

Rose Charities Rehabilitation Surgery Model and the '2TS' Principle

History...

Dr. William Grut, of Vancouver Canada has promoted basic, safe, sustainable rehabilitative surgery in Cambodia and elsewhere since 1998 and the inception of the Rose facilities. Rose Charities Canada was registered in May 1999. Dr. Grut, an ex-astronaut selectee of the ESA (European Space Administration) had gone to work in Cambodia in 1992 with the organization AMDA after studying medicine, parasitology and tropical medicine in the UK and Canada. After working with the returnees from the border camps with AMDA, Dr. Grut went on to co-found the NGO IRIS specializing in eye-camp based cataract surgery. The RoseCharities Cambodian field project was formed by Dr Grut, first as a branch of IRIS (hence the name). It was then was transferred to the Canadian registered Rose Charities Canada in with agreement of the two other IRIS co-founders. Dr Grut is currently a Professor at B.C's Childrens hospital and a speaker on the Rose rehab surgery model and health care in developing countries.

Conflict injury

Based in 1992 in Phnom Srouch, a heavily landmined and conflict infected area of Cambodia, Dr. Grut saw that conflict health problems fell into one or more of three categories

- **Primary conflict injury / disability** : Injury resulting directly from the conflict. Amputees, other land mine injuries, bullet wounds etc.
- **Secondary conflict injury / disability**: Injury, as a result of the disruption of infrastructure of the county. Thus, elimination or serious reduction in health services, and / or access to those services or clinics. Lack of education. Lack of vaccination programs. Lack of health surveillance. Dangerous transport methods over destroyed roads, bridges etc. Polio, post meningitis, cerebral malaria handicaps, effects of measles, shistosomiasis etc.
- **Tertiary conflict injury / disability.** Injury / disability caused by the 'physical conflict mindset' which sees the solution to any problem as being the use of physical violence. Thus, deliberately inflicted acid burns, beatings and other physical cruelty. Forceful control, rape etc. Tertiary conflict problems can be very much accentuated by secondary conflict effects such as the lack of a fair and functioning judicial system and / or corruption in the law enforcement services.

The Rose Charities '2TS' rehabilitation surgery concept

The focus of the Rose rehab surgery model is aimed entirely at two aspects ... **1) an improvement in quality of life for the sufferer of the disability....** and..... **2) the ability of the country or region to sustain facilities** which will lead to such improvements for future sufferers.

This is achieved by the paradigm called by Rose '2TS' which stands for ... '*Treatment sustainability & Training Support*' and in its most basic form it is this which was defined as the basis of the Rose model based on the following observations, practical experience, and summation, below...

Treatment sustainability

To be sustainable, health services in any country must be **at a cost consistent with what a country can afford and give maximum benefit for the money spent.** Since the 1970s the formula to achieve this has focused more on 'Primary Health Care (PHC), elements of vaccinations, mother and child health, sanitation, clean water, education and basic treatment of the most prevalent diseases in the community. PHC continues to give enormous benefits to the health of populations when administered properly. It thus must always be in the front line of the health improvement processes in developing countries.

Due perhaps to the success of PHC however there has sometimes been a tendency to see it as the only health process which can be sustainably implemented at acceptable cost. Surgery, on the other hand is seen as expensive, non cost effective, far to complex and sophisticated and needing inappropriately large resources to sustain a trained level of human resources.

The 'Rose model' however shows both theoretically and (by the work of Rose Charities , www.RoseCharities.org) and in practice, that surgery too can be cheap, effective in the improvement of quality of life, sustainable, safe and highly desirable.

The Rose model is based on the observations..

- Rehab surgical procedures, carried out properly in developing countries by locally trained surgeons can have **costs per procedure well equivalent or less than the cost of many of the longer term drug treatments** (i.e. for TB, Leprosy etc. etc). Thus a cataract operation

which will restore sight to a blind person can cost as *little as USD 17* (Rose Charities Cambodia figures for 2005), or a cleft lip or palate, land mine amputation etc, USD 30 - 50)

- Rehab surgical procedures often have an enormous benefit, not only for the sufferer of the disability but also for her / his family, village, community. A child who has had a cleft lip or palate repaired is no longer considered 'an idiot'; he/she can go to school, get married, be employed etc. Rehab surgery thus can **significantly increase the D.A.L.Y. (Disability adjusted life years) of an individual, community or even, with nation programs, the whole country.**
- Populations WANT rehab. **surgery. People, wherever they are, want to be cured of or at least helped with their disabilities.** If you ask a group of villagers in almost any community whether they would like a clean well, instead of the old muddy stream that they and their animals may be drinking from OR sight restored to their parents, or their children's cleft lips repaired, or their men to get proper surgical assistance to get an artificial limb, they will invariably choose the latter. This is not an incitement on PHC, simply a statement of the fact that it is the quality of life perceived by the community itself which should be taken into primary consideration and not just the perceptions of the planners. (who, far more often than not, are not those who live in the villages where the assistance is being made.

Training support.

Support for training - the implementation of cost effective training programs is the crucial element in ensuring treatment sustainability above. Dr. Grut realized that appropriate training programs....

- **Need not be expensive.** They can be implementable with the assistance of relatively small international funding agencies and/or national resources. Resources for training can be left within the country in the form of upgrades to existing facilities and or equipment donations
- **Already have the the basic human resources in place** i.e. already qualified physicians, anaesthetic nurses, even nurse-practitioners in outlying areas already in place and interacting with the population in need.

- Can be **implemented by volunteers from the industrialized or other countries** by multiple short term voluntary visits. This has the multiple effects of giving the international trainer a fascinating and enormously appreciated new facet to her / his vocation, making new friendships, linking the trainees into an international network, as well as the main goal of improving health care in the developing country.
- Can be linked into a region or **nation wide network**
- **Have a multiplying effect**, in that once trained, the recipients of training can go out and train others...
- Can be linked and **integrated with PHC** individual or team training to provide the most comprehensive health care 'package' for the country.

Summary

The Rose Charities '2TS' rehabilitation surgery model has now been implemented by Rose Charities in Cambodia since 1999 and continues to work successfully under locally registered organizations. Many thousands of poor disabled people have been assisted surgically to date in Cambodia predominantly by Rose trained Cambodian surgeons.

In 2004 Rose Charities became very involved in both Indonesian and Sri Lanka tsunami relief and this has continued into development and reconstruction. The model has now been extended into post child counseling and social support.

Rehabilitation surgery 'Awareness sustainment' program

In order to help those in rehabilitative need, Rose Charities has a continuing awareness-sustainment program in the industrialized countries in which it operates. If you would like to have a (free) presentation at your institute, club, place of work etc., we will, if possible try to do so if we possibly can. Email: **RoseHQ@aol.com**