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MISSION TRIPS:

As we look forward to a little holiday time, we could also consider participating in the many humanitarian missions that are coordinated every year. It is true today that people do seek out "experiential vacations" that occasionally may become a "transformational" experience. *Chiropractic Ecotourism*, to coin an expression, may well define travel related activities that combine a vacation to a foreign country with a humanitarian activity. These missions are value driven experiences that bring great personal gratification for the participating Doctors of Chiropractic.

Short-term humanitarian missions offer both physical and emotional experiences that provoke serious introspection in re-evaluating one's "purpose in life" or one's sense of placement in their community. For chiropractors, as in other healthcare and service oriented disciplines, the desired outcome of donating one's time and money to participate in these missions is also to renew their dedication to the "reasons why they became a chiropractor in the first place." In all cases we see successful outcomes.

Since we have seen more of these missions in the latter part of the 20th Century it is safe to assume that primary mission goals are being achieved. The question today is: "Do these goals serve the greater good?" What are some of the primary mission objectives?

1. To reach more prospective religious converts through healthcare services.
2. To renew a practitioner's motivation in their profession by donating their services to the needy.
3. To acquire an appreciation for how good life really is at home after experiencing first hand the world's poverty.
4. To increase awareness of the benefits of chiropractic care.
5. To participate in the healing of people without financial gain. (Humanitarian service)
6. To get away for a vacation that has greater personal satisfaction.
7. To visit new places and become exposed to different cultures.

As you can see, existing short-term missions are successful in achieving these personal objectives, but the questions of lasting benefit to the people served and the chiropractic profession as a whole also needs to be raised. Do short-term missions really help the intended target population? How can these missions be designed to produce a greater benefit to the establishment of the profession; which ultimately translates into more and better care for the patients?

Patients' needs are pretty simple: They want access to a doctor when they need one. A doctor who is affordable and 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 already established.

The profession needs six things from short-term chiropractic missions:

1. Attract qualified doctors who may become permanent additions to the country's roster. Let the DCs know that they are welcome to come back and become a part of the pioneer effort in that country.
2. Attract prospective students to the profession from the attention and PR 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 advertised to the patients who are treated by the mission team. (So patients will have a place to continue care.)
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 schools structures a clinic environment within the mission group and even then, only senior interns who qualify and receive school clinic credits.
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.

A Global Listing of upcoming Humanitarian Missions that have been identified can be found on our website at www.chiropracticdiplomatic.com/missions. Please share this page with all your colleagues. If you know of any mission that is not listed there, we ask that you send us notice so we can complete the list.

The whole world is looking closely at the Middle East these days because of the Afghanistan war. This conflict naturally has also raised many concerns about the poor humanitarian values seen in this region, a critical factor in supporting chiropractic development and growth. There are indeed two separate socio-cultural realities in the Middle East that carries a direct impact on the sustainability of the chiropractic profession: Money and their Relationship to post colonial cultures.

In this area it has been generally easier for DCs to begin practicing in countries that maintained close ties with England or the USA; especially where English is used to conduct commerce. These are: Israel, Lebanon, Qatar, Saudi Arabia and UAE. In the USA there are over 200 DCs of close Iranian heritage where 5% have returned to establish permanent practices. The new law in Iran could facilitate many more to return there sooner.

Current status of Chiropractic in the Middle East

1. There are NO schools in the planning stages and all DCs are imported or trained abroad for this region.
2. DCs reported in permanent practice (#) with legal status listed if any.
 - Egypt (8) Iran (10) - 2001 Legal recognition with primary doctor status
 - Kuwait (1) Israel (75) - 2000 Law pending Primary Contact Doctor clause
 - Pakistan (2) Lebanon (7) - 2000 Last-minute amendment requiring medical referral killed it
 - Qatar (9) Saudi Arabia (6) - Long standing legal recognition but uncertain of scope
 - Turkey (1) United Arab Emirates (4) - Law reported but uncertain of scope
 - Afghanistan, Bahrain, Dubai, Iraq, Jordan, Sudan, Syria, & Yemen have NO DCs in permanent practice.

As seen in other countries with predominantly two financial classes, a small number of practices serve mostly the wealthier populations who can afford to pay for an imported healthcare specialist. The children of these families are the only ones who could be sent abroad to train as chiropractors so the way for the profession to grow right now is to encourage young adult patients from well-to-do families to become DCs. The second way to build the number of chiropractors is to attract foreign DCs. There is one Saudi Medical-Hospital group that has been hiring DCs for placement in their expanding network but we know little of their methods or successes. Occasionally, an associate position opens up in a private practice. Mostly, individual DCs set up on their own with the help of family funds for the more fortunate ones.

There is only one out of every fifteen (1:15) DCs who have registered with us for foreign practice who has expressed interest in practicing in a Middle East Country. This explains in part why the growth of Chiropractic in the Middle East has experienced a slow history over the past 100 years, but that will change. The Chiropractic Diplomatic Corps estimates that there is a potential for a total of seven (7) chiropractic schools in the area (Egypt-1, Iran-2, Israel-1, Saudi Arabia-1, and Turkey-2) over the next 10-25 years. The main factor in the short-term growth will rely on the confidence of the many expatriated citizens who are trained but reside outside their homeland. When they feel comfortable enough to set up practices in their country of birth the rest will take a more natural direction.

Contact information is available individually for these countries on our website under [GLOBAL STATISTICS](#).

NEWSLETTER POLICY:

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