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## FROM THE DESK OF THE PRESIDENT

# Time to Put on Your SCRUBBS! Spine Care Relief United Beyond Borders

In recent years, NASS has regularly received inquiries from both member and nonmember surgeons seeking opportunities to participate in humanitarian missions. Taking our surgical expertise and needed medical technologies to patients beyond our own borders returns a reward that words sometimes fail to address. The challenges of such missions can bring insightful and instructional surprises as well as frustrations when one is separated from the comfort of familiar operative and postoperative conveniences. Yet the good that can be done for children and adults who do not have access to adequate spinal surgical care far outweighs the complexities and problems that will certainly unfold. Two prior columns<sup>1,2</sup> that I have penned in this series are testimony to these remarks, made personal to myself and more than several New York University Medical Center and Hospital for Joint Diseases Spine Service surgeons during three 2003-2004 trips to Santo Domingo, the Dominican Republic—trips taken with the logistical support and inspiration of the child charitable foundation, “Fundación Mariposa” (Figure 1).

Eric Muehlbauer, Executive Director of the North American Spine Society (NASS) traveled to Santo Domingo during one of those trips, and after returning home, we brainstormed how NASS might support future humanitarian missions, drawing both from the experiences of those who have participated in prior surgical missions and from the untapped desire of many of us to begin such participation. Those of you who have already performed surgeries and treatments in underdeveloped areas know exactly how rewarding it can be. Some of you, I know,

have undertaken these worthy projects without much fanfare or publicity.

I am pleased to report that the NASS Board of Directors, in this Decade of the Spine 2001-2010, has embraced support for the humanitarian provision of spine care missions worldwide and approved the formation of a new program, aptly titled SCRUBBS (Spine Care Relief United Beyond Borders). The decision and announcement came at the recent mid year NASS meeting in New York, February 28-29. The intent of this exciting new NASS program is to devote the considerable resources of NASS to assist in the planning of medical missions and to work in tandem with the newly organized World Spine Society (WSS) ([http:// www.worldspine.org](http://www.worldspine.org)) to improve spine care and spine health throughout the world. SCRUBBS will have three major goals: endowing missions through grants, easing the coordination of volunteer participants and supplies, and facilitating relief efforts for spine trauma from natural disasters or underdeveloped areas where spine care cannot be adequately delivered by local medical resources. I am also very pleased to add that NASS' Executive Director, Eric Muehlbauer, CAE, is the Chief Executive Officer of WSS, representing the United States on the Executive Committee.

**SCRUBBS Grants.** NASS recognizes that despite generous donations of time, expertise and equipment, fiscal support is often a major hurdle in carrying out medical mission work. Therefore, the Board has allocated an initial funding for two annual grants of up to \$20,000 each. Members of NASS may therefore soon apply for grant funding to aid in covering a variety of costs associated with an anticipated spine mission. Grants will be awarded based on the scope of relief efforts, the expected need in the given area, and the number of NASS members involved. Missions to any area of

the world are acceptable as well as within the United States.

Application forms have not been developed yet, and the specific criteria for awarding the grants are still to be established. So, stay tuned and be ready for more details.

**SCRUBBS Connections.** In order to run a successful medical mission, one must have the right personnel and supplies. NASS has offered to function as a clearinghouse for both, on each side of the mission. We can identify or gather donations of equipment and other supplies as well as provide the names of those who are interested in participating in mission trips but do not have the time or administrative international connections to arrange a trip. These connections and communications will likely go beyond NASS members to include other specialists as well as medical technicians and support personnel. And we can provide the communications linkage from one member to the other and even work to establish the connection to local organizations where there is need for assistance.

**SCRUBBS Missions** (NASS Coordinated). It is not easy to organize and implement a mission trip, no matter where you plan to go. I can say, however, that in my experiences traveling to the Dominican Republic, it became easier with each subsequent mission because we clearly learned from each trip. Sometimes you won't know what obstacles you will be facing until you arrive at your destination. It is important to control the things you *can* control ahead of time so you will have the time and attention to adapt to changes on site. NASS is in a perfect position to draw on the mission experiences of members and to take what we have learned on previous trips and apply that experience to organize future projects.

I have learned that, among the numerous details to take care of when arranging missions, there are some very significant practical factors to consider. The NASS SCRUBBS program will be invaluable in planning ahead to avoid potential obstacles, for example:

- **Language.** This is first and foremost to consider. Communication between your-



**Figure 1.** Dr. Carlos Sanchez, Dr. Tom Errico, Dr. Andrew Moulton and Dr. Freddis Reyes prepare for surgery to correct the severe thoracic-lumbar scoliosis of a 15-year-old patient in Santo Domingo. Drs. Errico and Moulton traveled to the Dominican Republic with other NYU-HJD spine surgeons and a support team three times in 2003 as part of a medical mission team dedicated to improving the lives of children with spine disorders.

selves and the surgeons and personnel with whom you will be working is critical and its importance cannot be underestimated. Do you speak their language? If not, who will interpret? Who among the planned team might speak the local language? If you cannot communicate effectively or arrange for good interpreters, it is going to add a major frustration to accomplishing the objectives of the mission.

- **Itineraries.** As you define the mission, it is important to determine if you want to train local doctors in addition to treating patients. A written itinerary and a list of all of the participants, their roles and their duties on site, will protect the team's energy from being overextended. You need to develop written daily activity plans and share them with all participants prior to leaving. If you and the team decide to divide up locally, it would be important to plan for an adequate number of cell phones for communication from one group to another as well as whether sharing of equipment between locations will be necessary and how that will be accomplished. A list of key telephone numbers (hotel, transportation people, local doctors, participating company representatives and designated local support personnel, etc.) is imperative as well.

- **Supply management.** Do you know what supplies will be available once there? Will it be necessary to bring special or general supplies? Anything from sutures to epinephrine to surgical scrubs or delicate equipment may be needed. It is true you might not

know precisely what you will need or lack until you are there, so perhaps you should pack a bag of items you deem extremely essential, just in case. Knowing ahead of time if you will be able to sterilize equipment is critical. If not, what do they already have for sterilization or other perioperative needs? Do you require a power converter to run a special piece of machinery? Where will you store items safely overnight? How secure in general is the environment? Will you have to carry certain valuables around with you while there? How do you ship the additional supplies and equipment plus any return shipment? What do you want to leave temporarily or permanently, if anything?

- **Transportation.** It would be excellent if you (or NASS) contracted with a local company to handle all transportation matters. Each person traveling should also receive a primer on the country's duty and customs issues, declarations, visas, etc.

- **Cultural considerations.** If traveling to nonwestern cultures, it may be particularly important to have advance knowledge of some of the local cultural customs, particularly those which need to be adhered to for issues of respect during medical examinations, treatments, and even socializing. An example is whether there is a local custom on giving. Are you expected to take a gift if invited to dinner? How do you accept a gift? How do you reward everyone at the end of the mission? A letter? A certificate of appreciation? Take them golfing? A night on the town? What is expected if you meet the local dignitaries?

At the same time, practicing in a less developed area can be, in many ways, simpler. You can feel freer during a mission because your patients and their care are largely your only focus. You don't have to worry about pleasing hospital administrators by generating patient stays for the hospital. You don't have to worry about coding and reimbursement of the procedures because you are not getting paid. The legal landscape is usually less cumbersome and your biggest legal concern is likely about how to get credentialed so you can do your work there. There are few political issues that you have to deal with, too. . . very few turf battles . . . mostly because the humanitarian nature of the work smooths the way.

### WHY BECOME INVOLVED?

As you can see, numerous factors are involved in undertaking these important projects. It takes courage, creativity, and often perseverance, to succeed in your quest to help others. In my last two columns, I talked about the overwhelming rewards of making a significant difference in the lives of children with complex spinal deformities who would otherwise have gone without care. (Figure 2.)

On top of the satisfaction of treating patients who urgently need care they would not otherwise receive, I have also experienced additional gratifications from these mission trips, a ripple effect, if you will, of lessons that enriched me personally and my practice. In the United States, we are accustomed to practicing in the best facilities using state-of-the-art surgical and imaging technology. We are not used to practicing medicine where the most rudimentary elements of practice can be in short supply. For example, not having a steady supply of electricity for an entire operation is an unusual challenge, but one you may have to face as we did in Santo Domingo. How does one adapt? What if the ventilator breaks during the initial stages of a nine-hour procedure? How do you continue? Do you continue? The answer is – you find your way. And in some measure, the Marine credo can be said to apply: adapt, improvise and overcome. And doing that requires the



**Figure 2.** Fundación Mariposa surgical candidates attend preop class at Hospital Gautier in Santo Domingo, Dominican Republic. The need is great, however, and many others await treatment during future goodwill missions.

development of strong teamwork.

Building a successful team is very gratifying. As John Nance pointed out in his eloquent President's Address in San Diego as well as in his recent article in *SpineLine*<sup>3</sup> —we are used to being captain of the ship. As surgeons, we are in command of the operating room (OR), but it is never truer than when you are working in unfamiliar environs that you must be a leader of a team rather than a know-it-all commander. The local physicians, nurses, and technicians are used to their conditions and know their various capabilities and options. They often know about solutions to problems that you never anticipated and they know about them well before you will ever encounter them. So you have to be somewhat dependant on others and open to their suggestions. Even more importantly, you need to cultivate an environment where everyone feels it is his or her job to speak up if something seems to be going wrong or if someone anticipates a problem and has a solution to offer. You must encourage true teamwork to get the job done well on a humanitarian mission. Ultimately, it is the patient who benefits from these collaborative efforts. The surgeons, staff and people who made possible the success of our trips to Santo Domingo have earned each other's respect and admiration. I believe this work is truly altruistic and an opportunity for us to grow as humanitarians.

Now, here is the last ring of that ripple effect. It is interesting for me to note that these trips have sometimes helped to get me through a difficult day or two practicing in New York. When I now encounter a

minor difficulty in the office or OR, I more easily have a broader perspective. I know the problems could be a great deal more difficult. Some of my colleagues in the Dominican Republic still face considerable obstacles that time, we hope, will correct. When I remember the faces and expressions of gratitude of the family members and patients, it helps me to place the inevitable problems I encounter from time to time into a very manageable perspective.

I invite you to join us in this very exciting adventure on which NASS is embarking with the formation of SCRUBBS. Bring your experience, fresh ideas and energy to help us expand our horizons at NASS and continue our mission to advance quality spine care through education, research and advocacy. I believe SCRUBBS is off to a great start; we are currently forming a committee to further shape the SCRUBBS program and several NASS Board members have already expressed an interest in taking part in medical mission work themselves. If you are interested in participating, please let us know (e-mail: SCRUBBS@spine.org). We think you'll have a great time!

### REFERENCES

1. Errico TJ. Goodwill mission to the Dominican Republic: part I. *SpineLine*. 2003;4(6):4-6.
2. Errico TJ. Goodwill mission to the Dominican Republic: part II. *SpineLine*. 2003;5(1):4-7.
3. Nance JJ. From a different perspective: the basics of a patient safety system. *SpineLine*. 2004;5(1):10-17.