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## EDITORIAL

### The Bone and Joint Decade: A Catalyst for Progress

Edward D. Harris, Jr.

On November 30, 1999, Kofi A. Annan, the Secretary-General of the United Nations, signed a message to launch the Bone and Joint Decade (BJD) 2000–2010 for the Prevention and Treatment of Musculoskeletal Disorders. In part of his message, he noted that

The United Nations, the World Health Organization, national and international organizations for people with musculoskeletal disorders and health care professionals are working globally with the Bone and Joint Decade movement to improve the quality of life for people with musculoskeletal conditions. They work:

- to raise awareness of the growing burden of musculoskeletal disorders on society
- to focus attention on developing countries
- to empower patients to participate in their own care
- to promote cost-effective prevention and management
- and to advance understanding of musculoskeletal disorders through research to improve prevention, treatment and rehabilitation.

Conceived by Professor Lars Lidgren in the Department of Orthopedic Surgery at the University of Lund in Sweden, this campaign has grown to have the support of more than 750 national and international patient, professional, and scientific organizations and

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journals. Formal endorsement by the governments of 30 nations (including the US) has followed, and 83 countries have established BJD national coordinators who will build national action networks (NANs) to establish an agenda with goals and objectives for their respective nations. As of February 2001, 43 nations had named NAN coordinators.

A principal objective of the BJD will be to help professional societies and lay organizations that are chartered to foster study of musculoskeletal diseases and support research and education to achieve these goals. For example, in the US, the BJD will try to coordinate efforts of professional societies to increase the scope and duration of medical education about musculoskeletal science and diseases. At present, the curriculum for rheumatology in many of our medical schools is nonexistent or presented in a few token lectures. Dr. Michael Weinblatt, the 2000–2001 President of the American College of Rheumatology (ACR), has asked the ACR committees on Government Affairs, Research, and Communications/Marketing each to develop key items for development of coordinated proposals with the BJD. Given that we have 9 more years in which to achieve goals, an involved membership in the ACR, and a globally active network, it is probable that the BJD can help achieve much for prevention, diagnosis, and therapy of the musculoskeletal conditions that affect a growing number of our population on this earth. For the ACR there is a particular benefit in using the BJD to increase communication with like professional societies in other countries on many continents.

The ACR has recently named Dr. Neal Birnbaum—active for many years in our College—to be the organization's point person for coordinating rheumatology's interests and activities within the NAN. The challenges and opportunities for entirely separate professional organizations (e.g., the American Academy of

Physical Medicine and Rehabilitation, the American Academy of Orthopedic Surgeons [AAOS], the American Society for Bone and Mineral Research, the ACR), and patient-based groups (e.g., the Arthritis Foundation) to work synergistically toward common goals are substantial, and very much worth the effort. It has been demonstrated in numerous countries that leverage by the BJD for governmental backing of increased funding and awareness of musculoskeletal problems is substantial.

The BJD is a global campaign, not a new organization. The BJD international steering committee will work hard to coordinate activities within each member country that will 1) provide better epidemiologic data on the demographics of the diseases, 2) help organizations partner with others that have similar interests, 3) leverage partnerships within the multidisciplinary fields that address targeted areas listed above, and 4) help build increased enthusiasm among foundations, government agencies, and private citizens for monetary support of research and education in musculoskeletal diseases. In collaboration with the World Health Organization, the Monitor Project of the BJD has been initiated to identify data sets and produce documents that will quantify the numbers and severity of the multinational burden of musculoskeletal diseases. International coordination of efforts has been, and will be, enhanced by electronic communications, a reality now that was only a dream not many years ago.

A founding principle of the BJD is that the NANS in each country will have goals appropriate for the specific country. For example, a focus on developing awareness of the escalating incidence of road traffic deaths and injuries is appropriate for Saudi Arabia and many other countries that recently have had a logarithmic growth in the number of roads and automobiles. In contrast, a good case can be made that in the US, strong emphasis on developing more extensive curricula in connective tissue disorders could lead to more high-quality candidates for rheumatology and physical medicine/rehabilitation fellowship programs. It is not good that fewer candidates take the American Board of Internal Medicine subspecialty examination in rheumatology than any other of those offered. At the same time that our pipelines are turning out fewer rheumatologists than in previous decades, our population is aging rap-



Figure 1. Logo of the Bone and Joint Decade.

idly, concurrent with an increasing demand for rheumatologic expertise.

As for funding, each national society (e.g., ACR, AAOS) will support expenses of its representatives on the respective NANS. Substantial funds have been raised in Europe to support activities of the international steering committee, and corporations with a global mission and involvement will be encouraged to partner with the BJD.

The BJD logo (Figure 1), shown on the cover of this issue of *Arthritis & Rheumatism*, helps declare the goals by depicting a world globe with latitude and longitude marks overlaid by a diarthrodial joint, and the words "Joint Motion." Let us all do what we can to keep these joints moving by investing our energies and resources in the American College of Rheumatology, one of many supporting members of the Bone and Joint Decade. As a start, check the Web site <http://www.boneandjointdecade.org>.