

Feature

Working with nothing; offering everything

World Spine Care (WSC) is a multinational not-for-profit organisation founded in 2008 to 'fill the profound gap in the treatment of musculoskeletal conditions found in the developing world'. Involving medical physicians and specialists, surgeons, chiropractors, and physiotherapists, WSC is focused on providing evidence-based, culturally integrated prevention, assessment, and treatment of spinal disorders in countries of the developing world. Rosemary Oman, who practises in Switzerland, was recently inspired to go to Botswana, and take part in a WSC project there.

I LIKE STEPPING out of the norm, I like going in to the unknown, and helping people is what I do. After my positive experience with CAT (Chiropractic Action Team) in Aquila, Italy, working in an earthquake zone, I realised that WSC was another chance to step out of my comfort zone. I've always wanted to go back to Africa, so what better way than being able to live and work among the people for six weeks?

I remember looking out of the window of the plane as we landed in Gaborone (the capital of Botswana), and seeing how vast and endless the landscape was, and I couldn't believe I was there! Then I waited in the airport for the clinic director to pick me up. I didn't know what he looked like. I was just hoping that it was the clinic director who came up to me asking if I was Rosemary!

A different way of life

Botswana is very different from home, and there were days when I really missed the efficiency of Switzerland. After a week, I stopped wearing my watch. No one was on time anyway. I needed a good ten days to accept the slow, easy-going Motswana way of life. Once I accepted it, however, I took an exceptional liking to it and I still miss it today.

The day would start at sunrise, shortly after 5am. It also ended early. Often I was in bed and asleep by 8.45pm.

Batswan are known for waiting. This is a waiting culture. They wait for everything! When you live among the people, life in an African country is not a safari. It is not breathtaking sunrises and sunsets (I experienced only one amazing sunset in my six weeks). Instead, I too had to wait in line at the cashier to pay, I had to wait in line at the gas station ("Sorry, no more diesel today."), I had to wait in line to get money at the bank machine (one day, I went to four different machines before giving up).

I did, however, attend a Motswana funeral, and a wedding. I was invited into people's homes.

My living conditions were not primitive, nor basic by Botswana standards. During my first five weeks, I lived in a room separate from the main house. Unlike the main house, my room had no air conditioning. It did, however, include a toilet and a shower - not typical for many Motswana houses. In the beginning I also had electricity, but as the rainy season settled in, that failed. I did look forward to knowing I'd be waking up to electricity when I



returned to Switzerland.

Water, in general, was not a problem; however one day it did come to a complete halt - while I was standing under the shower after a hot afternoon run, with shampoo in my hair!

The Batswan with whom I had contact in clinic are thankful people. They were very accepting with me. In fact, I was given a Motswana name on my first day. They can be very happy, and yet many have very sad stories to share. Some stories are trapped deep within them. I was able to read it in their eyes. Some suffer very deeply. They are family-orientated and deeply religious.

As for the Batswan on the streets, of course at first I was stared at. Then, when they saw me on a regular basis at the grocery store, the gas station, or running, they started to wave, or even ask how I'd settled in. Children would join me in running, others climbed trees to overlook the cement wall surrounding our compound, to dance and clap to my saxophone playing.

A different kind of health care

A normal clinic day would start at 8am. Twice a week I worked in a clinic in the hospital in the city of Mahalapye (where I lived) and three times a week we drove 40km out to the village of Shoshong.

Vocabulary explanation:

Botswana - country

Setswana - language

Motswana - is one person, or the adjective for Botswana

Batswan - more than one Motswana (the plural of Motswan)

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Taking care of people at the level we do here in Europe does not compare to what is available to a clinician in Botswana. The hospital setting in Mahalpye made it easier to refer patients to other specialists, or to acquire x-rays, although the waiting list was extremely long - the next available orthopaedic consultation was in four months! In general, these

patients were a bit more educated, spoke a bit more English, and knew something about health, however limited.

The patients in the village of Shoshong, on the other hand, only had access to 'general care'. From what I could tell through translation, they had little understanding of health. This patient population was older, so degenerative changes were common. The problem was that not one patient understood the concept of degeneration!

Learning basic Setswana (body positions, directions, body parts, when, where, how, etc) was a definite asset. Two young women worked as 'clinical auxiliaries' and their function included translating, but unfortunately it was limited. With my limited Setswana, I repeatedly questioned whether they in fact translated to the patient what I had just said!

My function was not limited to that of a chiropractor. I was also a physiotherapist, an occupational therapist, and often, a massage therapist. It was also important to have a knowledge of internal medicine, and it was interesting to learn about HIV and its effects on the locomotor system. Twenty per cent of the patients I treated were HIV positive.

Resources were very limited. Patients in Shoshong were sent to Mahalpye for x-rays and I had to ask first whether they had transport to the hospital, or even money to pay for it. MRI/CT examinations took place in Francistown, a three-hour drive away. At the start of my stay, the MRI had just experienced a defect. When I left six weeks later, neither the part nor the service man from South Africa had arrived, so my ability to diagnose was limited. And every time I suggested applying ice to an affected area, I had first to ask if the patient owned a refrigerator!

There was so little diagnostic equipment, I would ask myself: "Am I doing the best I can for this patient?" I would question my choice of treatment and ask if it was the appropriate one. So many times, I let my head hang and thought: "I am diagnosing and working with nothing, absolutely nothing!" However, time helped me to accept, that yes, I was doing the best for this patient **under these circumstances**. And yes, this was the best choice of treatment **under these circumstances**.

I was forced to be creative; when applying ice, using bandages, even giving home exercises.

Over and above everything, patients returned with improvement; they were motivated to learn an exercise; they were excited about correcting their posture! Although I felt I was sometimes working with nothing, they felt I was offering everything.

There are several stories that really touched my heart:

- A 35-year-old man who had experienced a CVA at 29 (low CD4 counts put patients at high risk for CVA). In the six years since the incident, he has never had therapy. He did, however, learn to do his own 'therapy' using stones. As I suggested to him to slowly increase the weight of the stone, I realised he had to find one that would accommodate his handgrip.
- A 55-year-old lady presented with knee pain which started after sitting "too long". Two months before, two of her children passed away, four weeks apart. It is normal and customary in Botswana that the vigil takes place in the home of the parents, and the mother sits the entire time with the body.
- My favourite story is about the 50-year-old who, at the beginning of my stay asked for my shoes. I worked in Nike running shoes. On my second to last day in clinic, I presented her with my shoes, my good Swiss hiking boots, a jacket and a pair of trousers. She was so overwhelmed, and cried: "I never had new shoes in my life!" We held each other and cried together.

When I think of Botswana, I think contrast. I think of an Africa with its devastating illnesses, and its blossoming health care; a country of never ending dryness, and its torrential rainfall; a people who have cried in their hearts, and sing with joy in their voices; I think of their toughest fights, and their sweetest peace.

I remember people and their smiles. And as my stay was coming to an end, the hugs, the squeezing my hands, the thanks, even the tears, made me realise that it is not what we have, it is what we do and who we are that make us rich.

The people of Botswana have made me richer.

So if you're thinking of taking part in World Spine Care, this is my advice:

- When the doors open, go through. You never know when they will open again!
- If the opportunity arises, go. No one is too young; no one is too old.
- I always say: "What you lose on the swings, you gain on the merry-go-round." The four weeks not spent in your own practice will give you years of impressions and memories. (Note: minimum requirement has now been reduced to four weeks.)
- Definitely participate: you will appreciate **everything** that is available to you in your own practice!

