



Assistant Professor Teaches Students Memorable Ah-ha Moments



Stacy Rogers, RN, MSN/Ed, CCRN-K is the Assistant Professor of Nursing at Southern Nazarene University, along with being PRN as an Educator for Community Hospital, LLC in Oklahoma City.

by Vickie Jenkins, Staff Writer

Life stays busy for Stacy Rogers, RN, MSN/Ed, CCRN-K, Assistant Professor of Nursing at Southern Nazarene University and PRN as an Educator for Community Hospital, LLC in Oklahoma City.

Stacy has been a nurse for thirty-six years. "On the hospital side, I have taught for over twenty years with some breaks to do other things. In academic, I have served as Adjunct

Faculty on several occasions for one of our state's great nursing programs. I have been teaching at SNU for only three months, so this is a new role for me," she said.

Stacy grew up in Duncan, OK. Every little girl has a certain dream of what she will be when she grows up. "I wanted to be a piano player or a singer," Stacy said. "Although, as I got older, that

See ROGERS Page 2

Study Shows Worsening Health Outcomes for Minorities



Nasim B. Ferdows, Ph.D., an assistant professor in the Department of Health Administration and Policy.

In rural areas of America, older Black adults face an increasingly higher death rate and more health problems than older white adults, while that gap is narrowing in urban areas, according to a new study published by a researcher in the University of Oklahoma Hudson College of Public Health.

See MINORITIES Page 3

ROGERS

Continued from Page 1

changed. From a young age, I was around people in the medical field and I saw the love and care that was shown to others. My mother worked for a physician although she was not a medical person at all. I believe that exposure that I had sparked an interest in the health care for me. That's why I thought the medical field seemed like a perfect fit."

"I became a nurse after starting a pursuit of a music degree my first year of college. I loved music but felt a real calling other than education and that calling was health care. I soon developed a fondness for the nursing students in our local hospital, where I worked at the time and I loved seeing them grow from the novice level into professionals in the course of their nursing education. This is where I started to work as an adjunct faculty member and I knew I wanted to teach in a nursing school one day," Stacy

commented.

"I love working at SNU; working where I believe strongly in the mission and vision of this University and ascribe to the Christian principles they display on a daily basis. Working at a faith based business is rewarding, in and of itself, and makes me realize the high calling of being a nurse educator," Stacy added.

What is your biggest reward as a nurse? Stacy replied, "The biggest reward in nursing, is being able to work with people from birth to the end of their life, and everything in-between, and making a difference. This is what we have to hold on to as there are honestly few accolades in nursing as we are educated that it is a position of servitude, but honestly, the rewards are exponential if you're doing the job you were called to do. As in nursing, the biggest reward is ministering to patients and families during their most vulnerable times."

What is your biggest reward as a Professor? "The biggest

reward of being a professor has been staff and student education and seeing someone's light come on when they learn something, teaching the students those memorable ah-ha moments."

If Stacy were to give advice to someone going into the medical field, she would tell them the pros and cons of the health care. "If they want to work in health care, but they are not sure about nursing, medical doctor, advanced practice nurse, pa, imaging professional, physical therapy or even dietetics, I would invite them to do career exploration and job shadowing if possible to aide them in their decision. It is not good for anyone if someone ends up working in a profession they don't like and in health care, the ones that suffer the most from these situations is ultimately the patient. Patients deserve the

best," Stacy explained.

On a personal note, when asking Stacy if she had any hobbies: "Who has time for hobbies when starting a new job at a university? I guess when I do find myself with some extra time, I go back to my roots: my music. I still play and sing in church, and play clarinet in the Community Band in Duncan. Unfortunately, COVID-19 made us call off our season this past summer. I dabble in playing string instruments such as guitar and mandolin and a very scratchy fiddle! My next endeavor will be the hammered dulcimer and banjo this summer. I also love gardening, traveling and collecting old hymnals. My prize is the old Baptist Broadman Hymnal," she said with a smile.

Describing her life in three words, she said, LOVE, LAUGH and FAITH.

Kifer named Administrator/Director of Nursing of Cordell Memorial Hospital

The Cordell Memorial Hospital Board of Directors and SSM Health St. Anthony Hospital are pleased to announce the hiring of the new Administrator and Director of Nursing, Deborah Kifer, MSN, RN.

Kifer comes to Cordell Memorial Hospital with a wealth of experience in clinical and hospital operations. Throughout her career, she has served in a variety of executive and administrative roles that have been instrumental in the development and implementation of business strategies for acute care hospitals in Oklahoma. Most recently she served as Director of Nursing for Weatherford Regional Hospital.

Kifer has a Master of Science in Nursing from the University of Phoenix, and a Bachelor of Science in Nursing from Baylor University, Waco, TX.



Deborah Kifer, MSN, RN., Administrator and Director of Nursing, The Cordell Memorial Hospital.

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MINORITIES

Continued from Page 1

Nasim B. Ferdows, Ph.D., an assistant professor in the Department of Health Administration and Policy, analyzed nearly 50 years of health outcomes data across the United States. Her findings underscore worsening health disparities among a rural minority population that often has fewer resources to create good health. The study was especially insightful for understanding the well-being of older Black men who live in rural America – today, their rate of death is like that of white men in the 1980s.

"The racial gap is widening in rural America," Ferdows said. "This type of study, which shows historical trends of different groups based on geography, is important because it tells us where we need to guide our resources."

The study specifically looked at white and Black adults over age 65. The increase in death rates for Black adults was

especially notable beginning in the 1980s. Approximately 70% of the rural-urban gap in death rates is associated with unintentional injuries, cardiovascular disease, chronic obstructive pulmonary disease, and lung cancer. People who live in rural areas have higher rates of smoking, high blood pressure and obesity, as well as less physical activity, which contribute to the gap in health disparities.

However, rural residents also have less access to healthcare services because of a shortage of physicians and the closure of numerous hospitals. In states like Oklahoma, which is largely rural, the lack of access is especially problematic.

"People in rural areas do not have access to the care they need," Ferdows said. "We have a shortage of primary care physicians in rural areas, so Black adults, who already face a higher risk of conditions like heart disease, are not receiving regular care."

Trends in death rates and health disparities are important to understand according to race,

sex and geographic area, Ferdows said. Minorities in rural areas have especially been understudied, she said. In her next study, she plans to analyze health data for Native Americans living in rural areas. "Studies like this help us to understand that more of our policies and resources need to be focused on minorities living in rural areas," she said. "We don't only need to focus on older adults, but on health throughout the lifespan because we start aging from the moment we are

born."

Ferdows is a health economist and gerontologist who arrived at the OU College of Public Health this summer. She began this study while at the University of Southern California, Los Angeles, and worked with co-authors at Northern Arizona University, Brown University in Rhode Island, and Istanbul Technical University in Turkey. The study was published in JAMA Network Open, an international general medical journal.

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CAREERS IN NURSING

FRONTLINE WORKERS CONTINUE ON: MERCY INTENSIVE CARE UNIT

Vickie Jenkins, Staff Writer

Life is full of surprises and none of us know where we will be or what we will end up doing in life. This is exactly what happened to Amr Soliman, RN who can be found working at Mercy Hospital working, nights, in ICU.

Amr is from Egypt. He led an active life, traveling overseas, living in several places, including Ireland. "Oh, I didn't care much for Ireland," he said. "Ireland was so brutal with the wind and cold temperatures. My job in management, kept me traveling internationally, starting and promoting Chili's Grill and Bar. Of course, this was when I was a young man; Single and twenty five years old, this wasn't too bad at the time, and I really didn't mind," he said with a laugh. "I never gave much thought about doing anything else with my life," Amr added. "It wasn't long until I was sent to Chili's headquarters, located in Dallas, Texas."

"It was in Texas that I met my

wife Bridget. She was a nurse and I admired her for working in the medical field, caring for others. The two of us dated for a while and when I went back to Egypt, she went with me. We ended up getting married in Egypt and then came back here to live. Since Oklahoma was my home now, I wasn't sure what kind of work I wanted to do. It was at that time, my wife suggested I go to nursing school. I thought, why not? I knew it would be a steady job and a great opportunity so I went to nursing school. I knew that being a nurse would give me plenty of opportunities."

"Now, I've been a nurse for five years," Amr said. "At this point, I feel like I might go to school to be a nurse practitioner. I feel like I want to go farther with my career."

"In the past, I worked at Mercy in ICU and I worked at Select Specialty Hospital. At that time, I was also a float, working in different

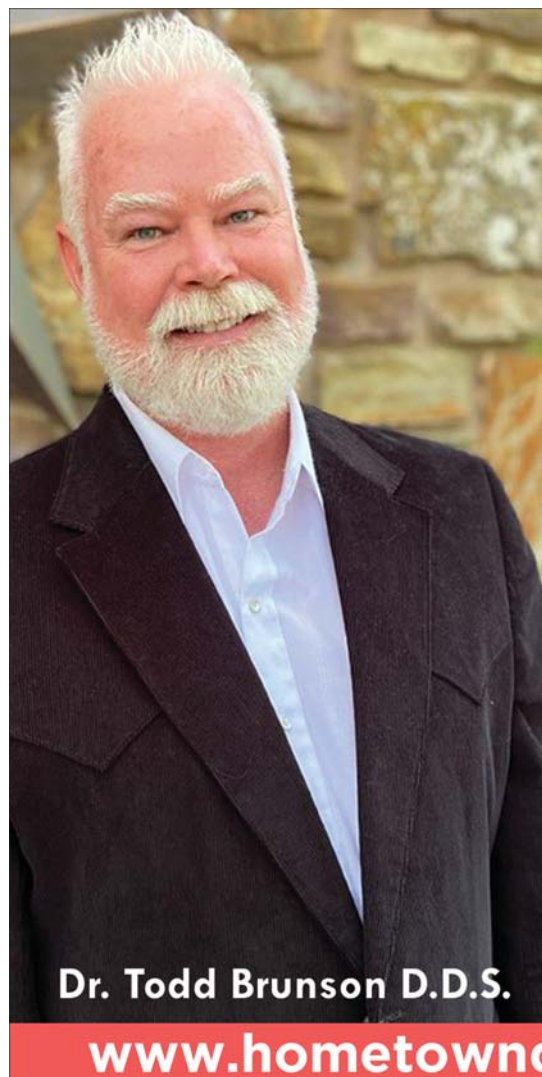
places around the hospital, although it seemed like I always ended up in ICU. This is when I decided that I needed a little bit of a change. Since I had worked in ICU so much before, this was where I felt most comfortable and realized this was where I wanted to be. This is when I got a job at Mercy, working in ICU. It keeps us very busy, especially with the many cases of the coronavirus going on. We have had so many cases in the last month. At the beginning of the pandemic, all of the hospitals were full, then it tapered off. In the last month, the number of patients with the coronavirus are increasing again; It keeps the whole hospital busy, doing as much as we can to keep everyone safe. The hospitals are filling up again."

When asking Amr to describe himself, he replied. "I'm an easy-going guy, and I try to do the best job I can. I feel like I get along with everyone. I am a very caring person

and have a real heart for others. After I came here from Egypt, it was a real culture shock! Everything was so different and I had to get Americanized," he said with a laugh. "I had to get used to everything. I guess I consider myself an Okie now," he said with a bit of an accent and a laugh.

Asking Amr how the coronavirus has changed his life, he replied, "Things are so different in the hospital now. Of course, we all have to have the correct safety gear on; gloves, masks, our clothes completely covered when we are in the hospital. Going from room to room is difficult and when we go from one patient to another, we have to change and do it all over again. The pandemic has effected everyone in ways that we cannot even image. We all have to be strong and continue to go on with our daily lives, keeping ourselves and others safe. Following all of the

See SOLIMAN Page 5



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Amr Soliman, RN, feels a real need to work in the ICU at Mercy Hospital. The medical staff works hard as they continue to deal with the Coronavirus. Amr feels like the ICU is the place he needs to be.

SOLIMAN
Continued from Page 4

safety measures and social distancing, etc. so we can see a normal lifestyle again. It is hard not to gather with friends, living our lives like

we did before, " Amr said. "Even though times are rough now, and the people in the medical field are on the frontline everyday, I consider myself fortunate to have a job, helping care for others."

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SITUATION UPDATE:

This week, there are 11 additional counties in the "orange" risk phase. OSDH continues to monitor closely the statewide hospitalization trends for COVID-19.

The COVID-19 Alert map will be updated every Friday in the Situation Update at 11:00 a.m. This week's map can be seen in this update below the test results chart.

As OSDH continues to meet with stakeholders across the state, the COVID-19 Alert Map is subject to further revisions as science and public health guidance advances with the ongoing pandemic.

As of this advisory, there are 74,567 confirmed positive cases of COVID-19 in Oklahoma.

There are 9 additional deaths identified to report. No deaths were identified in the past 24 hours.

Two in Grady County, two males in the 65 or older age group.

One in Harper County, one female in the 65 or older age group.

One in Le Flore County, one male in the 65 or older age group.

Two in Oklahoma County, one female and one male in the 65 or older age group.

One in Payne County, one male in the 65 or older age group.

One in Sequoyah County, one male in the 65 or older age group.

One in Tulsa County, one male in the 50 - 64 age group.

There are 939 total deaths in the state.

For more information, visit coronavirus.health.ok.gov.

COVID-19 Oklahoma Test Results

| | |
|---|-----------|
| Confirmed Positive Cases | 74,567 |
| *Total Cumulative Negative Specimens to Date | 979,650 |
| *Total Cumulative Number of Specimens to Date | 1,066,896 |
| **Currently Hospitalized | 516 |
| Total Cumulative Hospitalizations | 5,755 |
| Identified Deaths in the Past 24 hours | 0 |
| Total Cumulative Deaths | 939 |

*The total includes laboratory information provided to OSDH at the time of the report. Total counts may not reflect unique individuals.

**This number is a combination of hospitalized positive cases and hospitalized persons under investigation, as reported by hospitals at the time of the report. The data reflect a change in calculation and should not be compared to prior data.

***The purpose of publishing aggregated statistical COVID-19 data through the OSDH Dashboard, the Executive Order Report, and the Weekly Epidemiology and Surveillance Report is to support the needs of the general public in receiving important and necessary information regarding the state of the health and safety of the citizens of Oklahoma. These resources may be used only for statistical purposes and may not be used in any way that would determine the identity of any reported cases. Data Source: Acute Disease Service, Oklahoma State Department of Health. *As of 2020-09-18 at 7:00 a.m.

Oklahoma's Nursing Times

Index to Classifieds

- 1 0 0 Ambulatory
- 1 0 8 Administrative
- 1 1 3 Case Management
- 1 1 5 Chemical Dependency
- 1 1 8 Clinical Instructors
- 1 1 9 Collection
- 1 2 1 Critical Care
- 1 2 3 Certified Medical Assistant
- 1 2 4 Certified Nurses Aide
- 1 2 7 CRNA
- 1 2 9 Dental
- 1 3 0 Dialysis
- 1 3 1 Dietary
- 1 3 7 Education
- 1 4 0 General Nursing
- 1 4 3 Geriatrics and Long Term Care
- 1 4 6 HMO
- 1 4 9 Home Health
- 1 5 2 Hospice
- 1 5 4 Housekeeping
- 1 5 5 Infection Control
- 1 5 6 Instructor
- 1 5 8 IV Therapy
- 1 6 1 Licensed Practical Nurse
- 1 6 4 Managerial
- 1 6 5 Massage Therapy
- 1 6 7 Medical/Surgical
- 1 7 0 Nurse Practitioner
- 1 7 3 OB/Gyn
- 1 7 6 Occupational Health
- 1 7 9 Office
- 1 8 2 Oncology
- 1 8 5 O.R./PACU
- 1 8 8 Orthopedic
- 1 9 0 Pediatric
- 1 9 1 Pharmacist
- 1 9 2 Physicians Assistant
- 1 9 7 Public Health
- 2 0 0 Rehabilitation
- 2 0 4 Registered Nurse
- 2 0 7 Research
- 2 1 0 Sales Representative
- 2 1 3 Service
- 2 1 7 School Nurse
- 2 2 0 Spec Producers
- 2 2 3 Support Staff
- 2 2 5 Traveling Nurse
- 2 2 6 Miscellaneous

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How To Teach Your Child To Wear a Mask

While COVID-19 has undoubtedly altered all our lives in ways both large and small, it's possible your children are feeling a hidden impact much more deeply than you realize.

Think about it: their entire world, and the way they are seeing the world, is different now.

One day last spring, all was normal and reassuringly the same in their lives – a regularly recurring schedule of friends, teachers, school and extracurricular activities – and then the next day all those things were gone. Our children had lost access to crucial resources, experiences, and support networks. That's a lot of change for young minds to try and understand.

However, change isn't always bad, and can sometimes be used

to teach valuable lessons to our children.

Now that the school year is starting again, in whatever capacity your school district has planned, both parents and children are most likely thinking about masks. Some are concerned about wearing them, while others are concerned about others not wearing them.

There is a lot of information swirling around, and it's difficult to sort through it all sometimes, but one thing is clear: wearing a mask helps stop the spread of the virus. It is well worth your effort to teach your children to embrace this important change in their lives.

Initially, it may seem to be a difficult thing to tackle. However, kids are amazingly adaptable and



incredibly perceptive. They learn from the world around them. If the new "normal" is to wear a mask, and they observe their parents wearing one, they will accept that a mask is a normal article of clothing to wear.

Here are a few tips from Dr. Heather Weber, a pediatrician at INTEGRIS Family Care at Council Crossing, on how to introduce this concept to your children.

Make it a game.

Start with a limited amount of time and reward your children with something they like for wearing it.

Make it a competition.

See who can keep their mask on the longest.

Normalize masks.

Everyone in the family (including favorite stuffed animals) should wear a mask so your children can learn that it is normal behavior.

Make it exciting.

Have your children pick out their own colors, their favorite patterns, or make their own masks. You can even help them tie-dye a mask!

Have a conversation about fear.

See MASKS page 10



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Dr. Robbie Henson was recently appointed as dean of the OBU College of Nursing, having served on its faculty for 29 years. She had served as interim dean since August 2019 and is the Lawrence C. and Marion V. Harris Chair of Nursing. She also teaches in both the undergraduate and graduate programs in the College of Nursing. She has clinical experience in a wide range of specialties including adult medical-surgical, intensive care, home health, psychiatric-mental health, and maternal-newborn nursing. She earned her BSN at OBU and knows firsthand the tremendous education offered in the OBU College of Nursing.

"Our graduates are very much in demand in Oklahoma and all the way down to the Dallas-Ft. Worth metroplex," Henson said.

RICH HISTORY

The school's baccalaureate program was the first approved in the state, graduating its first class in 1956. For decades, OBU nursing graduates have been in high demand, and that tradition of excellence entered a new era four years ago with the state-of-the-art Stavros Hall, the new home for the College. The 32,000-square-foot facility was designed to provide cutting-edge nursing education for both undergraduate and graduate-level students.

Opened in 2016, it is located on the northeast corner of the OBU campus in Shawnee. The facility features six high-fidelity skills simulation labs, a mid-fidelity skills lab, a health assessment lab, and a home health and

bathing training room, totaling 24 beds. The high-tech simulation labs are equipped with the industry's most advanced medical simulation solutions, providing students with realistic training scenarios for their future nursing careers.

"It's a beautiful building with state-of-the-art simulations and skills labs," Henson said of Stavros Hall. It has been featured on news programs in the Oklahoma City area, as well as statewide.

The acute care setting gives students a hands-on feel of a true hospital unit. With full control of the state-of-the-art human simulators, instructors train future nurses to expect the unexpected and react with life-saving speed to evolving situations in real-time. The building's video technology allows instructors to offer the best possible feedback to students, as they review the scenario together following each simulation.

"We have really wonderful facilities and amazing faculty for both teaching and learning," Henson said.

Class sizes in OBU's College of Nursing tend to be small with only 35 to 45 students in each of the junior and senior classes allowing for hands-on instruction.

"That really says you're going to get to know your faculty and have access to the resources that you need for assistance. You are going to make lifelong friends and mentors too," Henson said. "We know our students well and very intentionally pour into their lives."

OBU is coming off another 100-percent NCLEX pass rate with its most recent graduating class. The University's nursing graduates typically post pass rate percentiles in the upper 90s.

"We have a very strong trend in our pass rates," Henson said.

Another unique feature is the

school's ethical focus.

"Has there ever been a more critical time in history when students needed to develop a worldview with faith and justice?" Henson said. "That, I think, is one of the most important things we offer. Having a focus on society's needs, ethics, and faith in today's world is huge."

OBU also offers the RN to BSN degree with the same core focus. This fully-online program can be completed in as little as 12 months.

OBU's master's degree in nursing education can also be completed in 15 months, completely online.

"The OBU College of Nursing has done an outstanding job with our BSN completion and MSN programs, bringing those same core mission pieces to those who already have their RN and those who are looking for the next step in their nursing career."



Dr. Robbie Henson is the new dean of OBU's College of Nursing. She has served as interim dean since August 2019 and is the Lawrence C. and Marion V. Harris Chair of Nursing. She is an OBU alumna and joined the nursing faculty in 1991. She is pictured in Stavros Hall, home to the College.

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MASKS

Continued from Page 8

Begin a dialogue with your children to discuss why they might be concerned about wearing a mask. Don't be afraid to ask questions. This may lead to deeper conversations about other anxieties around the pandemic, so consider finding a counselor for your children if needed during this time.

Talk about the importance of taking care of others.

Explain to your children that wearing a mask is not just a way to protect ourselves, but a way to protect others — both strangers and the ones they love.

Discuss the future.

Remind your children that

uncomfortable situations happen in life, but often, these situations are temporary, and then they go away. Just like masks will one day. We won't be masking forever (but to our children, it might feel like it). Remember that this is an opportunity for them to learn a difficult life lesson at an early age.

It is up to us as adults to lead by example, and to help them understand that they can do this, even if they are afraid! We can teach them that sometimes life is hard and a little uncomfortable, but if we all come together to help one another and do what is right, things will get better.

For more information visit the website of the American Academy of Pediatrics.

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Our daughter, Ellie, was born in November 2008. When she was 3 months old, we found out she had a liver problem. We went to Children's Hospital in OKC, but were soon sent to a transplant center in Nebraska for evaluation. On March 18th, Ellie was put on the list for transplant. We came back home to wait. Ellie was treated at Children's twice a week, until she began to lose weight in May. We went back to Nebraska the day after Mother's Day, and she was admitted to the hospital. While there, I was evaluated as a living donor for Ellie, and we soon learned I could give her part of my liver. Ellie's transplant was on May 22, 2009. It was the hardest thing that I've ever done, but the

easiest decision of my life. We came home Father's Day weekend.

Organ, eye and tissue donation saves lives. Please make your decision to donate life and tell your family. Register to be an organ, eye and tissue donor on your Oklahoma driver's license or state ID card or register online at www.LifeShareRegistry.org. If you don't have a license or state ID card and do not have internet access, call **800-826-LIFE (5433)** and ask for a donor registration card.

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My biggest fear is wasting time because life is too short.



Tyra Mayes, LPN

My biggest fear is failure professionally and personally because I want to be a positive light to residents and my family.



Danyelle Miller, LPN

What is your biggest fear and why?



Grace Living Center, Bethany,

I have a fear of letting people down; I know a lot of people depend on me.



Nedra Jones, RN, DON

My biggest fear is making a wrong decision that harms or is life treating to someone. I don't want to be responsible for harming anyone.



Jessica Stevens, LPN



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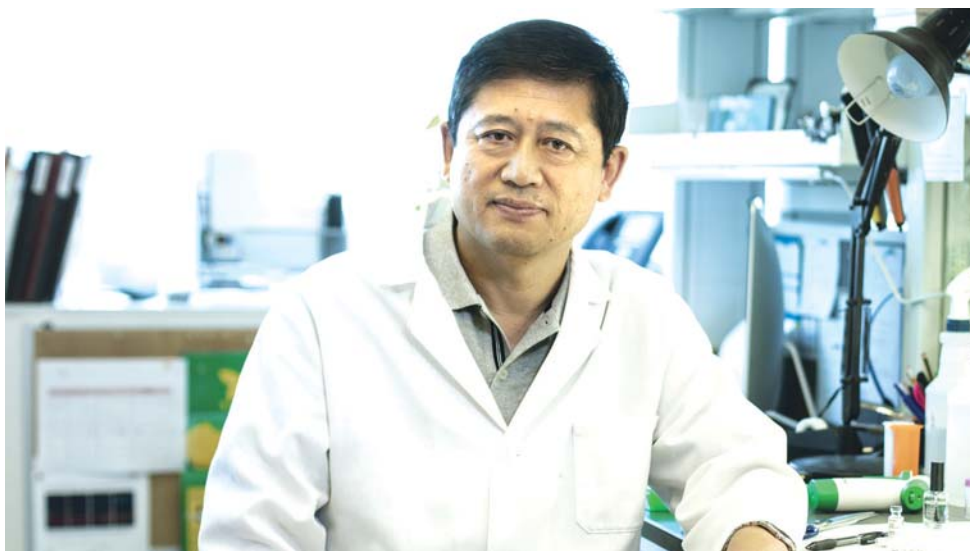


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OMRF receives \$3.5 million to study blood clotting, vessel development



Oklahoma Medical Research Foundation scientist Lijun Xia, M.D., Ph.D.

The National Institutes of Health has awarded two grants totaling \$3.5 million to Oklahoma Medical Research Foundation scientist Lijun Xia, M.D., Ph.D.

The pair of four-year, \$1.75 million NIH Research Project Grants, or R01s, will support separate projects. The first will look into blood clots associated with heart attack and stroke. The second will explore the way lymphatic vessels form, which has applications in numerous diseases.

The R01 is the primary grant offered by the NIH. Last year, just 20 percent of applications were funded. Xia, who holds the Merrick Foundation Chair in Biomedical Research at OMRF and heads the foundation's Cardiovascular Biology Research Program, said it is the first time in his more than 20 years at OMRF that he's received two of the grants simultaneously.

"The competition for these kinds of federal dollars is fierce," said OMRF President Stephen Prescott, M.D., "To be awarded two of them at the same time is an impressive accomplishment for any scientist."

The funds will allow Xia and the scientists in his lab to build upon earlier discoveries and continue work that could lead to new therapies for patients.

In one project, Xia and his research team will investigate alternatives to antiplatelet therapies — blood thinners — the primary approach to treating dangerous blood clots that form in

arteries. Often prescribed for a variety of conditions, blood thinners carry a potentially life-threatening side effect: excessive bleeding.

Based on findings in Xia's lab on a platelet molecule called CLEC-2, he and OMRF scientist Bojing Shao, Ph.D., will investigate how the molecule regulates blood clots in arteries. They'll also examine whether targeting the molecule could lead to the development of a new, safer treatment for blood clots.

In the second project, Xia and OMRF scientist Yuji Kondo, Ph.D., will continue their investigation of lymphatic vessels. Defects and damage in these vessels can be traced to conditions like lymphedema, a disease characterized by dramatic and painful swelling in the limbs, as well as advanced cancer and even obesity.

Still, not enough is known about how the vessels form, Xia explained. This funding will allow his team to build on a previous discovery in vascular development and how it might lead to new treatments.

"Receiving these grants is a significant honor," said Xia, "A lot of the credit goes to the team effort from the researchers in my lab. This achievement says a lot about them and the work they do every single day to make a lasting difference for human health."

The grants, 1R01HL149860-01A1 and 1R01HL153728-01, are funded by the National Heart, Lung, and Blood Institute, a part of the NIH.

Childhood cancer is no match for 'Super Sam'

It has been a roller-coaster of a year for Sam Bilby. The 11-year old Tahlequah native has been undergoing treatment for childhood leukemia since he was 7, in and out of hospitals and doctor's offices.


But just before his 11th birthday, "Super Sam," as his doctors and nurses called him, got some very good news.

"Sam is in total remission," said his father, Greg Bilby. "We are still doing monthly checkups and that will likely continue for several more years, but right now life is good." So good, in fact, Bilby says doctors just removed Sam's access port. "They took that out in early September," he said. "It was a quarter-sized port attached below Sam's collarbone that allowed the chemo to be injected. So, without that, he's now learning to skateboard and do all the things a little boy should be doing."

It wasn't all good news, though. Just before Sam's last treatment, he was hospitalized for flu-like symptoms.

"The doctor told us it was viral," Bilby said. "But after a few days, he was better and took his final round of chemo. At that time testing for COVID-19 wasn't being done yet, so we don't know exactly what it was. That sort of kept us from his bell-ringing ceremony on his last treatment, but he finished it and he's better, so that's what's important."

Bilby first shared his son's story with the American Cancer Society last fall. Since that time, he says it's been important to have a support network like ACS. "The American Cancer Society is one of those organizations that is there when you need them," he said. "The research ACS conducts into childhood cancer is life-saving. And the 24-hour helpline was a blessing for those middle-of-the-night anxiety attacks, just knowing a caring voice was there to listen and offer advice." As for Sam, he's a man of few words. "I feel good," he said with a wide grin. "No more chemo." September is Childhood Cancer Awareness Month. Look for information on the disease, as well as information on American Cancer Society's research, programs and services at www.cancer.org or phone 1.800.227.2345



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