



Children of Fire

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www.firechildren.org

Newsletter No. 4 2007

One year on from defamation of charity

Southern Hemisphere Spring

If you can keep your head when all about you
 Are losing theirs and blaming it on you,
 If you can trust yourself when all men doubt you,
 But make allowance for their doubting too;
 If you can wait and not be tired by waiting,
 Or being lied about, and not deal in lies,
 Or being hated, and don't give way to hating,
 And yet don't look too good, nor talk too wise:
 If you can dream—and not make dreams your master;
 If you can think—and not make thoughts your aim;
 If you can meet with Triumph and Disaster
 And treat those two impostors just the same;
 If you can bear to hear the truth you have spoken
 Twisted by knaves to make a trap for fools,
 Or watch the things you gave your life to, broken,
 And stood and build 'em up with worn-out tools:
 If you can make one heap of all your winnings
 And risk it on one turn of pitch-and-toss,
 And lose, and start again at your beginnings
 And never breathe a word about your loss;
 If you can force your heart and nerve and sinew
 To serve your turn long after they are gone,
 And so hold on when there is nothing in you
 Except the Will which says to them: "Hold on!"
 If you can talk with crowds and keep your virtue,
 Or walk with Kings—nor lose the common touch,
 If neither foes nor loving friends can hurt you,
 If all men count with you, but not too much;
 If you can fill the unforgiving minute
 With sixty seconds' worth of distance run,
 Yours is the Earth and everything that's in it,
 And—which is more—you'll be a Man, my son!

Rudyard Kipling



Children of Fire—Africa's first burns charity

Top left: Seiso Ratswana, our youngest survivor on site

Fiddling while Darfur burns

Middle East massacres for oil, Rwandan genocide, Yugoslavian atrocities, Sierra Leonean shame. We are always so slow to help our neighbours. Children of Fire is expecting a boy from the Sudan, thrown into a fire by rebels just because he was male. We'll help one. **And you...?** There seem only to be whispers in the wind when the world should be shouting.



Karabo Tebedi's creative cooking August 2007

Believe it—flaming tennis ball in the playground

Children play with fire. Children think that they can manufacture explosives (yes, really - not just terrorists in training). Teenage boys and chemistry lessons are not a good mix. A little knowledge is a dangerous thing, especially for middle income kids who have money to buy chemicals.

Children burn the house down with matches; siblings die in the inferno.

Children play with lighters and set the bedclothes and themselves alight.

Children take deodorant to school, spray it at each other and try to light the spray. Some succeed, burning fellow pupils and setting trees alight.

Children make bonfires or braais (barbeques) and

put on deodorant cans to “enjoy” watching them explode.

Children lose hands or digits from playing with fire-crackers.

Children try to set their flatulence alight - especially “on camp” because it is more dramatic to do this in the dark and this leads to injury.

All of the above are real incidents.

In late August 2007 we were asked to help when Johannesburg primary school children set a tennis ball alight and kicked it around. One child was injured as her hair caught fire after the ball was kicked straight at her. The instigators will visit Children of Fire to see what severe burns injury is like.

Three years of trying and at last she reaches Auckland Park

Doreen Madintja Msimanga arrived on 20th July 2007, thanks to all the volunteers who visited the farm in the middle of nowhere over the past three years three months. We are nothing if not persistent and thanks to Jemina Masiteng for alerting us to the little girl’s plight in the first place. Thanks also to Pelonomi Hospital for summarising records, to social workers in Qwa Qwa (three accompanied the child and her Grandma!) and to the Children’s Commissioner in Harrismith. Now we must see if there is a way to improve this little girl’s feet, left hand, scalp and ear after such a long delay. **Doreen had hand and foot and surgery on August 21st at Johannesburg Academic Hospital with further foot surgery possible later at Chris Hani Baragwanath Hospital.**



Unusual breast development in teen

When a one-armed one-eyed burned boy was found to be HIV positive, life seemed totally unfair. And when another one-handed badly-burned boy was found to have very low vision (unrelated to his burns) one again wanted to shout “WHY?!” Well that was Bongani and in addition to all his trials and tribulations, he has yet another condition that we at first thought was related to his burns. The condition is called gynaecomastia—enlargement of the breast in a male. It is normally caused by a hormonal imbalance or by hormone therapy. The strange thing is that Bongani is not on any kind of therapy at the moment and his hormone tests, done at Johannesburg Academic Hospital, were totally normal. A mammogram ruled out any sort of tumour and now all that is left is surgery, booked for October this year.

Argentinean soccer for Chris M

Chris is a shy Western Cape burns survivor in grade 10 at school. In June 2007 he got to go to Argentina to play soccer, thanks to a kind and generous Mrs Enfield who also helps to fund his studies. Chris is still torn between the idea of sporting careers, law or media. As he is not due to matriculate until 2009 he has a bit of time to decide... but after matriculating he’s tempted to visit Argentina again, not least for the beautiful girls there!

He expects to be in university in 2010 and might be considered for a place on Children of Fire’s Mount Kenya climb that year. His mathematics marks have edged up into the 50s, he’s doing well in English and history, and he’s hoping to go higher still. Chris is also coaching grade 3 and 4 boys in soccer in his spare time. Well done Chris!

Zenette and Karabo mirror images of the bald and the beautiful

We reckon that Conquest Surgical—the tissue expander importers— should sign up these two little girls for “before and after” pics while it can! Both are half-bald due to their burns but with tissue expansion they can have their hairlines restored. Zenette van Wyk (9, right in picture) is naughty-but-nice and got into trouble at school recently for teasing a boy with discoloured teeth. After all the teasing that she has suffered, you’d have thought that empathy would be automatic... but don’t count on it. Zenette has just had a check-up at Baragwanath Hand Clinic and won’t be back there ‘til July 2008 to see how much her hand has contracted by then. Six year old Karabo Tebedi had a contracture release to her lower lip three months ago and



had contracture releases on her two little fingers at the end of August 2007. At the same time a tissue expander was inserted to restore her hairline. It’s a bit sore but she is getting used to it.

Bongani meets famous cricketer

International cricketer Fanie de Villiers was the master of ceremonies at a golf day dinner in Woodmead on 20th August 2007, and presented the Transaction Capital Payment Services donation to Children of Fire. Bongani Madlala (14) was proud to return with an autograph and even with half the witticisms being in Afrikaans, showed a quick understanding of all the boys-own jokes that were told. Thanks so much to the companies who contributed to the donation. Part of it will go towards the Feleng fund, which is to allow a sweet-natured five year old boy to have his missing half forehead rebuilt overseas.

Filter your oil

People served by the Hurst Hill electricity substation in Johannesburg are painfully aware every time it doesn’t function properly, let alone the time that it burned down. Well apparently transformers have cooler oil to keep them cool. The oil needs to be filtered and kept clean. If not, instead of cooling, the oil heats up; there is sludge instead of a lubricating oil. And this can and did lead to a fire... allegedly because there had been **no maintenance for five years...** The station has been rebuilt but as to its maintenance record since then... who knows?

Dressings to aid burned children in Mutare Hospital, Zimbabwe

After an email plea for help from Zimbabwean citizen Paula Berry, Children of Fire donated the following dressings for use by burns survivors in the Mutare General Hospital Burns Ward, Zimbabwe:

More than 50 Drawtex dispersion wound dressings ranging from 10 by 10cm up to 10cm x 1 metre; three boxes disposable gloves (Avelon branding); two rolls Cyject gauze; nine rolls plaster cast material; ten Cyject disposable surgical gowns in different sizes; 400 Cutisoft gauze swaps in different sizes and ply; 25 Johnson & Johnson Velband orthopaedic bandages; 17 Johnson & Johnson delta roll; an assorted bag of Dectarol; assorted absorbent dressing pads; 4 large bags cotton wool; 1 bag Ilanga Medical Supplies Fibrella swabs; two bags mixed gauzes; 26 packs of Dispersion Technology Wound Dressings; 11 Brown Medical Industries’ Cast and Bandage reusable protectors; mixed bag ten

orthopaedic bandages and gauze; a mixed bag orthopadding and swabs; Be-Tabs multivitamin syrup; 50 toothbrushes and toothpastes, baby clothes; play dough and cutter kits.

Thanks to the South African Bureau of Standards and others who initially gave these supplies to us. The plight of patients in Zimbabwe is dire. Children in great pain get by on a teaspoon full or two of Panado; one cannot readily donate stronger pain-killers because of the requirement for doctors’ prescriptions for the individual children and lack of petrol to transport goods. Dressing changes are carried out with this minimal pain management on a three month old baby boy who was burned from head to toe after a paraffin lamp fell over his body, the liquid fuel still burning as it flowed. He had inhalation injuries as well, but bandaged up like an Egyptian mummy, survived for two days post injury.

Touring the fire brigades

In July 2007 Children of Fire visited several fire brigades including Pietermaritzburg, Harrismith, Qwa Qwa and Frankfort. We popped into Villiers by the N3 assuming that there would be a fire brigade so close to the busy highway—but no, the closest one was another 20 kilometres away in Frankfort... or so we thought.

Driving past field after field of dried maize stubble, there was plenty of fire risk evident and there's a squatter camp on the outskirts of Frankfort.

Some 3km before the town, a fat sow too close to the road edge was hit by a truck. The driver broke her leg but did not stop... so we did, and flagged down a radio-less policeman Inspector Motaung. He helped us to pull the injured beast out of the line of traffic and committed to contacting the land owners about the sad pig.

Then into town and along a relatively large street called Brand (fire). We located the fire brigade but it is a sorry state of affairs. There are only two firemen. They work all day and are on call all night. They do not have any protective clothing. And they don't have a fire engine. Just a bakkie with 500 litres of water and a small pump. There are not even hoses "ready to go" on the bakkie. Two small grass fire units on wheels are not full of water, so that they can be lifted onto the bakkie.

So it seems that people in formal houses don't have much better chance than people in shacks, of having a fire put out in time of need.

We thought to visit the municipal offices to ask why they could not train a few more fire fighters and invest in an engine... but found that Frankfort sleeps from 1pm to 2pm... or maybe longer. We left a message for them to please phone us, but no one has. A notice on the office walls asked the public to "let the rain water the grass", rather than wasting tap water. Just a block away, the municipality's park was being watered by at least four large sprinklers, in the heat of the day...

In municipal bathrooms the lavatory handles flushed backwards and water just ran and ran. There is an opening for someone to save a lot of potable water and make money, by challenging the municipalities on their inefficiencies. All across South Africa the water just runs, civil servants leave bar heaters blazing way even on sunny days, and it feels like no one ever thinks to fix leaking taps or to economise on unnecessary electricity. Harrismith's rented un-marked fire brigade building has had water running in one bathroom for at least four months; Qwa Qwa is little better on water conservation though the buildings are more modern.



Frankfort has squatter camps and conventional housing and only a bakkie to fight fire



Frankfort's two fire fighters meet burn survivors Seiso (2), Rose (14), and Vivian (18).



Children of Fire's travelling exhibition went...



...to Harrismith (2nd pic above) to Pietermaritzburg (above) and to Qwa Qwa (below)



Sometimes there are more cockroaches than nurses

Take a child into hospital who needs reconstructive surgery. He is HIV positive. You ask a nurse to note this status in his records. She states: "I can't do that, it would infringe his dignity." She writes him down as HIV negative! The guardian states: "But it is a medical fact which can affect his recovery, his personal safety and that of people working on him." After a bit of a word battle and speaking to the sister in charge a new, accurate, record sheet is put in. Ah, there was another factor too. The guardian saw the child's operating theatre notes. She presumed to add a comment as to another procedure that should please be done, time permitting. It happened to be in purple pen because that was the pen that she had... lo and behold a couple of days later the child was discharged with nothing done "because his nose was blocked". He went in with no trace of a cold and came out with no trace of a cold. His photo was used without permission in the publicity literature of another charity. But he had no surgery. Heaven forbid that the patient should dare complain...

Another ward: A toddler is admitted for an invasive investigation. He was already on antibiotics at the time of admission. The caregiver advised the nurses on duty that he needed the antibiotic in the evening and again the next morning and would they please note it on his records.

No, they could not note it on his records "because *the doctor* had not prescribed it". But *a doctor* had prescribed it—just not the one in that ward—and it is important to complete a course of antibiotics... right? Oh alright, they would give him the medicine but they would not note down that they had given it to him. Duh?

Oh and could he please have some Panado because he was in pain following the procedure?

"No", the nurses were going to have a meeting.

The guardian walked to the adjacent children's ward, obtained 5ml of Panado, administered it, and recorded the antibiotic and the painkiller on a piece of A4 paper, signed and dated and added to the medical file (with a telephone number as well).

The next morning the paper had been removed and the toddler had *not* been given his morning antibiotic. He was sitting with a too-small too-tight nappy cutting into his scarred thighs, and in a wet bed. This was around 8.50 a.m. and yet the nursing shift

usually changes around 7 a.m.— one wonders *quite how long* a paediatric patient has to sit wet? The ward was not full and visible staff numbers were reasonable. We counted more cockroaches than nurses.

Another day another dollar, another ward and yet more squalor

In the outpatient's urology and related issues ward in a Gauteng Hospital, 35 sad patients sat waiting. It was around 11.40 a.m. on 31st July 2007. The floor was dirty. The bins were overflowing. The television was on with no sound.

Seven nurses were doing nothing useful at all. Two sat on a table, chatting. Very occasionally one sullenly took a pink card file and handed it to someone else. When asked what her job was, she said that she did stitching.

In a room close by, other nurses sat chatting. One was reading a tabloid newspaper. One was talking on her cell phone.

The most senior one was picking her nose—just on the edge of the nostrils, but still it seems a commonly found and unhygienic action. The nurses don't smile at patients and they shout at them instead of speaking in a reasonable tone.

The water cooler was full but had no cups. Asking the nurse sitting on the table one metre from the cooler, if she had some cups, she pointed towards the gossip-room and said they had some.

One nurse there, very reluctantly, said: "Patients think we are rich. They throw the cups away." And then handed over three polystyrene disposable cups.

Cups cost: 30 cents each or less. Newly qualified nurses cost: R19.42 an hour. Seven slack nurses cost R135.94 an hour (and that is if they are fresh out of college, not experienced ones with badges on their shoulders...)

So if they want to save the public money, maybe they could just work a little bit harder?

And one would have thought for infection control, that disposable cups should be exactly that—disposable. **The doctor worked hard, on and on.** The nurses were indolent, inactive and at best, acting as clerks.

Vivian and Rose travel home safely to Nakuru, Kenya

Tom Mboya reports: I received the two girls at the Jomo Kenyatta International Airport yesterday evening. Even though the letter indicated arrival at 4:30pm; there was a delay and so they came out at about 6pm. When they came out they looked excited and wanted to start sharing their experiences. One of the things I learnt in Zulu almost immediately was "unamanga" which translates to "you are lying" in English. This is when they were talking of who was shivering the most at their Kilimanjaro expedition! **Thanks on their behalf—you and your team made them feel great.** Vivian's parents had a ride with me and gave me an opportunity to know



them better in the long trip to Nairobi and back. It also gave me an opportunity to know their home since I had to drop them there and they invited us for a cup of tea. Her family were awake waiting for her and we had to leave them to catch up. Her immediate plan is to get to school and share her experience with her friends in school. She also plans to visit Rose in the Children's Home. None of Rose's relatives were able to come to the airport but Rose was able to talk to them through my phone. To Rose I am like either her uncle or big brother—I don't exactly know. I had hid myself at the airport to watch her reaction as her eyes kept roving around, before she burst running to me for a big hug. I must admit, I was very excited seeing the little girl again. Her immediate question was how the other kids in the Children's Home were doing. In fact she asked



again to use my phone to talk to the Children's home parent and hear the shouting in the background by the other kids. It took us quite a while in Nairobi because of traffic jam and so we got back to Nakuru at midnight. After dropping off Vivian and her parents, we went to the Children's Home just to find lots of other kids as well as some of the staff at the institution unable to go to sleep waiting for us to arrive with our meals in the hot pots. Rose - the family was just too happy. From the experience they were exposed to; I noted that both had a lot of improvement in the way they express themselves and they narrated their stories and talk of what they would like to achieve in life as well as the strategies of achieving these.

I have asked them to write an essay each about their experience from the time they learnt that they were to visit South Africa to the time they came back. I guess this would be exciting too because they both separately kept a journal. My other desire is their school performance once they resume class. This may take a while but it would be worth to note. Both Rose and Vivian share a lot in common since each stayed in Kijabe Hopspital for long corrective surgeries.

From the parents of Vivian and from The Children's Home parents, please do receive a big thank you.

Sincerely,

Tom Mboya Ochieng'

Childcare Worldwide, Nakuru. Kenya. East Africa.



Thanks to Hertz for lending its car—you helped Rose, Vivian and Seiso to an amazing trip to the sea!



Some of our kids visiting Johannesburg Zoo

Menopause to meteorology researched by visiting medical student

Suzanne Bode, a third year medical student from the Netherlands, assisted us in June and July 2007. In seven weeks, she researched the following: Bladder stones in young children; psychological problems from torture; groin contractures and their effect on hip growth in young children; the quality of hospital record keeping; the fallibility of inexperienced doctors; DNA testing to prove parenthood; methods of ear reconstruction for burns survivors; costs of prosthetic ears and technology available; antibiotics and resistance in young children; the problem of repeated urinary tract infections in young boys; costs of reconstructive surgery, including escalation and timing for age-appropriate procedures; methods for replacing hair loss due to burns; child-on-child violence and international prece-

dents; hearing problems in middle age; links between obesity, vascular conditions and heightened hearing; psychological problems in menopausal women; environmental health byelaws in South Africa; noise disturbance by animals and construction; meteorological and topographical influences on environmental noise pollution.

She met with many surgeons, doctors, nurses and pharmacists and accompanied children to medical procedures. Suzanne attended court on behalf of the charity.

She is a diligent worker with a friendly outgoing nature, who has great potential as a future doctor. We would like more volunteers of her calibre.

Two boys plead guilty to attempted murder by burning toddler Seiso

People who are burned are most often in families at risk and Seiso Ratswana is no exception. But with all the education in the world, Seiso's grandmother Jennifer could not have known that a 13-year-old boy living next door to her brother's home and his 11-year-old friend, were steeped in cruelty.

The Ratswana family had met to celebrate two adults getting secure jobs at last. They held a party in August 2006. When everyone was ready to go home, Jennifer decided to stay and tidy up. She was to head to Klerksdorp the next day, after washing all the blankets that guests had used.

Her little toddler grandson wandered next door to play with another toddler. She told the older boys to bring him back shortly as he was due for his nap, and to be careful of the cars in the street.

When he did not return, she went to look for him and found the house locked, with the children inside. On hearing Seiso scream, she got a neighbour to climb through a window and open from inside. They found Seiso cut and burned. The boys had poured boiling water over his head and groin and cut the back of his head with a kitchen knife. They put nails through his tongue.

Seiso's surgical exploration completed as a *Friend of the Court*

Suzanne Bode reports: On July 11th 2007 two-and-a-half year-old Seiso Ratswana, came to stay with Children of Fire. Seiso survived torture by burning at the age of one year and nine months. Seiso's skin was burned with boiling water. Children of Fire made an effort to find out exactly what kind of

surgery the little boy will need, to be able to make a long term medical plan for him and to cost and arrange his surgery.

Seiso was burned on his head and groin. His face is mainly burnt on the left hand side and neck. His left



Medical researcher Suzanne Bode escorts Seiso, his mother and his probable father for paternity testing.

The case went to court on 31 July 2007 and the accused pleaded guilty. Sentencing was due to take place on September 17th.

ear is completely merged with the skin behind it; his right ear is slightly deformed. On the back of his head there is an area with no hair growth. As a result of the burns to his groin, he has contractures in this area, mainly on the right hand side. This limits his ability to move his right hip. He will need several operations to reconstruct his ears and hairline, to reduce scarring and to release contractures.

We took Seiso to see five different reconstructive surgeons. The first two surgeons visited in two different cities: Dr. D.M. (practising for 18 months) and Dr. R.M. (practising for two years and six months) both told us that Seiso did not have contractures in his groin, and therefore would not need surgery to that area. Reconstruction of the left ear and hairline should be done at the age of six. Dr. D.M. also told us that reducing of the scarring in his face should only be done at the age of 18, once Seiso is fully-grown.

Dr. G.E., practising for 13 years as a reconstructive surgeon, was the third surgeon we consulted. After a quick look at Seiso's groin he said that something must be done about the contractures and that Seiso will probably need several operations to release contractures he grows. According to him, reconstruction of Seiso's ears can be done around the age of four years, and reconstruction of the hairline at the age of six.

The fourth surgeon, Dr. B. who has been practising for thirty years, also said that Seiso must have surgery on his groin contractures, and that we should do the surgery **within four months**. The reconstruction of the ears and hairline should according to him be done around the age of six years.

The fifth surgeon, Dr. P.B., practising for 25 years and professor in paediatric surgery, said that release of the groin contractures should be done within six months. He was the only surgeon advising us to do the surgery on Seiso's left ear within a year. Reconstruction of the hairline can be done around the age of six, reduction of scarring in the

face and reconstruction of the right ear should be done at least ten years from now, according to him.

It seems that one should not just settle with the opinion of one doctor, especially if this doctor is young and inexperienced. The fact that two surgeons did not recognise Seiso's groin-contractures is worrying, since release of these contractures is essential for Seiso's normal growth and mobility. Several surgeons didn't take time to examine the boy fully, nor did they ask a lot of questions. In one case we were in the doctor's room for only four minutes! I think that, especially the inexperienced surgeons, should take more time to do the physical examination, to prevent mistakes such as not recognising a contracture.

The little boy also suffered from several urinary tract infections over the past year. As he came to us, he wept every time he urinated and clearly had another infection. We took him to a urologist in private practice. He prescribed him Purbac, a cotrimoxazole antibiotic, and he also ordered a urine test. The urine test showed that the infection was caused by a bacterium resistant to cotrimoxazole antibiotics as well as to penicillin antibiotics. We obtained the appropriate antibiotic and arranged for cystoscopy (camera up the penis) at Johannesburg Academic Hospital. This showed that Seiso had a bladder stone (unusual for his age). A penicillin antibiotic was routinely prescribed there, but is ineffective against *proteus mirabilis*. If it wasn't for Children of Fire's persistence, Seiso would have had the wrong antibiotic. We might not have been so pushy except that we had ten months of his hospital records to usefully analyse—given to us as legal guardian. It seems the prolonged hospital stay and series of antibiotics may have contributed to the formation of the painful 2cm diameter bladder stone. Test results are still awaited.

Seiso's schoolgirl mother (21) gave birth to his half-brother in August. She had never taken Seiso for vaccinations, so we did. His hip release is Sept 13.

4,600 preventable child deaths each year in South Africa (via ECivicus)

A new study by South Africa's Medical Research Council (MRC) claims that of 23,000 babies that die each year in their first month of life, 1 in 5 of these deaths could be prevented with basic education and easily implemented changes in health care. The MRC pointed out that there were glaring disparities between provinces, with the Eastern Cape and Lim-

popo being in places twice as high as Gauteng and the Western Cape. "Issues of socio-economics and education are key to child survival." The lack of progress on infant mortality is clearly inhibiting progress on the Millenium Development Goals Four and Five. For more information, see:

www.irinnews.org/Report.aspx?ReportId=73864

Nosy about noses: seeking answers at Donald Gordon Med Centre

Professor McIntosh is an Otorhinolaryngologist (ear, nose & throat specialist) based at the Donald Gordon Medical Centre in Johannesburg. We sought his advice on options for Sicelo Maduna's nose, particularly to improve his breathing. After giving the Prof a timeline of the procedures Sicelo has had and explaining his physical difficulties since his nose reconstruction in December 2006, he examined Sicelo and said that he would need extra cartilage to open up his nostrils. In the meantime, Sicelo

should continue wearing his stents though these are made smaller every time this active boy loses or breaks another pair. The Prof said he would contact Professor George Psaras, Head of Surgery at Joburg Academic, to set up a meeting and discuss the best way forward. We also enquired about the hair on Sicelo's nose and availability of electrolysis in the state system. The Prof said we should only start worrying about the hair after they had finished reconstructing Sicelo's nose. *By Lindiwe Ngwenya*

Abscesses delay Thulani's neck, lip, face and ear operations

Thulani Nhleko (15) is due to start high school in 2008 in his home town Standerton. After being severely burned in a veld fire at the age of thirteen, he stopped attending school because of the cruel teasing by other pupils.

Contractures on his feet were released in January and March 2007.

Since his arrival Thulani has repeatedly had abscesses between the keloids on his face. First a small one next to his mouth, treated with antibiotics and daily cleaning. Then three abscesses at the same place, that merged together to a 5-Rand-coin sized "hole" in his cheek. He carried this abscess all

the way to the top of Kilimanjaro. Then he started to feel pain around his damaged left ear. Doctors quickly decided to drain the abscess but after the operation Thulani still complained about pain in the rim of his ear.

Reconstructive surgeons at Johannesburg Academic Hospital advised that a skin graft to his neck would simultaneously release neck contractures and lower lip contractures. They will not give a date while infections around his scars persist. Psychosocially, Thulani needs surgery now.

Dr Enesh Muthray, a maxillofacial surgeon helping with Bongani Madlala's prosthetic ear, saw Thulani at short notice and assessed the quality of the bone underneath. An X-ray showed no bone irregularities and Dr Muthray inferred that the burns may have caused nerve damage, leading to the pain. He also commented that a constantly open mouth triggers tooth decay.

There are barely three months left to try to equip Thulani for a long term return to the rural areas and to equip him to start high school without pain, with an appearance that is socially acceptable and with full functionality of all his body parts. His feet were done in record time. **Please surgeons, help this boy to return to the mainstream of life, where he so wants to be.** *Christopher Wilson, volunteer*



Thulani with his greedy gran who has refused to spend R4000 of his grant on the orphan's needs.

Uglies earn less according to economic psychologists

Yes - we know that some people think that the kids we help are ugly. Sometimes lawyers e.g. for the Road Accident Fund, ask us to put in writing that a car burns survivor will have a lower earning capability because of their disfigurement. Usually we are reluctant to do so, because Children of Fire tries to empower its kids to believe in themselves, regardless of appearance.

But a recent edition of the USA-based *Journal of Economic Psychology* reports on a scientific study which shows that "Attractive people make more money than middle attractive people, who in turn make more money than unattractive people.

"The beauty premium is not due to the actions of attractive people, but seems to be due to the expectations of how attractive people will behave."

Helpmekaar has naughty boys too!

Following on from the success of Greenside High School boys coming to help burned children and getting a “wake up call” at the same time, an 18 year old “naughty boy” from Helpmekaar high school in Johannesburg who was found with brandy on the premises, came to us for 40 hours in August 2007. Emil B said he never took warnings seriously until he was caught red handed. He won’t do it again.

Tearful and depressed burn survivor in pain three months after injury

Alice* phoned for help on August 30th. She was in obvious physical and emotional pain. She stood too close to a gas heater on 1st June 2007 and her skirt caught fire. She suffered 20 per cent third-degree burns to her leg and posterior. She had a skin graft on June 20th and once discharged from hospital, continued with physiotherapy and massage. Three months after the injury she continued to complain of severe pain, even though there was no obvious infection. She said that Synapforte gave her a rash and Stopayne did not ease the pain. She was nervous of becoming addicted to pain medicine, having had a history of addiction to anti depressants and sleeping pills. She lived alone except for a miniature dog and a cat, but had a daughter who visited. She said that she did not feel that her surgeon cared about her pain. When we phoned her female GP on her behalf, the doctor was not working afternoons and the partner in the practice would not come to the phone. The receptionist was not inter-

Sizwe singing silent now

Sizwe had a few special singing lessons with Ann Carol—thank you Ann— but there are no willing people to help with transport on Saturday mornings, even though the distance is not far. Attempts to secure him a singing teacher within walking distance in Melville or Auckland Park have failed. [Call 011 726 6529 if you can help](tel:0117266529)

ested in helping and would not take cognisance of the woman’s state of mind. Children of Fire was concerned that depression and pain combined could lead the woman to harm herself, but the receptionist was cold.

The Pain Management clinic in Morningside (011 883 2000) said that it mainly offered physiotherapy, acupuncture, etc to cope with pain and that in this case of burns, medication was probably a better option. It nonetheless freely offered cell phone numbers of people for advice. We then contacted the original reconstructive surgeon who agreed to phone the patient to advise her directly. So he was far more caring than his less qualified GP colleague. To protect the patient’s identity we cannot print the surgeon’s name—but THANK YOU for caring enough to act. Pain can lead to suicide and one timely phone call can save a life.

**name changed*

Transport project moves forward—meeting again September 22nd

A productive meeting was held at no. 58 on Saturday August 18th, with mapping fundis Thabo Lekgau and Neels Smit, along with cerebral palsy specialist Anthony Ford and his dynamic parents Kath and Tony and others. The visiting Britons described how all British buses and the London-black-cabs are disabled-friendly because of action some years back when people in wheelchairs chained themselves to public transport to demand action. It worked.

They said that for an extra R30,000 per minibus

taxi, every new vehicle would be wheelchair-friendly as well and that now was the time to spend money, while the whole industry was in any case being recapitalised. The sum of money sounds a lot but not, they point out, over the estimated lifetime of a vehicle and if it is worth doing at all, it must surely be done across the board.

They also commented at the fragmented nature of South Africa’s disability sector (formal and NGO sector); some large entities are entirely ineffective and some small entities are terribly under-resourced. Anthony has carried out a research project on disability access to schools in just the Orange Farm area. He is wheelchair-bound and while he speaks, it is not easy to understand longer sentences when one first meets him. That said, he has undertaken a serious piece of undergraduate research which will be completed by December 2007 and is expected to be an interesting read.



Taxi routes in Johannesburg

Veld fires lead to untimely fire fighters deaths

There have been a lot of costly veld and forest fires this year, costly too in terms of human life (at least six fire fighters dead in Mpumalanga in August 2007) and also death and suffering to livestock. **How many of these fires could have been avoided?**

During the financial quarter ending June 2007, plantation fires exacerbated by severe weather conditions destroyed large tracts of timber land, and paper company Sappi alone reported 5000 hectares of southern African timber lost. This was an after-insurance charge of US\$7 million before tax.

Children of Fire would like to acknowledge the six fire fighters that lost their lives for a preventable fire: Johannes Mjiba (drowned with the fire engine

that fell into a river), Difference Dlamini, Cadrick Maururira, Joshua Chivandire, Edward Mashaba and Oscar Masehlela from Bird-Dog Aviation in Graskop.



Veld fires easily get out of control and injure people. Children of Fire is currently helping two veld fire survivors whose toes melted onto their feet.

Multi-lingual website www.firechildren.org

Children of Fire's website has sections in different languages. We would always appreciate the help of competent translators, especially to make the text more widely understood across Africa. Below is a small part of the book *David*, that is discussed on our website, translated into Sesotho by Duncan Moeketse duncanm@ewt.org.za of the Endangered Wildlife Trust. The book tells the story of a boy set alight by his father. It is useful reading for families and also for surgeons, to see some of the story from the patient's point of view.

Phirimana ha David a qeta ho hlapa, k a hlokomela hore enngwe ya ditsebe tsa hae e wele. Mooki wa bosiu o ne a e kena ho tla qala mosebetsi. "Ho etsahetseng ka tsebe ya david? Ke nna eo ke botsa.

"Ka nnete ha ke tsebe, mme Rothenburg," a araba a beha ho hong hodima tray ya David a shebile nqa e sele ho yena. "Ke bosiu baka ba pele ke hlokomela David. O tla tlameha ho botsa ngaka." Karabo ya hae e utlwahala e hloka kutlwelo-bohloko.

Bakudi le ba malapa a habo bahloka dikarabo le lesedi. Ke utlwisisa nakwana eo dingaka le baoki ba enkgang ho dula fatshe le ba amanang le bakudi ho hlalosa kalafo letsatsi le letsatsi. Feela re nale tokelo ya ho utlwisisa se etsahalang ho baratuwa barona. Bakudi le bona banale ditokelo tsa ho tseba boemo ba bona.

Ka tjhamela mooki ka mosito, mme ka mathela kganng. E mong wa dingaka tsa David, Dr. Sankay, o ne a sa ema hole. Mme ke ile ka mmitsa ke le monyakong wa phapusi ya Davie..

"Ke batla ho bua le wena ka tsebe ya David," Ka mmolella, ke bile ke mositisa moqoqong wa hae le enngwe ya dingaka. Bokgoni baka ba ho laola kopano ya ba ba dikoranta e fedile. Mme letswalo le pherekano ya dibekeng tse fetileng le yona ya bela ka hare ho nna, ke kwentse tedu. Ene e le ntwaka yona faqane -- mabapile ditokelo tsa bakudi le ba malapa a bona kgahlano le ditokelo tsa ba bophelo-bo-botle. Ke utlwa ke ferekana e ka ke a phatloha. Ke ne ke bua ka tsebe ya David, fela ketlalletswe ke mosito, ke felleltswe ke matla mme eka ke kenetswe ke mokgathala wa dihora tse mashome a mabedi metso e mene ho pota, letshoho le mosito.

"Hobaneng o sa theole moya, Marie," ho bolela Dr Sankary, a tla a ntebile, "ha re bue ka taba hojana le monyako wa Davie. Ho keke ha motswela molemo ho utlwa tsenas."

Ka ikutlwa ke le fatshe mme ka tlallwa ke dihlong, empa le nna ke ne ke tseba hore Dawie o ne a sa lokelwa ke ho nkutlwa ke omana. Ka hlwedisa ka phaposing ya hae. "Davie, ke sa ile ho buisana le ngaka metsotsana mme ke tla kgutla ka sebakanyana."

Re ile ra nka dikgato tse mmalwa mme lentswe laka la boela la phahama. "Ke batla ho tseba se etsahetseng ka tsebe ya David!" "Ho etsahetseng Marie?" a botsa ka lentswe le fashe, le hlokgang molato. E ka ha a tsebe letsho monahanong waka. "Tsebe ya David e wele mme ha o tsebe le ho tseba?" Ke nna eo ka kgalefo.

"O bonahala o sa utlwisisa," a araba, "ka tsela eo a

neng a tjhele ka teng, ho ne ho kgonahala hore sena se etsahale."

"Ho kgonahala?" ka botsa. "O batla ho mpoella hore o tsebile tsebe ya David e tloha mme ha wa itshwenya ho mpoella?"

Ngaka ya tlallwa ke ho swaba. Motsotsonyana a mphuralla. Mme ka mo latela, monwana waka o bapalla 'fahlehong sa hae, lentswe laka le phahame mme le thothomela.

"Ke batla ho o botsa hohong," ke nna eo. "David hase mokudi wa hao wa pele wa ho tjha, ha kere?" ka kgutsa motsotswana. Ha a ka nkaraba.

"Hela," ke nna eo hape, "ebe David ke mokudi wa pele kappa tjhe?"

"Tjhee, Marie, ha ho jwalo," a araba, mme ke se ke ikemiseditse ho mohlasela hape

"Jwale, hona ho bolela hore o nale boiphihle, e be ha se nnete?" Ka botsa ka kgalefo.

"E, ke nnete Marie," a araba hape.

"O ngaka. Nna ke mme, ke motswadi. O tseba boemo ba ngwanaka le se ka etsahalang. Nna ha ke tsebe. Ha o tseba ho ke etsahalang ka yena, etsa bonnete ba ho ntsebisa pele se etsahala wa nkutlwa? Kgetlong le tlang e bang ngwanaka a tla lahlehelwa ke tseba kappa tse pedi ntsibise pele seo se etsahala hobane ditsebe tsa moraka, jwaloka ntho enngwe le enngwe ho yena e bohlokwa ho nna, ra utlwana. Ha ke batle ho makala jwalo ka kgetlong lena."

UMashesha "TJ" in Durban reports from the shack blaze racing uphill

July 28th 2007: A Friday night of car crashes, senselessly ploughing off the road, corpses and then a fire raged near Cato Crest, Durban, on Saturday morning. The call came in at about 1 a.m. and the fire fighters fought it for a solid three hours or more until damping down at 4 a.m. There was a terrible wind that fanned it up, driving the blaze uphill until 100 or more shacks were alight. Two people died, one of them a 14 year old boy; just two years younger than I.

Our machine got there first. There were six of us on it. Three went each way. We went further uphill.

There is no way to put out the fire then; first you have to stop it from spreading.

We blasted it with water. There were five hoses going at one stage. One chain of hoses had five joined together. The hydrant fed the machine, because its pump adds 8 bars of pressure. We put a divider along the way, with a chain of five-joined-hoses going each direction. There were three machines from our station and others joined from north, south and west though we didn't need them all in the end. At one time there was a bunch of

%\$#&^ shouting at me. They did not understand that one coupling wasn't working well and I had to fix it. They thought I needed to be at the end of the hose, but I was making sure that the water could get through. TJ



On August 9th/10th TJ was again out continuously from 10.30pm to 6.30 a.m. helping a car that left the road to avoid a dog, and landed in a ditch. And an oil tanker driver who turned his wheel sharply in the midst of an attempted hijacking and who then tipped the whole tanker over. He said: "The poor man must have had concussion and shock. He was bleeding, looking totally disoriented. He looked to the side or down but couldn't seem to focus. Then the ambulance came."

25 per cent of "Casual Day" money goes on administration

If you pay R10 to be part of Casual Day (CD), just R4 goes to the organisation that you bought the sticker from and some of the other money is divided between the Casual Day chosen beneficiaries. About R2.50 goes on administration i.e. 25 per cent. As Children of Fire does not use professional fundraisers, we are not part of the Casual Day programme,

though we acknowledge that it does raise money for worthy causes. If there is sufficient interest, large companies can get stickers from Children of Fire which would cost us less than 50 cents each to print and employees can purchase them and wear them for company-wide fundraising days—whether they are in September each year or not.

Zimbabwean teachers and therapists searching for work

An increasing number of Zimbabweans with special needs training have come our way. Many have asylum status which permits them to work legally for the next few months. We don't have the money to

employ them all; nor do we need each one that we have met. If you have an opening for educated people who are nonetheless prepared to undertake menial work as well, phone us on 011 726 6529.

Plea for journalists to provide solutions amid sad stories

Simamkele Hlazela (6) a burns survivor has been "forced to stay away from school because his poor Dad can't afford the fees" according to reporter Madali Chibambu in the *Daily Sun*. But according to our Constitution, every child has the right to education. Newspapers could be more proactive in advising people of their rights. Simamkele also has epi-

lepsy. Epilepsy medicine is available free of charge to every South African who needs it. An epileptic can live a normal life. The father "dreams" of getting plastic surgery. There is no need to dream. Many large state hospitals in different provinces offer top quality plastic surgery to burns survivors at minimal cost.

Fourteen-year-old orphan is denied chance to visit America

She was invited to spend three months with a befriended family in the USA. They would pay for a private tutor that could help her catch up with her school work and they were hoping to make the friendship long term. Her name is Rossen. She is an orphan—known to the charity director since she was a squatter camp toddler.

A kind African American couple, Deborah and Howard Butts, met her in early 2006 when she was temporarily staying with one of our volunteer teachers. They decided to help her and asked us to investigate the possibility for them to invite her for a holiday and one day maybe even to adopt her.

Several times Children of Fire volunteers travelled to Rossen's home in Naauwpoort, where she had been staying with her grandmother Maria since the child unwillingly left Johannesburg in mid-2006.

The volunteers started "negotiating" for a holiday in the USA as they thought the grandmother would not readily agree to send her grandchild away to a woman she had met only once. But the grandmother kept finding new excuses or reasons why she would not let Rossen go. To every argument a solution was found; her every wish was attended to.

In July and August 2007 volunteers Chris Wilson and Marietta Neumann made a final attempt to bring Rossen to Johannesburg. They went to almost every family member in greater Johannesburg and Krugersdorp and helped the grandmother with electricity vouchers and groceries. They contacted Rossen's teachers and the principal of her possible high school; they took social workers to advise. At one stage the grandmother was happy to sign an up to date *in loco parentis* form that would allow

someone in Johannesburg to apply for a visa. But at the last moment she changed her mind. It seemed ultimately to link to how many legal or illegal intoxicants she had absorbed, which affected her mood. After Rossen's aunt encouraged the process, the local police burned all bridges when they told the grandmother that it was not legal for them to witness the *in loco parentis* form. This is not true—they only had to witness a document, not have an in-depth opinion on it—but their negativity, even racism, influenced the grandmother to deny Rossen a chance of a lifetime.

On a last visit to Naauwpoort a few days later Marietta was refused hospitality by the grandmother (though her family has been helped by the charity for ten years!) and compelled to drive four hours back to Johannesburg late at night.

It was hard for the volunteers to cope with the fact that after all their efforts Rossen will not travel overseas. Even if the adoption had not succeeded, a visit to another country is mind-broadening and opens doors to new opportunities.

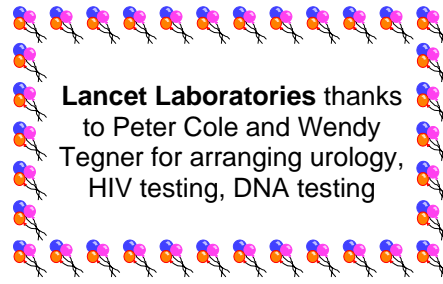
Culture and upbringing played a role in the grandmother's final decision. To an illiterate old woman who lives on grants and who uses her grandchild as a servant, the thought of letting a child travel may even seem frightening. The police officers who refused to witness the *in loco parentis* would not believe that two young white people would genuinely help a black little girl. Several times they were asked: "Why are you helping this child?"

The answer is: Some people actually want to help *simply* out of goodwill without expecting anything in return. Why is this so hard to believe?



Notice Board

Casbro Steelcraft: Casbro make brilliant steel trunks to keep disaster recovery supplies safe from vermin and also to store our climbing gear in until the next expedition in July 2008. They can be delivered to your door at much less than the cost in a large store. Call 011 859 2890.



Lancet Laboratories thanks to Peter Cole and Wendy Tegner for arranging urology, HIV testing, DNA testing

Quick Smile :: Surgeons at John Hopkins University School of Medicine in Baltimore, USA, have developed a quick 'n easy way to reanimate facial muscles, called temporalis tendon transfer. Less time is needed to recuperate and results are said to be better than existing techniques. Details are published in the *Archives of Facial Plastic Surgery*.

Be rude to your geyser

The City of Johannesburg's newsletter advises: "An insulting blanket on your geyser will pay for itself in a year."

Sympathy to fire fighters

Condolences to the families of Port Shepstone fire fighters Michael Ndovela (32) Krinesh Moodley (37) and Alex Ngcobo (22) who died in July 2007 when their vehicle crashed as they were responding to an emergency.

Goodbye Marion: Condolences to the family of Marion Loker, a kind and special woman who used to work at the Lily of the Valley children's home in KwaZulu Natal. She fought a long battle with cancer and succumbed on 19th July 2007. It was Marion's wisdom that brought Sizwe to us and then left him here for the long term.

Aged Merc rides Joburg street again—At long last Bronwen's 25 year old Mercedes is working again, with a hefty insertion of car parts. After much negotiation, one third off the parts price was achieved from Mercedes-Benz— thanks. **Now if we could please have some of those seemingly unobtainable plastic clips to hold trim on, that would be really good.**

Media coverage The Kilimanjaro climb secured a lot of media coverage before, during and after the climb in most daily and weekly South African newspapers and two pages in the July/August 2007 issue of *Emergency Services SA magazine*.

The children also appeared on SABC Television's *Kids News* in mid July and on *Family Years* on 4th August 2007.

Donations

Sometimes donations come in from people that we know and some that we don't. Thanks to those who helped recently, from the references on the bank statement: P Aitken, J Moodley, E S Viljoen, Bev Prinsloo, Feather B, H Farber, M Snyders, Janisef Vodama, I Care Hal, Chris Birkett, Mareike's family and one specific R100 for our little two-year-old Seiso. Thanks also for continuing help from Gillian and Aubrey from WM Logistics.

Notelets: Kgafane Jacob Matebane has sadly abandoned his intended shack fire research in Alexandra township through lack of co-operation on data from the authorities, he said. He moved from disaster management research to the Department of Water Affairs and is now looking at flood issues in the town of George instead. Oh and those raffle tickets were returned, with a slightly sheepish smile, at end July... unsold. Kgafane—the Chocolate Fest was five months ago—but at least googling newsletters will clear your name! We look forward to your promise to volunteer here once a month... UMashesha...



Sparkles and Skunks

Sparkles to:

Prof Gerald Gavron for continuing to work through the pain and discomfort of shingles in July/August 2007.

Rosa, Oscar, Karin, Carmen, Des, Daniel, Meg, Francinah, Jean-Piere, Michelle and Nyawira for volunteering.

[Waging Peace](#) for helping Rashid in Sudan

Skunks to:

All those people who promise to visit the kids once a week, once a fortnight, or even once a month and only maintain their "commitment" twice at best.

Those suffering from hypochondria.

The five men who robbed Marietta of her cell-phone and the dozen who robbed Christopher.

Thank You

Thanks to Vivian "the cake lady" for taking a dozen of our kids to see Shrek 3 at Killarney Mall in late July. They enjoyed it a great deal.

Thanks to Belinda Newmann for taking the children to the Lory Park in Midrand

Thanks to Oscar and Angela for accompanying some of the kids to Johannesburg Zoo

Thanks to North Business Systems for keeping the small office photocopier working.

Thanks to Ian McLean for fixing the children's bicycles.

Thanks to Valli Prema and friends for purchasing Primapore to dress our children's wounds in August, and oranges for kids attending our weekly squatter camp reading scheme.

Thanks to Gillian, Hugh and Aubrey for taking the children to the Lion Park in Honeydew in late August for a drive through the lion enclosures, past the giraffe-feeding platform and to see other animals such as hyena, followed by hamburgers in the restaurant.

Thanks to Leora Magidson for visiting several of our children during their August recovery in hospital.

Thanks to Louis Rutstein for helping with transport

Thanks to Slam Pool Care

Thanks to Christopher Wilson, Debbie Ng, Marietta Neumann, Helene van Rhyn, Felix Neumann and many others for their continued help... not least to our indefatigable seven-day-a-week director Bronwen Jones.

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Children of Fire is entirely funded by the public; donations can be made to:

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