

MEDICAL NEWS

News in Brief

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14-YEAR OLD GIRL AND FATHER ARE REUNITED WITH FAMILY AND FRIENDS

By Lance Cpl. David J. Beall

GRANDE SALIENE, HAITI — Several weeks ago, 14-year-old Lydie Augustin was suffering from two severe, untreated lacerations caused by bricks that fell on her leg that were shook loose from a building during the Jan. 12, earthquake. Recently she returned to Grand Saliene in better health and high spirits.

Men, women, and children sprinted down the rutted dirt roads flailing their arms into the sky, with glowing smiles and shouts of joy as her private ride - an MV-22 tilt-rotor aircraft - landed to bring Lydie and her father home.

When an assessment team of Marines and Sailors landed in the village of Grande Saliene, Jan. 25, their mission was to survey



any earthquake damage, determine if the local's needs were being met, and find people like Lydie who were in need of medical care.

Locals informed the Marines that Lydie was hurt as soon as they arrived. The Marines, and Navy medical personnel accompanying them, realized she needed help, and fast. With the lack of medical care needed to treat her wounds in the area, the team was worried about infection and possible loss of her leg, or even death. The team wasted no time and requested a medical evacuation using a helicopter to bring her and her father back to USS Nassau.

"I was extremely happy that my daughter was going to get the help she needed, as a father, it was like thank you Jesus for this savior," said Petero Augustin, Lydie's father who stayed with his daughter aboard the ship. "After God is the Americans," he said.

Once on the ship, Lydie went straight to the

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Courtesy photo

Volunteers gather for a photo with two soldiers at Walter Reed Hospital during their visit to deliver Valentine's Day cheer to wounded troops.

Roses delivered to wounded troops at Walter Reed

DULLES, Va. — Wounded troops recuperating at Walter Reed Army Medical Center received a nice Valentine's Day surprise.

Volunteers from Freedom Alliance, a military support organization, hand delivered roses to the soldiers in their rooms on Sunday, Feb. 14.

"Recovering from wounds sustained in battle is one of the most difficult things to overcome, both mentally and physically," explained Freedom Alliance President Tom Kilgannon.

"We know that for many wounded soldiers even the smallest gestures of support can go a long way to them keeping a strong and positive focus toward their recovery."

1,500 red, yellow, and orange roses were presented to recovering soldiers, support staff, and family members by over 20 volunteers.

Every residence hall was visited and many volunteers had the opportunity to spend some time with a number of wounded troops throughout the different wards.

Volunteers came from all over the Washington, DC Metropolitan area. Many church groups and local businesses spent their Valentine's Day at Walter Reed for this important gesture to the troops.

"Freedom Alliance would like to give a spe-

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operating room where the lacerations were cleaned and stitched. In the following days she received antibiotic treatments and made some new friends as she and her father spent nearly a week aboard ship to recover and get healthy.

Although she was away from her home and in an unfamiliar place, with people she had never seen before, the medical staff aboard USS Nassau did an amazing job giving her everything she needed and more and making both her and her father feel at home.

"The people here have treated us great, they have made us feel very comfortable," said Petero referring to the service members who cared for his daughter. "I am going to explain all of our experiences to my family and friends when we get home."

For Petty Officer 1st Class James Carbone, hospital corpsman, the experience of caring for one of the many earthquake victims, and being able to

bring her home was a significant event.

"It was very gratifying to know we were able to bring her here and give her the treatment she needed, now she can be back home doing the things the other girls her age do in Haiti," said Carbone, who is part of the command element for the 24th MEU. "If she didn't get this treatment she could've lost her leg or even died, now she has no worries and she can go on living her life."

Lydie, who is soft spoken and knows little English, and her father were both very excited to get back home to their families and to tell the stories of their experiences. They were extremely thankful for the help they received from the American troops and for the memories they will carry on with them.

"The only thing I don't have is money to pay you back, it is the greatest treatment that my daughter has ever received and I cannot say enough 'thank you' for what these people have done," said Petero.

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★ Roses

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cial thank you to our volunteers who committed to making Valentine's Day a bright spot for our wounded heroes at Walter Reed," said Kilgannon.

Freedom Alliance is a Dulles-based military support charity dedicated to honoring those in uniform.

In addition to the "Gifts from Home" care package program, they operate the Freedom Alliance Scholarship Fund, which provides educational scholarships to the sons and daughters of military personnel who have been killed or permanently disabled on a mission or in a training accident.

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Medic's e-mail gives glimpse of Haitian disaster

By Lt. Col. Kenneth Williams
81st Surgical Operations Squadron

Editor's note: Colonel Williams, 81st MSGS anesthesia flight commander, is a nurse anesthetist deployed to Honduras to support the training mission underway there. He and 81st MSGS operating room nurse Capt. Elberta Carter were deployed from Honduras to Haiti to assist with the relief effort. This is an e-mail he sent to his commander, Col. (Dr.) Bartlett Hayes.

KEESLER AFB, Ms.—We arrived 2 a.m. Monday (Jan. 18) at the airport and put up a big tent (4:30) and we all slept on the floor until it was light out.

About 9:30 a.m., we got some transport to the U.S./Haitian Coast Guard base, with some U.N. Sri Lankan soldiers for security. We had a small area to set up our tents and it is literally right next to a lot of Haitians living on the sidewalk right outside the small, low fence wall. We set up two tents, one for the (operating room) and one to sleep in.

A big problem we had is we had three planes to bring all of our stuff, but the last plane got diverted to Florida for two days! Of course, it had some important equipment on it, especially our personal bags that had most of our packed gear. I lived out of a small backpack for 2½ days (one clean pair of underwear and socks and Air Force gym clothes).

It's extremely hot and humid and I'm always sweaty. I don't have enough baby powder to fight it. Bathrooms sort of work. The bathrooms have running water only in the early morning and at night. Of course, the water comes out in a weak stream and fills up two big 55-gallon drums. From there you either dump water over yourself for a "shower" of cold water or you use the toilet and you get about a gallon of that water and "flush" the toilet by dumping it in. Oh yeah, you can't put toilet paper in it because it'd probably clog up. The good news is I've sweated so much I only go to the restroom in the morning and at night. That's right, only one or two twice a day (and no reading in the toilet either).

Last night and again tonight I'm sleeping in the OR because it can't lock and I don't want our stuff to walk.

OK, I'm getting ahead of myself. The Coast Guard and some Navy folks were treating a lot of Haitians as best they could with limited skills and meds (no anesthesia), so they welcomed me helping with some sedation cases that afternoon (with absolutely no monitoring, just placing my hand on their chest to make sure they breathed. At least they could get an IV).

Truly a horrendous experience -- I don't know if you saw some pictures of wounded people just lying around waiting to be treated, but that's exactly what it was. No order, just anyone lay-



(U.S. Air Force photo by Bob Barko Jr.)

The last member of a group of 19 U.S. military medical people leaves a C-130 Hercules at Toussaint L'Ouverture International Airport in Port-au-Prince, Haiti, Jan. 18. The medical team U.S. Army and Air Force service members from Soto Cano Air Base, Honduras, was flown there by the Air Force Reserve Command's 910th Airlift Wing, Youngstown Air Reserve Station, Ohio. Colonel Williams and Captain Carter deployed to Haiti from Honduras

ing wherever and doing one and two wherever. Hardly any food, but at least the U.N. guards had water for everyone -- a huge plus compared to some.

The Navy flight surgeon said some of the people had been there from the time of the earthquake (seven days?) just waiting to be seen. They had five tables (literally tables or desks) for people to be laid on. There were some Haitian medical folk helping, but they were scary -- the doctor (?) was always yelling at the Haitian nurses. I don't know how many people they saw, but they worked from 8 a.m. to 5 p.m. and I'm sure they worked their tails off. They left after our first day of seeing patients.

Our first OR day was in the tent and we had several reporters. (Associated Press) and Time took lots of pictures and wrote down our names. Maybe you saw or read about me/us?

We did five cases the first day and six the second. Actually, that's pretty remarkable since I didn't have an anesthesia machine that worked. I did all my anesthesia by strong IV medication. I've never had to do it before but I had one class on it - thankfully it worked fairly well. The only downside was it took a long time for the patients to wake up.

From the OR we carried them on an Army gurney about 75 yards around the tents and over very rocky ground to the "treatment hold" area for people to be watched.

During the afternoon of Day 2, we had a bunch of Navy help. We moved our whole OR to a big classroom in a nearby building the engineers said was safe. We had a total of 1½ hours from the last patient to moving the whole OR to treating the next patient. Oh yeah, we

share the OR with OB -- a lady delivered a baby during our surgery!

By Day 2, things are already becoming better organized. Our primary care team (cared for) a lot of folks waiting to be seen and treated.

That night, our real bags arrived that had all our stuff -- kinda like Christmas seeing all the stuff we had packed that we really missed, like clean underwear and socks! This was the first night I slept in the OR, but it was OK because I found some egg crates in our packs so between that and my sleeping bag I was fairly comfortable, much better than the Army cot I tried to sleep on the first night. Also, it's pretty noisy in the tents -- we have a bunch of chickens and roosters around and they like to crow a lot! So really, the OR isn't too bad. Oh yeah, it's actually a little air conditioned -- at least you only sweat a little bit.

Food -- MREs, what else? But I must say that they've really improved on them since Desert Storm. I really haven't eaten that much between the heat and just plain tired. The second evening my supper was a granola bar and the pack of cheese spread from an MRE. Oh yeah, drinking lots and lots of water.

After the second day when our "lost" equipment came so did the medical maintenance guy to help me set up the anesthesia machine and he had my (oxygen) tanks anyway. After we got it running I had to learn how to operate it -- it's a new one I've never seen.

Anyway, I was about to lay down at 12:30 (a.m.) when the Haitians saw the OR light was on and came and got me (this is the first night some Haitian medical folks took over; I don't know how it was arranged but it really helps)

because a guy in the tents outside was having something like an asthma attack. He said he wasn't injured by anything, but from breathing in a lot of concrete dust during cleanup, he was having problems breathing. I checked him out but decided to go wake up one of the docs. We didn't have any albuterol (locked up in the pharmacy) but I did have some epinephrine I gave him (subcutaneously) and got him some oxygen. After the second epi shot, he was doing much better. Finally I got to bed at about 2:15 a.m. and got up at 6:15.

OK, this is our third patient day and we did 10 OR cases today because I now have an anesthesia machine that works (sort of). I don't have any wall oxygen like in a real hospital; I have an air compressor that runs the anesthesia machine and I have an oxygen concentrator that I plug in to the facemask to give extra oxygen -- I didn't know we even had such things.

It's very sad the cases we're doing; lots of scalp and foot injuries, some amputations of fingers because of gangrene. I've treated at least five or six kids, too.

After the OR, we carry the people on a stretcher up a flight of stairs to the overnight area. We can hold 20 patients. Some will stay for a few days for dressing changes and maybe back to the OR in a few days. Today, things are vastly improved organization-wise. Lots of people are gone because we treated them and they could leave but mostly because the USNS Comfort arrived and we sent a bunch of patients to them (they have 12 ORs and they can hold 500 patients and already mostly filled up by today, I heard.)

I have no idea what we'll be doing tomorrow. I'm sure they'll find lots more to do in the OR. Right after our last case, they called me over to the primary care area to extubate a patient. It seems some of the Haitian hospitals are sending us patients so they'll get shipped out. This patient was intubated and one of our Airmen had to bag him for 45 minutes. All of a sudden he started to wake up and fight a lot so they called me. I extubated the guy and he had a bunch of stuff clogging his breathing tube so he probably couldn't breathe too well. He was still a mess. He was hit by (something) during the earthquake and hit his head. He somehow got shipped out. Either that or I was going to have to re-intubate him and put him on a mini-ventilator, which I strongly voted against.

We did have problem with our mission. They wanted 23 of us to set up and man an OR (five of us), treat primary care patients (two docs) and have 20 inpatients overnight. That was way too ambitious. There would only be two nurses and three techs to run primary care and overnight patients!! Do the math. You can't do that for long. That's

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New U.S. Surgeon General has Keesler kin

By Steve Pivnick
81st Medical Group Public Affairs

KEESLER AFB, Ms. — Staff Sgt. Felita Ballard has met with new U.S. Surgeon General Dr. Regina Benjamin on a regular basis in their hometown of Daphne, Ala., and also was a guest at her Jan. 11 swearing-in ceremony in Washington, D.C.

Sergeant Ballard is Dr. Benjamin's second cousin. The close-knit family routinely met for Sunday dinners as well as Thanksgiving and Christmas meals.

The 81st Medical Operations Squadron medical technician said she, her husband Hewitt and "tons" of family members from all over the country attended the ceremony, where Dr. Benjamin was sworn in by Health and Human Services Secretary Kathleen Sebelius.

Sergeant Ballard explained Dr. Benjamin is her mother's first cousin.

"My grandfather and Regina's mother are twins. My mother and Regina grew up next door to one another and were more like sisters.

"Her (Dr. Benjamin) passion is health care," Sergeant Ballard continued. "Her mother, father and only brother are all deceased. They all died from preventable diseases so she is passionate about preventive medicine."

Dr. Benjamin graduated from Fairhope High School and "we watched as she went from medical school to opening her practice and (among many honors) receiving the Nelson Mandela Award for Health and Human Rights in 1998," Sergeant Ballard said.

"I'm ecstatic, overjoyed, excited! I'm so proud of her!" she said of her cousin's new responsibilities. "America's 'Top Doc' -- it's unbelievable!

"My mother always told us, 'You can do anything you put your heart into.' This is our proof."

Sergeant Ballard, who has 14 years of service, and her husband, a Marine staff sergeant and recruiter in Baldwin County, Ala., have four children. They live in Daphne and she commutes to Keesler daily. The family returns to Okinawa in June, where they were assigned for six years before coming to Keesler in 2007.



(Courtesy photo)

From left, Sergeant Ballard stands with Dr. Benjamin and one of Dr. Benjamin's mentors, former U.S. Surgeon General Dr. David Satcher after the swearing-in ceremony Jan. 11.

New radiation oncology clinic opens in March

By Steve Pivnick
81st Medical Group Public Affairs

KEESLER AFB, Ms. — The staff of Keesler Medical Center's new radiation oncology clinic is gearing up to begin treating patients in March, said Maj. (Dr.) Clayton Chen, 81st Medical Operations Squadron chief of radiation oncology. Plans are already underway for a formal ribbon-cutting for the new facility in the near future.

The heart of the clinic, the linear accelerator (linac), was moved into the

structure last year from its previous location on the ground floor of the main medical center building. The new clinic building is elevated 24 feet above sea level to avoid flooding from any future Katrina-like storm. Currently, there are minor construction items being completed and the linear accelerator is undergoing final commissioning.

The clinic staff includes two active-duty radiation oncologists and two government civilian administrative assistants provided by the Biloxi Veterans Affairs Medical Center. The team also

includes eight contract members: two physicists, a dosimetrist, three radiation therapists, a chief radiation therapist and a nurse.

The majority of the services provided -- approximately 95 percent, according to Major Chen -- involves treating cancer patients. The remaining 5 percent of patients have benign conditions, such as keloids or heterotopic bone formation. The clinic will be able to treat up to 30 patients daily, with 80 percent of them referred by the VA medical center.

Treatments will range from a "single shot" given over one day or as many as 40 "fractionated" treatments given over eight weeks. Ultimately, the types of radiation the clinic will offer include 3-D conformal radiation, intensity modulated radiation therapy, stereotactic radiosurgery, stereotactic body radiotherapy, respiratory gated therapy and brachytherapy. IMRT and 3-D conformal radiation make up the majority of the treatments given to patients. Stereotactic radiotherapy is used for cancers requiring a lot of pinpointing, mainly brain lesions and small lung cancers. Gated radiotherapy is useful in treating lung cancer and will allow the radiation treatments to follow lung tumors with a patient's breathing motion. Brachytherapy uses radioactive implants to treat prostate, gynecologic



(U.S. Air Force photo by Steve Pivnick)

Radiation therapist Bridget Peterman, left, and nurse manager Margo Loe attach an electron cone to the linear accelerator, which has eight different types of energy used in treatments. This particular cone is used to treat cancer near the skin's surface.

and breast cancers.

Major Chen said not all the therapies will be available when the clinic reopens, though they expect them to be within the next few months.

"It has been a long road, but I am very proud of the new department," he said. "We will offer many new technologies and treatment modalities that were not available pre-Katrina. When it's all said and done, it's about providing the best possible care to active duty, veterans and their families."

★ E-mail

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where we got lucky with the Haitians covering the night shift and helping during the day.

Oh yeah, we had to take turns doing guard duty too -- two-four hours overnight in shifts of two. (And yes, I did carry around my loaded M9 pistol.) The U.N. soldiers are on guard duty, but the bosses decided we needed to do it too. However, today some Marines arrived and they'll take over guard duty.

We have one Air Force nurse who runs the inpatient and she's really done wonders in two days. I give her a lot of credit. I'm glad she's a (pediatric) nurse at Landstuhl (Regional Medical Center), Germany, since almost half the patients are kids. Hopefully the major influx of people is over. I hear the Navy is going out in to the community tomorrow and will direct people to us if needed.

Today is Friday and we only did five cases, but three deliveries in the OB/OR room. I didn't help with the deliveries (no epidurals) just gave them IV narcotics. Tonight I may go out to a Navy destroyer to eat, get a hot shower, get laundry done and sleep. Most of the other people have done it and said it's nice.

That's my story to give some indication of what it's like here. Started as chaotic but now getting much more organized. Everything is safe here. Oh yeah. The Marines set up camp right next to ours and have taken over 24-hour guard duty.

I don't know how often I'll get to use the computer but I'll try to stay in touch.

Take care,
Ken

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For More Information: Andrea Borchers, MS, RN, (937) 512-2939 or andrea.borchers@sinclair.edu

The Online RN Reentry Program, Sinclair Community College, is totally funded through a \$729,000 Nurse Education, Practice and Retention Grant from Health Resources and Services Administration of the US Department of Health and Human Services.

Sinclair Community College (OH-101/7-1-12) is an approved provider of continuing nursing education by the Ohio Nurses Association (OBN-001-91), an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

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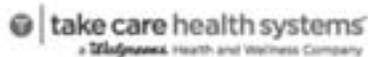
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