

In Her Shoes...

This dedicated podiatrist is a role model for selflessness.

BY LYNN HOMISAK

Travel to poverty-stricken areas of Haiti and Guatemala where people live in despair, and widespread deprivation and disease exist; this scenario is surely not for the faint of heart, unless that heart belongs to Dr. Amanda Richline. For this podiatric surgeon from Belvidere, NJ, with a heart so big, it was destiny.

Even though we Americans are mostly content (perhaps even a bit complacent) in our comfortable homes, we maybe don't think too much about those who are not as well off. We take for granted having shoes on our feet, safe food and clean water available whenever the urge to eat or drink suits us; and money to buy things we really don't need. Still, complaining seems to be a number one pastime. The weather, Monday mornings, computer viruses, traffic, bad hair day—you name it. And yet, in places far removed from our cozy lifestyles, there are thousands living in filth and disease, innocent children who don't know from where or when their next meal will come.

Given the fact that many are barely clothed, shoes and socks seem trifling, especially compared with their constant fight to stay alive. They suffer with infections from STDs and open wounds, mal-

nutrition, intestinal worms, anemia, burns, malaria, tuberculosis, and rape. Many (as young as nine years old) are sold as child prostitutes. This is the only life they know. Some survive (barely) and many lose the battle. Hopelessness and anguish

to her patients in Belvidere, a selfless owner of Sy's Piece of Heaven (her impressive, self-financed bird sanctuary and hospital), a generous contributor to general animal rescue and an active fund raiser for homeland disasters (most recently, Hurricane Sandy in NJ)...is there anything she won't do to provide assistance?

Apparently not. Given her history of saving bovine and young girls' dreams alike, what she was about to embark upon back in 2012 would not only be a turn-around moment in her life, it would be a life-altering undertaking. To say her decision would steer her in a different direction is putting it mildly (Figure 1). Her life would forever be different—and on unfamiliar turf no less.

Dr. Richline confessed that she always wanted to do mission work and, after researching several organizations, she was drawn to International Medical Relief's (IMR) desperate call for doctors to travel to Haiti. She learned about the community health work they provided to populations that are most in need and her self-directed intention to do more turned into an outright call to action. She felt sure she wanted to donate her time, energy, and money to help them. Despite the country's political unrest and a strong advisory from the U.S. Embassy against traveling there,

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don't even begin to describe what these people are going through. Our American radar is not tuned in; out of sight, out of mind.

Anyone who knows Dr. Richline knows that not a day goes by without her reaching out in some way to help those in need. A dedicated podiatrist

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her decision to go was made, and she never looked back.

Mission to Haiti

On December 26, 2012, as Chief Medical Officer (CMO), a well-deserved title bestowed upon her by the IMR, Dr. Richline set out on her mission. She boarded an international flight (carrying two 70-pound suitcases filled with medicine and supplies that she donated) bound for Les Cayes, Haiti. The section of Les Cayes where IMR set up a temporary camp is so destitute that other relief organizations choose not to go there. It is a place where medical care is a scarce and expensive commodity, where indigent men, women, and children who just recently survived an earthquake of devastating proportions would be her patients. Nothing would prepare her for what was ahead, for the challenges and dangers she was about to encounter, the wretched conditions under temporary tents in which she was expected to work, or the exhausting hours of service required of her. No, here is where she would quickly learn to put aside her own discomforts and anxieties until her planned departure back to the USA on January 3, 2013.

Never having done anything like this before, she wasn't exactly sure what the work she committed to would entail. All she knew was that, ready or not, these people were helpless on their own, and that meant she



Figure 1: Not long after Milky Way was rescued was Dr. Richline's life steered in a different direction.



Figure 2: Dr. Richline admits helping these children was more than fulfilling.

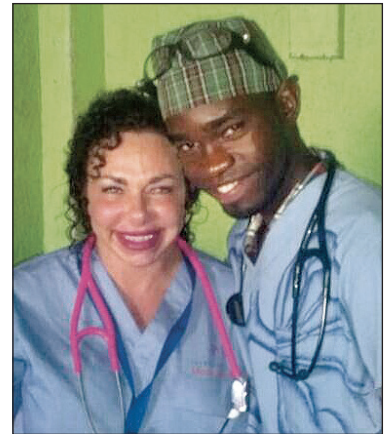


Figure 3: Dr. Peter, her Haitian neurologist colleague.

What was so agonizing was making life and death choices regarding which patients would and would not receive necessary hospital care.

had work to do. She was determined to make a difference in their lives. "There is nothing more important in the world to me than helping people. It makes me happy," she said. "Saying no was not an option. I knew I needed to be there" (Figure 2).

"When we arrived, tensions were high and it was emotionally wearing," she recalls. "The pain and the immense suffering we witnessed immediately put things in perspective. I was shocked." Death row, she imagined, would be paradise

in comparison to the living conditions she saw. "Because we were treating patients as well as numerous IMR volunteers afterwards, we were practically on call 24/7. Sleep was pretty much a luxury. Even when we were able to put our heads down to rest—the sounds of gunshots, voo-

doo ceremonies and starving dogs fighting in the streets made it difficult to completely tune out. One thing was for certain; these people were in desperate need of help. Day after day, from before 5:30am until after 8:00pm, we faced endless lines of Haitians lined up outside our camp, waiting to receive medical attention. Sadly, even with all the medicine I packed for this trip, we ran dry by the fourth day!"

She was thankful to be working alongside a dedicated team that included Dr. Peter, a Haitian neurologist, two nurse practitioners (one a native Haitian), two RNs (one of whom spoke Kreyol, the language of the Haitians) and two med students (Figure 3). As CMO and supervisor, Dr. Richline was responsible to see that all the patients in the "sick care area" receive quality care (despite the conditions), including tending to all the foot and wound care (Figure 4).

She struggled, not with the mounds of paperwork, the thick 90-degree-plus climate, the 24/7 on-call obligation, or the 3am knock at the door that would, of course, re-

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quire her immediate attention. What was so agonizing was making life and death choices regarding which patients would and would not receive necessary hospital care. Too many patients who needed this attention were excluded due to limited funds, local hierarchy, and regional politics. In addition, there were other emotionally traumatizing circumstances that Dr. Richline felt passionate about—the many neglected, starving animals along the footpaths and roadside left to die.

“The roads are just dirt trails; nothing like you would imagine, and as my colleague and I were walking through a dangerous (slum) area, it was easy for me to lose track of where to walk and where not to walk. There were no “yield to pedestrians” signs; danger lurked everywhere. As we walked, I kept stopping to try to help the dying, starving animals, or at least feed them with treats and food that I brought from home and my colleague kept sternly



Figure 4: Dr. Richline provided clinical management whenever and wherever it was needed.

saying—‘Amannda, stop it! Let them just die, we have to keep moving!’

I asked him, ‘do you have animals?’ He said he didn’t.

‘Well, I do,’ I said ‘and I just can’t walk by and watch them suffer and die and not help!’

My native Haitian colleague looked me square in my eyes, grabbed hold of my arms and said, ‘Amannda, these people are starving and dying and they struggle every day to fight for food, hoping they don’t get raped or stabbed. Animals are their least concern.’

I was speechless and felt emotion-

ally pained. Just ahead, I saw a group of birds having gross seizures, gasping for breath. I couldn’t hold back. ‘Why?!’ I asked. ‘What is the matter with those birds?’

He said, ‘People feed them poison or use them in voodoo ceremonies for the same reason they kill and rape. They are like a pack of dogs. They’ll kill you or me or an animal and not look back or feel any emotion. Now, please, Amannda, we need to keep moving. I need you to be stronger or you’ll put us at risk.’

I did as I was told, but the wretched images of their suffering will forever be burned in my conscience.”

Even before Dr. Richline returned home, she knew her mission was far from over. In fact, it had only just begun. Her petition by IMR to return to Haiti a couple of months later would be the second of three (so far). This time, she thought she knew what to expect; the horrific conditions under which she would be



Figure 5: Lines of patients begin to form outside their camp, waiting to be seen.

armed with guns and knives who threatened to cut my throat that I realized our lives were in immediate danger. They demanded money and valuable medical supplies in exchange for ‘allowing’ us to continue providing care. I was informed that this was their way of protecting their people. If I hadn’t had some money (and supplies) to pay our way out, I am certain I would be dead. To avoid a recurrence of this nightmare in the future, it was decided that IMR would never return to that particular camp again.”

Thankfully, everyone survived the incursion physically unharmed, al-

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working, the lack of sleep, minimal medical supplies, contaminated water etc.—all within her scope of comprehension. She wore no rose-colored glasses. She was acutely aware of the immeasurable pain and suffering she would once again encounter. Despite the cultural risks that accompanied these trips, the least of which are theft, threats, and coercion, she felt the need to return. Risk turned to reality when on March 25, 2013 she once again stepped off the plane in Haiti, this time to face what might have been a fatal ending.

“It wasn’t until our makeshift camp was seized by five local men

though at the time, Dr. Richline was forced to seek refuge by hiding in a bus. Still, this incident, as emotionally traumatizing as it was, did not discourage her from the mission work that she committed to. On December of 2014, she returned for yet a third trip.

The Third Trip

To say the “third time’s a charm”, in this case, would be to some extent misleading; however, by this time, nothing was left to the imagination. Her previous experiences proved that she should come to expect anything. And she did. The reminders were all around her—barricaded roads, unsafe

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travel and lack of sanitation—all so familiar to this impoverished part of the country—in harsh disparity with the Caribbean beaches and resorts just miles away where tourists would be sunning and sipping their umbrella cocktails. Word of their arrival produced endless lines of ailing children and adults, upwards of 300 a day, all hoping for some time with the doctor (Figure 5). Dr. Richline treated as many sick patients as she could. “This was no vacation. I went there to work and, for me, the rewards of my efforts far surpassed any anxieties,” she insists. “I’m so humbled by their gratefulness and by the lives that we save; and I am planning to make another trip back in December to continue the work I started.”



Figure 6: Dr. Richline sits among a small portion of her 1,600 plus pair of collected shoes.

Don't think for one minute that while she awaits this next trip, she's allowing any grass to grow under her feet! She quickly became involved with “Mayan Families”, a non-profit organization whose mission it is to provide medical aid, stimulate progress through education, training,



Figure 7: Donated shoes and supplies are packed up and ready to ship.

sponsorships and health initiatives. Once again, her compassionate heart-strings and charitable purse-strings were tugged, triggering new travel plans to a rural area of Guatemala, Central America to provide medical care for underprivileged people there.

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Only this time, there were also some shoestrings involved. Lots and lots of shoestrings.

Ninety days prior to her June, 2015 journey, she held a community shoe drive at her podiatric office, called “Soles to Share.” Her initial goal to collect 500 pairs of new or gently used shoes was accompanied by a personal pledge to match every pair donated, one for one. The outpouring of generosity from her patients and members of Belvidere’s surrounding areas was overwhelming, surpassing the 500 goal. A woman of her word, she matched



Figure 8: Dr. Richline was appreciative of her husband Ted’s shared passion and skill.

their contributions, translating to a final count of over 1,600 pairs (Figure 6). With the help of many volunteers, fifteen (3 cu. yd.) boxes were packed up, along with hundreds of personal hygiene products, and \$3,000 worth of children’s orthotics. She personally helped the driver load these supplies on the truck and took pride in watching the truck pull away towards its destination. Nothing, not even the ridiculous shipping fees, could diminish her feelings of joy and thankfulness to all who participated in turning her personal vision into a reality (Figure 7).

She dutifully put a top-notch team together, consisting of herself, her assistant Sarah (whom Dr. Richline sponsored), her husband Ted, and Dr.

Peter (her colleague from Haiti), and she headed to Guatemala to meet the needs of the people there. (Figure 8)

Their time in Guatemala was meaningful in so many ways. Ted, owner of Ted’s Remodeling Concepts, generously spearheaded a project to re-build and strengthen

the structures there while Dr. Richline, Sarah, and Dr. Peter spent hours tending to the clinical adversities of the Guatemalan people. They doctored numerous conditions ranging from gastrointestinal to sepsis, bursitis, and electrical burns to more

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heartbreaking case histories, one involving a six-year old child suffering with debilitating muscle issues, the result of an untreated virus.

Dr. Richline made it her purpose,

it not for the fact that Dr. Richline, an avid animal rescuer, believes humanitarianism doesn't stop with our two-legged friends. So, in addition to collecting shoes in preparation for her departure to Guatemala, she also assembled three 70-pound suitcases full

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in visiting these far-less fortunate cultures, to spend time not only treating the disorders but educating the afflicted people about them. She explained their illness to them, why they had it, and how to take preventative measures to avoid getting sick in the future. Her hope was that this information would be passed on to others and eventually avert the rapid spread of disease at some point. They weren't the only ones who were educated, however. Dr. Richline was quick to learn that even small monetary donations of only a dollar a day go a long way in supplying children with the medical care, food, and clothing they need. It was a no-brainer for her. She sponsored this afflicted six-year-old child—and many others like her.

The shoes arrived as scheduled, and they were a godsend. For every tired, damaged, and unprotected foot, Dr. Richline personally found a shoe to fit. The podiatrist in her saw that they needed more—braces, splints, etc., so she taught them how to create makeshift devices out of rope and cloth until she could bring these supplies on her next trip. People were grateful for her selfless offerings.

Our story would end here, were

of pet food and supplies for her disadvantaged four-legged friends. She got involved with the Hope for Animals Program (<https://www.mayan-families.org/page/animals>) and with their help, made arrangements for five suffering dogs to be flown back to the U.S. for her to take care of. There is Blanca and scared Sam, both thin and near death from starvation, Troubles and Atitlan, two 8 lb. puppies, and Hey Boy, a dog blinded from abuse of being hit in the head (Figure 9).

Dr. Richline acknowledges, despite the adverse conditions she's faced, the emotional setbacks, the fears and sufferings along the way, she gets complete satisfaction from the significant work she does in Haiti and Guatemala. She is grateful for having the clinical skill that guides her hands, the faith that fills her with compassion, and the inherent desire to help other human (and animal) lives that fuel and strengthen her endurance. More important than the personal fulfillment she receives is abundant hope that her experiences will inspire others who may be in the position to support similar causes by giving of their time, skills, and/or money.

While walking even a mile in her



Figure 9: Providing aid to the many disadvantaged animals was just as much a part of Dr. Richline's missions as was caring for the people.

shoes may be considered unimaginable for some, Dr. Amanda Richline will tell you that, for her, it's only the beginning of her journey. "There is so much yet to do and while it is difficult, emotionally wearing, and draining," she admits, "it's a small price to pay. In the end the good always outweighs the bad. I can honestly say that every minute has been worth it" (Figure 10).

Dr. Richline's goal was never to conquer the world—just help make it a better place to live, one step at a time. "Mission" accomplished. **PM**

Author's Note: Since this article was written, Dr. Richline has successfully rescued and found homes in America for 49 Guatemalan dogs and 6 cats. She is also responsible for the spaying/neutering of 80 animals in Guatemala.



Figure 10: The smiles on the faces of the children made it all worthwhile.



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