

# A Place for Public Health Projects in Chiropractic's International Development

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Public health interests in chiropractic go beyond spinal hygiene and subluxation correction when the profession seeks to establish itself in so-called Third World or developing countries.

Incorporating projects that meet specific local public health needs is a valuable commodity. Short-term missions (STMs) are growing in frequency and the Chiropractic Diplomatic Corps, a nonprofit humanitarian organization interested in the appropriate advancement of chiropractic training and services throughout the world, encourages mission planners to broaden their focus on long-term benefits to the communities served, as well as enabling a stronger profession in these countries.

Hundreds of chiropractic humanitarian missions over the past decades have come and gone, but unfortunately, they left only a nominal imprint on the health index of the communities served. It is not to say that these STMs did not promote chiropractic. The question to ask is, "Where are the positive, lasting effects truly realized?" They are not realized in the destination country, as one would think, but more so in the participants' country of origin, where the pumped-up, on-purpose DCs who took part in the "experiential vacations" of humanitarian value bring a heightened purpose to their home practices. Many go on to identify local needs of marginalized populations, and donate their time and services in their home communities.

Let's not delude ourselves into thinking we really made a serious impact on the target population abroad (with the exception of the few bona fide individual miracles we hear about following these trips). Nor should we claim to have expanded access for chiropractic to a needy world - unless some participating DCs are so profoundly transformed by their mission experiences that they sell everything they have and move abroad to practice in that country! One could safely estimate that a couple of dozen of these scenarios have occurred out of the thousands of mission-bound DCs who have participated - not a big splash. Kudos go to the few STM leaders for the Central American mission projects who return year after year to the same places and have brought some reliable access to chiropractic care there.

The plain and simple truth is that the need for chiropractic must be placed in context of the Third World realities of inferior public health capabilities in these poorer countries. If the chiropractic profession wants to take humanitarian missions seriously, the STM trips could consider having the chiropractic component packaged within broader community public health needs and concerns, such as clean and safe drinking water, basic sanitation infrastructures, energy power needs, and dental hygiene, just to name a few.

Perhaps there is a role for a broad-based, established and credible voluntary organization such as the American Public Health Association (APHA) and its membership to develop partnerships for small program models that can be incorporated into STMs, and that make allocations to pay and deliver these public health benefits along with their chiropractic missions.

Special recognition goes to the Christian Chiropractors Association (CCA) for raising funds and building homes for the poor in several countries. In 1953, three Palmer students were challenged

to supply equipment to a chiropractic mission in Ethiopia. From its beginnings as a small campus project, the CCA emerged and formally became a nonprofit organization in 1963. Despite adversity and bias against their profession, these men and women have prevailed in their goals of taking chiropractic throughout the world, and bringing healing to the body and knowledge of Christ and Christian concepts to seeking hearts in the best tradition of missionary medicine. Today, the CCA coordinates with more than a dozen short-term missions every year. You can find information about the Christian Chiropractors Association on its Web site, [www.ChristianChiropractors.org](http://www.ChristianChiropractors.org).

Dr. Michel Tetrault, co-author of this article and founder and director of the Chiropractic Diplomatic Corps (CDC), has published an article on STMs (available [here](#)). The article outlines a revised hierarchy of mission objectives that goes one step further in guiding mission team leaders to raise the bar in designing STM activities for optimal impact for the community and for the development of the profession in target countries. Here is that inverted hierarchy of objectives:

1. Attract qualified doctors who may become permanent additions to the country's roster. Let the DCs know they are welcome to come back and become a part of the pioneer effort in that country.
2. Attract prospective students to the profession through the attention and public relations produced by the event. Schedule regular "special student sessions" at local universities, or have people return after the day's clinic hours for a student talk.
3. Local DCs need to be included in the planning stages and their clinic needs to be advertised to the patients who are treated by the mission team, so patients will have a place to continue ongoing care, for new episodes requiring care and for referring others.
4. Respect the authority of the local DCs and tap into their contacts, but mostly use the "dignitary" status of the mission to further the cause of establishing the profession in a more formal or official capacity.
5. Only bring licensed doctors to treat people, and be fully documented at all times. The only exception is when a DC school structures a clinic environment within the mission group. Even then, only senior interns who qualify and receive school clinic credits should be considered.
6. Make the mission a series of highly publicized events in each location. High-profile events reach more people and have the best results across the board.

Patients' needs are actually pretty simple. They want access to a doctor when they need one; a doctor who is affordable; and a doctor who is willing to become a part of their community. It's really no different than what patients expect of their doctors where chiropractic is established.

In closing, humanitarian efforts by the chiropractic profession in the 21<sup>st</sup> century should not settle for the old standbys of the old century. The gap between the rich and poor continues to increase. Another 100 years could go by and, unless we begin to think and plan differently, over half of the world's population will still not have access to chiropractic services. That's 4 billion people without access to regular chiropractic care! Therefore, taking a broader and less self-centered look at the communities our brave DCs so boldly charge into as part of an STM, there can be greater international development of chiropractic, if the focus shifts from placing the DCs' self-interests first to placing the needs of the people first and those of the DCs last.

We should return from these STMs energized, but also humbled and grateful for the fact that we left a lasting imprint on these underprivileged people, in terms that are valuable to their particular needs first and to the chiropractic profession second.

The APHA is an organization in which all aspects of public health and all health professions are involved. It has both a Chiropractic Health Care Section (CHC) and an International Health Section (IH). Chiropractic members can choose to belong to both of these sections within APHA, with the

CHC as their primary section and the IH as a secondary section of interest. Within the APHA, there are many opportunities for chiropractors to learn more about international health opportunities and for working with multidisciplinary groups on international public health issues. The APHA is a member of the World Federation of Public Health Associations (WFPHA), which works collaboratively with the World Federation of Chiropractic (WFC) on common international interests. Both the WFPHA and the WFC are members of the World Health Organization (WHO), and send delegations to attend the WHO World Health Assembly in Geneva, Switzerland, every May.

For more information, these three Web sites are very helpful: [www.wfc.org](http://www.wfc.org), [www.who.int](http://www.who.int) and [www.apha.org](http://www.apha.org).

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