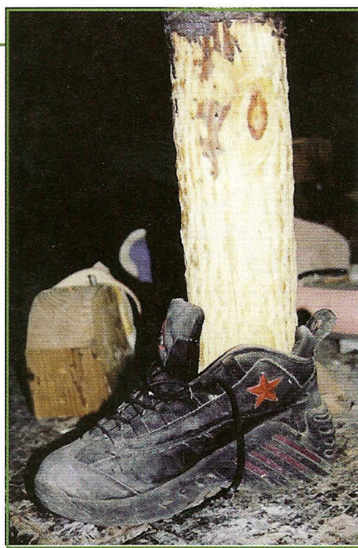
Humanitarian Relief Efforts—*What is Really Needed?*

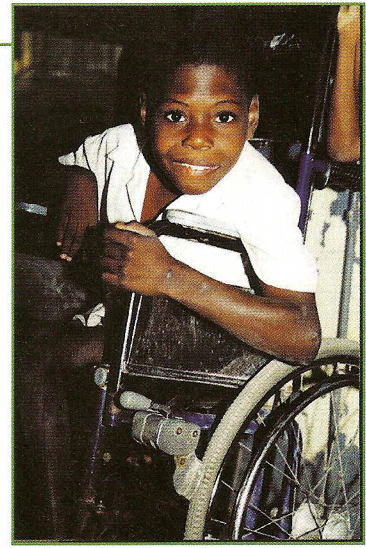
By Jeff Fredrick, M.S., C.O.

Clinic in progress in Dumay.

The issues surrounding community level medicine and rehabilitation in developing nations can be as varied and contradictory as the geopolitical causes that produce them. Definitions of sustainability, technical and cultural appropriateness, intervention scheduling, functional outcomes, and program motivation regularly "shape-change" from arena to arena in the worldwide landscape of humanitarian aid. The human face of international relief remains equally an expression of immediate need and the hope for a long-term solution. Failing to balance the issues of immediacy and longevity denigrates any program declaring itself to be humanitarian. It also contributes to the tendency of otherwise enlightened methodologies to become little more than self-serving projects. Sadly, the singular purpose of such debilitated enterprises too often becomes the pursuit of their own appropriateness for funding and sustainability of the same. Failing to build programs around human outcomes is the greatest tragedy in what we call humanitarian relief—medical, rehabilitative and industrial notwithstanding.

Traditionally, non-governmental organizations (NGOs) bring their expertise and influence to bear in order to compete for limited funding resources. The results are sometimes spectacular but may just as often be replete with failure, waste and folly. My experience in Phnom Penh three years ago serves as a case in point. Five competing NGOs postured to promote their own particular design or prosthetic reaction to the dire need for nationwide prosthetic services. I had the pleasure of attending ISPO's Consensus Conference on appropriate prosthetic technology for developing nations held from June 5-10, 1995. During my visit I was advised by concerned NGO field personnel that some landmine victims from the city and surrounding regions were obtaining prosthetic services from more than one competing NGO. This not only failed to unify the expatriate effort, it also caused each NGO to claim a higher treatment census, thereby producing a more optimistic cumulative effect on the amputee population than actually existed. Some amputees were allegedly receiving a prosthesis from each NGO, giving a five times higher population of served amputees than was technically accurate. It was reported that these amputees were utilizing one prosthesis for dancing, another for leisure, another for working, and so on. This tragedy should be shared by all involved. It must, however, ultimately belong most fairly to those administrators on the funding allocation level. It remains little wonder that the United States fares so poorly from its generosity in humanitarian expenditures overseas. Such initiatives must translate from the program management to the patient outcome level. If they do not,

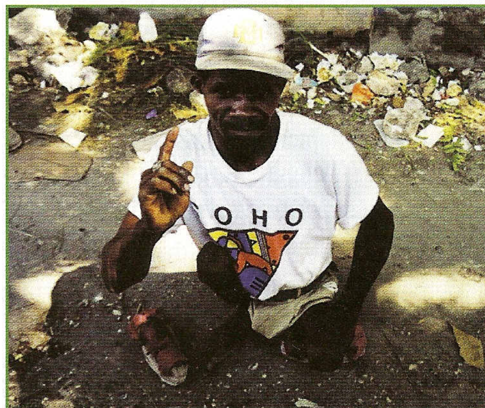




(Left) Residual limbs of a beautiful young girl. If you look carefully at her hands, arms and knees, they tell the story quite graphically of the effects of a lack of prosthetic intervention. (Center) is a prosthesis in progress which should astound you. Children are at the bottom of the economic rung and suffer most.

targeted populations are impacted little but for the presence of the NGO fictitiously declaring itself humanitarian in their behalf.

These words may sound harsh or offensive to those whose concerns remain the well-being of NGOs. This is not an across-the-board condemnation of all NGOs, relief workers, and the funding agencies to which they are married. It is, however, a fair-minded synthesis sculpted from project development and on-site evaluations. We must determine to what degree these shortcomings remain a tangible thread sewing failure to outcomes. It is the responsibility, if albeit politically incorrect, of the architects of future humanitarian programs to suggest appropriate adjustments in the NGO culture. It is the professional duty of all humanitarian workers to state their observations—both negative and positive—in formats dedicated to the welfare and rehabilitation of needy persons worldwide. We must redefine "humanitarian" from the funding to the advocacy level if we wish to create and manage programs that serve competently.



Hard conditions on the street for the people of Haiti, which is one of the reasons children have such hard lives. Poor economic conditions and zero opportunity translate into difficult circumstances for everyone.

On April 16, 1998 the Hanger Orthopedic Group and World Rehabilitation Fund (WRF) initiated a unique and innovative approach to orthotic and prosthetic rehabilitation in Haiti. Hanger and WRF have negotiated a consensus between a number of small, privately-funded projects and an indigenous Haitian organization to partner in providing humanitarian relief. Cooperation is mandated to maximize the potential of each independent participant so that the sum total is a more competent and accountable approach to orthotic and prosthetic care.

Dr. Jack Victor, President of World Rehabilitation Fund, Dr. Meredith McKinney, cofounder of COSHARE (Collection of Surgical, Health and Rehabilitation Equipment), Bill Fredrick, representing the Adopt-A-Village Missions program in Tallahassee, Florida, and myself, representing the Hanger Orthopedic Group, traveled to Port-au-Prince to conduct an on-site evaluation of St. Vincent's School for Handicapped Children. St. Vincent's remains the only functioning orthotic and prosthetic facility in the entire country of Haiti. Its prosthetic and orthotic facility is scarcely larger than a living room in a mid-income American home. The facility is poorly equipped and sparsely maintained.

The impetus for the partnership is shared concern for the creation of a broad and more clinically appropriate approach to orthotic and prosthetic rehabilitation. The World Rehabilitation Fund and the Hanger Orthopedic Group are focusing on the development of a technologically competent orthotic and prosthetic laboratory at St. Vincent's. Both organizations feel the partnership will help to overcome the disparity between competing NGOs and philosophic disharmony so prevalent in the international aid community today. Our reach is long-term toward the training of very competent orthotic and prosthetic practitioners in all ISPO categories. However, given the predicted lack of O & P professionals well into the first decade of the twenty-first century, the project includes attention to more immediate, though possibly less "Western" forms of training and intervention. The partnership between the Hanger Orthopedic Group and the World Rehabilitation Fund in this evaluation is designed to produce a program driven to be

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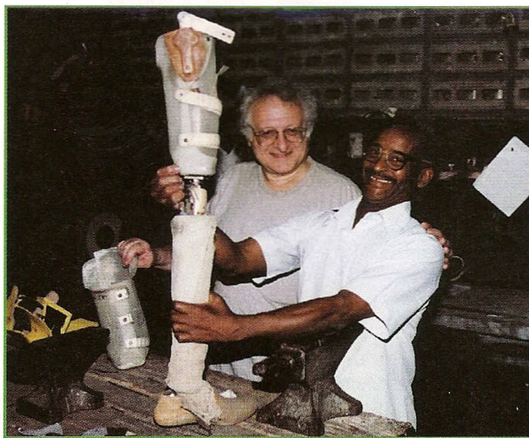
equally competent in its short-term as well as long-term outcomes.

COSHARE, the World Rehabilitation Fund and the Hanger Orthopedic Group also conducted an on-site evaluation for the expansion of St. Vincent's grossly limited, single operating room. These organizations are hoping to replace it with two separate operating theaters, competent even by American or European standards. Dr. Meredith McKinney, a plastic surgeon, led the evaluation team to determine architectural and equipment needs. COSHARE will assist in the provision of operating room equipment and supplies during the developmental stages of the project and in the long-term via pharmaceutical maintenance.



Dr. Jack Victor of the World Rehabilitation Fund in the present orthotic and prosthetic facility at St. Vincent's with Edward Larose, the director of St. Vincent's O & P program.

Once the new O & P laboratory and operating room complex are completed, patients will be afforded a much higher level of outcome potential. This will be the result of the on-site coordination of these two related clinical ventures (orthotics/prosthetics and surgery) in lieu of services being provided independently—or not at all in terms of present capabilities.

The Bethel Church of Haiti has hosted the Adopt-A-Village Missions program in the village of Dumay for twelve years. In this capacity, Bethel offers a culturally appropriate context to ensure that AVM's physicians can treat as effectively as if their practices were indigenous to the culture. The Bethel Church has 170 branches located throughout Haiti. Many are small mud huts with frond roofs but nonetheless occupy a central part of the village in which they are located. The Bethel Church is a natural context for the development of a CBR or Community-Based Rehabilitation program surrounding upgraded facilities at St. Vincent's and in Dumay. Presently, the Bethel Church is overseeing the construction of an $80,000 clinic complex in the village to facilitate primary medical and rehabilitation services offered on an ongoing basis through the Adopt-A-Village Missions program. This site fits as a regional medical intake center for community referral from outlying Bethel Church locations. More comprehensive medical, surgical and rehabilitation cases can then be referred to St. Vincent's, the ultimate terminus in this coordinated, clinical approach to village health care.

The WRF-Hanger evaluation trip facilitated the sharing of resources from five distinct, though philosophically related, organizations. Shared goals will replace the isolation and competitive spirit so prevalent in the NGO culture with a sense of cooperation already evident in the five-member association.

It is, perhaps, the greatest threat to all humanitarian projects that compassion on a one-to-one, face-to-face basis becomes the first casualty in the war to ensure ongoing funding. When we fail to design programs with compassion and human outcome in mind, we enter the slippery slope of program failure. Measures of improved functional outcomes and overall levels of health and rehabilitation are quickly replaced with calculations of gross numbers served and components delivered. The Phnom Penh experience should serve as a "heads up" to all NGOs in this unpleasant regard.

It remains the hallmark and spirit of our five-member coalition to ensure that the people we serve come first. When funding becomes more important than the welfare of a single human being, then it is our combined conclusion that the project or any other so burdened in self-motivation no longer qualifies as an endeavor worthy of support. We are dedicated to the proposition that our grassroots, person-to-person philosophy will enable us to accomplish the greatest level of humanitarian relief possible under the poor circumstances that exist in Haiti. This will not be a measure of census or dollars spent, but lives changed, children healed, villages protected and fed. Hopefully disabled people in Haiti will begin to live without stigma associated from, among other things, their inability to generate the resources necessary to maintain their own and their family's well-being. It is our firm commitment that the level of our services be aimed at the highest achievable quality of life. It must as well be initiated immediately and remain permanent in a manner commensurate with human dignity, freedom from physical and psychological suffering, and, above all, a realizable sense of hope.

Any person or group willing to participate in our developing project in Haiti may contact Dr. Jack Victor at World Rehabilitation Fund or myself at the Hanger Orthopedic Group's Rehabilitation Engineering facility in Tallahassee, Florida.

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