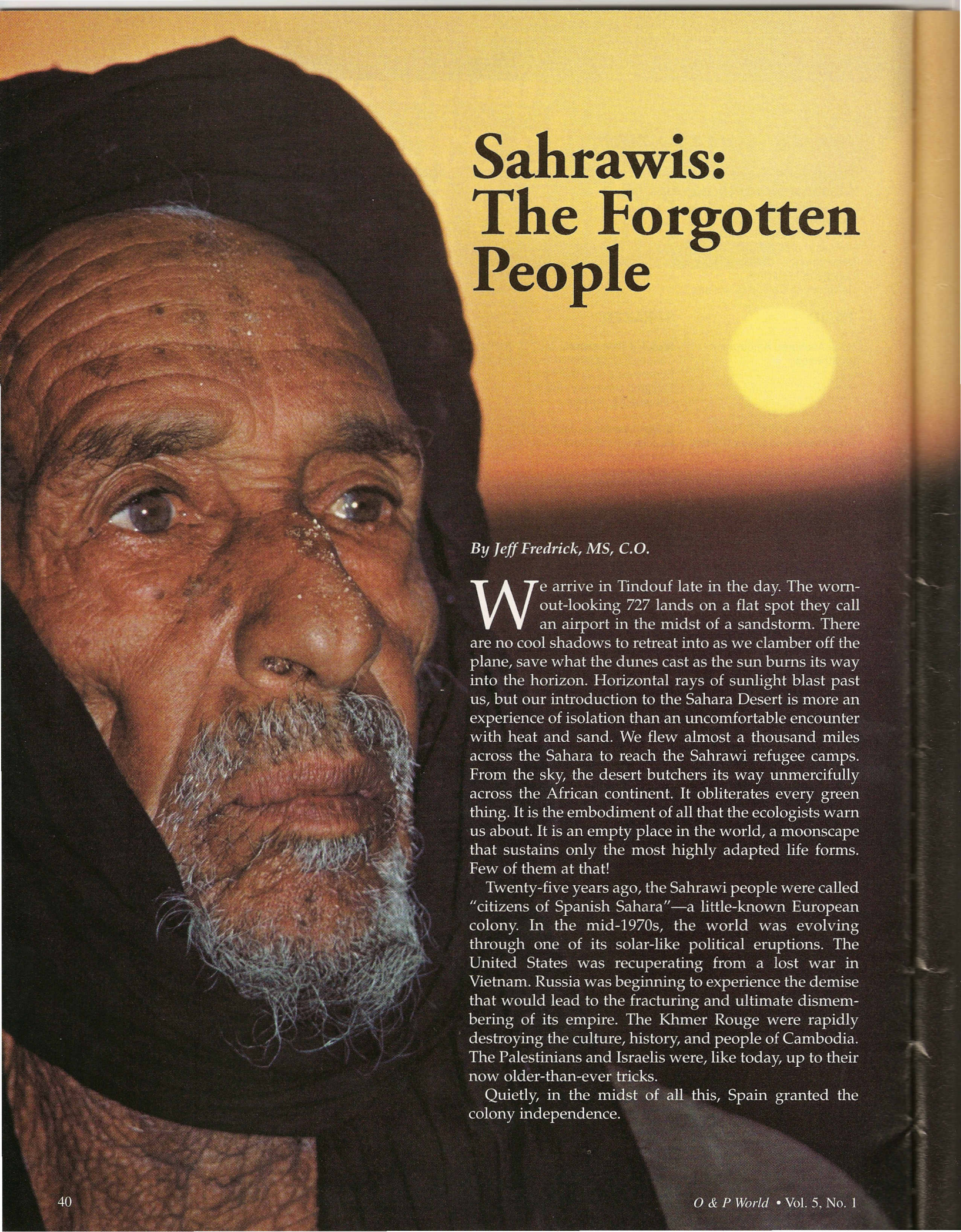

Sahrawis: The Forgotten People

By Jeff Fredrick, MS, C.O.

We arrive in Tindouf late in the day. The worn-out-looking 727 lands on a flat spot they call an airport in the midst of a sandstorm. There are no cool shadows to retreat into as we clamber off the plane, save what the dunes cast as the sun burns its way into the horizon. Horizontal rays of sunlight blast past us, but our introduction to the Sahara Desert is more an experience of isolation than an uncomfortable encounter with heat and sand. We flew almost a thousand miles across the Sahara to reach the Sahrawi refugee camps. From the sky, the desert butchers its way unmercifully across the African continent. It obliterates every green thing. It is the embodiment of all that the ecologists warn us about. It is an empty place in the world, a moonscape that sustains only the most highly adapted life forms. Few of them at that!

Twenty-five years ago, the Sahrawi people were called "citizens of Spanish Sahara"—a little-known European colony. In the mid-1970s, the world was evolving through one of its solar-like political eruptions. The United States was recuperating from a lost war in Vietnam. Russia was beginning to experience the demise that would lead to the fracturing and ultimate dismembering of its empire. The Khmer Rouge were rapidly destroying the culture, history, and people of Cambodia. The Palestinians and Israelis were, like today, up to their now older-than-ever tricks.

Quietly, in the midst of all this, Spain granted the colony independence.

Country Invaded, Destroyed

The newly independent country was called the Western Sahara. It was too small to purchase much in the way of worldwide notoriety. Morocco and Mauritania sensed its weakness and invaded. Western Sahara's miles of beautiful coastline and phosphorus mines, the jewels of its fledgling economy, became enticements for its rape and dissolution as a nation. The holocaust was scarcely noted on the international political landscape. Three years later Mauritanian troops withdrew from the conflict. Moroccan military occupation forces still remain today.

The cruelty of the Moroccan military is well documented. The Sahrawi women, children, and elderly who did not flee into the desert were bombed, napalmed, and otherwise brutalized to death. What remains of the Sahrawi's population, all that still exists of its unique gene pool, now survives miles from its homeland in a desolate place called Tindouf, Algeria, one of the harshest places on earth.

Desolate Refugee Camps

Tindouf—in another beleaguered age a distant outpost of the French Foreign Legion—is now an Algerian military base. Thanks to Algeria's good graces, the United Nations set up refugee camps for the 165,000 men, women, and children who managed to escape the Moroccans and survive the bitter trek across the desert. The U.S. government continues to block enforcement of the U.N. Security Council's Resolution concerning Western Sahara. The resolution demands Morocco's immediate withdrawal and insists on the small country's right to self-determination.

Since 1975, the United Nations and a handful of European countries have provided all the food, water, and incidentals of life the Sahrawis have needed to survive. Camp residents live in tents and primitive structures made of dried desert clay. The camps will remain only so long as the United Nations agrees to continue its regular deliveries of life-sustaining resources.

The population of the camps is composed mostly of women and children. Men who were not killed in the war against Moroccan aggression remain in the Sahrawi military. Young boys follow their father's footsteps into the military as soon as they grow to adulthood. There are few alternatives in employment or education within the restrictive borders of the camps. Most of the military men reside at the so-called "front," many kilometers away from the camps near Morocco. This leaves the women and children alone to forge what home life they can in this desolate, resourceless region of the world.

POW Camp

The refugee enclave contains a prisoner of war camp. Moroccan POWs are still imprisoned two decades after their capture. Years ago, some were herded onto planes to be repatriated to their homeland. Morocco, however, would not accept them back. This would publicly acknowledge their complicity in this illegal war. So the Moroccan prisoners remain in the camps, living pretty much as the refugees do outside their barbed wire prison. We were told they are not mistreated other than by the harsh reality of living in the Sahara. All residents of the camps, Sahrawi and Moroccan alike, survive totally on donated aid in an environment that would kill them in days, if not hours, if the aid ceased to arrive.

Assessing the Need

The Christian Medical Services is a faith-based organization that provides humanitarian assistance all over the globe. CMS is a not-for-profit operation made up of orthopedic physicians and related allied health professionals. Colonel Bill Collins, CMS's president, requested an evaluation of the rehabilitation needs of the Sahrawis. The assessment trip took place from April 15-22, 2001. Our initial visit was meant to expose us to camp conditions, identify most-needed medical and rehabilitation resources, and to clarify the status of orthopedic rehabilitation among the Sahrawis. The results of our trip deeply convinced us of the need for medical and rehabilitation resources.

Numerous humanitarian organizations have meandered through the camps since their inception. Some have fit and retrofit orthoses and prostheses. Camp officials and the ambassador advise us there is no long-term, sustained commitment to the people or their need of this type of rehabilitation. In Maslovian terms, there are too many more immediate, life-and-death elements of survival that occupy the focus and resources of the Sahrawis and United Nations officials responsible for their care.

We realized that a grant similar to one we designed in 1994 for the Vietnamese might be appropriate. The grant was developed following a similar assessment. The principle goal of the program that resulted was to train indigenous O&P technicians. Curriculum skills were matched to an appropriate form of technology that could be sustained. The intent was to achieve the highest level of orthotic and prosthetic rehabilitation possible, given Vietnam's status at the time as the seventh poorest country in the world. Ultimately, the program was turned over to the Vietnamese as per design.

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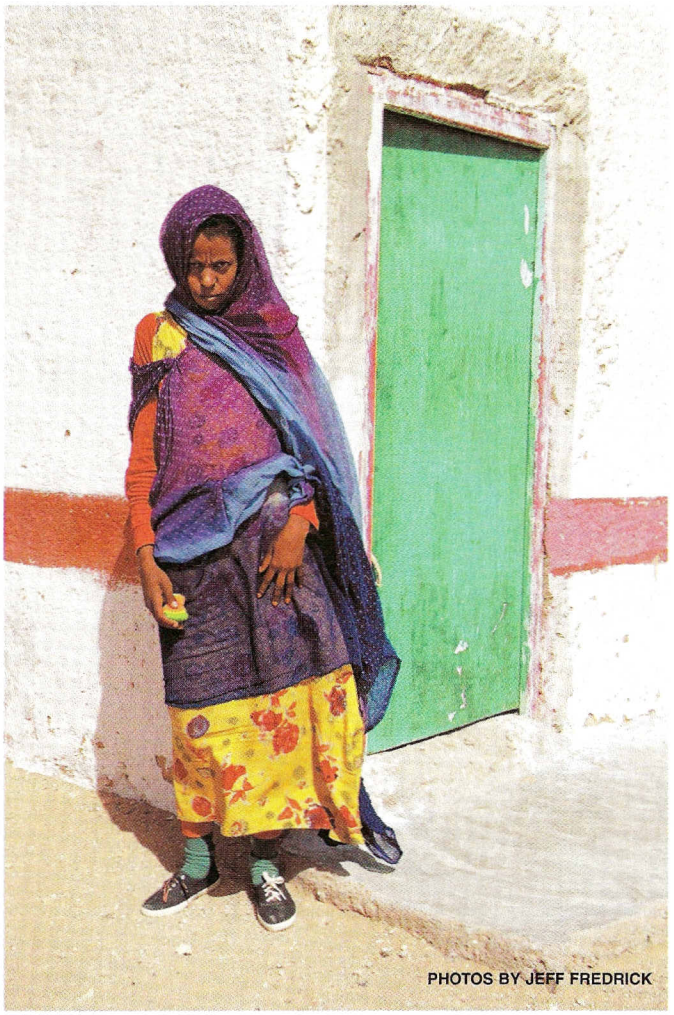


PHOTOS BY JEFF FREDRICK

Balancing Culture, Medical Needs

Superimposing American cultural imperatives over indigenous tribes and peoples became a debilitating problem in the mid 20th century epoch of U.S. foreign policy, even in the conduct of humanitarian initiatives. It is true, cultural norms must be factored into any program if serious, long-term gains are to be permanently realized. However, when local traditions or attitudes threaten the success of an accurately designed program, reasonable cultural adjustments must be considered.

Our long-term project in Haiti (in continuous operation since 1986) was cautioned from its inception to do things the "Haitian way." Unfortunately, the manners and dictates of the local culture were not always synonymous with the best interests of patients. We did not travel to Haiti to duplicate the Haitian way. We were determined to upgrade local health care based on a more Western, or developed, approach to medicine and rehabilitation. I calmly informed our Haitian friends that when the Haitian way violated common sense, rote pragmatism, and decent, if not basic, medical/rehabilitation practices, it must be overruled. We would substitute the "right way," and all conflicting cultural imperatives, our own and our hosts', would be ignored. After all, if the Haitian way was so successful, then why had we been invited to develop a medical/rehabilitation program to meet the needs of people whose care was virtually nonexistent?

This is not to say we can approach the development of rehabilitation programs without careful consideration for the people we have traveled to help. The problem is, sometimes constraints of culture are in conflict with the basic tenets of a sound, humanitarian approach. Any concept hoping to be successful must offer a balanced blend of cultural sensitivity to past and current traditional practices, as well as a focus on modern methods and proven modalities. Discounting fair consideration in both directions puts your efforts at risk.

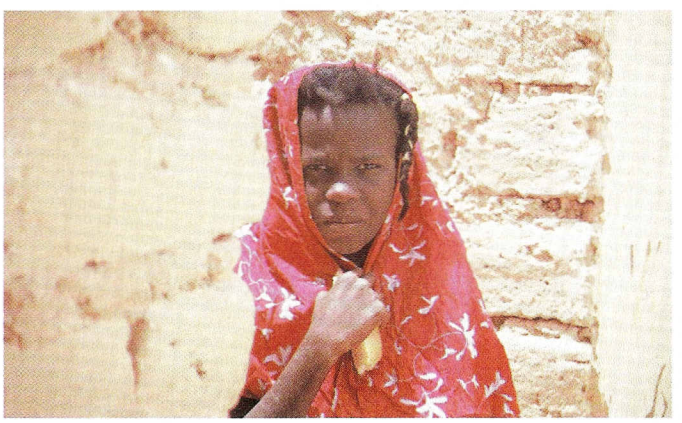
To what extent cultural norms may seed the demise of a program striving to help the Sahrawis is yet unknown. It is certain, however, that the need for orthotic and prosthetic intervention is great among the camps' 165,000-plus residents. Designing an appropriate approach remains the key to reaching successful results. The hit-and-miss practices that have cycled through the camps thus far have clearly failed to produce a consistent and appropriate rehabilitation outcome.

Political Problems

The more European and American professionals try to reach a helping hand to their neighbors in undeveloped nations, the more they will find themselves necessarily political as well as humanitarian in focus. Border disputes, regional tensions, and large-scale conflicts all expose us to a certain level of programmatic interference, if not personal danger. It is necessary that we become adept at walking the line between local causes and loyalties, even though by virtue of being American, the deck may be stacked against us from the start.

In most O&P assessments, we find our focus reduced to "sustainability" and "appropriate technology." These remain highly relevant to any real level of success. However, as the present lack of sustained appropriate programs for the Sahrawis seems to indicate, geopolitical status should be added as a third imperative. The Sahrawi geographic predicament is a case in point.

For America, Morocco remains one of, if not the primary,



Muslim ally in the region. The importance of maintaining this relationship is no doubt apparent even to the casual observer of current political affairs. The Sahrawi people no longer have a country of their own. They live in Algeria, a nation not so favorably disposed toward America. We must consider, then, at the outset of proposing a program of Western or more particularly American intervention, "Why would the United States want to help the Sahrawis?"

There are only 165,000 or so Sahrawi refugees populating the camps. There are many mobile, homeless populations in China greater than a million strong. A group of 165,000 people blended into the worldwide scale of humanitarian need is almost a zero population.

Secondly, the Sahrawis have no country. What could the United States hope to gain by helping the Sahrawis other than offending Morocco, an important ally? This is not to say that our nation limits its foreign aid to regions and peoples where it can only net positive political results for our more healthy citizens. We are no different from other countries in this regard. However, if a program might obviously produce a negative gain, we're asking a lot of our government, even if the cause is humanitarian. The Sahrawis are being cared for by the United Nations, as they have been since their exodus into the desert. They are not, for all practical purposes, a starving people on the edge of extinction.

A Solution?

A careful analysis of the political context revealed one ray of hope. In a meeting with Algerian representatives following our visit to the camps, there seemed to be some understated encouragement toward developing better relations with the United States. This could be a key to achieving some degree of funding for an O&P/medical program via a U.S. grant. A program ostensibly focused on the Algerians with a rider initiative for the Sahrawis might be better suited geopolitically in terms of having a decent grant funding profile.

In this instance, our assessment became more political and programmatic than it was limited to elements in our field. A strong program targeting Algeria will not only help United States and Algerian relations, but might enable us to associate the Sahrawis and Algerians more closely in an O&P facility in Tindouf. The Sahrawis, who are now restricted to their camps, could possibly be trained as technicians to serve Algerian citizens.

U.S. funding and supplies could form the basis of better relations between our two nations. The regular transportation of these supplies via the U.S. military might open up negotiations between the Algerian and U.S. military as a preamble to a more public association between our two peoples. All in all, the impetus to fund an O&P program with these dimensions would seem more instead of less attractive, given the context.

'Four Pillars' Needed for Success

Another important area of focus for any O&P initiative is often overlooked in traditional grant and humanitarian programs targeting O&P rehabilitation. In developed Western nations, orthotics and prosthetics are only provided in the context of a competent, fully functioning clinical team. This ensures that patients seeking O&P rehabilitation have access to all other clinical modalities, pharmaceuticals, surgical intervention, and so on ,toward achieving their highest level of rehabilitation. In Haiti it was common to see children presented for orthoses or prostheses secondary to malnutrition or uncorrected medical conditions that threatened further debilitation—or even their lives. The success gained in providing an orthosis or prosthesis to a person at continued medical risk is temporary at best, ludicrous in terms of rational thinking.

It is hard to imagine that many so-called humanitarian O&P programs disregard the broader clinical team and actually measure their success by the number of orthoses or prostheses delivered. Sometimes there is little follow-up to define how successfully these are utilized or to document positive rehabilitation and health outcomes, if any, of the patients. This is somewhat reminiscent of the United States gauging its success in Vietnam by body count rather than winning the hearts and minds of the people. The negative results were as evident then as they remain today in

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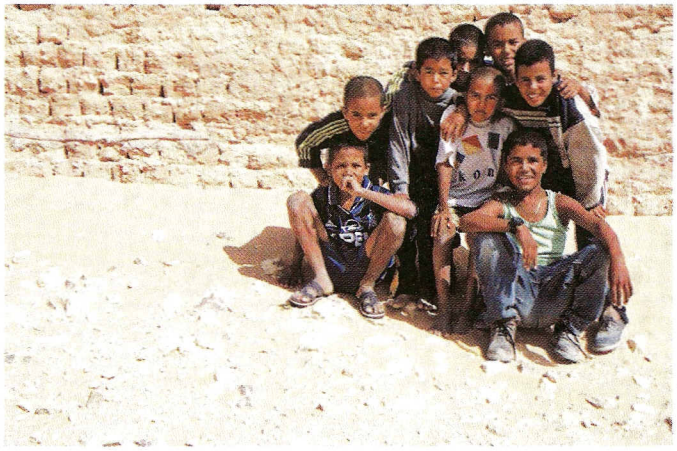

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orthotic and prosthetic programs that do not see themselves as part of a broader medical approach to treatment. Clearly an assessment of the medical/clinical environment is every bit as relevant to engineering successful outcomes as documenting the mechanical need for O&P intervention—if the comprehensive welfare of the patient is to be the goal.

Bill Fredrick, C.P., my partner in the evaluation, and I left the Sahrawi Refugee camps prey to what most of us succumb to each time we make an assessment trip. We had fallen in love with the Sahrawis, their culture, and even their harsh environment. Our infatuation was only mitigated by the cruel reality that helping them in any way will be quite an uphill battle. Understanding the context in which a potential program might operate and the overall health and medical status of the Sahrawis remains as important, if not more so in this case, than defining appropriate technology and sustainability.

We are presently awaiting further negotiations to sketch out additional program possibilities. Once accomplished (if accomplished), a grant can be written that hopefully will achieve a balance between the four pillars of a successful, developing world O&P program:

- Appropriate technology
- Sustainability
- Environmental/geopolitical compatibility
- Availability and application of medical resources.

Any program, no matter how generously funded, is probably doomed to failure without an equal blend of these four pillars. After all, the most appropriate and sustainable prosthesis is useless if its delivery is interrupted or prevented by unstable political events. A perfectly fabricated and fit orthosis is a marginal benefit at best if the patient's medical condition restricts his or her ability to make use of it.

Author's note: The Sahrawi Rehabilitation Project is another example of the Hanger Orthopedic Group's continuing commitment to provide worldwide humanitarian relief through orthotics and prosthetics. Many individual practitioners sponsor and provide direct patient care in regions of the globe where orthopedic care is direly needed. Hanger encourages its professional staff to participate in upgrading the health and well-being of patients in the United States, as well as abroad, as part of its commitment to reduce suffering through science and technology.

Jeff Fredrick, MS, C.O., is a member of the O&P World *advisory board.*

Photos: Jeff Fredrick took many memorable photos during this assessment trip. The photos illustrating this article show some of the 165,000 Sahrawi refugees—the "forgotten people."