

A breath on his own

By Mark Green, Mane Events, McKinney HS, McKinney, Texas
First Place, Feature and Brasler Prize Winner

Joe Benton huddled over the lifeless body of his 16-year-old son, lying flat in lane four of the cold track that circles the soccer field. A choir of ambulance sirens fills the night air of early January, yet he doesn't notice them.

"Come on, son...William," he pleads.

"Breathe!" he shouts.

Nobody ever saw this coming. For W.R. Olds-Benton, it was a night to meet friends at Subway before the game and talk about girls. A night to compete in the annual alumni soccer match, in which he had just made the game-winning assist.

Now, he laid motionless - his life in doubt.

With just minutes left in the game, Olds-Benton signaled for a substitute to take his place after scoring. Retiring to the sidelines, he complained of chest pains.

"Coach, I just need my inhaler," he said.

Olds-Benton, an occasional victim of asthma attacks, thought little of the pains. Two teammates assisted him off the field, as the game winds down to its final seconds. Trainer Stephanie Maertz and assistant coach Parker Lile tried pushing his knees into his chest - an attempt to increase oxygen to the lungs. Teammates offered field blankets to warm the shivering Olds-Benton. The game soon ended, but the pain remained.

Olds-Benton dropped to one knee, only to fall backward in front of the midfield bleachers.

In the center of the field, head coach Alan Pocock, shaking hands with former players, was notified.

"Coach...you've got a player down over there," said Matt Ellis, a captain of the '96 team.

Confused as to how a mild loss of breath and chest pains turned this bad, Pocock sent the rest of the team to the locker room as he rushed to assist his player.

"What I saw," said Pocock, "instantly erased every feeling of elation from winning the game."

Peering over the shoulders of the staff and parents gathered around him, Pocock saw Olds-Benton laid flat, eyes closed, his blue jersey torn open. One father, Damon Nahoolewa, administered mouth-to-mouth, while Dr. Raj Vassa checked his pulse. Another, Drake Moore, gave chest compressions.

"My jaw just dropped," said Pocock.

Trainer Jim Riser, having just arrived from the basketball game taking place in the gym, charged the school's heart defibrillator.

Its computerized voice, which recites pre-recorded instructions for those using it, was the only calm one in the circle.

"Come on, Dub! BREATHE! Get up on your feet!" Joe Benton shouted. With a calm, composed tone, the defibrillator ordered everyone to stand back.

"Clear," it pronounced. With a sudden hit, Olds-Benton's chest convulsed, bouncing his rubber - like body off the track.

Everyone stood silent.

In the following moments, Pocock took a knee and began praying. In the middle of his words - God, get this boy up on his feet - he was interrupted by Dr. Vassa.

"That was a breath on his own!" Vassa pronounced.

Coming from the cross-town station, paramedics rushed the

scene, administering oxygen to Olds-Benton, who was slowly returning to consciousness. Their efforts to save Olds-Benton, albeit noble, were unnecessary. The defibrillator, recently purchased by the school district, already saved his life

Part II

The dramatic scene dissolved upon the arrival of the ambulance. Olds-Benton was immediately loaded and rushed to Medical Center of McKinney, just a few miles away. Pocock, returning to the locker room, refused to allow the teammates to see Olds-Benton as he was loaded into the ambulance, and told them not to go to the hospital that night.

"Don't make the experience any more stressful for his parents," he told them.

Later that night, upon arriving at the hospital to check on his player, Pocock was greeted by 50 to 60 friends, family, and teammates of Olds-Benton.

Sitting in the waiting room, still unaware of his player's condition, Pocock was relieved to hear Olds-Benton's parents talking outside the hospital room.

"His parents would come out and say 'W.R. said this' or 'he said that,'" Pocock recalled.

While relieved to hear optimistic statements, Pocock, as well as everyone else in the hospital, was dumbfounded as to what caused Olds-Benton's condition. s

A seizure? A mild stroke?

Or perhaps it really was asthma.

But what asthma attack ends with 200 joules of energy (the equivalent of 44 pounds being dropped directly onto his chest from a meter above) being pumped into a seemingly healthy 16-year-old boy?

Nobody at Medical Center knew the answer. All they could do was stabilize Olds-Benton's condition before sending him to Children's Hospital of Dallas, a world-renowned heart hospital, later that night.

Part III

Olds-Benton's torn jersey, signed by all his teammates and visitors, hung beside his hospital bed at Children's.

While he is aware, through secondhand accounts, of how it got there, his own memory is a blank space from Friday evening, hanging out at Subway before the game, until Sunday morning.

He remembers nothing about the actual event or the next day in the hospital, the result of losing oxygen flow to his brain during the event, a time period which doctor's have estimated, in this case, to be around three minutes. Clinically, a body is considered dead when the brain stops receiving oxygen.

On Jan. 7, 2005, W.R. Olds-Benton laid dead for nearly three minutes. But what was the cause?

In addition to the memory loss, Olds-Benton's short-term memory suffered also for several days after the event.

"Coach Pocock was my first visitor on Saturday," he recalled. "I read the card he gave me 43 times. I'd read it, look away, see it, and say 'hey, look at that card.'"

For someone who just escaped death by the narrowest

odds, Olds-Benton's account of his time at the hospital is cheery and humorous. He most vividly remembers the burgers and cheesecake from the surprisingly good hospital foodservice, his teammates' videotaping his confused reactions to their questions about the game, and a young, pretty nurse - Casey - who helped care for him.

While Olds-Benton's attitude is pleasant, the necessary means for answers were not. On Sunday, a tube was inserted through the femoral vein in the groin area, which was forced up through his body toward his heart, allowing doctors to obtain ultrasound images necessary to diagnose his condition.

"They put me under no anesthesia. I could feel the tube - it was the weirdest sensation," said Olds-Benton, adding, "They were pretty forceful with that little rod."

After days of hearing nothing but speculation about his condition, Olds-Benton was finally given an official cause: Sudden Death Syndrome.

Almost all recorded cases have ended in fatality.

The condition is a rare birth defect that has no way of being detected until the heart is extremely stressed. This is why most people die from it. In Olds-Benton's case, the aorta and the pulmonary vein squeezed the left coronary vein closed after experiencing heavy exertion, cutting off blood flow to two-thirds of his heart. This caused the heart to "quiver" instead of beating at a regular rhythm. CPR and chest compressions could have done nothing to fix the situation. The electric shock of a defibrillator was the only thing that could knock the heart back to a normal rhythm.

Given the situation and the seemingly miraculous feat of surviving a condition called Sudden Death Syndrome, no one is ruling out divine intervention.

"The doctor continually emphasized that 'I shouldn't be here.' He's seen this five times, and all the kids were at the morgue," said Olds-Benton. "He kept telling me I should be dead, and that I'm alive for a reason."

However, the options for Sudden Death Syndrome survivors are limited. In Olds-Benton's case, there was only one.

W.R. Olds-Benton, only days away from his 17th birthday, needed open heart surgery.

Part IV

W.R. Olds-Benton laid in his hospital bed Wednesday morning. His eyes searched for something to read as he nervously tugged at the neatly tucked hospital sheets. In a few hours, doctors would break through his sternum and remove a wall from his heart, restoring a normal blood flow. A half-hour before the surgery, calmness settled into his mind.

"I kept thinking completely random thoughts," he said. "But mostly I was just ready to get it over with."

As he was wheeled into the operating room for his five-hour surgery, Olds-Benton passed the window through which the nurses - including Casey - watched.

"I winked at 'em," he said.

Lying on his back, staring at the fluorescent lights of the operating room, Olds-Benton doubted the anesthesiologist's ability to render him unconscious. As he faded away, he distinctly remembered the anesthesiologist's last words, delivered while looking Olds-Benton directly in his cloudy eyes.

"The doctor always wins."

Part V

For the rest of his life, W.R. Olds-Benton will have a clean, neat scar, the length of his hand (from palm to fingertips), directly in the middle of his chest. He has no need to worry about removing stitches - his skin was glued back together. His sternum was wired together with a metal designed to not trigger metal detectors.

After five days of a cramped existence, where his only physical activity was walking around the hospital, Olds-Benton was allowed to go home on Sunday - nine days after, for all practical purposes, dying.

Olds-Benton returned to an overwhelming environment of support from family and friends. 50-plus cards awaited him in his room, along with plenty of giant "get well" posters.

"It makes you realize how much you appreciate life, that you're lucky to be here, and that people really care for you," he said.

His activity has been and must remain for quite some time very limited to mild physical activity, such as walks around the block and a stationary bike, until January, when he can resume contact sports.

"I sleep a lot, play a lot of X-box, and I've watched every movie I own at least twice," he said.

He is restricted to riding in the backseat of cars for six months to avoid the risk of a chest-to-airbag collision. He cannot be outside in temperatures under 40 degrees or over 90 to avoid any adverse affects to the glue holding his skin together. This regimen has kept him from watching his teammates play some games when the temperature drops.

Olds-Benton, who was away from school for over three weeks, returned on January 31st.

"It's funny how, when you can't go to school, you want to," he said. "But, I received the biggest packet of makeup work I've ever seen."

Olds-Benton has been able to return to the fields and watch his teammates continue their season, their best start in school history. He often helps keep game statistics.

Against Greenville, C.J. Shelton, W.R.'s best friend, rushed towards the sideline immediately after scoring. Avoiding his teammates, he made sure not to stop until he was embracing Olds-Benton with tears in his eyes.

"I've known him since I was five," Shelton said. "All the time, those memories of growing up were going through my head. It's not everyday you see your best friend die. I still get tears in my eyes every time I see him."

Olds-Benton, who survived death, open-heart surgery, and now faces many months away from the sport he loves, remains optimistic about the entire situation. From now on, he plans to celebrate two birthdays, the second being the moment he was revived from cardiac arrest.

"The plus side to all this, is I get a sweet scar to show all the girls, a brand new healthy heart, and I get to milk it..."

"I died!" shouts Shelton in the middle of the interview, completing his best friend's statement for him, "and you're gonna make me do makeup work?"

Pocock, who has seen all kinds of sports-related injuries, but never anything like this, is glad he can just simply look back upon the situation and say his player survived.

"Anything that happens in this season, it's just going to be icing on the cake," he said, "I feel like I've already got my biggest wish."

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After reading the story in full, answer the following questions.

1. Explain whether or not this story fulfills each of the seven criterion for an indepth story:
 - Statistical information and hard facts found through research:
 - Corrects public misperceptions about topic:
 - Several reputable sources on both sides of the issue:
 - Evidence of background research:
 - Objectivity and lack of bias:
 - Examples of the problem through sources:
 - Affects/makes an impact on the community:
2. List and explain three sidebar story ideas that could be included in the layout of this story, adding depth and/or providing background context.
3. List and explain three infographic ideas that could be included in the layout of this story, adding depth and/or providing background context.

Be prepared to discuss your responses Thursday in class.

During the remainder of the period, please work on your N-P AP Style sentences, which are due Thursday.

—Hemmerly