



CHIROPRACTIC (GENERAL)

When Chiropractic Meets Mainstream Public Health

A STORY IN TWO PARTS

Editorial Staff

Karen Konarski-Hart, DC, DABCO, has served on the Arkansas State Board of Health since 1993. Earlier this year, she was elected president of the organization - the first chiropractic physician to achieve that distinction. We contacted Dr. Konarski-Hart to learn more about her involvement with the state board and what she hopes to accomplish as president. In response, she submitted the following "story" that elucidates, among other things, her background in the chiropractic profession and on the board, as well as how she intends to use her leadership position to educate others on the value of chiropractic care.



Although I believe directed goal-setting is important in life, most of my involvement with chiropractic has been pure serendipity. I was pre-med at the University of Michigan when my mother sprained her back. Her employer sent her to his chiropractor and I became curious about it. I have two cousins who are MDs, but I was getting disillusioned with the rabid competitiveness of pre-professional school in the mid-'70s. I was interested in what would come to be known as "alternative medicine." Nixon had gone to China and acupuncture was in the news. I had been treated with manipulation by an osteopath when I was in an auto accident in college. I had read books about herbal healing and naturopathy.

When I asked my mother's chiropractor about his profession, he cleared his morning schedule, sat down and told me all about it. He asked if I would be interested in applying to National College of Chiropractic (NCC). One week later, just before Christmas, he called and said there had been a cancellation at the college and that on his recommendation, I would begin the January class. I left in a blizzard to drive from Detroit to NCC. I was impressed by the facilities, found four students in a nearby house looking for a roommate, and was able to transfer my job to a branch of the same business right next to the college.

I graduated from NCC in August of 1979. While I was at National, the laws in Michigan changed from being one of the more liberal states in scope of practice to being one of the most restrictive. I had friends in Arkansas who asked me to come down and sit for their boards. So, here I am.

I attempted to stay apolitical and managed to stay uninvolved in chiropractic issues for a number of years. Like most DCs, I had been told it was my duty to join the state and national association, which I did, and then kept my head below the ridgeline. There was a huge philosophical war going on in our state in the 1980s and I didn't want any part of it. In 1993, a friend who was the chiropractic physician on the Arkansas State Board of Health called and told me I was going to replace him. Before I could hang up, he hit me with the "it's your duty" speech and promised me it was minimal work. Reluctantly, I acquiesced.

Suddenly, the health care reform movement hit the state. The new governor, Bill Clinton, had appointed a Healthcare Reform Task Force to look into implementing many of Hillary Clinton's ideas. Meetings were held multiple times a week. Still smarting from the "it's your duty" speech, I accepted my profession's directive to attend all of the committee and subcommittee meetings. Chiropractic was not allowed to sit at the big table, but because it was a state committee, the meetings were open, if you could find them.

I have always believed that if you undertake a job, you give it your complete energy. Not only did I become political, but I also became obsessed. While attending those meetings, this neophyte made contacts and learned something about the political game and its players. I subsequently became state delegate to the American Chiropractic Association and president of the Arkansas Chiropractic Association. In those capacities, it was my place to speak before state legislative committees and commissions, and to help draft presentations and documents regarding the chiropractic profession.

One seemingly small, but I feel important, early accomplishment was to have the state health department list us as "chiropractic physicians" instead of "chiropractors" in its annual census of health care providers in the state. This document was used by legislators, budget and educational grant developers and other formal government entities. When I joined the Board, one of the first things I was told was that we are there for the health and safety of the citizens of Arkansas. Except for mental health, most doctoral-level professions are represented on the Board, as is sanitation and senior

citizens/consumers. Although we were to represent our individual professions as far as knowledge and viewpoints, we were not there to grandstand for ours or denigrate other professions. We make decisions based on law, federal guidelines, review of research and committee recommendations, practicality and the public interest. We oversee the inspection of establishments, oversee a number of professional licensing and credentialing boards, and approve rules and regulations that apply to public wellness. Despite the broad view of "health" the Board takes, I make it a point to meet with each new director of the health department and answer any questions she or he may have concerning chiropractic.

My Board activities have given me new insight into the reasoning behind certain laws. Because I am the only DC on the Board, I am automatically a member of the Insurance Review Credentialing Committee, which looks over legislation regulating companies who do reviews in the state and what their reviewers' criteria must be. Arkansas has peer review on major med and managed care companies. It is interesting that even though some of our profession would like stricter criteria for the chiropractors who do reviews, we are limited by the language of the rules and regulations that apply to medical and other professional reviewers. In other words, because we are included with all other health care professionals, we cannot place tighter controls on chiropractic reviewers than on others without potentially being charged with discrimination.

I serve as chairman of the Local Grant Trust Committee, which provides the funding to build or remodel county health units. We also allocated funds toward the new Biosafety Level 3 laboratory (BSL-3) to deal with major pathogens. I am proud that our committee has remained a good steward of state money and has developed guidelines to fairly assess those needs while holding those receiving the grants to responsible standards. Because of my proximity to the health department's main facility, I also frequently serve on the subcommittees for review of infractions against the rules and regulations pertaining to water systems, waste disposal, restaurants, etc.

My favorite public health activity is the state Bioterrorism Advisory Committee. I'm an EMT and serve as Red Cross liaison for the ACA, am a member of the Arkansas Disaster Medical Assistance Team (AR1-DMAT) and am a member of a Community Emergency Response Team (CERT). I teach disaster preparedness for state chiropractic associations through NCMIC and helped develop protocols for the AVCA resolution on disaster response. I see chiropractic as a huge potential player in terroristic, pandemic or natural disaster events, and am helping work toward the inclusion of chiropractic as a formal classification under the National Disaster Medical Services (NDMS-FEMA).

Perhaps because I am outside the medical community, I occasionally serve as the voice for disenfranchised groups or health care providers who do not have a seat at the table. I have interceded for midwives and emergency medical workers, who are regulated by the health department but who don't have a direct voice. In the past, the Board had to deal with laypersons performing acupuncture for drug abuse and recently I had inquiries regarding ear stapling for weight loss done in tattoo parlors. Since I am certified in acupuncture, I was able to add some perspective to those issues.

One area in which I was able to act as liaison between the health department and the public was in the change of the Arkansas vaccination law to include "philosophical" exemption. A challenge was brought against the medical/religious exemption law by an atheist who did not believe in vaccination for his child. Of course, there were members of our profession who were interested in the outcome of that debate. I think that I was able to privately explain the perspective of each side to the other, which, I hope helped facilitate the nonconfrontational resolution of those regulations.

This past year, serving as an officer on the Board, has offered me some special opportunities. At the first meeting I presided over, the proposed merger of the Department of Health and Department of Human Services was announced. (I do admit the thought occurred to me that if the merger went badly, somehow the "chiropractor" would get the blame!) We recently had the honor of hosting Admiral John Agwunobi, the HHS Assistant Secretary of Health of the United States, at the same meeting that our Clean Air Act regulations, eliminating public indoor smoking, were accepted. I also have attended interdisciplinary medical conferences and political events as representative of the Division of Health and as a chiropractic physician. I believe I am there as an ambassador of our profession and as a demonstration of our place in the public health arena, so although I don't feel that it's appropriate to flaunt chiropractic, my credentials are usually clear and my position should speak for itself.

In my early days on the Board, I would try to imagine how chiropractic would fit into every issue that was addressed. By doing this, I had to learn more about each topic. I began to see a bigger picture. There is no reason why we shouldn't be involved in many areas of public health. Many committees and divisions within the department would welcome physicians who support their area of interest. Some more obvious areas of commonality are scoliosis screening, work safety, breast-feeding, nutrition, fitness, smoking cessation and drug-free living.

Although I don't know if any other chiropractic physician has served as president of a state board of health, I know that there are a number of excellent DCs who are involved in public health efforts. A few serve on state boards or work with their state health department. Many chiropractic physicians belong to the American Public Health Association (APHA) and are responsible for gaining recognition for chiropractic as a distinct section in that organization. Each of them contributes in a different way, through education, research or interprofessional clinical work. Some serve on national or international health committees. Some have advanced degrees in public health. Many doctors of chiropractic have served in ministries or relief efforts, rendering health care to victims of poverty or disaster. The American Chiropractic Association has recognized the value of public health and has established the ACA-APHA committee, upon which I serve. Many of the policies and resolutions of the ACA reflect public health values.

Editor's note: Part two of Dr. Konarski-Hart's story will appear in the Oct. 12, 2006 issue of *DC*.

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