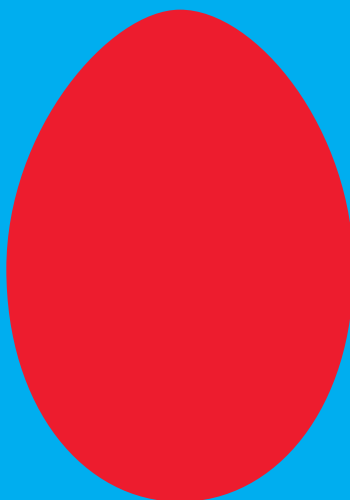


Humpty Dumpty
Foundation

SECOND EDITION 2017



*helping
kids in
hospital*



THE GOOD EGG

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THANK YOU

A huge thank you to our editors, writers, designer and printers for donating their time and expertise to Humpty to help produce this edition of The Good Egg.

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CONGRATULATIONS

Long time **Humpty Ambassador Phil Kearns AM** was appointed a Member of the Order of Australia earlier this year for his significant service to the community through his support of charitable organisations, to business and to rugby union at the elite level.

It was Phil who came up with the idea for the Balmoral Burn, and now 17 years later, it has raised over \$30 million for the Humpty Dumpty Foundation to purchase essential, often life-saving medical equipment for children's hospitals, right across Australia.

Congratulations Phil and thank you for all that you have done for Aussie kids – you are a true champion!

Message from the Chairman



With our patron Ray Martin in Alice Springs, talking with the media.

Recently Ray Martin, Humpty's very busy Patron, and I travelled once more to the Northern Territory, talking to the doctors, nurses and administrators at the Royal Darwin, Alice Springs and Gove hospitals. Every state in Australia needs the continued support of Humpty and our donors but none more so than the Territory.

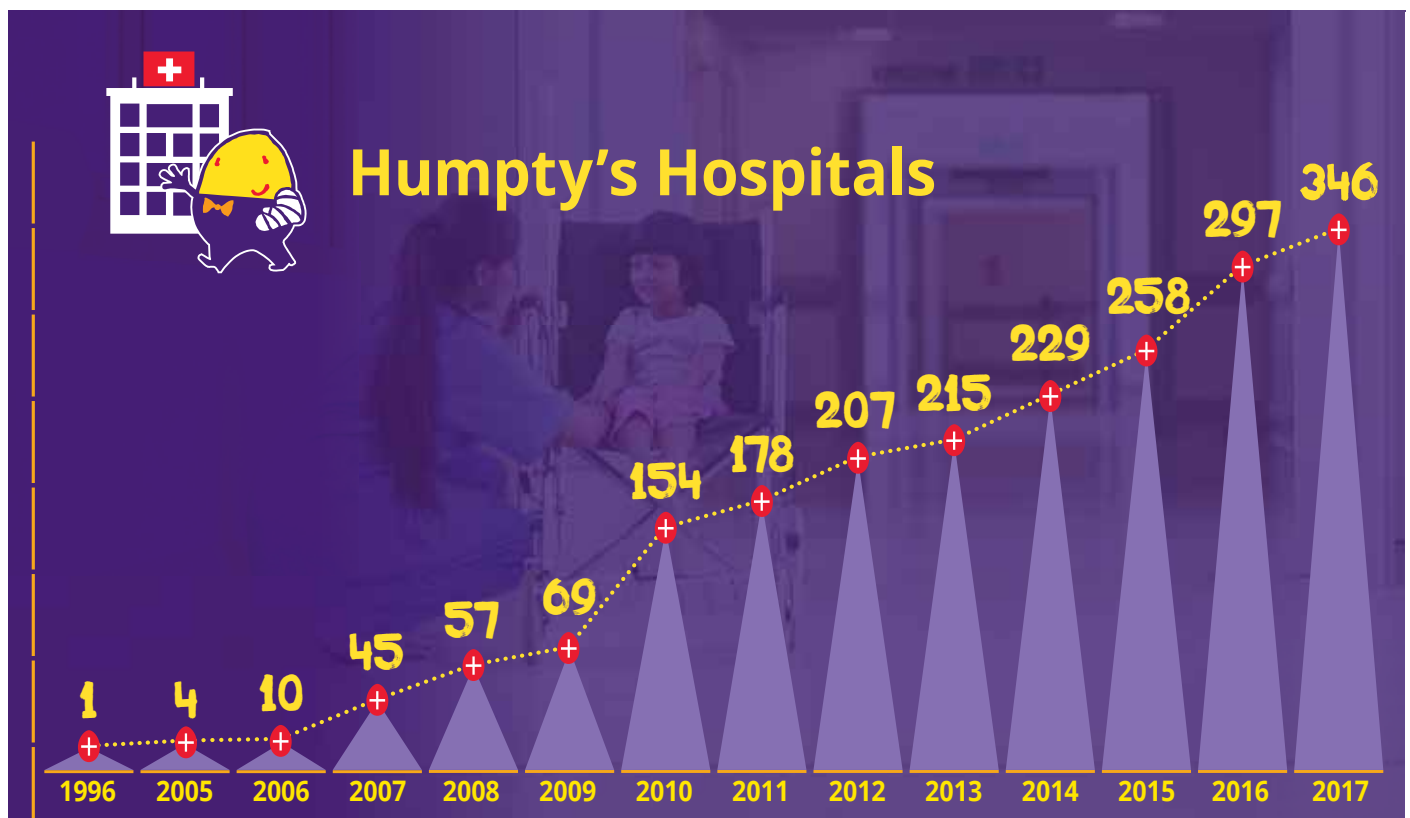
It is not just a problem for each state government, it is a problem for all of us. We must all work together – governments, corporate sector, private sector and the media – we won't fix the problem overnight, but we can be part of making the medical outcomes for children so much better. In 2016, through the generosity of Humpty's 'Good Eggs', over 500 pieces of children's medical equipment have gone out to many of the 346 hospitals we now support, hundreds of children are alive today because our doctors and nurses are better equipped.

Please, whilst reading this issue of our Good Egg Book check out the hospital Wish List on pages 20-26. If you have a moment please visit our website: www.humpty.com.au and view our most recent DVD.

Thank you and if you can, join us in making an immediate, tangible difference to children's health in Australia

Paul Francis OAM

Founder & Executive Chairman
Humpty Dumpty Foundation





Hannah's Story

Peter and Amber look back on one of the most difficult times of their lives. Their story, and that of their beautiful daughter Hannah, shows us just how fragile life is, and how important it is to give our children every possible chance we can.

On the last weekend in May 2011, we were catering for the annual Balmoral Burn as we had done for the past few years, only this time it was slightly different, Amber my wife was 24 weeks pregnant with our twins!! I fondly remember her standing outside the catering tent laughing as she watched our two year old, Zoe, dancing like crazy to the Hi-5 concert that was happening under the next marquee.

One week later things took a dramatic turn for the worse. Amber had felt something was wrong with the pregnancy and after a regular check up with the gynaecologist, she was sent for urgent blood tests and scans. It was then that we learnt that the identical twins had developed a rare condition known as Twin-to-Twin Transfusion Syndrome. In short, one twin was taking 80% of the blood flow creating strain on the heart and the one receiving 20% of the flow was shutting down and becoming dangerously weak.

If we did nothing both twins would die, if we performed laser surgery on the vessels that were supplying an uneven flow then there is a possibility they would survive but also a possibility that it would bring on early labour.

We had no choice really. We had to go with the surgery. That night it seemed that everything was successful but the following morning the ultrasound could only pick up one heart beat. The change in the uterus was enough to kill the weaker daughter.

And to make things worse it was only one more week – 26 weeks gestation – that Amber went into labour. She was rushed from the SAN, where we planned to have the births, to Royal North Shore Hospital where they had the equipment and professionals to deal with these emergency deliveries.

I remember our obstetrician (ironically named Dr Hanna) at the SAN telling me to take my time and go home, get some clothes, feed the dog etc as he thought labour wouldn't happen until the next day. On arrival back at the hospital, about 40 minutes later, I was approached by a nurse who quickly asked who I was and indicated that I was lucky to turn up before the births had started. Amber was already having severe contractions. Minutes later she delivered Hannah, we held our breath waiting for her to make a noise and after we watched doctors resuscitate her, we heard her scream, but then she was whisked away to ICU before we could touch her, weighing in at 1kg. Not long after, Amber was asked to push again to deliver Sophie our stillborn, a surreal moment that is etched in our memory for life.

The ordeal was over, or so we thought. One more push and the placenta would be delivered. One more push turned into

many more and it seemed evident it wasn't going to come easily. There was an unnerving amount of people rushing around as they gathered people to take Amber to surgery. The doctor looked at me as I stepped on islands of towels they had thrown on the floor so we didn't all slip in the pool of blood, and told me that Amber should only be in surgery for 20 minutes.

The next hour and a half was my most anxious time, and for a moment I had a terrible thought that while I was holding my stillborn daughter saying my goodbyes, my other daughter was fighting for life in the ICU and my wife was in surgery for an hour longer than the doctor had told me it was going to be. I thought I could lose everyone here and just then the doctor appeared.

The doctor told me Amber was placed into an induced coma for 24 hours as her body needed to recover from the surgery to remove the placenta. He finished our conversation by saying, "Lucky this isn't your only experience with childbirth, because this is probably one of the worst births I've had for a long time" as he assumed Zoe was my biological daughter, I replied, "no mate... this is my first... and last" and with that I was left to meet our daughter alone.

I was scared and excited all at once and was trying to process all that had happened in the last couple of hours. I was still facing the reality of losing Hannah.

Walking into the ICU ward and seeing Hannah's little body tucked away beneath all this machinery and the CPAP mask, that all but covered her precious little face, was scary to say the least. I could feel the weight of the night coming down heavily on my shoulders. At that exact moment I saw the little 'Humpty Dumpty' figure on the humidicrib and the penny dropped... so here is where all the money goes... Thank God for Humpty!!!!!! The equipment looked so new and high-tech and was surely going to save my little girl. It truly gave me the hope that I needed for things to work out OK.

My little girl and my wedding ring



One of the Humpty pieces of equipment that saved Hannah

The next 93 days in hospital were challenging. Two weeks until mum was able to hold her for the first time and I had to wait a whole month! There were blood transfusions, heart complications and moments when she stopped breathing completely. There were many times that we would look at Hannah and truly believe it was not possible for something so small and fragile to survive. I recall on the 20th June they gave Hannah a Certificate of Congratulations for reaching 1kg again after losing the initial 10% body weight. It seemed strange that that was such an achievement and just emphasised the mortality of the tiny kids in that ward. We have kept the certificate and the journal we filled out daily for Hannah to reflect on, in years to come.

We did however find it amazing to see just how much equipment had been bought by the Humpty Dumpty Foundation. My wife even came out of the breast feeding room one day and said that even the breast pumps had the Humpty sticker on them!

Eventually Hannah came home on her due date – 15th September in a healthy condition, weighing a huge 3kg. She remained on oxygen at home for a month and then was given the all clear.

Three months after being home, tragedy hit Hannah yet again. A small bruise on her right collar-bone turned out to be more than just a bruise (Amber had actually accused me of holding her too tightly around the neck when I had been burping her!) It was an extremely rare benign vascular tumour seen only by Australian specialists a handful of times. Kaposiform Hemangioendothelioma or KHE for short. Boston Children's Hospital report that only 1 in 100,000 children has this condition.



I distinctly recall the moment the doctor rang to tell us the biopsy had come back and that our daughter had 'cancer' and would require chemotherapy. We couldn't understand what was happening. It must have been a mistake. What did it mean? Had we come this far just to lose her? We were angry and couldn't comprehend the cruelty of it all. Why us? Why Hannah?

So at the age of 6 months, she had a central line inserted and commenced Intravenous Chemotherapy.

After 6 weeks of treatment the tumour basically exploded. The nature of the disease is that it attacks her platelets and as a result they were down to 3 and it looked like she was internally bleeding to death.

Doctors in the oncology ward argued in front of us as they contemplated giving her a blood transfusion. Her specialist, the wonderful Dr Emma McCahon arrived just in time to explain that giving a blood transfusion would have done nothing but feed the tumour and so steroids were introduced instead.

And oh what a joy steroids are. Roid rage is an expression I felt fairly confident could not exist in a baby of 8 months of age but it certainly did. And boy did she put on weight...the poor thing almost doubled in size and was hardly recognisable to those who hadn't seen her for a few months. Luckily steroids reduced the size of the tumour but only to a point, and after 9 months we stopped both chemo and steroids and started on a new treatment that had seemed successful in its limited use in the States. Sirolimus, which is an anti-rejection drug given to transplant patients, was used on Hannah for the first time in Australia to treat this type of tumour.

She has now been on Sirolimus for nearly 4 years. It is an oral liquid which is taken twice a day and has to be supplemented with Bactrim (antibiotics) 3 times a week and from what we have observed, has little to no side effects. Due to the position of the tumour being inside her neck close to vital blood vessels and structures, surgery is not an

option and we are hoping that the tumour will continue to shrink in size to a point that it either disappears or her body grows big enough to keep it at bay without the assistance of drugs.

Hannah's condition has brought about more hospital visits than any person should ever have to face. At 2 years she broke her thigh bone and was in a hip-spica (body cast) for her second birthday as a result of her bones being weak due to the detrimental effects of steroids.



She also experienced several prolapsed bowels from the severe constipation it caused and she has had 6 fillings in her teeth and an extraction as chemo destroyed her growing teeth. She has had 11 general anaesthetics for the procedures she has undergone including bone scans and the 6 monthly MRIs she requires to monitor her tumour. To this day, she still has monthly blood tests to check toxicity levels which she takes on without even a flinch.

Hannah's story is one of the lucky ones. We have seen unimaginable grief in our time in hospital and have always found a way to see that we are fortunate for our particular situation. Hannah has developed an amazing strength and confidence through her ordeal and we feel it has set her in good stead for whatever life brings her. Not to mention the strength and bond that it has bought to our family as a whole.

Hannah is now a happy, healthy 6½ yr old who stopped ALL medication back in February this year. She sees an osteopath to try and correct her head movements as it has become stiff over the years but other than that she is great, the



latest MRI could only show a small sized tumour that her body is able to keep at bay by itself!!

Our happy healthy family



Humpty in the Northern Territory

By Ray Martin AM

We met Shenay at the Gove Hospital the other day. Shenay is two years old, with sparkling eyes and brown curls that fringe her lovely face. Her eyelashes swoop down to her cheeks.

She's simply beautiful.

Shenay shared her hospital bed with Pixie, her softly -spoken grandmother. Her aunt sat watchfully in a chair next to her. (In Indigenous Australia, grandmothers and aunts are too often the primary carers of babies and children.) Certainly, Shenay never left Pixie's shadow, as she smiled sweetly for my camera.

Paul Francis and Julie Abbott, Humpty's tireless General Manager, had joined me on the hour-long Air North flight to Gove to see what else this isolated Gulf community needs in the way of medical equipment for its children.

Gove, Northern Territory

This year alone, your generous support has given the Gove District Hospital eleven new pieces, valued at about \$50,000 – all gratefully received and saving lives. It's just a small part of almost \$900,000 worth of high-tech equipment we've provided for 33 children's wards of the Territory's hospitals and medical centres.

Gove – or Yirrkala to give it its correct name – has a proud and powerful place in Aboriginal Australia. The local people, the Yolgnu, have given us two Australians of the Year, the iconic music of Yothu Yindi, the angel voice of recently deceased Dr G (out of respect we can't say his name) and have led the way in successfully claiming both mining rights and land rights for their people over the last half century.

Gove Hospital



A plaque recognising your donation will be attached to the equipment purchased



Yet, shortly before our visit, Galarrwuy Yunupingu AM, the community's most revered Elder – and a former Australian of the Year – was rushed to Darwin where his foot was amputated in an attempt to slow down his life-threatening diabetes.

Diabetes is a plague in Aboriginal communities – along with renal failure, trachoma and so many other illnesses associated with poverty. That's why indigenous people are the sickest in Australia.

As for beautiful two-year old Shenay, she's back in hospital – we discovered – not for some exotic disease, but because she's suffering from malnutrition.

Malnutrition: a failure to develop, a failure to grow. In 2017, how does that happen in Australia?

How can we, in Australia, leave two year old babies in hospital suffering from malnutrition?

Sometimes it seems we've lost our sense of priorities and decency. Good reason, I hope, to again generously support Humpty's campaign to make a difference to the lives of children in the Northern Territory.

Thank you,
Ray

With special thanks to
airnorth
together we fly



Shenay with Pixie

THE GREAT HUMPTY BALL DARWIN

Saturday 24 March 2018 • BEACHSIDE PAVILION • SKYCITY DARWIN



To express your interest to join our Patron, and MC Ray Martin AM for an evening of great fun and special outcomes, please call Humpty on 02 9419 2410.

Letter from Darwin

This letter was sent to Dr Louise Woodward, Paediatrician, Royal Darwin Hospital. The Northern Territory has been waiting 12 years to obtain their own Infant Retrieval cot, but until now, it has not been financially possible.

The Inaugural **2017 Great Humpty Ball, Darwin** raised **over \$420,000** so Humpty was able to purchase this Infant Retrieval Cot, \$170,000 to be based at Royal Darwin Hospital to ensure that every kid is given their best chance at survival. Thanks to the generosity of those who attended, this was one of **23 pieces of vital equipment** funded to help kids in **Territory hospitals** and health clinics.



Hi Louise,

Thanks for the opportunity to tell our story and hopefully help in securing a valuable piece of equipment for the hospital.

Our son Breslin was diagnosed with a rare congenital heart defect in October of 2014. His condition was treatable but unfortunately for us Breslin's condition was deteriorating rapidly and his only hope of survival was immediate evacuation to a hospital designed to deal with his condition.

Being told your child is unwell is distressing at the best of times. I still remember like it was yesterday being told that unfortunately due to Breslin's condition and the treatment needed being so far away, he was not expected to survive the night. I still remember the look on your face, the way you paused between sentences and measured each word and the way you delivered the news no parent wants to hear. I remember thinking that what you were saying could not be possible, and that how could this possibly be happening to us. These few minutes were the worst of my life and unfortunately for me they are burnt into my memory. Often, and for no particular reason, this moment in time pops into my head unannounced and definitely unwelcomed.

Over the course of the next 24 hours we were told on no less than 3 occasions by 3 different Doctors that Breslin would not survive. We were told that a combination of logistics and lack of equipment meant that we would not be able to get Breslin to a hospital in time. To be told your child is going to die is just incomprehensible but what made it worse and caused both my wife and I stress, anguish and confusion was being told that his condition was fixable, but the logistics and equipment needed to get him to a place to fix him would take a considerable amount of time. Of all the stress we went through, the stress of not knowing when help would arrive was the hardest and most difficult to deal with. I am told that had we been able to be evacuated the day Breslin was diagnosed his condition would have been much more stable and perhaps we would not have had to hear the words "die" and "your child" in the same sentence. The trauma and emotions of this day are still very real for my wife and I, and not a day goes by where we don't have some memory of that night or that time in our lives. If this valuable piece of equipment saves one life it will be worth it. If it saves one family from feeling the trauma and anxiety we still feel, then it will be worth it.

Regards, Matt Sullivan

Fortunately for Breslin and his family, a solution was found just in time, and he is now a happy 5 year old.



Humpty's Kokoda Adventure

by Jeff Zulman

One of ten trekkers who recently completed Humpty's Kokoda Trek, Jeff shares the highlights from his journal – taking us with him on this 96km journey deep into the heart of the jungle, and into Australia's history

PREPARING FOR KOKODA

I was reared on a diet of the Voortrekkers and Shaka Zulu. Later I came to learn about the fathers of modern Zionism – Herzl, Begin and Ben-Gurion. Somehow, despite 23 years living in Australia, I never appreciated the centrality of this small island and how the military battles that played out on the Kokoda trail helped to define our comparatively young nation.

Preparing for Kokoda has not been merely physical, but an eye opener in terms of learning about how young Australians gave life and limb to stand side-by-side under siege. Vastly outnumbered by a marauding and cruel Japanese army, pitted against an enemy with superior weaponry and training, intent on using Papua New Guinea as a staging post to attack Australia, the Aussies demonstrated how guts, determination, and mateship, could allow them to triumph against the odds. One of the key battles was fought 75 years ago this week and we will sleep on those very battlefields, where I have heard it said, that in the quiet of the forest, people have sworn they heard voices of the fallen whispering to them.

Already I sense that our disparate band, all of whom I have barely met, will need to stick together and help one another and dig deep, if we are going to all successfully cross the Owen Stanley Range over the next eight days. I have also learnt from past endurance events that these challenges attract some inspirational characters and I want to share the story of Kevin – as I suspect we are going to become good “mates” over the next 8 days:

Kevin presents as a slightly built, wiry man with the gait and build of a marathon runner. He moves easily and seemingly without effort. On a “dress-rehearsal” training event in the

Blue Mountains, I single him out as the man to follow. Just mimic his pace and footfall and it will hopefully help me establish the steady rhythm required to cover the 5.5 hour training hike. As we walk through the bush and scrub I learn that Kevin has spent many of his years running Apple's operations in Australia, but that is not how he defines himself. Rather, he seems to take greater pride as the coach of the Apple running team, which pits itself against other top corporate teams in the Balmoral Burn. This is Humpty's signature annual fundraiser – a 420 metre uphill race. Kevin is modest and when I pressed him as to why he doesn't compete himself, I learn that he is in remission from Hodgkin's Lymphoma, having only completed chemotherapy some 15 months ago and still requiring ongoing treatment. He explains he has lost part of his Pelvis and Femur (thigh bone) to the disease, but none of this is evident in his pace or stride. As we start the final ascent from the valley below, I stick on his heels. I am armed with my climbing poles and use my upper body strength to try to muscle my way upwards, whilst his 62kg frame appears to glide effortlessly upwards, with no such support. Forty-five minutes later we have covered half the ascent and our group now snake down the mountain below. But it is no use, half way up the mountain I am spent and can no longer match his pace. Within minutes he disappears up the winding path ahead of me. I am left with little doubt that this 65-year-old will be the propelling force in our group – even his brother, Hugh, 13 years his junior is no match for his drive and determination.

We are 10 trekkers supported by no less than 29 porters. One personal porter for each trekker and then a cadre of cooks and general porters – every pot, pan and ounce of food needs to be carried in and must provide for the length of the trail. The only other way out is a costly medivac emergency helicopter ride, reserved for those unlucky enough to be unable to finish the trail.



August 1942. Native porters carry Australian wounded from a jungle battle area to the hospital base behind the lines, following a clash with Japanese ground troops. Image courtesy of the Australian War Memorial

LET THE TREK BEGIN

Our trek commences at Owers' Corner under the shadow of a 25-pound Howitzer cannon. Each of us is paired with our personal porter and loud cheers erupt when I am the first called out to meet Reuben. I am immediately struck by a wave of guilt – how will this 43 year old father of four and veteran of ninety-five Kokoda trails manage my backpack across this terrain? I can scarcely walk with it and he is smaller than me. At Sydney Airport, I was pulled up for having a suitcase weighing 26kg and a day pack weighing a further 8kg. At the hotel in Port Moresby I face the impossible task of fitting the contents of my suitcase into a 70 litre backpack. It becomes an agonising selection of necessities over luxuries. Out goes the hi-tech, light-weight, fold-up, aluminium chair – my one creature comfort in which to sit and compose my diary. This is followed by food snacks and spare clothes – after all I suppose socks and jocks have two sides for a reason....

When I am done, my backpack weighs 20kg (including a tent) and my day pack 8kg (including 3 litres of water). I had not realised, that to this, Reuben will need to add his 5kg luggage allowance. Reuben is unfazed and with a gentle smile and reassuring word, he effortlessly hoists my bulging backpack and we fall into place in single file, a porter behind each trekker. Over the next eight days Reuben is my batman, Pidgin teacher, guide, water fetcher (to which I need to add water purifiers) and friend.

I notice how each personal porter has a hand hovering just above the day pack of the trekker in front. The slightest stumble or slip and they expertly settle them. I did not realise that Reuben was doing the same thing for me until I lose my footing and then with a deft hand he manages to whisk me to my feet like a marionette puppet – whilst still needing to balance himself and our heavy backpack.

The porters wear a variety of footwear. Some wear hand-me-down hiking boots, others have old sneakers and



1942. Members of the 2/27th Australian Infantry Battalion as they reached the outpost at Itiki, after being out of touch with other troops for 13 days. Image courtesy of the Australian War Memorial

many are barefoot or unbelievably wear thongs. I watch in amazement as the porters' barefoot and thonged feet almost seem to curl around each tree root, rather like a hand might grip at a protruding rock. Over the next few days we scale the hills where once stood the 'Golden Stairs' – built by the Australian forces but now subsumed by the jungle. Similarly, the 'Japanese ladder' built by an advance division of specialist Japanese engineers, has not survived the passage of time. The trail is laced with tree roots, which at first glance appear to sprawl across the surface of the track like spaghetti, threatening to trip a less than alert trekker. But the porters use these roots like an elaborate staircase and when skilfully navigated, each protruding root serves as stair tread.

During the war, the Papuan carriers played a vital role in carrying supplies for the Australian troops to the battlefield and then turning around and stretcher-ing injured soldiers back to safety. Many young Australians and their



Ancient Arctic Forest - Beech Trees & Giant Pandanus Trees - on the way to Mt Bellamy

descendants owe their lives to the bravery and skills of these unassuming and softly spoken people. It is little wonder that the forebears of our porters (in Reuben's case his maternal grandfather) were known as the Fuzzy Wuzzy Angels – a title carried with pride.

I won't hike on Saturday (my Sabbath). So, the organisers have allowed me to set off ahead of the group on the Friday with two porters and a satellite phone. My objective is to make camp in a small village which is the designated Saturday lunch stop. Therefore, I need to cover 150% of the group's Friday distance. The challenge is that Friday is already the longest day on our hike – some 9 hours of hiking. Can I manage to outpace the group and still make camp by nightfall?

SETTING OUT AHEAD OF THE GROUP

Shortly after first light on Friday morning we wade across the shallow waters abutting Ofi Creek camp, fasten our boots and we are off. I set off with my Personal Porter, Reuben, just behind me and then three GPs follow close behind. Now, these are not medical doctors, but General Porters and form part of the 29-strong porter team that accompany the 10 trekkers. All the food provisions, cooking equipment, tents and even a portable heart defibrillator need to be carried along the length of the track. You can quickly understand how the Japanese Imperial Army basically starved – their supply lines became increasingly stretched as the Australians thwarted the Japanese advances and delayed their planned assault on Port Moresby.

Soon we are climbing the Maguli Ridge and stop part way up to catch a breath and inspect the remains of a wartime Japanese weapons pit. I have an inspired idea – why not listen to the remaining chapters of Peter FitzSimons' fantastic non-fiction novel, "Kokoda", which I have on my iPhone as an e-book. Within minutes I am absorbed – the track in front and the jungle around me fuse, as I am transported into another time but the same place. I can sense the Japanese and Australian troops dug in around me and literally do not feel my legs. In 2.75 hours, we scale the Maguli ridge, a crossing that we were advised would take 4 hours. If ever you need proof that these challenges are more mental than physical, this must be it.

Now, buoyed by our progress, I get a false sense of confidence and race onwards. Then at an area named simply 'the swamp' I suffer my only mishap: I climb astride a log bridge, crossing a section of swamp, confident that with each foot on a separate log I should have no problems. However, the logs are not secured and one starts to roll away. I lurch sideways heading straight for the thick, oozing, chocolate coloured swamp to my right. At the last moment, I manage to stab a trekking pole into the depths and it

halts my descent and only one leg burrows to the shin in the oozing bog below. Eventually we free my walking pole, covered in slime, and now I progress a little more gingerly.

At the next large crossing (Brown River) I really experience the profound ability of Reuben and Tagai. Unlike the main group we have no ropes to string across the river and assist with balance. Instead, Tagai takes my day pack and poles as well as Reuben's pack and darts along a fallen tree that serves as a bridge. Next follows Reuben, who instructs me to place a hand on each of his shoulders. Then he steps out onto the fallen tree trunk ahead of me. As he takes each step I follow, knowing full well that if I miss a step we will both be in the drink. But such is his poise that I have little to fear.

Just before lunch we reach the village of Agulogo, the intended stopping point for the group for the night. Most of the Villagers are Seventh Day Adventist and their Sabbath, like mine, commences at sundown on Friday. A group of about 20 women, preparing their Sabbath meals spot their fellow kinsmen, Reuben, and rush over excitedly to greet him. A rapid exchange ensues – why he is travelling alone with only one “white pella”. Once they understand they quickly turn to me and each insists on shaking my hand with a broad smile and echoes the same greeting with a welcoming grin: “Subbat Keeper”.

As all experienced runners will tell you it is all about keeping a measured pace. Exactly 30 minutes after our lunch stop I look up and swear out loudly without even realising it. Reuben replies nonplussed that this is called ‘The Wall’. I don’t need to ask why. In training, I tried a session on my friend, Steven’s, Stairmaster and for a while was able to crank it up to its maximum 20 setting. Well if that was 20 this feels like 40 plus. Reuben had taught me the pidgin expression: “U-me-go-ant-ap” which basically means: We are



One of many river crossings, this one is on the way to the village of Efogi

going to the top of this! I have no choice and repeating my new pidgin mantra, we work our way upwards. 45 minutes and several stops later we crest this ridge.

One final river crossing and in the late afternoon we stumble into the camp site at the village of Menari. After my first shower in three days and a Shabbat dinner of Matzah (cardboard disguised as a food stuff), pasta, tuna and then a packet of biltong. I am deeply asleep by 19:00 – this is definitely going to be a day of rest.



Agulogo Village - a delightful campsite beside a running creek



'Con's Rock' between Alola Village and Isurava

BACK TOGETHER AGAIN

Darkness descends very quickly in the jungle. Within minutes we find ourselves enveloped by the jungle canopy above. We sit huddled together, ten hikers, three girls and seven guys, aged from 25 to 65, our medic Max, and tour leader Wayne, from Kokoda Spirit. A single lantern hangs from the rafters of the bamboo palm thatch enclosure. One at a time we go around the circle and describe our highs and lows of the trip. Allow me to share some of these responses and thereby provide you an insight into the motivations and feelings of some of these remarkable people with whom I was privileged to undertake this Humpty Kokoda challenge:

Janine – outwardly a steely corporate lawyer who each day hikes with her late grandfather's war medals pinned to her breast. As she begins to speak, she breaks down in tears as she recounts how her grandfather served the 2nd/14th battalion of the 21st Brigade of the IAF with distinction in

PNG, only to return to Australia with broken health and haunted by the memories of what he witnessed in this war, images that would plague him until his dying days, some thirty years later.

Next Simone shares how she had stared in bewilderment at the tombstones of the 3,400 Australian and 438 British Soldiers who are buried at the Bomana War Memorial Cemetery outside Port Moresby. She tells of her own father's passing only a year before and the terrible pain she felt. Then in tears she asks how the mothers of boys as young as 18 could bear such pain. Many lie in graves marked not with their name but simply the epitaph:

"A Soldier of the 1939 – 1945 War – Known unto God".

Sitting beside her is Dave, a burly man with grey hair, who is Managing Director of Hitachi Construction Machinery Australia. Running down the centre of his chest is the bright red scar from where it had been sawed upon only fifteen months before, to perform a quadruple heart bypass. Although he has lost 15kg since the operation, I had watched Dave in training in the Blue Mountains, and wondered if he would complete this challenge. Contracting a gastro illness early in the trek proved to be the greatest struggle for him, but somehow, with the aid of the group, he just kept going, despite vomiting until he dry-wretched, his body rebelling against the struggle. But Dave is a man on a mission. Japanese custom is to cremate the dead and to rename them. Dave carries a letter from a now elderly woman in Japan. Her father never returned from the war. Instead he lies in an unmarked grave and she wants closure and to honour her late father before she too passes away. It falls to Dave (the first Westerner in Hitachi Japan's Executive Team) to fulfil her wishes and that of her grandson. This week we stood on the banks of a small river whilst Dave read out the new names, written in traditional Japanese characters on silk, each describing a different element of the deceased characteristics. Then we burn the silk document and an accompanying photograph, inside the hollow of an old tree.



Bomana War Cemetery, Port Moresby

This is not merely a journey to walk a track in a remote jungle. For the participants, this is a journey on many parallel levels – one where we travel both backward and forward in time, a journey of introspection, heightened understanding, and contrasts.

FINAL THOUGHTS

The Humpty Dumpty Foundation selected a very smart parallel for its work, in tackling the Kokoda Trail. For most importantly, this was a journey to help young hospitalised children both in Australia and in PNG. Once young Australians went off to a war not of their making and many gave the supreme sacrifice of life, which all too often could have been averted if those in power had the understanding to give them the supplies and resources needed to win the battle. Today, in hospitals around Australia and PNG, young children and their families are fighting a war often of life and death, in a battle they too did not select. The difference between winning and losing, between life and death, can be as simple as the equipment and resources we can provide.



'Kingsbury's Rock' - Isurava - Private Bruce Kingsbury, 2/14th Battalion, lost his life near this rock on August 29, 1942

In 2018 Humpty will again take a group of trekkers to the Kokoda Trail. Humpty would love you to join us – and raise vital funds to help kids in hospital.

The poster features a large, white, stylized text 'HUMPTY'S KOKODA TREK' and '21-31 AUGUST 2018'. To the right of the text is a cartoon character of a yellow egg with a purple body and a bow tie. Below the text, a group of people are seen trekking through a dense, misty jungle. In the bottom right corner, there is a large, vibrant red poppy flower.

A once-in-a-lifetime opportunity to walk in the footsteps of our heroes, and do it to help kids in hospital.

Having commemorated the 75th Anniversary of the Kokoda Campaign, come and immerse yourself in the history. You'll spend 9 days trekking through 96km of wild jungle; crossing rivers, rugged mountains, and listening to the stories of our diggers under the stars.

Funds raised will help children in Australia and Papua New Guinea.

Places are limited, so contact us for an Information Pack. humpty@humpty.com.au | (02) 9419 2410



Lauren's Update

by Sue Channon

It has been a year since I was first asked to share the story of my daughter Lauren's heartbreaking medical journey with the Humpty Dumpty family. Since then I have learnt one particular lesson that I'm sure many can relate to.

Each and every time my caller ID lights up with the number of Humpty's founder and chairman, Paul Francis, I brace myself as I now know from experience just how impossible it is to say no to Paul. His heart is so huge, and his passion and commitment to Humpty and its endeavours for the sick children of this country is equal parts inspiring and infectious. One can't help but be swept up in his energy and agree to help in whatever way he needs.

Over the last twelve months those same calls have led to experiences I couldn't have imagined a year ago. We have spoken at two Great Humpty Balls and been humbled by the generosity of spirit that lives within the Humpty family and been genuinely overwhelmed by the sheer volume of medical equipment donated. We travelled to Darwin with Paul, Ray Martin and the hard working Humpty team. We witnessed first hand just how desperately paediatric medical equipment is needed in the Northern Territory, and I watched with pride as Lauren sat side by side with Ray in numerous interviews as they promoted Humpty's first ever Darwin Ball. Clearly Ray shares some of Paul's persuasive powers as he managed to convince my brave nine year old daughter to pose for the media with a crocodile! (Left)

But of all the experiences Paul's calls have led to, without a doubt there is one that has touched me beyond all others. It was the sunny Sunday morning in May when we stood amongst thousands of members of the Humpty family at the very bottom of Awaba Street for our very first Balmoral Burn. It's almost impossible to describe just how moved and grateful I was throughout the entire day. At times the gratitude almost overwhelmed me as I watched wave after wave of people surging up the street to the finish line. I truly couldn't believe the vast number of corporate teams, school groups, families, pets and athletes of all ages and abilities who pushed themselves to the limit to burn up that incredibly steep hill. It was both inspiring and truly humbling as I know first hand how life saving each and every step they are taking will be.

Lauren has faced more than her share of almost insurmountable uphill battles in her life, and there have been times I wasn't sure she was going to make it to the top.

Standing there that day I was hit by the realisation that through each and every year of Lauren's short little life, when she has had to fight her way through so many surgeries and complications, thousands of people in the Humpty community have been burning up that hill and giving so generously to ensure that she had access to the medical equipment that gave her the very best chance of winning those battles.



I wish I could have been at the top of the hill hugging each and every person who crossed the line, thanking them for having such giving, caring hearts and for helping Lauren and thousands of sick children like her make it up an even tougher hill.

In early November my brave little Princess is heading

back to hospital for the 121st time for one of her toughest operations to date. It will literally be one of her biggest uphill battles. I know without a doubt that as I hold her precious little hand, and we walk into the operating theatre surrounded by the dozens of pieces of medical equipment that will get her through the long and difficult surgery, that the image of thousands of people running up Awaba Street will never be far from my heart. That image will be a constant reminder that the entire Humpty community is doing all they can to push my precious little girl safely up the hill and back into her mummy's arms.

This year Lauren wasn't well enough to participate in the Burn and watched from the sidelines with Humpty's beloved Fairy Sparkle by her side. As her brothers and sister crossed the finish line, Lauren declared that next year she is determined she is going to make it across the finish line with them so that she can help all her sick friends in hospital.

With tears in her eyes, and I'm sure with a heart that was as touched as mine was, Fairy said she would be honoured to walk beside her every step of the way. Before the next wave of runners had even made it up the hill, Team Lauren 2018 had swelled to include the Clown Doctors and members of the Humpty family from as far away as Darwin.

Our friend Paul Francis leaves no stone unturned, and never passes up on an opportunity in his efforts to purchase much needed medical equipment for the tiny babies and sick children in this country. So it will come as no surprise that when he heard of Lauren's plan to do her first Balmoral Burn next year, he assured Lauren that the Humpty family will get behind her.

Be warned then that in the months leading up to next years Balmoral Burn, if Paul's number shows up on your caller ID, he may just be asking you to join Team Lauren to help one of the bravest little girls you will ever meet, to raise as much money as she can for all the other sick children in hospitals around the country. And trust me, I know from first hand experience, its almost impossible to say no to Paul!



(TOP LEFT) Lauren and her mum Sue at the Balmoral Burn
(ABOVE) Lauren and her beloved Fairy Sparkle AM



**HUMPTY DUMPTY
BALMORAL
BURN
27 MAY 2018**

SAVE THE DATE



420M RUN OR WALK UP AWABA ST, MOSMAN
register at humpty.com.au



Humpty's Reach

Humpty currently supports 346 Children's Hospitals and Health Service Centres throughout Australia.

NEW SOUTH WALES

Albury Wodonga Health Service
Armidale Rural Referral Hospital
Auburn Hospital
Ballina District Hospital
Balmain Hospital
Balranald District Hospital
Bankstown - Lidcombe Hospital
Baradine Multi Purpose Health Service
Barham-Koondrook Soldiers' Memorial Hospital
Barraba Multi Purpose Service
Batemans Bay District Hospital
Bathurst Base Hospital
Batlow/Adelong Multi Purpose Service
Bear Cottage
Bellingen River District Hospital
Belmont Hospital
Berrigan War Memorial Hospital
Bingara Multi Purpose Service
Blacktown Hospital
Blayney Multi Purpose Service
Blue Mountains District ANZAC Memorial Hospital
Boggabri Multi Purpose Service
Bombala Hospital
Boorowa District Hospital
Bourke District Hospital & Health Service
Bowral & District Hospital
Braidwood Multi Purpose Service
Brewarrina District Hospital & Health Service
Broken Hill Base Hospital & Health Service
Bulahdelah Community Hospital
Bulgarr Ngaru Aboriginal Medical Corporation - Casino
Bulgarr Ngaru Aboriginal Medical Corporation - Grafton
Bulgarr Ngaru Aboriginal Medical Corporation - Sth Grafton
Bulli Hospital
Byron District Hospital
Calvary Mater Hospital, Newcastle
Campbelltown Hospital
Canowindra Soldiers' Memorial Hospital
Canterbury Hospital
CareFlight Australia
Casino & District Memorial Hospital
Cessnock District Hospital
Cobar Health Service
Coffs Harbour Health Campus
Collarenebri Health Service
Concord Repatriation General Hospital
Condobolin Health Service
Coolah Multi Purpose Service
Coolamon-Ganmain Health Service
Cooma Hospital & Health Service
Coonabarabran Health Service
Coonamble Health Service
Cootamundra Hospital
Corowa Health Service
Cowra District Hospital
Crookwell District Hospital
Culcairn Health Service

Dareton Primary Health Care Centre
Delegate Multi Purpose Service
Deniliquin Hospital
Denman Multi Purpose Service
Dorrigo Health Campus
Dubbo Base Hospital
Dunedoo Health Service
Dungog Community Hospital
Emmaville - Vegetable Creek Hospital
Eugowra Memorial Multi Purpose Service
Fairfield Hospital
Finley Hospital & Community Health Centre
Gilgandra Multi Purpose Health Service
Glen Innes District Hospital
Gloucester Soldiers' Memorial Hospital
Goodooga Health Service
Gosford Hospital
Goulburn Base Hospital
Gower Wilson Memorial Hospital (Lord Howe Is.)
Grafton Base Hospital
Grenfell Multi Purpose Health Service
Griffith Base Hospital
Gulargambone Multi Purpose Health Service
Gulgong Health Service
Gundagai District Hospital
Gunnedah District Hospital
Guyra Community Hospital
Hay District Hospital
Henty Hospital
Hillston District Hospital
Holbrook Hospital
Hornsby Ku-ring-gai Hospital
Inverell District Hospital
Ivanhoe Health Service
Jerilderie Health Service
Jindabyne Community Health Centre
John Hunter Children's Hospital
Joneville District Hospital
Kempsey District Hospital
Kurri Kurri Hospital
Kyogle Memorial Hospital
Lachlan Health Service - Parkes
Lachlan Health Service - Forbes
Lake Cargelligo District Hospital
Leeton District Hospital
Lightning Ridge Multi Purpose Health Service
Lismore Base Hospital
Lithgow Hospital
Liverpool Hospital
Lockhart & District Hospital
Macksville District Hospital
Maclean District Hospital
Manilla Health Service
Manly Hospital
Manning Hospital (Taree)
Mehi McIntyre Multi Purpose Service
Menindee Health Service
Merriwa Multi Purpose Service

Milton Ulladulla Hospital
 Molong Health Service
 Mona Vale Hospital
 Moree District Hospital
 Moruya District Hospital
 Mount Druitt Hospital
 Mudgee Health Service
 Mullumbimby & District War Memorial Hospital
 Murrumburrah-Harden District Hospital
 Murrurundi Hospital
 Murwillumbah District Hospital
 Muswellbrook District Hospital
 Narrabri District Hospital
 Narrandera District Hospital
 Narromine Hospital & Community Health
 Nepean Hospital
 NETS (Newborn Emergency and Paediatric Transport Services)
 Nimbin Multi Purpose Health Service
 Nowra Hospital
 Nyngan Multi Purpose Service
 Oberon Health Service
 Orange Health Service
 Pambula District Hospital
 Peak Hill Health Service
 Port Macquarie Base Hospital
 Queanbeyan Hospital
 Quirindi Community Hospital
 Royal Flying Doctor Service - South Eastern
 Royal Hospital for Women, Randwick
 Royal North Shore Hospital
 Royal Prince Alfred Hospital
 Ryde Hospital
 Rylstone District Hospital
 Scone - Scott Memorial Hospital
 Shoalhaven District Memorial Hospital
 Singleton District Hospital
 South East Regional Hospital (Bega)
 St George Hospital
 Sutherland Hospital
 Sydney Adventist Hospital
 Sydney Children's Hospital, Randwick
 Tamworth Rural Referral Hospital
 Telstra Child Flight Inc.
 Temora Hospital
 Tenterfield Community Hospital
 The Children's Hospital at Westmead
 The Maitland Hospital
 The Tweed Hospital
 Thredbo Medical Centre
 Tibooburra Health Service
 Tingha Multi Purpose Service
 Tocomwal Hospital
 Tomaree Community Hospital
 Tottenham Hospital
 Trangie Multi Purpose Service
 Trundle Multi Purpose Service
 Tullamore Health Service
 Tumbarumba Multi Purpose Service
 Tumut Hospital
 Urana Health Service
 Urbanville Multi Purpose Health Service
 Wagga Wagga Rural Referral Hospital
 Walcha Multi Purpose Service
 Walgett Health Service

Wanaaring Community Health Service
 Warraldia Multi Purpose Service
 Warren Multi Purpose Health Service
 Wauchope District Memorial Hospital
 Wee Waa Community Hospital
 Wellington Health Service
 Wentworth District Hospital & Health Service
 Werris Creek Community Hospital
 Westmead Hospital
 West Wyalong Hospital
 White Cliffs Health Service
 Wilcannia Health Service
 Wollongong Hospital
 Wyong Hospital
 Yass District Hospital
 Young Health Service

AUSTRALIAN CAPITAL TERRITORY

Calvary Public Hospital
 Canberra Hospital

NORTHERN TERRITORY

Alice Springs Hospital
 Ali Curung Health Centre
 Alpururulam Health Clinic
 Angurugu Health Clinic
 Aputula Health Centre
 Borroloola Health Clinic
 Canteen Creek Health Centre
 CareFlight, NT
 Docker River Health Centre
 Elliott Health Centre
 Engawala Health Centre
 Gapuwiyak Health Centre
 Gove District Hospital
 Gunbalanya Health Centre
 Haasts Bluff Health Centre
 Harts Range Health Centre
 Imanpa Health Centre
 Jabiru Health Clinic
 Katherine Hospital
 Kings Canyon Health Centre
 Maningrida Health Centre
 Milikapiti Health Centre
 Papunya Health Centre
 Pine Creek Health Clinic
 Royal Darwin Hospital
 Tennant Creek Hospital
 Titjikala Health Centre
 Ti Tree Health Centre
 Wadeye Health Clinic
 Willowra Health Centre
 Yuelamu Health Centre
 Yuendumu Health Centre
 Yulara Health Centre

QUEENSLAND

Atherton Hospital
 Ayr Hospital
 Babinda Hospital
 Bamaga Hospital
 Baralaba Multi Purpose Health Service
 Barcaldine Multi Purpose Health Service
 Biggenden Multi Purpose Health Service
 Biloela Hospital

Blackwater Hospital
Bowen Hospital
Bundaberg Base Hospital
Caboolture Hospital
Cairns Hospital
Charleville Hospital
Childers Multi Purpose Health Service
Clermont Multi Purpose Health Service
Cooktown Hospital
Dalby Hospital
Eidsvold Multi Purpose Health Service
Emerald Hospital
Forsyth Hospital
Gayndah Hospital
Gin Gin Hospital
Gold Coast Hospital
Goondiwindi Hospital
Hervey Bay Hospital
Hummingbird House
Ingham Hospital
Inglewood Multi Purpose Health Service
Innisfail Hospital
Ipswich Hospital
Kilcoy Hospital
Kingaroy Hospital
Lady Cilento Children's Hospital
Longreach Hospital
Mackay Base Hospital
Mareeba Hospital
Mater Children's Hospital Brisbane
Monto Hospital
Mossman Multi Purpose Service
Mount Isa Base Hospital
Moura Community Hospital
Mundubbera Hospital
Nambour General Hospital
Oakey Health Service
Queen Elizabeth II Jubilee Hospital
Redland Hospital
Rockhampton Hospital
Rolleston Health Centre
Roma Hospital
Royal Brisbane & Women's Hospital
Royal Children's Hospital, Brisbane
Royal Flying Doctor Service
St George Hospital
Springsure Multi Purpose Health Service
The Townsville Hospital
Thursday Island Hospital
Toowoomba Hospital
Tully Hospital
Warwick Hospital
Weipa Integrated Health Service
Whitsunday Health Service (Proserpine Hospital)
Winton Multi Purpose Health Service

SOUTH AUSTRALIA

Ceduna District Health Service
Cowell Hospital
Flinders Medical Centre
Lyell McEwin Hospital
Medstar Emergency Medical Retrieval
Mount Gambier & District Hospital
Port Augusta Hospital & Regional Health Service
Queen Elizabeth Hospital

South Australian Ambulance Service
Whyalla Hospital & Health Service
Women's & Children's Hospital, North Adelaide

TASMANIA

Launceston General Hospital
Mersey Community Hospital
North West Regional Hospital (Burnie)
Royal Hobart Hospital

VICTORIA

Angliss Hospital
Austin Health
Ballarat Health Services
Bendigo Health
Box Hill Hospital
Casey Hospital
Central Gippsland Health Service
Colac Area Health
Dandenong Hospital
Djerriwarrh Health Service
Echuca Regional Health
Epworth Freemasons Hospital
Frankston Hospital
Goulburn Valley Health
Kilmore & District Hospital
Leongatha Hospital
Maroondah Hospital
Maryborough & District Health Service
Mercy Hospital for Women
Monash Medical Centre
Portland District Health
St John of God, Geelong
Sunshine Hospital
Swan Hill District Health
The Northern Hospital
The Royal Children's Hospital, Melbourne
The Royal Women's Hospital, Melbourne
Werribee Mercy Hospital

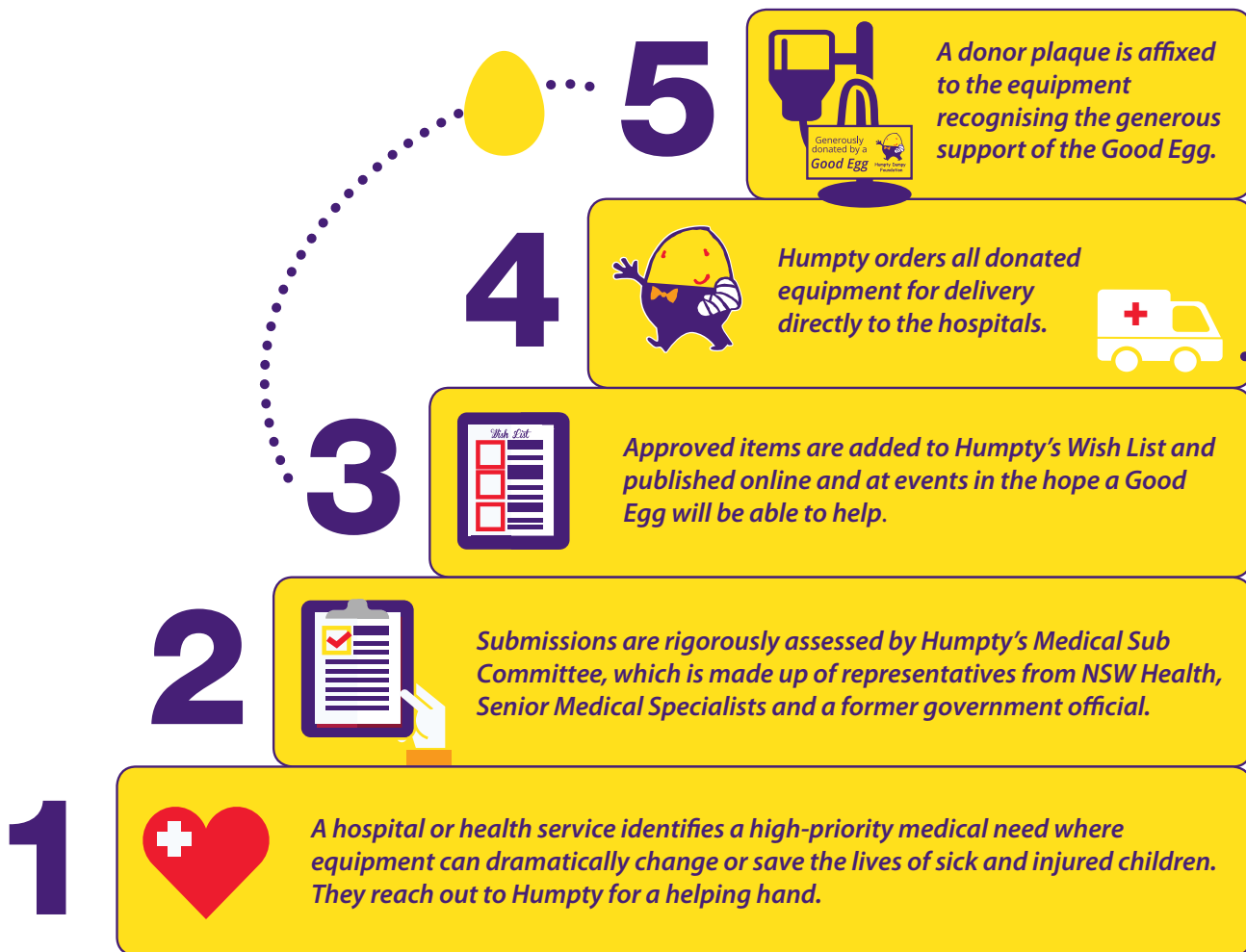
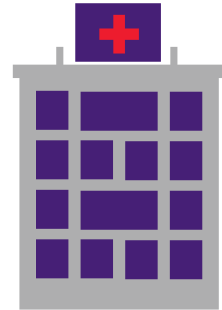
WESTERN AUSTRALIA

Bunbury Hospital
Hedland Health Campus
Joondalup Health Campus
King Edward Memorial Hospital
Kununurra District Hospital
Nickol Bay Hospital
Princess Margaret Hospital for Children
Rottnest Island Nursing Post
Swan District Hospital
Tom Price Hospital



How Humpty's Wish List Works

Upon request, Humpty can arrange for a donor tour so you can see first hand how the equipment you have purchased is making a difference within the hospital.



The cost of the medical equipment as published by the Humpty Dumpty Foundation is an accurate estimate of the list price at time of publication. It also includes an allowance for handling costs, delivery, handover costs and a plaque to acknowledge the donor. The actual cost of equipment may be different at the time of purchase. Any shortfall in the cost of the equipment will be paid by Humpty. Any surplus will be treated as a donation to Humpty's general account and will be used to financially support the Foundation.





Chairman's Wishes

In consultation with Professor Martin Kluckow, Chair of our Medical Sub Committee, we have selected these pieces of equipment as absolute priorities for the hospitals which have requested them. We know that some are very costly but they will really make a huge difference to babies and children in trauma.

CHAIRMAN'S WISH 1 **ZOLL DEFIBRILLATOR:** **\$14,640 EACH**

4 NEEDED

Sydney Children's Hospital, Randwick, C2 North Ward, NSW

The Zoll Defibrillator can make a life-saving difference for patients suffering paediatric cardiac arrest. It can quickly and easily deliver advanced diagnostic and therapeutic care. The availability of this defibrillator is vital to provide an immediate response to any life threatening cardiac events.



The Sydney Children's Hospital, Randwick is seeking support to facilitate the urgent replacement of four ageing defibrillators. Access to new and improved modern equipment helps ensure that the provision of quality care is never compromised in critical care environments.

CHAIRMAN'S WISH 2 **ARCTIC SUN TEMPERATURE MANAGEMENT SYSTEM: \$45,500** **1 NEEDED**

Gold Coast Hospital, Children's Critical Care Unit, QLD

The ArcticSun Temperature Management System is used to cool a child with a brain injury and keep their temperature stable. Alternative solutions such as ice-packs will cool the child, but can't keep the temperature stable. Cooling the body slows the metabolism and is routinely used during cardiac surgery to protect the brain. In the intensive care unit, cooling is also used to reduce the risk that an injury will lead to a disability. This equipment is vital.



Gold Coast Hospital is in urgent need of this vital equipment which will enable medical staff to provide evidence based care to children with brain injuries. The equipment will serve the communities not just of the Gold Coast but also the surrounding areas as children are retrieved for higher acuity care, thus improving the paediatric service for a large population.

CHAIRMAN'S WISH 3 **OLYMPIC BRAINZ MONITOR:** **\$51,400**

1 NEEDED

King Edward Memorial Hospital, (Perth) Neonatal Clinical Care Unit, WA

A lack of oxygen at birth can cause severe brain damage. The Olympic Brainz Monitor helps to detect seizures & improve long-term outcomes. Some babies show no outward sign of seizures, however as a precaution they are monitored whilst receiving medication and cooling treatment to prevent any, or further injury to the brain.

King Edward Memorial Hospital, WA urgently requires an Olympic Brainz Monitor as a vital upgrade, replacing their current outdated equipment. The addition of the monitor to the unit will ensure that babies born with the risk of developing seizures can be closely monitored. Early recognition and management of seizures can help improve the long term outcomes for these babies. King Edward Memorial Hospital, Women and Newborn Health Service is the tertiary obstetric referral hospital for high risk pregnancies in Western Australia. The Neonatal Clinical Care unit admits over 2000 babies per year and is the sole tertiary level 111 unit in the state providing intensive care for critically ill and preterm babies.





Humpty's Wish List

The following medical equipment has been requested by some of the 346 hospitals and health service centres that Humpty currently supports. Each item has been assessed and approved by Humpty's Medical Sub Committee to appear on Humpty's Wish List. This wish list is regularly updated.

If you have any questions about Humpty's Wish List or would like to purchase an item please call Humpty on (02) 9419 2410 for assistance.

We hope you can help grant some of these vital wishes.

WISH 1

BREAST MILK WARMING/THAWING DEVICE: \$1,720 1 NEEDED

Auburn Hospital, Special Care Nursery, NSW

For a premature baby, breast milk is especially important to prevent damage to baby's immature digestive system. This device provides gentle warming, fast thawing and is safe and hygienic. The device ensures there is no overheating of breast milk to preserve nutrients and vitamins.



WISH 2

RAD-5 PULSE OXIMETER WITH SENSOR: \$1,760 EACH 13 NEEDED

Bankstown/Lidcombe Hospital, Women's and Children's Services, NSW (1)

Bathurst Base Hospital, Paediatric Unit, NSW (1)

Bonya Health Centre, Primary Health Care, NT (1)

Echuca Regional Health, Birth Unit, VIC (1)

Epenarra Health Centre, Primary Health Care, NT (1)

Laramba Health Centre, Primary Health Care, NT (1)

Mt Liebig Health Centre, Primary Health Care, NT (1)

Ntaria Health Centre, Primary Health Care, NT (1)

Nyirripi Health Centre, Primary Health Care, NT (1)

Six Mile Health Centre, Primary Health Care, NT (1)

Tara Health Centre, Primary Health Care, NT (1)

Wallace Health Centre, Primary Health Care, NT (1)

Wilora Health Centre, Primary Health Care, NT (1)

Accurate measurement of a pulse rate, oxygen saturation and blood flow is essential in assessing the current status and treatment implications for paediatric patients. The Rad-5 (handheld) allows nurses to record arterial oxygen levels accurately and efficiently and quickly track any changes.



WISH 3

MR850 HUMIDIFIER: \$4,180 1 NEEDED

Shoalhaven District Memorial Hospital, Emergency Department, NSW

Humidifiers keep the air babies breathe moist to prevent the drying out of secretions and nasal passages. Babies suffering from lung infections and chronic bronchitis rely on humidified air and oxygen to breathe restfully, and to clear any recurring respiratory problems.



WISH 4

RADICAL-7 PULSE OXIMETER WITH SENSOR: \$4,440 EACH 7 NEEDED

Auburn Hospital, Birth Unit, NSW (2)

Auburn Hospital, Special Care Nursery, NSW (1)

Fairfield Hospital, Paediatric Department, NSW (2)

Lady Cilento Children's Hospital, (Brisbane) Sleep and Respiratory Department, QLD (1)

Sydney Children's Hospital, Randwick, Paediatric Department, NSW (1)

By shining a light through the baby's finger or toe the oximeter measures the amount of oxygen in their capillaries. This ensures correct and safe oxygen delivery during highly critical times in an effort to prevent damage to organs such as the brain, eyes and lungs.





Humpty's Wish List

WISH 5

ALS BABY TRAINER: \$4,600 1 NEEDED

Liverpool Hospital, Emergency Department, NSW

A portable skill trainer for realistic infant resuscitation training. The manikin is a three-month-old infant with an anatomy that offers exceptional realism, providing the opportunity to practice advanced resuscitation skills, including airway management, professional rescuer CPR, vascular access and 4-lead ECG monitoring.



WISH 6

JAUNDICE DETECTOR: \$4,780 EACH 9 NEEDED

Auburn Hospital, Maternity Department, NSW (2)
Echuca Regional Health, Maternity Department, VIC (2)
Fairfield Hospital, Paediatric Department, NSW (2)
Gove District Hospital, Maternity Department, NT (1)
Manning Hospital, Maternity Ward, NSW (1)
Westmead Hospital, Midwifery, NSW (1)

All babies are checked for jaundice (yellowing of the skin) on a daily basis. This detector is used to help clinicians determine the jaundice levels through the skin without harming the baby. If jaundice is left untreated there is a possibility of cerebral palsy, deafness and/or brain damage.



WISH 7

BILIBED PHOTOTHERAPY SYSTEM: \$6,260 EACH 2 NEEDED

Fairfield Hospital, Paediatric Department, NSW

The Bilibed delivers LED phototherapy to treat babies with jaundice. Jaundice causes yellowing of the skin in up to 80% of premature babies; high levels of jaundice can cause irreversible brain damage. This device allows phototherapy to be carried out whilst in the care of mother on the ward and reduces the need of separation between mother and baby.



WISH 8

ALS BABY TRAINER 200: \$7,550 1 NEEDED

Royal Prince Alfred Hospital, Emergency Department, NSW

This is a portable skill trainer equipped with an ECG rhythm simulator for realistic infant resuscitation training. The baby manikin has anatomy that offers exceptional realism and provides the opportunity to practice advanced resuscitation skills. The use of this training equipment will ensure medical staff maintain the skills to ensure best care is provided to paediatric patients.



WISH 9

HUMPTY'S BREATH OF LIFE: \$8,500 EACH 3 NEEDED

Cohuna District Hospital, Maternity Department, VIC (1)
Coonamble Health Service, Emergency Department, NSW (1)
Port Macquarie Base Hospital, Special Care Nursery, NSW (1)

This specially designed Humpty package is life-saving. It includes a Neopuff Infant Resuscitator, Low Flow Bird Blender and an MR850 Humidifier on a mobile stand. 'Humpty's Breath of Life' will provide humidified air during respiratory support to a sick baby or child as well as maintain them on a safe type of ventilation until a transfer arrives.



WISH 10

MEGACODE KID PAEDIATRIC MANIKIN: \$10,330 1 NEEDED

Sydney Children's Hospital, Randwick, Kids Simulation Centre, NSW

This realistic training manikin features a wide range of advanced paediatric life-saving skills in pre-hospital emergencies. MegaCode Kid has a realistic airway, 1400+ ECGs rhythms, defibrillation and pacing capabilities, and allows drug administration and intraosseous infusion to teach emergency skills. Clinical staff will have the opportunity to practice life-saving techniques to reduce error in real life situations.



WISH 11

METANEB DEVICE:

\$12,150

1 NEEDED

Monash Medical Centre, Physiotherapy Department, VIC

The MetaNeb is an airway clearance device which provides medicated aerosol combined with continuous positive pressure to assist in holding open and expanding the airways. This vital equipment will benefit children with severe respiratory conditions such as asthma, cystic fibrosis, bronchiectasis, neuromuscular disorders and chest wall trauma from injuries such as burns.



WISH 12

HEMOCHRON BLOOD ANALYSER:

\$12,950

1 NEEDED

The Children's Hospital at Westmead, Operating Suite, NSW

This blood analyser is a monitoring device, required during and after open heart bypass surgery. It is used to measure the clotting profile of a patient's blood. Measurements obtained, are used by clinicians to adjust medications so the correct rate of clotting can be achieved. It's vital for care in open heart surgeries and instrumental in the monitoring of the clotting profile of blood during and after surgery, to provide optimal outcomes.



WISH 13

GLIDESCOPE: \$19,650

1 NEEDED

Alice Springs Hospital, Neonatal Unit, NT

The glidescope is a video guided scope to help facilitate successful intubation in the course of neonatal resuscitation or when a baby needs to be ventilated and requires an endotracheal tube. In Alice Springs there are no neonatologists who intubate numerous babies every week, but paediatricians who get less practice and a successful intubation is often after numerous attempts. Video guidance during the procedure would improve the success rate on initial attempts to intubate, and be more comfortable to the baby.



WISH 14

INTELLIVUE MX450 PATIENT MONITOR: \$21,500 EACH

2 NEEDED

Fairfield Hospital, Paediatric Department, NSW (1)

Frankston Hospital, Special Care Nursery, VIC (1)

This 12" monitor can record and display a sick child's pulse/heart rate, blood pressure, breathing rate and oxygen levels. Medical staff are alerted immediately when any of these vital signs change in order to avert a potentially dangerous situation. The monitor displays the child's vital signs at the bedside, or remotely on a computer at the Nurses Station. The ability to remotely monitor the child's vital signs promotes sleep and rest and therefore enhances the child's ability to heal.



WISH 15

INTELLIVUE MX800 PATIENT MONITOR:

\$22,000 EACH

3 NEEDED

The Children's Hospital at Westmead, Grace Centre for Newborn Care, NSW

Babies undergoing critical health care need very close and accurate monitoring to ensure staff have a very clear picture of their condition at all times. This equipment is life-saving as it provides immediate and accurate information about a child's condition, so staff can provide the appropriate diagnosis and treatment. This MX800 patient monitor is vital and will replace current bedside monitors that no longer interface with other modern medical technology, to provide very best chance for survival and recovery.





Humpty's Wish List

WISH 16 TRILOGY VENTILATOR: \$22,050

The Children's Hospital at Westmead, Emergency Department, NSW

1 NEEDED

This breathing device is essential in helping children transition from the hospital environment to the home setting. This ventilator actually breathes for the child who may have suffered a respiratory problem or spinal injury, it is absolutely life-saving.



WISH 17 NEONATAL INTUBATION FIBERSCOPE: \$22,400

Westmead Hospital, Neonatal Intensive Care Unit, NSW

1 NEEDED

About 10% of newborn babies need assistance to begin breathing at birth. A proportion of these have a problem called "difficult airway", meaning it is very difficult, even for the most skilled staff, to help such a baby. It is important that a neonatal sized endoscope with light, is available to locate and clear the airway.



WISH 18 INFANT SIPAP MACHINE: \$26,200

1 NEEDED

Royal Darwin Hospital, Neonatal Intensive Care Unit, NT

This machine is used on newborns who have severe breathing problems at birth such as hyperventilation syndrome or neurological and muscle diseases such as cystic fibrosis. Synchronized Inspiratory Positive Airway Pressure or SiPAP is a type of non-invasive ventilation that assists a child's breathing when they inhale. This gives the baby more energy for growth and development.



WISH 19 BABYTHERM INFANT WARMER: \$27,210

1 NEEDED

Sydney Children's Hospital, Randwick, Paediatric Intensive Care Unit, NSW

The Babytherm Infant Warmer provides a controlled temperature environment with ceramic heater elements and a fully integrated heated gel mattress. This equipment is vital to keep the temperature of fragile babies stable whilst they are undergoing procedures, treatment, assessment and resuscitation, etc.



DID YOU KNOW ?



If one piece of medical equipment is used once a week, that's **52** children annually that would benefit from that one piece, each year. Most pieces of equipment are used more than once a week, and in fact some pieces are used **24 hours a day, 7 days a week**.

If the **500+** pieces of Humpty equipment delivered in 2016 alone were used just once a week, that's over **26,000** children that have benefited **in just 12 months!**

Most pieces of equipment have a lifespan of 10 years. Therefore, over **260,000** children will benefit from equipment purchased in 2016 by Humpty's Good Eggs.

Imagine what's been achieved with all the equipment donated over the last 27 years!

WISH 20

INTELLIVUE CENTRAL STATION MONITORING SYSTEM: \$32,350 1 NEEDED

Bathurst Base Hospital, Paediatric Unit, NSW

Currently Bathurst Base Hospital's Paediatric Unit does not have a Central Station Monitoring System. This system allows medical staff to view all monitors remotely on a computer at the Nurses Station, and closely observe vital signs of sick babies. Medical staff are alerted immediately when any of these vital signs change in order to avert a potentially dangerous situation. The ability to remotely monitor patients also promotes sleep and rest and therefore enhances the child's ability to heal.



WISH 21

PANDA NEONATAL RESUSCITAIRE UNIT: \$32,500 1 NEEDED

Auburn Hospital, Maternity & Newborn Services, NSW (1)

This resuscitation unit is vital for providing infants with a purpose built examination bed that includes a warmer and special monitoring device. It can be stocked with other smaller equipment and provides oxygen needed for resuscitation when delivering babies, as well as treating the critically ill. This life-saving equipment will be used on a daily basis.



WISH 22

TECOTHERM NEO: \$32,700 1 NEEDED

Mercy Hospital for Women, Neonatal Intensive Care Unit, VIC

This equipment is used to cool babies when receiving treatment for moderate to severe brain injury. It ensures the baby's temperature remains stable and therefore reduces mortality and neuro-developmental disabilities such as cerebral palsy and cognitive impairments. This equipment is life-saving.



WISH 23

T1 PAEDIATRIC TRANSPORT VENTILATOR: \$53,520 1 NEEDED

Lady Cilento Children's Hospital, (Brisbane) Retrieval Team, QLD

Children with life threatening conditions often need mechanical assistance with breathing. Ventilating babies is very challenging because of their small size. This ventilator is fully capable of ventilating children down to 3kg weight and is a significant technological advance on our current equipment. Better ventilation of severely ill children will speed up their recovery time and free up doctors and nurses to attend to the patients other issues. This transport ventilator combines the functionality of a fully featured intensive care unit ventilator with the compactness and ruggedness required for transport.





Humpty's Wish List

WISH 24

BABYLOG VN500 NEONATAL VENTILATOR: **\$58,620** **1 NEEDED**

The Children's Hospital at Westmead, Grace Centre for Newborn Care, NSW

This enhanced piece of essential equipment is used to care for newborn babies. It provides state-of-the-art ventilation therapy for the sickest babies who may have been born prematurely and need help to breathe normally, or following surgery. This is the latest type of ventilator which has the capacity to assist the most fragile patients. It also provides ultrafast and high frequency oscillation as well as standard conventional ventilation, to aid in the recovery.



WISH 25

ADVANCED BABYLOG VN500 NEONATAL VENTILATOR: AND TROLLEY \$70,660 **1 NEEDED**

Royal Prince Alfred Hospital, Department of Newborn Care, NSW

This enhanced piece of essential equipment is used to care for newborn babies. It provides state-of-the-art ventilation therapy for the sickest babies who may have been born prematurely and need help to breathe normally, or following surgery. This is the latest type of ventilator which has the capacity to assist the most fragile patients. It also provides ultrafast and high frequency oscillation as well as standard conventional ventilation, to aid in the recovery. This device includes a transport supply unit and trolley.



WISH 26

MINDRAY ULTRASOUND: **\$81,050** **1 NEEDED**

The Children's Hospital at Westmead, Operating Suite, NSW

This device provides clear ultrasound images of a child's condition during surgery, so that surgical staff can make confident and timely decisions. It is the latest in ultrasound technology. This device uses soundwaves to provide images of a child's condition; whether they have internal bleeding, heart function and circulation problems. This equipment is vital to ensure appropriate treatment is provided to enhance quality of care and improve outcomes of patients



WISH 27

SPECIAL PROJECTS **CLOWN DOCTORS: \$60,000 – 1 YEAR** **(OCTOBER 2017-SEPTEMBER 2018)**

Royal North Shore Hospital, NSW

'Clown rounds' are conducted through neonatal, intensive care, burns and oncology wards, bringing humour and happiness to the lives of sick kids. Young patients improve physically and psychologically after encounters with clown performers.

It helps children reduce stress levels, calming the child before a procedure and improving their self confidence. This wish will provide for the Clown Doctors to visit kids in need of a dose of humour, once-a-week for 12 months.



The cost of the medical equipment as published by The Humpty Dumpty Foundation is an accurate estimate of the list price at the time of publication. It also includes an allowance for handling costs, delivery, handover costs and a plaque to acknowledge the donor. The actual cost of equipment may be different at the time of purchase. Any shortfall in the cost of the equipment will be paid by Humpty, any surplus will be treated as a donation to Humpty's general account and will be used to financially support the Foundation.

Humpty Facts



Paul Francis OAM, Founder and Executive Chairman **began fundraising in 1990** and in 1996 Humpty was officially born. Over the last 27 years, Humpty has grown and now purchases life-saving medical equipment for 346 children's hospitals and health services across Australia.



In this time the **Humpty Dumpty Foundation has raised around \$60m** – in 2016 Humpty purchased over 500 pieces of medical equipment for Paediatric Wards, Neonatal Units, Maternity and Emergency Departments. In 2017 we are on target to deliver well over 500 pieces.

Since Day 1, Australian television journalist **Ray Martin AM has been Humpty's Patron.**



Humpty is the largest provider of children's medical equipment in NSW, after the State Government.



Humpty provides **equipment to treat the approximately 20,000 children (0-18 years)** who are in hospital on any given day. **1 in 5 babies will need medical intervention at birth.**



In Australia today 8% of babies are born prematurely. Of these, approx. 84% are born between 32 and 36 weeks gestation. A further 10% are born between 28 and 31 weeks, and the remaining six per cent are born before 28 weeks. **Most babies born before 37 weeks will spend some time in neonatal intensive care or in the Special Care Nursery.** They are more vulnerable to infection than babies born at full term, and many will need help with feeding.



Humpty has also provided funding for a number of special projects including a paediatric fellowship (graduate doctor training), a part-time Nurse Educator for training in emergency paediatrics, a part-time Bio Mechanical Engineer and weekly visits by the "Clown Doctors" and the magical Happy Gardens (which encourage and promote healing).



2017 also marked **17 years of the annual Humpty Dumpty Balmoral Burn – created by Wallaby great, Phil Kearns AM.** First staged in 2001, the event is a gruelling 420 metre run up Mosman's notorious Awaba Street and is attended by thousands of Sydneysiders. During this time it has raised over \$30m for the Humpty Dumpty Foundation.



In March 2017 Humpty held its **inaugural Great Humpty Ball in Darwin** at SKYCITY. This event raised over \$420,000 and resulted in 23 pieces of essential, often life-saving, children's medical equipment being donated to hospitals within Northern Territory.

Since then, Humpty's support in the Northern Territory has risen **from 13 to now 33 hospitals and health centres** with 112 pieces of vital equipment now delivered, **valued at well over \$850,000.**

Ways You Can Help

To help, simply fill out this form and return it to Humpty at:

Suite 1402, Level 14, 67 Albert Ave, Chatswood 2067 or email humpty@humpty.com.au

PLEASE CONTACT ME, I'M INTERESTED IN...

Receiving updates from Humpty via

☐ Email

☐ Post

Bequest information

☐

City2Surf 2018

☐

Workplace Giving

☐

Humpty's Kokoda Trek 2018

☐

Great Humpty Ball, Darwin 2018

☐

1200kms for Kids Charity Bike Ride 2018

☐

Humpty Dumpty Balmoral Burn 2018

☐

The Great Humpty Ball, Sydney 2018

☐

MY DETAILS

Title:	Name:	
Address:		P'code:
Contact Phone:	Email:	

PAYMENT INFORMATION

<input type="checkbox"/> I'd like to purchase Wish List item number:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Amex
Hospital	Card No: ____ / ____ / ____ / ____
<input type="checkbox"/> I'd like to make a one-off donation for \$	Card Name:
<input type="checkbox"/> I'd like to become a Regular Donor	Expiry: ____ / ____ CCV: ____
Debit my card (1st of every month) for \$	Signature:

Thank you

Humpty's mission is to ensure our hospitals have the equipment they need at those critical moments to avert a tragedy. To do this, we need your help.



PURCHASE EQUIPMENT FROM HUMPTY'S WISH LIST

Make an immediate difference through Humpty's Wish List. The Wish List pages highlight the life-saving medical equipment that has been requested by our hospitals, and approved by Humpty's Medical Sub Committee.



BECOME A REGULAR DONOR

Please consider being a helping hand and help pump the life blood through Humpty. By setting up a regular monthly donation, you can assist the Foundation to continue to grow and make a tangible difference to children in hospital.



SUPPORT THROUGH WORKPLACE GIVING

Consider regularly donating to the Foundation via your employer's payroll system. These donations are made pre-tax, therefore it costs you less than the amount Humpty receives.



LEAVE A BEQUEST

It is often said that we will be remembered not for what we possess but for what we give; our lasting legacy will be what we contribute to make our world a happier, healthier place.



HOST A FUNDRAISING EVENT

Members of our community regularly hold fundraisers to help the Foundation. Fundraising events include birthday celebrations (in lieu of presents), charity dinners, BBQs, movie nights and many other exciting events.

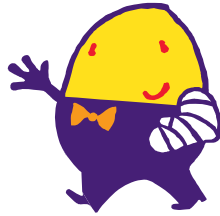
If you would like to find out more about any of these opportunities please contact the Humpty Dumpty Foundation:

P 02 9419 2410

E humpty@humpty.com.au

W humpty.com.au





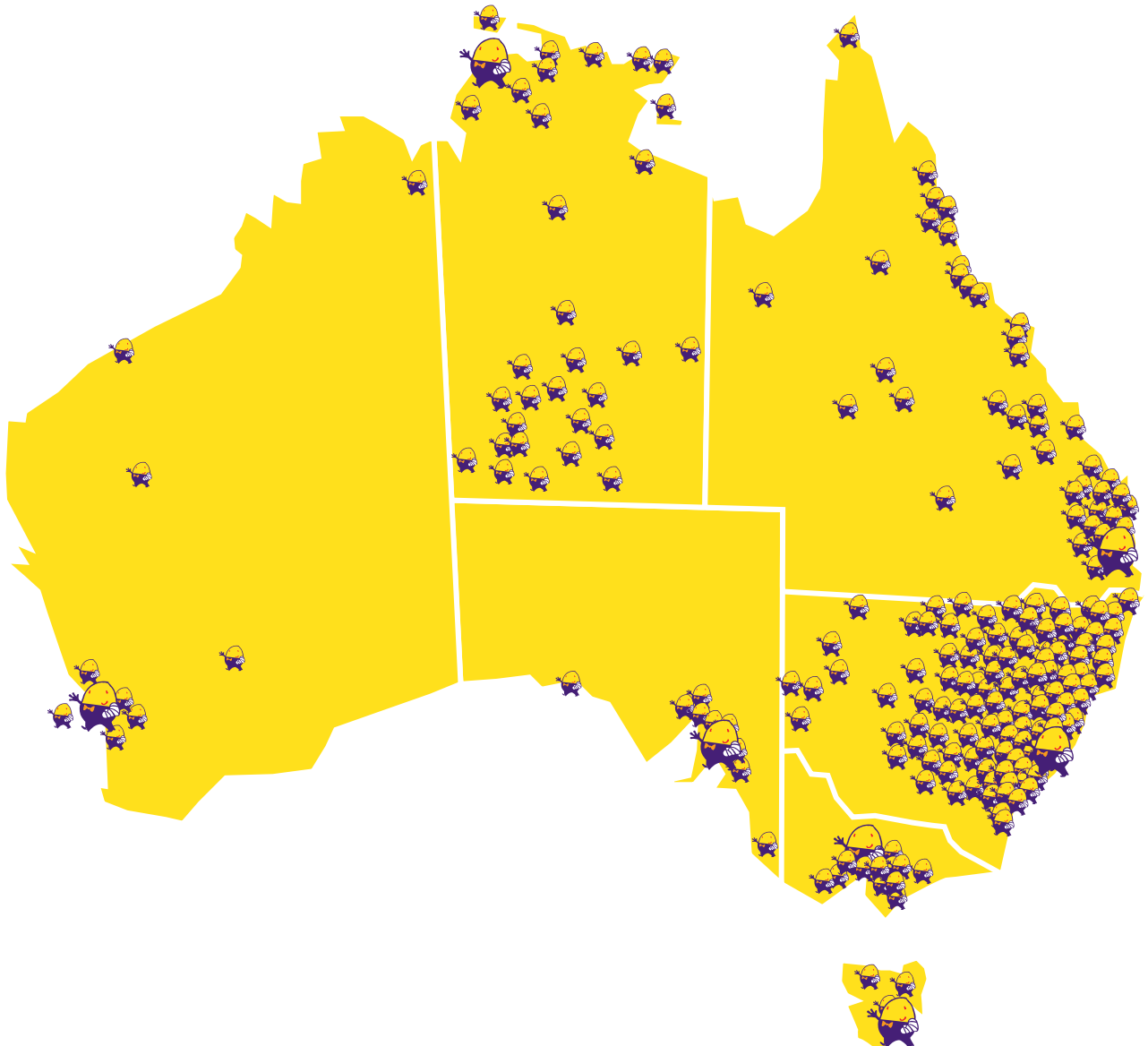
Humpty Dumpty
Foundation

helping kids in hospital

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Supporting children right across Australia