

Still Needed -- In Ecuador

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Is there life after a full chiropractic career? Does the question, "Are you still needed?" haunt you like a phantom when you no longer daily meet the patient public in your office? We senior DCs have more freedom to move about and serve more effectively after being untethered from a resident practice.

Untethered, we landed in the beautiful snow-capped Andes mountains of Ecuador, touching down in the capital city of Quito, 9,300 feet above sea level.

Our resident missionary hosts, who invited us to come and bring chiropractic care, treated us with the utmost kindness. My first "clinic" location was located on the third floor of the Sunday school building of the Spanish church. Equipment? Two wooden tables lovingly crafted by our host missionary. Here I was to spend several intensive days of busy care.

Our first assignment was to be air lifted by "Wings of Mercy," a.k.a. Mission Aviation Fellowship, one hour south of Quito to the remote tropical village of Shell. "Shell," so named because Shell Oil is busy there. While waiting to board the Cessna 206, I was able to care for 17 patients. We never frittered away any valuable time, but kept strategically busy delivering care. We were hosted by the pilot's family in whose home I set up a portable table and cared for 66 patients, which included missionaries and Spanish nationals alike. A 59-year-old man who suffered 8 years from sciatica responded dramatically well after his third and last visit.

We returned to Quito, not by air this time, but by van, driving those high mountain ledges they call "roads." The sheer vertical drops were thousands of feet with mountain streams cascading 3,000 feet to rivers below -- with no highway guard rails. This certainly was no trip for limp-wristed weak sisters.

We arrived back in Quito where I found waiting for me a full schedule of patients up in my 3rd floor clinic that kept me busy the rest of the day. This clinic room was large with no partitions. It was common to have at least ten patients crowding around watching every move I made. The pace accelerated as more people found where they could receive free chiropractic care. Unfortunately, they cannot afford much care of any kind. My last Friday there I saw 70 patients and the following Monday 62 more.

I believe the highlight of this short term mission was our rendezvous at Latacunga Prison, an hour-and-a-half rugged drive south of Quito. This was a Sunday visitation day. While our host missionaries conducted church services in the prison courtyard, I set up a clinic just seventy-five feet away and was inundated with inmate patients. Tightly crowding around my table waiting their turn for care, they watched with great amusement both the procedures I used and the positive, and at times, dramatic chiropractic results.

I encountered many upper cervical, shoulder and lumbar/low back complaints. Headaches were also common. Some suffered from parasites and many had not been helped medically with their problems. They wait until we come for their care. I use an Activator and a distant-derivative of the

Toftness approach, and some muscle testing from symptom to vertebrae.

In spite of the stench and dreadful prison conditions, these male inmates were boisterously jovial. (Our prisons are too civil.) During the two hours in that oppressively hot prison compound, I adjusted twenty-eight inmates.

In my ten days of full, intensive care delivery, I treated 257 people from one to eight times each for a total of 427 patient visits. Continued care is clearly indicated for complete and permanent recovery beyond symptom relief. A "follow-up" DC is needed. Who will go? It is my intention to return next year. A DC working there for only a few weeks pales when compared to the committed missionaries who vest their entire lives helping these people. Truly the love and power of Jesus Christ and the spiritual welfare of these open and appreciative people are the engines that move the missionary. I equally share these motivations. The practical expression of these concerns is most beautifully and effectively demonstrated through chiropractic care.

The Christian Chiropractors Association works closely with 137 mission boards and agencies and the 60,000 U.S. missionaries abroad. The call and rising demand for chiropractic care to these missionaries while on their fields and for care while at home on furlough, far exceeds the availability of our DCs who can respond.

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Mission's Chairman

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