

## Facial reanimation gives patients their smiles back

By HELEN ADAMS

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At 6-foot-4 and 250 pounds, Mark Price has always stood out in a crowd.

But he was not prepared for the kind of looks he got after a motorcycle accident damaged a nerve, leaving the right side of his face paralyzed. “People would look at me like I just jumped off a spaceship,” he said.

His right eye could only close with the help of a weight in his eyelid, and half of his mouth drooped. Normal expressions were out of the question — a smile looked like a snarl. But Price went back to work as a corporate safety manager anyway, where he said he heard the same question 20 times a day: “You had a stroke?”

“I went about life,” Price said. “My parents always taught us that what doesn’t kill you makes you stronger.”

But Price’s story doesn’t end there. His doctor in Myrtle Beach told him there was a doctor at MUSC Health who might be able to solve some of his paralysis problems: Samuel Oyer, M.D., a facial plastic and reconstructive surgeon specializing in facial reanimation.

Facial reanimation, sometimes called smile surgery, uses nerves and muscles from the face and other parts of the body to correct paralysis. It’s only available in a couple of dozen medical centers across the country. Oyer did his fellowship at one of them, Johns

Hopkins Medicine, then returned to MUSC Health, where he’d done his residency.

“There’s a lot of need for it here,” Oyer said. “There’s no one else in the region. The big areas are Harvard and Johns Hopkins and the Beverly Hills area. They’re all regional referral centers. Trying to get it closer to home for people is the goal.”

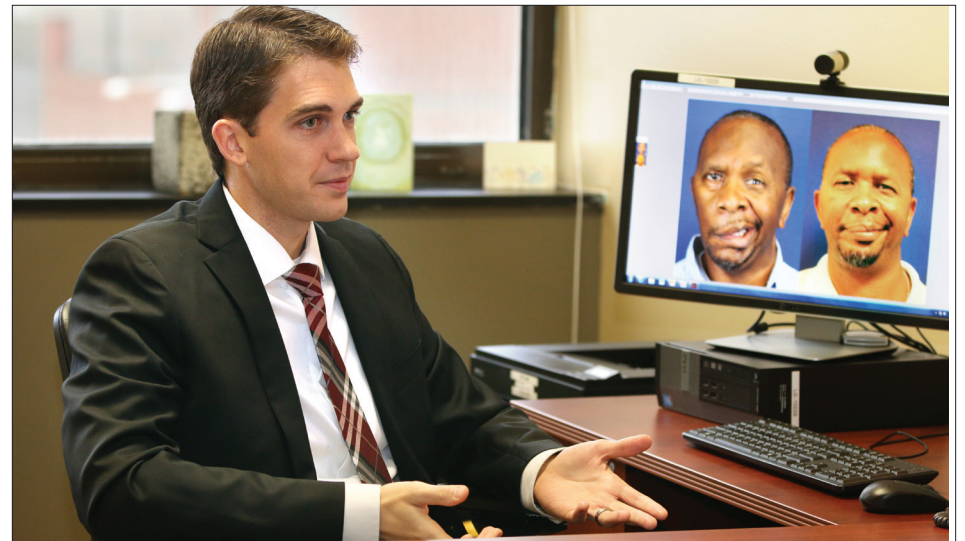
Facial paralysis can be caused by a traumatic injury such as Price’s, but it is more commonly linked with Bell’s palsy, which affects about 40,000 Americans every year. It can also be caused by cancer and acoustic neuromas, which are tumors on the hearing and balance nerve. And some children are simply born with some facial paralysis.

Oyer said not everyone needs surgery. “The simplest thing is, you see people with Bell’s palsy and watch them for recovery. We give them some exercises to do at home looking in a mirror. No intervention other than counseling and exercises.”

The next step up is injectable treatments such as Botox to help with facial spasms, twitching or drooling, Oyer said. If that isn’t enough, surgery comes into play. Oyer works with fellow facial plastic surgeons Krishna Patel and Judith Skoner to get the best results for patients.

Price needed surgery. “Dr. Oyer has the skills and abilities and makes you comfortable,” Price said. “He said, ‘Mr. Price, we’re going to make this happen.’”

Oyer made a small incision in front of



Photos by Sarah Pack

Facial plastic and reconstructive surgeon Dr. Samuel Oyer helped Mark Price, seen on the computer screen, after a motorcycle crash left Price’s face partly paralyzed.



Mark Price is able to go about his life now without having to answer constant questions about his face.

Price’s ear to find and connect a chewing nerve to his facial nerve. “You cut those ends and sew them together under the microscope.”

Now, when Price clenches his teeth,

he gets some movement in his face. Oyer said Price also had a brow lift to keep his eye from drooping.

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MICU staff honored for exceptional care.

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First-of-its-kind clinic opens in North Charleston.

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MUSC Research Day

## Construction Update: One lane road closure until Jan. 20

Staff Report

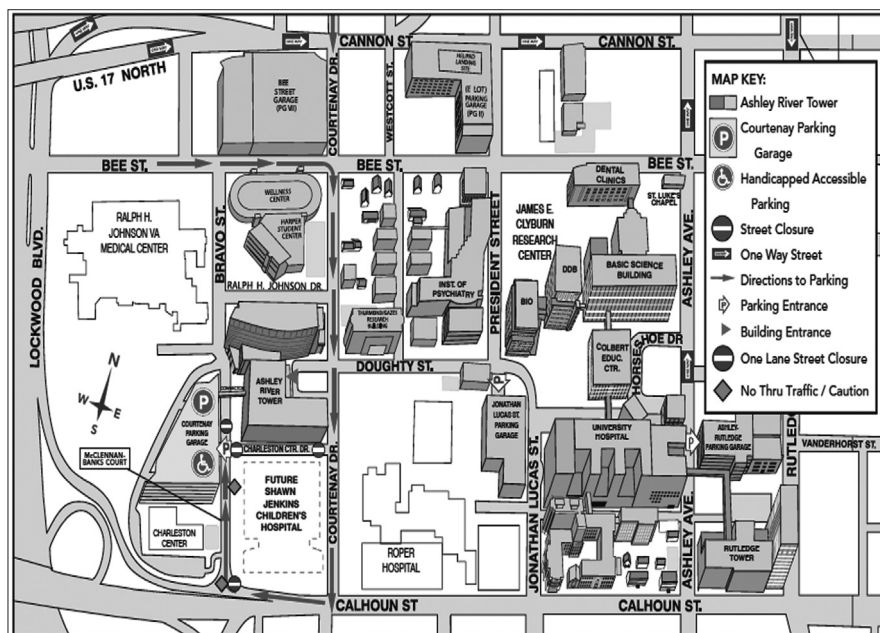
Due to the ongoing construction activity for the MUSC Shawn Jenkins Children's Hospital, a single lane of McClellan-Banks Court will be closed through Friday, Jan. 20. One lane will remain open for access to the Courtenay Parking Garage.

We encourage all traffic to access the garage via Courtenay Drive to Calhoun Street to McClellan-Banks Court. All three entry lanes of the Courtenay Parking Garage will remain operational, but expect potential delays due to lane closure. No through traffic will be allowed on



McClellan-Banks Court during this three-week period.

This partial road closure will allow our team to conduct underground utilities work in front of the Courtenay Parking Garage entrance. We apologize in advance for any inconvenience this may cause and thank you for your continued patience with us during construction of our new children's hospital.



## 2016 MUHA PILLAR AWARDS



Hedges



Mendoza



Epstein



Raines

Medical Center managers were recognized for their leadership, performance and accomplishments at the MUSC Health Leadership Development Institute meeting on Dec. 16. MUSC Health CEO Dr. Patrick Cawley and other leaders presented awards for leadership in four areas: Growth — Kelley Hedges; Service — Kellie Mendoza; Quality and Safety — Shayna Epstein, Mansle Raines and Marilyn James; and Innovation — Rose Rodriguez.

photos by J. Ryne Danielson



James



Rodriguez

### Take the MUSC Info Solutions Survey

To better align the MUSC Information Security Awareness Program with the needs of the organization, MUSC Information Solutions is asking for your honest (and completely anonymous) answers to the linked survey. We ask that you set aside five minutes to complete it. By giving us honest answers, you can provide us with valuable insights into how we can better support you and the organization. MUSC Information Solutions thanks you in advance for your participation.

For information on the Information Security Awareness Program, visit <https://redcap.musc.edu/surveys/?s=X3TY33ELJ9>.

## THE CATALYST

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# Couple shows appreciation, supports MICU renovations, staff

By J. RYNE DANIELSON

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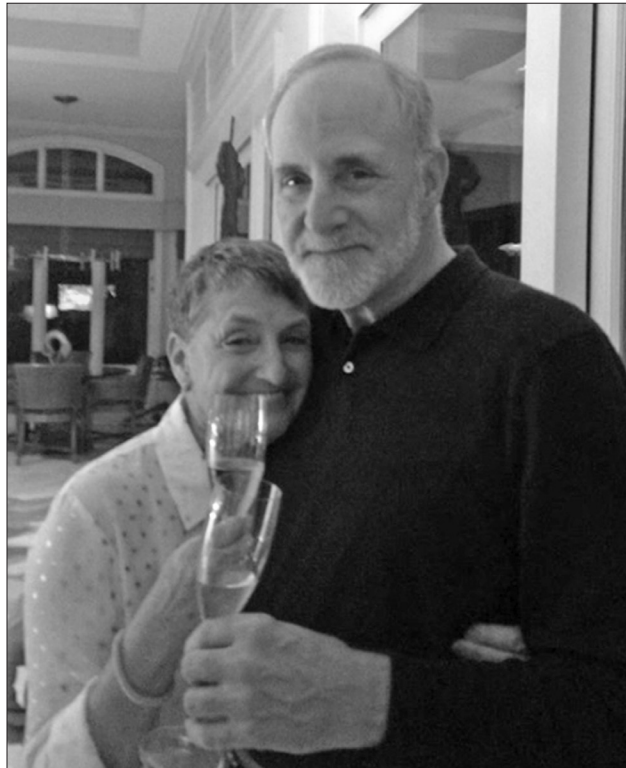
Even two and a half years later, retired physician Roger Baim, M.D., can still remember the nightmares. Critically ill and unconscious when he was transferred to MUSC Health's Medical Intensive Care Unit during a bout of pneumonia and kidney failure, it was unclear if he would ever leave again, let alone have the chance to repay the care he received, which he plans to do by donating more than \$250,000 to MUSC.

The pneumonia had progressed to acute respiratory distress syndrome, also known as ARDS. Triggered by fluid leaking from blood vessels in air sacs called alveoli, ARDS deprives the body of oxygen, causing labored breathing, confusion and fatigue. Victims essentially drown on dry land.

"I was not expected to survive," Baim said. Doctors told his wife on three separate occasions that the end was imminent. Luckily, that wasn't the case. Today, despite mild residual scarring of his lungs, he leads a full and active life, though the emotional scars have not been as quick to fade.

"The emotions were incredibly powerful," he said.

Like many acutely ill patients in intensive care, Baim experienced a type of cognitive impairment called ICU



Dr. Roger Baim and wife, Jill Baim.

*Photo provided*

delirium, an often terrifying disruption of consciousness that greatly decreases a patient's chance of survival and can persist months or even years after being discharged.

"I can still remember much of what was, frankly, terrifying," he said. "There were several ongoing nightmarish dream sequences, one involving my being restrained by hostile staff members who were experimenting on me and another about fighting against 'The Black Pirate,' a ghoul whose ship had sunk in Baltimore Harbor. There were other, shorter, sequences, too, several of which concerned my apparent belief that there was a struggle for my soul between forces of light and darkness that were manifested by various MUSC employees."

Jill Baim, Roger's wife, said that the constant whir of machinery keeping her husband alive and other background noise contributed to the sleep deprivation and general stress he experienced in the ICU. "The staff became like our family, and their voices were comforting, but every time an alarm went off, it was agitating."

Jill and MICU staff played classical music to comfort Baim and drown out the bad sounds, as she called them.

But very little of it broke through, and the little that did sometimes fed into his nightmares.

"ICU delirium is a very big area of focus right now,"

*See GRATITUDE on page 11*

# Gotcha Bikes will have 15 to 20 bike stations around city

## Staff Report

Charleston's City Council recently granted Gotcha Bike the authority to create the city's first large-scale, locally owned bike share. The Charleston-based company has forged an alliance with MUSC Health as the title partner to launch the service, which will provide a sustainable and eco-friendly alternative to vehicular transportation.

The unique, specially engineered bikes will begin arriving on the peninsula in the spring.

"We are excited to be working with Gotcha to provide this extraordinary benefit to our citizens. Thanks to partnerships, like MUSC's title partnership, the bike share system comes at no cost to the city and offers affordable rates for users. Just as important, as a local company, Gotcha understands the special character of our city and will work closely with us to make sure the system works for everyone," said Charleston Mayor John Tecklenburg.

Sean Flood, CEO of parent company The Gotcha Group, said, "We believe in providing Charleston with a safe, healthy and sustainable mode of transportation. Gotcha Bike is designed to be durable and maintenance-free, providing a clean, reliable and affordable transportation alternative for residents, workers, visitors and students on the peninsula."

Patrick J. Cawley, M.D., MUSC Health CEO and vice president for Health Affairs, University, said the alliance between Gotcha and MUSC Health signals an important next phase in the health care provider's strategy. "Building healthy communities is a pillar of our organization's strategic plan," he said. "Developing a partnership with Gotcha Bike is a natural step toward this important community health goal."

Bicycling has numerous health benefits including increased activity and decreased pollution. In addition, since MUSC is the largest non-federal employer in the city, its leaders welcome the opportunity to augment its long-term partnerships with the City of Charleston. Adding a bike share to the MUSC campus improves

*"Thanks to partnerships like MUSC's title partnership, the bike share system comes at no cost to the city and offers affordable rates to users."*

**Mayor John Tecklenburg**

access to the future greenway, connecting MUSC to greater Charleston. The bike share also will support MUSC employee wellness and satisfaction.

Gotcha Bike plans to begin with 250 bikes available at 15 to 20 bike stations throughout the city. Three stations will be located on the MUSC campus, and additional locations will be announced in the coming weeks. All Gotcha Bikes will be assembled in Charleston.

The bikes dispatched through the historic city will be the nation's smartest, thanks to Gotcha Bike's partner, Social Bicycles, and its proprietary GPS technology that allows users to locate and access the bikes through a smartphone or computer. The integrated technology and flashing safety lights will be powered through a built-in solar panel and dynamo hub, giving riders real-time data from each bike ride, such as carbon dioxide emissions reduced, calories burned and money saved versus driving.

Participants can ride a bike anywhere, and even put the bike "on hold" if they would like to make a stop before ending their ride at a designated station. For an additional fee, users may end their ride beyond a dedicated station.

Flood said, "The bike share program in Charleston will give locals and visitors more options to move freely around the city."

Currently, Gotcha Bike provides bike share programs at 18 colleges and residential and corporate sites across the nation. In many markets, the bike share unites riders with national brands that underwrite the service. Durability features




Photos provided

The Gotcha Bikes will have 15 to 20 bike stations throughout the city; three are on MUSC's campus.



Sean Flood, CEO of parent company The Gotcha Group, says the bikes will have a special GPS technology.

of the specially made bikes include lightweight and rustproof aluminum frames, waterproof Kevlar seats and puncture-resistant tires, which offer a maintenance-free smart bike.



Night at St. Luke's

Free performance by  
Tyler Ross Quartet

Presented by MUSC SGA

January 6, 2017 @7 p.m.

St. Luke's Chapel - Reception to follow at Colcock Hall

For more information, visit [muscedu/studentprograms](http://muscedu/studentprograms) or call (843) 792-2693.



## MEET PAULA



Paula Sutton

**Department; How long at MUSC**  
*University Dept. of Diversity, Equity and Inclusion; 25 years*

**How you are changing what's possible at MUSC**

*Helping students, faculty and staff appreciate and respect the individual differences of others with diversity and inclusion training*

**2017 New Year's Resolution**  
*Volunteer*

**A unique talent you have**  
*I love to decorate*

**Last book you read**  
*"Ethics Under the Knife" by Dr. Matt Koepke*

**Favorite football team**  
*Dallas Cowboys*

**What food is a must have in the fridge**  
*Peppermint patties*

**Words of advice**  
*Always smile! (Advice from my dad)*

*It's all about the way you choose to live your life.*

MUSC Wellness Center

## Healthy Charleston Challenge

JANUARY 19 TO MARCH 23

Participants should be 25 pounds or more overweight and ready to permanently change lifestyle habits for decreased risk of chronic disease.

**Fees:**  
 Member- \$350  
 Non member- \$475  
(Includes access to the Wellness Center for duration of program)  
 Student- \$250

Apply today for this **National Award Winning** exercise, nutrition, and behavior change intervention program.

Space is limited!  
 Apply online today:  
[www.musc.edu/hsc](http://www.musc.edu/hsc)

*"My journey has been long. It did not happen overnight. I learn new things from HCC every day in order to make better decisions concerning exercising and healthy eating. I can tell you from experience that the rewards are SO worth it!"*  
 -Barb Natale

45 Courtenay Drive  
 843.792.5757

MUSC MEDICAL UNIVERSITY of SOUTH CAROLINA

## science café

### Pain, Pills, and Pregnancy

Constance Guille, M.D.

MUSC Health Women's Reproductive Behavioral Health Clinic  
 Medical University of South Carolina

The prescription opioid epidemic in our country is now known to extend into pregnancy and has become a major public health problem due to its impact on maternal, fetal, and newborn health and overuse of health care resources.

The talk will cover the magnitude and impact of this problem, and how we can help, support and engage women in positive health behaviors.

Science for the rest of us

MUSC's Science Café is a series of entertaining talks on scientific subjects in a fun, social environment.

To learn more, contact Tara Abbott at 843-792-2926 or [abbottt@musc.edu](mailto:abbottt@musc.edu).

Tuesday, January 24, 2017 | 5:30 p.m.

Charleston Beer Works (upstairs)  
 480 King Street, Charleston, SC 29403

MUSC SCIENCE CAFÉ



# Kids celebrate opening of MUSC clinic in their school

By HELEN ADAMS

adamshel@musc.edu

The next time 9-year-old Sullivan Giavelli gets sick, she won't have to go far for help. MUSC Health has opened a first-of-its kind clinic right in her North Charleston school, Meeting Street Elementary @ Brentwood. Her mom is thrilled.

"I just think it makes it convenient for working parents," Whitney Giavelli said. "MUSC has some of the best health care providers there are, so you are going to be assured they're going to get great health care."

The MUSC Children's Health Meeting Street Elementary @Brentwood School-Based Health Center will have a full-time nurse practitioner who can diagnose conditions, order X-rays and lab work and write prescriptions. A pediatrician will also see patients once a week.

MUSC President David Cole, M.D., said the clinic will help keep kids in school and their parents at work. "I'd say there's a critical need for innovation and doing things differently as we move forward, because we have what is often a broken system of health care. Sometimes it's in the communities that we want to serve the most that we do the poorest job," Cole said.

"We hope this is a start, a pilot, an opportunity to show what can be done. And in so doing, maybe we're starting to walk down a path that really has a meaningful impact."

While this is the first full-time school clinic for MUSC Health, it's not the first school that it has worked with. MUSC Health offers telehealth programs to more than a dozen schools in the Charleston area and 40 across the state. Telehealth connects school nurses and their patients with specialists at MUSC Health via technology, using video cameras and diagnostic equipment.

Leaders at Meeting Street Elementary @Brentwood say the new clinic is a great fit for their school, which emphasizes innovation aimed at improving the lives of children in low-income areas.

Pamela Pepper, who serves as director of family and student support at the school, grew emotional as three children prepared to cut a ribbon to mark the opening of the clinic.

"I look at these little ones and say, Wow, this is a big day. And the big day comes because the partnership with MUSC really is huge," Pepper said. "Dr. Cole, thank you for entrusting us with this partnership."

Shi-Mei Everette, a counselor at the school whose son Avery is in second grade, was just as enthusiastic. "When I heard we were getting an MUSC clinic I was like, 'That's the best thing ever having the clinic on campus, where the kids don't have to leave.'"

Some of them have transportation issues. This is a big



Photos by Sarah Pack

Dr. David Cole, Avery Everette, Jordan Green, Sullivan Giavelli and Dr. Pamela Pepper cut the ribbon to celebrate the opening of the clinic.



Dr. Kathryn Cristaldi and Dr. David Cole tour the new clinic at Meeting Street Elementary @Brentwood.

lifesaver for them."

She wondered how insurance would work.

Kathryn Cristaldi, M.D., had some answers. She serves as medical director for school-based telehealth at the MUSC Health Center for Telehealth and will work at the school clinic one day a week. "Medicaid pays for visits in full," she said. "Private insurance plans vary. We're working with private insurance companies to secure coverage."

She's been part of the effort to open the school clinic from the start and called the opening a dream come true. "This is what we've always talked about. This is comprehensive health right where kids are. School-based health works, and we know that it makes a difference. It increases academic performance and has positive impacts on health outcomes."

## School-Based Telehealth Facts at MUSC Health

- ❑ Meets kids' needs in the place where they spend most of their time
- ❑ Offers acute care, chronic disease management and specialized mental health care
- ❑ Reduces amount of class time kids have to miss
- ❑ Is available to all children in Williamsburg and Bamberg counties
- ❑ Is available in some schools in Florence, Sumter and Charleston counties
- ❑ Uses telehealth as needed, with a special stethoscope, otoscope and exam camera
- ❑ Has grown from three schools connected via telehealth in 2014 to more than 40 in 2016, with continued expansion plans underway



# Foster care children get greatest gift of the season

By DAWN BRAZELL

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Jessica Sismilich's life would have been much simpler if she had just stuck to raising her two children. This Christmas, though, the family looks forward to celebrating its best holiday ever as a family of six.

The family holiday photo shot on the backyard swing is a rare moment of perfect stillness and smiling faces. Lettering on a chalkboard sign says:

867 days ago they stole our hearts.

Today we get to steal their last name.

The Sismilich family is celebrating the adoption of two boys into the family: Kole, 6, and Jordan, 3. Her husband Jason, who serves in the Navy, is often deployed, so it's up to Sismilich to get their now four children, including Drake, 8, and Kayleigh, 6, rolling in the mornings.

"It's one of the hardest but proudest things I've ever done in my life," Sismilich says of the family's decision to adopt.

When the couple learned their adopted sons' histories, they knew they wanted to do whatever it took to get them back to good health. They ended up relying in part on the Foster Care Support Clinic at the Children's Hospital at MUSC. The clinic, a medical



*Photos provided*

Parents Jason and Jessica, standing, and children, from left, Kole, Kayleigh, Drake and Jordan celebrate their adoption becoming official.

home serving children who have an open case with the South Carolina Department of Social Services or

See **FOSTER** on page 10

# Talent rises to top at 51st MUSC Research Day

By MIKIE HAYES  
[hayesmi@musc.edu](mailto:hayesmi@musc.edu)

MUSC's Perry V. Halushka Research Day held on Nov. 3 and 4 saw a record number of abstract submissions and participants. Each year, Research Day is open to all students, residents, postdoctoral fellows and technical support at MUSC. Perry Halushka, M.D., Ph.D., dean emeritus for the College of Graduate Studies, for whom the event is named, was thrilled to see the event grow so substantially.

"This is the 51st Annual Research Day and there were 297 abstracts, the largest number in the history of the day," he said. "It seems each year it gets bigger and better and the growth has been phenomenal. It is very gratifying to see the outstanding research being conducted by our trainees at all

levels and the participation by the faculty. The day is very well organized,

and special thanks go to Dr. Steven Kubalak, chairman of the Research Day Committee, and Ms. Stephanie Brown-Guion, administrative assistant for Research Day."

Steven Kubalak, Ph.D., associate professor in the Department of Regenerative Medicine and Cell Biology, has chaired the Research Day event for

11 years. His role includes arranging the keynote speaker, securing judges for 20 categories – this year requiring 90 judges – and setting up the poster and oral presentation sessions for all participants.

Kubalak said Research Day is an important opportunity for MUSC to

See **RESEARCH** on page 9



The 2016 winners of the 51st Annual Perry V. Halushka MUSC Research Day.



## RESEARCH *Continued from Page Eight*

support the next generation of scientists.

“The NIH is encouraging more translational-type studies, and our submissions include that type of work. We have a lot of post-doctoral fellows and residents who participate in Research Day, and that number is slowly and steadily rising each year. And as they do begin to participate, they are presenting clinical-type studies. The hope, of course, is that there will be increased communication and collaboration between the basic scientists, the clinicians and their work, which I believe is well represented in Research Day.”

He continued, “We are we are trying to get more representation of interprofessional-type studies in Research Day. The number of abstracts in both the oral and poster categories by interprofessional studies goes up each year, which is an indication that this type of work is being done. That represents an advancement in the research type studies that parallel what the initiatives of the NIH are. I think this is really important, because it helps funding down the road for the university itself, as more and more collaborations between different disciplines, between the basic scientists and the clinicians, come on board.”

Kubalak also mentioned that 2016 marked the second year the event included a new category for laboratory technicians and staff scientists/research specialists who are now able to participate in Research Day.

“A lot of these individuals are thinking about applying to medical school or graduate school and this helps them in terms of presenting scientific work. It gives them some experience and a line on their CVs. During interviews, they will already have a good handle on the language of science because they’ve contributed intellectually to a project. This is an advantage,” he said.

Technicians and staff scientists, who work as higher-level technicians, support the principal investigators in the lab and the overall work of the lab. They are involved in the projects underway in the labs, even interpreting results.

Kubalak said the breadth of the research presented was remarkable and

points to a coming generation of prolific scientists who he predicts will accomplish great things.

The scheduled keynote speaker, Jacob Corn, Ph.D., of the University of California–Berkeley, had to postpone his visit. He will be speaking on campus March 29, and a campuswide invitation has been extended.

Corn is the scientific director of the Innovative Genomics Initiative (IGI). The IGI, along with his lab, is comprised of branch laboratories at UC Berkeley and UC San Francisco. His talk, “CRISPR-Cas9 from Biology to Therapy,” will concentrate on the cutting-edge CRISPR technology – a gene-editing tool. Corn’s team develops and utilizes next-generation genome editing and regulation technologies to further fundamental biological discoveries and the development of potential therapies for human genetic diseases.

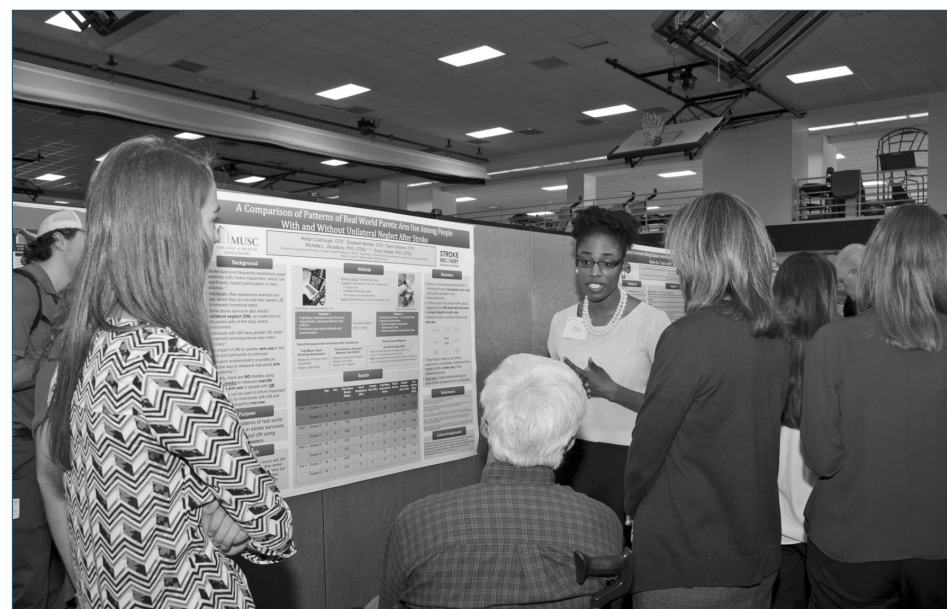


photo by Anne Thompson

**Occupational therapy student Kellyn Colclough explains details of her rehabilitation research and paretic arm use following a stroke during the Research Day Poster Session on Nov 4.**

### The winners are:

**Undergraduate Poster I** – First place: Abby T. Spencer; second place: Jordan S. Carter

**Clinical/Professional/Masters Poster I** – First place: Georgia Berbert; second place: Ashlyn Baxley

**Clinical/Professional/Masters Poster II** – First place: Keeland M. Williams; second place: Lillian R. Neal

**Clinical/Professional/Masters Poster III** – First place: Nancy L. Hagood; second place: Mark A. Pacult

**Clinical/Professional/Masters Poster IV** – First place: Jessica Dinh; second place: Ryan Finnegan

**Ph.D. Poster I** – First place: Jonathan M. Turner; second place: Alexandra Rogers

**Ph.D. Poster II** – First place: Caroline J. Vrana; second place: Logan T. Dowdle

**Ph.D. Poster III** – First place (Kinard Gadsden Award): Katelynn A. Toomer; second place: LaShardai N. Brown

**Postdoc/Resident/Fellow/Staff Scientist Poster I** – First place: Ryan Boerner; second place: Tonisha

Kearney-Ramos

**Research Specialist/Technician I** – First place: Melina Acosta; second place: Danielle Chappell

**Undergraduate Oral II** – First place: Elizabeth Farri Langley; second place: Shaoni Dasgupta

**Clinical/Professional/Masters Oral V** – First place: Neal Peterson; second place: Balakrishnan Pillai

**Clinical/Professional/Masters Oral VI** – First place: Shannon Weber; second place: Walker M. Blanding

**Clinical/Professional/Masters Oral VII** – First place: Laurel E. Gower; second place: Mitchell J. Issac

**Ph.D. Oral IV** – First place: Daniel L. Brinton; second place: Barbara K. Marebwa

**Ph.D. Oral V** – First place: Ali Alawieh; second place: Emily Durham

**Ph.D. Oral VI** – First place (Eric James Award): Adam W. Akerman; second place: Stefanie R. Bailey

**Ph.D. Oral VII** – First place (Williard and Betty Peterson Award): Jacob Bowers; second place: Jamie N. Mills

**Postdoc/Resident/Fellow/Staff Scientist Oral II** – First place: Ephraim A. Ansa-Addo; second place: Pengfei Li

**Postdoc/Resident/Fellow/Staff**

**Scientist Oral III** – First place: Kimberly L. Brown; second place: Lourdes Nogueira

### Special Awards:

**CRI-VA Medical Center Oral** – First place: Adam W. Akerman; second place: Ryan Kelly

**CRI-VA Medical Center Poster** – First place: Billy Mullinax; second place: Rohail Rashid Kazi

**Student Research Young Investigators Award** – Winner: Akayla Ford

**Innovation Award** – First place: Ryan J. Downey; second place: Elizabeth Hensley

**Sigma Xi Award** – Winner: William J. Bologna

**Health Disparities Award Oral** – First place: Sean Brady; second place: Melanie Davis

**Health Disparities Award Poster** – First place: Kevin Keith; second place: Makiera Simmons

**Interprofessional Award Oral** – Oral winner: Daniel L. Brinton; poster winner: Emily B. Crosby; honorable mention: Shaoni Dasgupta

## FOSTER *Continued from Page Seven*

who have been adopted, is a partnership between the SC DSS and MUSC Children's Health. It has seen a sixfold increase in the families it serves since it started in July 2013.

While doctors and nurses there had an idea of what the couple faced, Sismilich admits she and Jason didn't. The couple felt called to become foster parents in 2014 and within eight days of becoming licensed through the Bair Foundation, a Christian foster organization that only accepts "therapeutic foster children," they got a call about Kole in July of that year. He had been in foster care for six weeks and already had been moved three times.

That wasn't a good sign, but Sismilich knew if they didn't take him, he would likely continue to get bounced around in the system.

"We immediately took him. I just absolutely love kids. We have two biological children, so I just love kids and felt like there were so many out there that got such a bad start to life, and that wasn't fair to them."

What she didn't know is what extreme neglect can do to children. She was told that Kole's situation was dire. He had been missing for three days and police, who had to get a warrant to search his home, found that he was, literally, living in the dog house. She was told that there was no food, one bed for five boys, dead mice in the house, feces on the walls and that the mom had taken the two oldest boys out of school to raise the younger ones, she says.

"What we were told was educational, physical and medical neglect."

The Sismilichs initially went into the foster system thinking they were going to foster, but when they realized how bad the conditions were for Kole, they began pursuing adoption options. "I'll never forget this until the day I die — my husband and I prayed about it and decided to take Kole. The next morning my husband said, 'Tomorrow might be the first day of the rest of his life.'"

Despite the challenges facing Kole, the couple did something amazing.

Kole and his younger brother, Jordan, were in their last foster home together, and that foster mom didn't want Kole but wanted Jordan. Sismilich called and asked if they could have Jordan so they could get the brothers back together. The DSS case worker refused the request because he had already been moved three times. A month later, they got a call saying he needed to be removed immediately and were asked if they were still interested.

Again, their answer was, yes, they'd take him immediately.

Kole and Jordan had had few of their vaccines. Kole had to have dental surgery because of the amount of damage to his teeth. He was angry and would throw tantrums up to 20 times a day. This was something



**Nurse Tara Peevy, from left, nurse practitioner Tracy Halasz and Dr. Elizabeth Wallis confer frequently about their foster care cases. The tight teamwork among clinic staff members has helped make the clinic grow sixfold since 2013.**

Sismilich had never encountered. She could see he was just waiting for when they would get rid of him.

Sismilich had heard of MUSC's Foster Care Clinic and went there for guidance on some of the boys' health issues, including Kole's attention deficit and hyperactivity disorder. Nurse practitioner Tracy Halasz became one of her critical supports. She helped her find the best medication so Kole could focus in school. She kept telling her to call if it ever felt overwhelming.

"So that was the biggest motivator to me. We've done lots of different therapies, and I think the biggest challenge for me now is sort of the fabric of who he is. He was struggling with anger. He was very easily angered and had a hard time regulating his emotions. But now that's fewer and farther between. And the other thing was he required so much of my energy. Something simple required probably four times the amount of effort for him to do, and I still had three other kids. So it was exhausting, but I told myself that of all the reasons to be tired — that's a really good reason to be tired."

Sismilich says this kind of support for foster parents is critical. She appreciated the ease of getting appointments at the clinic and how they always asked about her and the rest of the family as well as the foster children.

"I feel like it's the one place I can go where they do care about the family. When I go to the clinic with my four kids, it can be a lot to handle, so there have been times where Machel (Green) or Tara (Peevy) will take three of the kids to go do different little activities so that I can focus and talk to the doctor."

About 10 months into the foster care journey, there was a shift when she could see that Halasz saw she was no longer a foster parent. "I was just a parent. And she would ask me what I wanted to do in regards to certain courses of treatment or medication. It's more like, 'This is your child, and I trust your decision,' and they will

involve you in the decision. That to me means a ton."

Meanwhile, the rest of her family had to adapt. One reason the family considered adopting was because her oldest son, Drake, has a heart of gold. She knew he'd set a warm, welcoming tone. Sismilich says the entire family has benefitted from their decision to adopt. It taught her biological children that not everyone comes from the same background, and everyone has a responsibility to help children, who through no fault of their own, are being neglected.

She has learned the power of praise. A little goes such a long way, with all of the kids, she says.

"That's been an eye opener for me. It has really trained my mind to do that with all of the kids. It's also definitely taught me organization. Our mornings are really crazy, they all need me, and they all need something. So I'll tell them, 'OK, I'm going to help Kole, then Kayleigh, then Drake and then Jordan.'"

The crazy schedule is worth it, though. When she got to see Kole graduate from kindergarten, it was like winning a gold medal at the Olympics. She shudders to think of what might have happened to him, knowing that one of his half-brothers at age 8 had little if any schooling. In the beginning, Kole was very self-focused. "But the other day, I hurt myself and he asked me, 'Mommy, are you OK?' and that blew me away that he thought of someone beyond himself. I told my mom

*See FOSTER on page 11*



GRATITUDE *Continued from Page Three*

said Janet Byrne, RN, nurse manager of the MICU. "And we need to get better about how we assess for it and manage it, both in terms of prevention and treatment."

Though the experience was far from positive, Baim credits MUSC's doctors, nurses, respiratory therapists and other staff for his survival. "I was here for sixty-seven days, and my needs were overwhelmingly attended to," he said.

He especially credited the Division of Infectious Diseases' Evgenia Kagan, M.D., with reaching out to physicians all over the world to find ways to treat his antibiotic resistant strain of pneumonia.

The fact that he is alive today is evidence of MUSC Health's outstanding care, he said.

To repay that care, the Baims have already donated \$25,000 to the MICU for renovations and are endowing two funds, one honoring the Division of Infection Diseases' late J. Michael Kilby, and another, which bears their name, to support MICU staff in pursuing professional development.

FACIAL *Continued from Page One*

It's not a cure, Oyer said. But if the face is the mirror of the mind, as some say, Price's face now better reflects what he thinks and feels. "People don't even know me since the facial surgery," Price said. "I got a facelift, basically. I can smile now. I can chew."

Oyer will continue to work with his 55-year-old patient. "He still has some speech issues. I've put some filler in his lip to help with that. He'll be a lifelong patient."

Oyer wants other people suffering from facial paralysis to know there's help out there. "A lot of people are going untreated. Normally, with Bell's palsy, people say wait a year, it'll get better. And when it doesn't, people don't know what else to do. A lot of the physicians who see them don't know what else to do," he said.

"Sometimes, parts of the face start working together. So when you smile, your eye closes, your mouth kind of scrunches up, your face feels really tight. There are lots of things we can do to help that, but we have to get the patients in the door and raise awareness about the fact that there are treatment options."

That's important, because the effects of paralysis aren't just physical, he said. "A lot of times, unfortunately, people with paralysis don't go out. They shut themselves in, because when they go out, people stare at them. They have trouble holding secretions in their mouths, so they may drool a bit.

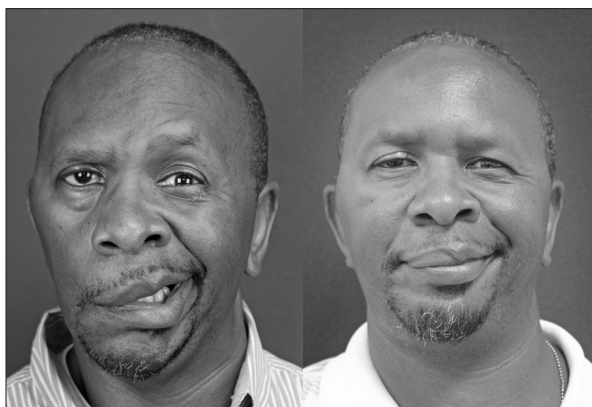
"When they try to smile, it's not perceived as a

*"Paying it forward is very important. There's no way that I can ever truly say thank you for the care that I received, but I feel a great kinship to MUSC and its professional staff."*

Dr. Roger Baim

Baim said he greatly values the importance of education and professional development and thought it was an appropriate way to give back to the team that facilitated his recovery.

"As a physician, you sometimes lose track of what it is to be a patient," he explained. "Paying it forward is very important. There's no way that I can ever truly say thank you for the care that I received, but I feel a great kinship to MUSC and its professional staff."



Photos provided

**Before and after: Oyer connected a chewing nerve to Mark Price's facial nerve to give him better control of his mouth. Price also had a brow lift.**

smile. It's perceived as a negative emotion. Rates of depression and social isolation go up. It's really devastating for some of these folks."

Oyer said his biggest sense of accomplishment comes from hearing patients tell him they went out to eat in a restaurant. "That's a huge thing. That's how we know each other, by our faces. If you can restore that — it will never be like it used to be, but if you can get them to the point where people don't notice when they go out — then I think that's a big win for them to restore their social function."

Price never let his paralysis affect his social function, but he still considers himself very lucky to live near Oyer and his team. "They're light years ahead in medical technology," Price said.

FOSTER *Continued from Page Ten*

about it, and she said that made sense because you can't think beyond yourself if your basic needs aren't met."

The rewards come in the small changes and improvements, day by day, like how Kole now knows Ramen noodles are better not eaten dry, straight out of the bag, and that he doesn't have to just eat anything as long as it's food. He has options. And he knows that this family is here to stay. Gradually he has grown closer to everyone in the family, and he now can express his feelings so much better.

"When he first got here, I said to him and still say to him, 'Kole, I love you always and forever, even when you're a turkey butt,' and he laughs, and now he'll say to me, 'Mommy, I love you always and forever, even when you're a turkey butt.'"

She laughs. This is what families do.

It's why Sismilich stayed behind in Charleston when Jason got orders to go to Virginia Beach, and she rarely got to see her husband for 14 months. Had she relocated with her husband, they would have been unable to adopt the boys. Parents can't move out of a state until an adoption is final. After fostering for 22 months, the adoption finally became official Oct. 18. The day after Kole was adopted, he proudly announced his new last name at school, she says.

Now the family is all together in Virginia Beach and has settled into a routine. Kole has a new teacher and is thriving. Jordan just had his tonsils removed and got tubes in his ears. "He was a champ with the recovery. He was a rock star." She sees good changes in the boys.

She still checks in with MUSC's Foster Care Clinic when she needs it. "From day one, they were in my corner for the really hard times to the really good times. The support is so nice and is just continuing," she says, encouraging other foster parents to take advantage of all the support they can get.

"And now, here we are two years later, and it was definitely meant to be. I'm just so glad to be together now. We're loving being together. I think about all the things and how they played out, and it was totally God's will for them to be with us."

The family has learned healing takes time and patience, she says. Learning to love well takes practice.

"The thing I always say about Kole is that he has such a good heart and such a desire to do well, but he just doesn't really know how to do it," she says. "But I see his heart and his desire, and that's what keeps me going."

**For more information on the MUSC Health Foster Care Support Clinic or about becoming a foster care parent, call 843-876-7023.**

## MANNEQUIN CHALLENGE



*Photo provided*

OCIO is changing its name to MUSC Information Solutions to more accurately reflect its new purpose — harnessing the power of information to improve the lives we touch. One way to raise awareness of the name change was to partake in the latest internet craze, the Mannequin Challenge, involving Information Solutions team members. The challenge requires groups of participants to assume a pose and be still for a period of time. View the group's challenge video at <https://vimeo.com/196583600>.