An Interview with

Master Corporal Paul Milsom Franklin

Voundec

A Canadian Soldier's Experience Surviving a Suicide Bomber in Afghanistan

INTERVIEWED BY Catherine Harley, Associate Editor, Wound Care Canada

Master Corporal Paul Milsom Franklin, Medical Technician, 1 Field Ambulance, 3rd Battalion, Princess Patricia's Canadian Light Infantry, Edmonton, Alberta



Master Corporal Paul Milsom Franklin in Afghanistan before he was injured.

There was a massive explosion, and he felt himself flying through the air. He told himself not to lose consciousness. No matter what happened, he had to stay awake. He landed on the ground near a brick wall and quickly pulled off his helmet because his hair was on fire. Despite suffering second-degree burns to his hands and scalp and seeing that his leg had been severed from his body, he was able to instruct a colleague on how to give proper medical care, including the application of a tourniquet to what was left of his leg.

Paul Milsom Franklin is a 38-year-old Medical Technician (similar to

a civilian paramedic) in the Canadian Forces. He is a proud soldier, a proud Canadian and a proud father. He lived to tell his story of surviving a suicide bombing in Afghanistan and was willing to share it with Wound Care Canada readers so that we can better understand what it is like for Canadian soldiers serving in Afghanistan who sustain acute traumatic wounds. Many of these soldiers will enter civilian hospitals, and Canadian clinicians need to be prepared to care for these "new" war veterans.



Master Corporal Franklin after his surgery.



Why did you decide to pursue a military career and how long have you been a part of it?

Seven years ago I decided to pursue a military career in order to continue my education and have the opportunity to travel globally. I believed that the military could provide an interesting and dynamic career path.



What led you to become a Medical **Technician?**

I had the opportunity to partici-

pate with the Medical Team and really found it rewarding. I enrolled in Basic Medical Training and then completed the Paramedic program.



How many times have you been deployed overseas

with the Canadian Forces?

I have experienced two tours in Afghanistan. The first tour was in 2004 and lasted for two months. I was stationed at Camp Julien and was involved in teaching Afghan soldiers basic medical

skills. I was also part of the camp patrol. The second tour was in late 2005 for five-and-one-half months in Kandahar, Afghanistan. I was working with the Provincial Reconstruction Team, funded by the Canadian Government, to help rebuild buildings and schools. I also assisted in providing security during this process.



How did your family react when they found out you were

returning to Afghanistan when things were really heating up?

My family was very happy and supportive, because they understood that participating in this mission was very important to me. I told my wife and son that I would come back.

Tell me about the day you were injured. Where were you? Who were you with? What happened to you?

On January 15, 2006, I was driving a Canadian Forces G-Wagon (a military SUV) into the city of Kandahar accompanied by two other soldiers and a diplomat. A suicide bomber who was driving a taxi started to come after us. He drove into the side of our vehicle, hitting us hard, and seven rockets exploded. The diplomat was killed instantly. My colleagues and I were thrown 20 metres in the air, and I landed 50 metres from the vehicle, near a brick wall. I kept telling myself, "Don't pass out, stay awake." During the explosion, my left leg was blown off and my hair was set on fire. I quickly pulled my helmet off and rubbed my face and hair to put the fire out. I sustained second-degree burns to my hands and scalp and first-degree burns to my forehead. I looked over and saw that my left leg had landed near me. I reached out to try and grab it, but it was beyond my reach. A military colleague came and helped me to apply a tourniquet to what was left of my left leg. I was able to give instructions on how to deliver proper medical care. My remaining right leg was folded underneath my body; it was missing the tibia and all of the flesh and had compound fractures. I



Master Corporal Franklin at the University of Alberta Hospital in Edmonton before the amputation of his right leg.

In the June 19, 2006, issue of Time (Canada), Paul Milson Franklin was acknowledged as one of "Canada's Heroes"—people who have made a difference in their communities and country.

was immediately transported to the Provincial Reconstruction Site, Camp Nathan Smith Base, where my right leg was straightened out. I was then prepared for transport to the Kandahar Air Field where I was subsequently airlifted to Landstuhl, Germany, where both Canadian and American soldiers are treated for acute injuries at the base hospital.



The two soldiers survived but sustained brain injuries, one minor and one major. They are currently undergoing rehabilitation. There were also about 10 bystanders

who were injured and three bystanders who were killed.



What helped you "survive" this devastating situation?

I kept telling myself that I could make it if I stayed awake. I thought about helping my injured colleagues. I had made a commitment to my wife and son that I would come home. The military notified my wife, letting her know that I had been in an accident but that I was stable. She flew to Germany with my son to be with me.



how did the medical team treat your right leg?

They cleaned out all of my wounds and discovered that my remaining right leg was infected. I ended up contracting an Afghan microbe* as well as MRSA. I was put on systemic antibiotics. They applied a medical device called Vacuum Assisted Wound (VAC*) Therapy to my left leg. VAC* Therapy saved my life by reducing my risk of systemic infection. They then started what would become the first of 21 surgeries to try and save my remaining leg by installing fixaters.



What happened next?

Once I was well

Volume 4, Number 3, 2006 Wound Care Canada

enough to make the trip, we flew back to Canada where I was admitted to the University of Alberta Hospital in Edmonton. The surgeons tried to save my remaining leg. I had multiple surgeries and major attempts at reconstruction. It was very difficult for my son to see me in the hospital going through surgeries with limited results. I assessed my options, and taking into consideration that I was at high risk for infection, and had a low chance of ever rehabilitating the leg, I decided that amputation of my remaining leg was the best option. I had a transfemoral amputation of the right leg.



Could you describe the next steps in your recovery?

I am currently receiving rehabilitation at the Glenrose Rehabilitation Hospital in Edmonton. I have been fitted with two "C-Legs"** and can walk up to one kilometre without getting tired. Mobilizing

does take time and requires a great deal of energy and patience.



What is important when caring for military personnel who

have sustained acute traumatic wounds?

Psychologically, it is important to be comfortable to ask questions about what happened to the injured person. Listen to their story because they will have a story to tell. Be respectful of their situation, and if they don't want to talk, just be there. Physically, infection in acute traumatic wounds is a real issue and needs to be dealt with. It is important to provide information as to what is happening to their body and involve them in the decision-making process.



What is next in your career with the Canadian military?

I will be going back to work as



Second-degree burns on Major Corporal Franklin's hands.

soon as I am able. I cannot be deployed overseas in the future, but I have no regrets. I will be teaching tactical combat casualty care at the base in Edmonton to soldiers in the Medical Team. This is my next mission, and I look forward to it.

* For more information on "superbugs" and the military, read the CBC Indepth article at www.cbc.ca/story/science/national/2006/02/22/acinetobacter060222.html.

** For further information on C-Legs, go to www.ottobockus.com.

If you are interested in learning more about a medical career in the military please visit www.recruiting.forces.gc.ca.

The Interdisciplinary Lower Leg Assessment Form continued from page 30

References

- Eberhardt RT, Raffetto JD. Chronic venous insufficiency [Electronic version]. *Circulation*. 2005;111(18):2398-2409.
- Flugman SL, Clark RA. Stasis dermatitis. eMedicine. 2005. Available online at www.emedicine.com/derm/ topic403.htm. Accessed April 23, 2006.
- Földi M, Földi E. Lymphostatic diseases.
 In Földi M, Földi E, Kubik S (eds.).
 Textbook of Lymphology for Physicians and Lymphedema Therapists.
 Munchen: Elsevier. 2003. 254.
- Goodman CC, Snyder TEK. Differential Diagnosis In Physical Therapy, Second Edition. Philadelphia, PA: WB Saunders Company. 1995.
- 5. Greenberg AS, Hasan A, Montalv BM, Falabella A, Falanga V. Acute lipo-

- dermatosclerosis is associated with venous insufficiency [Electronic version]. Journal of the American Academy of Dermatology. 1996;35(4):566-568.
- Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing, and Allied Health, Fifth Edition. Philadelphia, PA: WB Saunders Company. 1992:468.
- Mondry T, Riffenburgh RH, Johnstone PA. Prospective trial of complete decongestive therapy for upper extremity lymphedema after breast cancer therapy. *The Cancer Journal*. 2004;10(1):43-48.
- 8. Murray J. Leg ulceration part 1:
 Aetiology and pathophysiology
 [Electronic version]. *Nursing Standard*.
 2004;19(1):45-54.

- Obrien J, Chennubhotla S, Chennubhotla R. Treatment of edema [Electronic version]. American Family Physician. 2005;71(11):2111-2117.
- Registered Nurses' Association of Ontario (RNAO). Nursing Best Practice Guideline: Assessment and Management of Venous Ulcers.
 Toronto: RNAO. 2004. Available online at www.rnao.org/Storage/11/ 556_BPG_venous_leg_ulcer.pdf.
- 11. Reid DR. Sports Injury Assessment and Rehabilitation. New York:
 Churchill Livingstone Inc. 1992.
- Stewart P. The Differential Diagnosis of Lymphedema. [Presentation] National Lymphedema Network Conference. October 20, 2004. Reno. NV.

- Thomas CL. Taber's Cyclopedic Medical Dictionary, 19th Edition. Philadelphia, PA: Davis Co. 2001.
- 14. Williamson D, Paterson DM, Sibbald RG. Vascular assessment. In Krasner DL, Rodeheaver GT, Sibbald RG, (eds.). Chronic Wound Care: A Clinical Source Book for Healthcare Professionals. Wayne, PA: HMP Communications. 2001:505-516.
- Wolff K, Johnson R, Suurmond D. Fitzpatricks Color Atlas & Synopsis of Clinical Dermatology, Fifth Edition. New York: McGraw-Hill. 2005:476
- 16. *Medical-Surgical Nursing*, Third Edition. 1987;1093.

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