

It's All About Unity - Nationally and Internationally

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When Colin Powell was negotiating with the United Nations before the Iraq war, would it have strengthened America's case if a Democratic leader had lobbied for equal time to address the U.N. on the Democratic Party's perspective? Why did the U.S. go to such lengths to get unified Western support and then U.N. support for the war? And isn't the main weakness of the current situation the fact that unity was not achieved?

In the early 20th century, many South Africans voyaged to Palmer, and then returned to their homeland to establish a strong base for the chiropractic profession. In the 1960s and 1970s, the profession there nearly died completely. For about 10 years, the government danced to the tune of the medical profession and granted no new chiropractic licences - it was a matter of time.

Why? Because the chiropractic profession had two national associations, speaking with different voices that the authorities played against one other with ease. Facing extinction, the chiropractors merged their two associations and finally buried the hatchet. This led to a procession of legislative victories that brought new laws, new licences, and then two government-funded chiropractic schools that have assured the future of the profession.

In other countries in which the profession has had the vision and discipline to create and maintain strong unity - external unity, that is, for there must always be healthy debate within the profession - the profession is thriving. One good example is Denmark.

In the early 1980s, Danish chiropractors had a rocky road ahead. There was no legislation to recognize and regulate chiropractic practice; no chiropractic educational program; small numbers; and disunity along philosophical lines.

The Danish Chiropractic Association (DCA) established what was probably the strongest unity in the profession anywhere and employed experienced and skillful political staff; the results have been a case example of the benefits of unity. Within a decade, there was legislation, government-funded education in a major state university, the highest ratio of chiropractic researchers to clinicians in any country, and chiropractic was fully accepted by government and the other professions as an established part of the mainstream health care system.

Some uninformed observers have claimed that this acceptance was won by adopting a narrow musculoskeletal focus - and it is certainly true that the DCA gave emphasis in its negotiations to neuromusculoskeletal disorders, such as headache and back pain, where there was the strongest evidence of effectiveness and patient satisfaction.

However, the Danes have completely protected the full traditional scope of practice, and here is proof that any critics are profoundly wrong: In the 1990s, there was U.S. funding for the first major trial comparing medical and chiropractic management of infants with colic/irritable baby syndrome. The trial was to be performed in Minnesota by a research team from Northwestern.

The problem that developed was that no one could persuade the public health authorities and medical profession, there or anywhere else in the U.S., to refer 1-week-old infants into the study in sufficient numbers.

The solution? The study was transferred to Denmark, where public health nurses visited new mothers and were both willing and able to refer infants into the trial. The end result was a major trial, reporting that usual chiropractic care was more effective than usual medical care for infants with colic/irritable baby syndrome and associated signs of spinal discomfort or restriction.

This led to extensive publicity in the general and university press, and a significant increase in the number of infants seen in chiropractic practice, both directly and on medical referral. This would have been unthinkable in Denmark 10 years earlier, and demonstrates how far you can go in a short time with unity. When did you get your last referral from another health care provider for infantile colic?

The many other countries in which the profession is advancing strongly in recent years, because of conscious and successful efforts to establish a unified voice, include Norway (which saw what was happening in Denmark), where chiropractors can get government-funded MRI and CT scans for their patients, Brazil, Canada, Mexico, New Zealand, Switzerland and the U.K.

Worldwide, the rest of the chiropractic world prays for the day that there is substantial unity in the profession's organization and leadership in the U.S. That will provide a quantum leap forward for them, as well as for Americans.

Perhaps the main reason that 79 national associations in 79 other countries are committed to their membership in the World Federation of Chiropractic is to achieve the goal of a united voice for chiropractic at both the national and international levels - one that includes the towering force of the nation that can make or break them: America.

Against this background, we can see the importance - and absolute necessity - of the united national public relations campaign being developed and supported by many major U.S. organizations, including the ACA, the ICA and COCSA. The fact that this is being coordinated and led on a voluntary basis by a nonchiropractor, Kent Greenawalt, augurs well for its success.

Basic preconditions for success of such a PR program obviously include using marketing experts to assist in development of an appropriate brand or identity that will be used consistently throughout the PR program; persuading all U.S. chiropractic organizations engaged in PR to be part of the process and to agree to one consistent core message; and finally, funding and supporting the program on an ongoing basis.

As Mr. Greenawalt says, "Once the wagon is rolling, you have to keep pushing it if you hope to arrive at your destination."

So much is possible in chiropractic in this era. United we stand, divided we fall. Which is it to be? Let me leave you with one small, recent example of unity and its achievements.

About five years ago, Dr. Dirk Keenan, a chiropractor in Ottawa, the capital of Canada, decided that it would be good to provide voluntary chiropractic services to immigrants and others in need at the Carlingview Community Health Center (CHC). This had government funding for medical, dental and nursing services, but not for chiropractic.

Through his local chiropractic society, he arranged for 13 chiropractors to each volunteer a half-day every two weeks. After one year, the director of the CHC, seeing the great benefit to patients,

lobbied for funding for chiropractic services - unsuccessfully.

The Ottawa Society of Chiropractors kept volunteering, but also contacted its parent organization, the Ontario Chiropractic Association (OCA) - the equivalent of a state association in the United States - for help. Earlier this year, there was success - after three years of consistent unified action, the government voted \$600,000 for chiropractic services at the CHC. Basic to this success was the fact that Dr. Keenan worked with his local group; that it worked with the OCA; and that the OCA - with 2,500 members - is the only voice for chiropractic in Ontario, and has therefore developed a strong and effective relationship with the government.

Let's work together.

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