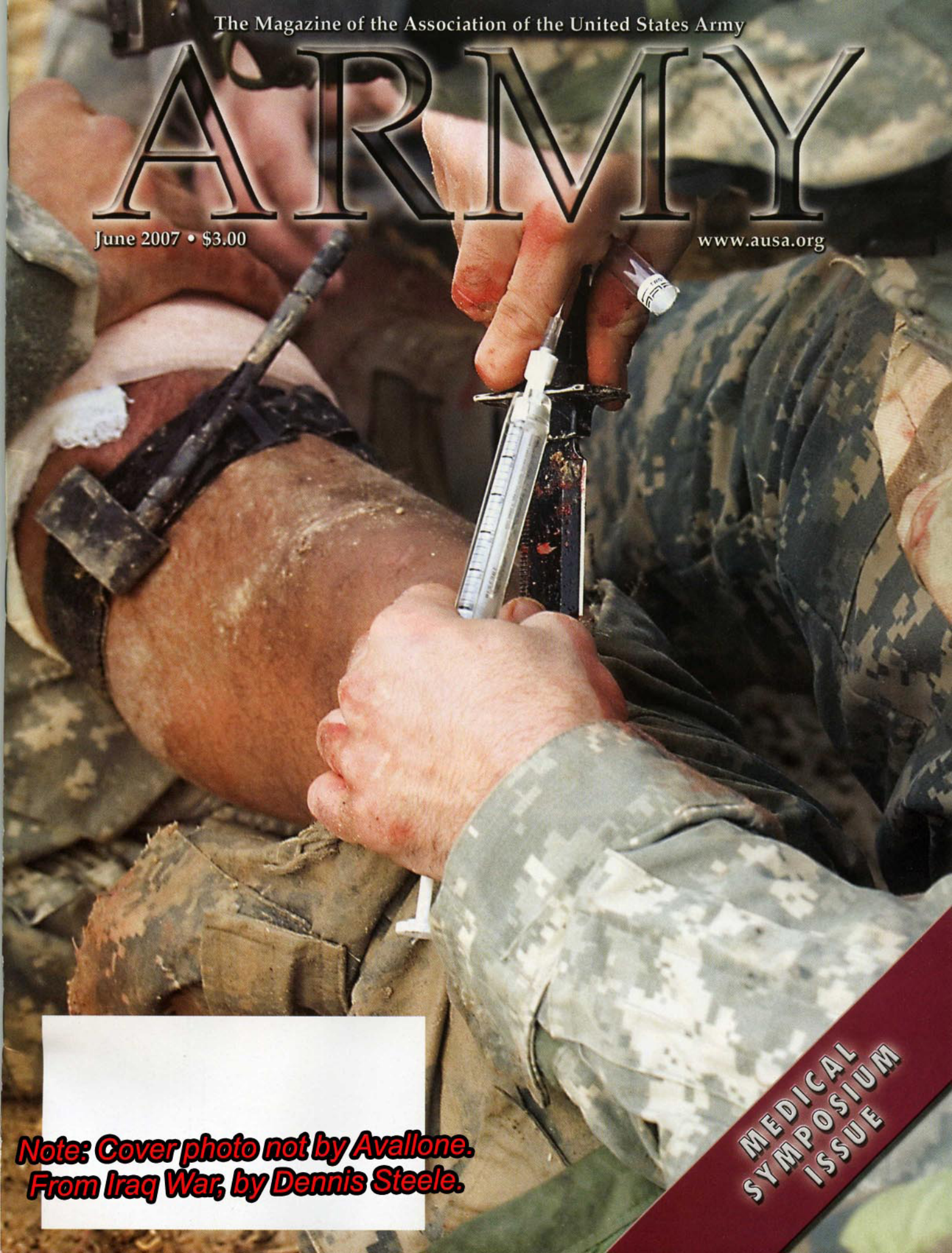


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**Note: Cover photo not by Avallone.  
From Iraq War, by Dennis Steele.**

**MEDICAL  
SYMPOSIUM  
ISSUE**





*"We do what we can."*

Text and Photographs  
By Paul Avallone

# A Morning with an FST in Rural Afghanistan

**T**he radio call came into the combat surgical hospital (CSH, pronounced "cash") just after 7 A.M. It was from an observation post (OP) in the mountains, a seven-hour drive up a barely passable, washed-out dirt track. The two U.S. Army medics at the OP were working on what was reported as an 11-year-old girl, the victim

of a land mine—one foot blown off and the other severely damaged. They were requesting an air medevac, ASAP.

The request would have to climb the

chain of command for multiple levels of approval at 10th Mountain Division Headquarters at Bagram Air Base near Kabul. For



Aleema's brother looks on as nurse anesthetist Maj. Angela Quintanilla preps Aleema for surgery. The field dressing and tourniquet were applied by two young Army medics of the remote outpost to which Aleema was brought within minutes of stepping on a land mine.



approval would be instantaneous; for a local Afghan civilian, it was always questionable—probably yes, maybe no. In this case, the response was nearly immediate—granted—and a medevac Black Hawk helicopter was dispatched from the nearest (the only) air base in eastern Afghanistan, at Jalalabad. Even at full bore it would be a 40-minute flight from there to the OP, a few minutes on the ground to pick up the girl and a 20-minute flight to the CSH at the small Forward Operating Base (FOB) Naray.

The CSH staff was gathered in the hospital tent, ready. Part of 10th Mountain Division's 3-71st Cavalry Squadron that expanded FOB Naray from a tiny Special Forces camp to a full support base of nearly 500 American and Afghan soldiers, the CSH was made up of a medical doctor, a physician's assistant and a handful of Army medics. To make it a functioning surgical hospital, attached to the CSH was one half of the 758th Forward Surgical Team (FST): an orthopedic surgeon, a general surgeon, a nurse anesthetist, a trauma nurse and operating room technicians. The other half of the FST, with a similar staff, was located at the nearest large American base, FOB Asadabad, a six-hour drive away.

The question running through everyone's mind was whether the medevac would stop at Naray to deliver the girl or return directly to Jalalabad. That is what had happened just a week before, when the same OP called for a medevac for a farmer who had been brought to the medics there with the fingers of one hand gone and the forearm skin peeled back all the way to the elbow—*degloved* is the term—the result of a wheat thresher accident. The OP

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Forward surgical team (FST) operating room Tech. SSgt. Noel Ramirez cuts away the field dressing, assisting Capt. (Dr.) Jake Settles (center) and chief surgeon Col. (Dr.) Roman Hayda, as Maj. Quintanilla looks on.

medics field-dressed the wound, but the medevac flight was directed to bypass the 758th FST and deliver the patient to Jalalabad, where he was brought to the local city hospital for treatment, not to the CSH.

A week later there was still disappointment and a little seething anger among those of the FST at the Naray CSH over that decision. It's not that the team was selfish about wanting to get the action of life-threatening traumas; all knew that they, even in their rural, remote tent hospital, could provide far better technical, professional and materiel care than could any Afghan hospital—any, without question, countrywide.

A radio call was relayed, "The girl's been picked up."

Maj. Lisa Lehning awaits the instruments to disinfect Aleema's wounds. (Now a lieutenant colonel, Lehning is based Stateside at Fort Lewis, Wash., with her husband, a medevac pilot.)



Capt. Settles holds the bare bone while Col. Hayda cuts it with a Gigli saw. Before cutting, Hayda had to determine if there was enough muscle and tissue remaining to form a pad under and around the amputation. If not, the cut would have had to have been made higher, at the knee, eliminating that joint, which would make for a less effective prosthetic.

No name was given. Fingers were crossed. Then, a little while later, "She's coming here." Soon after, "Ten minutes out." FST trauma nurse Maj. Lisa Lehning and a few medics headed out to the helicopter landing pad in the 100-plus-degree air and the blinding sun of the Afghan summer. From a distance came the faint *wop-wop-wop* of the approaching chopper across this dirt encampment of tents, Hesco barriers and concertina wire that supports the scattering of remote mountaintop OPs that dot this northeast Afghan province overlooking Taliban and al Qaeda in-

filtration routes from nearby Pakistan.

The pitch of the *wop-wop* changed, sharper, as the UH-60 Black Hawk helicopter swept into sight. Banking toward the pad, the Black Hawk descended with a cloud of dirt coming up, blowing out and covering Lehning and the medics. As the helicopter settled down, its rotor blades tilted to neutral, Lehning and the medics moved in to remove the litter. The little girl was strapped on, conscious, her head going from side to side, trying to take in her new surroundings and, in a sense, ignoring the sudden life-change of the accident, trying to understand such profound new experiences, not the least of which was the helicopter ride. She was not crying, nor crying out. She was not grimacing in pain. On both her legs were field-dressed bandages; her right leg was missing below mid-calf, she wore a black plastic field

tourniquet strap just below the knee.

The two young Army medics at the distant OP had done their job well. The girl was conscious and alert, there was no blood soaking through the bandages and she was tagged with the medics' accurate data: vital signs, time of tourniquet application, time and amount of morphine administered.

A 20-something Afghan man stepped off the Black Hawk and followed Lehning and the others rushing the girl toward the CSH. The helicopter lifted back into the air



Maj. Quintanilla monitors Aleema during surgery.



to join the Apache gunship helicopter flying cover above to return to their base, and one could not help but wonder: What's all this costing America in simple dollars-and-cents? Because no chopper flies in Afghanistan without cover, two crews had been scrambled and sent speeding into the mountains to pick up this child, who probably would have died without the immediate field medicine provided by the medics at the OP. Without the medevac, she would probably die within a week or so from blood loss or infection even after being provided the original field first aid.

In a country and culture in which one out of four chil-

dren dies before the age of five, the girl was spared nothing by the 758th FST and its CSH—not the years of schooling and experience of the staff, not a swab, not a bandage, not a dose of anesthetic, not a unit of blood. She was treated as well as any American GI who might be brought in as a casualty—maybe even better.



The OR is a tent crowded with equipment and supplies, and the ICU where the FST is about to move Aleema is just on the other side of the wooden shelves. But the surgical care Aleema has received is as professional and compassionate as that found in the most sophisticated hospitals anywhere in America.

With his O-negative blood running through Aleema, PFC William Bolling, from Catlettsburg, Ky., spends the evening sitting nearby.



In this case, the little girl's name was Aleema, as we learned from her older brother, the man who had exited the chopper behind her litter. He explained the circumstance of Aleema's land mine accident—so needless, so random, so irrational. The land mine was not a leftover from the Russian occupation nor from the Taliban days, nor was it from U.S. Army defenses (the United States does not deploy landmines). Nor was it even from al Qaeda.

The mine was recent and home-grown—a part of the demarcation in a land and water dispute between rival tribes.

An innocent little girl maimed by her own people ... it makes Aleema a symbol of so much that is wrong in Afghanistan. It's a country that had basically been at war with itself for 25 years, and even now, with the United States and NATO trying to bring peace, stability and progress, that effort is often defeated by self-destruction. And, as it was that morning with the FST in Naray, the U.S. Army is often left dealing with the mess.

Not that the 758th would have had it any other way with Aleema. Midway through the surgery the team determined that Aleema needed a second unit of blood; she was O-negative, and the CSH had already used its only available unit on her.

There was no fret or panic, just a few words sent out of the operating room. Within minutes a bag of fresh, warm



whole blood was delivered. As it happened, a chaplain's assistant, PFC William Bolling, had arrived at FOB Naray on an early morning resupply flight and had popped into the CSH to give them a heads-up that a new chaplain was visiting the FOB for a few days.

"Are you O-negative?" he was asked.

Although he had never given blood before, Bolling did not hesitate to roll up his sleeve.

He was the donor just by chance, but there had been no panic in the OR because the FST knew that if word had been put out in the FOB that a little Afghan girl needed blood, there would have been an immediate line of American soldiers ready to give theirs.

That's the heart of the American soldier—from the young enlisted medics providing care without discrimination at the remote OP, to the high-ranking commanders approving a medevac flight (and establishing a policy that permits family members to accompany civilian patients), to the medical professionals of the CSHs. Each could be earning far more money as a civilian in the United States in state-of-the-art medical centers, at home with families, with real beds (not cots) and real hot water showers and homecooked meals and everything else, 10 to 13 time zones away from FOBs like Naray, where on a summer morning the 758th FST treated a little Afghan girl as if she were one of their own.





*Above, thirty-six hours after the surgery, Aleema sleeps peacefully.*

**T**wo days after the surgery, just before I was to catch an early morning chopper out of the FOB, I stopped by the CSH one last time to check on Aleema. The FST was to do surgery on her later that morning. There was a chance—only slight, chief surgeon Col. (Dr.) Roman Hayda assured me—that with more muscle tissue dead on the amputated leg, enough would not be left for a good stump cushion, and he would have to amputate higher, at the knee. Also, Col. Hayda could not say whether he could close the left ankle wound without a skin graft. I mentioned to him that I had been (and still was) emotionally moved by the profound amount of effort and care he and his FST were providing a little rural Afghan girl who nobody in the rest of the world would ever know about or hear about or care about. “We do what we can,” is all he said. That’s it, just a quiet “We do what we can.”

Two days later, in an e-mail exchange in response to my inquiries about the results of the second surgery, Dr. Hayda wrote:

“The girl did well, everything looked very healthy and viable. I left the right leg at the transtibial level (below knee), just shaped the bone and secured the muscle as a pad over the bone end and closed the skin. Very happy with the way it looks now. We will need to monitor her for infection. The ankle looked OK, pretty beat up still, but cleaned it out, closed



what we could, used some skin from the right leg to skin graft over the left ankle. This side, too, we will need to watch for infection and facilitate wound healing by doing the appropriate wound care. We will also try to scrounge up some kids’ crutches for her. Her family was quite thankful for the care but are concerned what the future holds, as we all are.”

Again, simple, unassuming, humble words. Col. Hayda’s FST was but one of the many FSTs in the CSHs of U.S. bases serving throughout Afghanistan in the summer of 2006, as others serve today. Those CSHs daily treat rural, poor Afghans for sniffles, worms, cuts, burns, gunshot wounds, traumatic amputations—anything and everything—all without fanfare, as much as a symbol and representative of the U.S. Army and America as Aleema is of Afghanistan, they spare nothing, give their all, just to “do what we can.”

