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**ECONOMIC CLIMATE FOR GROWTH:**

Chiropractic is gradually beginning to make its presence known in more countries as many Doctors of Chiropractic (DCs) are willing to relocate in countries outside of their national origin. The driving force is primarily economics yet there is certainly a private story behind every DC who seeks to practice abroad. In this issue we will discuss how economics plays a heavy role in deciding what countries DCs are selecting. We will also contrast a few neighboring countries of different economic standings and the local state of the profession, respectively. Regardless of the personal reasons a DC chooses to practice abroad there remains the basic requirement that the country can in fact support their practice.



Look at Brazil with at least 36 DCs and its neighbor Argentina with about 12 DCs. Due to the current economic crisis in Argentina that paints a discouraging picture for a positive economic future, it will be difficult to attract many DCs there over the next decade. The fact that Brazil has two DC colleges is an anomaly for a country pioneering chiropractic, but one that will guarantee a more rapid growth of the chiropractic profession, and again for economical reasons. It costs 60%-70% less to get a DC degree in Brazil than in does in North America - and these graduates will be able to offer services at par with the local medical providers; unlike the imported DCs who generally charge "consultant fees" often 3-4 times higher than the general doctors in these communities. The resulting economic climate will encourage access to a greater percentage of the population, which attracts more people into the profession and then growth will take on a more natural pace. Brazil needs some 2,500 chiropractors to serve its 175 million people. Argentina will eventually have 2,000 to 3,000 DCs once the economic factors that favor growth come into place but this may take the rest of this century to accomplish.

Focusing our attention now across the Pacific Ocean to SE Asia we find Malaysia and the Philippines experiencing two different realities in the local growth of the chiropractic profession. Ten years ago Malaysia had one DC and the Philippines had two DCs. Both countries experienced collateral damage from the Asian financial crisis of 1998 but Malaysia took radical counter-measures that brought it greater financial stability sooner. The Malaysian Ringgit is more stable while the Philippine Peso continues its devaluation even four years later. Today there are 20 DCs in Malaysia with several new DC positions available while in the Philippines there are 8 DCs and little movement to expand the existing practices there or for new practices to start up in the foreseeable future.



**SIDE NOTE:**

In speaking to prospective DCs interested in practicing in Asia, they reveal that the Abusayaf terrorist "kidnap for ransom" incidents that are heavily reported in International news casts, discourages them from considering the Philippines. The PLP Peso drops every time this terrorist/gangster group takes another hostage causing financial hardship on the local businesses, thereby affecting the existing local DCs in maintaining their patient base. Brazil on the other hand remains the kidnap-for-ransom capital of the world by gangs that force someone to empty their ATM accounts and are then released. The International media does not report these incidents, as there have been so few deaths attributed to these crimes and therefore remains somewhat benign in considering favorable or deterring factors in attracting DCs to specific areas.

Continuing west we come to Africa, a continent of 26 countries that suffers extreme poverty and where DCs can only be found in 11 countries. There are some 200 DCs in South Africa and only another 40 DCs for all the remaining African countries combined. What makes South Africa stand apart from the rest? It is one of only two countries with an annual Growth Domestic Product per individual over \$8,000. The other is oil-rich Libya with an oppressive regime and only two DCs for 5 million people. South Africa has offered chiropractic education at two of its universities for over 15 years, which has certainly assisted in the gradual growth of the chiropractic profession, in spite of the social unrest that remains after the Apartheid regime was toppled in the 1980's.

In conclusion, monitoring the economic climate of a target county will continue play an important role in the planning efforts of individual DCs who wish to practice abroad. There is also value in the profession's knowledge of the economic potential of a given country in allocating resources such as starting new schools, etc. and in projecting the development of the profession both regionally and globally.



South East Asia is an exciting place to live and practice. Visitors delight in the flavor of an exotic locale coming to life before their very eyes as they temporarily tolerate a different quality of life. But what about making a living there as a chiropractor? Since most DCs come from western societies there is often the concern of adapting to a social climate where the majority of people live in relative poverty or absolute poverty when contemplating relocation. Malaysia will surprise you! Regionally, it has one of the higher standards of living because it has a larger middle-income class contributing to the tax base - reflected in the transportation, sanitation and other infrastructure components. Kuala Lumpur and other urban centers offer a golden opportunity in a comfortable setting for DCs interested in practicing in SE Asia. You'll have to get used to driving on the left side.

Work permits are provided under sponsorship of local DCs who are interested in seeing chiropractic become more available nationwide through the Malaysian Society of Complimentary Therapies, a government agency that covers all healthcare practitioners outside of medicine. Malaysian-born individuals already have the right to work and would therefore simply register with the MSCT and of course obtain a local business license.

The Malaysian Chiropractic Practitioners Association, representing the permanent practitioners, consists of Malaysian nationals and foreign-born DCs who are married to a Malaysian citizen; with the associates or contracted DCs included as non-voting members. The leadership recognizes that, in order for the profession to become firmly established, there will need to be a lot more chiropractic practices in the country and are encouraging qualified DCs to come and check out their beautiful and exotic country. We have been advised that there are at least two positions available in the near future. There is a 2 year minimum contract period usually required - in the best interest of all concerned, including the patients. Please email the Director at [tetrault@chiropracticdiplomatic.com](mailto:tetrault@chiropracticdiplomatic.com) for current contact information about practice opportunities in Malaysia or visit the [Global Statistics](#) section of our web site for a snap shot of this country.

**BRAZIL:**

The largest country in South America, Brazil is unique in many ways, beginning with the fact that the national language is Portuguese and not Spanish like the rest of the continent. The immediate need is to increase the exposure to chiropractic for the 175 million people living there. Although chiropractic is not a legally recognized health care profession and, at the present, there is no proposed legislation for the practice of chiropractic in Brazil, there are two very new chiropractic colleges ready to enroll future DCs; the first at Feevale University in Novo Hamburgo and the second in Sao Paulo. How can we expect to fill these classes unless people personally experience the benefits of chiropractic? The answer: import a large number of DCs from North America who are willing to learn Portuguese and to stay at least 2-5 years.

There are currently about 36 practicing DCs in Brazil and most are members of the Brazilian Chiropractic Association practicing in one of three different ways:

1. As chiropractors who are also professionals of a recognized health care profession, practicing under their legal license such as an MD;
2. As chiropractors practicing in association with a licensed health care professional;
3. As chiropractors practicing without a legal license.

Brazil shows little sign of economic improvement but the 15% or so who can afford chiropractic care today will be the portal for the profession's future. (15% of 175 M = 25 Million people ÷ 10K/DC = 2500 DCs needed) The flavor and excitement of the Brazilian culture await the ambitious and adventurous DCs who may find life in America a little too predictable or are simply tired of practicing an insurance practice and desire to become immersed in the basics of practicing chiropractic as a natural healing art again.

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**NEWSLETTER POLICY:**

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