

In this Issue:

- Geographical Influences
- Central America Report
- Newsletter policy

**GEOGRAPHICAL INFLUENCES**

The pattern of chiropractic's International growth is not unlike other patterns being observed by economic strategists as they study many global influencing factors that are then applied into future planning when time, energy and resources are allocated for optimal impact.

Geography prevents poor nations from fully participating in the global division of labor. The countries left behind have distinguishing geographical characteristics: They tend to be located in tropical regions or, because of their location, face large transportation costs in accessing world markets - or both. Among the richest 30 countries in the world, only Brunei, Hong Kong and Singapore are in tropical zones, and their geographical locations leave them ideally suited for growth through trade. They have an advantageous geographical position, but much of inland China, Africa and India remain far from markets and maritime trade. In these latter countries, agricultural conditions encouraged large populations to cluster along riverbeds far from the sea, hurting the countries' long-term prospects for economic growth and development through trade. Chiropractic has not been successful to date in establishing a firm foundation in these countries.

Countries that face poorer economic conditions have been even more difficult to properly establish the chiropractic profession. Nations with populations far from a coastline tend to be poorer and show lower rates of economic growth than coastal countries. Countries that are tropical, far from the coast, and landlocked have three geographical strikes against them. Since unproductive agricultural workers can produce little more than what they require for personal subsistence, rural areas remain sparsely populated, have small, poor markets, and suffer from high transportation costs - all of which hamper economic growth.

Even in Canada the poor have difficulty accessing chiropractic care. The target population that has fueled chiropractic's growth over the past century has primarily been the middle class family. When a nation has a limited middle class size we have consistently seen very little opportunity for chiropractic to flourish. When countries like Bolivia and Afghanistan are geographically landlocked; when countries like Egypt, Morocco and Iran are surrounded by a desert; and, when nations like Guatemala, Ecuador, Ethiopia, Congo and Indonesia have limited agricultural exports because of their tropical location; the country's economic challenges keeps their middle class size small. Something different will have to be designed to make chiropractic services available to the greater populations in poorer and geographically challenged nations.

Take Costa Rica for example. The country has a national healthcare delivery system unlike any of its bordering countries. Introducing a chiropractic school within the state-funded university system will permit new doctors to graduate without a high debt and could afford to practice like the other doctors under the national healthcare system. This would bring chiropractic access to every citizen of that country but requires a successful integration imposed by the government. For a poor country... that would be quite a coup!

At present, the chiropractic profession is only fully established in the United States, Canada and Australia. Those countries showing the most recent advancements in establishing the profession are: United Kingdom, New Zealand, Iceland, Denmark, Cayman Islands, Sweden, Norway, Liechtenstein, Switzerland and South Africa. These also happen to be some of the most globalized countries. Although there is much left to be done to equal the professional development of the USA there is yet another question to pose: "What is holding back such globalized countries as Finland, Italy, Germany, Portugal, France, Hungary, Spain, Israel, Japan and Malaysia?" Here chiropractic has barely evolved past the pioneer stages. France and Japan have a small school and the others have neither schools nor regulatory laws but are making progress in building a stronger national association. There is no economic impediment so the problems lie somewhere else and needs further investigation. With favorable economies it is important to identify the other culturally based issues that continue to impair the profession's growth.

Denying the impact of geography will only lead to misguided policies and wasted effort. This is a lesson that has not even been considered in the International growth of the chiropractic profession. A Global Strategy has yet to find a consensus or even to be placed as a table topic during International conferences. In its absence there is a "laissez faire" attitude that leaves the people of this world at the mercy of chance. If a suitable chiropractor, with leadership skills comes to or from within their country, and is willing to devote the effort to developing the profession within that country, then chance has worked in that country's favor and their children can have a future where chiropractic care is available. That is unfortunately today's reality, regardless of where a country is geographically situated.

Belize

In spite of its geographical proximity to the USA there are only 2 DCs in Belize. The average income per person in Belize is about 8% of the average American. Unemployment rates of 13% and underemployment in the 40% range in a population of about 250,000 certainly has a different economic survivability than the Cayman Island in the nearby Gulf reporting 6 DCs for a population of 36,000. Its not that there is no room to add more DCs but at 50% capacity there is only room for 2 more DCs and hopefully both don't start up at the same time. An ideal place to semi-retire if you have retirement income already set in stone.

Costa Rica - ([statistics page link](#))

In just the past 10 years the DC population has increased from 6 to 30. No doubt the product of Life University's activities that introduced much attention to this country and influence in obtaining full legal recognition in 1999. Once Life's chiropractic program begins to graduate indigenous doctors, the opportunity for imported DCs will vanish. We project the ultimate need for some 200 DCs in Costa Rica once self-determination takes effect. Can anyone tell us how many dentists are practicing in Costa Rica? We are interested in evaluating DC:DDS ratios.

El Salvador - ([statistics page link](#))

There are over six million people in El Salvador but only 3 DCs. Dr. Juan Campo, an ex-patriot practicing in San Francisco, has been bringing DCs down for humanitarian missions for years. Similar to Panama, these events are highly publicized and the awareness of chiropractic makes this country the next fertile ground in Central America. Unlike Panama with a good law tied to a bad immigration policy, El Salvador can get it right and attract the necessary imported DCs to graft-in the profession until the number of indigenous DCs can become self-sustained. We are projecting the need for at least 150 DCs within the next 25 years with 20-40 of that number coming from outside countries. To put it plainly, Costa Rica WAS hot from 1994-2001 and El Salvador can be the next HOT SPOT from 2003 to 2010 and beyond. Dr. Juan Campos' missions occur in February but in the meantime there is no reason why an interested DC could not make a private visit under the guidance of Drs. Campos, Clark, Lara, Latch or Tanaka. If you are interested, contact the Chiropractic Diplomatic Corps' [director](#).

Guatemala - ([statistics page link](#))

Dr. Marco A. Torres Fry became the first chiropractor in Guatemala in 1976 but he retired in 2001. The next DC to practice in the country was not until 1998, and a DC couple just started in 2002. To practice in Guatemala one must have a work permit issued by the Ministry of Work. Residence status is required before one can obtain the permit. With a population of 13 million and similar average incomes to El Salvador the long-term prospects for a strong chiropractic profession are impressive. What is missing is a catalyst, an ex-patriot with a DC degree from abroad who has yet to establish humanitarian mission events in his home country. Where is this person?

Honduras - ([statistics page link](#))

This correspondence from 10-15-01 best summarizes the status of chiropractic in Honduras: "Hard for any DC to make a living in this very corrupt & dangerous country. Surgeons are literally persuading patients to get unnecessary surgeries as they are hard put. No hassles with the esteemed Colegio Medico who even kicked the Cuban MDs out after hurricane Mitch, who only came to help. They understand from my initial presentations that they could not control me and as long as I didn't practice medicine they have given no hassles. Actually many secretly come for care themselves, one recently bringing the third last president of the country. There is a strong machismo sentiment here I think at least 50% worse as compared to Guatemala and it really hampers any real progress. Everyone is out for themselves and care little for their country's progress. It is literally imploding with low coffee banana and shrimp prices and no one seems to care. This place needs dedicated DCs and for now I'm it! DCs who are willing to live at \$14 per visit maybe slightly more and put up with the system, and make slow inroads. I have built a good reputation over the past three years and need and hope it can be continued...I hope a good person will come..." Bob Funk, DC (CMCC73)

Nicaragua

A country still trying to get on its feet from years of civil unrest we find only one DC practicing in Nicaragua. The trick is to correctly identify the "safe pockets" in an otherwise uncertain place where a chiropractic clinic can do quite well. Similar to Columbia, there are a few good selective locations within the larger cities where foreigners congregate that will support a specialty imported practice like chiropractic. It will take much economic and political advancement in the country at large before there is a large enough middle class population to support both the practice of chiropractic but also to attract indigenous practitioners to fully establish the profession.

Panama - ([statistics page link](#))

Although Panama was the first country in Latin America to receive full legal recognition in 1967, the writers included the requirement that only a Panamanian Citizen could apply for a DC license. This significantly affected any growth by imported doctors so now we find only 4 registered DCs in 35 years with 2 retired and 1 semi-retired. Interestingly there is a lot of public awareness of chiropractic due to regular highly publicized humanitarian missions organized by Lina and Dr. Luis Ocon, who practices in Salinas, California and that are energized by Dr. Sigafos, attracting hundreds of participating DCs. Something about the country's economy or culture has deterred many from getting educated abroad. Now that the Costa Rica DC program is about to begin, prospective DCs can now look at a reasonable cost of education taught in their own language and perhaps Panama can finally come up to speed in establishing a fully functioning chiropractic profession.

NEWSLETTER POLICY:

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