



## TRUE STORY OF A SURVIVOR: RANGARIRAI MANGUNDU

# The Cost of Accidents

Often times, we hear people comforting each other that accidents do happen and things will be alright but should they happen and will things be alright? During my time as an Apprentice in Electrical Power Engineering, I had heard of and even attended an electrical accident scene which had been fatal but was not fully conscious that one day it could be me and **it only takes one mistake by oneself or other workmates to become a statistic, victim or the deceased.**

On Saturday 6th October 2012, the rest of what my life is and will forever be changed. I was preparing to go home to check on my parents in Chinhoyi, deliver groceries and pay few bills, this is something I did every month after receiving my student allowances. When I passed through the customer service centre, the clerk on duty informed the controller of my presence and the controller then instructed that I get a truck, collect a few co-workers and do a "line patrol". My plans had to be set aside on the insistence of the controller, so I ended up postponing the trip to Chinhoyi.

After a feeder line trips, an electrical outage is resultant and there may be need for a line patrol, walking along a section of the line to check for signs of broken conductors or poles, flash fires, broken insulator discs or any anomalies that may need to be repaired. Line patrols are done on sections that do not communicate back to the substation or control centre, hence, requiring workers to be present on site. We did the line patrol and were later joined by the artisan who was the controller in respect of the job and competent person in charge of work. Although conscious about the day's events, I don't remember all the details of what happened, much of what is recounted was told to me later by workmates. The job at hand was to disconnect jumper cables that fed the piece of line with insulator discs that were broken; they needed to be changed, but were not available onsite on the day. A decision was made to cut jumper cables so that the rest of the customers would get power while the insulator discs would be sought and replaced.

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As I stood on a box cross arm (two angle iron bars welded together to form a box like pipe where electrical apparatus can be mounted or simply used to hold two poles together), my back came too close to another line crossing above. A feeder line gave out a branch feeder that went under another line despite being from the same source. There was a fault in the design, which could have been avoided during line construction of this particular 11KV reticulation. We had started the repairs when all lines were switched off but the feeder crossing above was remotely switched on during the procedure as it was not isolated, this was the possible source of danger. As I was about to cut the last jumper of three: red, yellow and blue phases, **I was hit twice by 11,000 volts of electricity that screamed through my body.** I fell from about 6 metres into the arms of a colleague, who was observing from below and stepping on the ladder. In his account, the artisan assistant narrates that I was hit twice, engulfed by flames and when he realised that I was on a free fall, he successfully aimed to save my



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upper body. The ground was stony and any contact was going to cause further damage. This moment marked the beginning of an attempt to save life, my recovery, life with a disability and more, all because enough was not done to avoid the accident, whatever the reasons may have been. With severe burns on my back and hands, I was rushed to Norton Hospital which was fortunately less than 5km away and later to Harare Central Hospital after being stabilised. From the ambulance trip, I only remember having a strong urge to drink water, the pain and how long the journey was. I am told they tried Parirenyatwa Burns Unit, but it was full, and then Avenues Clinic but were unsuccessful. The delays prolonged the distress and although only some 40 kilometres away, the road was long and winding for me. Despite being parched, feeling hot and requiring water, my friend and fellow apprentice accompanied me in the ambulance, he tells me that they knew about a likely fracture in the leg because I would complain of pain whenever someone touched the leg. My requests for water to drink were denied. Paramedics are not allowed to give patients food or water before being seen by a doctor in case doing so complicates the injuries. I did not understand that at the time and the dehydration resulting from my protective layer of skin being lost was particularly agonising.

Finally, we arrived at Harare Central Hospital where I was admitted into the Burns Unit, Ward C6. I have a number of friends and relatives who were there when I was admitted, but I don't remember anything from the event. Local health professionals regard the ward as the best for dealing with burns, despite being poorly equipped. I remember the consultant doctor inspecting the burns and advising that there was need for debridement to remove the burnt skin and allow wounds to be cleaned.

I remember very little of those first days, but I was placed in a treatment room next the nurses' station so that they could keep an eye and check on me frequently; there I would be able to call them easily since I wasn't able to use my hands to press a call button. I remember failing to move my hands as days progressed. I was later moved to a room with three other patients. There, an incident occurred, when one of the nurses was changing the dressing on my wounds, something that was done daily, and in the process snapped the elbow on my right arm. It was a "nasty experience" but was a mistake; I do not hold a grudge against the nurse whose name I consciously decided not to remember so as not to blame her when eventually my arm had to be amputated. I came to realise that the arm was very damaged: it had a deep wound on the inside of the elbow where I could see the bones and gradually was unable to move my fingers on the right hand. The amputation came at about seven weeks of hospital stay. Two things, my hand was dying from the fingers, literally turning black and then the hand kept producing pus through the deep elbow wound. Doctors feared this would later get me a bone marrow infection and it was better to amputate and encourage healing fast. Considering the pain that I had been going through, I was very relieved to lose the hand. Things got better after the amputation. Because I knew that my parents would buy time for natural healing, so when I was convinced I had to lose the hand, I remember asking the anaesthetist to help me sit, support my back and I signed with the pen in my mouth. Next day, my mum didn't find me on the bed during visiting hour and heard I went for theatre and

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boom, I come back with a brighter face but without an arm. Around the same time, I had started doing exercises for my left arm and discovered that I had multiple fractures; this was the onset of a fight to save the remaining forelimb.

I was in hospital for five months and one week continuous stay, in two hospitals, the second being one month and one week of that time where I received specialist plastic surgery to cover the exposed bone on my hand. Over the three years, I had nine surgeries, the smaller ones requiring each about a three-day stay in hospital. In terms of costs, my Harare Central Hospital stay was about 7,900 USD which dried up the medical aid allocation. From then onwards, the least costs I remember were 5,500 USD per theatre visit. In between surgery, I would travel from Chinhoyi and put up in a lodge with my mother so that I could attend occupational therapy sessions every day. Such was my life until in May 2014 when I got a bionic artificial limb whose total cost including travelling to South Africa was just over 45,000 USD. After everything medically possible was done, I was discharged from medical care on 1st October 2015, just 5 days before turning 3 years after the accident signifying how long recovery can actually take, for things that can be avoided. Therapy sessions were 30 USD per session and considering the 2 1/2 years of therapy, the costs cannot be met individually. The transport costs and assistive devices included, I can recall an excess of 150,000 USD in just trying to save life and give hope for a near normal future. **I was fortunate but you will not always be, prevention is better than cure.** These costs go beyond the monetary value and often times, family is the most affected.

My family of course had to be informed about the accident. A bitterness about this still remains with my family who expected the company to have the decency to inform them of the accident; to come home and explain, and help facilitate in getting them to the hospital. Even to the present day, my previous employer has never sent anyone home to officially tell them about the accident, explain what happened or apologise. The company only sent investigators to the hospital, which infuriated family, we all have questions that need answers. Had they extended this bit of humanity and caring, it would have meant a world of difference, and helped my parents to come to terms with what happened. However, upon arrival at the Hospital, my wallet and phone were handed to my father, who, in his agitated state, misplaced them, adding to the distress they were already experiencing.

Summarily, for many years to come my mother became my primary caregiver until I set off on a UZ Computer Science Degree journey **in August 2016, something that brought hope again.** I was a breadwinner, I still am. I have always helped with the bills at home, taken my sister through university and my young brother's school going even up to the present day. Accidents shatter dreams of dependants, I am grateful that I have managed to continue meeting my responsibilities, not in the best way I would have wanted but at least we are managing to keep moving. Fast forward, today, I am an IT professional working for the power utility for which I am very grateful and champion health and safety in every way I can because one life lost is too many and it is painful to see the same circumstances killing and maiming people. I have set on a Safety Speakers journey gathering fellows who want to share their stories and help save lives. I also run for safety, something I delayed starting because of the fracture I once had on my left leg. Society and corporates often forget about how the families may be living after the death of a breadwinner or incapacitation, I have gone through it first hand and am pained. The compensation monies never restore life as it was before or enrich the injured or their family as society widely thinks. NSSA is doing well in trying to assure social security to pensioners but they are also operating in a difficult economy like us all. The idea is for us to maintain maximum safety at all times and prevent injury to persons and damage to plant and equipment. Only then can we build our economy in a sustainable way towards vision 2030 and beyond. **An investment in safety is never in vain.**