy this issue of USA Health magazine.

Natalie Fox, DNP, PNP-BC  
Chief Executive Officer  
USA Health

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# NEWS



Fairhope teen JB Bramblett is this year's Children's Miracle Network Champion for USA Health Children's & Women's Hospital. JB and his family credit pediatric specialists for delivering expert, compassionate care when he suffered burns as a toddler and when he was diagnosed with Kawasaki Syndrome, a rare illness, at age 10.

# Highest standards in trauma care

**WHEN SECONDS MATTER**, the Fanny Meisler Trauma Center at USA Health University Hospital delivers care at the very highest level. Verified as a Level I trauma center by the American College of Surgeons last year, University Hospital is the only ACS-verified Level I trauma center serving the Alabama Gulf Coast.

Level I Trauma Center verification by the ACS signifies that a hospital meets the highest national standards for trauma care. It reflects a comprehensive system capable of providing immediate, 24/7 care for the most severely injured patients, supported by specialized surgeons, advanced resources, trauma research, injury prevention programs, and ongoing performance improvement.

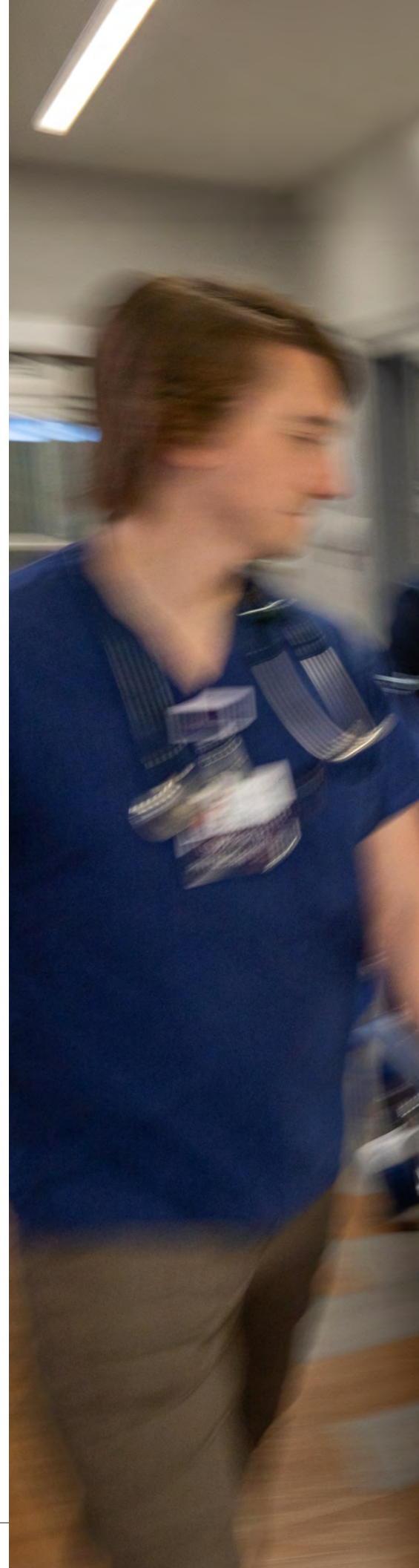
“Meeting the standards for optimal care as put forth by the American College of Surgeons is the highest level of achievement for any surgery program,” said Michael Chang, M.D., chief physician executive and system chief medical officer for USA Health and associate vice president for medical affairs. “By doing this, USA Health ensures that injured patients on the Gulf Coast will receive timely, expert-led, patient-centered care.”

Most Level I-verified trauma centers are university-based teaching hospitals because of the resources required for patient care, education, and research.

During the ACS verification process, University Hospital was reviewed on site by a team of experts in the field of trauma care. The hospital showed it met the requirements, including:

- 24/7 in-house trauma coverage
- Immediate access to specialties and specialists such as orthopaedic surgery, neurosurgery, interventional radiology, and burn care
- Community injury prevention and outreach programs
- Performance improvement and safety programs
- Teaching and research efforts to fuel innovations in trauma care

The Fanny Meisler Trauma Center cares for more than 3,500 trauma patients a year and maintains an exceptional 96% survival rate. ACS Level I trauma center verification is further confirmation that University Hospital serves as a vital lifeline for communities across the Gulf Coast.





U HEALTH  
UNIVERSITY HOSPITAL

ACS

AMERICAN COLLEGE OF SURGEONS

**SURGICAL  
QUALITY  
PARTNER**

ACS

**Trauma**

Verified Trauma  
Center

University Hospital's Fanny Meisler Trauma Center  
cares for more than 3,500 trauma patients a year,  
with a 96% survival rate.



Allen Revillosa, BS, CCP, RRT, director of Perfusion and ECMO Services at USA Health Providence Hospital, checks readings on the ECMO machine during a surgery.

## First in Mobile: Providence brings lifesaving ECMO care closer to home

In a milestone moment for Gulf Coast healthcare, USA Health Providence Hospital has launched southwest Alabama's first Extracorporeal Membrane Oxygenation (ECMO) program, one of medicine's most advanced life-support technologies that is crucial when minutes matter and miles are barriers to lifesaving care.

With this addition, USA Health extends its critical care capabilities to ensure patients facing severe cardiac or respiratory failure can receive treatment without leaving the region.

ECMO is a complex therapy that temporarily takes over the function of the heart and lungs. Blood is circulated through an external machine that adds oxygen and removes carbon dioxide, giving the body time to heal or serving as a bridge to transplant or other definitive treatment. Though not a cure, ECMO can be the difference between life and death when conventional therapies are no longer enough.

"When the unthinkable happens, we are ready," said Natalie Fox, DNP, PNP-BC, chief executive officer of USA Health.

Until now, patients in Mobile and Baldwin counties requiring ECMO had to be transported hours away, often in critical and unstable condition. The new program closes that gap, bringing tertiary-level care directly to the Alabama Gulf Coast for the first time.

Rick Metzger, MMHC, BSN, RN, chief executive officer of Providence Hospital, said the ECMO program represents years of preparation and collaboration across disciplines. "This is just one more example of USA Health's commitment to helping people lead longer, better lives," he said.

The initiative was made possible in part through State and Local Fiscal Recovery Funds (SLFRF) under the American Rescue Plan Act, administered by the Mobile County Commission and championed by Commissioner Randall Dueitt.

ECMO patient  
makes an emotional  
hospital exit.



# Strengthening cardiovascular care for the Gulf Coast region



Noel W. Bedwell, M.D., Christopher S. Brown, M.D., W. Dale Hardy, M.D., Chad M. Alford, M.D., and Kevin B. DeAndrade, M.D., are bringing their expertise to USA Health, elevating cardiovascular care in the region.

Cardiovascular care across the Gulf Coast was strengthened with USA Health's acquisition of Mobile Heart Specialists, P.C., reinforcing the academic health system's commitment to delivering advanced, comprehensive heart care in Mobile and the surrounding region.

The practice will now operate as Mobile Heart Specialists at USA Health, enhancing access to comprehensive cardiology services while maintaining its established clinics in Mobile and Evergreen.

This integration further elevates USA Health Providence Hospital as a premier destination for cardiovascular treatment, bringing together nationally recognized expertise, advanced diagnostics, and coordinated specialty care under one academic health system.

The cardiology team includes Chad M. Alford, M.D., Noel W. Bedwell, M.D., Christopher S. Brown, M.D., Kevin B. DeAndrade, M.D., and W. Dale Hardy, M.D., who are experienced in general cardiology, interventional procedures, electrophysiology, and

advanced rhythm management including ablations, implantable defibrillators, and pacemakers, supported by a full noninvasive diagnostic laboratory.

USA Health leaders say the expansion is a step toward improving regional access to high-quality cardiovascular care and strengthening the collaboration between academic medicine and community-based practices.

"Expanding this partnership represents an important step forward in strengthening cardiovascular care across our region," said Natalie Fox, DNP, chief executive officer of USA Health. "It builds on our longstanding relationships and shared commitment to advancing patient care while training the next generation of cardiologists."

DeAndrade, a partner at Mobile Heart Specialists, said the transition expands both clinical reach and academic collaboration. "This is an exciting time for all of us," he said, adding that the partnership will further enhance access to advanced heart medicine in the region.

# Accolades for University Hospital



Lee Grimm Jr., M.D., leads the multidisciplinary rectal cancer team that meets regularly to review cases and decide on personalized treatment strategies.

## Rigorous standards for rectal cancer care

USA Health University Hospital has once again earned accreditation from the National Accreditation Program for Rectal Cancer, a distinction awarded by the American College of Surgeons to programs that meet rigorous national standards.

Initially accredited in 2022 as Alabama's first NAPRC facility, University Hospital remains one of just 119 centers nationwide to hold this recognition. The designation reflects excellence across program management, clinical care, and continuous quality improvement, ensuring patients receive treatment grounded in the latest evidence.

At the heart of the program is a multidisciplinary rectal cancer team established in 2015 by Lee Grimm Jr., M.D., a USA Health colon and rectal surgeon and professor of surgery at the Frederick P. Whiddon College of Medicine. Specialists across oncology, surgery, radiology, and pathology meet regularly to review each case and decide on personalized treatment strategies.

That collaborative approach is especially critical for rectal cancer, a complex disease often diagnosed at advanced stages. Today, evolving therapies are changing outcomes. Up to half of patients may now achieve complete responses with chemotherapy and radiation alone, avoiding surgery and preserving quality of life through careful "watch and wait" monitoring.

For rectal cancer patients at University Hospital, accreditation means more than a credential; it reflects a team-based approach focused on delivering the best possible outcomes and helping patients maintain their quality of life during and after treatment.



Neurologists Rebecca Sugg, M.D., and M. Adeel Saleemi, M.D., perform a minimally invasive vascular procedure while reviewing real-time imaging, common during stroke treatment.

## Leader in advanced, lifesaving stroke care

USA Health University Hospital has been recertified as a Comprehensive Stroke Center (CSC) by DNV Healthcare USA Inc., reaffirming its role as the Gulf Coast region's leader in advanced, lifesaving stroke care.

Comprehensive Stroke Center certification represents the highest level of stroke certification, recognizing hospitals with the expertise, technology, and systems required to treat the most complex stroke cases 24 hours a day, seven days a week. Through rigorous annual surveys, DNV evaluates advanced imaging, neurosurgical and endovascular services, neuro-critical care, specialized stroke teams, research participation, and ongoing quality improvement. University Hospital once again met – and exceeded – these standards.

"Being the Gulf Coast region's first and longest-standing Comprehensive Stroke Center means our patients and communities receive the fastest and highest-quality stroke care available," said Emily Dahlmann, DNP, USA Health Stroke Program director. "Our team cares for the most complex stroke patients, keeping them at the center of everything we do."

Even before national initiatives like Code ICH emphasized urgency in treating hemorrhagic strokes, the USA Health team had already implemented aggressive, protocol-driven approaches. Today, those protocols extend across every stage of care – from EMS response through discharge – ensuring rapid, evidence-based treatment. Patients also benefit from 24/7 access to advanced interventions such as complex neurosurgical procedures, where minutes can mean the difference between recovery and long-term disability.

# Guiding the future of cancer care: Persing rejoins MCI



Brian Persing, M.D., a nationally recognized oncologist and hematologist, has returned to lead the USA Health Mitchell Cancer Institute (MCI) as director. Having previously served at MCI from 2020 to 2024, his return marks a significant homecoming.

In this role, he will oversee clinical operations, research, and long-term strategy while continuing patient care.

Persing said returning to MCI as director feels both meaningful and personal. When asked about his return, he shared why he believes MCI is a leader in cancer care.

## What does returning to MCI as director mean to you?

Returning to the Mitchell Cancer Institute as director feels deeply personal and meaningful to me. MCI has been an important part of my journey, and it truly feels like coming home. I have always admired the compassion, dedication, and sense of purpose that define this place, and I am honored to return to serve alongside colleagues and friends who care so deeply about our patients and community.

## What makes MCI special, and what's your vision for its future?

What makes MCI special is the people — the clinicians, researchers, nurses, and staff who come together every day with a shared devotion and commitment to patients and families facing cancer. There is a genuine sense of teamwork and compassion here that you can feel the moment you walk through the doors. My vision is to build on that spirit by continuing to grow education, improving the systems that support safe and compassionate care, and expanding research and clinical trials so that patients in our region can access the most advanced treatments without leaving home.

## What excites you most about this next chapter?

I am most excited about the opportunity to reconnect with this community and help shape what comes next for cancer care along the Gulf Coast. Oncology is advancing rapidly, and it is inspiring to be part of a team that is committed to bringing those advances to our patients. I am especially excited about strengthening collaboration, mentoring the next generation of oncology professionals, and expanding opportunities that will make a real difference in people's lives.

## Will you continue to see and treat patients in this role?

Yes. Caring for patients is at the heart of why I entered medicine, and it remains one of the most meaningful parts of my work. While my administrative and nonclinical responsibilities will expand in this leadership role, staying connected to patients keeps me grounded and focused on what matters most.

*In addition to his leadership role, Persing serves as an associate professor of interdisciplinary clinical oncology. He is triple board-certified in internal medicine, hematology, and oncology, with a clinical specialty in lung cancer.*

## USA Health surgeon first in state to use new hip implant



**A**t USA Health, innovation and expertise are reshaping what's possible in pediatric orthopaedic surgery. In October 2025, pediatric orthopaedic surgeon William Cutchen, M.D., became the first physician in Alabama, and among the first in the nation, to use a newly released pediatric hip implant to both repair a fracture and correct a deformity in a single procedure.

The case involved an adolescent girl with a rare femoral neck fracture complicated by coxa vara, a deformity stemming from a prior injury. Using the 3P Pediatric Plating Platform Hip System, Cutchen and his team stabilized the fracture while simultaneously repositioning the hip. By correcting

the deformity, they improved the alignment of the fracture, creating optimal conditions for healing.

"This system allowed us to compress the fracture but then also tilt the femoral neck up and make her hip more normal, putting it in a better position to heal," Cutchen said. "All early signs are that she is going to make a very good recovery."

Designed for growing patients, the system features a beam screw construct and locking plates available in infant through adolescent sizes. Launched in the U.S. earlier this year, the technology offers surgeons greater precision and flexibility, marking an important step forward in pediatric surgical care.



Pretty in pink, 4-month-old Lanier rocks with her mom in her home nursery.

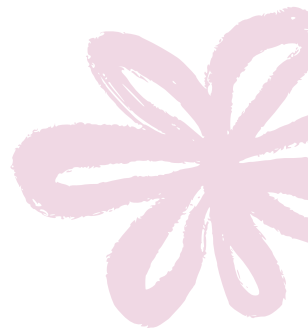


# She's a miracle

Two-month-old Lanier Faircloth was diagnosed with a rare and aggressive form of bacterial meningitis that kept her hospitalized and fighting for her life for weeks.

Her parents credit the healthcare team at Children's & Women's Hospital and the power of prayer with their daughter's recovery.

BY CASANDRA ANDREWS



“When we were at Children’s & Women’s, I felt like ‘I can do this’ because she was in the best hands. I knew y’all had it.”



Danielle Faircloth holds her daughter close outside their home as she recounts Lanier’s amazing recovery.

## A RAPID DECLINE

The day after Christmas, Danielle Faircloth noticed her youngest child – 2-month-old Lanier – seemed lethargic. She was running a fever, refused to take a bottle, and was nearly impossible to wake.

Lanier had visited the pediatrician that day, but Faircloth and her husband, Raymond, bundled her up and headed to the pediatric emergency center at USA Health Children's & Women's Hospital.

In the waiting room, the baby began to get worse. The couple didn't know it at the time, but their 8-week-old started having seizures – and likely a stroke. After a CT scan and swift action from the emergency medicine team, Lanier was rushed to the pediatric intensive care unit (PICU) upstairs for further treatment.

After multiple blood draws and a lumbar puncture, the infant was diagnosed with *Haemophilus influenzae* (H. flu) bacterial meningitis, a rare life-threatening condition that causes swelling of the brain and spinal cord and requires aggressive treatment.

For Lanier, that treatment included a feeding tube, a blood transfusion, oxygen to help her breathe, and hundreds of family, friends and strangers praying for her recovery. All told, the baby was hospitalized for 30 days. What happened during that month, her parents said, was nothing short of miraculous.



## AN UNEXPECTED TURN

As sunlight streamed through a window at the family's home on a recent afternoon, Danielle Faircloth alternated between holding her daughter close and bouncing the smiling 4-month-old on her lap, recounting the details of Lanier's hospital stay.

The most amazing part, she said, was what happened between the first MRI and the second. Magnetic resonance imaging, or MRI, uses magnets and radio waves to obtain detailed views of soft tissue such as the brain, muscles, and ligaments. Results from Lanier's first MRI showed damage to the frontal lobe of her brain, which can be a result of meningitis. When her parents heard this heartbreaking news, they did not immediately share it with the outside world.

Six days later, on Jan. 7, Danielle Faircloth wrote an email to family and friends about what happened. These are her words:

*"The flood of emotions was overwhelming and beyond terrifying, but we continued to pray and never once gave up hope for Lanier's future. We kept our head down, knowing that whatever came our way, we were going to face head-on and tackle this no matter what our future may look like. We kept this news personal and were hesitant to share because we knew God had other plans..."*

*"This morning around 11 a.m. we received what I like to call a miracle. Lanier's most recent MRI scans show the infection has cleared, and the brain damage is no longer visible. There are no words, there are no answers. Maybe it's the new medication she's been given; maybe it was the blood transfusion, but maybe – and most likely – it was faith."*

*"Our road to recovery has now opened up, and we are beginning to see the most beautiful light. I close my eyes and I see my little girl running, laughing, playing, and doing all the little things girls do. I know that one day she is going to have one hell of a testimony! Tomorrow is a new day, and we will continue to speak to doctors and make a new plan for her path to recovery. We are oh so blessed and forever grateful."*

## STEPS TOWARD RECOVERY

The next day, Jan. 8, after two weeks of enduring fevers and seizures and more, Lanier was finally strong enough to breathe and eat on her own. As a result, her medical team decided to remove her oxygen and feeding tube and transfer her out of intensive care into a regular room.

While she still needed powerful antibiotics and anti-seizure medication, her prognosis was headed in the right direction. During the next week, her parents worked with the healthcare team as their daughter, now a 3-month-old, relearned how to take a bottle, among other achievements.

Lanier was also marking other important milestones. She transitioned from intravenous to oral medications, not an easy undertaking for a 12-week-old. And she was well enough to begin seeing more members of USA Health's multidisciplinary healthcare team so they could determine what potential follow-up care would be needed at home.

On Jan. 12, Lanier was visited by an audiologist who was able to administer a test for hearing loss. The screening was inconclusive, her parents said, so more tests were scheduled. Bacterial meningitis is a leading cause of hearing loss, impacting up to 54% of survivors, research shows.

For those who battle bacterial meningitis, other health issues can also persist. Lanier will continue to take anti-seizure medications as she is monitored and treated by a medical team that includes a neurologist, immunologist, physical therapist, audiologist, and her pediatrician.

Benjamin Estrada, M.D., a pediatric infectious diseases specialist at Children's & Women's Hospital, worked quickly to determine what was making baby Lanier so sick in the early days of her hospitalization. Testing confirmed that the cause of her meningitis was a type of *Haemophilus influenzae*.

Before the 1990s, this bacterial infection was a common cause of severe meningitis, but it became much less frequent after the introduction of the *Haemophilus influenzae* type B vaccine. However, because the vaccine only protects against the type B strain, other *Haemophilus influenzae* strains remain a prevalent cause of meningitis among infants and young children.

It's still rare. Depending on the location, a pediatrician could go years – even decades – without seeing such cases in infants or small children. In most places where surveillance has been performed in the U.S., fewer than 5 in 100,000 children typically develop bacterial meningitis, according to data from the Centers for Disease Control and Prevention.

"I'm so incredibly happy for her remarkable recovery," Estrada said.



Results from Lanier's second MRI showed no damage to her brain's frontal lobe.

## IN THE BEST HANDS

On Jan. 26, nearly a month after rushing to the hospital, Lanier and her parents got the green light to leave. Their older children, Brenton, Jack, and Mac, welcomed them home with open arms and more than a few hugs.

Danielle Faircloth wrote this message to share the good news:

*"After 30 days, we are finally home, healthy and on the mend! I have no doubt in my mind that if it weren't for the wonderful doctors, PAs, nurses, and staff at USA Health Children's & Women's Hospital, and most importantly the prayers from family and friends, Lanier would not be with us today. We are forever grateful!"*

*"Now to him who is able to do immeasurably more than all we ask or imagine, according to his power that is at work within us, to him be glory in the church and in Christ Jesus throughout all generations, forever and ever! Amen. (Ephesians 3:20-21)"*



Lanier shares a moment with pediatric ICU nurse Stephanie Rollins at Children's & Women's Hospital.

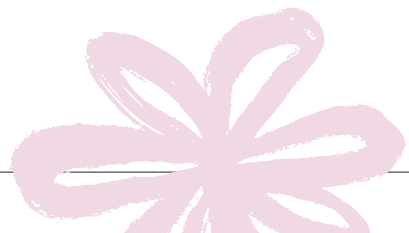
“Mobile is lucky to have this hospital.”

In the weeks the family has been back together, Lanier continues to sleep through the night, sometimes logging 12 hours in her nursery. She loves to watch her canine companions, Ozzy and Pickles, scamper around the house as they keep a close watch on the youngest family member.

Looking back on their daughter's struggles, the parents recall mixed feelings about saying goodbye to the caregivers who helped her heal.

“We felt safe,” Lanier's dad said. “And the fact that it's right down the street. Mobile is lucky to have this hospital.”

Danielle Faircloth said she was sad to leave because they had gotten so close to the staff. “When we were at Children's & Women's, I felt like ‘I can do this’ because she was in the best hands. I knew y'all had it.”





# A toothache that changed everything

*Living beyond trigeminal neuralgia*

BY JESSICA JONES

**F**or most people, a toothache can be a minor inconvenience. For Laura Betbeze of Mobile, what began as dull pain in 2020 became a life-altering condition that baffled doctors for several years.

It was only when a neurologist ordered an MRI that a diagnosis was pinpointed. Betbeze was suffering from trigeminal neuralgia, a rare facial nerve disorder known for life-altering, shocking waves of persistent pain.

“The pain started in my tooth and eventually grew to other nerves in my face that would shoot up behind my eyes and into the top of my head,” she said. “It felt like a lightning strike that would happen at random times and then grew to be constant over time. It would bring me to my knees.”

Trigeminal neuralgia is a chronic condition marked by sudden, intense pain caused by irritation of a facial nerve. It can be difficult to diagnose because it affects fewer than three-tenths of 1% of people. And while it is often seen in women older than 50, it can impact anyone.

The disease took over almost every part of Betbeze’s life as a wife, mother, and grandmother. She would ache from eating and talking — anything that required the use of facial muscles. Even laughing became excruciating.

“That was depressing and really brought me down that I couldn’t smile,” she said. Simple household tasks became painful. “You bend over to get the laundry out of the dryer, it hurt.”

Things got so bad that she was unable to read or drive.

“The medication was harsh, and it took the right combination,” she said. The medicine, which helped handle

the pain, came at a cost. It also caused fatigue, nausea, and headaches. Unfortunately, the pain increased sometimes without explanation.

Radiation therapy that targeted the nerve brought relief for about a year, Betbeze said. Then, the pain came rushing back.

With no clear solution in September 2022, Betbeze sought help from Jai Thakur, M.D., FAANS, a neurosurgeon and chief of minimally invasive cranial and skull base neurosurgery at USA Health. “I was at my wits’ end because I couldn’t get any answers and there was no light at the end of the tunnel,” she said. “Out of the blue, my neurologist reached out and said there is a new guy in town, and I really think he can help you.”

Meeting Thakur brought clarity and hope. “He had a very calm manner and took his time to explain and help me understand,” she said. “After years of not getting any answers, I was relieved to get a path forward.” During an office visit, the neurosurgeon showed Betbeze an MRI of her brain and explained how her condition could be treated with surgery. “I shut down in that moment,” she recalled. “It scared me to death.”

A few months later, when she could no longer live with the pain, Betbeze scheduled another appointment with Thakur, deciding it was finally time to move forward.

Her husband, Joey Betbeze, said in the month before his wife’s surgery at USA Health University Hospital, she did not leave the house. Even eating was painful, he said: “It was hard to get up and know I had to go to work and leave her home by herself knowing she was in the pain she was in. That was hard.”



Laura Betbeze and her  
husband, Joey, stroll through  
Fort Conde Village in  
downtown Mobile.



Through it all, he admired her resilience. “The way she could go through that kind of pain without complaining. She suffered, but she handled it very well,” her husband said. “You would not know today that she went through constant pain. She has a way of dealing with that and putting a smile on her face and getting through life without letting it get her down.”

Looking back, Betbeze wished she would have allowed Thakur to operate sooner.

That’s because the surgery, called microvascular decompression, proved life-changing for her: “I am still on a good bit of medication,” she said, “which I don’t love, but I can cope ... the surgery was a success.”

Because of the severity of the condition, timely treatment matters.

“The first line of treatment always offered is medication,” Thakur explained. “After that, there are times we recommend radiation or surgery. Ultimately, the best treatment for vascular compression, regarded as microvascular decompression of the trigeminal nerve, is surgery. In our experience, 90% of patients, or 9 out of 10 patients, will have instant relief from pain.”

Thakur performs the surgery at University Hospital using a minimally invasive keyhole approach, entering the skull through a 2 centimeter incision behind the ear, to decompress the nerve. He opts not to use retractors on the brain to speed up recovery and make it a safer surgery for patients.

Keyhole minimally invasive cranial surgery remains a unique subspecialty within neurosurgery, and Thakur brings this niche to the region and state.

“Laura was an overachiever,” Thakur said, noting that his patient was able to return home the day after surgery.

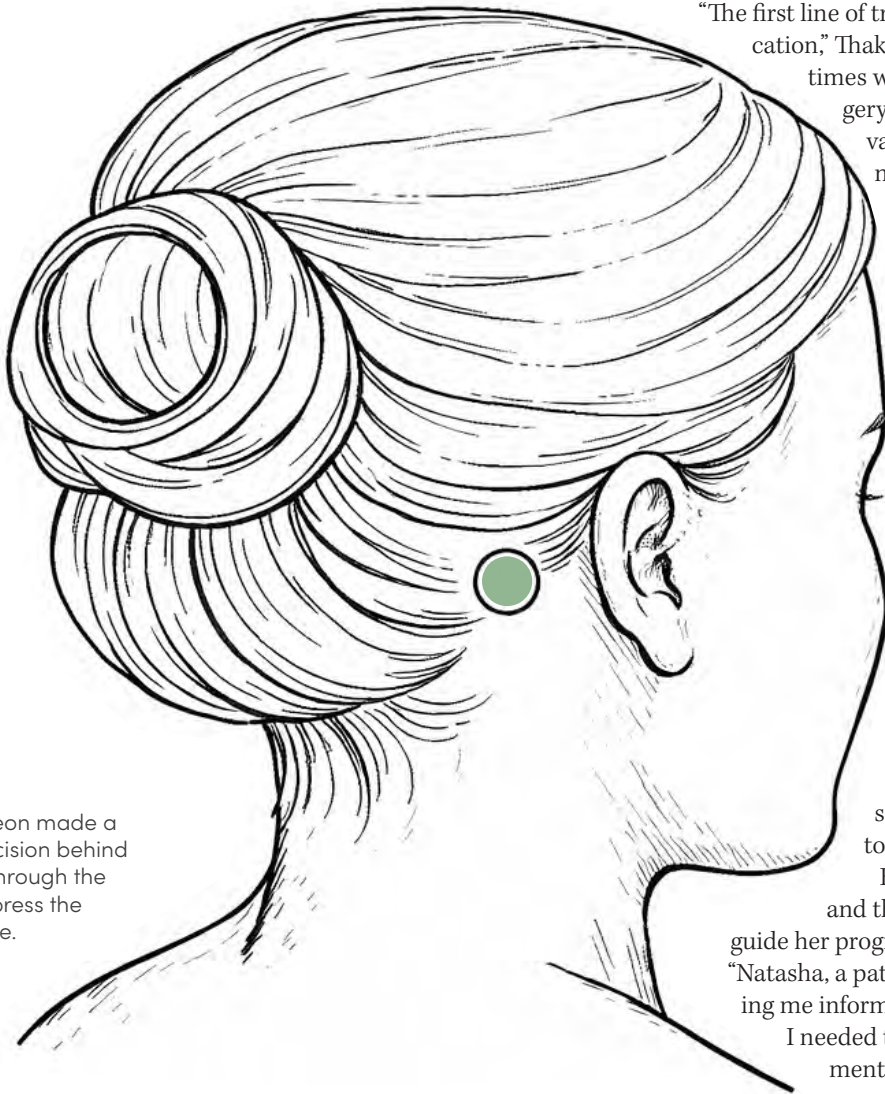
Betbeze remains grateful to Thakur and the other healthcare staff who helped guide her progress from surgery to recovery.

“Natasha, a patient navigator, was excellent at keeping me informed of where I needed to be and when I needed to be there,” she said. “She took the mental load off. I just knew I had to show up and everything else would be taken care of. And Ursula, Dr. Thakur’s

right-hand person, was so organized and was always there helping, too.”

Today, Betbeze enjoys the life that pain once stole from her. “USA Health has given me my quality of life back. I can be the wife that I want to be. I can go to my grandchildren’s ball games, dance recitals, and award ceremonies.”

She hopes her story inspires others facing similar challenges. “I would advise anybody who has reservations about doing the surgery to do it,” she said. “Call me. We will talk about it. It is scary, but it’s worth it. I would do it again.”



The neurosurgeon made a 2 centimeter incision behind Betbeze’s ear through the skull to decompress the trigeminal nerve.



Betbeze and her surgeon tell her story.



**“USA Health has given me my quality of life back. I can be the wife that I want to be. I can go to my grandchildren’s ball games, dance recitals, and award ceremonies.”**



Greg Brown strums Sunday afternoon tunes for listeners at The Waterfront restaurant in Daphne.

# A different kind of encore

## One musician's fight against a rare cancer

BY JESSICA JONES

For more than four decades, music was Gregory Brown's voice.

A guitarist, singer and songwriter who has performed across the Gulf Coast for decades, Brown built his life around music, often playing six to 10 shows a week at beachside restaurants and small venues from Mobile to Florida. Music wasn't just something he loved; it was how he made a living.

During the summer of 2023, Brown's life changed.

After long runs of performances, Brown noticed his throat getting sore and felt a small lump forming in his neck. At first, he ignored it.

Then one night after a performance, his voice disappeared. "I woke up the next morning, and it was just gone," Brown said.

His primary care provider referred him for testing. A biopsy confirmed cancer, and Brown was soon sent to Spencer Liles, M.D., FACS, a surgical oncologist at the USA Health Mitchell Cancer Institute (MCI). By the time Liles examined Brown, the mass had grown large enough to cause difficulty swallowing and breathing and had damaged the nerve controlling his right vocal cord.

"When someone presents with vocal cord paralysis, that usually signals an advanced situation," Liles said. "When I met Greg, it was clear this was likely an aggressive cancer."

Liles knew the tumor needed to come out quickly, and surgery offered the best path forward.

In October 2023, Liles performed a radical thyroidectomy to remove the

tumor and surrounding tissue. The cancer had grown into nearby muscles and pressed against Brown's windpipe. Liles removed the thyroid along with affected tissue and lymph nodes.

Ultimately, about 95% of the tumor was removed. A small portion had to remain because it was attached to a major artery.

Brown recovered well from surgery, but the final pathology report revealed an even greater challenge: anaplastic thyroid cancer, one of the rarest and most aggressive thyroid cancers.

"It's very rare, roughly one to two cases per million people," said Joseph Jones, M.D., a radiation oncologist at MCI who joined Brown's care team soon after surgery. "If you place cancers on a spectrum from low to high risk, this one is near the very top."

The disease often appears suddenly, with symptoms such as a rapidly enlarging neck mass, hoarseness or difficulty swallowing that can progress within a few weeks.

For Brown, hearing the diagnosis was overwhelming.

"The only thing I really understood was that people were telling me I might only have so much time to live and that this type of cancer does not respond to treatment," he said. "My initial reaction was terror, fear. I have a wife and a big family. It was scary for all of us."

The cancer had also permanently changed something deeply personal. The tumor had paralyzed his right vocal cord, leaving him unable to sing. For someone who had spent more

than 40 years performing professionally, that loss was profound.

"What I've done my whole life is sing and play," Brown said. "When the tumor took my voice, everything changed."

After surgery, Brown's treatment expanded to include multiple specialists working together at MCI. Brown's care team included Liles and Jones along with medical oncologist and hematologist Daniel Cameron, M.D.

Before many of Brown's visits, the physicians met to review his case and map out the next steps.

"Multidisciplinary care is not just having doctors in the same building," Liles said. "It's sitting down together and building a plan that's best for the patient."

When Jones first met Brown, it had been only a few weeks since the surgery.

"There was still tumor left behind because it was so extensive," Jones said. "In that situation, it's very important to begin treatment quickly to try to control the disease locally."

Radiation therapy was the next step.

Radiation treatments in the head and neck can be challenging because the area contains many critical structures.

One part of the process stood out vividly for Brown: the radiation mask, a custom device that holds a patient's head and shoulders completely still during treatment.

"You're locked down, and you can't move," Brown said. "It only lasts about 10 minutes, but it feels like two hours,





## *“Statistics describe averages, not individuals.”*

and for someone who was already claustrophobic, it was my least favorite part.”

Still, he kept showing up for every appointment and every treatment.

Chemotherapy was also discussed as part of his treatment plan. But one potential side effect gave Brown pause — nerve damage that could affect hand function.

For someone whose life revolved around playing guitar, that risk was too high. He had already lost his voice. He couldn't lose playing, too.

Brown decided against chemotherapy and instead moved forward with other treatments. Then his care team considered another option, immunotherapy.

Because MCI is part of an academic health system, physicians can evaluate emerging treatment approaches. Brown said his oncologist was transparent about the uncertainty related to new therapies.

“Dr. Cameron told me, ‘I don't have data that says this works for your cancer,’” Brown said. “But he also said it had been working well for other cancers and that it might help.”

In March 2024, Brown began immunotherapy with pembrolizumab (Keytruda), a drug designed to help the immune system recognize and attack cancer cells. He also started taking the targeted therapy lenvatinib (Lenvima).

As treatment continued, new tumors occasionally appeared in different areas of his body. Radiation was used to target those spots as they developed.

“At times it felt like playing Whac-A-Mole,” Brown said. “One tumor would pop up somewhere, they'd radiate it; then another one would show up somewhere else.”

Radiation treatments were used to target tumors in the lungs and abdominal wall, while immunotherapy worked throughout the body.

Through surgery, radiation and immunotherapy, Brown refused to walk away from music. Instead, he reinvented how he performs.

Because he could no longer sing, he began using looping technology to layer guitar parts during live shows, creating

a full instrumental sound.

“I had to adapt,” Brown said. “Thank goodness for technology.”

The change altered his career. Some venues stopped booking him without vocals, while others embraced the instrumental format. During the week, he also found work teaching music to students of all ages.

Music remains the center of his life.

“Music is energy,” Brown said. “Even if you don't understand the words, you can feel the emotion in it.”

Today, Brown continues immunotherapy and undergoes PET scans every three months. Recently, those scans have shown no clear evidence of active cancer.

For a disease historically associated with survival measured in months, that outcome is highly unusual.

“It's honestly surprising,” Jones said. “At two years, only about 10% to 20% of patients with this disease would still be alive.”

Brown passed that milestone in October.

“Statistics describe averages, not individuals,” Cameron said.

For Brown, the biggest victory isn't a statistic or a scan result. It's the simple fact that he's still here.

“MCI gave me a chance,” Brown said. “They tried something new when we didn't know if it would work, and it ended up saving my life.”

On many evenings along the Gulf Coast, the sound of his guitar still fills the room — a different kind of performance than before, but one that carries the same energy he has always shared through music.



Brown and his oncologists talk about his journey.

# A New



Since her surgery in October 2024, Monica Helton has lost more than 300 pounds.

# Beginning

## Monica Helton is transforming her health thanks to weight-loss surgery

BY CAROL MCPHAIL

For Monica Helton, 61, of Monroeville, the decision to have bariatric surgery stemmed from a multitude of ills – painful arthritis and fibromyalgia, sleep apnea, blood clots and severe fluid buildup caused by undiagnosed heart failure. Her weight aggravated it all.

“I never had COVID, but the pandemic almost killed me because of the lockdown,” said Helton, a graduate of Auburn University and the University of South Alabama. When the pandemic hit, she was working as a history instructor and library assistant at Coastal Community College in Thomasville.

When Helton shifted to working remotely, she began moving less, which exacerbated a lifelong struggle with her weight and arthritis. The pounds started to add up, compounded by lymphedema as fluid collected in her legs. “It became this vicious cycle,” she recalled. “I didn’t know it, but I was going into heart failure.”

One day, she found herself gasping for breath and called 911 from her apartment in Monroeville. An ambulance transported her 90 minutes to USA Health University Hospital in Mobile, where she stayed for two weeks and was treated for multiple blood clots in her lungs.

Too weak to walk after discharge, she was admitted to a skilled nursing unit at a retirement facility. Her weight had increased to 504 pounds.

For the next year, Helton’s health slowly improved. A nurse gave her the contact information for bariatric surgeon Danuel Laan, M.D., FACS, FASMBS, at USA Health Providence Hospital. An Alabama native, Laan trained in general surgery at the Mayo Clinic in Rochester, Minnesota, and bariatric surgery at Tulane University in New Orleans.

Helton watched his video about weight-loss surgery on USA Health’s website, where Laan quotes C.S. Lewis: “You can’t go back and change the beginning, but you can start where you are and change the ending.”



Trained at the Mayo Clinic and Tulane University, Danuel Laan, M.D., performs bariatric surgery at USA Health Providence Hospital, a facility that holds Metabolic and Bariatric Accreditation from the American College of Surgeons.

She decided to set up an appointment, knowing she would need to be transported to Mobile by ambulance.

“They took me into his office on a stretcher because I was still bed-bound,” she said. “That’s how bad it was.”

Helton met Laan, along with dietitian Lorie Beasley, RDN, and bariatric surgery coordinator Heidi Knowles. “When I told them I did not know what to expect, that I thought I might get a lecture, Dr. Laan, Heidi and Lorie just looked at me with so much compassion in their eyes,” she recalled.

Laan recommended sleeve gastrectomy, also known as gastric sleeve surgery, a laparoscopic procedure that removes 80% of the stomach, leaving the patient with a long, tubular stomach shaped like a banana. Patients who have this surgery typically lose 50% to 60% of their excess body weight.

“The surgery works in two ways,” Laan explained. “It makes the patient feel full when they eat but also decreases a hormone that promotes hunger.”

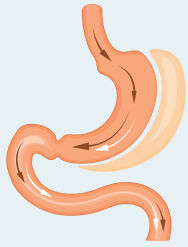
This sounded promising to Helton, who had struggled with her weight since she was a teenager, constantly fending off headaches and a “horrible screaming hunger.” Over the years, she had tried everything – fad diets, medications, you name it – but the weight always came back, and more.



### Surgery Education Seminar

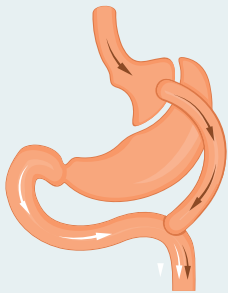
An educational video on the USA Health website introduced Helton to Laan and weight-loss surgery options.

# Bariatric Surgical Procedures



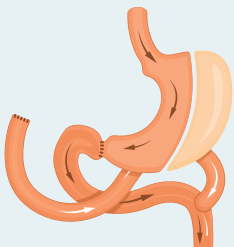
## Sleeve Gastrectomy:

The outside portion of the stomach is removed, leaving a long tubular stomach shaped much like a banana. It is the most common weight-loss surgery performed in the U.S.



## Roux-en-Y Gastric Bypass:

The stomach is partitioned with a stapler creating a small pouch. Capacity is reduced from the size of a football to the size of an egg.



## Biliopancreatic Diversion with Duodenal Switch:

This two-step procedure involves a sleeve gastrectomy and an intestinal bypass, which circumvents the majority of the intestine by connecting the end portion of the intestine to the duodenum near the stomach.



Prior to surgery and her new journey, Laan asked Helton to lose some weight to make the operation safer. “At her weight, even having anesthesia could be dangerous,” he said. “To compound this, she had serious medical problems such as atrial fibrillation, congestive heart failure and a history of blood clots that all made surgery more dangerous for her.”

Helton embraced the challenge, though, and began working with Beasley, the dietitian, to change her eating habits and lifestyle – ultimately losing 95 pounds before surgery. “Monica made all of the changes we asked her to. Prior to surgery, she was healing herself,” Laan said. “Through the years, I have developed a sense of which type of people will have success. Monica had a special self-determination that has led to her success.”

Helton underwent a sleeve gastrectomy on Oct. 29, 2024, at Providence Hospital. Then came months of physical therapy and treatments to reduce the fluid in her body. As of May 2026, Helton lost a total of 302 pounds, putting her only 12 pounds away

from her goal weight of 190.

It wasn’t always easy. There were emotional lows, such as when Helton underwent a hysterectomy and lost both her parents in the span of a month. But she never gave up.

Laan and the team have been with her every step of the way, encouraging her to stay the course when her weight loss plateaued temporarily.

“After surgery, our goal is to support our patients so they can reach their goals. This involves a lifelong relationship walking beside them,” Laan said. “Monica has had tremendous success. She is committed to a healthy lifestyle. She eats a nutritious diet, exercises and monitors her health.”

At an appointment with Laan in February at the USA Health Center for Comprehensive Weight Loss in Mobile, Helton maneuvered her way into the waiting room using a walker, with her cousin at her side. She came to discuss a referral to a plastic surgeon who can remove the extra skin that now weighs heavily on her body.

“I hope that if I am approved for plastic

*“If talking about my story can help others, I’m going for it. I’m not going to be ashamed anymore.”*

surgery to remove extra skin and lymphedema masses, I will be able to use a cane and give up the walker,” she said, adding that the loose skin on her body is painful.

Helton reports that she walks the halls at her apartment building regularly and is finally free of the insatiable hunger that haunted her most of her life. “Now I can eat a small amount of nutritious food, and I’m full,” she said. “I cannot tell you how happy that makes me, because I love raw carrots, oranges, and tuna salad. I love whole grain bread and I love plain, fat-free yogurt.”

She enthusiastically shares her favorite recipe for sweetening plain fat-free Greek yogurt with fruit and two teaspoons of sugar-free French vanilla pudding mix.

Helton said she is grateful to her health-care team and her friends and family who have supported her during her journey without judgment. “As a society, we treat obesity as a moral failing. We think, ‘You deserve it. You have it coming to you.’ But it’s far more complex than that,” she said. “You don’t know what someone is going through. You have no idea what physical problems they have that exacerbate their condition.”

Once plagued by shame over her weight, Helton is willing to share her journey to encourage other people who are struggling. “If talking about my story can help others, I’m going for it,” she said. “I’m not going to be ashamed anymore.”



Monica surrounds herself with books on American history at her Monroeville apartment.

## Obesity and MBSAQIP

**41.9%** of the adult U.S. population affected by obesity

**48%** lower surgical complication rates after MBSAQIP implementation

**\$173 billion** estimated annual medical cost of obesity



## What does ACS accreditation mean?



To earn accreditation through the American College of Surgeons Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP), Providence Hospital had to meet essential criteria for staffing, training, facility infrastructure and patient care pathways, ensuring its ability to support patients with obesity. It was also required to participate in a national data registry that reports on the quality of surgical outcomes and opportunities for improvement.



Jamael Nettles checks a patient's blood pressure during a clinical rotation at USA Health Providence Hospital.

# Inspired to give back

Jamael Nettles has just earned a bachelor's degree in nursing, a path he chose because of his own experience as a patient at USA Health

BY CASANDRA ANDREWS

When Jamael Nettles, 22, looks back on his path through nursing school at the University of South Alabama, he's quick to recognize the USA Health team members who helped him navigate the challenges that came with enduring multiple surgeries related to spina bifida during his high school years.

To see the healthy and vibrant young man he is today, you might never know he suffered through months-long stretches of excruciating pain. That he survived a dozen operations without permanent paralysis. That he used a wheelchair, wore adult diapers, and learned to walk again multiple times before USA Health physicians implanted a device in his side that changed his life, just days before his high school graduation.

During a clinical rotation last fall, Nettles trained in the pediatric intensive care unit at USA Health Children's & Women's Hospital, a place he vividly remembered from his teenage years. "Nurses have had a huge impact on my life," he said. "And now I want to be that motivation in someone else's life. I know the difference that it made for me."

Even though it was more than 20 years ago, Nettles' parents remember the conversation like it was yesterday. Their 8-month-old had just been rushed to a hospital four hours away from Mobile. He was suffering from complications related to the most serious form of spina bifida, a condition that occurs when the spine and spinal cord don't form the way they should.

After the Nettles family's long ambulance ride, a specialist examined their baby and gave the new parents a frightening choice. "He said, 'If I don't do the surgery, he will never be able to walk,'" recalled Nettles' mom, Jazzmon Arnold, adding that a doctor also told them, "Or we can do surgery, and I can hit the wrong nerve and paralyze him."

They had just two hours to decide.

Time was of the essence because of the type of spina bifida Nettles was born with. Known as myelomeningocele, or open spina bifida, it is considered the most severe form. With myelomeningocele, part of the spinal cord – including its protective covering and spinal nerves – pushes through the opening at birth, forming a sac on the back. Tissues and nerves are typically exposed, making a baby prone to life-threatening infections. This type of spina bifida may also cause loss of movement in the legs, plus bladder and bowel dysfunction. Severe, debilitating pain is also common.

After weighing the options, his parents chose the operation – a complicated procedure doctors told them would take about eight hours. Terrified for their son, they huddled in the waiting room, praying for a good outcome. They didn't have to wait long. "About three hours in, I see the doctor come out," Arnold recalled. "He said the surgery was so successful it only took three hours."

In the days following the surgery, there were concerns that Nettles might not be able to stand or walk. But a few months after celebrating his first birthday, the little boy defied the odds. "He had a lot of energy," said his father, Jamael Nettles Sr. "He started walking and then started running and jumping. The doctors were so surprised. They couldn't believe it."

Thankfully, the next 14 years were filled with mostly uneventful follow-up visits to a spina bifida clinic out of town and appointments with local specialists. Nettles loved to play basketball and even had quiet hopes of playing in college or beyond. But as he grew taller, his spinal cord issues emerged again.

Before school one day in 10th grade, he noticed a swollen spot on his lower back. By the time basketball practice rolled around that afternoon, he was in so much pain his family took him to the emergency department at Children's & Women's Hospital.

“  
When  
Dr. Martino  
stepped in,  
it was like a  
miracle  
— like God sent  
him to us.  
”



Because he was under the care of another provider, Nettles was referred to the out-of-town hospital. All told, he would have three more surgeries there to treat issues surrounding tethered cord syndrome and spina bifida. Each time, Nettles would improve for a few days or a few weeks, and then the pain and other health issues would return, often leaving him lying face down in a hospital bed, crying out in agony.

“It was a nightmare for three and a half years,” his father said. “In and out of the hospital. Trying to figure out how to take care of him emotionally. As a parent, my job is to provide and protect, and I couldn’t protect him from what he was going through.”

Eventually, the out-of-town physicians told his family there was nothing more they could do.

“Once they denied the case, we felt

hopeless,” Nettles said. “My dad broke down. It was the possible reality of always being in agonizing pain, always having to be medicated.”

Looking back, Nettles said, he found himself slipping into depression. “I wanted to play sports, go to the fair and the beach. I was watching events go by. It was really hard.”

Still seeking answers and relief, Nettles and his parents made an appointment with Anthony Martino, M.D., a neurosurgeon at USA Health who also serves as chair and professor of neurosurgery at the Frederick P. Whiddon College of Medicine at USA.

“When Dr. Martino stepped in, it was like a miracle,” Nettles said, adding “like God sent him to us.”

After explaining the possible complications, including paralysis, Martino performed a fifth surgery on Nettles. “It was a

sacrifice I was willing to take,” Nettles said.

Over the course of three years, Martino and his team performed nearly half a dozen surgeries and procedures, all with the goal of alleviating the intense pain that stemmed from issues related to Nettles’ spina bifida and tethered cord syndrome.

Eventually, the neurosurgeon told them that additional operations would increase the risk of permanent paralysis.

With conventional treatment options exhausted, Martino pursued innovative approaches to address his patient’s condition. Consulting with pain management colleagues at USA Health, the team devised a novel way to manage Nettles’ pain. When he and his family were presented with the option of implanting a spinal cord stimulator, they agreed.

A little wider than a half-dollar coin, a spinal cord stimulator blocks pain by



Neurosurgeon Anthony Martino, M.D., reunites with Nettles to review images of his spinal cord and celebrate his progress. The two plan to stay in touch.

sending low levels of electricity to the spine and nerves. This can change the way some people feel pain. When Nettles woke up from the operation, he remembers being able to tell immediately that things were significantly better.

His mom called it an answer to prayer.

“The next day all of his (internal) pain was gone,” his mother said. “I was like, oh my God. We finally got something to work. This is really working.”

That was almost four years ago.

Because of his surgeries and extended hospitalizations, Nettles ended up missing 52 days of school during his senior year at Mary G. Montgomery High School. “He still had a 4.2 GPA and received a full-ride scholarship,” his mom said proudly.

Nettles was the recipient of a Joseph Treadwell Foundation Scholarship at USA, a four-year award that is given to students, recommended by their high school guidance counselors, who have overcome great obstacles.

This spring, as he prepared for graduation from nursing school, Nettles met with Martino in his office on the campus at USA Health Providence

Hospital. The neurosurgeon showed him images of his spinal cord, and they talked about how far he has come. At the end of the visit, they embraced and made plans to stay in touch.

“We are thrilled with the results,” Martino said of Nettles’ surgery to implant the stimulator. “His pain is under control, and he essentially has full functional ability. It’s fabulous.”

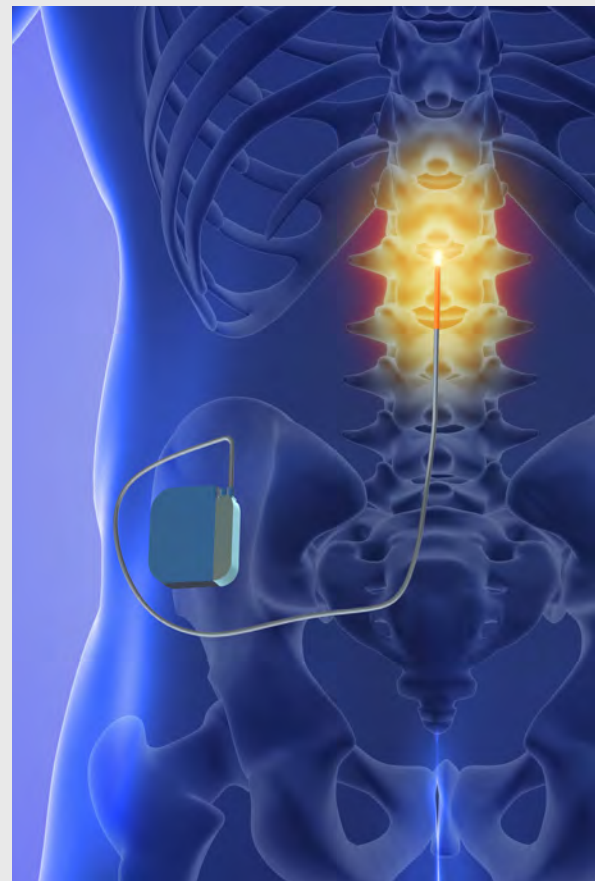
On a recent morning, Nettles strode briskly down a 10th-floor hallway at Providence Hospital for another round of clinical training with patients and other professional healthcare team members. On this day, he was tasked with giving medications, taking vital signs, and making sure his patients had everything they needed.

He knocked on a door, then walked in to introduce himself. The patient looked up and smiled, extending his arm for a blood pressure cuff.

“I’m extremely proud of him,” Nettles’ dad said. “I tell him all the time his character will take him further in life than anything. And the fact that he didn’t give up. A person (who endured the pain he did) could give up. But he refused to give up, and I’m so proud about that.”

## Helping the brain ignore pain signals

A spinal cord stimulator works by toning down chronic pain signals. Such signals are electrical currents that start in the nerves, travel along the spinal cord and up to the brain. The brain translates the signals into the pain a person feels. A spinal cord stimulator emits a safe, alternate electrical current into the spinal cord that is controllable. This current can potentially block chronic pain signals and help the brain ignore them.



# The Care

Supporting children



## SOOTHING SOUNDS

Music therapist Sonya Amacker gently strums a guitar for an infant, using rhythm and melody to promote comfort, connection and healing.

# Beyond Care

during their hospital stays

**FOR CHILDREN**, a stay in the hospital doesn't have to be a scary experience. The Mapp Child & Family Life Program – comprising child life specialists, a therapeutic recreational specialist, certified schoolteachers, and an arts and activities coordinator – work to make each day as normal and comfortable as possible at Children's & Women's Hospital.

PHOTOS BY BILL STARLING

TEXT BY CASANDRA ANDREWS



## PREPARING THROUGH PLAY

Child life specialist Brenda Maddox, right, uses toy medical equipment to walk a young patient through what to expect before a procedure, helping replace fear with familiarity and confidence.



## QUIET INTERACTION

Maddox pauses beside a patient playing a video game in a hospital hallway, offering companionship and reassurance as he waits to be discharged.



### LEARNING DOESN'T STOP

(Above) In the Pediatric Emergency Center, child life specialist Melissa Alidor uses imaginative play to demonstrate what may happen when medical staff visit. (Left) Through ClassAct – a school embedded in the hospital – teachers serve the educational needs of up to 1,200 students each year. (Below) Creating art helps hospitalized children express emotions and regain a sense of control.





## **THERAPY ANIMALS PROVIDE COMFORT**

Child life specialists collaborate with volunteers to organize visits from specially trained therapy pets like Skye, a golden retriever. Research shows the presence of animals can be soothing, helping to reduce anxiety and lower blood pressure.



## **CREATING SPECIAL BONDS**

Beth Abston, a therapeutic recreational specialist, checks in with a patient during her weekly infusion appointment at the pediatric infusion center at Children's & Women's Hospital.

MYTHS

VS

FACTS

## VAPING

### MYTH

Vaping is just flavored smoke and doesn't harm the body the way smoking does.

### FACT

Vaping aerosols contain chemicals that can irritate and inflame the lungs, including ultrafine particles and metals like nickel and lead. The substances can enter deep into the respiratory system and may contribute to breathing problems, chronic lung irritation, and reduced lung function over time.

### MYTH

If a vape is labeled as "nicotine-free," it contains no nicotine.

### FACT

Independent testing has repeatedly found that many products advertised as "nicotine-free" still contain measurable nicotine.

### MYTH

Switching from cigarettes to e-cigarettes is a proven way to quit smoking.

### FACT

E-cigarettes can keep people addicted to nicotine and may even lead to dual use (vaping and smoking), which does not reduce health risks. Evidence-based aids such as nicotine patches, gum, counseling services, and quit lines offer safer and more reliable support.

**Melody Petty, M.D., a pediatric hospitalist and associate chief medical officer at USA Health Children's & Women's Hospital, is a prominent advocate against youth vaping and e-cigarette use.**

#### Resources:

Text-to-Quit Vaping Service: Text DITCHVAPE to 88709  
1-800 Quit Alabama Tobacco Quitline: 1-800-QuitNow  
(1-800-784-8669)



Cardiothoracic surgeons  
William Ricks, M.D., and  
Parker Mullen, M.D.

## Coming Full Circle

### Surgeons who return to where they trained

#### IN ACADEMIC MEDICINE,

few affirmations are stronger than alumni who choose to return. At the Frederick P. Whiddon College of Medicine and USA Health, five surgeons have come full circle, rejoining the Department of Surgery after completing fellowships elsewhere.

After five years as general surgery residents at USA Health, they pursued advanced training in Missouri, Mississippi, and Florida, specializing in cardiothoracic, thoracic, vascular, minimally invasive, and bariatric surgery. Despite taking different paths, they shared a common pull back to where they began.

"It's the kind of environment where I want to build a long-term career," said Mark Ward Jr., M.D., who returned after fellowship training in advanced GI minimally invasive surgery and bariatrics.

The general surgery residency program is recognized for strong board pass rates and individualized training. Add a sense of community to those accolades.

"It's a healthy sign of a flourishing department if you can recruit the best of your own trainees," said Lee Grimm Jr., M.D., residency program director. "They know what your program is like from the inside, and yet they still want to come back."



**Charles Crawford Cox, M.D.**  
GI laparoscopic and  
bariatric surgeon



**W. Johnson Hardy III, M.D.**  
vascular surgeon



**Mark Ward Jr., M.D.**  
bariatric and  
general surgeon

## New dean for the Whiddon College of Medicine



The University of South Alabama welcomes Jeffrey S. LaRochelle, M.D., MPH, who has officially begun his role as dean of the Frederick P. Whiddon College of Medicine.

LaRochelle steps into the position at an exciting time for the college, with a new 250,000-square-foot medical education and research building scheduled to open in early 2027. The facility will support expanded research opportunities and allow the college to grow its incoming medical student class.

Prior to joining South, LaRochelle served as associate dean of academic affairs and professor of medicine at the University of Central Florida. An internal medicine specialist, he is a retired colonel with 25 years of service in the United States Air Force. He was also an assistant chief of medicine at Walter Reed National Military Medical Center.

“What struck me first was the passion all the faculty, staff and students had for South,” LaRochelle said. “Everyone at South felt like they were an important part of something bigger — a real sense of family. I am truly humbled and excited to be part of that family striving to achieve even more for our school and community.”

## Fox named to 2026 Women Who Shape the State



Natalie Fox, DNP, PNP-BC, chief executive officer of USA Health, continues to build on a growing list of professional honors with her latest recognition as one of the 2026 Women Who Shape the State by al.com — an award celebrating leaders who are making a lasting impact across Alabama.

“Dr. Fox’s recognition as one of Alabama’s Women Who Shape the State is a testament to her exceptional leadership, integrity and commitment to service,” said University of South Alabama President Jo Bonner.

Fox stepped into the CEO role in 2025, bringing with her more than a decade of experience within the academic health system. A three-time graduate of the University of South Alabama College of Nursing, she has built her career at USA Health since 2011, focusing on expanding access to care, strengthening partnerships, and improving outcomes for patients across the region.

Prior to becoming CEO, Fox led the USA Health Physician Enterprise, overseeing a network of hundreds of physicians, advanced practice providers, and trainees. Her leadership also extended to population health initiatives aimed at reducing barriers to care and reaching underserved communities.

Her influence continues beyond the health system. Appointed by Gov. Kay Ivey to the state’s Certificate of Need Review Board, Fox also serves in key educational and leadership roles statewide, further shaping the future of healthcare in Alabama.

# Emergency Medicine

**WHEN MEDICAL EMERGENCIES HAPPEN,** our community can rely on the healthcare teams at USA Health, where specially trained clinical staff at four locations – University Hospital’s Emergency Department and Fanny Meisler Trauma Center, the Pediatric Emergency Center at Children’s & Women’s Hospital, the Freestanding Emergency Department in west Mobile and the Emergency Department at Providence Hospital – care for thousands of patients each month facing life-threatening situations.



**145,000+**

Total Emergency Department visits per year



**1,600**

Trauma alert calls annually at University Hospital



**24**

Physicians-in-training in the Emergency Medicine Residency program



**1,132**

Annual air transports at University Hospital Children’s & Women’s Hospital



**24/7**

All four Emergency Departments open 24 hours a day seven days a week



**23**

Emergency Medicine Board-Certified Physicians



**1,480**

Stroke codes called annually at University Hospital



Learn more about USA Health Emergency Departments.

# 5 ways to prevent falls



## PREVENT DIZZINESS

Stand up slowly after sitting or lying down. Review medications with your healthcare provider, as some can cause low blood pressure or dizziness, and stay hydrated.



## STAY PHYSICALLY ACTIVE

Strength, flexibility, balance, and endurance help prevent missteps and improve mobility on different surfaces. Wear safe, well-fitting, nonskid footwear. Consider activities like yoga, tai chi, aquatic exercise, and chair-based exercise programs to support balance and strength.



## GET REGULAR CHECKUPS

Maintain good vision and hearing with yearly checkups and updated prescriptions, as changes in these senses can make navigating your environment more difficult.



## FALL-PROOF YOUR BATHROOM

Most falls happen in the bathroom, so adding grab bars, using comfort-height toilets, improving lighting, and keeping walkways free of clutter can greatly reduce the risk of falls. Using nonslip seating and handheld showers also makes bathing safer.



## EMBRACE MOBILITY AIDS

Canes, walkers, rollators, or scooters can greatly improve stability.

## Home and personal safety are both essential for preventing falls as we age.

Lane Mathis, PT, director of Rehab Services at USA Health Providence Hospital, offers these tips:



## Meet the new chair of Family Medicine

Ehab Molokhia, M.D., who was recently appointed chair of the Department of Family Medicine, says he will continue to lead with a focus on expanding healthcare access in underserved and rural communities.

“As chair, my vision is to continue strengthening the Department of Family Medicine as a leader in community-centered primary care while advancing our core missions of education, clinical care and scholarship,” Molokhia said. “Family medicine plays a vital role in improving population health by providing comprehensive, relationship-based care across the lifespan.”

Molokhia, who joined USA Health in 2002, most recently served as interim chair. He said a central focus remains expanding access to care, particularly in underserved areas. “By strengthening partnerships with community organizations and healthcare providers while leveraging team-based care, population health strategies and telehealth, we can extend the reach of our physicians and better serve vulnerable populations,” he said.



# Trauma surgeon named to Modern Healthcare’s 40 Under 40

When Modern Healthcare released its latest national 40 Under 40 list, the spotlight fell on a surgeon whose work extends far beyond the operating room. Ashley Williams Hogue, M.D., a trauma, acute care and burn surgeon at USA Health University Hospital and director of the USA Health Center of Healthy Communities, was named among the publication’s emerging healthcare leaders recognized for innovation, leadership and measurable impact.

The annual program honors professionals under 40 who are reshaping healthcare through bold ideas and results-driven initiatives, with honorees selected through a national nomination and review process that evaluates leadership accomplishments, organizational outcomes and contributions to the field.

As director for the USA Health Center for Health Communities, she leads initiatives aimed at building stronger, healthier communities.

- Under her leadership, the center secured \$1 million to launch a hospital-based violence intervention program that works with hospitalized victims of gun violence to prevent retaliation and reinjury and improve holistic recovery.
- She also received a \$1 million grant to implement the Building Safer Communities Collaborative, an upstream, preventive initiative that offers holistic services for justice-involved youth and families to reduce the burden of adverse childhood experiences and the risk of subsequent violence.
- She co-founded Project Inspire®, a youth empowerment program offering education, exposure and mentorship to justice-involved teens with gun-carrying offenses. Project Inspire® is now offered at trauma centers in Mississippi, Nebraska, and Texas.
- In 2023, she won the Cox-Templeton Injury Prevention Paper Competition for research examining Project Inspire’s impact on juvenile delinquency.
- She was selected as a Future Trauma Leader by the American College of Surgeons Committee on Trauma — one of only five surgeons chosen nationwide.
- In 2024, she brought her frontline experience to a White House meeting on gun violence prevention, helping inform federal strategy.

## USA Health represented in Mobile Bay Magazine’s 40 Under 40

Meet our three under-40 standouts who demonstrate leadership, professional excellence and a commitment to the Mobile Bay area.



**LaTasha Henry, M.D.**  
*Gastroenterologist and medical director at USA Health Providence Gastroenterology*



**Aysha Munir, M.D.**  
*Medical oncologist and hematologist at the USA Health Mitchell Cancer Institute*



**Julia James Shreve, J.D.**  
*Deputy Legal Counsel for the University of South Alabama*

# A Night Honoring Healers



Nearly 100 USA Health team members – from physicians, nurses and therapists to environmental services staff and nutritionists – were recognized for their life-changing care during A Night Honoring Healers, presented by the USA Foundation at the Arthur R. Outlaw Mobile Convention Center on Tuesday, Nov. 18, 2025.

# Providence Foundation Charity Clay Shoot



The Providence Foundation Charity Clay Shoot brought together community members, sponsors and teams for a morning of friendly competition on Jan. 16 in support of pulmonary patient care at USA Health Providence Hospital. Since its inception in 2021, the event has raised more than \$75,000 to support vital pulmonary services.

## Doc Rock



Hundreds of people filled the floor to cheer, sing and dance as five local bands with a connection to USA Health competed in the battle-of-the-bands event Jan. 29 at Soul Kitchen in downtown Mobile. Each band raised money for a designated health system entity.

# The Home & Garden Show



Visitors to the inaugural Home & Garden Show peruse curated items at the four-day event in March at the Arthur R. Outlaw Mobile Convention Center. Proceeds benefit the ECMO program at USA Health Providence Hospital. **SAVE THE DATE | MARCH 4-7, 2027**

# Local Goodness



Hundreds attended Local Goodness, a farm-to-table experience celebrating the best of local cuisine and music on May 3 at Magnolia Manor. The event supports the expansion of pediatric interventional radiology, which uses image guidance to perform minimally invasive procedures that aid in diagnosing and treating illness in children. **SAVE THE DATE | MAY 2, 2027**

# USA Happenings



## USA launches Where Bold Begins

With an ambitious vision for the future, the University of South Alabama launched a \$400 million capital campaign, “Where Bold Begins,” to expand educational opportunities, advance innovation and enhance patient care. The announcement was made during a celebratory on-campus event at the Student Center on Thursday, April 23. To learn more about campus and USA Health fundraising priorities, visit [SouthAlabama.edu/WhereBoldBegins](http://SouthAlabama.edu/WhereBoldBegins).

## Baldwin County campus renamed

The University has renamed its Baldwin County Campus to USA by the Bay. The University first established a branch campus in Fairhope in 1984. The current property, previously the St. James Episcopal Church, includes 15,000 square feet on approximately 2 acres of land. It includes an auditorium that is home for the USA by the Bay speaker series, the Fairhope Film Festival and other events. In addition to college courses, the campus is a premier venue for continuing education programs, workshops, retreats, receptions and community events.

## South students honored with prestigious national scholarship

Three students from the University of South Alabama have been named 2026 Goldwater Scholars, an honor recognizing outstanding undergraduate researchers in science, technology, engineering and mathematics. The recipients are Bailey Baxter, Cambridge Cooper and Anya Powell. The students are three of just 11 honorees statewide and 454 in the nation. Recipients were chosen from 1,485 eligible sophomores and juniors nominated by 482 academic institutions. The 2026 class places the total number of Goldwater scholars from the University of South Alabama at 20.



## South Alabama Athletics tickets now available

Whether you're a fan of football, softball, soccer or one of South's 14 other Division 1 sports, now is a good time to purchase tickets for a single event or season ticket packages. To purchase, or for more information, call 251-461-1USA or visit [USAJaguars.com](http://USAJaguars.com).



## Weather or not: New monitors help with forecast accuracy

A partnership between the University and Hyundai Motor Manufacturing Alabama is the first step in expanding the South Alabama Mesonet to improve weather forecasting and severe storm warnings across the state. A ribbon-cutting ceremony was held April 13 at the Hyundai plant in Montgomery. A \$3 million grant from the National Oceanic and Atmospheric Administration is funding expansion of the ground-based weather monitoring system, from 26 to 46 stations, connecting areas previously covered only by satellite.



# Every delivery deserves expert care

As the region's leading academic health system, USA Health Children's & Women's Hospital provides comprehensive care for moms and babies from highly skilled healthcare teams.

And should the unexpected happen, our level III neonatal intensive care unit offers among the best outcomes in the nation for premature and sick infants.

**USA HEALTH**  
CHILDREN'S & WOMEN'S HOSPITAL

[usahealthsystem.com/maternity](https://usahealthsystem.com/maternity)

# Where **Bold** Begins.

THE CAMPAIGN FOR THE UNIVERSITY OF SOUTH ALABAMA

Make a Gift  
[SouthAlabama.edu/  
WhereBoldBegins](https://SouthAlabama.edu/WhereBoldBegins)



**WITH AN UNDER-THE-SEA MURAL** in the Pediatric ICU, children can discover small, hidden images amid a sunken ship, shells and corals painted by student artists at Fairhope High School.