

Health

Suy beats odds to rebuild lives

Haiti quake survivor returns to a new life

By Lindsey Tanner

With the aid of American supporters, a young man rescued from the rubble of Haiti's earthquake struggled to walk again — and to help his nation rebuild. An Associated Press reporter witnessed his long recovery and accompanied him on his return home. — Editor

He landed flat on his back on the ground, half-buried in broken concrete. The impact crushed his spine.

Bazelais Suy lay dazed on his back in a small, dark hole. For hours, he heard the cries of people who had been buried alive, and he feared an aftershock would silence them all.

"I thought, 'I don't want to die,'" he said. "I told them not to be scared."

Suy did not die. Instead, he embarked on a nearly 2,000-mile (3,200-kilometer) journey that would restore his health and allow him to return, a half-year later, to the ground that almost killed him.

Journey

Suy's odyssey reads like a cliched Hollywood movie, but it's a real-life drama, starring a serious and charismatic young Haitian who owes his life to strangers from Chicago, now friends. They transported him to another world for six months of intense treatment, free of charge, while his country, too, tried to heal.

Suy was given little chance of ever walking again, but Haiti without legs is unimaginable — the able-bodied have a hard enough time getting by. Disability there is a stigma, a source of shame.

Stubborn and determined, Suy set his mind to beating the odds.

In the dark, Suy drifted in and out of consciousness. He does not remember being pulled out and placed among bodies on the sidewalk.

Friends arrived and lifted Suy into a car, heading down bumpy streets, first to a public plaza several miles away where victims were being taken. His family found him there on the ground and took him to a hospital where conditions were filthy and the only treatment consisted of occasional painkillers. Eventually he was moved to a tent clinic outside Sacre Coeur Hospital in Port-au-Prince.

A doctor from an aid group asked Dr. Dan Ivankovich, a spinal specialist from Chicago, to check on Suy.

Ivankovich was incredulous. Under normal circumstances, patients with spinal-cord injuries would be immediately strapped to a backboard to immobilize the spine and avoid additional nerve damage. Most would then go straight to surgery.

Suy's rescuers had no choice but to move him, probably making the injury worse, Ivankovich said.

And 10 days had passed since the quake.

"I said, 'Are you out of your mind?'" Ivankovich recalled.

Ivankovich, an irreverent, 7-foot (2.13-meter)-tall surgeon used to treating poor patients from the inner city, had just arrived in Haiti with a medical team. Like his idol, Johnny Cash, the doctor wears black — from his leather cowboy hat and boots to gaudy onyx rings and black diamond ear studs.

Passion

It's to honor, he says, to help the downtrodden. And he shares that passion with his young patient.

Suy was born poor in southern Haiti and sent as a boy to live with an aunt in Port-au-Prince and attend school. He was one of the lucky ones. More than half the population lived in poverty even before the quake left more than 1 million homeless. About 40 percent of Haitian adults are illiterate, and almost half of Haitian children don't attend school.

Deeply religious, Suy loves his country but hates its poverty. A few years ago, he formed an advocacy group named GRRANOH, a French acronym meaning roughly "group for ideas, research and action for redirecting Haiti." Its volunteers have tutored orphans, fed the homeless, visited hospital patients and raised awareness about Haiti's needs.

"He doesn't have much but with the little he has, he wants to help people," said his girlfriend, Jeanna Volcy.

In the chaos of post-quake Haiti, Ivankovich was equipped to handle amputations and fractures, not spinal cord injuries. Nor was the damaged hospital in any position to host spinal surgery. Suy, meanwhile, had pressure sores on his back from lying prone for more than a week, and the risk of infection was grave.

When Ivankovich mentioned he would be going back to Chicago, the frightened young man pleaded with him.

"Take me with you," he cried, in

halting English.

The doctor in black could not turn away. Ivankovich worked with U.S. authorities to help secure a humanitarian visa. Sixteen days after the quake, he flew to Chicago in an air ambulance. It was Suy's first trip out of Haiti.

In a three-hour operation, surgeons at Northwestern Memorial Hospital stabilized Suy's broken bones with titanium rods and screws. Their aim was to remove pressure on the spinal cord and prevent additional nerve damage, while allowing the surrounding bones to heal.

Afterward, Suy was still unable to move his legs. He had little sensation below his waist, except for patchy feeling in his thighs.

Ivankovich told him: "My friend, you're paralyzed. You're going to be in a wheelchair and this is just what you need to accept."

Strange

Suy had other ideas. He was moved to the Rehabilitation Institute of Chicago, one of America's best-known hospitals for brain and spinal cord injuries. Humanitarian funds at Northwestern and the hospital paid for the treatment, which would normally have cost hundreds of thousands of dollars.

The 18-story center stands in Chicago's glittery Gold Coast neighborhood, lined with swank shops, posh hotels and gleaming skyscrapers. Suy, who was used to tropical heat, arrived in the dead of Chicago's bitter-cold winter. The buildings were gigantic, the language strange, his broken body seemed foreign — it all felt like another universe.

"He looked like he had seen a ghost. He seemed pretty shell-shocked," recalls Kate Silverman, a French-speaking rehab therapist who worked with him.

Suy was haunted by terrifying flashbacks from the earthquake. He wouldn't eat strange-tasting American food, and couldn't sleep because the U.S.-sized hospital room seemed huge. A room that big in Haiti would house at least five people.

But Suy listened when Silverman said he needed to eat to get strong. And gradually, he did.

Rehab therapists doted on the handsome foreign student and put him through months of rigorous, painful workouts to rebuild his body. His daily routine became several hours of physical therapy — leg lifts from his wheelchair, tossing a big rubber ball, scooting down parallel bars on his arms. The hope was that some neurological function would return.

"It's OK if it's hard," a therapist told him.

"It's not hard," Suy insisted. One day in March during a visit from Ivankovich, Suy lifted a leg up off his bed. The doctor was stunned.

"It was miraculous. It was the kind of recovery that we couldn't even have fantasized about," Ivankovich said.

Suy was soon ready to try using a walker. His thighs had regained more feeling and become strong enough to help support his weight. But lifting his feet to step forward required concentration. Even moving awkwardly down the 100-foot (30-meter) hospital corridor was a struggle. The plastic braces on his ankles hurt.

"When I see myself right now, and I think about how I used to be, I cry sometimes," he confessed.

Even when his therapy sessions ended, Suy worked out alone in his room, doing leg lifts to speed the healing. "You should never be discouraged in life," he said. "I know the day will come when I can do what I want."

As spring arrived, Suy went outside in a wheelchair.

Port-au-Prince's narrow sidewalks are covered with merchants' wares — piles of T-shirts, shoes, pots and pans, and blue jeans — and now, rubble. It's an impossible obstacle course for someone in a wheelchair. Suy's dark eyes shone as he talked about the broad American sidewalks, imagining building them in Haiti someday.

He lit up, too, whenever Ivankovich visited. "My angel," Suy called him.

"Angels don't come this big and don't wear black," Ivankovich joked.

Knowing the street conditions in Haiti, Suy's therapists created an obstacle course in the corridor, with rubber bumpers on the floor to simulate earthquake rubble. Suy struggled to lift the walker and his wobbly legs over the humps. But he wanted to try, again and again.

Disabled

By April, he circled the entire seventh floor, even though his steps were unsteady and sweat dripped down his nose.

All the while, Suy spoke by phone or a donated computer with family and friends, but he did not always ask about Haiti. He feared the answers.

By May, Suy was ready for another test. He used to cook for his family, so he asked to make Haitian rice in the hospital kitchen, which is set up to help

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In this photo taken June 22, 2010, Bazelais Suy (left), and Dr Dan Ivankovich hug after Suy's rehab session at Glencrest Nursing & Rehabilitation Centre in Chicago. Suy is a Haitian student activist whose spine was crushed when a university building collapsed in Haiti's catastrophic earthquake last January. He was airlifted to Chicago for six

months of intensive rehabilitation and recently returned to Haiti with hopes of helping rebuilding the country. (Inset): A surgical scar is seen on his back as Bazelais Suy rests after attempting to stand with the help of parallel bars at the Rehabilitation Institute of Chicago while recovering from surgery to repair his shattered spine. (AP)

Study highlights self-embedding behavior

Teens adopt new 'self-harm'

Weight-loss op increased 10-fold

Obesity surgery 'could save UK mlns'

LONDON, Sept 8, (RTRS): Providing surgical treatment for people who are morbidly obese could save British taxpayer-funded health services and the wider economy hundreds of millions of pounds a year, leading surgeons said on Wednesday.

In an economic impact assessment of obesity surgery, Britain's Royal College of Surgeons and the National Obesity Forum said the financial toll of unemployment, welfare payments, hospital costs and prescriptions caused by obesity could be cut drastically if more patients had weight-loss surgery.

The report was written by an independent consultancy called the Office of Health Economics and funded by the health firms Allergan and Covidien, both of whom make medical equipment used in weight-loss, or so-called bariatric, surgery.

Bariatric surgery is performed on people who are dangerously obese, as a way of trying to help them lose weight. The idea is to reduce the size of the stomach, either with a gastric band or a gastric bypass that re-routes the small intestines to a small stomach pouch, or by removing a portion of the stomach.

Critics of weight-loss surgery say its long-term risks are largely unknown, particularly in children, and argue it should be a last resort for morbidly obese people who have failed to lose weight by changing their diet and lifestyle.

The British report said that if five percent of eligible UK patients were given weight-loss surgery on the taxpayer-funded National Health Service (NHS), the gain to the economy within three years would be 382 million pounds. If 25 percent got surgery, the gain in three

years would be 1.3 billion pounds. On top of that, it said, the government could also expect to save between 35 million and 150 million pounds in welfare payments as people were able to return to work.

Britain's National Institute for Health and Clinical Excellence (NICE), which advises the government on the cost-effectiveness of drugs and medical treatments, recommends that patients with a body mass index (BMI) of 40 or more, or those with a BMI of 35 or more and other serious illnesses, should be assessed for weight-loss surgery.

BMI is equal to weight in kilograms divided by height in meters squared. A person 5 feet 5 inches tall (165 cm) with a BMI of 40 would weigh more than 240 pounds (109 kg).

Wednesday's report said that around a million people in England have a BMI that meets NICE criteria and around a quarter of those are both fit and willing to have surgery — yet only 3,600 weight-loss operations were carried out within the NHS in the year 2009/10.

"These figures are simply staggering," John Black, President of the Royal College of Surgeons, said in a statement with the report. "The NHS can not afford to ignore the mounting evidence that shows that bariatric surgery, for those patients where all other treatments have failed, is not only proven to be successful but also hugely cost-effective."

A study in the British Medical Journal last month found that use of weight-loss surgery has increased 10-fold in hospitals in England since 2000 and that those who have gastric bands fitted can reduce their risk of early death and cut health service costs.

Most of these children had been involved in accidents but Shiels and his colleagues identified 11 patients — nine girls and two boys aged between 14 and 18 — who were self-embedding.

All 11 teenagers had a history of mental health conditions, including bipolar disorder, depression, and anxiety disorders.

Shiels said the study illustrates a "clear role" for radiologists for spotting self-embedding behavior.

"We may become the first provider to make a clear diagnosis of it," he said. Shiels said there were not yet any esti-



A smoker holds a cigarette in this May 24, 2009 file photo in Hudson, Wisconsin. The percentage of American adults who smoke cigarettes has held in a range of 20 to 21 percent since 2005, as the decline in smoking has stalled, according to government figures released Sept 7. The figures from the Centers for Disease Control showed the number of adult smokers dropped between 2000 and 2005, but the percentage of adult smokers has remained at about 20-21 percent since 2005. (AFP)

Health

1 in 5 adults smoke in US: US smoking rates continue to hold steady, at about one in five adults lighting up regularly, frustrated health officials reported Tuesday.

About 21 percent of US adults were smokers in 2009, about the same percentage as the year before, according to the Centers for Disease Control and Prevention. The smoking rate — which fell dramatically since the 1960s — has basically been flat since about 2004.

Ten smoking, at nearly 20 percent, has not been improving lately, either.

Health officials believe they've lost momentum because of cuts to anti-tobacco campaigns and shrewd marketing by cigarette companies.

The new report suggests that more than 46 million American adults still smoke cigarettes.

"It's tragic," said CDC director Dr. Thomas Frieden, who calls smoking the No. 1 preventable cause of death in the United States. He estimates that smoking kills 1,000 Americans a day.

Some experts were particularly disheartened by a CDC finding in a second report that nearly all children who live with a smoker — 98 percent — have measurable tobacco toxins in their body.

Experts say tobacco taxes and smoking bans are driving down rates in some states. But nationwide, they say progress has been halted by tobacco company discounts or lack of funding for programs to discourage smoking or to help smokers quit.

The annual smoking report was based on government surveys. The second report looked at levels in the blood of cotinine, a chemical from tobacco smoke, in a total of more than 30,000 nonsmokers between 1999 and 2008.

Overall, detectable levels of cotinine dropped over the 10 years — from about 52 percent to 40 percent. That may be due in part to more smoking bans in workplaces, restaurants and other places.

But there were several bits of bad news in that report, too:

■ Most of the decline came about 10 years ago.

■ More than half of US children ages 3 to 11 are exposed to secondhand smoke, and the CDC says there is no safe level of exposure.

■ There's been virtually no improvement for children who live with a smoker, noted Matthew L. Myers, president of Campaign for Tobacco-Free Kids, a Washington-based research and advocacy organization.

NEW YORK, Sept 8, (RTRS): American doctors have come across a little-reported form of deliberate self-injury by teenagers — embedding objects ranging from glass to needles to wood under their own skin.

In recent years, the problem of "self-harm," particularly among teens, has received increasing attention in the media and in medical studies. Self-harm refers to self-inflicted injuries that are not intended to be fatal although there is evidence that people who self-harm are more at risk of suicide.

But a new study of children undergoing radiology treatment at the Nationwide Children's Hospital in Columbus, Ohio, has pointed to another little-recognized form of self-injury where children embed objects under their own skin.

In a report published in the journal Radiology (<http://link.rutgers.com/nas89n>), researchers from the hospital describe the cases of 11 teenagers who were treated to remove foreign objects deliberately implanted through cuts in their skin.

Implanted

The patients had implanted a total of 76 objects — including paper clips, staples, pencil lead and glass fragments — in what the researchers term "self-embedding behavior." Researcher Dr. William E. Shiels II said this latest report appeared to be the first to describe a series of teenage patients with self-embedding behavior — and the first to detail the successful removal of the implanted objects with the help of ultrasound and/or fluoroscopic imaging.

He said most parents were unlikely to know self-embedding behavior exists, and the same is true of most doctors.

To date the spotlight has mainly been on the practice of "cutting," where a person uses a razor or knife to make cuts in their skin, often, research suggests, with the goal of using the pain to distract from other emotional pain or feelings.

Shiels told Reuters Health that the goal of reporting on this series of patients was to bring self-embedding behavior to the attention of parents and teachers, as well as pediatricians, ER doctors and radiologists.

The findings come from a review of 600 patients at Nationwide Children's Hospital who were part of a long-term study of using imaging technology to help remove small foreign bodies embedded in patients' soft tissue.

"Without bold action by our elected officials, too many lives, young and old, will suffer needlessly from chronic illness and burdensome health care expenses," Nancy Brown, chief executive of the American Heart Association, said in a statement. (AP)

Stem cell funds ban lift rejected: A US federal judge denied Tuesday the White House's request to drop his decision to temporarily block federal funding for embryonic stem cell research pending an appeal of the decision.

"In this court's view, a stay would flout the will of Congress," Judge Royce Lamberth wrote in his order.

"Congress remains perfectly free to amend or revise the statute. This court is not free to do so."

Lamberth first issued his injunction on August 23, ruling in favor of a coalition that included



Frieden



Lamberth

several Christian organizations by saying that stem cell research involved the destruction of human embryos.

He said the federal funding, which President Barack Obama had authorized, violated the Dickey-Wicker amendment, a federal law banning federal tax funds from being used to fund any research that would cause human embryos to be destroyed.

That decision prompted the White House to say it would seek ways to keep the "life-saving"

research going.

In Tuesday's order, Lamberth said the Obama administration was "incorrect about much of their 'parade of horrors' that will supposedly result from this Court's preliminary injunction."

Obama's March 2009 decision to reverse the ban on federal funds research on embryonic stem cells was lauded by many researchers who believe the field has huge potential for treating serious diseases including Alzheimer's, Parkinson's and diabetes.

It came after his predecessor George W. Bush had banned federal funding for research on new stem cells for moral and religious reasons.

The research is fiercely opposed by religious conservatives, who believe that life begins at conception, because it involves the disposal of embryos.

Researchers believe that stem cells, so-called because they are the foundation for all human cells, provide two promising avenues for scientists. (AFP)