



# Children of Fire

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[www.firechildren.org](http://www.firechildren.org)

## Newsletter

No.2 2008

### Best Burns Unit in Africa is 2km from ChiFi base

The new Burns Unit at Milpark Hospital opened in January 2008. What a stunning place! It has eight beds each in its own intensive care isolation cubicle. Debridement takes place within the patient's own cubicle so infection control is maximised. There is a dedicated burns operating theatre within the centre.

This is the only private burns centre in South Africa, and forms part of the largest private trauma complex in Africa. Milpark Hospital has 90 of its 342 beds dedicated to intensive care and high care. Linked facilities include the Hyperbaric Medicine Centre which provides treatment for a wide variety of skin conditions including thermal burns.

Queries to [mptrauma@milpark.netcare.co.za](mailto:mptrauma@milpark.netcare.co.za)

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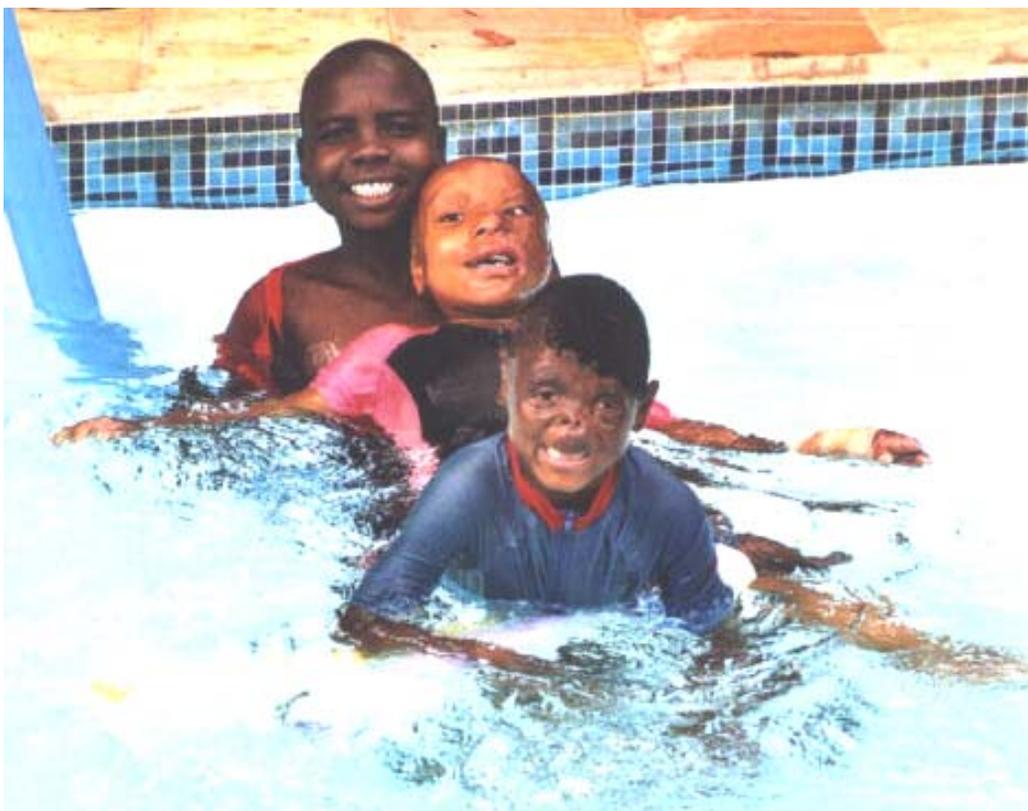


Children of Fire—Africa's first burns charity

*Top left: Tsepi hopes that a kind hairdresser will hide her burn-scarred hairline*

### Therapeutic swims make the most of South African Summer time

The crystal clear water of the charity pool is enjoyed by Rachid Dahiye (back), Sizwe Hlophe (middle) and Feleng Mahamotse (front). All three are capable swimmers and the other children are learning while the weather remains warm: therapy and fun combined. Thanks to the weekly help from Slam Pool Care.



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## Santam sponsors charity car

Insurance company Santam put its protective umbrella over our children by donating a new, safe car to the charity. From hospital appointments to rural outreach, the Children of Fire car has proven one of the most useful donations the charity has ever been given.

We also look forward to the production of ten fire safety and burn care infomercials, sponsored by Santam and inspired by the stories of thousands of children that are severely burned each year.

Thank you Santam!

You made a BIG difference.



## Bloemfontein paraffin stove designer seeks SABS approval

Bernard Awerbach from Bloemfontein was excited in late February 2008 as he came closer to South African Bureau of Standards' acceptance of his paraffin stove design. Working on an unusual medical-drip-like design (gravity feed), Awerbach says that if it passes the tests, he thinks that he just needs R200 000 to get production up and running.

Petroleum company BP had already given R140 000 towards the project as it was aimed at community upliftment and the Raith Foundation had given R400 000 to make the tools and dies to develop the product further.

R50 000 came from major insurers and a further R150 000 went to the Technikon in Bloemfontein which is meant to be co-operating on the project.

Of the 13 people trained in the manufacturing process, only four remain. One of them is Awerbach, one is unemployed, one is a photographer and one works at a cash 'n carry wholesaler.

The personal cost of following his dream is high.

Bernard says he got divorced part way through the project: "Love went out the door." Other stove inventors have similar sad tales to tell.

Professor Deon de Beer is meant to be in charge of the stove concept but Awerbach says "it took three years to get to this point and nothing moved quickly." Of course academia provides a secure salary—a luxury that inventors rarely have - so their priorities are different.

The connection of the fuel pipe to the bottle and to the stove had to be improved to make it child proof.

Awerbach says that the stove goes out if it is tipped 15 degrees. When asked "how?" it extinguishes, he says that "it just does". He says there are no fumes in the flame and that if the stove falls over a valve stops any fuel from coming out.

## Rachid attends mosque and Madressa

Rachid has been attending mosque locally and has his own Madressa teacher Yumna Moola on a weekly basis. His English vocabulary from a standing start was up to 500 words by mid February. He has had two lots of vaccinations at Parkhurst Clinic and has no chance of returning to Sudan or to Chad while the hostilities continue. But the Sudanese community in greater Johannesburg and the Muslim community are reaching out to him e.g. cooking maize meal just the way he likes it, when he is invited for dinner.

## Fire ruined exhibition but insurance later helps burns survivors

In 2007 Karin Basson and her colleague Karin visited from Embark Foundation. They made a commitment to donate part of the 2003 Expo Arts & Crafts Fire Disaster Fund, which was paid in February 2008. The exhibitors wanted the money to go to children who were affected by fire and also donated small domestic items to the housekeeper's flat where some children stay. Thanks to you all.

## Zanele's heavy leg keloids removed to improve her mobility

Four-year-old Zanele went in for leg surgery in late January 2008 at Johannesburg Academic Hospital. Zanele was burned a couple of years back when her mother was making floor polish from a mixture of hot wax and paraffin. The mixture fell on the curious toddler, severely burning her face and legs. The family was non-compliant about the wearing of pressure garments.

Since coming to Children of Fire, Zanele has had three operations and will have many more in the years to come. She also has regular visits to occupational therapists. The family of eight living in a

Soweto garage expanded to nine, when Zanele's teenage sister dropped out of school—pregnant in her Matric year. Despite our best encouragement, she seems to have no sense of urgency about completing her schooling. A strikingly pretty young woman, her good looks have been to her disadvantage.

The charity continues to try to help with family to be prioritised for re-housing. It is not tenable for nine people to live in a garage, especially one who will face repeated surgery.

## Standerton burns survivor in need of counselling and splinting

Bonginkosi from Standerton is a seriously depressed 16-year-old in need of serial splinting on his arm, tissue expansion on his head, getting back to school and a lot of counselling. He was found by burns survivor Thulani Nhleko's relatives. They subsequently find five more burned children in need of serious help.

Bonginkosi had been left a house and allegedly others tried to take it from him, leading to the arson attack in which he was so badly burned.

**Salome Aphane** (13) a girl from Hammanskraal, arrived at Chi Fi in mid February. She is totally bald, has damaged ears and needs occupational therapy for her arm. Salome was also not attending school because of depression, but settled in very happily at our small school and hopes to have a surgery date set to improve her ears. Salome was burned when a candle fell over and the house



caught fire. Her two nieces aged one and aged 18 months, perished in the fire. Her elder sister was slightly injured. Salome's parents were not present when the fire occurred, nor the mother of one of the two infants. Her former school is trying hard to help her and asked the charity to talk to pupils about tolerance, so that she will not be teased.

## Surgical updates for seven special kids; one failed finger

**Siyabonga** was set for surgery on his hand on 19th February but sadly it was cancelled on the day because the surgeons decided the estimated 1cm improvement in range was "not worth it". Thank heaven for Bara's hand unit which eased his sadness by booking him for surgery there on 25th March.

**Sicelo's** tissue expander was pretty stretched and then sprung a leak in late January. He was admitted six days after the leak was recognised and advice sought at the hospital. Surgery took place on Friday 1<sup>st</sup> February 2008.

**Feleng** had a check-up at St John's Eye Hospital in Soweto re his eyelid which is turning in a little on itself (ectropion scarring) and also had an appoint-

ment at the maxillofacial unit at Joburg Gen to consider options for his large boney deficit (hole in the head). They want him to wait....

**Karabo's** bubble gets bigger week by week, matching her bubbly personality.

**Zenette's** bubble expansion began later but it's starting to take on interesting dimensions as well.

**Anele** came back with hopes for tissue expansion in March 2008 at Joburg Gen's Smile Week

**Sizwe** had hand surgery but there was no improvement to finger alignment.

**Seiso** (3) is set for another groin contracture release on 3<sup>rd</sup>/4<sup>th</sup> March 2008.

## Crashed helicopter pilot's backside burned away with battery acid

At the opening of the Milpark Hospital Burns Unit, medics gave a couple of case histories. Truth being stranger than fiction, with some accounts one wondered why e.g. the designers of a helicopter had never factored "what if?" into their original designs.

A 34-year-old female pilot crashed her helicopter, landing on a wall between two properties. The single mother of a 14-year-old son was ventilated and intubated on the ground, and then transported on the floor of a police helicopter as the ambulance helicopter was not available. She has broken ribs, a fractured pelvis, a head injury, was covered in jet fuel and had had her buttocks immersed in sulphuric acid until she was rescued - because the helicopter battery was under her seat!

She was her very own "hazmat scene" but it seems was not washed down on site - even a garden hose would have helped. A visiting doctor from North Carolina, USA said: "[The solution to this kind of pollution is dilution.](#)"

The jet fuel on her was a danger to all those helping her as well as the systemic toxicity from the fuel-soaked clothes.

Dr H from the USA said that she should have been washed with running water for 15-30 minutes *at the scene*, even with all her other injuries or she would exponentially increase the risk for others.

Fortunately the ribs did not injure her spleen and as soon as she arrived at hospital she had a CT scan of her head injury, which was of unknown magnitude.

The full thickness burns from the battery acid went right down to the sacrum, but she was not given a colostomy. A doctor from Seattle said: "People are resistant to their own faecal matter." He has never done a colostomy because of a graft and Dr H said that he had done one colostomy and would not do so again.

### Ten kilometres to city hospital takes one-and-a-half hours

Another incident described was of a 19-year-old construction worker on the Gautrain who was intubated and ventilated on the scene in Johannesburg but it took one and a half hours to get him to hospital. And a 23-year-old who suffered 70 per cent burns from an electrical explosion. A crane touched an overhead power line which arced down to the young man on his break, drinking a can of soft

drink. On admission the hand that had been holding the can was already claw-like and his legs had started to pull up.

Medics discussed the likelihood of people surviving certain injuries and the importance of using communication such as emailing photos from more distant sites. The Seattle doctor said that to overcome the problem of paramedic inaccuracy in assessing total body surface area burned, he would ask him to say "which areas were not burned" in a severe burn—rather than which areas were burned.

In a remote (rural area) extensive burn he said: If the chest was not burned and one hand was functional, I'd say "go for it".

L described a 64-year-old male caught in a veld (bush) fire near Ladysmith, KwaZulu Natal province. This happened around 4.30 p.m. some 450 km away from Johannesburg. The helicopter service elected not to go there because of severe weather, so the 65 per cent burns patient was taken to Bethlehem Hospital instead.

He was intubated and every conceivable medicine put into him "to add insult to injury" as one medical professor described it. He was fetched at 5.30 a.m. the next day by helicopter but already had renal failure.

The doctors then went on to debate ages of patients, distance to hospital, and the choice of giving them "a civilised death." In cold clinical terms, it all sounded very reasonable. Another doctor said that they should be "left to die with their family rather than in a sterile ivory tower with me."

They talked of the "appropriateness of resource allocation", "of resuscitation", "of non-survivable injuries".

### Editor comment

I have told my colleagues: If I die, take the body parts that are useful to prolong or improve someone else's life: corneas, heart, liver etc. I barely touch alcohol so the liver should be in better condition than dear MT's. Then cremate the rest of me and let my loved ones scatter the ashes where they feel my spirit is at home. (There's a humorous addendum to that ... but we'll keep that for the Inside Story cartoons one day...)

But until I am dead, no matter how difficult day-to-day life might be (especially after the cruel and

intentional damage wrought on the charity by DP, NM, AA et al), *fight* for my life and most importantly *fight for the kids' lives with every breath that you have*.

None of us is God. Some of you might not even believe in God. But you, dear doctors in casualty or other "resource allocators," do not have the right to take away life nor to casually decide that some-

## Michael Sithole shows how important psychological help is

What a positive change in Michael. He's been a grumpy boy, a scared boy, avoiding issues, bunking school. But at long last our persistence seems to be paying off, in part. Visiting a psychologist to talk through his issues made a major difference.

It did not stop him from abandoning Grade 11 when he feared he would fail (and actually his grades were quite good). But Michael had surgery in late 2007 and the web of skin on the neck has been reduced considerably, thanks to competent surgeons at Jo'burg Academic Hospital (even the one whose tongue lacks what his scalpel compensates for). Michael now understands that he needs one more neck operation and one operation under each of his arms. With luck he could have surgery in April, July and November and then his belated Matric year (2009) would not be interrupted by surgery. Michael

one is *too* old, *too* damaged, *too* distant for you to even try.

Try. And *never* stop trying.

Try to save that life. And then try to maximise the quality of that child's life, as if it is your own child. Because in the wider sense, every child is your child. Every child is our child.

wears a splint at nights and at weekends and said that he sees the psychologist once a month. When we checked though, he was not meeting her.

He was studying mathematics, English, Afrikaans, business studies, economics, Zulu and life orientation. He does best in economics (82 per cent) and is interested in studying for a diploma in marketing.

He says the problem with learning Zulu is that it is too different to the version spoken in the townships, so he only gets 61 per cent for his home language. Michael turns 21 on 18<sup>th</sup> July 2008.

He does not want to remain in school being so old. He also committed to helping the younger burns survivors to feel more positive about themselves by visiting at some weekends but failed to meet the first agreed date.

## Breast reconstruction—*article first requested by Aesthetic Surgery* ©Chi Fi

Gugu just wanted to warm up by the stove on a cold winter's day. She did not notice how her jersey caught fire, and then it was too late. Trying to pull it off, the flames spread to her shirt underneath, and then started to melt her skin. She suffered extensive burns to her chest and neck.

Of 15 000 children that are severely burned each year in South Africa, about a 20 per cent are burned on the chest.

Burn scars contract, and if the breasts of a young girl are affected, the contractures restrict normal growth and lead to an asymmetrical and often unsightly shape. If the burns went so deep that the breast bud was damaged, breasts might do not develop at all.<sup>1</sup>

Poor self-image and lack of confidence are among the psychological effects this can have on a girl in puberty. While her friends start to look like women, she will find that her clothes don't fit as they should and that boys make embarrassing comments because her breasts aren't the same size or are not

there at all. Loss of one or both nipples can exacerbate the psychological distress.

Reconstruction of the breast mound and nipple can help a young woman regain her self-esteem, and today's plastic surgery can create very satisfying results.

The first step for successful reconstruction is taken when the fresh burn is debrided (dead tissue and foreign material is removed): During debridement, it is important to preserve any viable breast bud tissue, which is essential to normal development of the breast.<sup>2</sup> Contractures should be released as the girl gets older and her breasts grow; sometimes this is required a number of times.

When a girl is psychologically and sexually mature, this is usually the right time to start reconstructing the breasts "properly", i.e. optimising shape and rebuilding nipples.<sup>2</sup> In most cases, the breast mound is reconstructed first and the scars left to mature for nine to twelve months before nipple reconstruction is commenced.<sup>2</sup>

In order to reconstruct the breast mound, any contractures need to be released.<sup>2</sup> Skin grafts are commonly taken from the thigh or upper arm. Skin flaps, where skin is taken from a site adjacent to the skin loss without being detached from the body, can also be used.<sup>3</sup>

If only one breast was burned, it is important to match the end result with the undamaged breast to ensure that they are symmetrical.

If the breast failed to develop as a result of damage to the breast bud, a tissue expander (a medical balloon) is placed in a "pocket" below the breast and gradually filled with saline. Once it has reached the desired size (i.e. to match the opposite breast) the tissue expander is taken out and replaced with a permanent prosthesis, typically made of silicone. The expansion process can distort the shape of the breast and the position of nipple and areola (the darker ring around the nipple); then a contracture release with a skin graft is appropriate.<sup>4</sup>

Once the breast mound is reconstructed and the scars have matured, nipple reconstruction can be started. The procedure depends on the quality of the damaged skin, available donor sites, quality of the opposite breast tissue, and possible scar contractures. For example "nipple-sharing": A skin graft is taken from the opposite (undamaged nipple). The advantage is, that pigmentation and shape of the reconstructed nipple matches the 'original'; the disadvantage is, that the donor nipple will be reduced in size and there is a considerable chance for the graft not to take.<sup>3</sup> Alternatively for Caucasians, a skin graft can be taken from the genital area - the colour match and sensation will be good, but the donor site could be painful while it heals.<sup>3</sup> If skin grafts are taken from any other region of the body, a tattoo will be necessary to match the colour of areola and nipple. Other techniques include the use of ear cartilage and skin, rib cartilage, toe pulp (the soft cushion underneath the toe) and "tenting up" a circle of skin and surrounding it with a skin graft, like a collar.<sup>2</sup>

## Letter from Zimbabwe—emotionally exhausted in Mutare

I suspect most of you have been wondering if I have fallen off the face of the earth. I had to admit that I am far too emotionally involved in the patients and as one doctor put it I am 'not clinically trained or experienced to deal with the daily situations encountered in the hospital—particularly during these

When the position for the new nipple is determined, it should be compared to the opposite side, or positioned according to the patient's intuition. At a later stage the reconstructed breasts may have to be re-balanced, because they might not settle evenly.<sup>2</sup>

Children of Fire is helping several girls with chest burns. They survived paraffin stove explosions, shack fires, and electric stove and hot water burns. Some have already undergone reconstruction, others have not yet reached puberty. One teenager had very successful reconstruction at a hospital in Kenya. Another is still awaiting breast contracture releases, as they recently started to grow.

There is hope for all girls and woman with breast injuries. Plastic surgery is not only breast enlargement or lifting. It can rebuild and reshape what was lost. It does not help pretty women to become even prettier but it restores quality of life for those who deemed it lost forever.

The charity is looking for voluntary researchers to assess better treatment in casualty, so that breast function can be retained; and for surgeons willing to attempt to reconstruct working nipples for breast feeding and optimal marital relationships.

By Marietta Neumann

1. G.Y. Özgenel, S. Akın, R. Kahveci, Ş. Turan, M Özcan (2002) *Reconstruction of burn-damaged female breasts. Eur J Plast Surg* 25: 152-155
2. *Achauer and Sood's Burn Surgery: Reconstruction and Rehabilitation*, by Rajiv Sood, MD, and Bruce M. Achauer, MD. © Elsevier Inc. 2006. Chpt. 16, pages 265-272
3. *Plastic Surgery Vol. 6, 2<sup>nd</sup> Edition*, by Stephen J. Mathes, MD (editor). © Elsevier Inc. 2006. Chpt. 139, pages 791-817
4. Rona C. Slator, D.Phil., F.R.C.S., Geoffrey R. Wilson, F.R.C.S., and David T. Sharpe, O.B.E., F.R.C.S. (1992) *Postburn Breast Reconstruction: Tissue Expansion Prior to Contracture Release. Plast Reconstr Surg* 90: 668-671

times. So after Christmas I realised that I was emotionally exhausted. In February I finally felt ready to re-tackle the every day issues of Burn 4 Burns and Mutare General Hospital.

The run up to Christmas was traumatic, with the general lack of medical supplies I found myself in all

three children's wards and in a couple of women's wards. I challenged conditions, both for the staff and the patients and the general state of the hospital and food. Eventually I was warned by a nurse that I needed to back out, she was concerned for my well-being as rumour that I was politically motivated, an informer etc. had caused a divide within the hospital resulting in a split in staff—pro or against my presence there.

All burn children were discharged during December.

On Christmas day my daughter Jordan (15) and I went to the hospital with goodie bags and gifts for every child patient, made with thanks to donations. The bags were received with much delight from the children well enough to rummage through them. We also dished out large helpings of chicken casserole to children, parents and nurses on duty. The nurses each got a little gift to thank them, and we gave Shona-language Bibles to a variety of staff and parents. It would have been a very

good day, only in the morning a mother and baby were admitted, both burned when a paraffin lamp exploded whilst she was changing her baby. I gave each of them medical supplies. Fortunately their burns were superficial.

I then made the decision to back out of the hospital because of the warning from the nurse and also that I was exhausted and frustrated (which was affecting my home life). The time out gave me the space to put a lot in perspective and I hope and pray that this year I can set up beneficial relations with the hospital staff so that I can do what I originally set out to do. I acknowledge that with the run up to the elections on the 29<sup>th</sup> March, things will be sensitive. As the situation deteriorates, emotions will run high. Day to day existence will become more challenging! Please pray for Burn 4 Burns and also for our Nation...

Jennifer Mortleman, Mutare, Zimbabwe.

## Zimbabwean hospitals need supplies: inflation at 66200 per cent

Good luck with your forthcoming general elections dear neighbours. May they be less tumultuous than those of Kenya. And surely life can only get better in Zimbabwe or is there still worse to come? In February 2008 Zimbabwe's inflation rate soared to 66 212 per cent, according to official figures reported on the *Moneyweb* site. The year-on-year inflation rate gained 39 714.5 percentage points on

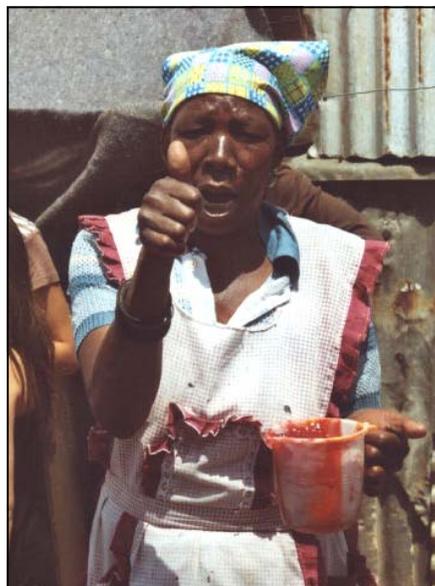
the November rate of 26 740.8 per cent, the Central Statistical Office said. Food and non-alcoholic beverages inflation was at 79 412.0 per cent in December while non-food inflation was 58 492.9 per cent. Children of Fire would like to send more medical supplies to Zimbabwean paediatric burns units. If you can help, phone 011 726 6529.

## Baby boomer burns survivor

Stephen Mpanya, a burned youngster, and his partner Dikeledi Kutu, a training officer for Social Development, are preparing for a baby in August 2008. Stephen is now a labour relations officer at Carletonville Hospital and life is going well. So those who think that burns stop love, hold back careers, and more - Stephen proves all the doubters wrong. But he still is proud to be one of "our children."

## Longer term volunteers needed

Thanks to *The Week*—a great British magazine—for running a small free advertisement about the charity's need for volunteers in the week ending 16<sup>th</sup> February 2008 and to Simon Pike for making it happen. Then Jon Gerlis and Richard Rowe from *New Statesman* spoke to us and thought that it would be a good idea if we advertised in their magazine too. The Director introduced them to the South African word "mahala" (for free) and they are thinking about it!



Children of Fire took jam to Joe Slovo squatter camp, 50kg to Marang House and 50kg to the Claremont Feeding Scheme. Thanks to Tiger Brands for donating the jam. Above: Nomvula Mangdi of Joe Slovo squatter camp gives a thumbs-up for her own share of mixed fruit jam.

## Electrical engineering for people with E in standard grade mathematics?

Long term charity friend Norman Ntswane hopes for a bright future for his son Aubrey and for his niece Pretty, both from the Lebowakgomo area. Aubrey passed mathematics reasonably at Matric but only in standard grade. This dashed any hope of getting a bursary from anywhere, so the family has borrowed extensively to get the boy onto a technikon course.

Then niece Pretty thought she would do the same course but, while having passed Matric, all her marks except the Sepedi vernacular are poor and mathematics, biology etc were done at standard grade. She had no clue that a good understanding of mathematics was essential to study a technical subject.

Why are our deep rural schools not giving these youngsters decent career and future study advice and equipping them to take on even a semi-skilled job?

Where there's a Will you can inherit. Otherwise it is a serious struggle.

Children of Fire, Bowman Gilfillan, attorney Fiona McLachlan and others have been trying to assist Pretty since she was 18 (she is now 21 years old) and both her parents died intestate. There was a small property to inherit but being under the age of 21, still at school and with no money even for food - there being no Will made life endlessly difficult. Even funeral policies don't want to pay back money.

So *keep records* of all your finances. *Explain* your wishes to your nearest and dearest. And if you have anything substantial to leave behind, keep a copy of your Will with someone entirely independent. Simple Wills are available at shops like Makro for ten to 20 rand and also at some stationery stores.

## Welcome 'Simon of the anecdotes' promoting Elf diet

Being listed in the "How to help"-book in Johannesburg brings in occasional volunteers... one of whom is Simon Pike. A retired nurse and a great character, he breaks the monotony of office chores with anecdotes. Sadly not the handyman we pray for daily, he explained that he was once hammering a nail into the wall, upon which to hang a picture. Using a shoe heel as a surrogate hammer, he lost the nail. As he tried to hammer again with a new nail, with a rush of pain he realised that the "lost" nail was actually embedded in the shoe heel and by vigorously trying to hammer the wall, Simon had crucified his own finger.

All characters below are fictional

Simon, who is a tall well-built Briton just over 50 years old, is also quite self-deprecating. He says: "I used to say that I had a Panther-like physique, but now it seems to be more hamster-like mystique."

ELF better option than launching Fat Like Me™ ?

Meantimes, there is a South African hair-care brand called *Black Like Me*. The director, who is fed up with middle-aged spread creeping on when she didn't notice, wants to register a new trade mark *Fat Like Me*. Simon reassures her that all one needs post-50 is the ELF (Eat Less Food) diet. Ah tomorrow.. Or tomorrow...but not today.

## The Inside Story. Charity slayer



## Fake professor harms granny

Children of Fire has been the victim of a con man. We invited a man to assist with translating for one of our central African children. While volunteers submit CVs, we did not anticipate that we needed such information from an occasional translator.

The man pretended he was a professor and that he could speak a language called Massaleit. But he talked tribal Arabic. He terrified the grandmother of the child such that she believed we would abduct the child or convert him to another religion.

# Notice Board

## Newsletter Feedback

You guys do a phenomenal job. *Bronwyn Barnard, Editor: Emergency Services SA*

Thanks for the newsletter. Please keep us informed of your progress. Compliments on a "job-well-done". *John Knighton and The Chubb Fire National Accounts Team*

I feel privileged and humbled to receive this newsletter. *Vivian Davids, Gauteng Provincial Department of Education*

What a great newsletter representing an amazing organization run by an amazing director! *Lucretia Humphrey, Montana, USA*

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**Simamkele** in Feb: This little boy who turned 7 years old in January has recovered well from his hand and eyelid surgery and is now booked for more surgery on March 18<sup>th</sup> 2008

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**Interesting visitors** : Silas Zimu, Chief Executive of City Power came to visit in December 2007 and discussed why electrified Alexandra shacks don't have electrical compliance certificates as one would suppose is required by the *Occupational Health and Safety Act*.... There is apparently some bylaw that allows the shacks to be exempted. His colleagues promised feedback on the dormant Gauteng Electrical Safety Forum and when it will meet again.

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**Hot porridge advice line** : An employer and his employee—a distraught grandmother—phoned for advice on February 15<sup>th</sup> 2008 after her 18 month old granddaughter was burned on the face with hot porridge at a Hillbrow crèche. The child was admitted to Joburg Gen and volunteer Zanele checked on her.

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## Ward 275 at Jo'burg Academic Hospital

For a couple of months the burns ward telephone extension 275 did not work (it rang as if it is working, but it is not answered). Please note that the alternative number is **011 488 3272**.

## Medical question

Can casualty departments do something for burns survivors on admission to minimise the chance of keloids, particularly on the face?

Answers and suggestions can be emailed to [firechildren@icon.co.za](mailto:firechildren@icon.co.za) and may be published in a future newsletter.



*Bubbles for the bubbies—Sicelo Maduna (left), Karabo Tebedi and Zenette van Wyk with their growing tissue expanders. Sicelo needs another*

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## Compassionate doctor graduating circa 2014

*Former volunteer and future doctor MN emailed an apology about her final formal assignment:*

*"Sorry for not being more pushy and all. I should have followed the surgeons to the next ward and at least tried to get ZJ in. But there is only so much I can take. I'm trying to toughen up but I'd rather people were nice to me. This will all the more remind me to be a kind and patient doctor even if my patients are total morons or they are accompanied by pushy charities..."*



## Sparkles and Skunks

- The volunteers who are talked down to by young doctors and who still don't give up.
- Meg Fitchett, a regular teenage volunteer who helps in diverse ways.
- Salah, AbdulOmar and Moustapha for providing unbiased translation for Rachid.
- Louis Rutstein for giving up his own bed and bedroom to take in burns survivors.
- Incredible Connection for helping with a good second-hand computer
- The people who stole ever-helpful architect Jae Lee's computers in January 2008
- The Britons who mugged volunteer Debbie in January 2008. "I was with six other friends and a group of guys cornered us at a bus stop and took our bags. I only had my phone and one bank card and an umbrella, so I didn't lose anything that couldn't be replaced. I'm still can't believe that Derby of all places is the first place I got properly mugged in. I mean I lived in Johannesburg for 3 months..."

## Thank You to...

Dragon Peaks Resort for always being happy to host our children.

Michelle Daniels weekly (and Angelika Einsiedler sometimes) for running a great reading scheme in Joe Slovo squatter camp. And to Des Blow for fortnightly help, also at Slovo

Fiona Rankin, colleagues and pupils at Greenside High School for continued fund raising

Manna Bakery (Albany) staff for long term support

Lulu Khumalo of Billiton for long term support

Roberto Moruzzi of Withers Worldwide in London for organising printing and posting of cards, assisted by Tristan Jones

Margot Bell for moving ahead with the safer candle holder project

GT Furniture Repairs for organising pot plants from a surgeon.

Liberty Life for funding the hours of bookkeeper Michelle and helping with paper and other supplies

Linda Hampton of Hyper Mower for hospital lifts

Nestlé for transport to Standerton to settle a burns survivor into new school

## Contact Children of Fire:

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**Children of Fire**

**Account number: 614 920 23919**

**Sort code: 25-65-05**

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**Children of Fire**

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**Sort code: 20-17-92**

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