

Colombia: ASSESSING TRIP NUMBER TWO

Colombia: Assessing Trip Number Two is the second installment of O&P World's ongoing coverage of a humanitarian project sponsored by the Hanger Orthopedic Group. Hanger's P&O initiative targets war refugees on the outskirts of Barranquilla, Colombia. Future articles will detail specifics of a prospective grant and document program objectives as the project evolves and adapts to instability in the region.

By Jeff Fredrick, MS, CO

Long-awaited June rains have hydrated the brown, dust-drenched world of Barranquilla. The refugee camp is flooded with green sprouts and a mixture of wet clay and mud that clings to our shoes like gangster

cement. The rain rolls in steady waves, promising to let up each time a torrent washes over. But it never does.

Our small team of physicians and rehabilitation specialists pushes on through the cacti and mudslides that threaten a painful fall. Warnings not to seek secure handholds are called out over the incessant splatter of raindrops. Nearby tree trunks and overhanging branches sport hidden, two-centimeter-long thorns.

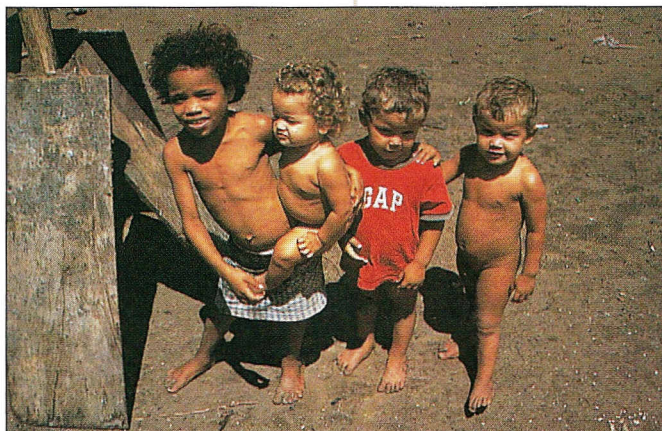
"If you grab this one," I shout, "at least you won't fall down. Your hand will be nailed permanently in place."

No one responds. Stoicism sets in as each section of the trail seems to repeat itself over and over again. We fight the mud an hour longer than the 10 minutes we were told it would take to get our medical supplies to the camp.

Getting There

Two streambeds serve as the only roads into this surreal landscape of trash and refugees. The moment seasonal rain begins to fall, both

roads cease to exist. The camp and its inherent tragedy grow even more isolated as dark



All photos courtesy of Jeff Fredrick, MS, CO

clouds loom overhead and the distant politics of Colombia deteriorate toward total war.

"There is too much mud to risk driving a vehicle through here," **Dr. Lisa Kohler** said as we momentarily trudge along the muddy edge of one of the streams. "In countries like this, it is easier to replace people than things."

"Our driver has a case of guerrilla neck," **Greg Fox** joked when we left the city of Barranquilla for the camp. We were still dry and driving instead of walking through the rain.

Differences at a Glance in the Vietnam and Colombia Guerrilla Wars

Vietnam

- The North Vietnamese Army and the Vietcong were a strong force unified in the common goal to eject foreign rule, i.e., against colonialism.
- The guerrilla movement was idealistic in its desire to create a new government and redefine Vietnam as a nation.
- Vietnam's guerrilla army had one leader. He was originally dedicated to developing self-rule along democratic guidelines, but the West missed the opportunity to collaborate. Later, Ho Chi Minh turned to the communist bloc nations for assistance.
- Vietnam's guerrilla army sought unification of a nationalistic culture redefining Vietnam's psyche on independent rather than colonial (French or American) influence.
- The North Vietnamese government was cohesive and supported by the people. The government of South Vietnam was corrupt, which is one reason the U.S. venture there was doomed to failure. In South Vietnam, the corruption of the government and its war methodologies failed to gain the hearts and minds of the people.
- Vietcong combatants wore sandals as a trademark.

Colombia

- The Colombian guerrilla war is fragmented with non-specific national goals. It seeks economic anarchy, i.e., it is a war against an already existing national government.
- Colombia's existing guerrilla movements are non-idealistic. Their primary motive is profiting from the drug trade without restrictions. They have no interest in developing a national government or culture. Rather, they seek to destroy what exists so they can continue their quest for unbridled profiteering. They're more akin to a pirate force than an army of liberation.
- Colombia's factionalized guerrilla or rebel armies are anti-nationalistic and anti-internationalistic. They represent a regression away from Western ideals, especially for democratic rule or institutions. They are more feudalistic.
- Colombia's guerrilla armies promote a culturally suicidal form of capitalism. The results of their continued interaction or victory over the government portend something frighteningly similar to the year zero philosophy of the Khmer Rouge. Pol Pot's leadership resulted in the deaths of at least 2 million Cambodians and total destruction of the government and its infrastructure.
- The Colombian government suffers from a great deal of corruption. This is well known by the people and the works in the guerrillas' favor. In Colombia, it appears the guerrillas are at war against the people as much as the government. Atrocities against civilians would ordinarily erode popular support. However, this may be offset by corruption in the government. Whichever force — the government or the rebels — is able to gain the hearts and minds of the people will probably succeed in gaining control of the more urban parts of Colombia. This is one of our goals — to support the government's claim to have the best interest of the people at heart.
- Colombian guerrillas wear rubber galoshes as a trademark.

“What's guerrilla neck?” **Debbie Sweeney**, a certified prosthetist/orthotist with the Hanger Orthopedic Group, asked with a suspicious smile.

“When she was robbed and her car was stolen two months ago,” Greg responded massaging the young woman's neck from the back seat of her new car, “the guerrillas shoved a gun barrel into her neck and mashed her face against the front windshield. She had to drive that way until they threw her out in a dangerous area of town. Her neck still hurts, but she feels fortunate she wasn't raped or killed.”

Driving outside of town presents an



interesting challenge. In the United States, we negotiate rush hour traffic with a burger in one hand and the steering wheel in the other. Sometimes people even attempt to juggle a burger, a cell phone and the steering wheel while changing stations on the radio. In Colombia, the challenge is even more extreme. Car owners try to drive fast enough to zoom safely through guerrilla roadblocks, yet slow enough to avoid a crash. Excessive traffic fatalities are an ever-present reminder of the cost of chaos in the poorly developed, though busily mechanized, societies of the world.

We affectionately call it the “gringo song.” Near misses in traffic stir an involuntary combination of “whoa” and a yodel that rises in intensity for the duration of the close call. One ends with a full stop, our driver slumped over the steering wheel in tears. Her sister was killed in a traffic accident only two weeks before in Bogota.

First Clinic

Our first clinic was supposed to

begin at 9 a.m. It is well past 10 a.m. when we finally get up to the frond-roofed school building that will serve as our makeshift hospital. The rain and mud have cost us over an hour. We have scheduled 60 patients in a pilot effort to document disease etiologies and the medications required to treat them. Who knows what the delay will cost the children and adults who populate this surreal world of human suffering. When our time runs out, the untreated will simply be left behind. It is a fate the poor in undeveloped countries worldwide have grown quite accustomed to. Unfulfilled hopes are simply exchanged for patience in a cycle of pain that seems never ending.

"This woman's father and three brothers were killed by guerrillas," Kohler shouts to get my attention above the rumble of rain and waiting patients. "She says her infant baby was scared to death."

Scared to death is another diagnosis unique to this South American country, but not so humorous as guerrilla neck. I wonder if a baby can really be scared to death.

"Yes, if her mother suffocates her to keep her quiet," Kohler interjects into my thoughts. Her skill in bush medicine is only surpassed by her feminine intuition. Two prospective male team members canceled due to the danger. Kohler, practitioner and faculty member with Tallahassee Memorial Hospital's family practice residency

program, and Sweeney gladly substitute. They are a force of their own. Their performance throughout the trip would make even the most biased chauvinist gulp hard and keep his mouth shut.

Another woman has six kids but her husband has left her to care for them alone. It is a common story among refugees. She looks understandably forlorn. I tell her she is still pretty enough to have another six. Her sad eyes slowly soften as she grasps my humor and intent.

"This man lost three brothers and both his parents to guerrillas. He has been in the camp for one month. He says he is just happy his wife and children were able to escape alive," Kohler continues.

Her stories fade into a dull, desensitizing mantra as they are repeated over and over again for the rest of the day.

Government Checkpoint

"I was trying to decide whether to stop or run the roadblock," our Colombian driver concedes with a slinky voice as we are waved over by soldiers. Her fear surprises me. It is obviously a government checkpoint. Evidently she has never been stopped at night on the road between Barranquilla and Cartagena.

"I was trying to see their boots," she whispers as the car rolls to a stop in the midst of

What Kind of Grant?

- Combine emergency medical and nutritional relief with orthotic and prosthetic rehabilitation as an early war refugee intervention modality
- Create a model for humanitarian relief in developing nations merging emergency/primary medical care with orthopedic rehabilitation
- Use grant funds to blend expatriate professional intervention with existing indigenous medical specialists and infrastructures toward redefining the quality of care upward

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five well-armed soldiers. "The guerrillas wear rubber galoshes, and National Army soldiers use lace-ups."

I stare out the window and see laces. No wonder, I think. The guerrillas live in the mud, and the National Army soldiers patrol the cities and paved roads.

A young soldier shines a light in the car.

"Gringos!" he exclaims.

But the inflection in his voice is more surprise than hostility. Before the trip, I checked every bookstore in Tallahassee, Fla., and a few in Tampa, Fla., for a travel guide on Colombia. None exists on the otherwise overpopulated shelves that contain thick guides for almost every other country in the world. The tourist trade in Colombia no longer exists.

Our driver rattles off answers to questions so fast in Spanish we cannot follow. In the midst of it, the words "thank you" jump out.

The young soldier smiles,

Hanger Orthopedic Group Philosophy on Humanitarian Relief

The O&P field can be a driver of worldwide humanitarian relief. Adherence to a clinical team approach upgrades the effectiveness of rehabilitation programs and health care in underdeveloped countries. The world is growing smaller. The new order will be defined or certainly effectively influenced by either terrorism or humanitarianism. Investing in successful rehabilitation programs on a global scale reflects back on our own continued health and viability as a people, a culture and a nation. It is our best answer to the growing belief that terrorism is a legitimate way to influence the future events of our species.

Why Colombia?

- Economic viability is becoming geographical (i.e., European Union Asian economic alliances). Colombia is by location an important economic bloc partner
- To assist in stabilizing the political climate in Colombia. Present instability encourages networking with organizations such as Al-Qaida. The sophisticated drug delivery network that already exists between our two countries could be easily adapted to terrorism



- To help offset the growing human catastrophe that is already taking place because of instability and war
- To benefit from our common history of hemispheric and geographical interests in terms of resources, etc.
- To develop Colombia's potential as a legitimate, independent trading partner, which positively impacts our own economy and encourages honest development as opposed to drug trafficking
- To eliminate the drug trade and its influence by encouraging a context of better health, political stability and security in which alternative economic opportunities can thrive

repeats "thank you" in English and waves us through.

"What was that all about?" I ask as the driver shifts quickly to leave the roadblock behind.

"He wanted to know what you were doing in Colombia. I told him you were here to help the poor. He asked how to say 'thank you' in English."

It's a nice touch in a country growing less and less able to feel the difference between life and death, let alone congeniality.

The complexities of the problems in Colombia defy recognition as well as remedy. It is easy to give in to the old "what's the point" syndrome. After all, there's a lot of truth in cynicism. Saving a few refugees barely impacts the flood of human tragedy. From time to time it's necessary to remind ourselves even one life is sacred and worth every effort to preserve. To believe otherwise is to join ranks with those around the world who consider terror, especially against innocents, a justifiable way to win arguments, land and wealth.

Meeting the Refugees

Refugees are waiting patiently in the rain. The team clicks into action as if clinical protocols were choreographed years ahead of time. Some members never even met until they arrived at the airport. Their professionalism, even in the bush, is a testimony to the quality of medical and rehabilitation services we take for granted in the United States.

Kohler swings into action the minute she arrives at the refugee camp. She orders all supplies into the one-room school house. She moves the only two dilapidated desks to a corner away from the door. One is missing a leg and must lean against the other to remain upright.

Soon our crude clinic is functioning



smoothly. Kohler performs initial exams and orders appropriate doses of the medications we have transported from the United States.

Sweeney, who joined the team to provide O&P care, helps to fill prescriptions. She is assisted in the makeshift pharmacy by **Michael Hanna**, a physical therapist

from Archbold Hospital in Thomasville, Ga. They are both looking forward to conducting a rehabilitation clinic. It will be the camp's first, but they must wait until Kohler's primary, or in this case "bush," medical intervention is completed.

In Barranquilla, there are guards at almost every building entrance — businesses, hotels and even private residences, the affluent ones that is. Car trunks are routinely inspected, and walk-

arounds with under-car bomb mirrors are so routine they are hardly noticed. In this county so familiar with conflict, people are forced to spend an exorbitant amount of their limited economic resources on protection — if they want to survive. Colombia is a nation growing bankrupt from its necessary obsession with security.

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Walking Through the Camp

I follow **Father Umberto** on a short walk through the camp. The rest of the team remains behind, pushing through the heat and humidity to complete the day's schedule of patients. It is important to compare conditions with our last assessment trip two months prior. Bone-dry and parched land have been exchanged for a world of fecal smelling mud. It overpowers the olfactory glands the closer to the hovels we trek.

For some reason, many outhouses are built 10 feet or less from the shacks. The privy holes are only a foot deep and their edges are level to the ground. They have disappeared under puddles of dingy, yellow water. I can only imagine the viral and bacterial contamination in every puddle we slosh through. I dread unlacing my shoes back at the hotel.

A beautiful seven-year-old girl begs us to follow her. Her parents are nowhere around. The hovel she calls home reminds me of something we'd have thrown together in the backyard when I was a kid — old boxes and tattered sheets of filthy plastic. She saw us snapping photos and wants us to photograph her three little brothers. It is obvious in an instant — she's the woman of the house. Watching her

pose her younger brothers for a photograph is heart-wrenching.

I suddenly realize this beautiful little girl (half the size of my own, well-fed seven-year-old daughter) is in a spiritual place I haven't grown to yet. And I have almost eight times her life experience. Her desire to show off her brothers and wretched home settles one nagging issue for me. It is right to be here — to commit to setting up a program to treat little girls like her and their families.

Suddenly the rain, mud, danger, distance, expense and inconvenience don't matter. I realize even with all its deprivation that the refugee camp is a magical place that changes common human souls into versions of wealth and beauty I can scarcely imagine and only observe.

How ironic is it that from the foul-smelling mouth of war arises the substance of the only hope that might ever pull mankind back from the brink of self-destruction. It is no further than the motherly love of a seven-year-old girl. She, not the politicians or the wealthy, has the power to change the world. All the answers we'll ever need shine through her beautiful, optimistic eyes. I guess I've just never seen it before. Maybe I've been in too big a hurry to look in the right place. I

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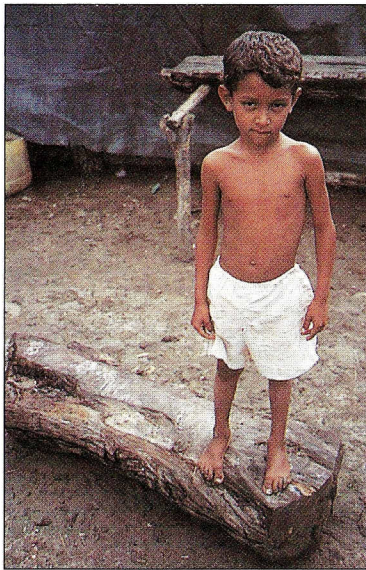
wonder how many other little girls have been passed by and overlooked by tanks and suicide bombers, as they hurried off in opposite directions. It just goes to show you that it takes more heart than brains to deal with life's problems. Too bad seven-year-old kids like her can't have a say in how adults solve conflicts. They certainly couldn't do any worse.

Humanitarian Intervention

The Hanger Orthopedic Group's concept of humanitarian intervention is being defined to some extent as we go. It is not predicated on the usual time-tested models — though the substance of these models is not bad. However, providing prosthetics and orthotics to children and adults threatened by untreated medical maladies or malnutrition is shortsighted, if not intrinsically inhumane, regardless of good motives.

But what is the big surprise? Isn't it the goal in the so-called developed world to define successful medical and rehabilitation care through a concert of specialties we commonly refer to as the clinical team? If it works back home, why cut corners in places like this where the stress and deprivation are so much worse? If anything, it would make more sense to do it the other way around — hypothetically speaking.

The Hanger concept addresses many unprecedented issues that will help safeguard its present and future humanitarian initiatives from mediocrity or, worse yet, failure. Respect for the indigenous culture, insistence on decent moral behavior of expatriate practitioners and providing all O&P care in a clinical team environment are foremost. Quality of care, appropriate technology, sustainability and ultimate transfer of the project to indigenous professionals are among the givens. Translating pro-



gram success into a model that will set a new standard for early war refugee, and humanitarian projects in general, remains one of Hanger's primary, long-term goals.

Humanitarian relief is a big job with many unknowns. However, two things remain nonnegotiable certainties. First, if we don't try to heal and restore lives here, people will suffer and die. In the initial few hours of the clinic, Kohler saved the lives of two patients — a 15-month-old infant with pneumonia and a 23-

year-old man suffering from a 105-degree fever. The next morning they show up symptom free.

Secondly, if we set our sights on a less ambitious design, mediocrity will surely claim our results. Aim high and achieve excellence, aim low and you will achieve it, as the old saying goes.

Searching for Hope

Maybe it's not such a big, daunting world after all. Perhaps it can be changed or even conquered. Just care for one human being after another until you run out of money, supplies, time, interest, ability, compassion, health or maybe even life. Just make sure you don't lose interest or compassion first. There is another choice. Find and treat one child at a time. After all, these little people certainly deserve as much.

Children know all about how to live happy lives in the midst of dreadful circumstances. They are more acquainted with the horrors of war than most adults will ever be from the comfortable, safe walls of their selfish lives. These children will teach you all they know about happiness for free. It's an exchange

of soul-learning for health that any expert who has had the privilege of receiving cherishes for a lifetime. It is not uncommon for first time clinical volunteers to claim that their short, one-week trip with us has completely changed their lives. I can't help thinking it is something every American needs.

The horrors and atrocities of history say holocausts are here to stay. In Colombia I learned this need not be so. It doesn't have to be the final truth. I saw there is hope. I saw it for myself in the eyes of a single, under-sized seven-year-old girl.

Now it is up to me to prove true to hope, or fall in with the rest of the herd as it stampedes toward the edge of the no-longer-so proverbial abyss. It's a choice we all face. Join us and volunteer your O&P skills. It will change how you see the world. Who knows, maybe it will actually change the world at least for a refugee or two.

o&p

FOR MORE INFORMATION:

Contact the Hanger Orthopedic Group's Tallahassee office at (800) 711-8725.

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