

Sleep Does a Body Good



Tracey Dudley, APRN-CNP, at Imes Sleep Services is a real professional when it comes to helping patients with their sleep disorders. *by Vickie Jenkins, staff writer*

Imes Sleep Services treats all sleep disorders including obstructive sleep apnea, central sleep apnea, narcolepsy, idiopathic hypersomnia, insomnia, parasomnias and restless leg syndrome.

Tracey Dudley, APRN-CNP has been at Imes Sleep Services since March 2019. A professional in every way, Tracey is fortunate to work with Dr. Norman Imes who is board certified in

Internal Medicine, Pulmonary Disease and Sleep Medicine along with her colleague Diem Nguyenho, PA-C.

Growing up in Bethany and Oklahoma City, Tracey went to the University of Central Oklahoma for her undergraduate and the University of South Alabama for her masters degree. "My first job as a

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SPECIAL TO OKNT MAKING THE FRONTLINE'S INTERNAL THOUGHTS EXTERNAL



Tarisa Watson, MHA, BSN, RN, Infection Preventionist, Duncan Regional Health.

by Tarisa Watson, MHA, BSN, RN

I get ready in silence every morning wondering who's going to win today. Is this going to be the day that we win and the tide turns? Or will this be the day we find out another co-worker is positive? Those days always bring it home. I only allow myself a

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DUDLEY

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nurse was in the pediatric ICU at OU Children's Hospital. After becoming a nurse practitioner, I provided face-to-face recertifications for hospice patients across most of central and western Oklahoma."

"I consider myself a lifelong learner and strive to expand my knowledge base daily. Obtaining my nurse practitioner degree was the next natural step for me," Tracey added.

"In our practice, we make it a priority to get to know our patients, their medical problems lifestyle and circumstances. We make referrals to other health care professionals when needed, follow up on test results and make inquiries regarding other medical issues. We care about the overall welfare of our patients and treating them effectively, but are also allotted adequate time to do so."

"When I was little, I always wanted to be a midwife," Tracey said, with a smile. Tracey's mother influenced her to become a nurse. "My mom was a hospice nurse for over twenty-five years. The compassion and knowledge that my mom had shared over the years is an incredible legacy. As far as becoming a nurse practitioner, I wanted to take this same goal of compassionate care and make healthcare more accessible," Tracey commented.

With the qualities of an extraordinary nurse, Tracey shows kindness, compassion, along with being a hard-worker, team player and multi-talker. "My biggest reward as a nurse is the fact that I am passionate about Sleep Medicine. Proper treatment of sleep apnea can absolutely change someone's life. This goes for any sleep disorder. That we see in the clinic. It is amazing to be a part of the process. The biggest challenge is when some patients are resistant to care, which makes our job challenging in many circumstances," Tracey said.

Tracey stays busy as she sees approximately one hundred sixty to two hundred patients per month, including both new patients and

follow-up visits. "I work in a busy clinic, so we are often on the go. I see patients from 8:30 am to 4:30 pm and when I am not in a patient's room, then I am calling to discuss sleep study results and field questions that they may have. We make it a practice to return any patient's phone call by the end of the work day."

Asking what advice Tracey would give to someone thinking about going into the medical field, she replied, "I would tell them to study, study, study! Ask all of the questions and find mentors to help you along the way. Just as important, take care of yourself and create good habits."

"I have had many mentors during my nursing career, including my first pediatric clinical instructor, Kate Brashears, DNP, APRN, PC-PNP and my PICU preceptor, Kristi Ryans, RN extraordinaire. Nursing school is comradery in itself, so I will forever be grateful for my tribe along the way. I also had some great preceptors during graduate school including Leah Melton, APRN-CNP, Beth Veatch, APRN-CPNP and Michelle Crawley APRN-CNP that each took the time to teach me critical concepts."

"Today, I am fortunate to work with a physician who shares his extensive knowledge base with me daily. He has taken the time to mentor me and teach me everything related to sleep and the practice of medicine. He never leaves us without continuing education, which I am grateful."

Tracey considers herself a leader and a follower, depending on the situation. "I think it is important to understand when I need to be in either role," she said. "I truly want to understand a concept, whatever that may be. I feel that I am compassionate, driven and goal oriented. My family is everything to me and I try to spend as much time with them as possible."

Asking Tracey to sum up her life in three words, she replied, "Caring creative and incisive."



SPECIAL

Continued from Page 1

second to run through the faces of the ones we've lost. It could be me. This could be the last morning that I get ready, the last opportunity to kiss my husband and my baby on the way out the door. Did I tell my parents I love them? But how long ago? Are my affairs in order if I don't make it back home tonight? I don't remember the last time I laughed freely, but that last thought makes me snicker as I put my dramatic side in check. "Even if you fall sick on shift, you wouldn't be admitted for a few days". I tiptoe through the house like a soldier in the early hours before dawn, tugging my hat down tight and preparing to go to war. By the time my sleeping family rises, I will be in the thick of the battle.

Preparing to go to my own war against an unseen enemy that sucks the life out of us...literally.

We spend most of our days watching cautiously through glass windows covered in our shorthand hieroglyphs for the slightest sign of improvement, silently praying through dread in the moments of decline. If their families could only understand that we are watching every breath,

every pause. When they stop, so do we for a moment...until it starts again. Or doesn't. We cheer for them and announce our tiny successes proudly to each other. "I got him down to 12 liters!" It's amazing what we consider success these days. We commiserate in their setbacks. We learn their likes and dislikes. We learn the unique battle patterns of this warrior- the heart wrenching twists and turns that become all too familiar as we see it play out over and over and over. Our minds drift to faces, each one that has come before them, momentarily flashing in our minds before they run together like watercolors on wet paper.

Some days we drive towards the fight in a silence that is deafening because we just can't take any more alarms or sudden jolts of energy. Stop lights burning their bright red glow in the early morning hours before dawn are an eerie reminder of flashing monitors, indicators of rapid heart rates, dropping oxygens, raging fevers. Then there are days when the music just can get loud enough to drown out the noises of the world and the thoughts that scream through our heads like freight trains.

You can't take too much time noticing the world around you. You

have to keep pushing; running as though the floor were falling out from underneath you with every step you take. There are days when you long to be alone, not from your family, not from the world but away from the constant sadness. You start to feel as though you wear it. It's there in your eyes, in the depth of your sigh. You become more intentional after a while. Noticing things around you that you were always told not to take for granted but now it begins to really hit home. Sunshine, the birds, parents picking up their children- not worrying if they could potentially make them sick with each touch, each kiss. And you become bitter. Bitter in the moments when you see others taking risks, unintentionally criticizing your struggle through their carelessness. You silently scream inside each time someone says they're going on a trip or a party or some new, carefree, or maybe just blissfully ignorant celebration. They don't intend to minimize your struggle, to appear haughtily entitled to their leisure at the detriment of your sanity, but it's like they live on another planet or another dimension. Dancing on glass, unaware of the writhing monsters that live just beneath the surface...that's our world. We fight that beast so they can

dance.

We pull into the lot, silently walk onto the floor, unwilling to speak the day into existence yet. Exchanging knowing looks and feeble smiles, maybe a sarcastic line meant to bring a laugh. Get our assignments, pack on the battle armor. Thin yellow paper, some gloves, paper shoes, steamy goggles, a flimsy face shield and the warhorse of your arsenal- a swiss cheese hairnet. That's your protection. That is what we fight the beast in. We depend on each other, trust that our brothers and sisters will ensure all our skin is covered as best it can be. We've seen each other at our worst by now- no makeup, do-rags, maskne. No one judges and no one cares. This is when the new definition of isolation comes in.

This is our island. One way in and one way out- an industrial metal door with vents, covered in plastic and signs, basically telling everyone not to enter for their own good. But we do. We are in here, barely recognizable in our baggy, impersonal regalia. Knowing that, until our relief gets here, we are on our own in no man's land. No one comes here.

Timid knocks on the door tell us to open the door, pull a heavy

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CAREERS IN NURSING

FAITHFUL HEART: RN DEDICATES LIFE TO NURSING

by James Coburn - staff writer

Felicia Jones' pastor spoke words that changed her life when she was a 40-year-old. He said, "The optimum job is to do something that you would do for free if you could afford to do so." Jones already volunteered with Meals on Wheels and realized she needed to go to nursing school.

She was a successful bridal shop owner taking care of her mother who was living with Amyotrophic Lateral Sclerosis. ALS is a progressive nervous system disease that devastates the central nervous system, causing loss of muscle control.

Jones discovered a whole new world during her first day at the Moore/Norman Technology Center. She was one of the oldest students there in 1990.

At first, she considered being a pediatric nurse. But she fell

in love with her clinical studies at St. Anthony Hospital's geriatric/psychiatric unit.

Today, Jones serves as the staffing coordinator for The Wolfe Living Center at Summit Ridge, founded by the Seventh-day Adventist Church in Harrah.

"I love older people. I'm Chickasaw Indian and we take care of our elders," Jones said.

She spent six years working in the Alzheimer's unit of what was then-Oklahoma Christian Home (Bradford Village). She also did hospice there. God had revealed to her she could do mission work for the least of His children in Edmond.

"I got to rub the feet of missionaries, ministers, people who had served the Lord all of their lives," Jones said.

She found peace working in

hospice. Jones recalled an elderly man who was a member of the Disciples of Christ Church who did a Bible study. He developed congestive heart failure and the doctors said he would not make it. So, his family was called to be at his side.

"I could see the signs it was happening. I would just stroke his hand and remind him that Jesus said, 'In my father's house there are many mansions.' I said trust. 'You always trusted. Now is the biggest trust.' And so, as he was dying and I was stroking his arm, he would open his eyes and say, 'Am I dead yet?' And I would say no and sing to him."

Finally, after three or four times of repeating himself, the man closed his eyes and opened them, followed by a deep exhaling of breath.

He looked up and he was

gone, Jones said. But Jones knew in her heart where the gentleman had gone. She would sing "I'll Fly Away" at his funeral to honor his request with his son-in-law playing the banjo.

Her career lovingly spanned different places from there, including memory care at Epworth Villa in Oklahoma City and did end-of-life care for then-Grace Living Center (The Timbers) in Edmond. In Wichita, Kansas, Jones served as an activities nurse, driving a bus to the zoo and picnics.

She returned to Oklahoma City and worked at FountainBrook Assisted Living and Memory Care until her son Daniel was diagnosed with Huntington's disease at age 29. Huntington's is a progressive brain disorder caused by a defective gene. She had adopted Daniel from

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JONES

Continued from Page 4

DHS when he was 8 months old. Huntington's disease ravages the central area of the brain, which disturbs movement, mood and thinking ability.

"It got to where I couldn't work like I wanted to because I wanted to take care of him as long as I could," Jones said.

After four years after Huntington's had progressed for Daniel, she could no longer give him the specialty care he needed. She found a place to assist Daniel.

She became a CNA instructor for MedNoc Training College in Oklahoma City where she found an opportunity to speak about Huntington's with her students. She told them that they will encounter more people living with Huntington's disease than she ever had. "I still get calls from them saying, 'I met my first Huntington's patient. I remember what you said about Daniel,'" Jones said.

She discovered that Huntington's had already surfaced in her son

before age 20, but she and her husband didn't realize it.

"I am writing a book about Daniel's journey and how we didn't know what was going on," she said. Daniel passed away while she was working at MedNoc. Her students attended Daniel's funeral.

Jones took a break from nursing before accepting a job training directors of nursing at Belfair of Shawnee. In February of 2020 Jones retired.

"Then COVID came," she said. "And I thought I should be there helping."

Faithful to serve, she came out of retirement to serve as the staffing coordinator from 10-12 hours a week at The Wolfe's Living Center at Summit Ridge.

Jones is also a non-denominational minister and helped share the Gospel. And she's a nurse recruiter and assists the staff with the schedule.

"Our leadership team is one family. We really work well together," she said. "We have devotionals, we pray for the residents."

For more information visit: www.wolfelivingcenter.com.



The many facets of Felicia Jones nursing career have a common thread of love.



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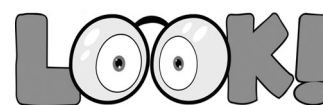
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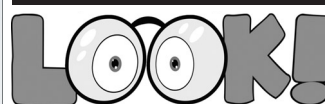
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Integris Family Care, Yukon

A portrait of a woman with blonde hair and glasses, smiling slightly. She is wearing a dark blue collared shirt. The background is a blurred indoor setting.

Ginny Eisenman, LPN



Cynthia Perez, RMA

Jessica Work, LPN



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A collage of five images showcasing various Mexican dishes. The largest image on the left is a pizza topped with chicken, tomatoes, and cheese. The top right image shows a burger with fries. The middle right image shows three tacos with different fillings. The bottom right image shows a bowl of soup with a tortilla. The bottom left image shows a taco with a green sauce.



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thinking about what you'll do
after you graduate.**



"When I was a new RN, everyone welcomed me to the Hillcrest family. I felt at home right away. Hillcrest respects and acknowledges their employees from the housekeepers to the managers. Our voices are heard when we need change and administration respects that."

- Alexis, RN

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Hillcrest Medical Center | Hillcrest Hospital South | Hillcrest Hospital Claremore
Hillcrest Hospital Pryor | Hillcrest Hospital Cushing | Hillcrest Hospital Henryetta | Bailey Medical Center, Owasso
Tulsa Spine Specialty Hospital | Oklahoma Heart Institute | Utica Park Clinic

HillcrestHealthCareSystemJobs.com

Opportunities in nursing are seemingly endless, but it's rare one employer can offer as much to advance a nurse's career as Hillcrest HealthCare System.

The opportunity to provide exceptional patient care in a progressive environment in multiple specialties across multiple campuses exists within Hillcrest.

Melissa Trujillo, director of talent acquisition, says nurses can find it all with Hillcrest HealthCare System.

"I feel like 90 percent of our movement is internal transfers," Trujillo said. "I think it's the progression of our facility makeup. We have facilities that have less than 50 beds and all the way up to more than 650 beds. They all have unique specialties and cases they can handle."

"It gives you a career track, basically."

Serving communities throughout eastern Oklahoma, Hillcrest HealthCare System (HHS) includes Hillcrest Medical Center, Hillcrest Hospital South, Oklahoma Heart Institute, Bailey Medical Center, Hillcrest Hospital Claremore, Hillcrest Hospital Cushing, Hillcrest Hospital Henryetta, Hillcrest Hospital Pryor, Tulsa Spine & Specialty Hospital and Utica Park Clinic.

Across its hospitals and health care facilities, HHS offers 1,143 beds and employs a team of more than 6,500.

Eight facilities and two physician practice groups offer a multitude of opportunities for nurses.

"I think as an HR group we offer a tailor to your skillset and a tailor to your liking. We are a place that promotes transferring from within," Trujillo said.

Not only are nurses able to transfer within facilities but being owned by

Opportunity abounds at Hillcrest

Hillcrest HealthCare System nurses like Emily Hammett, RN, have an array of choices to take their career within Hillcrest.



Ardent Health Services allows nurses to transfer to other states.

Whether it be facilities in Texas or New Mexico or along the East coast the options are there.

"We really offer internal mobility," Trujillo said. "If they were to transfer here to New Mexico they would keep their PTO and their years of service. I would say we pride ourselves on internal mobility because we would rather that RNs stay in our system."

"We have lots of opportunities within the system for movement and exposure."

Hillcrest Medical Center, 1120 S Utica Ave., employs nearly 2,500 in multiple units. Hillcrest Hospital South, 8801 S 101st E Ave., staffs nearly 1,000.

Hillcrest South offers a nursing residency program for those graduating in the spring.

"You enter the program, get exposure to multiple units and once you're out of the program then you're well-equipped to go into whatever unit you desire," Trujillo said. "What we're really hoping is they get exposure to units they may think they would not be interested in."

Trujillo points to Hillcrest's medical/surgical units that have an added specialty such as trauma or ortho.

"To me, you don't know what you don't know," Trujillo said. "And since it's temporary and a residency program you're getting that exposure and moving on to the next one. You might have an experience that resonates with you and persuades you to go to the less popular unit just because you're finding out what your niche is."

Hillcrest also offers up to \$2,500 per semester in tuition reimbursement for career advancement. Relocation and sign-on bonuses are also available for new grads.

"Not a lot of facilities in the area offer both of those things for a new grad," Trujillo said.

The system is a large one but time

and attention is spent on onboarding new hires and making sure they feel comfortable.

"We've put a lot of time and effort into it to make sure the new grad feels safe. It's a lot of detail-oriented training," Trujillo said. "I think we've narrowed down the reasons why nurses quit, leave or leave the profession all together is because they don't feel adequately trained enough to do their job or they feel unsafe."

"I think a lot of our programs are focused around making that new grad feel safe but yet giving them the exposure and skills that they need to be successful on down the road as an RN." For more information visit: <https://hillcrestmedicalcenter.com/>

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SPECIAL

Continued from Page 3

tray cart over the threshold and make deliveries. No rush though because there's no one waiting for it. They've all scattered before you open the door and will call in an hour or so to say they need their cart, but you'll need to push it out into the "clean hall", through that door again before they will come get it. Then the phone calls come. First lab, then the others, all with reasons why they "can't come to the unit 'for safety' and could you please do this for the patient and let them know when it's done?" We know why. We think to ourselves what would happen if we allowed ourselves to stay home out of fear. This is where the cynicism takes hold. One by one we gather everything you could need or want to care for someone along with handfuls and an armload of bags of meds for one patient. We glance around as if asking the walls to wish us luck, and then walk into their room.

The deafening roar of the negative air pressure system assaults your ears and the rustle of paper and plastic as you edge through the crowded space fills your consciousness with the realization that it's in here with you.

Coiling around you like a serpent. You measure your breaths, carefully avoiding bumping any surfaces, praying you can get at least 5 minutes of assessment in before your goggles fog up and you're literally blind in here. The visor is grinding into your forehead as you lean close to the person in the bed to listen to their lungs. The patient begins to cough though you'd hoped it wouldn't escape into your face. It sounds like someone rattling a chain link fence. You strain to hear heart sounds through the cheap throwaway stethoscope. You watch as their eyes get wide and you can see the fear in their face as they work to get a breath. For a moment, you forget the beast and you do what must be done. You teach, reassure, give them milestones to mark their progress, anything to pass the time and preoccupy them so they don't hyperventilate watching their monitors. You fuss with their lines and change linen. You encourage them to walk, turn over, breathe, take meds, drink. An hour passes. Sweat stings your eyes, glasses fog over, and then when you can't take another minute, your head throbbing from the mask, hands slippery in their glove casings, you emerge covered in the invisible terrorist. Now you have to chart your

encounter and return the 5 phone calls from relatives, upset with you that they cannot visit and certain you're sitting there with your feet up on the desk. They cry and pull your heartstrings, telling you who the person in the bed is when they aren't ravaged with sickness and you ache to find something encouraging to tell them or you ache to tell them it's time to let go. But you listen. You inform, you explain and explain again. You try to establish a plan of milestones and you pray that they make it together. Everyone says "thank you" and for now, they mean it. By this afternoon, they'll hate you again for keeping them away. Your hunger burns but you can't go to the cafeteria. You're persona non grata there - a pestilence cloud encircles you and they remind you that "you can order a tray and after all the others are out, they'll try to make yours." You order another bowl of Jello that you won't get to eat and look at the clock. It's already 1300. A rumble in the wall alerts you to life outside your island. More medications. The tube brings things for you to do but you cannot send anything away. They want nothing you've touched. You long for any contact from those outside the island, on the other side of the door. But you are sentenced to this. "You chose this."

Snap back to reality - Alarm bells... oxygen dropping. Whose is it this time? The 6th time since breakfast. More hoses, more wires, more oxygen. It is unrelenting. You have to push through all of this failure to get to the light on the recovery side of the tunnel. It seems so far away. You're hot, dirty, tired, anxious and emotionally aching. When you have nothing left to give, you are finally allowed to open that door and rejoin society. That's when the stares come.

In the elevator everyone moves away from you as if they can see marks of your battle all over you-and to them, you are "Contaminated." When someone speaks it feels like daggers. "She looks tired. See this is why I wouldn't want to be a nurse." But I thought we were heroes- some hero. We trudge to the car and see the sky, black as an abyss, the same as all the nights and mornings before. We haven't seen the sun in days. Head home in silence. Recounting our steps, recovering from the disappointment that your patient has not "turned the corner" yet. Maybe tomorrow.

A faint light ahead signals it's time to move again. Our bodies react to lights and sounds as if on autopilot lately. The gray and yellow highway

yawns on ahead of us and the next thing we know we are home, but don't remember the trip. This is sleep deprivation but there's no time for that. Snap back to action- remove all your clothes, shoes, belongings before you bring your cloak of pestilence inside to your family. In the shower, guilt washes over you with the water. "Could I have done more?" "Did I bring it home to my family?" You search your family's eyes not realizing it, quickly assessing for any signs that they may have fallen victim to your "occupational hazard". Satisfied, you cautiously hug them tightly, producing an aching in your heart that comes from your growing profound appreciation for life and love. Somehow, these short moments are just enough to recharge you for another day. You don't look into their eyes too long though- you can't risk anyone asking you what's on your mind.

On your mind, in your mind, same difference. A cacophony of thoughts twisting and mixing sadness, joy, fear, anger, resentment, regret... it's an abusive relationship within your own head. "You could've done more, but you SAVED them, nobody believes in this, why bother"... interrupted by "CODE BLUE ROO" No time to think, there are drips to run, meds to push, compressions to do. Thank goodness. The sweet adrenaline rush is like a wave that carries you away from those thoughts, the faces. This is what we do, this is what gets us through hour by hour.

Originally a political science major from Florida, Tarisa moved to Oklahoma in 2008. Caring for her grandparents at the end of their time planted a desire to better understand and to help others understand their health and how to advocate for their health and wellbeing. After earning her Bachelor's Degree in Nursing from the University of Oklahoma, Tarisa began a career at bedside on a very busy medical-surgical/oncology unit.

While working on the unit, Tarisa advanced to the position of Associate-Director of Med/Surg while earning a Master's degree in Healthcare Administration from Oklahoma State University.

In the Fall of 2019, Tarisa moved on to a new facility, Duncan Regional Health, and went back to the bedside to reconnect with her passion for patient care. A few short weeks later - COVID! After the last surge in Spring of 2021, Tarisa accepted a position as the Infection Preventionist. She continues to be passionate about bringing the frontline nurse perspective to those who may otherwise not see what goes on behind the scenes.




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SITUATION UPDATE: COVID-19

COVID-19 Cases	604,391
New Cases	1,230
New Cases 7 day Average	1,760
Active Cases	14,295
CDC/NCHS Provisional Deaths	10,025
Acute Care OSDH Licensed Facilities/Location**	Recent 3 day Ave. Hospitalizations
	Cases (ICU)
Region 1 (NW)	43 (12)
Region 2 (NE)	67 (26)
Region 3 (SW)	138 (39)
Region 4 (EC)	71 (19)
Region 5 (SE)	52 (13)
Region 6 (Central)	83 (28)
Region 7 (Tulsa)	325 (91)
Region 8 (OKC)	307 (87)
Total	1,086* (315)
Other Types of Facilities	
Focus Facilities	40 (17)
Rehabilitation Facilities	9 (0)
Tribal Facilities	37 (15)
Other Facilities Total	86 (32)

*Includes 31 hospitalizations in pediatric beds.

**Focus, Rehabilitation and Tribal Facilities numbers are not assigned to a specific region as their patient populations reside across the state. Information provided through survey of Oklahoma hospitals as reported to HHS as of the time of this report. Response rate affects data. Facilities may update previously reported information as necessary.

Data Source: Acute Disease Service, Oklahoma State Department of Health. *As of 2021-09-24 at 7:00 a.m.

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PREPARE TO BE SURPRISED.

Meet the Maddox family. Their thirteen-year-old daughter, SaNiyah, has cerebral palsy and is confined to a wheelchair. SaNiyah's entire life – her happiness, her health, her every need – all depends on her family and help from the team at Special Care. But they also have two adorable young sons, demanding jobs and – on top of everything else – they foster an infant who needed a home, too. It's more than most of us could handle.

But here's the big surprise. The Maddoxes not only receive help from United Way agencies, they find room in a budget stretched to its limit and they give to the United Way. **Can you?**

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