

Hanger's Humanitarian Efforts in

BARRANQUILLA

Hanger's Humanitarian Efforts in Barranquilla is the third installment of *O&P World's* ongoing coverage of a humanitarian project sponsored by Hanger Orthopedic Group. Hanger's initiative targets refugees on the outskirts of Barranquilla, Colombia. The program is being developed on a pilot basis. It is the first such not-for-profit incentive developed under the philosophy of providing the best possible O&P services for every person who needs them. Hanger's nongovernmental organization division is called Hanger Rehabilitation for Development.

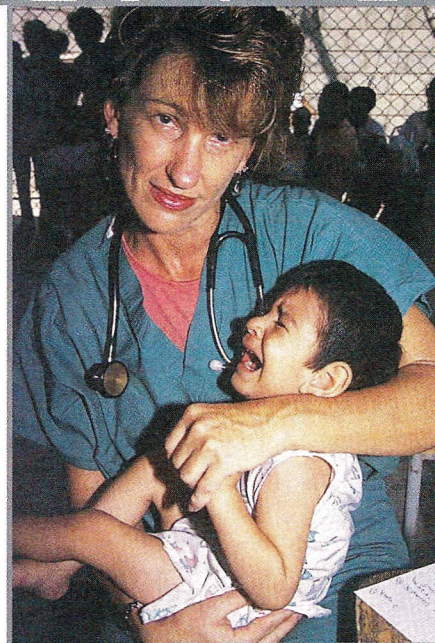
**By Jeff Fredrick, MS, CO,
BOC-P**

The Hanger Rehabilitation for Development (RFD) represents the humanitarian, not-for-profit endeavors of the huge rehabilitation corporation. Direct practitioner care is provided by Hanger employees who wish to donate their time and expertise. It is their opportunity to give back to the world community some of the benefits of living in a country that sets one of the highest standards for health and rehabilitation care. This third installment goes to print after another team of Hanger practitioners and associates conducted a health and rehabilitation clinic in Barranquilla.

The end result will be a world less inflicted with untreated medical and rehabilitation catastrophes. Everyone involved with Hanger RFD agrees there is no greater measure of success than inspiring others to use their skills and commitment to serve our fellow human beings who are in need anywhere in the world.

From the Field

Our driver swerves suddenly on the



open highway between Barranquilla and Cartagena. Attention shifts from small talk to the road. I turn and watch the small car hit a ditch with such violence that it looks like an artillery round exploding. The small gray vehicle ricochets into the air and spins. A blurry second later it hits the ground and rolls.

Our driver instinctively downshifts and hits the gas. I shout for him to stop and turn around. We are in the middle of nowhere, and have one doctor and an emergency room physician's assistant on board.

The car's roof is crushed into the driver's side past the steering wheel. The windshield and front windows are blown away. A dazed passenger is crawling out through broken glass with a screaming baby under her arm.

"It's good to hear the kid screaming."



Lisa Kohler, MD, a family practice physician from Tallahassee Memorial Hospital, shouts as she scrambles from our van. She burrows into the back seat of the crushed vehicle. **Terry Martin, PA**, is right behind her, neither of them thinking about the broken glass or the possibility of an explosion. Moments later, with the help of **Mike Hanna, PT**, and **Greg Fox, LMT**, the driver is pulled out of the car, but it doesn't matter. Her head, face and chest are crushed, and there is no way of intuiting her.

"It probably wouldn't have mattered anyway," Kohler reports as she steps back from the woman. "She bled to death before we could get her out."

An ambulance arrives much sooner than we expected. The dazed passenger drapes herself across the green body bag and sobs. The baby is left in a spectator's arms. We have only been in Colombia 24 hours and both the danger and the sadness have welcomed us.

Using Resources

In Colombia, no resources are wasted. Maybe that is why providing health care and O&P services is so rewarding. The meaning of what we do is never greater than in places where such necessities are never expected nor taken for granted.

Monday morning our first clinic begins in the refugee camp outside Barranquilla. **Gustavo Manuel** is one of

the reasons we cancelled our last trip in November. He was shot several times, and three other men were killed in the refugee camp. It was a chieftain power struggle over moving into new portable housing the government provided. In their effort to retain jurisdiction, the leaders of the camp caused more suffering among their people than they realize or care about.

Inocenio Nuñez presented at our last clinic with a serious infection in his toe. Dr. Kohler drained the wound and provided a series of antibiotics. Inocenio walks in today on crutches. He has an infection problem solved by a transfemoral amputation. Maybe we could have saved his leg if we had returned as scheduled, before his antibiotics ran out. There is no blame in his eyes — only anticipation. An artificial leg in the depressed social service culture of this developing country may mean the difference between life and death for the



rest of his family. Dr. Kohler hands him off to **Debbie Sweeney** to be cast and measured.

If things aren't bad enough, the health care system for the poor in Barranquilla is on strike.

"It was unavoidable," a strike leader apologizes. "The government and all the insurance companies quit paying for

health care. Our local hospitals and clinics simply cannot afford to keep treating patients for free. We warned them over and over again, and then set a date. The day came and went, and they did nothing to stop the strike."

This man represents one of the largest free clinics in Barranquilla. His concern is for the poor, not political ideology.

"It will end when the mayor declares a social emergency — then some money will come," he continues.

Ripple Effect

We hustle through the first day, seeing nearly 100 patients. This represents as many families who have no other access to health care. The ripple effect is significant. **Father Cyrilo**, a Dutch priest and outspoken advocate for the poor, says our visit, especially in the midst of a comprehensive health care strike, is an important encouragement to the refugees who feel isolated and forgotten even in normal times.

The medical and rehabilitation clinic is sponsored by the Hanger Orthopedic Group. It represents a corporate-wide response to human need and suffering in Central and South America. Hanger's primary goal is humanitarian relief on a person-to-person, not a general programmatic, basis.

"We'll have to change this place one face at a time," Fox complains as he mixes a dose of topical herpes medication and then rubs it over the entire body of a well-behaved, four-year-old boy.

Changing Colombia will require the efforts of many people, citizens and foreigners alike. But there is more than direct humanitarian aid to consider. Hanger's pilot project of early intervention for refugees not only transports new medical and rehabilitation technology into Colombia, but sets the stage for partnerships in the hungry economy that will surely follow political stabilization. It is going to take more than a few visionary companies to build a cooperative eco-

conomic cooperation agreement.

Hanger seeks to play a leading role beyond its corporate, humanitarian convictions. The Hanger Corporation, being the largest patient care organization of its kind in the world, is committed to taking its place as a leader in globalization. Our primary medical and rehabilitation clinic is a first step toward an economic partnership with Colombia and perhaps all of Central and South America. Soon enough, more U.S. companies will realize markets must be made. They do not simply occur because we think we deserve them. They are the prerogative of friendships and common interest in economic, social and political arenas. They cannot be legislated by anyone's congress.

For its part, Hanger is testing the business waters by treating the sick and disabled. If the effort goes no further, there will be little loss to consider — at least according to the hundreds of families helped.

Clinic

The orthotic, prosthetic and physical therapy clinic at the Centro de San Camillo is functioning smoothly. The doors of the building normally used to provide services to the poor have been opened for us despite the strike.

A parade of challenged children pushes Sweeney, Hanna and **Catherine Knickerbocker, PT**, through a hectic morning. Our rehab team realizes they must practice outside the box that defines their professions in the United States. The group jells into a clinical team that interacts and cross refers.

"It is holistic O&P and physical therapy," I encourage as I watch each team member pick up issues and symptoms normally not considered during their professional routines in the United States. "If you don't spot it, no one else will."

"It's nice to be able to treat patients

regardless of their insurance status," someone responds.

In clinics for the poor and in refugee camps all over the world, a physical therapy or O&P evaluation might reveal intestinal worms, scabies or more serious medical complications. Fortunately, Kohler and Martin are seeing patients only a few feet away. Rehabilitation infra-



structures functioning in the developing nations of the world seldom have such backup.

"The fathers of disabled children here are obsessed with walking," **Sister Marie**, a physical therapist and nun from Holland, complains to Hanna. They are doing a physical therapy assessment on a 16-year-old girl. She sits stoically in a low-back wheelchair we brought on our last trip. The girl's fingernails are painted with thick, pink polish and sprinkled with silver glitter. They remain motionless on her lap. Maria, who prefers we address her by her first name, is dressed in plaid slacks and a pullover shirt. She neither looks nor acts like any nun I have ever met.

"We come from countries where walking is not so necessary. We have cars, electric wheelchairs and an environment that is friendly to wheels," she continues as she points to a small, keloid scar on the young girl's neck. "She was playing outside and was hit by a bullet shot between two neighbors who were quarreling."

"In Spanish, the word for handicap or

disabled is *menosvalidos*," Kohler adds. "Its exact translation is 'less valuable.'"

Refugee Problem

We work through the last day, and the impact of the refugee problem becomes more comprehensible.

"Many of these refugees were wealthy farmers — at least by Colombia standards," a young medical student tells us. He has volunteered to help our team by seeing patients and interpreting.

"The guerrillas moved into their region and told them to join up or they would be killed. Some lost loved ones just trying to get away. None here," he says waving his hand over the 30 or so men, women and children lined up for services, "wanted to fight with the guerrillas."

Just then, a man in his late 60s walks up with a prescription card filled out by Martin. He is a family man — a man who is accustomed to working hard for his wife and children and to care for his own parents. He is not a killer.

The dreadful impact of the condition we so casually refer to as "dislocated people" begins to register. These people are not poor by birth or choice. Try as hard as you will, you cannot dismiss or write this poverty off as earned or deserved. These faces are no different than those in our neighborhoods, workplaces and schools. They could be our own if not for the stability our government and socially unified, cooperative economy afford us almost without notice.

In Colombia, trust and cooperation between the people and the government has broken down. The asocial and sociopathic elements (i.e., the guerrillas and paramilitary) have jumped in the vacuum and seized power. The cost of their insurrections is not just lost jobs and inconvenience. The old man's face tells it all. But there is encouragement in Colombia's new president. Even the guerrillas who



recently failed in an assassination attempt admit they like him. The franchised citizens and the dislocated alike are hopeful for stable change.

Sweeney casts a citrus peddler for a transfemoral prosthesis. A local businessman who buys oranges from him every morning brought him to the clinic. He sits on the edge of a treatment table, his callused, shoeless foot dangling just above the terrazzo floor. His face is prematurely aged from a hard life on the street. He sips clinic coffee and his eyes show just a hint of sparkle as he watches Sweeney fill


out a prosthetic evaluation form. For him at least, there is promise that life will improve. Maybe the only way it ever will be one clinic, one poor refugee at a time. Could it be this simple — the formula to change the world: the skilled and compassionate hands of a prosthetist reaching across the gap of poverty for the crutch callused hands of a simple citrus peddler in need? It is as much as you can hope for — at least today. And for him, in a small way, the world has changed for the better. A start, no matter how small or insignificant it seems in comparison to the problem, is closer to hope and improvement than violence and apathy.

We return to the United States more committed than ever to develop a long-term grant program connecting resources in the United States to those who most need them in Colombia. Who gained the most? All members of our clinical team agree that we did. For whatever little change we offered, and hope to offer, in Colombia, the grace and dignity of Colombia's poor have once again touched our hearts. Sometimes the humanity of those who have little is necessary to remind those of us who have so much that goodness, purpose and dignity are still

stronger than ever in the human family.

Philosophy of Change

The poor are never uplifted by programs that simply give them handouts. Handouts are for beggars, and programs that give handouts turn productive people into beggars. The chance to earn one's own living — capitalism — is the most productive way of lifting people out of poverty. Personal economic independence does most to free people from the horrors of poor health care and the social and humanitarian disabilities that result from it. Hanger's philosophy of marrying humanitarian intervention with plans for future business collaboration is foundational. It promises real, positive and long-term change in a world where sadness is too often more common than hope.

Developing countries are so often seen and imagined no deeper than their rough surface. Yes, they lack much. But there is no place on earth where just a little does so much. No place an orthotist, prosthetist or physical therapist can truly become the idealistic, patient-first healer they imagined themselves to be when thoughts of a life providing health care first struck them as a good idea. 

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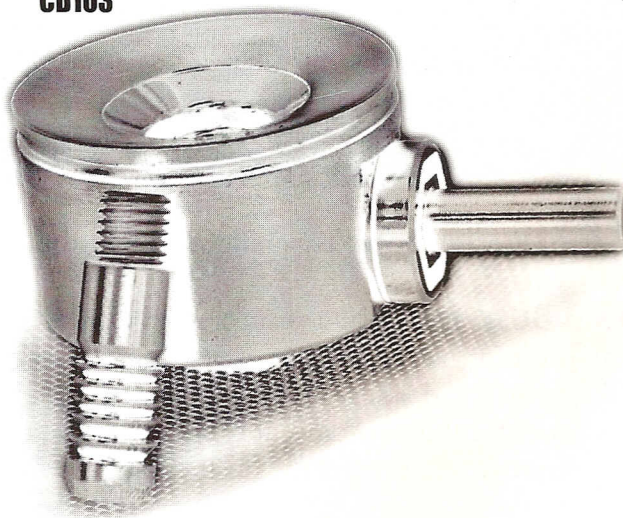
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