



*Nursing student  
races to save  
lives in the war  
against Russia:*  
**Behind the  
Front Lines  
in Ukraine**

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**T**HE SUN IS ALREADY SINKING WHEN AN UNMARKED WHITE VAN pulls off the paved road, crosses a bridge over a creek, and starts to pick its way along miles of dirt roads. On either side, fields of wheat wave as the visitors round a corner and see a Ukrainian farmhouse with a missing roof and slow their pace. It's mid-May, and the sound of intermittent artillery shelling can be heard in distant Odessa.

As the van approaches the house, a volunteer Danish nurse rushes out to guide three men inside. The top floor of the farmhouse was destroyed by Russian shelling, so she ushers them into the basement for safety. There, Doug Stone, ABSN '20, MSN-FNP '22, and two local guides find about 10 injured men — civilian fighters in their 30s, 40s, and 50s who've been fighting against the Russians in self-defense and anger after seeing family and friends killed.

In the basement, Doug works quickly to assess the men's injuries and collect their medical history. Some have bullet and shrapnel wounds. Five

have tourniquets. The lucky ones have only minor facial injuries.

Doug has room for just two patients in his van. He focuses on a man with a tourniquet above his left knee that's been on for days and another with a crush injury to his torso and poor vital signs. They were hurt when the Russians bombed their car three days earlier. A tourniquet should only be used for a few hours, not days. The crush injury could involve internal damage and require special equipment and possibly surgery. Without medical attention, they could die.

Doug inserts IVs, cleans the two men's wounds,

and gets oxygen ready "in case they decide to go south on us," as he says. "Having to leave people behind is always hard. But I have to try to keep someone alive. As many people as possible."

Doug and the guides load the two men into their van and navigate country roads that remind him of home in the Sacramento Valley. It takes them more than six hours to reach the nearest functioning hospital in Kyiv. At the hospital, Doug helps amputate the leg of the man with the tourniquet, which saves his life. He never learns the fate of the man with the crush injury.

#### **HUMANITY FIRST**

This was not Doug's first experience in a war zone. He spent 39 years in the U.S. Marine Corps and rose to major general before retiring in 2010. He served as deputy commander to General David Petraeus during the post-2006 Iraqi surge, pioneering ways to rehabilitate and reintegrate formerly violent extremists back into Iraqi society and overseeing military hospitals in Iraq. Since retiring from the Marines, he's been a paramedic and has sheltered neighbors and cared for firefighters impacted by the huge Caldor Fire that threatened his family's ranch in 2021. He is also a member of the Science and Policy Advisory Committee at Oxford University's Centre for the Resolution of Intractable Conflict (CRIC).

At 71, Doug is completing a second SMU nursing degree. In May, he flew to Ukraine between semesters of his online Master of Science in Nursing — Family Nurse Practitioner (MSN-FNP) program, ending up there when a CRIC colleague forwarded a request for medical professionals to volunteer with Humanity First, a German-based humanitarian organization.

Doug arrived in Medyka, Poland, the location of the busiest border crossing for Ukrainian families escaping the war with Russia, and immediately stepped into the senior medical provider role at the Humanity First aid station. He spent about a month in Poland and Ukraine, in all, providing medical care to hundreds of civilian men, women, and children at the border and going deeper into Ukraine near Kyiv, Lviv, Kharkiv, and Odessa.

#### **SHELL SHOCK AT THE BORDER**

Days at the border were long. Doug worked with a medic and aide with limited supplies and saw about 50 patients a day between 5 a.m. and midnight. He started sleeping in the medical tent instead of his hotel to save travel time.

His patients were mostly refugees who had walked or driven to the border with little more than what they were wearing. The women often wore colorful babushkas on their heads and traveled with their young children and elderly relatives. So many were "shell shocked with a 50-mile stare, not speaking or thinking clearly" after surviving bombings to their schools, churches, or hospitals, Doug says.

They waited patiently, standing in line for hours, sometimes on crutches, sometimes sitting on the ground. Some managed to find a few wheelchairs for the elderly and most infirm, but there was

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— DOUG STONE



Doug Stone, ABSN '20, MSN-FNP '22, in the NGO Humanity First medical tent where he cared for refugee families at the Polish border with Ukraine.





nowhere to lie down. Refugees suffered from cardiac issues, post-traumatic stress disorder, and shock. Others needed care for chronic conditions like diabetes, especially when they'd left home without medications.

"In many ways, the patients at the border were a lot like the patients I see at the rural clinics in Northern California," says Doug, who lives on a 1,000-acre ranch that's been home to five generations of his family. "In my FNP program, my preceptors stressed the importance of taking patient histories, and that's really what I did when I triaged patients in Ukraine. My teachers taught me that if you take the proper history, you'll know your diagnosis and have a game plan for exactly what to do. Medical conditions are the same everywhere, so you start the same no matter where you are."

Medical conditions may be consistent around the world, but medical supplies and languages are not. In Ukraine, medical supplies had been donated from many countries, so Doug had to figure out how to use IVs from Egypt and translate the names of bottled medicines from Poland.

#### RISKY MISSION

After observing Doug's medical and leadership skills at the border for a week and learning about his military background, a man from the Ukrainian Ministry of Health asked if he'd be up for a riskier job — which is how he ended up at the farmhouse. Doug was teamed with two local guides who spoke

English and knew the countryside but had no medical training. The three men filled a van with medical supplies and two mattresses. Their job was to triage civilian patients and bring them to operational hospitals or back to the border.

"We were in continuous motion for days on end for more than two weeks, transporting about 25 people in total," Doug says. "We lived in the van during that time. We'd get food from the hospital and a little sleep on the seats and beds of our van in a hospital parking lot, before heading out again to pick up more patients."

Sometimes Doug helped with medical procedures at local hospitals. One Ukrainian doctor was so impressed with Doug during an angioplasty that he authorized him as a "doktor" — complete with official documentation — so that Doug could work more autonomously and on more complex cases.

#### DON'T FOLLOW PROTOCOLS. SOLVE PROBLEMS

Doug credits SMU with instilling in him the confidence he needed to treat patients in Ukraine.

"I wasn't acting like a nurse in Ukraine, I was acting like a primary care provider — like I'm being trained to do," he says. "Training in the primary care clinics here in California taught me so much. Now I have the confidence to say what I think a patient needs and to go do it. I certainly wouldn't have felt that way a year ago."

"As a paramedic and nurse, I would have

followed a protocol. But learning to be a nurse practitioner is different. We don't follow protocols, we solve problems," he says. "As a nurse practitioner, I'm able to assess medical needs, apply treatments, and provide the right referrals."

That's medicine, and I cherish being a part of that. As an FNP, I'm elevated to a

different level."

Doug's time in Ukraine helped to cement his interest in providing healthcare in rural settings. After he earns his FNP in December, he plans to open clinics in El Dorado Hills, Auburn, Lake of the Pines, and Penn Valley, California. He also intends to enroll in SMU's Doctor of Nursing Practice and Psychiatric Mental Health—Doctor of Nursing Practice online programs.

His clinics will focus on primary and specialty care for patients who are often more than an hour and a half from a major freeway. "People out there need care and aren't getting it at the level they deserve. They don't have an ambulance to take them to an ER quickly, and they may not be in a position to make a long drive," Doug says. "It appealed to me to help people way out in the hinterlands in Ukraine, and I want to do that here in Northern California."

"I don't want to sit on the sidelines," he says. "No matter what I do, I want to lead the way and help patients as much as I can, as quickly as I can."