

What can the chiropractic profession do to help the poorest people of this world?

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It is 2005 and there are still one billion people that live on less than \$1 per day and another billion that survive on just \$2 per day. Regardless of the many root causes of poverty we have a huge problem on our hands that not only seems irresolvable, but things can only get worse since we have yet to see any real concern for the problem of the poor. One hundred years of struggling with its own survival, it is not hard to understand why the chiropractic profession has not seen much beyond the horizon to offer assistance to the world's poor; but the solution is not as difficult as one might think.

I listened to Dr. Jeffrey Sachs, a PhD in Economics, speak at a World Health Organization (WHO) conference in Geneva, where he proposed that all rich countries donate 0.7% of their Gross Domestic Product (GDP) for International development programs. Naturally, all UN member-countries nobly signed onto the plan to eradicate extreme poverty by the year 2015; references to the UN Millennium Development Goals or MDG.

It seems like such a small fraction, less than one percent, therefore it must be doable. Well, if economic reports from 2003 are accurate the USA will take its \$11 Trillion GDP, multiplied by .007 and come up with just \$77 Billion; hmmm this is not such a small chunk of change after all. France and Russia are each asked to contribute \$11 Billion while Germany's ticket is over \$22 Billion and Japan has \$24 Billion to donate; plus more money every year as they experience growth. The UN has recommended that donor countries gradually ramp up their percentage each year so they will be at 0.7% by the year 2015; again it sounds reasonable. This is what world governments do to tackle a major problem and this is no doubt a major goal.

"What does poverty have to do with chiropractic," you ask? According to projections made by the Chiropractic Diplomatic Corps on access for chiropractic services in the 21st century, starting with the nearly one billion people currently having access to the 74,500 chiropractors in 104 countries today, it is projected that, under optimal development opportunities, the chiropractic profession will grow to 100 colleges graduating some 300,000 DCs and being available for upward to 3 billion people in 165 countries by the end of this century. If the world governments are successful, the future will indeed look better for chiropractic since more people will be out of the poverty trap. Since Chiropractic is trained at a first professional degree university standing the costs of education continues to limit access to the middle and upper classes that can afford the services.

As the world's population grows to 7 and 8 billion this century and we only get to reach the 3 billion that do not live in poverty, we are still left with 4-5 billion people that will never have access to chiropractic services going into the 22nd century. This brings us back to the title question: *"What can the chiropractic profession do to help the poorest people of this world?"* Admittedly, if we concede to this fact, there still remains the challenge for the chiropractic profession to make the right effort.

There is one solution that has been suggested by the WHO in its official 2005 publication: *"Guidelines on the training and safety of chiropractic."* These globalists have seen other professions coordinate scaled-down public health versions of their service philosophy or specialty that can be taught to the community health workers that live and care for the poorest of the poor in every country; they think that chiropractors can come up with something similar – and they are right.

Where do extremely poor communities find health care services? The government will have some basic medical services in under staffed, under equipped hospitals and clinics but many seek out the local community-based traditional healers who treat for nothing or for some small barter offering. The distinct perspective that chiropractic brings to healthcare, when one takes away all the optional services and insurance benefits, is simply *"better health through a better working nervous system."* Setting aside all the complexities of this unique and diverse profession – the single most common denominator within the chiropractic profession is the focus on the spine. How does a local healer become a chiropractor? It doesn't happen. Do we teach these barefoot healers to adjust the spine? Unthinkable and rightly so!

OK, accepting the premise that there can be a training program scaled down that improves local public health, how do we get the profession to act on this?

The Chiropractic Diplomatic Corps (CDC) is looking into developing models for this type of training program to work by meeting with technical officers of the WHO and with government representatives of 3rd world countries to listen to their ideas on how to disseminate this type of training program within their community health worker networks. Strict policies are included to avoid abuse or misuse of this type of training and no certification will be issued that includes the word “chiropractic” or “chiropractor” to avoid public confusion.

The following specific outline has been developed that offers basic anatomy and physiology, advanced myotherapy techniques, diet and physical activity training, spinal (postural) and public health information:

1. Basic structural anatomy and physiology: osteology, myology, neurology
2. Basic massage techniques: Swedish, Shiatsu, traditional/indigenous massage
3. Intermediate spinal anatomy
4. Intermediate manual techniques: extremity, trigger point, myofascial and tendon release
5. Fitness concepts (exercise, body mechanics, sports) (*Activities of Daily Living*)
6. Nutrition (food groups, supplements, GI tract) (*ADL*)
7. Personal Hygiene (*ADL*)
8. Focus on children and elderly care
9. Focus on manual laborer
10. Indigenous remedies and health traditions
11. Neuro-musculoskeletal pathology (fractures, neuropathies, etc) - for screening & referrals
12. Public health: registration, dermatological, infections, referrals and reporting
13. Principles of clinical practice: professional conduct and responsibilities, availability (hours, location, flexibility), sanitation practices, community networking / alliances, continued education

Electives

14. Reflexology (hand and foot)
15. Sports injury assessment and care

The profession needs to be very clear about the restrictions on teaching palpation and osseous adjustments of the spine that are to be specifically EXCLUDED from this training program. Indications warranting this level of care are followed by a referral to the local chiropractor – if any such exists nearby.

The Chiropractic Diplomatic Corps has named this course the “Spinal Health Therapist” training program because it teaches the healthcare worker at the level equal or higher than a massage therapist, but only as a certificate course around 300 - 500 hours. Consultations with the world healthcare communities will clarify the appropriate length and level of detail this type of training that can be implemented; keeping in mind the best interests of the recipient country and within the context of its culture.

Other logical partners that could easily and naturally become involved are the short-term humanitarian mission groups that can take advantage of their presence to initiate this training. It would require a longer time commitment of one DC in the group to undergo training as faculty who then stays long enough to take the first class of local community health workers through the program and to prepare the first graduates to teach others in neighboring communities. Accelerated training can be provided to mid-level or other advanced healthcare providers since they will already have been taught the required basic sciences. The mission could also solicit donors who may not actually travel but can pay for the written materials to leave behind and can send additional course workbooks for expanded training in the region; possibly involving other donor groups such as Rotary Int'l, Lyons, Optimists, etc. The CDC will work on building the course curriculum and see about translating the workbooks into as many languages as possible, as the demands come in.

Eventually, these materials will be made available online through the Chiropractic Diplomatic Corps website, www.ChiropracticDiplomatic.com