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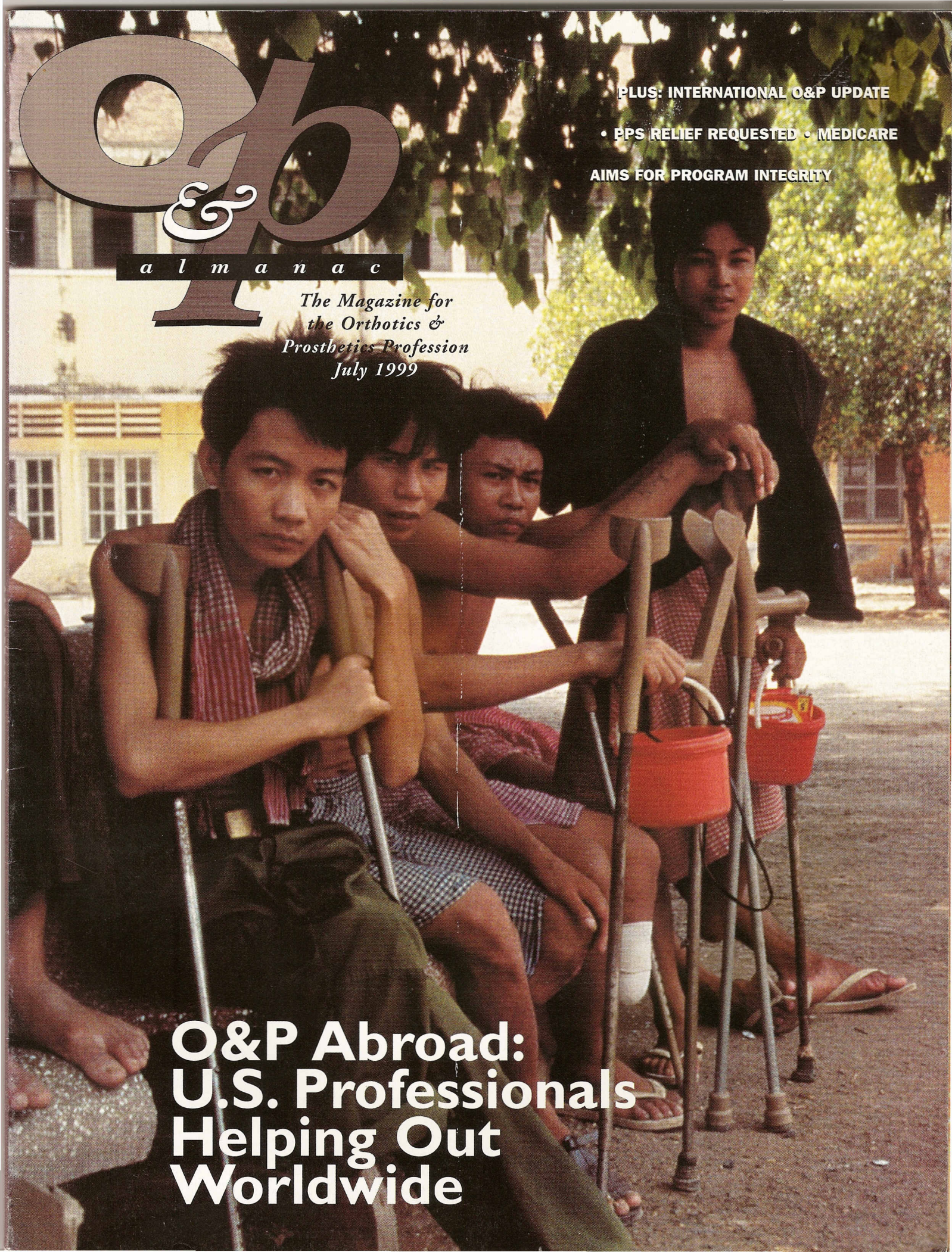
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PLUS: INTERNATIONAL O&P UPDATE

• PPS RELIEF REQUESTED • MEDICARE

AIMS FOR PROGRAM INTEGRITY



**O&P Abroad:
U.S. Professionals
Helping Out
Worldwide**

O&P Professionals Lend Their Expertise to Humanitarian Efforts Worldwide

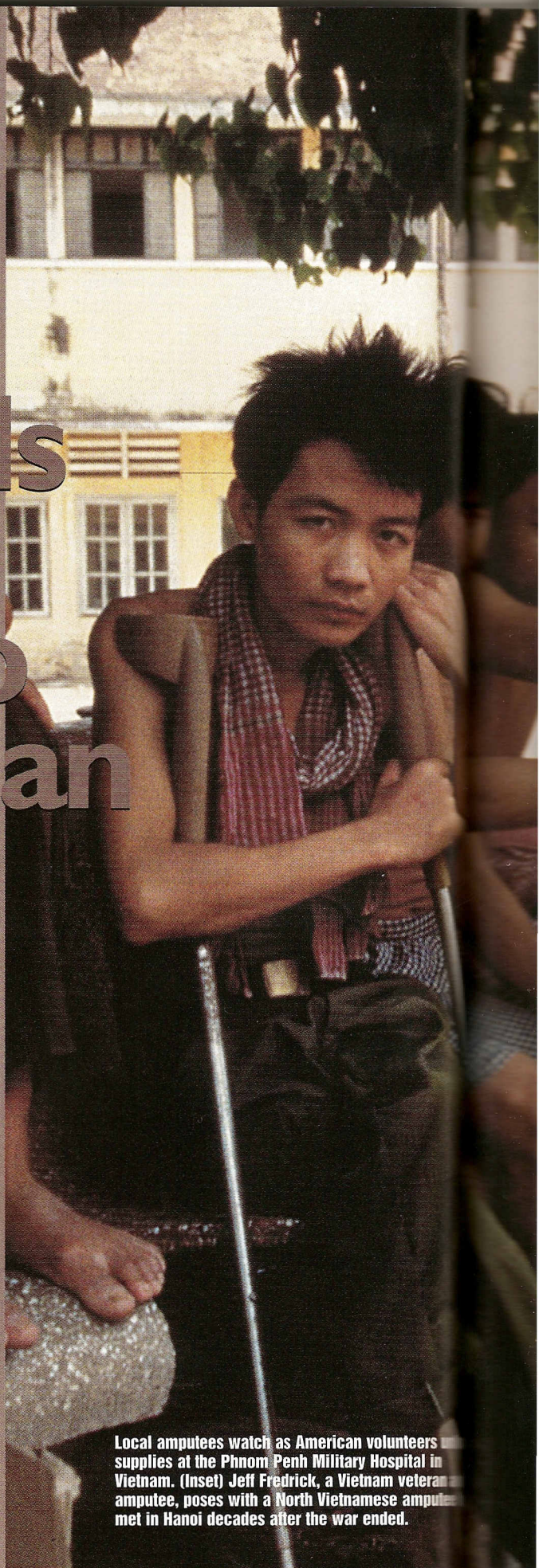
by Lisa Gough

Jeff Fredrick, CO, BOC, began his adulthood as an 18-year-old paratrooper in Vietnam. When he left there six months later, the forces that would mold his life were already in place.

He left with an amazing spirit and a positive attitude about the Vietnamese people. And he left as an amputee.

Fredrick lost his right leg below the knee in that war. What he didn't lose was his ability to feel for those who were less fortunate—even if they were supposed to be his enemies.

"I was a typical American middle-class kid," he recalled. "Vietnam was a culture shock. The war didn't shock me; what shocked me was how primitive, how basic, how rough they had it—how hard it was to live."



Local amputees watch as American volunteers deliver supplies at the Phnom Penh Military Hospital in Vietnam. (Inset) Jeff Fredrick, a Vietnam veteran amputee, poses with a North Vietnamese amputee in Hanoi decades after the war ended.



After he returned home, Fredrick channeled his sympathy into the plight of mentally retarded and disabled children in this country. He earned a master's degree in mental retardation and went on to become a certified orthotist and prosthetist as a way to work with these kids. "The field attracted me because I knew there was a lot that needed to be done for kids," he said. "There was not a lot of stress on it in the 1960s. I had an awareness because I wore an artificial leg."

And, all the while, he thought about returning to south-east Asia. "I thought of the Peace Corps, and I dreamed of going back to Vietnam," he recalled. "But it was 1981, and nobody was going back to Vietnam."

So, instead, he started Rehabilitation Engineering in Tallahassee, Fla., offering a full range of O&P clinical services. But still, as he looked at all of the blessings he enjoyed, his thoughts kept returning to the less fortunate in other parts of the world. He was on the road to Vietnam, but the route was not a direct one.

Helping in Haiti

Fredrick turned his attention first to the situation in Haiti. He had heard through a patient that some local people were doing work down there, so he joined them on a trip in 1985 to evaluate the situation and look at what was being done already. What he found was that other human-

itarian groups would visit for two weeks every year, traveling all over the country dispensing *free health care and other services*. But this approach had many problems.

Deciding that there was a better way, he founded his own charity organization, Adopt-A-Village Missions, that same year to make it happen.

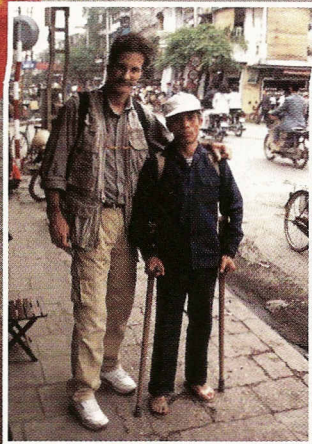
The biggest problem with "the old way" was that it was difficult to entice a health care professional who may only get two weeks of vacation each year to spend them in Haiti working. Also, by traveling all over the country, there was no continuity of care. The time between visits was too long. And follow-up was

extremely difficult.

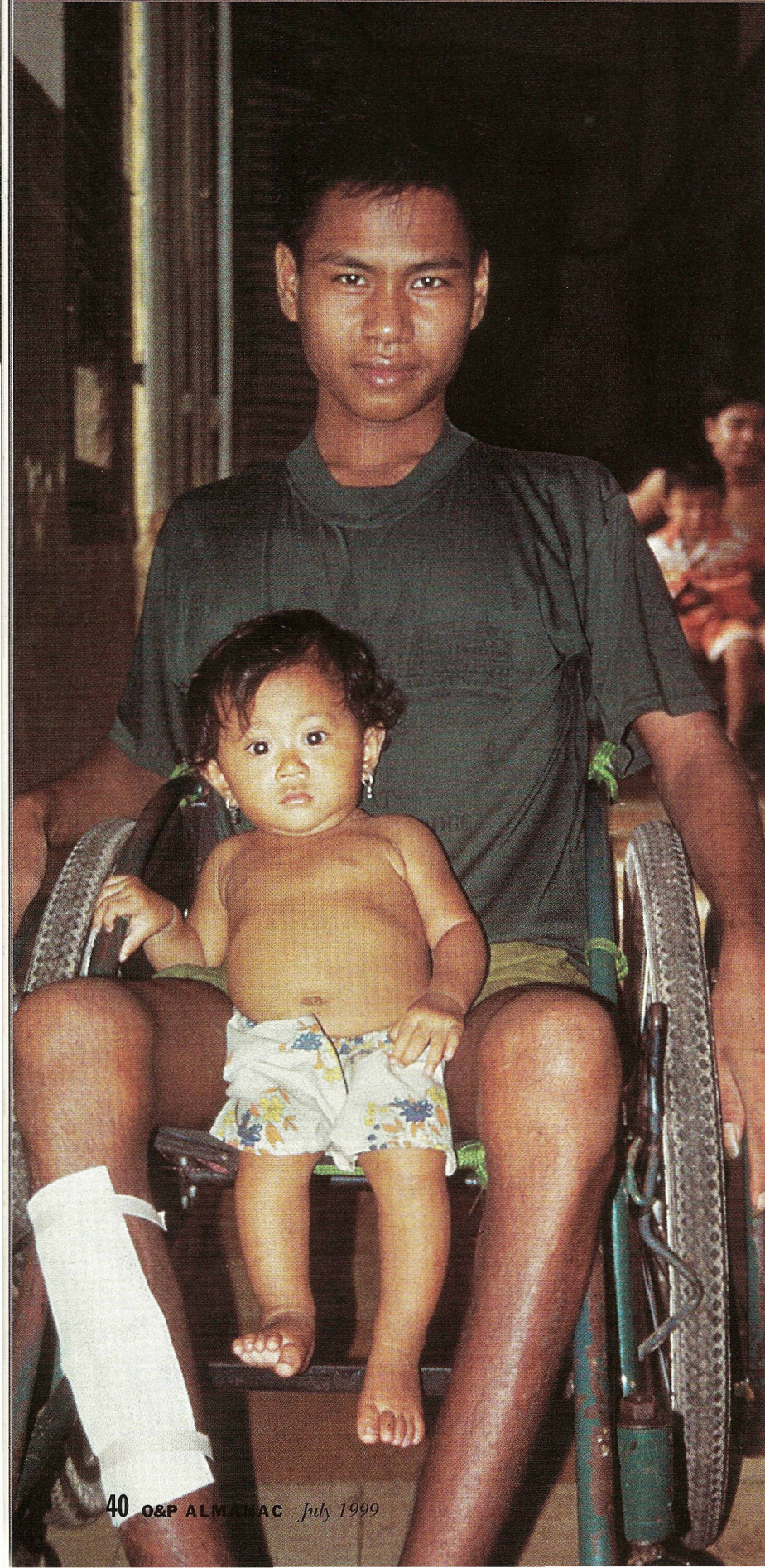
So, Fredrick changed the system to make it more appealing to volunteers and more effective for those receiving care. The first thing he did was change the two-week trips to one-week trips, from Tuesday through Sunday. And he encouraged volunteers to get their employers to donate their time. And, instead of one trip every year, he planned four to six. This would provide more timely follow-up for O&P patients and others who needed more medical attention than yearly visits could provide.

And perhaps the most revolutionary idea he implemented was that his trips went to only one city, instead of roving throughout the country looking for the needy.

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Oftentimes, humanitarian efforts help the entire family when one member is disabled. Here, a wheelchair-bound patient at Phnom Penh Military Hospital spends some time with his small child.



“We go to the same village. We pick one and do everything there. We go often so there would be continuity of care,” Fredrick explained. “It is a way for concerned professionals to provide care without ruining their jobs.”

But, the concerned professionals were being asked to provide more than just their time and expertise. Through Adopt-A-Village, they pay their own way.

Fredrick and his team chose Dumay, Haiti, as their base. And one thing became immediately clear. This was the second-poorest country in the world. Kids were starving. O&P care might be needed, but more basic needs were not being met. So Fredrick began appealing to doctors in the Tallahassee area. It took two years, but he eventually got doctors on his team going to Haiti. “It provided a nice interaction between the medical and O&P communities,” he said.

Now, there is a strong physician presence in Haiti through Adopt-A-Village. And, incredibly, while it was difficult to find doctors to go in 1985, by 1994, there was a waiting list as long as a year.

Back to Vietnam

By the early 1990s, Fredrick was ready for a new challenge. And one came his way, courtesy of international O&P leader Mel Stills, CO. The Vietnam Veterans of America Foundation (VVAFA) had approached Stills to set up a program in Vietnam. He couldn't do it, but he recommended Jeff Fredrick, who said yes and made an evaluation tour in 1994.

“It was awesome,” he said, going back. And he fell in love with Hanoi. “The first time I flew in, in 1994, it was a nothing town. I couldn't believe we had bombed it,” he said.

He evaluated Saigon as well, but chose Hanoi for the program. “There was not a question that Hanoi seemed to be in far greater need,” he said. “I chose to do one single program. We set up a thermoplastic orthotic program in Hanoi—which, as I understood it, was the first of its kind—to upgrade the orthoses available to Vietnamese kids.”

Prior to that, most orthoses were constructed of indigenous pot metals, leather, and bamboo.

Money for the program came to the VVAFA through the War Victims Fund, which is operated as a part of the United States Agency for International Development (USAID).

Someone needed to be in Vietnam full time for the project, so Fredrick recruited one of his Rehabilitation Engineering colleagues:

Quan Pham, who was left behind in Vietnam by his family in 1975 and finally was able to join them in the U.S. in 1981. He earned a degree in engineering and was trained in orthotics. Fredrick made nine trips to Vietnam in his first two years to evaluate the program and help develop it further. It is still in place, being run by the Vietnamese with U.S. funding.

Busy at home

In the meantime, Adopt-A-Village has sprouted branches in Melbourne, Fla. and in North Carolina. It continues to send teams to Haiti four to six times a year and to Jamaica two to four times a year. For the future, Fredrick says, "something is cooking" in Kenya, and he knows of a children's hospital in Bolivia that could use some help.

The group's efforts have led to the creation of another humanitarian health care organization: COSHARE (Collection of Surgical, Health and Rehabilitation Equipment). COSHARE collects pharmaceutical samples and donations and distributes them where they are needed worldwide. It maintains a warehouse in Florida and has sent medical supplies to the Ukraine, Bosnia, Cambodia, Bolivia, Brazil, the Dominican Republic, and Vietnam, at a value of roughly \$400,000—\$500,000 per year.

For the time being, Jeff Fredrick is winding down his trips abroad. While he is still involved with Adopt-A-Village and COSHARE locally, his focus these days is getting things "settled" in Rehabilitation Engineering, which he sold to Hanger. He picked Hanger because the company "has done more to help me with these projects over the years" he said "and the staff has done a lot to help these people and has never asked for anything, not even recognition."

He hopes that once the changes settle down, he can become active again.

"Now I do it in the name of Hanger, and I do it proudly," he added. "They deserve credit."

Journey to Bosnia

On the other end of the spectrum, Larry Wiley, CP, is just beginning his journey with charitable O&P works overseas. By the time this story is printed, he will have returned from his first-ever mission: a 10-day trip to Bosnia. But when *O&P Almanac* talked with Wiley, he was still preparing to leave.

A certified practitioner with Floyd Brace Co., in Charleston, S.C., Wiley was ready to take this step. His volunteer activities already included

working with the youth in his church, providing O&P services at a federal prison, and giving his time to Habitat for Humanity. The Bosnia trip was organized by an evangelical outreach ministry from the East Cooper Baptist Church in Charleston, which is tied in with another group called Samaritan's Purse.

Wiley learned of the upcoming trip through a co-worker, and, interested, he went to a meeting. The church asked him to submit a resume of his qualifications and background.

"They looked over the people who applied and decided having a prosthetist would be beneficial," he said. "Previous missions over there had identified people without limbs. That's why I was selected to go."

Not knowing what to expect, he began in March trying to communicate with people already over there to see what was available and what they didn't have. This was when the bombing started, and communications were difficult. "We're going under the assumption that there isn't even a facility available," Wiley said. "We're taking complete donated systems as well as the componentry to make new prostheses when we get over there."

Wiley exchanged e-mails with another Samaritan's Purse worker already in Sarajevo, who told him that there was a facility there making about 70 prosthetic devices a month. Still, Wiley felt this was not nearly enough for the need that certainly must exist in a war-torn place like Bosnia.

As he spoke with others who had ties to international O&P missions, he heard conflicting reports about what type of componentry would be acceptable. Some said that the people in Bosnia were proud and would prefer not to have anything that was used. But the people from the church disagreed, saying their experience was that the people were happy to get anything, because they had so little in the first place.

Operating under the assumption that anything would be welcome, Wiley asked for donations. "The patients I have here found out I was going and have brought in old prosthetic legs," he said. "Some are absolutely worn out beyond repair, to the point that I almost think I shouldn't take them. But, each and every person who donates, the look on their faces when they realize something good is going to come out of something that's been in the corner collecting dust..."

"I can take them apart and use the components—anything I can salvage. I can take the exoskeleton. If it's a hydraulic leg, I can can-

COSHARE collects pharmaceutical samples and donations and distributes them where they are needed worldwide. It maintains a warehouse in Florida and has sent medical supplies to the Ukraine, Bosnia, Cambodia, Bolivia, Brazil, the Dominican Republic, and Vietnam, at a value of roughly \$400,000—\$500,000 per year.