

HENSON HERALD

In keeping with a promise to produce one newsletter per month in this current lockdown here is the February issue. Emma Lockley has kindly agreed to be Editor yet again.

You'll find an interesting account of the LDN Graduate Apprenticeship course by Ellie, plus Gary's contribution on the Welsh Valentine's Day.

Two forthcoming books are also featured by Dr. Chand Lt. Colonel TA RAMC and Revd Paul Robinson from North Carolina. The quote about the Pen being Mightier than the Sword comes to mind.

Since the Christmas Show, which twelve family and friends watched online, the Grand Total of £300 has been raised for the New Victoria Theatre and once lockdown eases it is planned to present the cheque to Mr David Sunnick, Commercial Manager from the theatre. The proposed venue will be the new Courtyard Hotel on the Keele University campus.



Proud to be a member of
Staffordshire
Chambers of
Commerce.

STOP PRESS STOP PRESS STOP PRESS

On Thursday NSP added an addition to its team and Ozgun, a postgraduate Software Engineer from Turkey, has agreed to conduct research for us, initially for six months. Keele University and the EU are funding the project and we see it as a fantastic development.

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LDN APPRENTICESHIP

BY

ELEANOR BROADHURST

I started my Publishing Assistant Level 3 apprenticeship with LDN Apprenticeships in October 2020. Each week I complete six hours of apprenticeship work. This work usually includes going through the course content online and making notes as to how this content relates to where I work (NSP) and notes to discuss with other apprentices in the live session which happens once a month. In addition, I will complete three work-based projects throughout the year which will prepare me for my End-Point Assessment – this is where I get my final apprenticeship grade.

All the course content is digital which means the apprenticeship is highly accessible as I can work from anywhere. The live sessions used to happen in person, but since the pandemic, these have moved online to Zoom. There are five modules in total, and I have almost completed the first which is 'Introduction to the Publishing Industry'. The next module will be Editorial. All the content is very well set out and easy to follow. In addition, there is a strong sense of community within the apprentices, and I feel at ease knowing if I ever had a problem that there would be someone to offer help.

I'm excited to see what options this apprenticeship will open for me as I have been keen to work in the publishing industry for years.

ST DWYNWEN'S DAY

As it is February, and with Valentines Day just round the corner, I thought it would be a good idea to take a closer look at other romantic days that are celebrated around the world, and decided to focus on St Dwynwen's Day, which is considered to be the most romantic day of the year in Wales. St Dwynwen's day takes place on the 25th January, and is considered to be the most romantic day in Wales, where cards and gifts are exchanged and time is spent with loved ones.

The story of St Dwynwen is rather interesting; Dwynwen was King Brychan Byrcheiniog's prettiest daughter, who fell in love with a local boy called Maelon Dafodrill, but her father had already arranged a marriage for her. Unsurprisingly, Maelon took the news badly and Dwynwen was so distraught herself that she fled into the woods and asked God to help her. Dwynwen was then visited by an angel who gave her a potion to drink which would help her forget about Maelon, but he was turned into a block of ice. God then granted Dwynwen three wishes; her first wish was to thaw Maelon, her second wish was to help all true lovers, and her third wish was for her to never marry. For granting all of her wishes, Dwynwen decided to become a nun and set up a convent on Llanddwyn Island.

Even though St Dwynwen's Day is not well known, it is becoming increasingly popular, with more and more people deciding to celebrate this day of love. Even though this years St Dwynwen's Day has already gone, you could take a look at some of the articles about this Welsh day of love, and perhaps send your own St Dwynwen's card: a beautiful St Dwynwen's card can be found in the second link, and can be printed off or sent electronically to your loved one.

<https://www.historic-uk.com/HistoryUK/HistoryofWales/St-Dwynwens-Day/>

<https://www.visitwales.com/info/history-heritage-and-traditions/st-dwynwens-day>

<https://www.southwalesargus.co.uk/news/19036239.st-dwynwens-day---story-behind-wales-valentines-day/>

THERE IS NO NEED TO SUBMIT OUR DREAMS FOR APPROVAL

BY

BABIS MOSCHONAS

Hugging inspires love. It is the most important thing one person can give to another – two-way emotions. Hugs do not change pavements. They cost nothing, they give joy, and they make people happy. A warm hug can take away our lonely hours, can activate lost joys, and banish our loneliness.

For everyone, a hug says a lot. It has the power without speaking to say an apology, to shout “I love you!” How many times do you really feel the need for a hug, a reward for your success, or a consolation for a failure?

A hug benefits us a lot. From the first steps of our life a hug accompanies us, which gradually changes meaning and with it we change too. You do not need to spend your years at the desks, to obtain degrees and specialized knowledge. When you are tired, wounded and confused, let a hug touch you. The power of a hug is a great thing, it is a touch of the soul where no sorrow, fear, anger, pain, loneliness and insecurity have a place. A hug for a few seconds is able to dispel any trace of negative emotion.

As babies in the arms of the mother, crying had no place, with one embrace the children grow up, a form of universal love in human societies.

Hug tightly all those you love. When you cannot speak, the hug has the power to say everything and more. Each hug has its own value, since with a hug, the wounds of our body and soul find healing a relief. A hug says a lot in a few words, a note of love in our daily life, the beauty that hugging gives, increases the feeling of emotional warmth, banishes loneliness, gives a step to love. How many times do we ask our partner to hug us, to come closer, where one gets lost in the other's arms,

where the feeling penetrates your body and like a transponder sending love messages – I love you and I care about you. A warm and tight hug that does not want to separate, because they really missed each other.

Hugs in love are joys in the courtyard of paradise and a hand to be caught, by the storms of life. Love hugs, next to the sea, the breeze caressing your face and waving your hair in the age, you let your head turn to rest on the other shoulder, while the bodies are tangled and tightly embrace.

Every night has a light that leads you to the garden of the heart, where the flowers bloom in winter, where love and affection come out as a young man. A hug travels you with kisses, where love wanders, and the eyes have the floor.

Lie down next to me, let me listen to you and not to speak, to travel me to infinity, your embrace a sea, in which I get lost and travel. Summer night and the sky full of stars, sitting on the terrace of the lighthouse by the sea and on the rocks, two hugs that became one, tightly embracing my heart whispering and counting my stars.

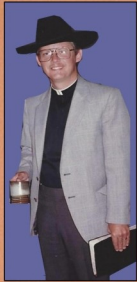
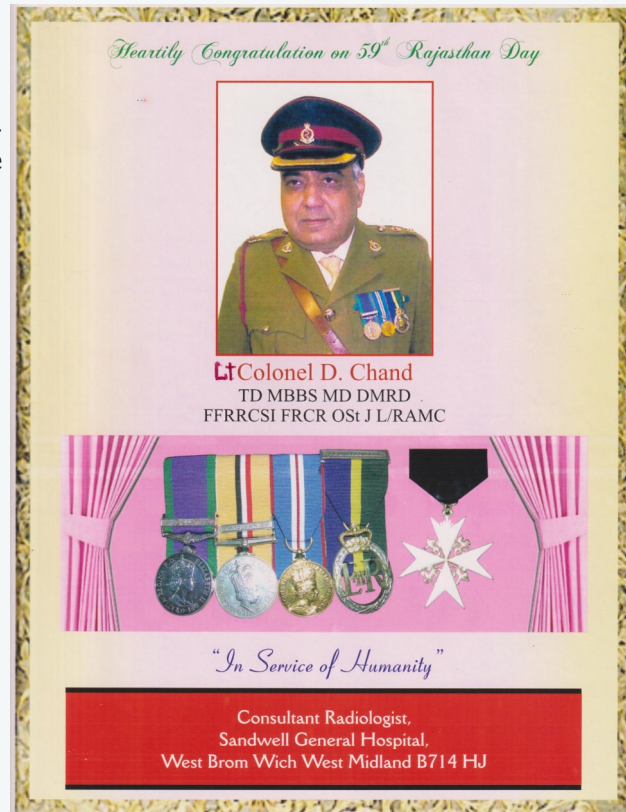
Babis Moschonas 1958.

I travelled the world working on cruise ships,
my life a journey where the dream came true.
I was born in Kefalonia, a Greek citizen,
I became a European and I am a citizen of the world,
I want to live and die free. Lover of philosophy.

FORTHCOMING PUBLICATIONS

Dr. Deep Chand Lt. Colonel TA

Dr. Chand's was born in Northern India where he qualified as a Radiologist and came to Stoke, England, in 1975. He worked for the NHS and became a Consultant in the Midlands. He served in the Army and was in the First Gulf War where he had the distinction of setting up a 200 bed Field Hospital in 24 hours. North Staffordshire Press has the privilege of working on his book which will appeal to a diverse readership including The Royal Army Medical Corp (RAMC) members, National Health Service (NHS) and the Asian fraternity. One of Deep's medical papers is presented later on in this newsletter.



G. Paul Robinson was a native Oklahoman and founder and Chief Executive Officer of a regional Oklahoma Information Technology (IT) corporation with offices in Oklahoma and Texas. He was later awarded a *Master of Divinity (MDIV)* degree from the former *Episcopal Theological Seminary (ETS)* in Lexington, Kentucky. (ETS later merged with *Virginia Theological Seminary*). As part of the MDIV requirements, he served in the Diocese of Wyoming. He also certified as a *Hospital Chaplain* at the *Carolinas Medical Center* in Charlotte, North Carolina and completed post graduate studies at the *Lutheran Theological Southern Seminary (LTSS)* in Columbia, South Carolina. Years later, he earned a *Master of*

Project Management certification from *Georgetown University* and retired as a certified *Executive Project Manager* for *International Business Machines (IBM)*.

As part of a graduate Reformation studies group, he and his wife, Margaret, traveled to Europe and shared the message of the Gospel with churches and seminaries in France, Austria, Switzerland and Germany. His teaching is *ecumenical*. It is believed that all Christian churches (*Anglican, Catholic, Eastern Orthodox, Lutheran, Baptist, Methodist, Presbyterian, Nazarene, Pentecostal, "Evangelical", Church of Latter-day Saints (LDS), Unitarian* and "*Non-Denominational*") have something to teach us about Jesus the Christ.

Our books and Bible studies have been enjoyed across America, England, Scotland, Bermuda and the Caribbean. For more information, simply email GpaulR7@Gmail.com.

*Photograph shows Paul in the predawn hours of Sunday morning as he started his weekly preaching circuit in the Diocese of Wyoming. His internship included St. Andrews Episcopal parish in Pinedale and three mission churches in the western Wyoming communities of Bondurant, Big Piney and LeBarge. The driving distance among the towns was between 20-42 miles.

Ιησούς ΤΗ ΧΡΙΣΤΟΣ REVEALED

Ιησούς
THE ΧΡΙΣΤΟΣ
REVEALED

G. Paul Robinson



Health Management in Times of Disaster

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Disasters and other emergencies often result in significant impacts on people's health, including the loss of many lives. Natural and manmade disasters cause breakdown of social system and services and have pronounced effects on human development and economy. They cause ill-health and deaths either directly or through the disruption of health systems, leaving the affected communities without access to healthcare in times of emergency. Water supplies and safe shelter are also affected in the times of disaster. Unfortunately, these negative effects are disproportionately concentrated in the developing countries. 68.2% of globally reported disaster mortalities occur in developing countries. The geophysical risks, urbanization, population growth and climate changes increase the vulnerability to natural disasters. Commonly faced hazards are (1) Natural: earthquake, landslide, tsunami, cyclones, flood or drought, (2) Biological: epidemic, infestations of pests, (3) Technological: exposure to chemical or radiological agents, transport crashes, (4) Societal: conflict, stampedes, acts of terrorism

The increased scale, frequency, and impact of natural and manmade disasters make it essential to develop a multi disciplinary disaster management plan to minimize the ill effects of disasters. The plan focuses on preparations to protect and recover from any emergency. It is also essential to have a surge capacity at a local and national level to respond immediately whenever a disaster strikes. Developed and high-income countries have an efficient and effective emergency medical care system, Rescue 112. This system responds immediately and successfully manages medical emergencies, trauma and other life-threatening conditions. In low income countries the existing primary health care system provides an opportunity to integrate and implement optimal and low-cost emergency medical assistance. The physical infrastructure, human resource, finance and community participation can be accessed readily by engaging the primary healthcare system in managing disaster related risks and hazards. To make the disaster management cost effective it is essential to integrate disaster management in primary health care, and train the physicians or general practitioners working in the primary health care facilities for minimum disaster management competencies and skills. International Federation of Red Cross, various Non-Governmental Organizations and United Nations have been working in partnership with the local government and have implemented an array of emergency response program across the world using the primary health care system to reduce the disaster associated mortalities and morbidities drastically.

Primary health care has eight essential components. Public education is the first and one of the most essential, component of primary health care. By educating the public on the prevention and control of health problems, and encouraging participation, spread of disease can be controlled. Nutrition is another essential component of health care. Prevention of malnutrition and starvation can prevent many diseases and afflictions. Supply of clean, safe drinking water, and maintenance of basic sanitation measures can significantly improve the health of a disaster struck population by reducing and even eliminating many preventable diseases. Ensuring comprehensive and adequate health care to children and to mothers, who are at the greatest risk of health problems in times of disaster, is another essential element of primary health care. Immunizations, to prevent rapid spread of disease is essential to fight specific disasters. Prevention and control of local diseases is also critical to promoting primary health care in times of disaster. Many diseases vary based on location. Taking these diseases into account and initiating measures to prevent them are key factors in efforts to reduce infection rates. Provision of appropriate medical care for the treatment of diseases and injuries is vital in disaster management. By treating disease and injury right away, caregivers can help avoid complications and the expense of later, more extensive, medical treatment. Availability of essential drugs for those who need them, such as antibiotics to those with infections, can help prevent disease from escalating. This makes the community safer, as there is less chance for diseases to be passed along. Certain organizations work for implementing standalone emergency response services (such as mental health, psychosocial support, immunization, management of exacerbated chronic hypertension and trauma care etc. during a disaster to cater the health needs of the affected population. In spite of the increase in disasters, most medical curriculums do not encompass essential occupational competencies for management of disaster. It should be essential to sensitize the medical students about the core competencies in emergency situations.

More than 90% of the disaster affected population need non-surgical primary care. Many lives can be saved in the first hours of a disaster by active community response before external help arrives. Safe hospital programs ensure health facilities are safely built to withstand hazards, so that they remain operational in emergencies.

Low income, low socioeconomic status, lack of home ownership, single-parent family, age >65 years or < 5 years, female sex, chronic illness, disability, social isolation or exclusion are the risk factors which increase the vulnerability of an individual to disasters.

All major disasters needs medical cover.

Establishment of Field Hospitals- Field hospitals are ideally established on the plain ground within one to two miles from the site of major disaster or in a large building nearby if available. Field hospitals have canvas tents and pre-prepared containers which provide all kinds of necessary equipment according to the need of the individual department. These containers are dropped near each department. Prefixed providers for field hospitals can be Army, Governments and Charities. Each field hospital has an accident and emergency department which provide 10-15 recess bays for triage to provide first aid and resuscitation and a plain X-ray facility within A & E. There are also fixed or mobile surgical theatre, intensive therapy unit, high dependency unit, radiology, ultrasound and mobile CT/MRI machine. Besides, there are pathology, pharmacy, dentistry and fully equipped wards with twenty five beds in each ward. Field hospitals need a large number of manpower according to the major disaster to cover the day and night duties, e.g. RMOs, surgeons, physicians, orthopaedics, anaesthetics, faciomaxillary surgeon, neuro surgeons, neurologists, psychiatrists, gynaecologists, pathologists, radiologists, urologists, dentists, paediatricians, nurses, priests, stretcher bearers, porters, theatre assistants, radiographers, physiotherapists, lab technicians, other assistants for allied works- engineers, electricians, cooks and securities. Validation exercise for training is essential before establishing any field hospitals. My own experience for validation is that I found lack of manpower for 200 bedded hospitals. I trained double manpower to make day and night shifts. Flexible and compressive medical and diagnostic services are required in any major disasters or any army and civilian casualties.

Disaster Management Rules- Immediate care by colleagues. More advanced care with resuscitation and/or surgical and diagnostic work up with the help of nearby general hospitals. In the times of disaster it is essential to evacuate general and speciality hospitals for management of casualties.

Recipient of 7 medals from the Queen of England for distinguished services in NHS and Army. Honoured with 5 medals from Pentagon saying "America is Grateful" for efficiently establishing three field hospitals of 200 beds capacity in the war zone.



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