

e are fortunate in the United States to have access to chiropractic care. In developing countries, however, spinal disorders and injuries cause much suffering and economic harm. Often, people living in remote or disadvantaged areas of the world lose their livelihood after first losing their health to spinal problems.

Scott Haldeman, DC, MD, PhD, decided to make a difference. He is well respected in the spine-care field and has the ability to shed light on the fact that for billions of people in the developing world there is no effective spinal care available. Dr. Haldeman chaired the Bone and Joint Decade 2000 to 2010 Task Force on Neck Pain and its Associated Disorders, which is a World Health Organization (WHO) Initiative, and that work led to the creation of World Spine Care, also a WHO initiative.

The Beginning

A task force member, Margareta Nordin, Dr. Med. Sci., in 2007 was invited to India and asked to set up a spine care program, and realized that routine care for people in remote areas with spinal problems was almost nonexistent. Dr. Haldeman agreed to initiate the World Spine Care (WSC) project and she joined him as vice president. "Almost every major association around the world is trying to do something in developing countries, but it is a side issue and a matter of resources; they send

someone for a day or a week or two, but nobody has a coordinated program for sustainability to help someone with spinal problems deal with disability in a community," Dr. Haldeman says. So in 2008, he worked out a proposal, and with funding from Palmer College of Chiropractic, focused on Botswana, where officials were asking for a spinal clinic.

When Dr. Haldeman's team arrived in Botswana the reception was warm. Government officials made clear they wanted to help bring the project to fruition and agreed to provide facilities, staffing and housing for the WSC doctors.

That was the impetus for Dr. Haldeman to solicit funding. Four foundations donated small amounts of start-up funding, which was enough to set up a non-profit foundation and WSC was officially launched in 2010. Next came serendipity. "We were introduced to Archbishop Desmond Tutu and he agreed to join our advisory committee and said we could use his image and that gave us some momentum," says Dr. Haldeman.



Following Parker's largesse, Canadian Memorial Chiropractic College (CMCC) provided funding, and the Universities of Hawaii, Southern Florida and Denmark joined with them to become collaborating institutions. Then seven major spine groups from all over the world endorsed the project. "Within two years we had an organization that not only was going, but we had MOUs from a hospital in India and from the Botswana government," Dr. Haldeman says.

The Projects

WSC is beginning its efforts with two projects. It has launched a pilot project in the rural village of Shoshong, Botswana and another in Ranthambhore, India. In December 2010, Dr. Haldeman met Dr. Governhan Singh Rathore, executive director of the Prakratik Society, which operates the Sevika Hospital in Ranthambhore. It is the only hospital that serves 250,000 people in the State of Rajasthan, India. There is no care available for people with spinal disorders in that area of India and the Prakratik Society agreed to assist WSC in setting up a spine care clinic in that hospital.

Geoff Outerbridge, DC, is the first clinician volunteer in Botswana and started seeing patients in November 2011. Dr. Outerbridge closed his practice in Ottawa, committed to the project for two years and took his wife and one-year old child to live in Botswana while he makes the clinic operational.

The Volunteers

So far, WSC is an all volunteer effort. Two clinicians have volunteered to go to India for three months each. WSC will cover the expenses of its volunteers—but not all of them. Many volunteers agree to pay their own way.

The good news is there are plenty of volunteers. The bad news is WSC needs funding and better organization that comes from full-time staffing to put those volunteers to use. "I just had two more doctors of chiropractic email me that want to volunteer in either India or Botswana," Dr. Haldeman says. "We have had inquiries from Tanzania—in fact from 20 different countries—to set up clinics and we haven't even really advertised yet," he says.

WSC would like to establish similar centers in North America in Native Canadian and American communities, as well as in nearby remote areas. The problem, as with most non-profits, is resources. "World Spine Canada is being formed and the Canadian government might support operating in Canadian remote communities," Dr. Haldeman says.

Dr. Haldeman and his wife, Joan, who is clinical coordinator for WSC, are volunteers who have made this their project and spend a great amount of personal time and money on it. But Dr. Haldeman explains that WSC is moving forward because a lot of people believe in the project, and are actively involved despite holding full-time jobs.

Funding

Because funding is an issue for each potential project, places such as Tanzania, where a foundation is behind it that is building a hospital and wants a World Spine Care project in it, will move forward first. The poorest countries will have to wait until Dr. Haldeman can raise money. So WSC has come up with a five-point funding program.

The Model

The World Spine Care (WSC) model is based on three areas of activity:

- Building sustainable capacity—deploy clinics, train health care workers and transition clinic operation over to host health care systems;
- Developing a universal spine care toolkit—the first tool
 is the WSC clinical model of care providing integrated,
 interprofessional protocols for screening, assessment and
 treatment of all spinal disorders;
- Education—of patient populations on spine care; front-line health care workers in use of WSC spinal care protocols; professionals on spine care expertise; and provision of scholarships in physiotherapy, chiropractic or spinal surgery from collaborating academic institutions.

WSC is looking to private foundations, which is where it has received most of its support so far. Then it is reaching out to industry sponsors and individuals with a membership program. Also, WSC is gaining government sponsorships, like from Botswana, where the government will sponsor at least half the cost of the clinic. WSC also hopes to enlarge its board of directors to include high net-worth individuals who would bring funding with them. For example, Elon Musk, a co-founder of PayPal, already sits on the WSC board.

Looking Forward

A unique part of the WSC model is that its goal is to change how people with spinal disorders are managed. "We are not missionaries, and our goal is not to go in for two weeks and leave town," Dr. Haldeman says.

He explains that opening the clinics and providing care is the first level of volunteering. The volunteers will educate the local community—police, fire department, nurses—on spinal first aid and how to take care of spinal injuries. Then surgeons, rheumatologists and others will teach courses on how to treat the more serious conditions.

At the same time WSC will be conducting research. It has assembled a prestigious research team. They will be studying the burden of disease and how spinal disorders affect communities. "They are going to study before and after we start treating and see if we actually impact the disease; can we improve the life of the village by providing care?" Dr. Haldeman asks.

The next stage is advanced education. A long-term objective is to educate local students and doctors in spinal care and have them take over the clinics. Toward that end, Dr. Haldeman says, "both Palmer and CMCC have committed to consider—and I believe they will provide—tuition scholarships to one student from each of these places (India and Botswana)." That student then would return and take over the clinic, allowing WSC to move on and open another one while still providing support.

For more on World Spine Care, go to worldspinecare.com.