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# News

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\*\*\*\*\*Recovered burn patient working toward better life for herself and other thermal injury victims.

DALLAS--For the recovered burn victim, reentering society may often be the most painful and traumatic experience of all.

"There are over 18,000 burn victims each year," says Pat Henderson, herself the survivor of a serious fire, "but where are they? You never see them out in public, do you?"

Pat Henderson speaks from first-hand experience. It's been more than four years since her life was turned upside down by a fire that nearly killed her and left her with a legacy of severe facial, scalp, upper arm and torso burns.

On March 24, 1974, she and her husband Richard, married nine months, were asleep in their new condominium when a faulty electric generator caught fire in the attic.

A neighbor pulled Richard to safety, but was unable to find Pat. A fireman found her minutes later, unconscious on the burning carpet, her shoulder-length hair and nightgown burning. He dragged her to safety only moments before an air conditioning unit fell through the ceiling onto the spot where she had been lying.

She was alive, but half her face had been burned off, and much of her arms and neck were charred black and crusted with second and third degree burns. She was taken to the Regional Burn Unit at Parkland Memorial Hospital where burn specialists from The University of Texas Health Science Center at Dallas initiated lifesaving emergency treatment--the beginning of long, painful months of treatment and rehabilitation.

Color photographs, taken 10 days after Pat was burned and again 10 weeks later, document the total extent of the damage. They are graphic, explicit and leave nothing to the imagination. She keeps them alongside pictures taken of her on her honeymoon. The earlier pictures show a beautiful, tanned young woman with a flawless complexion. She calls them her "before" and "after" pictures and shows them to anyone who asks about her burns.

The contrast is shocking.

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first add recovered burn victim

"Society needs to be educated to burns," she explains, "so that burn victims don't have to suffer quite as much. That's why I show these pictures. Before my accident I was totally ignorant about burns. I never realized what a burn was until it happened to me. I couldn't understand why this horrible, disfiguring accident had happened to me. I was very frightened about the future, and I began wanting to expose the public to how terrible burns are. I guess that's what started really making me think."

While she was in the hospital, Pat Henderson says she became determined to do something to help other burn victims. But it was not until she left the hospital after a two and one-half month stay that she realized exactly what the recovered burn patient faces. She came home to a furnished apartment her husband had rented for them and a whole new set of problems.

"The apartment had nothing of our past life in it. Not a stick of furniture was familiar. I didn't even have any of my clothes. Everything we had was either burned up in the fire or stolen later by vandals."

Still, she was anxious to get on with her life.

"I wanted to go back out in the world and continue with my life, but I found that society does not allow burn victims to return to a normal or near-normal life. People would break their necks to look at me, gawking, staring, pointing--even laughing. It was like I was some kind of freak who shouldn't impose myself on society. The doctors told me it would be three years before I looked 'normal,' but what do you do in the meantime?"

She finally began to vent her anger at strangers who couldn't take their eyes from her scars. "I would stick my tongue out at them, cross my eyes--anything to make them realize they were staring."

It helped a little, she says, "But what I really needed was someone to call up and ask, 'How did you handle it?'"

Attempts to minimize the effects of scarring were even more frustrating. Skin grafts had replaced the burned tissue but left disfiguring scars of their own along with the angry red and purple scars. A grafted eyelid and transplanted eyebrow had helped to reconstruct the burned portion of her face and a hair flap swing was performed to fill in her burned scalp. (Her eyebrow was taken from hair on the back of her head--"and it grows just as fast.")

She tried to disguise the scars with makeup, but found that available cosmetics made the scars look worse. "The people who buy cosmetics are all the pretty people," she quickly discovered. Visits to professional cosmetologists and hair stylists were unproductive. The problems of second-degree burn tissue, grafted skin and hair that grows in clumps were simply beyond their expertise. And the same surgeons who had worked to restore her face and body were unable to advise her about cosmetics.



second add recovered burn victim

So Pat Henderson began studying cosmetics and experimenting on her own. It was during her initial efforts to find a system of skin care that would work for her that she began to seriously consider ways in which she could help other burn victims. As she consulted with Dr. Charles Baxter and his staff on her skin care products, the idea for some sort of self-help "rap" group evolved. (Dr. Baxter is professor of surgery at the health science center and head of the Parkland Burn Unit.)

"I felt burn victims needed some support group. You are sent home not knowing how to deal with what follows," she says. "You get so much support from the hospital staff, and then they turn you out."

"Pat came in hostile as hell," Dr. Baxter recalls. "'Well', she said, 'you saved my life and then you sent me home looking like this.' She had a lot of problems, but she solved them on her own."

"For years and years," Dr. Baxter says, "we have recognized the essential idea that we medically treat a patient and then kick them out into their old environment--only they are very much changed and they have problems.

"The big problem," he continues, "is often with their own people rejecting them. A distorted body is not associated with any kind of physical love. Their problems range from eating out, to going shopping, to their sex lives."

The extent of the readjustment problem is reflected in the divorce rate of post-burn patients, which averages about 50 percent according to Dr. Baxter. Pat, as a patient who had dealt successfully with these problems and who was already involved in one phase of care for the recovered burn patient, seemed a logical choice to organize such a group.

She was already involved in developing her own line of corrective skin care products, which she is now marketing in various hospitals across the United States and was invited in April to give a presentation on post burn skin care at the American Burn Association national meeting. She keeps her new business venture separated from her work with recovered burn patients, but admits it is hard to keep the two completely separate.

"Sometimes I have to bite my tongue to keep from talking about the products to someone who is having the same kind of skin problems I've had."

It's understandable. From a distance, there is little evidence of facial scarring. Only up close can one see the fine web of scarred and grafted tissue on her face--carefully disguised by makeup she's testing on her own skin.

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third add recovered burn victim

"Pat has done such a good job with her cosmetics line," Dr. Baxter says, "but she's very careful not to use the organization to push her skin care products. In a way it's too bad, because physically and psychologically, most burn patients are very improved with the proper use of cosmetics."

The Recovered Burn Program held its first meeting in November, 1977, in the physical therapy reception area at Parkland. Pat is constantly talking to burn personnel about the need for a self-help recovering burns program which to date has resulted in similar programs in Phoenix, Ariz., St. Paul, Minn. and Birmingham, Ala., which she has helped to set up.

Eight months after the initial Parkland meeting, Pat is guardedly enthusiastic about the possibilities.

"It has taken time to get people interested," she says, "but I had a feeling from the very first that I had something in common with all of them.

"Some people cope so well with the situation, but others go through all sorts of mental and emotional crises long after their burns are healed. What I'm hoping we can do is to show these new burn victims a little about what lies ahead for them. To say to them, 'Here we are, this is what we've been through, this is how we've coped, and this is where we are now.'" At a recent meeting, other victims related their ordeals:

Bob B. was burned in a gas tanker explosion over three years ago. In the course of those intervening years, he became a morphine addict who has kicked the habit, suffered an emotional breakdown and has only in the last month or so been able to face returning to society.

James T. has been severely burned twice--five years ago, and then again recently. Both accidents occurred while he was working on his car. An ordained minister, he says his faith had much to do with his attitudes following both accidents.

"I know the fear that I had of what was going to happen to me because of my looks. My face was burned real bad both times. My profession made me deal with a lot of people, especially children. I didn't want to look like a freak to the children," he says.

In the first accident, his hands were severely burned. "I am sure everyone who is burned has a lot of fears. 'How am I going to work? What am I going to do with my hands?' Well, my hands aren't pretty," he says, gesturing with those scarred hands. "They aren't pretty, but they are mine."

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fourth add recovered burn victim

"The vast majority of social problems these patients have," Dr. Baxter says, "are not generally brought to the doctors' attention--and many are not doctors' problems. They are mainly social problems, and yet of such a nature they (the burn victims) don't talk about them to lay people--for instance, impotence. They bring these problems up at the meetings. They have beaten some of the problems, and if they don't have the solution to one problem, they have solutions to others."

Whenever possible, the group tries to have patients from the burn wards at the meetings. Formal business is kept to a minimum, and the informal topics range from their own personal "war stories" to counseling hospitalized burn patients about what the future holds for them. Dr. G. Fred Cromes, Jr., chairman of vocational rehabilitation at the health science center, is the only "professional" who attends the meetings regularly.

Acting as a "sergeant-at-arms," Dr. Cromes picks up on a lot of the problems experienced by the recovered burn victim. The psychological input he receives is invaluable in the treatment of newly burned patients.

"One of the things we hope for," says Dr. Cromes, "is that the meetings will provide patients from the burn unit with reality experiences. They can see for themselves that others have survived, get along with their families, go back to work and so forth--rather than sitting up in the ward wondering what's going to happen to them."

He also sees the program as a social and educational outlet for people who are already discharged. "It is an experience that helps people realize that other folks have the same problems and they are making it okay."

"This is a first in medicine and it is possible because (the Regional Burn Unit) is so big," Dr. Baxter says. (There are over 2,500 burn cases each year in the North Texas Regional Burn Unit.) "Having these people free to communicate with acute patients--the guy with triple amputations from electrical burns who sees nothing left for him--he sees these people, talks to them and he realizes maybe there is something left after all."

Pat Henderson agrees.

"What happened at a meeting a few months ago is really what this whole program is all about," she says. We had a burn victim down from the ward who was badly burned on his face at the meeting, and he really opened up to us--asking questions, talking about his feelings, his fear about what his life would be like.

"He made up his mind that no matter what, he wasn't going back to live in his home town. He said he didn't think he could take the rejection by his friends. We convinced him that his real friends would accept him as he is now. I guess we got through to him. The last I heard, he was back home again, just blowing and going."



fifth add recovered burn victim

There is little talk about pain--pain was the common demoninator for all of them. Every member of the group has spent weeks or months painfully learning to use scarred, contracted muscles which must be exercised constantly to prevent the possible loss of use, or in severe cases, amputation of severely burned limbs.

Instead, the talk centers around the day-to-day coping with the physical and emotional scars they carry with them.

Pat Henderson explains: "Society didn't allow me to continue because I had half my face burned off. I was doing good (in the hospital) but all I could think of was, 'What could I possibly ever look like--what kind of work could I do--after all this destruction?'"

Today, she has the answer to that question. While she has not recovered all of the physical beauty she lost, skin grafts, nature's own healing and her hard-learned expertise cosmetics have returned much of her good looks. She will probably never again wear a sleeveless evening gown, and she will always be sensitive to the sun. She will still have nightmares about the fire occasionally, and will never completely forget the agony of those long weeks of recovery.

"But if I can help just one other person--if this program can become self-sustaining so that there will always be a group of us to help newly burned patients--then I will feel like I've really accomplished something. People shouldn't have to go through what some of us have suffered."

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