



## DECIDING TO LIVE A LIFE NOT DEFINED BY SCARS

After a tragic helicopter crash in which she was injured more than 16 years ago, Sarah Bazey (right) was determined to reclaim her life.

The successful businesswoman got married, returned to work, and graduated from Harvard Business School.

In July the former beauty pageant contestant, encouraged by her husband, Joe, (left) and friends, faced another challenge.

She competed in the 2010 Mrs. United States pageant, where she came out a winner in more than one way.

See Sarah's story on page 2.



## Sarah Bazey Deciding to Live a Life Not Defined by Scars

BY SAM FOWLER, BA, MDiv,  
AND KIMBERLY CALMAN-HOLT, BA

There are some sounds you never forget.

The moment you step onto an ice rink for the first time as a competitive skater and hear the crowd cheer you on...the sound of your name being introduced at a beauty pageant...your own scream of joy on that first big contract signed for your start-up company...

And, when you hear the words “We’re going down” in your headset on that final helicopter ride of the day...

The real moments that change a life forever are seldom planned. They happen. They swoop in from nowhere and demand that you pay attention. They radically alter the course of your life as if to announce boldly that “you” have a part to play in the drama, regardless of what your “plan” was along the way. The drama demands a character, it demands a crisis, and it waits to see if redemption or tragedy will be the end of this particular chapter of the great story.

Sarah Bazey knows this all too well. Her change moment occurred October 26, 1994. Enter drama, crisis, and her role as the lead character. Never again to be the same...never again to be “normal”...never again to know what that is...

Of course, this wasn’t just mere disappointment. You don’t become a successful businesswoman in your industry if you can’t handle disappointment. You don’t start a multimillion dollar enterprise before your senior year of college and not expect there might be some disappointment along the way. You don’t allow yourself to be critically reviewed on the whims of judges in competitive skating if you can’t handle the disappointment. You don’t walk on stage of the Miss Minnesota pageant if you aren’t aware of the possible disappointment that may await. No... you know you can handle that stuff. It’s why you push yourself. It’s why you refuse anything less than the best from yourself. And, it is why you ultimately succeed.

But... this is beyond that. Way beyond that.

Sarah’s company, Simplex, had just completed a large highway construction project. In order to give the construction team a sense of accomplishment and show her gratitude, she chartered a helicopter to give them tours of the project all afternoon. Trip after trip took off and landed, with the crew being rewarded for a job well done. On this beautiful day with clear blue skies, the last ride came—Sarah stepped onboard and into the last seat on the chopper to get a glimpse of what she had helped to accomplish.

As fate would have it, the power company had recently strung some lines over the newly constructed bridge. When the helicopter came upon the lines, the pilot attempted to fly under them. No luck. The rotor was quickly tangled in the lines, only to be ripped away from the core of the copter. And then it happened...immediate turbulence, violent shaking, and that sinking feeling of being hurled toward the earth.

Then the sound...“We’re going down.”

Sarah never thought she was going to die. It just didn’t cross her mind. When you’ve trained to be successful and fought the wars of business and athletics and navigated the competitive nature of pageantry, you don’t ever think “die.” It’s just not part of your DNA. You think “obstacle” and rise to meet the challenge. But then, you’ve never seen the roof of a helicopter ripped off and the complete devastation of an aircraft. You’ve never been blown backward by an explosion with such force that you had to unbuckle your seatbelt upside down. You’ve never heard the sounds of panic and fear of others so eerie that your own senses could not possibly understand the degree to which your life was going to change. You don’t know how to respond to all of this naturally because you are not aware of the gravity of what is happening and about to happen to you. You’ve never had to experience the horrific encounter of being on fire...until now.

Sarah tumbled out of the wreckage and quickly realized the flames in her peripheral vision were in fact her own clothing. She instinctively hit the ground and stopped, dropped, and rolled to try and extinguish the flames. After her futile attempt, she realized she was soaked in jet fuel and the dry weeds around her were catching fire—making matters much worse. She screamed. A raw, real, fear-enticed, gut-wrenching, blood-curdling scream. The kind that comes from crisis...extreme crisis and pending tragic story.

And then she crawled to a nearby mud puddle. She caked it on her face to soothe the pain. She stood and started to walk around, not realizing that the majority of her clothes had been burned off. She was in shock, but could remember vividly the assorted details later. There was the friend and colleague who was burned over 90% of his body, causing him to die 3 months later. There was the Department of Transportation worker who came to her side until the medics arrived, holding her hand and refusing to let go. There she was, handing him her burned off ponytail—a mere artifact of a day gone completely wrong.

And then... the hospital. With media swarming the scene, she remembered profusely disagreeing with the ER/hospital personnel. No needles...no IVs...that wasn't her. The fight against intubating... Oh, she fought hard against that. And with that came the sound of the doctor's voice... "Do you want to live?" He intubated while she was conscious! The agony...sheer pain beyond belief.

The battle continued in Sarah's life. Fifty days spent at the Ramsey Burn Unit (now known as the Regions Hospital Burn Center) in St. Paul, Minnesota. Upon discharge, she struggled for 18 months in physical therapy trying to regain what had once been a "given" in her life. She had been burned over 40% of her body. A woman who had once gauged many things in life—indeed, her own life—on such things as physical appearance, athletic ability, and the "it" factor that had helped her succeed in life were now reduced to rubble.

Disappointment? Certainly. But this was beyond that. Way beyond that.

The drama had ushered in the crisis. But, for the burn survivor, the crisis is an on-going dialogue. The crisis doesn't end when the "event" is over. The "event" only starts the ball of crisis going. What do you do when you look in the mirror and don't see yourself—at least, the way you understand yourself to be seen? There was Sarah...very little hair, waxy white with charred skin, a head the size of a basketball with no eyelashes or eyebrows. The Miss Minnesota pageant seemed so far away at that moment. But then...

There is always a "but." At least you hope there is. With the "but" comes the first glimmer of hope. And that is where the story of redemption or tragedy hinges. With hope you go on. Without it, you die.

Sarah looked in the mirror and saw her own eyes. And she knew...she would one day be okay.

Just weeks after her release from the burn unit following another day of intense therapy and traction, Sarah, reflecting on



*Burn center patient Judy Voda gets a visit from Sarah who is a SOAR Volunteer at Regions Hospital in St. Paul, Minnesota. Sarah also serves as secretary/treasurer on the Phoenix Society's board of trustees.*

all that had happened, finally lost it. She allowed herself 30 minutes to pity all that wasn't in her life. Thirty minutes of pure bitterness, sadness, hurt, anger, and tears. And then...hope again. After all, what had always been a part of her life in the first place was a positive attitude. "I can do this" was a refrain all too familiar to her. It was time to echo that conviction again. Her father served as a rock through the ordeal. And yet, even that succumbed to the crisis of the drama as he passed away on her road to recovery just 14 weeks after the accident and 10 days before her wedding. The stress was overwhelming at times.

She got back to work. It took her 2 years to get her psyche back and ability to focus. It took her 2 years to be able to sleep through the night. Over time, she was finally able to drive to work again. She went back to school and graduated from Harvard Business School. She was back and regaining that which she had "lost" in the fire.

But still...the scars. They are always there. They just don't go away.

The former beauty pageant contestant was still hiding the scars. She could hide them with a great wardrobe and a wonderful personality. But, for all the inward work she had done to regain her life, the outward work was still a source of concern. She knew they were still there. She was "Sarah" and could still remember life before the scars. Would she ever see past them?

It was the love of her husband and the love of adoring family and friends that gave her the strength to face another challenge. They encouraged, *strongly* encouraged, the former pageant contestant to compete in the 2010 Mrs. United States pageant. For the latest chapter in her "new normal," Sarah mustered up the courage to allow herself to come all the way back. In finishing as 3rd runner-up in the contest, which was held in Las Vegas, she

won something even greater—she not only competed in a swimsuit, but the next day she wore one to the pool for the first time since the accident and completely forgot about her scars. People cheered her bravery poolside and she remembers that sound like it was yesterday. Oh, what a sweet sound it was...

Sarah came to the realization in that moment that people don't care about the scars...it's the burn survivor's issue that we make and we need to get past them. Besides, the scars in life don't define us...they just help set up conclusion of the drama—and it's up to us to decide what that is. Frankly, it's simple: tragedy or redemption?

For Sarah Bazey, "redemption" is the choice. It's got a great sound...unlike any she has ever heard. It is highly unlikely she will ever stop hearing that sound ring inside her soul.

After all, there are just some sounds you never forget...

*Sam Fowler is the Executive Director of the Boys & Girls Club of Magic Valley in Twin Falls, Idaho, and a motivational speaker.*

*Kimberly Calman-Holt, Sam's sister-in-law and co-author, is a 26-year burn survivor and also a motivational speaker. In addition, she volunteers as a SOAR peer supporter and serves on the American Burn Association's Membership Advisory Committee.* ■



During a SOAR visit at Regions Hospital, Sarah (center) stops in to see burn center staff members Mikki Rothbauer (left) and Dawn Violette.

Looking for someone to chat with about your experiences after your burn injury or your family member's burn injury?

**JOIN the Phoenix Society online community and come to our weekly Wednesday night chats from 9-10:30pm EST (6-7:30pm PST)!**



**Upcoming special topic chats include  
Getting Ready for Burn Camp and Social Skills.  
Check the website for schedule updates.**

Questions about the online community or chat? Contact Pam Peterson at [pam@phoenix-society.org](mailto:pam@phoenix-society.org) or by calling 1-800-888-2876.

## NOMINATIONS SOUGHT FOR 2011 BRESLAU AWARD

The Phoenix Society presents the Alan and Delwyn Breslau Award annually to a member who has, through a collaborative spirit, significantly enhanced the ability of the Society to fulfill its mission of peer support, education, and advocacy. By virtue of his or her character, integrity, and service provided to those affected by a burn injury, this person has enhanced the burn community.

To nominate an individual for the 2011 award, submit your name and address, as well as your nominee's, a letter detailing why your nominee should be considered, a copy of his or her curriculum vitae or resume (if appropriate and available), and any other relevant information no later than June 3, 2011, to [Kirstin@phoenix-society.org](mailto:Kirstin@phoenix-society.org) or fax to Kirstin at 616-458-2831. You may also include letters of support from other people who are familiar with your nominee and his or her accomplishments. Note: Employees or voting members of the Society's board of trustees are not eligible for the award.

The 2011 Alan and Delwyn Breslau Award will be presented at the World Burn Congress in Cincinnati in September.



# Reflection in the Mirror: Body Image and Burn Injuries

BY CHRIS GILYARD, MA, LAMFT

When you look in the mirror, what do you see? Perhaps you see a reflection of yourself—your face, your body, usual hairstyle, scars—and the reflection is familiar and comfortable. You wear it well and feel okay with it. For the most part you are generally satisfied with that person looking back at you. You might even say you like that “you” in the mirror.

Or perhaps it’s a different scenario. You look in the mirror and the reflection you see looks ugly to you, scarred, unwelcome, even unfamiliar. It is not the “you” you have known before. It is not the body you expect...or want. In fact, for some of us we would prefer to not look in the mirror at all. You have trouble saying you like that “you” looking back at you.

The feelings and thoughts we have about our body are part of what is called our body image. The way we think about our body (“My body is wonderful” or “My body is so ugly,” for example) is part of our body image, as is how we feel about our body (“I am happy with my body” or “My body disgusts me”).

Our body image is important because it is closely linked to our self-esteem, or how we view and value ourselves. When we have a positive body image, we are more likely to have a positive self-esteem. When we have a positive self-esteem, we have more resiliency and strength to endure challenges and more confidence to pursue positive relationships and experiences. It does not mean life will always be easy, but it does give us greater internal resources to help us along the way.

Of course, other things contribute to our body image as well, such as what we believe others think of our bodies, our past body image “experiences” (being teased or favored because of how our body looked), and the rules we grew up with about our body shape/appearance. Both society and the media set such high standards for the ideal body type that, while unrealistic, it is something we constantly compare ourselves to and that influences our body image.

## **BODY IMAGE AND BURN RECOVERY**

After a burn injury, it is common for survivors to feel concerned about the scars and changes to their body. Aware of it or not, it is a time when we begin to re-evaluate our body and our body image. We have thoughts such as, “This graft looks brutal,” “No one will see this scar if I wear long pants all the time,” or

“My arms were my most positive aspect of my body, and now they’re ruined.” We ask questions of ourselves, such as “How will I go out in public?” or “Will people feel grossed out by my scars?” or “Who will ever want to hold my hand again?” These types of questions represent body image processing.

During the initial adjustment period of our recovery, the body image we held before our burn is carried with us for some time after the injury. It takes time for our brain to fit the reality of our newly scarred body into the old, familiar picture, which can cause some survivors to feel confused and overwhelmed at times. “Sometimes when people react to my burns,” said one survivor, “I get confused because I forget that I was burned.” While this dual reality can be a source of emotional distress for some, it’s also a sign that you’re on the path of emotional healing.

Make no mistake, burn recovery is body image recovery. Even people with a positive self-esteem may have negative thoughts and heavy feelings about their altered appearance; it’s not uncommon to experience heavy emotions such as sadness, anger, shame, or despair as a natural response to these unexpected and unwanted body changes. Just as a person whose home has been damaged by fire can experience a sense of grief and sadness from the loss, we can also have an emotional response to the loss of or damage to parts of our body. If we are able to experience the natural sadness and grief that comes with the changes to our body, we can learn to accept and honor it. Finding respect for our body and the process it has gone through leads us to a stronger, more positive body image and self-esteem.

The recovery process is a time when we begin to develop a new relationship with our bodies. It takes time to become familiar with the body changes we’ve experienced, such as how our skin looks, how our scars feel, or how differently our bodies move. With more recent burn injuries, it’s important to remember as we develop this new body-relationship, that scar healing is a somewhat long process and our body image healing may take time as well. As scars fade and soften, or reconstructive surgeries are done, it may take additional time to adapt to the new body changes.

For people burned as children or those who have had a long-term fragile or damaged body image, body image recovery may be a new process of learning to accept and value the body you’ve

lived with for years but have felt unappreciative of or distant to. This experience may be likened to reconnecting with an “old friend.”

## **BODY BEAUTIFUL: FROM HERE TO THERE**

In *The Body Image Workbook*, author Thomas Cash questions how much our body image has to do with our outward appearance. “Body image is really a state of mind,” claims the author. However, you may be thinking, “It doesn’t seem like it’s in my mind. It seems like it’s in my body.” Many people believe that if they were just able to fix what they dislike about their body, they would feel satisfied with themselves.

As people with body differences, burn survivors do not have the option of magically making their scars disappear. Coming to terms with this reality is part of the healing process and body acceptance. If you are experiencing body image distress, there is good news: Not only can you find relief from the negative thoughts and heavy feelings you have toward your body, but you can even learn to like and appreciate it. A positive body image is within your reach.

The following tools are suggestions and exercises intended to help you in your body image journey. They are meant to be used to create more awareness of body image issues and provide opportunities for growth and change in your self-image and self-esteem. Try to take at least 15 minutes per day or per sitting for these exercises.

*As a means to gaining a better sense of your body image, try one or all of the following:*

- Write a letter to your body or let your body write a letter to you.
- Write a letter to yourself from you the day before your burn injury.
- Think of a photo of yourself, let the image come to life, and have a conversation with it about how you look then and now.

*Learn more about your body image history, through these exercises:*

- Create a timeline of memories about your body image and the messages you received about your body.
- Make a list of rules you have about body “shoulds” or “shouldn’ts.”
- Create a photo album of yourself and your body over the years.

*The thoughts and feelings we have can strongly influence our body image. Take stock of what you may be saying to yourself by doing the following:*

- For a week, keep track of every negative comment you make about your body or appearance.
- Stand in front of a full-length mirror. Say what you see and you feel. On a piece of paper, write down your thoughts and feelings.

- Go to a busy area (for example, a shopping mall) and write down any negative comments you believe people are thinking about you.

*In his book *Change Your Brain, Change Your Life*, Dr. Daniel Amen discusses automatic negative thoughts (ANTS). The following exercise may help you take control of the ANTs, or negative thoughts, in your life:*

- Using the lists of negative thoughts or beliefs you’ve created earlier, make a list of positive thoughts opposite of the negative ones.
- Create a list of positive statements that you would like you, and others, to believe about yourself. Practice saying the statements to yourself. Place Post-it notes with these statements where you will see them often.

*What provokes body image distress for you? Use this exercise to find out:*

- Make a list of situations and people that cause you anxiety about your body.
- Next list the feelings and thoughts you associate with these experiences.

*Although developing a new relationship with your body will require time and energy, you may find that these techniques are well worth that investment:*

- Work with a massage therapist. (You can determine the rate and structure of the therapy.)
- Explore nurturing and empowering yourself with make-up and image enhancement. (*The Book of Image Enhancement*, which can help you do so, is free through the Phoenix Society.)

*Take control of your thoughts and feelings. The following can help you find confidence and comfort in your body:*

- Utilize these tools, which can be found on the Phoenix Society website:
  - RYR, or Rehearse Your Responses
  - STEPS, or Self-talk, Tone of Voice, Eye Contact, Posture, and Smile
- Practice relaxation and calming techniques. Learning relaxation exercises will enable you to be calm and practice positive body image behavior. The more distress we feel, the easier it is to listen to and practice negative messages.
- Find people who are positive and supportive.
- Use the *Body Image Workbook* by Thomas Cash, to build a stronger self-image.
- See a counselor if you feel you need additional help with body image issues.

*Chris Gilyard is the burn support representative for Regions Hospital Burn Center and a licensed associate marriage and family therapist with the Midwest Center for Trauma and Emotional Healing. ■*



## Ensuring That Every Burn Survivor Can Return to Familiar Surroundings, Enjoy Everyday Life

By Amy Acton, RN, BSN  
EXECUTIVE DIRECTOR

### STOPPED IN THEIR TRACKS

I had a little extra bounce in my “burn unit shuffle” as I got out of the car for my first outing after leaving the hospital. Going to my favorite restaurant was a goal I had set while spending the previous 2½ months in the hospital. These types of goals had sustained me—knowing I would be able to return to my familiar surroundings and again enjoy everyday life. I could smell the aromas of the wonderful food as I entered the door already thinking about what I would order. Those waiting inside the door stopped in their tracks with a look of stunned curiosity plastered on their faces as I walked in. As we were led to our table, the reaction of others continued like a rolling wave on the lake right outside the restaurant. For my family and me it was our first wave of true panic as we all realized that my new appearance and pressure garments would attract this type of unwanted attention in public.

That was nearly 30 years ago and I remember it like it was yesterday. I can feel the tightness in my throat, the hesitation in my step, and the little voice in my head screaming... *run out of here as fast as you can and never go back.* My story is not unlike others who leave the hospital—so focused on the physical journey of recovery and the big step of going home that we never seriously thought about the reaction of others. Nor did we have a clue about how we would respond to this experience until we walked into it. The burn team had been focused on preparing my family for the physical care at home and the follow-up plan. We never discussed the process of getting back to life and the “new” social challenges, let alone tools that might help ease this difficult transition.

When I became a burn nurse, I still lacked the resources to help others even though I had experienced it myself. So throughout my career, for both professional and personal reasons, it has been a major priority for me to expand access to tools and resources that assist in social re-entry. I have seen time and time

again the power of this information when provided to those facing these challenges. It can be the difference between staying for that meal you have dreamed of for the past 2½ months or running out the door never to return to the full life that is possible.

### ONGOING EFFORTS TO EASE THE TRANSITION

The Phoenix Society has a history of offering workshops and other resources that equip survivors and their families with the tools needed for the social re-entry process. Several years ago Barbara Kammerer Quayle who had previously provided her Behavioral & Enhancement Skills Training, or BEST, workshops as an independent educator made the transition to work with the Phoenix Society to expand the program’s reach. Since then we have provided this information at the Phoenix Society’s World Burn Congress, in burn centers, at the American Burn Association annual meeting, and at some burn camps and retreats, as well as in written format. Despite these efforts, we know that unfortunately many burn survivors and their families are still unprepared to face the reality that there will be waves of reactions as we re-enter our lives after burn injury.

### IT WILL TAKE EVERYONE TO GET IT DONE

The Joint Committee on Aftercare Reintegration (ARC) of the Phoenix Society and the American Burn Association has made great strides to address this issue over the last year. After conducting a survey of both burn care professionals and survivors and their families, the Committee determined that the need for more support and information was also a priority for burn survivors and burn care professionals.

A social skills subcommittee of the ARC met in August. We will focus our efforts on the survivor, their loved ones, and those in a position to help with the issues of social discomfort, such as

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## The Power of Your Membership Gift

BY MEGAN GEERLING  
FUND DEVELOPMENT COORDINATOR

If you are a supporter of the Phoenix Society, you are a member of a community that is thousands strong. This month you will have a special opportunity to become a contributing member by giving through our Spring Membership Drive. A membership gift has the power to effect permanent change in the lives of burn survivors and those who care for them.

### PROVIDING THE TOOLS NECESSARY TO HELP OTHERS

Many of you may be able to relate to Jody Rood, a burn nurse clinician with Regions Hospital in St. Paul, Minnesota, who struggled to find the words to best help patients prepare for challenges they would face once they left the hospital.

“Medical care is just the start to recovery and I know our patients will need resources and a place to turn for support once they leave the hospital,” she explained, “but as their health care provider, it can be so hard to find the words and the confidence to start that conversation when they have been through so much and just want to get out of there.”

Regions Hospital’s membership with the Phoenix Society gave Jody access to a solution to this problem. Jody recently attended a Phoenix Society Behavioral & Enhancement Skills Training (BEST) workshop and has a newfound confidence to start those conversations. She views them as a necessary part of comprehensive burn care.

“This workshop gave me concrete words to say to our burn survivors to start the conversation about their struggle with

staring or hurtful words,” she commented. Jody has found the practice scenarios from the workshop particularly helpful and now uses scripts when preparing patients to return to their communities.

### ENSURING ACCESS TO SERVICES, MATERIAL, A CONTINUUM OF SUPPORT

What Jody experienced is just one of the many benefits of partnering with the Phoenix Society as a member. By becoming a contributing member of the Phoenix Society, you ensure that you, your organization, and the survivors you care for have access to services and materials, as well as the continuum of support the Phoenix Society provides. As Jody noted, “We as professionals and hospitals should be a resource for survivors. I want our survivors to know they can call us at anytime and we have the confidence of knowing we are prepared to help and can connect them to the Phoenix Society.”

Together we can ensure that everyone who experiences a burn injury has access to the ongoing support they need through their entire journey of recovery. Join or renew your membership by visiting [www.phoenix-society.org/waystogive](http://www.phoenix-society.org/waystogive), returning the enclosed membership envelope, or calling today! Your gift transforms lives.

*For more information regarding social skills programs and resources offered through the Phoenix Society, see “Directions” on page 7.*

**A Special thanks to the following sponsors for leading the way with their gifts to the Phoenix Society’s 2011 World Burn Congress:**



**Shriners Hospitals  
for Children®**

DIAMOND:



SILVER:

**The Evelyn Jordan Fund  
Rick Enstrom**

# Here Are Just a Few Ways You Can Give to the Phoenix Society:

## **JOIN OUR BENEFACTORS SOCIETY AND LEAVE A LEGACY**

A planned gift to the Phoenix Society allows you to ensure the quality of burn survivor resources and support for generations to come while meeting your own financial and personal objectives. Include “The Phoenix Society, Inc.” as a beneficiary on your life insurance policy or your IRA or 401K plan, or name us in your will, trust, or other estate plan.

## **MAKE A GIFT PLEDGE**

The Phoenix Society welcomes your gift through a pledge—a formal statement of intention to make a gift to the Phoenix Society. With a 1-year or multiyear pledge, you may complete your gift by making regular installments, allowing you to give more generously than you may have originally considered.

## **PARTICIPATE IN WORKPLACE-GIVING PROGRAMS, SUCH AS COMBINED FEDERAL CAMPAIGN**

Many workplaces coordinate charitable giving campaigns for their employees. These campaigns allow employees to donate to charities of their choice. If your office participates in United Way campaigns, be sure to designate The Phoenix Society, Inc. with your donation. Military and all other federal employees can give through the Combined Federal Campaign (CFC). The Phoenix Society’s agency number is 14529.

## **INVESTIGATE MATCHING-GIFT PROGRAMS**

An easy way to double or even triple your donation to the Phoenix Society is to find out if your company has a matching-gift program. Such programs typically match all or a percentage of employee contributions to charitable organizations. Simply obtain a matching-gift form from your employer’s personnel office, fill it out, and provide it to the Phoenix Society with your contribution.

## **CONSIDER MEMORIAL GIFTS & TRIBUTE GIFTS**

Memorial gifts are a lasting remembrance of a special person whom you wish to honor. Tribute gifts may be used to celebrate holidays, birthdays, graduations, weddings, anniversaries, births, or other special occasions and accomplishments. The Phoenix Society will acknowledge your memorial or tribute gift by sending an appropriate card to the family or friend in whose name the gift was made.

## **BECOME A CORPORATE PARTNER**

A partnership with the Phoenix Society provides a positive solution to the needs of the burn community while offering benefits to corporations.

## **MAKE YOUR DONATION TODAY**

- **By mail** – Send your contribution to our office using the envelope provided in this issue.
- **Online** – Make a safe, secure donation via our website, [www.phoenix-society.org](http://www.phoenix-society.org), which can be accessed 24 hours a day.
- **By phone** – Call Megan Geerling at 800-888-2876.

## **M E M B E R S H I P   U P D A T E**

*Our 2010 Memberships raised \$37,425 from more than 500 contributing members  
(83 of whom were new members).*

*Become a supporting member or renew your membership today with the enclosed envelope  
and together let’s set new records for 2011!*



# Award Recipient Thanks Donors, Society for Support

Chris Tingley, a recipient of a Phoenix Education Grant (PEG), recently thanked caring donors who generously contributed to the PEG Fund and the Phoenix Society for giving survivors the tools they need to excel in the world:

*Thank you for selecting me to receive the Phoenix Education Grant. Being a burn survivor has changed my life...and allowed me to have a different outlook on the world and what I would like to do in it. The grant will help me pay for college and achieve my dream of becoming a firefighter. It is the generosity of caring people like yourselves and the work of the Phoenix Society that gives burn survivors the tools they need to excel in the world!*

Chris has successfully completed his first year at the University of Maryland, where he has been elected Vice President of the Emergency Health Services Council of Majors. He has also joined the Lansdowne Volunteer Firemen's Association in Baltimore County, Maryland, where he volunteers his time on the ambulance and fire engine, helping others while gaining experience to use in his future career.

You can support burn survivors, such as Chris, who are continuing their education by making a gift at any time to the PEG Fund at [www.phoenix-society.org](http://www.phoenix-society.org) or by contacting Megan Geerling at [megan@phoenix-society.org](mailto:megan@phoenix-society.org) or 800-888-2876 for further information. ■

Burn injuries received when he was 6 years old inspired PEG recipient Chris Tingley's dream of being a career firefighter.



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the burn team and mental health providers in the community. Over 2½ days of meeting we started the process of evaluating the resources we currently have, considering those that are available elsewhere, and deciding how we could further develop materials and content that could be disseminated to the most survivors and professionals. By the end we had a great start on planning the content, identifying the elements that still needed to be developed, and establishing a process for implementation and evaluation. We decided our primary delivery mode would be an interactive Web-based resource/course that will be specific to the person seeking the information. We have been seeking financial resources to help us fund the initial Web-based platform and are developing a plan to sustain and maintain the program.

Our goal is also to connect you with others who are experiencing issues similar to yours. We know that no one understands you as well as someone who has "been there" so our SOAR-moderated online chat and other portions of our website will include focused discussions about these topics. For those who do not have Internet access at home, we will be developing expanded written and DVD tools and resources as well.

I am delighted that we have an energized team of highly qualified individuals to tackle this project. This group of burn survivors, burn care providers, and professionals who have researched long-term needs following a burn injury understand the challenges we face. We are extremely grateful for the efforts of Barbara Kammerer Quayle who has been a tireless champion of this issue for over 30 years. She has entrusted the Phoenix Society and the ARC Committee to take her life-changing work and build upon it while also enhancing its scope and accessibility. We are also grateful for the help of those who share our vision of developing a comprehensive program and a library of resources that can be used by burn centers, burn foundations, and, of course, individuals.

Stay tuned as later this year we are planning to pilot and roll out a wave of support that will be available to anyone affected by a burn injury so when they leave the burn center to walk into their favorite restaurant, school, church, or grocery store they are prepared and can again enjoy everyday life.

Here's to 2011... and what we can do together! ■



# Clothes Dryer Safety

Doing laundry is most likely part of your every day routine. But did you know how important taking care of your clothes dryer is to the safety of your home? With a few simple safety tips you can help prevent a clothes dryer fire.

- »» Have your dryer installed and serviced by a professional.
- »» Do not use the dryer without a lint filter.
- »» Make sure you clean the lint filter before or after each load of laundry. Remove lint that has collected around the drum.
- »» Rigid or flexible metal venting material should be used to sustain proper air flow and drying time.
- »» Make sure the air exhaust vent pipe is not restricted and the outdoor vent flap will open when the dryer is operating. Once a year, or more often if you notice that it is taking longer than normal for your clothes to dry, clean lint out of the vent pipe or have a dryer lint removal service do it for you.
- »» Keep dryers in good working order. Gas dryers should be inspected by a professional to make sure that the gas line and connection are intact and free of leaks.
- »» Make sure the right plug and outlet are used and that the machine is connected properly.
- »» Follow the manufacturer's operating instructions and don't overload your dryer.
- »» Turn the dryer off if you leave home or when you go to bed.

Dryers should be properly **grounded**.

Check the **outdoor vent** flap to make sure it is not covered by snow.

Keep the area around your dryer **clear** of things that can burn, like boxes, cleaning supplies and clothing, etc.

Clothes that have come in contact with **flammable substances**, like gasoline, paint thinner, or similar solvents should be laid outside to dry, then can be washed and dried as usual.

## FACT

! The leading cause of home clothes dryer fires is failure to clean them.

[www.nfpa.org/education](http://www.nfpa.org/education)



Your Source for **SAFETY** Information

NFPA Public Education Division • 1 Batterymarch Park, Quincy, MA 02169

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# SOAR Now Offers Support Through 48 Hospitals Across U.S. and Canada

BY PAM PETERSON, RN, BSN

As we reflect on the Survivors Offering Assistance in Recovery (SOAR) program's growth since its development in 2001, the word that comes to mind is "amazing." SOAR is a program that provides peer support to burn survivors and their families. It was developed in 2001 by a handful of individuals with a variety of experience in the burn community. The members of this group, called the SOAR National Advisory Committee, poured their knowledge and talent into creating a program that would offer peer support to burn survivors and their families in any stage of recovery. A SOAR pilot program was initiated in 6 hospitals in 2001. The program has grown from the initial 6 to 48 participating hospitals across the United States and Canada, from 12 coordinators to 280, and from 35 peer supporters to 460. This amazing network of dedicated professionals, burn survivors, and families of survivors have made thousands of visits to burn survivors and their families. They are what makes SOAR so successful.

## HOSPITAL STAFF SHARE THEIR PATIENTS' ENTHUSIASM FOR SOAR

"Prior to SOAR, we had been facilitating peer visits on an informal basis. Our director, Dr. Sood, learned of the SOAR program and appreciated its value. It has been a natural fit, and compliments our mission of maintaining a best practice and holistic approach in serving burn survivors and their loved ones," explains Marti Feichter, a social worker at Richard M. Fairbanks Burn Center, Wishard Healthcare, in Indianapolis, Indiana.

"Recovery is more than medical treatment," adds Marti, who also serves as a SOAR coordinator. "Patients and families alike report the program is invaluable, stating peer visits have increased their hopefulness and sense of belonging, as well as

reduced some fears they were having. Our satisfaction surveys reflect positive feedback, with all of the responses ranging from 6.3-6.9, on a 7-point Likert scale."

Marti credits the SOAR program with "adding a new dimension" to the burn center's support services.

"Staff members can educate and assist with emotional and psychological aspects of a burn injury," explains Marti, "but there is nothing like talking and sharing with someone who's been through a similar experience. The Phoenix Society for Burn Survivors has expanded our program base, assisted in developing additional tools for recovery, promoted ongoing support, and created networking opportunities for burn survivors, loved ones, and healthcare professionals. The partnership with the Phoenix Society benefits everyone in the burn community."

Mary Smith remembers how, a few years after her son's burn injury, her family wanted to find a way to "give back." Through Shriners Hospital for Children—Cincinnati, they heard about the Phoenix Society for Burn Survivors and the SOAR Program. The family realized that this was a great opportunity for them to get involved. They wanted to be able to provide the support to others that they felt was missing when they were going through tough times.

"It has been a blessing for us to be part of the SOAR program" says Mary, who is a peer supporter, "knowing that we are helping others and giving someone the availability of time to be able to talk to someone."

"We realized we were making a difference when someone shared that they didn't feel alone anymore; that their thoughts are not alone," she adds.

She especially remembers a visit with another mother, who was worried about her son not being able to do "normal" things that boys do—that his abilities would be limited. Mary was able to share the experiences she had had with her son Michael, who was burned at age 3 but wanted to play football.

"We just kept on encouraging him to play and give it his best," Mary said of her now 17-year-old son who plays on the varsity team and is finishing his senior year in high school.

And what has Mary gotten out of the experience with SOAR? "It's very rewarding when people [from group] who you haven't seen in a while come up to you, and tell you how much of a difference you made in their life," she explains.

The SOAR program continues to grow and exceed our expectations. We are grateful for the opportunities and partnerships that have been and continue to be developed through



Phoenix Society's SOAR peer supporter training at the Society's 2010 World Burn Congress.

*continued on page 14*

# SOAR HOSPITALS

## CALIFORNIA

Community Regional Burn Center, Fresno, CA  
Grossman Burn Center at West Hills Hospital and Medical Center,  
West Hills, CA  
Santa Clara Valley Regional Burn Center, San Jose, CA  
Shriners Hospital for Children - California, Sacramento, CA  
UCSD Regional Burn Center, San Diego, CA  
University of California Davis Regional Burn Center, Sacramento, CA  
University of California Irvine, Orange, CA

## COLORADO

Children's Hospital Burn Center, Denver CO  
University of Colorado Hospital Burn Center, Denver, CO

## DISTRICT OF COLUMBIA

The Burn Center at Washington Hospital Center, Washington, DC

## FLORIDA

Tampa General Regional Burn Center, Tampa, FL

## GEORGIA

Grady Memorial Hospital Burn Center, Atlanta, GA  
The Joseph M. Still Burn Center, Augusta, GA

## ILLINOIS

Loyola University Medical Center Burn Center, Maywood, IL  
University of Chicago, Chicago, IL

## INDIANA

St Joseph Regional Burn Center, Fort Wayne, IN  
Wishard Health Services, Indianapolis, IN

## IOWA

University of Iowa Burn Center, Iowa City, IA

## KANSAS

Via Christi, St. Francis Regional Medical Center, Wichita, KS

## MARYLAND

Johns Hopkins Bayview Medical Center, Baltimore, MD

## MASSACHUSETTS

Brigham - Women's Hospital, Boston, MA  
Massachusetts General Hospital, Boston, MA  
Shriners Hospital for Children - Boston, Boston, MA

## MICHIGAN

Spectrum Health Regional Burn Center, Grand Rapids, MI  
University of Michigan Trauma Burn Center, Ann Arbor, MI

## MINNESOTA

Regions Hospital Burn Center, St Paul, MN

## NEW JERSEY

Burn Center at St. Barnabas Medical Center, Livingston, NJ

## NEW YORK

Nassau University Medical Center Burn Center, Long Island, NY  
New York Presbyterian Hospital/Cornell Burn Center, New York, NY

## NORTH CAROLINA

North Carolina Jaycee Burn Center, Chapel Hill, NC  
Wake Forest University Baptist Medical Center, Winston-Salem, NC

## OHIO

Ohio State University Center for Burn Care, Columbus, OH  
Shriners Hospital for Children - Cincinnati, Cincinnati, OH  
St. Vincent's Mercy Medical Center, Toledo, OH  
University Hospital Burn Center, Cincinnati, OH

## OREGON

Oregon Burn Center, Portland, OR

## PENNSYLVANIA

Lehigh Valley Hospital, Allentown, PA

## RHODE ISLAND

Rhode Island Hospital, Providence, RI

## TEXAS

Memorial Hermann Hospital, John S. Dunn, Sr. Burn Center,  
Houston, TX  
Parkland Memorial Hospital Regional Burn Center, Dallas, TX  
Shriners Burns Hospital - Galveston, Galveston, TX  
University of Texas Medical Branch Blocker Burn Unit, Galveston, TX

## UTAH

University of Utah Burn Center, Salt Lake City, UT

## VIRGINIA

Virginia Commonwealth University Medical Center, Richmond, VA

## WASHINGTON

University of Washington Burn Center at Harborview, Seattle, WA

## WISCONSIN

Columbia St. Mary's Hospital Regional Burn Center, Milwaukee, WI

## CANADA

Calgary Foothills Medical Center, Calgary, AB  
Entraide Grands Brules, Montreal, PQ

## TAIWAN

Sunshine Foundation, Taiwan

SOAR continued from page 12

this program. We are excited to be working together with the National Fallen Firefighters Foundation and the IAFF Burn Foundation to explore the unique needs of burn-injured fire fighters and their loved ones as it pertains to peer support after a burn injury. With our partners, we are hoping to develop a module of the SOAR program specifically for the fire service.

Continue to watch for developments on the Phoenix Society and our partners' websites at [www.phoenix-society.org/firefightersupport](http://www.phoenix-society.org/firefightersupport) as we strive for continuous improvement and increasing the SOAR network.

*Pam Peterson is the Associate Director of The Phoenix Society for Burn Survivors. She currently manages Phoenix Society's programs, focusing on SOAR and World Burn Congress. ■*

## SOAR National Advisory Committee

Amy Acton, RN, BSN

James Bosch, BA

Megan Bronson, MSN, CNS, BC

Marion Doctor, MSW, LCSW

Kathy Edwards, PhD

Shirley Minter Massey, BA, Mdiv

Pam Peterson, RN, BSN

Barbara Kammerer Quayle, MA

Cindy Rutter, RN, BSN

Jill Sproul, RN, BS

Phoenix Society's SOAR coordinator training participants at the Society's 2010 World Burn Congress.



# tyco

## Tyco International Provides \$75,000 Grant to Support Advancement of Advocacy Program

The Phoenix Society in the past has focused our limited resources on policy development and legislative measures that will have a permanent impact on preventing burn injuries or improving the care of those with burn injuries. Thanks to a \$75,000 grant from Tyco International, we will be able to further develop our advocacy efforts in 2011. Over the next year we will actively engage our full membership to support our goals of preventing burn injuries and improving burn care through on-line training and resources.

Thank you, Tyco.

## Our Partners Produce New Resources Available to Fire Sprinkler Advocates



### COMMON VOICES RELEASES NEW PSAs

Common Voices has released a series of 6 new public service announcements (PSAs) that stress the need for residential fire sprinklers. Each PSA has a personal message from a Common Voices advocate--many with a twist.

The complete media kit is available by visiting [www.fireadvocates.org](http://www.fireadvocates.org) and selecting the "order" button on the home page. The kits are free, thanks to the Department of Homeland Security Assistance to Firefighters Act fire prevention grant.



The National Fire Protection Association (NFPA) recently launched its Faces of Fire campaign, featuring personal stories of those who have been affected by fires in the home. Faces of Fire is a tool to promote the required installation of fire sprinklers in new one- and two-family homes and is part of NFPA's Fire Sprinkler Initiative. Faces of Fire was developed with funding from Federal Emergency Management Agency (FEMA). The Phoenix Society assisted the NFPA in identifying many of those

who shared their stories for this campaign. Through video interviews, photographs, and written profiles available online, Faces of Fire is a resource for local advocates and fire personnel, putting personal stories front and center during consideration of fire sprinkler mandates.

To learn more about the Faces of Fire Campaign and how you can use these resources to promote fire sprinklers, go to [www.firesprinklerinitiative.org](http://www.firesprinklerinitiative.org).



Home Fire Sprinkler Coalition is a national non-profit focused on home fire sprinkler education. They have developed a library of information and resources you can use to educate consumers, elected officials, developers and builders about the

benefits of fire sprinklers in homes, including our new Public Educator's Kit. The HFSC is the source for educational material when it comes to residential fire sprinklers. Visit them at [www.homefiresprinkler.org](http://www.homefiresprinkler.org). ■

# Long-Term Outcomes in the Skin Following Large Burns

## Highlights from a Burn Model System Research Study



BY RADHA HOLAVANAHALLI, PHD

*Radha Holavanahalli, PhD, is Associate Professor, Department of Physical Medicine & Rehabilitation at UT Southwestern Medical Center at Dallas, Texas, and Research Director, North Texas Burn Rehabilitation Model System UT Southwestern Medical Center, Parkland Regional Burn Center in Dallas.*

*This article summarizes the results from a research study conducted by the Burn Model System at the Parkland Regional Burn Center and the UT Southwestern Medical Center in Dallas, Texas. The study was conducted under the leadership of Phala Helm, MD, an internationally renowned burn care expert with more than 40 years of experience in the field. The Project Director of the North Texas Burn Rehabilitation Model System, Karen Kowalske, MD, also a leading expert in burn rehabilitation, and Radha Holavanahalli, PhD, were the co-investigators of the study.*

Several studies have shown that a majority of persons surviving burn injuries resume pre-injury levels of activities and enjoy a good overall quality of life. However, what has not been well documented are the permanent impairments that may be caused by burn injuries, the problems that may be experienced temporarily, and the problems that may recur.

“What will my life be like in the future?” is a primary concern to a burn survivor. Recognition and understanding of long-term problems faced by burn survivors even several years after their injury is of critical importance. Knowing what to expect should enable survivors to plan and have better control over their lives leading to a more successful reintegration into the community.

The purpose of this study was to examine long-term physical and psychological effects of a major burn injury (30% total body surface area [TBSA] burns or more). More than 90 adult burn survivors who had completed at least 3 years post injury consented to participate in the study. While about half of the study sample was recruited at the local burn center, the other half was recruited at two consecutive meetings of the World Burn Congress held by the Phoenix Society for Burn Survivors. The average burn size in this sample was 57% (range, 30-97%), and the average time from burn injury was 17 years (range, 3-53 years).

Study participants were required to complete the following:

- An Information Form on which they described their burn injuries, as well as, their families, living situations, work, education, and recreation before and after their burns.
- A Medical Problem Checklist on which they provided yes/no responses to a list of 50 “problems” for three points in time: (1) *before burn* (to exclude non-burn-related

problems), (2) *since burn* to include problems that occurred post burn but had resolved at time of study, and (3) *now* to include persistent problems and newly occurring problems. (The three time points were chosen to isolate burn-specific problems, the most prevalent problems that occur after a major burn injury, and problems that continue to persist long term.)

In addition to completing these two forms, participants were scheduled for a comprehensive physical exam and a structured interview with the study investigators to obtain information regarding physical and emotional health. As a result, the study yielded large amounts of data and made it difficult to address them all in one article. Therefore, the data were classified into meaningful broad categories such as the skin, the neuromusculoskeletal system, the peripheral vascular system, hand burns, range-of-motion deficits, depression, and other psychosocial issues, including community participation and return-to-work issues.

This article highlights key findings regarding the long-term outcomes related to the skin following a major burn injury. The top 5 conditions participants reported experiencing “since burn” include itching, problems in hot temperature, problems in cold temperature, raised scars, and painful scars. The top 5 conditions reported “now” (at time of study participation) include problems in hot and cold temperature, itching, raised scars, sensory loss, and finger nail deformities (in the case of deep hand burns). Problems with temperature (hot and cold), sensory loss, raised scars, and itching are problems that persist many years after burn injury. While conditions such as open wounds, skin rash, painful

scars, and shooting pain in scars seemed to decrease, reports of fragile burns, including cuts and tears, increased from the time of injury.

**Itching.** Seventy-two percent of the study participants reported problems with itching. Itching continues to be a major problem even 30 years post injury, with 44% reporting having the problem. Itching on the back was most frequently reported, followed by the upper extremities; chest, trunk, or abdomen; and lower extremities.

**Problems with Hot and Cold Temperature.** At an average of 17 years post burn, 73% reported having problems with hot temperature and 53% with cold temperature. Problems with hot temperature remained at a high level even among those who were more than 30 years post burn.

**Scars.** While 84% of the survivors who were 3-5 years post burn reported raised scars, it was comparatively less (56%) among those who were more than 30 years post burn. Reports of fragile skin were lower among those who were more than 5 years post burn when compared to about 60% among those who were less than 5 years post burn reporting this problem. However, 25% of those who were more than 30 years post burn reported painful scars.

**Open Wounds and Skin Rash.** Twenty-five percent of the survivors at an average of 17 years post burn reported open wounds and skin rash. Among those who were more than 30 years post burn, 37% reported skin rash.

**Sensory Loss.** Sensory loss was reported among more than 50% of the survivors at an average of 17 years post burn. About one-third of them who were more than 30 years post burn reported this problem.

**Results of the Physical Examination.** Fingernail deformities were found in 35% of the entire study sample, and this was a consistent finding even at 30 years or more post burn. Although one-third of those examined had skin breakdown at an average of 17 years post burn, it was only seen in about 21% of those who were more than 30 years post burn when compared to the 53% of those at 3-5 years post injury. Sensation to pin prick in the graft areas was found to be decreased in 71% and absent in 6% of those examined. This was a consistent finding across time even up to 30 years post burn. Skin pigmentation (coloring of the skin) in grafted areas were found to be more hyperpigmented (darker in color than normal surrounding skin) than hypopigmented (lightening of skin). Darkening of the skin in grafted areas was common among all three ethnic groups examined: Caucasians,

African-Americans, and Hispanics. In contrast, skin color in nongrafted areas among those examined was more hypopigmented (53%) than hyperpigmented (18%). Both conditions of skin coloring were seen in about 18% of those examined. About 59% of African-Americans were found to have hyperpigmentation even in non grafted areas, whereas among Caucasians, it was seen only in 11% of those examined. Scars standing out from the surrounding skin and that are swollen, puffy, and reddened, also known as hypertrophic scars, were found in the grafted areas (92%) and nongrafted areas (55%), and were found on the face (41%), ears (9%), and scalp (5%). However, only 10% of the hypertrophic scars in grafted areas were found to be active (red and warm), 40% were found to be firm, and 50% were found to be soft and supple.

The findings from the physical examination of burn survivors whose time from injury ranged from 3-53 years, and the survivors' self-reports highlight the nature of issues burn survivors face long-term. The study findings underscore the importance of the need for more focus on long-term outcomes of major burn injury. Individuals with large burns deserve long-term attention. Although not all burn survivors may require life-long follow-up, it is recommended that patients who have survived large burns receive periodic follow-up so that current and emerging problems may be identified early enough so that prevention and treatment can be successful and optimal.

This study is simply a report of what the burn survivors reported and what the study investigators found on examination. No attempts were made to offer causations or explanations regarding the findings. It is hoped that this report will lend itself to generation of new hypotheses to be addressed with more rigor in future research studies.

*We thank the burn survivors for their participation in this study and providing valuable information to the field of burn care and rehabilitation. We also thank the Phoenix Society for Burn Survivors for permitting us to collect data for the study at the World Burn Congress held in Research Triangle Park, NC (2004) and in Baltimore, MD (2005).*

*This study was supported by funds from the National Institute on Disability and Rehabilitation Research (NIDRR) in the Office of Special Education and Rehabilitative Services in the U.S. Department of Education.*

*The complete article can be found in the Journal of Burn Care and Research 2010; 31:631-639. ■*



## SCHOLARSHIP APPLICATIONS DUE JULY 1

Burn survivors interested in applying for a 2011 Phoenix Education Grant (PEG) must submit a completed application and all supporting documentation no later than July 1, 2011. This year's PEG application is available on the Society website, <https://www.phoenix-society.org/programs/phoenixeducationgrantpeg/>. If you have any questions, please contact the Phoenix Society office at 800-888-2876.

# Fractional Ablation Laser Therapy for Burn Scars

BY ROBERT J. SPENCE, MD WITH JILL WAIBEL, MD

Fractional ablative laser therapy for burn scars has received extensive exposure in the national media over the last year. Anyone interested in improving burn scars cannot ignore the story of the Berns triplets, the three attractive 22-year-old young women who were burned in a house fire when they were 1½ years old. The *Today Show*, *20/20*, *People* magazine, *Glamour* magazine, and multiple Internet sites have all told the story of how, after 20 years of living with their burn scars, the triplets found dramatic burn scar improvement after being treated with fractional ablative laser.

These reports have led to a lot of excitement and questions about this form of therapy, particularly from survivors of burn injuries. This article is written to help you understand this form of therapy as it is being applied to burn scars and bring some perspective to where fractional ablation laser therapy stands in its development as a routinely accepted treatment for burn scars. Of particular importance is the emphasis on what we do not know about this therapy, and how more study and experience is required to determine what expectations a burn survivor should have if they were to seek treatment.

## NORMAL HEALING AND MATURATION OF BURN SCARS

The amount of burn scarring depends on the depth of the burn injury into the skin. A superficial burn wound heals with regrowth of the superficial skin layer, the epidermis. This results in minimal or no scarring and with occasional changes in the coloration of the new skin layer. A deeper burn injury destroys the cells in the skin that allow the regrowth of the epidermis. When this happens, the burn wound tends to remain open for a longer period of time but will eventually heal by the laying down of scar and shrinkage of the burn wound. These deeper burn wounds result in severe burn scarring and contractures, the tight scars that restrict the movement of joints and distort the normal position of anatomic structures, such as the mouth and eyelids. It is these scars that are long-lasting, often permanent reminders of the dramatic burn experience.

As with all scars, burn scars tend to “fade” with time. Over many months, even in the absence of any type of therapy, the red, raised, thick and firm hypertrophic burn scars will improve naturally. They gradually become less red and raised, soften, and, in some cases, lengthen as an enzyme in the body called collagenase begins breaking down the burn scar faster than the body makes it. Over this quite considerable length of time after the formation of the original burn scar, collagenase dissolves

some of the scar (collagen) molecules even while the body continues to make more scar molecules. There is a gradual cycle of building up of scar and breaking down that occurs simultaneously causing a process called “remodeling” of the scar.

This remodeling process proceeds for years, but the greater part of the process occurs within the first 2 years after the burn injury and initial scar formation. In some cases, the scars become almost the same color and almost as flat as normal skin, as well as quite soft and pliable. However, most scars maintain some of their unfavorable characteristics, and the scarred skin almost never looks like normal skin again despite the improvement of all these characteristics. Certainly after 2 years, the very slow improvement of the burn scars and the rate of remodeling become so slow that it is not easily perceived.

## HOW DOES FRACTIONAL ABLATION LASER THERAPY WORK?

**Laser** is a word derived from the following scientific description: Light Amplification by Stimulated Emission of Radiation. In layman’s terms, laser generally refers to light energy of a single frequency of light which is concentrated in a beam. In medicine, lasers are used to create a specific therapeutic response by transforming light into heat. (In the case of the burn scar, the laser vaporizes the old scar and creates a wound resulting in new healing.) Although we generally think in terms of visible light and the different frequencies causing different colors, the light can be anywhere along the electromagnetic spectrum, including infrared and ultraviolet.

Depending on the frequency, the light energy is absorbed better by some colors and substances. For example, pulsed dye laser has a 595-nm frequency (most commonly used now), which is absorbed well by the red color of the hemoglobin in blood. This red color has a frequency of 542 nm.

A laser can either be as harmless as a laser pointer or extremely destructive, such as those weapons used for warfare. Its destructiveness depends on how much energy is packed into the laser light; that is, how much it is amplified. Medical lasers have a moderate amount of energy and, when they are absorbed by tissues, the heat released causes destruction of the tissue absorbing the light. Carbon dioxide laser is absorbed by water in tissues causing damage or vaporization of the tissue, depending on the amount of energy in the laser light. Other laser frequencies are good for absorption into tattoo pigments of various colors, causing breakdown of the pigment molecules while, at the same time, being absorbed less by the skin tissue, preserving it as much as possible.

**Ablation** is a term used to describe total removal of the target tissue or substance when the energy of the medical laser is strong enough to vaporize it. The tissue is literally gone. When used in a superficial manner, it can remove layers of skin. This is the basis of some of the aesthetic uses of medical laser. In the face, for example, a laser “peel” of the superficial layer of skin and subsequently healing by regeneration of the epidermis causes the facial skin to be rejuvenated by removing wrinkles and discolorations.

Whereas traditionally laser light has been delivered as a single beam, recent developments have demonstrated how the laser light can be delivered broken up into multiple small beams. So rather than a single beam, the same amount of energy is delivered “fractionated” into a number of beams collectively called an “array.” When each of these beams is exceedingly small, the array is called a “micro-array.”

**Fractional ablative laser** can best be understood as a beam of light that is broken into a number of tiny laser columns of carbon dioxide laser that drill multiple tiny holes into the tissue at which it is directed. The tissue in which it is directly absorbed is totally ablated resulting in what one can picture as multiple microtunnels into the tissues. Surrounding each one of these tunnels there is injured scar from the heat that caused the vaporization of the tissue that used to be in each tunnel. Surrounding the injured scar is normal scar which still remains intact.

The fractional ablative laser treatment therefore results in a new injury to the scar tissue in which some of the scar has been totally removed and some injured. Within these micro-injuries to the scar, all of the previous mechanisms of wound healing and scar maturation begin over again with subsequent new remodeling of a burn scar. We think that this process stimulates new remodeling deep in scars which, in some cases, might have been dormant for years.

When this deep fractional ablative laser treatment is combined with the widely used superficial fractional ablative laser resurfacing, not only is the deep portion of the burn scars improved by new remodeling, but the superficial appearance of the scars can be improved as well. We hope that the typical mesh pattern of some skin grafts and burn scars, and possibly even the more prominent hypertrophic scar contour irregularities can be reduced using superficial fractional ablation laser resurfacing.

The combination of both the superficial and deep fractional ablation therapy modes theoretically could result in dramatic changes in burn scar in terms of superficial resurfacing and deeper overall remodeling of the scar.

## **DOES IT REALLY WORK?**

If one were to base one’s judgment of the real effectiveness of this new form of laser therapy on the high-profile media reports, and public and private claims of dramatic improvements, the conclusion would be, yes, fractional ablative laser treatment

works. However, this conclusion may be premature. Responsible reporting of the effects of this type of therapy emphasizes the need for more study in a scientific and controlled manner.

The fact is, at this point in time, although the early results seem to be very promising, we cannot state in a conclusive way that fractional ablative laser therapy works, how well it works, and what one can reasonably expect on a routine basis. There have been a few early studies reported at meetings showing improvement of scars in most cases. We must await publishing of peer-reviewed, scientifically performed studies. Other studies are currently underway.

There are still many very significant questions regarding its effectiveness in new burn scars versus older, more mature burns. Even the various parameters, such as laser instrument settings and length of time between treatments, have not been conclusively determined to give the most effective clinical result.

## **WHAT ARE THE COMPLICATIONS? HOW FREQUENT?**

The most common side effects after fractional ablative laser treatments are redness and swelling. Typically the redness lasts 2 weeks to 1 month. Make-up can be worn within the first week. Skin will feel “dry” 2-4 days after the procedure and resolves with peeling. Peeling is expected and occurs 5-7 days after the procedure.

Itching occurs as part of normal healing, but also could be part of a complication, such as infection, poor wound healing, and allergic skin reaction. Most patients experience minimal to no postoperative pain. Strict sun avoidance and sun protection for 1 month after the treatment is very important to avoid pigmentary changes.

### **INFECTION?**

Because of the very small wound created from the fractional laser, the skin re-epithelizes (the thin top layer of skin regrows) in 48 hours. This significantly reduces the risk of infection. After any laser treatment, risks may exist from bacterial, viral, or fungal infection. Most patients are placed on prophylactic antibiotics 1 night prior to the procedure and 6 days after. Signs to watch for include fever >100.4 or above, yellow/white discharge, pain, itching. If any of these occur, patients need culture and appropriate therapy.

### **PROLONGED WOUND HEALING, NEW SCARRING, HYPOPIGMENTATION/UNFAVORABLE COLOR CHANGES?**

There have been reports in the literature of cosmetic patients who develop scars after fractional ablative laser therapy, but thus far no reports of worsening of scars with this class of laser. Delayed hypopigmentation as seen with traditional carbon dioxide and erbium laser have not been seen with fractional ablative lasers.

*continued on page 21*

*Thank you to the following individuals and organizations for supporting the Phoenix Society with their recent memberships:*

## INSTITUTIONAL MEMBERS

American Burn Association  
Capital Community Foundation  
Firefighters Burn Fund - Manitoba

Halpert, Weston, Wuori & Sawusch PC  
Kidde  
Memorial Hermann Hospital

The Moody Foundation  
University of Texas Medical Branch  
Western Salisbury Fire Department

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*Honoring individuals who have made provisions for the Phoenix Society within their estate plans or life income plans. Have you remembered the Phoenix Society? Please let us know*

*so we can include  
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## TOM & MARY HESSEL ENDOWMENT FUND

DEARBORN FIRE FIGHTERS BURN DRIVE  
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*Fractional Ablation Laser Therapy continued from page 19*

## HOW IS IT DIFFERENT THAN PULSED DYE LASER THERAPY?

Pulse dye laser therapy is the other form of laser therapy that is commonly used for burn scars. It is not fractionated into multiple columns of light as is fractional ablation laser therapy. "Pulsed dye" is simply the term that is used to describe a particular laser that delivers a single beam of light with a wavelength of 585 nm. Because this frequency of light is absorbed well by the red hemoglobin in red blood cells, it seems to be most effective for red, immature scars. It is thought that the energy from the pulsed dye laser light is absorbed by the hemoglobin and the resulting heat damages the numerous blood vessels in the immature scars. It seems that this therapy tends to make immature, red scars become less red and also causes them to mature quickly in terms of reduction of size, firmness, and making them less pruritic (that is, less "itchy"). Currently, pulsed dye laser therapy for burn scars is much more commonly paid for by health insurance than fractional ablation laser.

## HOW MUCH DOES IT COST?

Treatments costs depend on the size of the scar and whether the scar can be treated in an office setting or an operating room with anesthesia/sedation is required. Treatments done in the office typically range from \$500 to \$3000, depending on body surface.

## DOES INSURANCE PAY FOR IT?

At this point in time, fractional ablation laser therapy has not been so well established as an effective clinical treatment of burn scars that insurance companies pay for the treatment on a routine basis.

We are currently working with the American Medical Association coding committee to establish codes to pay for these treatments. We encourage patients to contact their insurance companies prior to treatment to see if their individual plans may cover them. We will keep you posted on our efforts in Washington.

*Robert J. Spence, MD, is an American Board of Plastic Surgery certified plastic surgeon. He is currently Director of the National Burn Reconstruction Center at Good Samaritan Hospital in Baltimore, MD. He is the former director of the Johns Hopkins Burn Center and the Johns Hopkins Center for Burn Reconstruction.*

*Jill Waibel, MD, is an American Board of Dermatology certified dermatologist in private practice in Miami, FL. She is recognized as the foremost clinical authority on the use of fractional ablative laser therapy for burn scars. ■*



Phoenix Society  
for burn survivors

THE PHOENIX SOCIETY'S

# world burn congress

## 2011

SEPTEMBER 21-24

CINCINNATI, OHIO

Hyatt Regency – Cincinnati

151 West 5th St

Cincinnati, OH 45202

Congress sessions will be held across the street at the Duke Energy Convention Center

## Calling all Families.....

we are planning on seeing you again in Cincinnati!

UBELONG: FAMILIES, TEENS & KIDS  
TOGETHER IN BURN RECOVERY  
AT THE 2011 WORLD BURN CONGRESS!

- ~ Parent Workshop
- ~ Young Adult Workshop
  - ~ Teen Groups
  - ~ Kid Groups
  - ~ Childcare

Connect with others, connect with your family, and take home a wealth of knowledge, skills, and newfound friends!

Mark your calendars for September 21-24, 2011.

More information to come!

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*Note: The Phoenix Society does not endorse products or services, but is committed to providing information as it relates to the burn community.*

## New Board Members Welcomed

Our organization is fueled by many individuals with unique skills and experiences—avid supporters, dedicated volunteers, and, of course, our leadership. In 2010 the Phoenix Society for Burn Survivors welcomed 5 new members to our Board of Directors. These individuals bring a vast array of experience, talent, and resources that aid us in the fulfillment of our mission:

- Tony Burke, Burn Coordinator, International Association of Fire Fighters (IAFF) Burn Foundation
- Don Cheley, Cheley Colorado Camps
- Billy Leahy, President, New York Fire Fighters Burn Center Foundation
- JR Martinez, Veteran/Actor
- Tim Sendelbach, Editor, *FireRescue Magazine*

To learn more about the Phoenix Society's board members, visit [www.phoenix-society.org/aboutus/boardoftrustees/](http://www.phoenix-society.org/aboutus/boardoftrustees/).



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- Long-Term Effects of Burn Injury on the Skin
- Body Images and Burn Injuries

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### JOIN US BY RUNNING TO HELP BURN SURVIVORS RECOVER, RENEW, AND RETURN MAY 1, 2011, IN CINCINNATI, OHIO



Members of Phoenix Society's Team RISE (Runners Inspired by Survivors Everywhere) are preparing to put their running shoes on this coming spring to raise money for the Phoenix Society. On May 1, 2011, the group will be participating for the 8th year in the Flying Pig Marathon. A team dinner held will be held the night before on April 30.

This is a great opportunity to check out the 2011 World Burn Congress host city and promote our 2011 World Burn Congress program!

Participants will receive a t-shirt, and prizes will be given to individuals and teams raising the most donations. This year donations can also be made online by visiting the Team Rise site at [www.active.com/donate/Phoenix-RISE!](http://www.active.com/donate/Phoenix-RISE!)

Team leader and event organizer Bill Zembrodt encourages everyone to participate as part of a 4-team relay, or by running a half or whole marathon! Bill can be contacted at [billzembrodt@yahoo.com](mailto:billzembrodt@yahoo.com).