

USAID Provides Funding for Overseas Programs

Many charitable organizations will bankroll humanitarian missions to other countries, but don't overlook the federal government in your search for funds.

The United States Agency for International Development (USAID) is an arm of the government that provides assistance to needy countries in areas such as immunizations, agricultural programs, and maternal and child health. More pertinent to O&P, however, is a program within USAID: the Leahy War Victims Fund.

According to Lloyd Feinberg, manager of the Fund, its purpose is "to help people who have been affected by armed conflict primarily in the area of prosthetics, but also in other aspects of surgical medical care and rehabilitation."

The group is currently funding programs in Angola, Liberia, Cambodia, Mozambique, Laos, Lebanon, and Vietnam, and it has training programs in Ethiopia and Tanzania.

The Leahy Fund is interested in helping countries eventually help themselves. "Most of the money goes through non-governmental organizations," said Feinberg, "and we are primarily interested in helping local indigenous organizations to increase their management skills and their technical capacity to provide long-term sustainable prosthetic and orthotic services."

The War Victims Fund was established in 1989 and recently renamed for Sen. Patrick Leahy (D-Vt.), who was key in helping get the initial legislation passed. According to Feinberg, its funding is about \$10 million a year, and he expects it to increase.

Groups interested in getting funding through the Leahy War Victims Fund should contact the USAID office in the country they're interested in, advised Feinberg. "They would have to become registered with USAID and be able to demonstrate technical capacity and have a track record in that field of work," he added.

A group doesn't have to be in the country already, Feinberg said. But having a connection to the country you're interested in would be helpful.

Grants are usually for several years in duration, but can be renewed or extended if needed. The Leahy Fund uses only non-governmental organizations to do work abroad.

For more information, contact Feinberg by e-mail at: lfeinberg@usaid.gov.

nibalize the hydraulics. I'm looking for good parts. And if it looks like its in good shape, I'll just take the whole limb. I can always take it apart over there."

In April, he sent the first of several messages asking for donations on the O&P List Serv. The response has been good. Seattle Limb Systems donated 30 feet with small blemishes. Ohio Willow Wood donated 38 feet from its stock. Fidelity Orthopedic, where Wiley once worked, sent two boxes of prosthetic limbs that belonged to people who had died and were donated by their families.

Wiley also contacted the Tony Barr Foundation which, much to his delight, sent a list of items and allowed him to check off what he needed.

Overall, the response was good, although Wiley wishes he had put out the call on the list serve sooner. As it is, he estimates that he has received pledges for 15 whole legs, about 80 feet, four cases

of fiberglass tape, some FLO-TECH APOPPS™ (Adjustable Post-Operative Protective Prosthetic System™), stump shrinkers, and other components. He's also sending over a transfer jig.

"There are a lot of facilities out there that want to help," he said, "but it's hard to find people doing this type of outreach to donate these things to."

As with other humanitarian projects, this one expects the participants to pay their own way—a cost of \$1,500—although Wiley reports some members of the group have sponsors, and the church will help those who can't raise the money themselves.

He has not formally asked Floyd Brace Co. to donate his time, and in fact, Wiley considers it to be vacation time. But, he feels certain that if he needs extra time off this year, his employer will be flexible.

Of course, the time and money factors limit his future participation. "My feeling is, I can do one of these a year," he said shortly before his departure. "I've been asked to possibly go to one in Central America next year, but what will probably end up happening is I'll meet kids and adults in Bosnia and want to go back there every year."

Appropriate technology

Good though these works may be, they have ignited debate in the O&P community over "appropriate technology." Are humanitarians really doing these countries a favor by bringing over all of their own componentry? Or would a country be better served by being helped to develop its own orthotic and prosthetic devices?

"People say countries should develop their own species of orthoses and prostheses, and I agree," said Jeff Fredrick. "But in countries like Haiti that aren't capable of developing them and we can take in donations, I don't see why the country should have to wait in order to fulfill a philosophical principle."

In discussions with Larry Wiley, the topic of "appropriate technology" did not arise. It is clear that the focus of his mission is simply to help as many people as possible.

However, he did mention that while his group is bringing donations into Bosnia, they are also planning to work with the facilities that are already there. "The biggest thing we're hoping to accomplish is to set up a prosthetic capability," he said.

Spotlight on training

Of course, one way to help countries develop

Continued on page 44

their own orthotic and prosthetic programs is to give them the necessary training. And that is just what Terry Supan, CPO, has been doing for the last 10 years.

The director of orthotic and prosthetic services at the Southern Illinois University School of Medicine, Supan has taken part in many trips in which he has provided instructional work in other countries. He likes to use an old saying to illustrate the value of what he does: teach a man to fish and he can feed himself.

Supan is currently the chairman of the International Society of Prosthetics and Orthotics (ISPO)/U.S. National Member Society and has been active with the group for many years. His first trip abroad was to Russia in 1989, where he was part of a group who volunteered their time and paid their own way to teach an O&P course.

Once people knew of his interest, he received many offers. Since then, he has been back to Russia, in Moscow and St. Petersburg, several times. He ran instructional courses in 1993 in Cypress for Lebanese physicians, therapists, prosthetists, and orthotists. And, he has led courses in Mexico and Japan.

Traveling to so many different areas, with such a vast degree of difference in the levels of technology and skill available, Supan stresses that lesson number one is: *be adaptable*.

"You need to be really flexible, because whatever you had planned for the course may not work out," he said. "You need to make sure you can make some changes in the content of what you're teaching, in the availability of components or the ability of the students."

"When you go into foreign countries you can get the spectrum—from novices to students with 20 or 30 years of technical experience. You have to work off of what their abilities are to be able to bring them to the next level."

And, he says, you can always fall back on the basics, because they can be translated into any language. "You may not have the latest high-tech component available, but how to align a prosthesis, how to fit a prosthesis, how to make sure the orthosis is functioning—those types of things can be grasped by all students."

His biggest challenges in teaching courses in other countries are, of course, the language and cultural barriers. He says the best thing a foreign teacher can do is make sure to have a contact in the country who is already there and can communicate with the students. Use this per-

Continued on page 46

Even in countries where hostilities have ended, injuries and disabilities are expected to continue well into the next century.



The World Health Organization plans to eradicate polio by the year 2000, which is too late for the Cambodian girl pictured here and many others who fall victim to the disease in underdeveloped countries.



son as a sounding board, he says, to make sure your ideas are coming across.

Getting an interpreter with a prosthetics/orthotics background is preferable to an ordinary interpreter, he says. But someone who speaks the local dialect of

the language is even better.

He has been fortunate in this area. In Mexico, his interpreters were locals who had been trained in the U.S. in orthotics and prosthetics. In Cypress, he was working in a university atmosphere. His Japanese assistant had also been trained in the U.S., and not only broke the language barrier, but also helped Supan meet the cultural expectations of the students.

Oftentimes, he says, students can communicate on a limited basis in English. "What I've seen is that English tends to be a more common language in the parts of the world I've been to," he said. "People are intimidated to speak English, but they understand what you're saying."

Lately, Supan has been sticking close to home. "I'm trying to wind down because of my activities with ABC, and I've been on the Commission of Accreditation for Rehabilitation Facilities for a year and a half now," he said. "I'm staying more domestic lately."

Logistical headaches

Some of the biggest problems O&P professionals face when they work abroad are logistical in nature. "It's difficult doing anything at a distance," said Jeff Fredrick. "You don't have your cushy lab and your favorite tools. When you get to a village, it may not have electricity."

As he was preparing to leave for Bosnia, Larry Wiley predicted problems in that area too. "I think this is going to be more of a fact-finding trip," he said. "We'll see large numbers of amputees and I think we'll be overwhelmed by the stuff we don't have. Will they have a vacuum pump or will I have to make one? Will they have an oven capable of heating up plastic, so I can pull plastic prosthetic devices? If I knew the facility was complete, it

would be easier. I'm even taking indelible pencils, rigid foams, tongue depressors—I don't know if they'll have anything."

He is concerned about finding equipment that will work off of the local power supply, but perhaps an even more basic concern is the facility itself. "We will be working out of a hospital that is 12 stories, but only one is usable," he reported. "The top eight floors and the first three have been shelled. They finally got the elevator working. You can imagine the conditions they are in."

Communication breakdowns

Another problem is communication. As Fredrick remembers from his many trips to Haiti and Vietnam, communication isn't as easy and instantaneous in underdeveloped countries as it is in the U.S. "You see a patient and cast for a brace, and then you may not see them again," he said. "Or they may not know you're there. And, if there is any kind of breakdown or problem, they might discard the orthosis or prosthesis and think the whole thing is useless, when it can be fixed."

The best way to deal with this, he says, is to establish a relationship with a local group—a church or an agency such as USAID, Habitat for Humanity or the Christian Children's Fund. He stresses that it is important to find people of integrity, then work through them to get the word out about visits and use the local group to distribute medical supplies. Fredrick's Haiti group aligned itself with a local church that has 160 branches. And they found a local nurse who helps them, and to whom they give medical supplies.

Working across cultures

Cultural differences and expectations can cause problems, too.

"Americans going overseas tend to want to take America with them," said Terry Supan. He had a rule he always follows to make sure he respects local customs: "I try to acclimate myself to the local culture to get an understanding of it, and I try to get a history of the area before I get there as much as possible."

Practitioners going abroad, Jeff Fredrick cautions, should be respectful, but not meek.

"When we first went in, we were under the shadow of *The Ugly American*, and I think a lot of us, the more compassionate or liberal-minded, overreacted to that," he said. "We wanted to go in and not step on any toes."

"In Haiti they said, 'We have to do it the Haitian

Continued on page 48

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way.' But we saw that it was destroying the program. So we insisted on the American way. And we have been complimented repeatedly for being hard line on that. The compassionate people came forward and congratulated us.

"The people who were not happy about Fredrick's "hard line" approach were the ones who wanted to line their own pockets, he said. And that brings up a problem that many overseas missions face: bribery.

In other cultures, particularly the poorer ones, bribery is a way of life. But groups coming into a country to do charitable works would much rather use their limited resources to benefit those in need, not those in positions of power. It is a much-debated subject in humanitarian circles. If it is for a good cause, is it acceptable to pay bribes?

Larry Wiley had not faced the problem yet, but he has heard stories from others. "One guy I talked to went into Haiti and had to take two color televisions and a pocketful of money to bribe people to get through customs," he said. "I don't think we'll have that at all."

Jeff Fredrick's group tries to get around the problem before it occurs.

"We try to make a friend in high places in these countries. That has helped a lot," he said. "If it takes a bribe, we do it. A bribe in the U.S. is illegal, and we wouldn't be caught dead doing that. But in other countries, it's a way of life. We go ahead and do it if we have to."

Is it safe?

A serious problem Larry Wiley will be facing as he goes to Bosnia involves personal safety. Contacts from Samaritan's Purse, who are in Sarajevo now, have reported that the Serbs have gone into the city as a way to protect themselves from the bombings. "I'm expecting there will be some military forces, and more than anything else, they will be there for a safe haven," he said. "It's going to be tense, but I don't think it's going to be violent."

It takes courage to be a part of the trip Wiley is taking, and even some of his fellow humanitarians have stepped aside. Out of an original group of 12, he reported, five backed out because of the conflict and their concern for personal safety. The rest feel strongly that the need to go over there and help is more important.

A future of need

Indeed, Wiley predicts a continuing problem for Bosnia far into the future. "I think it's going to get worse far before it gets better," he said.

And it's not just the injuries and disabilities that will be the permanent result of the war. There is also the destruction of the area that will make times hard economically for the citizens there far into the future. Already, he is concerned that people who need prosthetic devices are not getting them because they can't afford to pay.

"In many parts of the world, O&P rehabilitation is more needed than medical care," said Fredrick. "In developing nations, the competition for limited resources is intense. There is no social services safety net. There is overpopulation. There are situations where the people cannot fall back on the government. If you don't have money, you die. When an adult family member is injured or incapacitated, the devastation could include the whole family."

And in southeast Asia, Fredrick doesn't think things will be looking up anytime soon. "Cambodia will go well into the next century with horrible disabilities," he predicted. "It has more land mines on the ground than it has citizens. There are 7 million Cambodians and 10 million land mines.

"Afghanistan has 15 million land mines," he continued. "An amputee goes in for a right BK, then gets the left leg blown off. With these kind of injuries, the care of the family is at stake. That propels our field—O&P—into a level of urgency that is even more important than some primary stuff."

Terry Supan predicts the demand for training will continue as well.

"I think there's a consistent need for O&P education, but it's going to go to different parts of the world than what I was involved with," he said. "In the future, there will probably be more of a need in developing countries or in hot spots. Things are going on in the Balkans right now. Where there's war, there are more needs for support and rehabilitation." **Op**

Lisa Gough is the managing editor of O&P Almanac.

Editor's note: We realize these are just a few of the many stories out there concerning O&P professionals doing work in other countries. We'd like you to share your stories with us. If you have volunteered to conduct a USAID site visit or if you have taken part in humanitarian missions abroad, let us know about your international efforts. Contact Lisa Gough, managing editor of the O&P Almanac, at (703) 836-7114 or e-mail to: lgough@opoffice.org. O&P Almanac plans to publish more of these stories as we receive them.