

Beyond the media limelight is a little-known yet premier military hospital in Texas with a state-of-the-art burn unit.

By Janie Blankenship

Brooke Army Medical Center: Treating the Severely Wounded of War

Wyman Jones winced as Stephanie Angle massaged his arm. “I told you she was going to hurt me,” he joked in spite of the pain. “This woman tortures me every time I come in here.”

The Army sergeant is one of more than 2,300 Iraq and Afghanistan vets who have been treated at the often-overlooked Brooke Army Medical Center at Fort Sam Houston in San Antonio. It is home to the U.S. Army Institute of Surgical Research Burn Center—the only one of its kind within the Department of Defense—which has cared for 360 burn victims.

The hospital doesn’t receive as much media attention as Walter Reed Army Medical Center or National Naval Medical Center in Bethesda. Brooke takes in GIs whose home of record is west of the Mississippi River, as well as the majority of burn victims like Jones.

Jones was riding in the third truck of a five-vehicle convoy on April 18, 2005, just nine miles from Fallujah, when a pressure mine was detonated. In the explosion, about 31% of the left side of his body was burned.

Stationed with A Bty., 2nd Bn., 114th Field Arty, the 42-year-old Columbus, Miss., native wears black clothing known as pressure garments to help with scar compression. As he sits through the “torture,” as he jokingly calls his therapy, he smiles and cracks jokes with other burn casualties, offering words of encouragement to those who are still new to the center.

“It’s such a painful process, this healing thing,” he said. “I just try and keep motivated. The people around here are helpful at keeping me that way, too.”

Indeed, nurse Angle says her duty at Brooke is the most rewarding job she could ever imagine. A self-proclaimed “military brat,” she was born and raised at Fort Sam Houston.

“It’s such a fine privilege to work here,” said Angle, who has been at the center for about a year. “It’s the best move I’ve ever made. The emotion is the worst part of it all. I don’t like putting them through pain, but it helps them in the end.”

With Jones, Angle massages and exercises his arm and hand through mobility stretches to help regain nerve functions. When her patient grimaces from the discomfort, one would think it hurts Angle just as much, at least from the look on her face.

“I really wanted to do something to help these guys,” she said. “There is truly nowhere I’d rather be.”

Treatment of burn victims takes far longer than for other trauma patients—one to two days for every 1% of the body burned, according to Maj. Louis Stout, head nurse at the center. Furthermore, therapy can last for years.

‘I Don’t Have It Nearly as Bad’

Marine Sgt. Jeff Furman is another benefactor of the burn center’s therapy. Some 25% of his body is burned, covering his right arm and leg and lower back. The 23-year-old has been at

Brooke since June 21, 2005.

A member of the 1st Bn., 5th Marines, Furman was wounded June 16, 2005, in Ramadi.

“An IED [improvised explosive device] hit the back of the armored Humvee I was riding in,” the Medicine Lodge, Kan., native said. “I lost two men who were sitting across from me.”

While mobility stretches aren’t too comfortable, Furman said the skin grafts are the most painful for him. The actual process of skin grafting involves shaving healthy skin from the burned victim. The flesh is then fed through a mesher and perforated, allowing it to be stretched for application over the burns. This is usually covered with donated cadaver skin as a protective covering while the grafted skin attaches itself.

Fortunately for Furman, his wife gets to come down from Kansas quite often, helping boost his spirits. When he returns to the Midwest, he hopes to attend college in Wichita, Kan.

“I don’t have it nearly as bad as the guys with missing limbs,” he says. “They have a long way to go.”

Longing for Her Unit

For Marine Lance Cpl. Oyouna Allende, June 23, 2005, is a day she’s not likely to forget. She was riding in the back of a pickup truck when a suicide bomber blew himself up. She sustained burns to her knees, hands and face.

She uses a Baltimore Therapeutic Exerciser, which simulates different functions like pulling objects and lift-

ing. It helps the 22-year-old regain muscle strength.

"I'm hoping to get back to my unit, Combat Logistics Battalion 8," she said. "They're back home at Camp Lejeune [N.C.]."

Established in 1947, the burn center treats patients from every branch of the military, as well as veterans. As the only burn center in central Texas, it also serves as the regional center for civilian burn victims.

Since March 2003, the Burn Special Medical Augmentation Team has made 45 trips to Landstuhl Regional Army Medical Center in Germany, transporting more than 170 patients back to the center for treatment.

A second burn intensive care unit was opened in December 2004 to accommodate the increased number of burn patients from the Dec. 21 attack on the dining facility in Mosul, Iraq. Brooke received 11 wounded Americans from that attack. This second ICU is still in operation.

'Amputation is Not the End of Life'

Army Sgt. Moses Sonera was disappointed in himself when he didn't complete the MS-150 (an annual 150-mile bicycle ride benefiting multiple sclerosis) this past September. "I didn't make it the entire 150 miles," he said with a clever smile. "I actually had to stop after 120. But I was using a hand cycle."

A patient at Brooke for nearly a year now, Sonera, 32, is a pretty popular guy. Patients and staff alike seem to flock to this father of four for his wit and sense of humor.

Only when he speaks of the day he was wounded does he grow somber. Sonera was in Iraq with the 65th Engineer Battalion, charged with clearing roadside bombs. He was actually getting ready for bed on March 30, 2005, when a mortar round exploded near his bunk at Kirkuk Air Base. It cut his foot in half.

"Everything just happened so fast," he said. "I don't know, I just don't really want to talk about it."

Doctors tried to save what was left of his foot, but Sonera was in constant pain or he was heavily medicated. Nothing seemed to be working, so his leg was amputated below the knee.

"I know it sounds weird, but I'm glad

it worked out like this because I have so much more energy," said Sonera, whose family lives on Post with him. "I feel better, and I can play with my kids all the time."

He said he hopes to stay in the Army full time in some capacity, adding that the hardest part of getting wounded was leaving the guys behind.

Sonera's physical training includes running obstacle courses, riding stationary bikes and swimming, all at the behest of Army Capt. Justin Lafferier, officer in charge of Brooke's Amputee Care Center.

From cardio-vascular endurance exercises to residual limb shaping, Sonera gets a full workout.

"It's actually our goal to get these guys into better shape than they were before their wounds," Lafferier said. "Amputation is not the end of life. It's the beginning."

Affecting the Entire Family

For Air Force Staff Sgt. Chris Ramakka, this couldn't be more true. The 29-year-old Afghanistan vet was in an explosive ordnance disposal unit. He was in an area where there were supposedly no

land mines when his left leg was blown off. That was June 17, 2005.

Able to run a mile with his prosthetic leg, he says he's doing just fine. Plus, his wife and child are in Texas with him.

"Seeing how this affects my family is the hardest part for me," he said. "My 9-year-old daughter is handling it better than anyone. She thinks my prosthetic leg looks like something Anakin Skywalker [from *Star Wars*] would have."

Serving in Afghanistan with the 59th Medical Squadron, Ramakka said he hopes to stay in the Air Force.

"They really push us hard down here at Brooke, and we need it," he said. "We wouldn't try as hard if it weren't for guys like Troy, and we would be more depressed a lot of the time."

A therapist/trainer at Brooke, Troy Hopkins is charged with working the upper and lower bodies of his patients. He does this by strenuous workouts in the swimming pool, as well as with weight training.

"Seeing these guys walk and even run again is tremendously rewarding for me," said Hopkins, who has worked with amputees at Brooke for a year

Intrepid Center State-of-the-Art

On Sept. 22, 2005, patients from Brooke Army Medical Center helped break ground for the much-anticipated National Armed Forces Physical Rehabilitation Center, The Center for the Intrepid, scheduled for completion in January 2007.

Included in the \$40-million facility are two new 21-bedroom Fisher Houses. The complex is privately funded by the Intrepid Fallen Heroes Fund and its sister organization, the Fisher House Foundation. Fisher Houses provide lodging for families of the wounded being treated at military hospitals.

The 60,000-square-foot center will provide those with severe extremity injuries and amputees the best opportunity to regain their ability to live and work productively. The facility will include a pool, indoor running track and two-story climbing wall.

Furthermore, space for clinical

research to improve prosthetic designs is built in.

Named after the *USS Intrepid*—now a sea, air and space museum in New York City—the center will have the capacity to treat as many as 500 patients. It also will offer first-of-their-kind microprocessor prosthetic knee units.

"I can't tell you how important this is to all of our soldiers and their families to know that there are organizations out there trying to take care of our young men and women who sacrifice for our country," Lt. Gen. Raymond T. Odierno, assistant to the chairman of the Joint Chiefs of Staff, told the *Washington Times*. "It does hit close to home for me."

Odierno's son, Army Capt. Anthony Odierno, lost his arm after a rocket-propelled grenade attack in Iraq in 2004.

now. "It's tough to push them this hard, but they can handle it."

Like Sonera, Marine Staff Sgt. John Jones has been at Brooke for about a year. The 28-year-old father of two was wounded in Iraq on Jan. 3, 2005, when his convoy hit a double-stacked land mine. He was blown about 25 feet into the air and landed behind his Humvee.

"I remember checking my body and thinking I still had both my legs," said Jones, who served in Iraq with the 1st Bn., 7th Marines. "Obviously, I did not."

He lost one leg and later had the other one amputated. For nearly a year, he has been retraining his muscles to act appropriately and in conjunction with the rest of his body.

His family is back in California, but he does see his children, ages 4 and 7, and his wife regularly.

"My kids are taking this all in stride," he said. "They call my one prosthetic a 'robotic leg.'"

Jones says he hopes to one day start

his own business, maybe even open a shooting range.

"Not being able to easily do everyday things is the worst part of about all of this," said the Marine of 10½ years.

'Soldiers as Therapists'

To help amputees adjust to what Jones referred to as "everyday" life, Brooke has an Activities of Daily Living (ADL) room. Replicating an actual apartment, the ADL aides the wounded in relearning how to use the kitchen or a computer. There is even a baby doll on the bed for child care practice for those who are parents.

Debbie Schick, whose son had a leg amputated, designed the room. She's a board member of *Operation Comfort*, a private group of volunteers who work on behalf of wounded vets and their families. The non-profit organization is ultimately responsible for the establishment of the ADL.

"This is quite a phenomenal room," said Col. Leonard Cancio, chief of occupational therapy at Brooke. "You

wouldn't believe the things the wounded can practice in here."

Cancio, who has been at Brooke for two years, has found that just talking about wounds is therapeutic for the patients. One look around the therapy room and this is evident. Groups of guys are huddled together talking and laughing as though they were all old buddies.

"Our main thing here is that we have soldiers working with soldiers," he said. "Our therapeutic milieu is soldiers as therapists."

Rest assured, GIs coming out of Afghanistan and Iraq will continue receiving top-notch care at Brooke Army Medical Center. Lt. Col. Beatrice Stephens, chief of nursing at the Burn Center, best summed it up: "The folks working here, we all want to be here. That's what separates Brooke from other places. This job makes me grateful for what I have." ❖

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