

Sickle Cell Today

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September is National Sickle Cell Awareness Month.

PACT graduates turn perseverance into achievement

T'Shemika Perryman, RN, PACT Program Coordinator, USA Health Johnson Haynes, Jr., M.D. Comprehensive Sickle Cell Center, Tyler Mason, and Kenya Tucker



The Pediatric to Adult Care Transition (PACT) Program started in 2012 to bridge the gap between pediatric and adult healthcare systems for people with sickle cell disease (SCD) between the ages of 13 and 21. In addition to helping participants learn to manage their disease, the program encourages them to pursue educational and career goals.

Two former PACT participants, Tyler Mason and Kenya Tucker, recently reached significant milestones, demonstrating that an SCD diagnosis does not have to stand in the way of education, careers, and personal goals.

Mason, a Mobile native and graduate of Saraland High School, earned a Bachelor of Science in Electrical Engineering from Alabama A&M University and is pursuing a master's degree in systems engineering. He also works as a systems engineer at Northrop Grumman, where he applies his education and skills to support advanced defense systems.

Living with SCD has presented obstacles throughout Mason's life, but he has remained focused on his

goals. Rather than allowing the disease to define his future, he has used those challenges as motivation to continue his education, build his career, and encourage others facing similar obstacles.

Faith also has played an important role in Mason's journey. A member of Kappa Alpha Psi Fraternity, Inc., he values achievement, service, and leadership, and he believes his opportunities come with a responsibility to serve his community and inspire others.

His message to others living with SCD is that a diagnosis does not determine their potential. He hopes his accomplishments encourage other sickle cell warriors to continue dreaming, growing, and pursuing excellence even when the path is difficult.

For Tucker, reaching her goal took a different path but required the same determination.

A graduate of Murphy High School, Tucker dreamed of becoming a trained chef. She recently earned a culinary arts degree from Bishop State Community College after a six-year college journey complicated by the pain, fatigue, hospital visits, and unexpected

continued...

setbacks associated with SCD.

There were times when physical, mental, and emotional exhaustion made finishing school difficult. Tucker also faced responsibilities outside the classroom while managing health challenges that were often invisible to those around her. Still, she continued working toward graduation.

One of her greatest sources of motivation was a promise she made to her grandmother, Sylvia, before her death: She would finish school. Tucker carried that promise through the difficult periods of her college experience.

When she finally walked across the stage to receive her culinary degree, the accomplishment represented more than completing a college program. For Tucker, it reflected six years of persistence, sacrifice, determination, and a promise kept to her grandmother.

Her passion for cooking has since grown into The Resilient Spoon, Tucker's culinary and catering business. The name reflects her experience of continuing to rise after setbacks while turning her passion for food into a way to serve others.

Tucker also credits her sickle cell medical team with helping her reach her goals. Their support through periods of pain and uncertainty, she said, showed her the difference compassionate care can make for someone living with a chronic disease.

Today, Tucker is a college graduate, culinary professional, and entrepreneur who hopes her experience encourages others with SCD to see themselves as more than their diagnosis.

Both Mason and Tucker have taken different paths since participating in the PACT program, but their stories share a common message: SCD may create obstacles, but it does not have to determine what comes next.

Their achievements reflect the purpose behind the PACT program, which is preparing young people with SCD to navigate adulthood while continuing to pursue their education, careers, and goals.

Congratulations to both of them!

Your environment is part of your prescription: Understanding social determinants of health

by Felicia Wilson, M.D., Professor, USA Health Department of Pediatrics,
Division of Hematology/Oncology

While medical treatments impact the biology of sickle cell disease (SCD), health is equally shaped by the non-medical conditions of daily life. Social Determinants of Health (SDOH) are the conditions where we are born, live, work, play, worship, and age. For an individual with SCD, these factors can influence pain crises and quality of life. **Your environment is part of your prescription!** Two people with the same SCD biology can experience vastly different outcomes depending on the five core domains of SDOH.

Economic Stability: Financial resources affect our ability to afford medications, nutritious food, and travel to medical centers. Reduced employment or missed work due to pain, fatigue, or illness can compound financial strain.

Education Access and Quality: Education builds health literacy—the capacity to understand treatment regimens, track symptoms, and navigate insurance options.

Healthcare Access and Quality: Reliable access to knowledgeable specialists is lifesaving. Long travel distances and medical bias can delay urgent care and pain management.

Neighborhood and Built Environment: Extreme temperatures, unstable housing, and poor air or water quality can trigger sickle cell crises.

Social and Community Context: Stigma, isolation, and racism can take a psychological toll, making community support networks vital for emotional resilience and coping with chronic disease.

Understanding SDOH also reveals why voting can influence everyday environments. When managing a chronic disease takes so much energy, voting can feel disconnected from pain crises or illness. But elections determine policies, budgets, and leadership that can affect daily life and access to healthcare.

On Tuesday, Nov. 3, 2026, midterm elections will take place. Voters will elect members of the U.S. House of Representatives and Senate, as well as governors, state legislators, and local officials in races across the country. These elected officials make decisions involving Medicaid and Supplemental Security Income eligibility, healthcare funding, prescription drug policies, and access to treatments. Just as you advocate for yourself during a clinic visit or hospital admission, voting provides an opportunity to advocate for your community outside clinic walls.

Take Action: Get Ready to Vote in Alabama

Your health, your voice, and your vote matter. To make sure your voice is heard in the Nov. 3, 2026 General Election, check your status or register today.

Check Your Registration Status: Visit the official Alabama Secretary of State's My Voting Information page (VoterView) to confirm your polling place and active registration status, or use the QR code below for residents in any state.

Register Online: If you need to register or update your address, use Alabama's Online Voter Registration portal or the QR code below for residents in any state.

Key Alabama Deadline: The deadline to register to vote for the Nov. 3, 2026, General Election is **Monday, Oct. 19, 2026**, for online, by-mail, and in-person registration.

Stay informed, stay connected, and let's continue to build a healthier future together.
Scan to check registration status or register to vote.

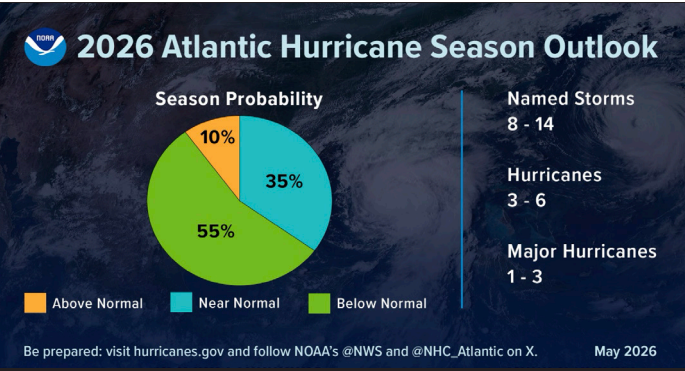


Are you ready for the peak of the 2026 hurricane season (August, September, & October)?

by Ardie Pack-Mabien, Ph.D., FNP-BC, USA Health Johnson Haynes, Jr. M.D. Comprehensive Sickle Cell Center

The National Oceanic and Atmospheric Administration (NOAA) climate protection center predicts a below normal 2026 Atlantic hurricane season due to competing factors such as El Nino, a condition that tends to support less tropical storms and hurricanes. However, early preparation is essential, given the uncertainty in how each season unfolds and the forces of Mother Nature, to staying safe all season especially for those individuals with a chronic illness such as sickle cell disease (SCD).

Individuals with SCD face higher risks during hurricanes and extreme weather due to the chronic nature of the condition, which can trigger pain crises, infections, and other complications under stress. The hurricane season officially begins in June and ends Nov. 30. The peak of the hurricane season is August through October. Below is NOAA's Atlantic Cyclones (Tropical Storms and Hurricanes watches and warnings) infographic showing the probability and numbers of named storms predicted from NOAA's 2026 Atlantic Hurricane Season Outlook.



(Image credit: NOAA, issued May 21, 2026)

Although SCD is a highly variable condition regarding disease severity, frequency of acute sickle cell vaso-occlusive crisis, chronic complication, and mortality, environmental factors such as climate, extreme temperature changes, and air quality may precipitate a sickle cell vaso-occlusive crisis (Tewari et al., 2015). Climate change affects weather patterns, leading to altered temperatures, increased frequency of extreme weather events, and variations in humidity levels (Obeagu, E. & Obeagu, G, 2024).

These changes can have a profound impact on individuals living with SCD. Elevated temperatures exacerbate the symptoms of SCD, potentially triggering painful vaso-occlusive crises due to dehydration and increased blood viscosity. Research shows that extreme weather events and public health emergencies lead to increased hospital visits for SCD patients, underscoring the need for initiative-taking hurricane preparedness (Tewari et al. 2015). Stress and anxiety, commonly experienced before, during, and after disaster events, can also result in painful crises (Shah et al., 2020). Given the risk for sickle cell vaso-occlusive pain crisis associated with environmental changes, stress, anxiety, and the uncertainty of the Atlantic Tropical Storms and Hurricane Season, here are a few tips to help individuals with SCD and their caregivers be prepared for, before, during, and after the storm!

Before	During	After
Prepare an emergency plan and share with family. Gather property and health insurance information. Purchase a weather radio. Sign up for emergency alerts and community disaster plans.	Tune in to local media for emergency and weather information. Manage stress and mental health. Follow evacuation orders, protect yourself from extreme heat or cold, and monitor for signs of crisis.	Stay away from downed power lines. Seek medical care promptly for new or worsening symptoms. Check for safe housing and utilities if needed.
Reserve one gallon of water per each person in household for 3-7 days.	Stay inside and away from windows.	Operate portable generators with caution, following directions, keeping it grounded and in a dry area, and using outdoors only.
Stock non-perishable food for everyone, including infants and elderly in household for 3-7 days. Be mindful of dietary restrictions. Have a manual can opener and paper products on hand.	If using candles, do not leave them unattended and keep them away from furniture. Battery-operated devices, such as lamps and flashlights are safer!	Do not walk, run, or drive through floodwaters.
Purchase or create a first aid kit to use if needed.	Keep the refrigerator and freezer doors closed as much as possible.	Document damages to property by taking pictures.
Arrange to get refills on medications from your local pharmacy.	Remove objects from walls, such as pictures and décor, and move furniture away from doors.	During cleanup, avoid fallen power lines, debris, and dangerous animals (i.e., snakes).
Gather batteries, flashlights, cash, important documents, pet food and supplies, basic toiletries, whistle to signal for help, and garbage bags. Secure all outdoor furniture. Charge all electronic devices. Fill up gas tank.	Stay off bridges over fast-moving water. Use cell phones only for emergencies to save battery.	Save cell phones for emergency use only. Check on your family and elderly neighbors.

Across borders, close to home: A global outlook for sickle cell care along the Gulf Coast

by Casey L. McAtee, M.D., MPH, USA Health Department of Pediatrics, Division of Hematology/Oncology

Likoma Island lies five miles off the coast of Mozambique in Lake Malawi. The water is clear and blue. A mother wraps her daughter in bright chitenge – the traditional fabric of the Chewa people – and ties her against her back. She boards an old diesel boat for the crossing to the Malawian mainland. From there, they will travel in the bed of a truck across tobacco fields and roads washed out by rain. Two days from when they set off, they'll reach the capital Lilongwe. She has come to make her daughter's sickle cell appointment and to refill her hydroxyurea.

Nearly 8 million children and adults worldwide live with sickle cell disease (SCD).¹ Eight in 10 of them live in sub-Saharan Africa, where I lived and worked for five years before returning home to Mobile in July. Our young patient making her way across Lake Malawi is typical of the thousands of patients I saw in that beautiful country, overcoming tremendous obstacles to access evidence-based sickle cell care.

I often ask the doctors-in-training working with me in our cancer and hematology clinic: What is the most important factor that will determine how well this child with SCD will do on therapy? Their answers reflect a century of medical progress: genetics, perhaps, or the results of sophisticated tests and therapies available to children with SCD in abundance in the United States. But the question is simpler, and the answer more random: Where was the child born?

In underserved parts of sub-Saharan Africa, as many as one in two children with SCD may die before their fifth birthday.² Many are never diagnosed, let alone treated. When systems are in place to identify and treat these children, survival improves quickly, but not by enough. In a Tanzanian specialty-care cohort, estimated median survival was only 33 years.³ In the United States, life expectancy is over two decades longer.⁴ In the United Kingdom, it is longer still, approaching 70 years.⁵

What separates my young patient in Malawi, my patients at Children's & Women's Hospital in Mobile, and children in London? After all, hydroxyurea works just as well in Tanzania as it does in Alabama. The difference is simple: How accessible is effective treatment to those who need it? That children born with SCD in East Africa or along the Gulf Coast may have

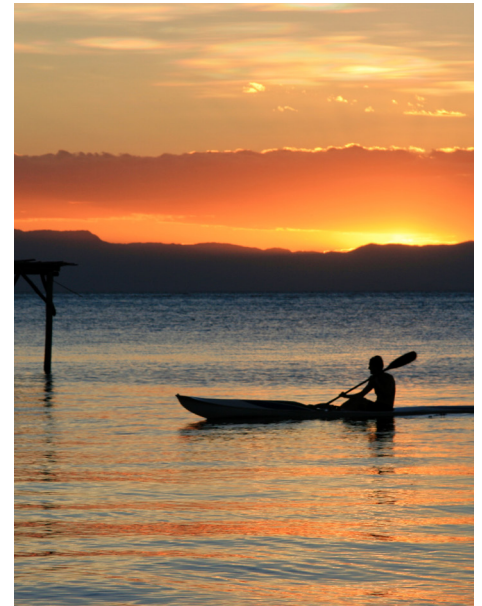
shorter lives than patients receiving care in Europe is not written in the stars. It is up to providers in collaboration with the parents and caregivers to implement therapies we know are successful in our communities.

The mission of the Johnson Haynes, Jr., M.D. Comprehensive Sickle Cell Center is to implement proven therapies that are already widely available and affordable in our Gulf Coast communities. We can draw inspiration from programs already succeeding across Africa. In Tanzania, a program combining education, scheduled follow-up, telephone reminders, transportation assistance, and medication support was associated with a reduction in mortality during the year after hospitalization from 19 percent to 7 percent.⁶

In a study spanning the continent, mortality fell by approximately 70 percent after children began hydroxyurea, alongside sharp reductions in pain and the need for transfusions.⁷ Back in Malawi, my patient from Likoma can now receive her hydroxyurea through a decentralized network of primary care providers trained to deliver sickle cell care close to home, right in the districts and villages where patients live.⁸ Similarly, here in Alabama, our team works closely with general pediatricians to initiate SCD care as soon as our newborn screening identifies them.

These successes did not depend on futuristic technology. They came from meeting families where they were, removing barriers to care, and reliably delivering proven treatments. The same principles that have been effective in resource-constrained settings can guide us here along the Gulf Coast.

In the coming years, our center will continue to build on the expertise of our local sickle cell clinical specialists, researchers, implementation scientists, and partners across the Gulf Coast to bring proven care closer to every family who needs it. Whether a person's journey begins on an island in Lake Malawi or in a rural community along the Mobile-Tensaw Delta, birthplace should determine neither the promise of that person's life nor access to the therapies that can preserve it.



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Suzetrigine (Journavx) as an adjunctive therapy in the management of acute moderate to severe pain in sickle cell disease

By Jessica King, FNP-BC, USA Health Johnson Haynes Jr., M.D. Comprehensive Sickle Cell Center

Acute episodes of pain—commonly referred to as a sickle cell pain crisis or vaso-occlusive crisis (VOC) are a severe, debilitating hallmark of SCD. Typically described as sudden, throbbing, and sharp, these episodes can last from several days to weeks. Due to frequent emergency room visits and hospitalizations, VOCs carry a profound negative impact on daily well-being, health-care costs, and overall quality of life (Darbari & Deepika, 2020).

The primary approach to managing a VOC is rapid, effective pain control. Given the complex, multifaceted nature of vaso-occlusive pain, relying on a single analgesic class is often insufficient, underscoring the vital need for multimodal pain management strategies (Joudeh, 2026). Patients frequently utilize a wide variety of medications, ranging from over-the-counter options to prescribed controlled substances, to gain relief. Opioids such as morphine, hydromorphone, hydrocodone, and oxycodone play a key role in managing acute pain by acting on central pain perception pathways (Joudeh, 2026).

However, due to safety concerns, their use is restricted, as there is a high risk of dependence, addiction, and adverse effects. Non-opioid analgesics, which lack the risk of addiction, offer a promising alternative for moderate to severe acute pain (Robinson CL,

2025).

On Jan. 30, 2025, the U.S. Food and Drug Administration approved Suzetrigine (Journavx), a non-opioid analgesic to treat moderate to severe acute pain. It acts on sodium receptors, providing an approach to pain management through selective inhibition of the peripheral pain pathway (Aamir MB, 2025). Clinical trials have shown it effective in reducing moderate to severe acute pain with a favorable tolerability profile and minimal central nervous system involvement, significantly lowering the risk of dependence in comparison to opioids as well as having less side effects (Robinson CL, 2025).

Suzetrigine is supplied as 50 mg oral tablets taken every 12 hours. Tablets should be swallowed whole without crushing or chewing. The initial dose must be taken on an empty stomach (at least one hour before or two hours after a meal), though subsequent doses may be taken with or without food. Common side effects include nausea, constipation, headache, and dizziness. Patients should avoid grapefruit, as well as specific antibiotics, antifungals, and antiviral medications that interact with its metabolic pathway. Suzetrigine should be prescribed for the shortest necessary duration consistent with individual treatment goals, as its

efficacy and safety for acute pain have not been evaluated beyond 14 days of continuous use (Dextras, 2026).

As with any therapeutic intervention, patients should consult their primary health-care provider or sickle cell specialist regarding specific questions, risks, or treatment protocols for managing SCD related pain.

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Sickle cell disease and surgery: Why early preoperative planning with your sickle cell provider matters

by Santosha Thompson, DNP, FNP-C, USA Health Johnson Haynes, Jr., M.D. Comprehensive Sickle Cell Center

Surgery presents unique challenges that extend far beyond the operating room for individuals living with sickle cell disease (SCD). While many surgical procedures can be performed safely with minor complications, patients with SCD are at an increased risk for complications related to their underlying blood disorder.

A surgery that is considered routine in the general population can pose a much higher risk for individuals with SCD. Through comprehensive preoperative assessments, sickle cell consultation, individualized transfusion planning, adherence to evidence-based recommendations from the American Society of Hematology (ASH), and thoughtful postoperative monitoring, healthcare teams can substantially reduce the risk of complications and improve surgical outcomes.

Early preoperative planning is critical to reduce risks, improve outcomes, and support a smoother recovery. Understanding the importance of collaboration between multidisciplinary planning can help patients, families, surgeons, anesthesiologists, sickle cell providers, and other healthcare professionals achieve the safest possible surgical outcomes.

Understanding Preoperative Planning

A comprehensive health evaluation should include the patient's sickle cell genotype, frequency of vaso-occlusive pain crises, history of acute chest syndrome or stroke, prior transfusions and any associated reactions, existing organ complications, physical examinations, current medications, and baseline hemoglobin levels. Throughout the preoperative process, clinical decision-making and risk stratification are guided by knowledge of the patient's illness severity and any related comorbidities.

Whenever possible, patients with SCD should be evaluated by a hematologist or sickle cell provider before elective surgery. A consultation with the patient's provider plays a vital role in assessing perioperative risk, determining the need for preoperative transfusion, managing disease-modifying therapies such as hydroxyurea, recommending appropriate postoperative monitoring strategies, and coordinating multidisciplinary care. Close collaboration among a hematologist or sickle cell providers, surgeons, anesthesiologists, primary care providers, nursing staff, and other members of the healthcare team is essential for minimizing complications and ensuring optimal outcomes (Oyedeji & Welsby, 2021).

One of the most important considerations during preoperative planning is whether a blood transfusion is indicated. Preoperative transfusions may help increase oxygen-carrying capacity, reduce the proportion of hemoglobin S, and decrease the risk of complications such as acute chest syndrome and vaso-occlusive events. However, transfusion strategies should be individualized based on the type and complexity of the planned surgery, the patient's hemoglobinopathy status, baseline hemoglobin level, overall disease severity, previous transfusion history, and other patient-specific risk factors.

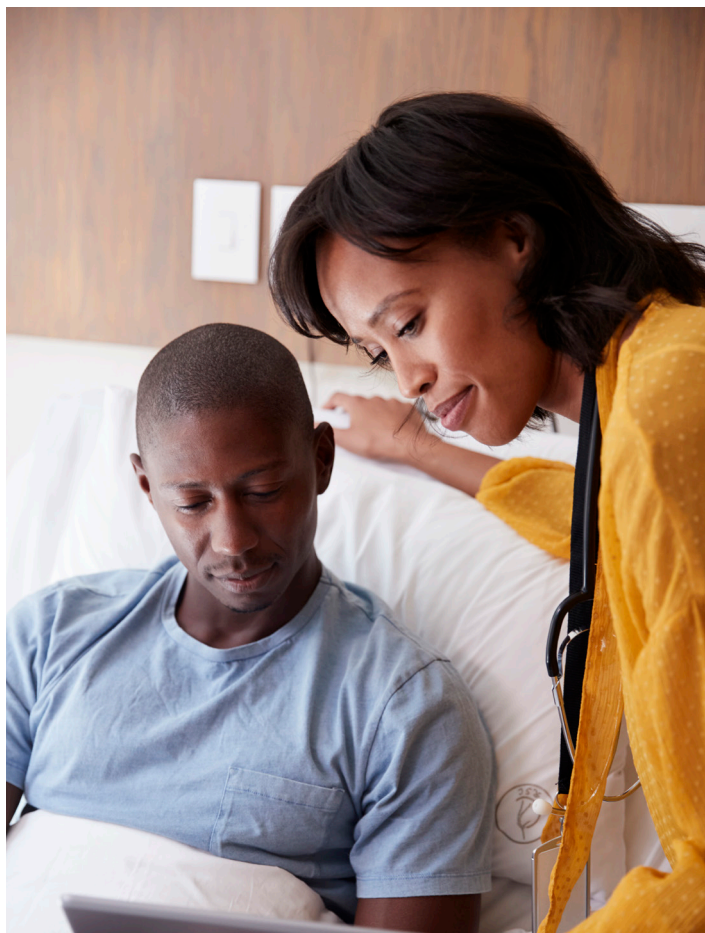
While some patients may benefit from a simple transfusion, others may require an exchange transfusion to achieve optimal perioperative

goals. Because transfusions carry potential risks, including alloimmunization, iron overload, and transfusion reactions, the decision to transfuse should be carefully considered using American Society of Hematology (ASH) guidelines and through a collaborative discussion that weighs the benefits against the potential harms (Oyedeji & Welsby, 2021).

Given surgery in patients with SCD requires careful planning, coordinated multidisciplinary care, and diligent perioperative management, the Johnson Haynes, Jr., M.D. Comprehensive Sickle Cell Center faculty and staff require at least a two-week advance notice (14 business days) to efficiently coordinate early preoperative planning. Preoperative planning evaluations should be faxed to the center's administrative office at 251-470-5895.

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Turning access into action

by Gerald E. Alfred, Executive Director, Sickie Cell Disease Association of America, Mobile Chapter, Inc.

Access can be the difference between missing a medical appointment and receiving timely care. It can determine whether parents understand their child's newborn screening results, students receive appropriate support at school, or adults living with SCD obtain resources to manage their health and daily lives.

At the Sickie Cell Disease Association of America – Mobile Chapter, Inc. (SCDAA-MC), access means helping individuals and families connect with resources, overcome barriers, understand their options, and take steps toward healthier lives.

For nearly 50 years, SCDAA-MC has served individuals and families affected by SCD and sickle cell trait. Today, the organization serves nine southwest Alabama counties: Mobile, Baldwin, Choctaw, Clarke, Conecuh, Covington, Escambia, Monroe, and Washington, including rural communities where specialized healthcare and support may be limited.

For many families, support begins at birth. Through the Newborn Screening Follow-Up Program, SCDAA-MC helps parents understand SCD or trait screening results, connects them with counseling and medical services, and provides continued support.

As children grow, SCDAA-MC provides education in schools and communities and helps families understand school-based resources, including Section 504 accommodations that can support health and academic success. The organization also provides transition to adult care services in collaboration with the Johnson Haynes, Jr., M.D. Comprehensive Sickie Cell Center and offers opportunities for learning and support through Positive Perspectives.

SCDAA-MC also helps clients navigate healthcare, insurance, transportation, and community assistance through personal outreach, education, referrals, advocacy, and follow-up. Services include counseling, testing, school advocacy, and connections to community resources. The work begins by listening, identifying each client's needs, and providing a path forward.

Transportation is another important part of this support. Through the BeHEARD Demand Response Transportation Program, eligible clients throughout the nine-county service area can travel to Mobile for medical appointments, pharmacies, counseling sessions, and other healthcare services.

SCDAA-MC's work is guided by the BeHEARD Footprint—Bridging Education, Hope, Empowerment, Advocacy, Research, and Dedication. BeHEARD recognizes that health is influenced by more than medical care. Clients may also need transportation, school assistance, community resources or someone willing to listen. The approach combines education and advocacy with practical solutions that help clients make informed choices.

Strong partnerships make this work possible. SCDAA-MC collaborates with healthcare providers, schools, public agencies, nonprofits, faith-based institutions, businesses, and community leaders to expand education, testing, outreach, and access to care. These partnerships also help reduce stigma, correct misinformation, and encourage people to learn their sickie cell trait status.

Turning access into action looks different for every client—from helping a parent understand newborn screening results to securing classroom accommodations or transportation to specialized care.

As SCDAA-MC approaches its 50th anniversary, it remains committed to expanding its reach and strengthening its impact. At SCDAA-MC, access is where the journey begins—and action is how lives, families, and communities are changed.



Gulf Coast TotalCare: Supporting Alabama Medicaid beneficiaries living with sickie cell disease

by Marie Lett, Supervisor of General Care Coordination, Region E

Living with sickie cell disease (SCD) often means managing ongoing medical needs, appointments, and medications. Gulf Coast TotalCare helps Alabama Medicaid beneficiaries navigate these challenges through free, personalized care management designed to improve health and quality of life.

Working with beneficiaries, families, health care providers, and community organizations, Gulf Coast TotalCare helps remove barriers to care. Care managers can schedule appointments, coordinate follow-up care after emergency room visits or hospitalizations, review medications, answer questions, and connect people with needed care and resources. They can also assist with transportation and other social barriers to care.

Gulf Coast TotalCare serves Alabama Medicaid beneficiaries in Baldwin, Choctaw, Clarke, Conecuh, Escambia, Mobile, Monroe and Washington counties.

Beneficiaries in the service area may be referred by a health care provider or contact Gulf Coast TotalCare directly. Call (251) 476-5656 or (833) 296-5247 (toll-free). TTY users may dial 711. The care team is available Monday through Friday from 8 a.m. to 5 p.m. Visit www.GulfCoastTotalCare.com to learn more.

BLOOD DONATION



LET'S BE THE LIFESAVERS

When you give blood, you make a real difference in people's lives especially those patients dealing with sickie cell anemia!

09/26/2026
8:45am - 2:00 PM
Franklin Primary Health Center
1303 Martin L. King Jr. Ave
Mobile, AL 36603

LEARN MORE

 www.redcrossblood.org
sponsor code alphaphialpha





Casey McAtee, M.D., MPH, joins Department of Hematology/Oncology and Comprehensive Sickle Cell Center

USA Health recently welcomed Casey L. McAtee, M.D., MPH, to its Department of Hematology/Oncology and the Johnson Haynes, Jr., M.D. Comprehensive Sickle Cell Center, adding a physician-scientist with international experience in pediatric hematology, oncology, and sickle cell disease care.

A Mobile native, McAtee returns to the Gulf Coast after five years on the faculty at Baylor College of Medicine, where he served as an assistant professor of pediatric hematology-oncology and conducted research focused on improving outcomes for children with cancer and blood disorders.

McAtee earned his medical degree from the University of Alabama Birmingham School of Medicine and a master's degree in public health from the University of Texas Health Science Center. He completed his pediatric hematology-oncology fellowship at Baylor College of Medicine and Texas Children's Hospital.

His work has extended far beyond the United States. While living and working in Malawi, McAtee cared for children with cancer and blood disorders and helped develop programs aimed at expanding access to evidence-based treatments. In a recent article, he described the challenges many families face in obtaining sickle cell care and emphasized the importance of bringing proven therapies closer to patients and communities.

At USA Health, McAtee will support the mission of the Johnson Haynes, Jr., M.D. Comprehensive Sickle Cell Center, which focuses on improving outcomes for individuals living with sickle cell disease through clinical care, research and community partnerships. He joins a team committed to expanding access to treatments and reducing barriers that can affect long-term health.

McAtee is also an accomplished researcher whose work has earned national recognition, including the American Society of Hematology Junior Faculty Scholar Award. His expertise in clinical research and implementation science is expected to strengthen ongoing efforts to advance sickle cell care across the Gulf Coast.