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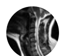

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Chiropractic's Continued Legacy of Racism and its Effect on Minority Population Utilization

Leonard Vernon, D.C., M.A.[1]

ABSTRACT

While there are recent reports of increased utilization of chiropractic services among the general population this increase does not carry forward to the African American (AA) population. The failure of the chiropractic profession to reach out to this greatly underserved population may rest in the fact that graduate chiropractors choose not to practice in areas that are heavily populated by minorities because of economic decisions, a decision that is not isolated to chiropractic.

For a profession that is so inextricably linked to African Americans the profession has historically failed to reach out to this population, both for the health benefits chiropractic might offer them as well as for student recruitment. A lack of African American mentors appears to be one reason.

While there have been some inroads in the area of student recruitment and in the recruitment of minority faculty and administration, the profession and its relationship with African Americans has been and remains poor. This paper examines this historical relationship between African Americans and chiropractic.

Key words: *Chiropractic, utilization, racism, African American, minorities, education*

Introduction

According to a Gallup® report commissioned by Palmer College of Chiropractic, approximately 14% of U.S adults seek chiropractic care each year.[1-2] This is almost double the number reported by Barnes who in 2002 reported approximately 7.5 percent of U.S. adults visited a chiropractor each year.[3] A 2007 publication that examined 137 chiropractic utilization studies concluded that the rates vary, but generally fall into a range of from 6% to 12% of the population who utilize the services of a chiropractor.[4]

Over the last two decades, public utilization of complementary and alternative medicine (CAM) has grown substantially in the United States.[5] The chiropractic profession is the largest complementary and alternative medicine (CAM) profession[6] and one of the largest licensed health care professions in the United States[7] with over 53,000 practicing chiropractors.[8] Despite increased utilization of chiropractic and other CAM services such as massage, and acupuncture, this growth was predominantly among non-Hispanic Whites thus increasing an already existing White-minority gap in CAM use.[9] While most research studying CAM use by minorities' does not break down the amount of use of each CAM subtype (e.g., chiropractic, herbal medicine, acupuncture)[10] existing studies demonstrate that African Americans (AA) use chiropractic services less often than whites.[11-16] These findings do present some irony when one considers that the genesis of the chiropractic profession is so interwoven with AA's.

Chiropractic Origins

When examining the origins of chiropractic, it is important to view it in the context of the medical landscape of the time. Most sources date the birth of chiropractic as September 18, 1895;[17] it was a period in healthcare that Keating has described "… as consisting of a smorgasbord of competing theories, practitioners, potions and schemes."[18] Well trained doctors were extremely scarce (with the exception of urban areas) with most so called physicians having little or no formal training. Hospitals were even scarcer than doctors, and were seen as places of doom where the terminally ill went to die.[19]

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Competing with both trained and untrained physicians were herbal and botanic healers, homeopathic medicine (promoted by Samuel Hahnemann, M.D., of Germany) and the healing methods of Franz Anton Mesmer, M.D. who theorized that there was a natural energetic transference that occurred between all animated and inanimate objects that he called animal magnetism.[20] Although the French Academy of Sciences, including prominent member Benjamin Franklin, repudiated Mesmer's ideas as little more than suggestion it didn't prevent the method from being imported to the New World in the 1830s. Here it grew to be as popular as in Europe,[21] and would go on to influence the founders of several other alternative health care schools, including Mary Baker Eddy, founder of Christian Science, Andrew Taylor Still, founder of osteopathy[22] and Daniel David Palmer, (D.D. Palmer) father of chiropractic.[23]

Palmer would begin his practice as a magnetic healer in 1886 in Burlington, Iowa. One year later he would relocate to Davenport, Iowa[24] and as was the custom of the day adopt the title "Doctor."[25] While his formal education did not extend past the sixth grade, he was reported to have a ravenous appetite for reading, especially the subjects of spiritualism, vitalism and the mechanical and biological sciences of his day. His curiosities extended into his work as a "magnetic," and led him to search for explanations for the beneficial effects his patients reported. After nine years of clinical experience Palmer theorized that inflammation was the essential characteristic of all disease and with his sensitive fingers, he sought to locate inflammation in his patients. His magnetic treatment involved pouring his personal, excess vital magnetic energy into the site of inflammation so as to cool it off. He would later expand this theory believing that the cause of inflammations, and hence of all or most "disease," were displacement of anatomic structures. He would later expand on the inflammation theory and develop the technique of nerve tracing, (Nerve tracing involved digital probing of the body surface to elicit pain over affected nerves.) by which he "treated nerves followed and relieved them of inflammation."[26] Palmer's theorizing rapidly progressed even further and based on the premise that inflammation occurred when displaced anatomic structures rubbed against one another causing friction and heat. He sought to manually reposition the parts of the body so as to prevent friction and the development of inflamed tissue. The first recipient of this new strategy was a janitor in the building where Palmer operated his 40-room facility.[27]

Harvey Lillard

Harvey Lillard was born in 1856 to a family which had its origins in Virginia. His father was the son of an English nobleman by one of his slaves and, unlike many such offspring, carried the father's family name of "Lillard". He would later marry and lived his early life in Davenport, Iowa operating what would now be called a janitorial service company, whereby he would secure jobs to provide janitorial services for buildings, then would hire other men to work for him. It was in one of these buildings that D. D. Palmer had his office and in which the first chiropractic adjustment took place.

Chiropractic history is replete with the retold versions of the September, 1895 adjustment which restored the hearing of Harvey Lillard after seventeen years of deafness. Each source relates the story in a slightly different way.[28] One story dated March 1896 was titled "New Pair of Ears" and goes on to explain the discovery of chiropractic thusly;

> *"The chiropractic adjustment, or thrust; was accidently discovered by Palmer. A big buck Negro who had been deaf as a post for many years was being treated for another malady. As he lay prone upon a table Palmer rather violently assailed his spine. A slight lateral movement of the fifth cervical vertebra caused the patient to jump up and slap his hands over his ears. For a time he was overcome by a peculiar sensation and appeared much frightened. His hearing had been restored with a suddenness that caused confusion - all by one accidental thrust. Hence- chiropractic."*

Palmer biographer Vern Gielow who had the opportunity to interview Lillards' daughter Valdeenia Lillard Simons in 1981 gives the following account as it was related to him by Simons. According to Simons, her father and a friend were telling humorous stories outside of the open doorway leading to D. D. Palmer's office. D. D. was reading a book in his favorite chair. Overhearing the loud conversation that was taking place, Palmer decided to join the two men and walked into the hall where they were standing. Obviously enjoying the story's climax, D. D., laughing heartily, struck Harvey on the back with the book he had carried with him. Several days later, Lillard commented to Palmer that he thought he could hear a bit better following the back slapping incident. Palmer allegedly commented, "We'll try to do something about that." Shortly, he began working with Lillard to restore his hearing. This explanation of events seems to support Palmer's comment that the first adjustment was "accomplished with an object in view."[29]

There remains some controversy to this day as to whether or not Palmer had made a pact with Lillard to share the financial gain if any from this discovery. According to Simons her father and Palmer had made a pact where the two would work together to find out what had caused his hearing to be restored. According to Simons, the pact was; "that if they can make (something of) it, then they both would share." But that didn't happen.[30] Support for believing such a pact or partnership may have existed is bolstered by the testimonial advertisements (a history of events that also differs from others previously told) that would run in the 1897 edition of Palmer's marketing bulletin *The Chiropractor*;

> *I was deaf 17 years and I expected to always remain so, for I had doctored a great deal without any benefit. I had long ago made up my mind to not take any more ear treatments, for it did me no good. Last January Dr. Palmer told me that my deafness came from an injury in my spine. This was new to me; but it is a fact that my back was injured at the time I went deaf. Dr. Palmer treated me on the spine; in two treatments I could hear quite well. That was eight months ago. My hearing remains good.* ***Harvey Lillard, 320 W. Eleventh St., Davenport, Iowa***[31]

Harvey Lillard left Davenport in 1907 and moved to Seattle, Washington. His daughter believed that the growing rift between D. D. Palmer and his son Bartlett Joshua Palmer, (B.J.) was partly responsible for her father's decision to leave Davenport. "I think my dad got out of Davenport to get away from all that mess they had," she said. Harvey Lillard worked for Montgomery Ward in Seattle and later became a deputy sheriff. He re-married, had a daughter, and later assumed the responsibility of raising two grandchildren after the early death of his daughter. He remained an active man until his own death in 1925. According to a letter he wrote to his daughter two weeks before he died, Mr. Lillard was planning to return to the Davenport area. But on September 7, 1925, after cutting wood and storing it in his basement, he remarked to a neighbor that he didn't feel well and would die later that day one day after his sixty-ninth birthday.[32]

In later years as president of the Palmer School of Chiropractic D.D.'s son B.J would introduce Lillard's daughter at school functions by saying; *"I know she's proud to know that her father was responsible for all this."*[33] Lillard's daughter reportedly remarked that she regretted not seeking enrollment at Palmer School of Chiropractic, something that she had considered, believing she would have been a good chiropractor, a living legacy of her father. What she may not have realized was that the ability to matriculate at that institution would not have been possible since enrollment at The Palmer School of Chiropractic restricted enrollment to members of the white race, its catalogs of the 1920's through 1950 stating; "Negroes not accepted".[34]

The Making of the African American Chiropractor

The practice of racial discrimination was not isolated to the Palmer School but was in fact widely practiced at a majority of the chiropractic schools of the era. Racial exclusionary practices were not limited to chiropractic at the time; however medicine's exclusionary methods were more sub-rosa. In an attempt to harness its growing cultural authority the profession of medicine would stand as a united organization and in 1847 formed the American Medical Association (AMA). The group would shortly gain control of hospitals, the medical education system, and professional societies.[35] While not overtly supporting segregation the AMA, through its bylaws was in fact a party to such practices. The AMA adopted a system of governance that allows state societies to determine which local societies will be recognized at the AMA meetings, effectively allowing each state to decide the question of racial segregation.[36] This would remain an official policy of the organization until 1968.[37,38]

In 1908 at the urging of the AMA the Carnegie Foundation hired Abraham Flexner, an educational theorist to study the state of medical education in the United States. In less than two years, Flexner observed 155 institutions of medical education in the United States and Canada and drafted his report. In 1910, Abraham Flexner issued his report, Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching. The report has been lauded by some as one of the most important transformational events in medical education in the last century.[39] Within 20 years after the report's publication, the original 131 medical schools from 1910 were reduced to 76, although not 31 as Flexner originally suggested. The effect of Flexner carried over to other health professions (i.e., osteopathy, chiropractic, naturopathy) that were just developing at the time and the report would have the desired effect to reduce or eliminate the professions that were not aligned with the "regular" medical paradigm,[40] but they were not the reports only collateral damage.

Whether intended or not, Flexner's report reinforced segregated and unequal medical education for African Americans. The report recommended closing all but two African American medical colleges then in operation— Howard University and Meharry Medical College, despite Flexner's acknowledgment that two schools would be unable to train enough AA physicians to serve the 9.8 million African Americans living in the United States in 1910. Moreover, Flexner recommended the coeducation of women and men, but accepted racial segregation in medical schools, noting, in addition, that AA physicians should be trained differently; namely, to "humbly" serve "their people" as "sanitarians."[41] In the first half of the twentieth century the two AA medical schools in the United States, Howard University in Washington, DC and Meharry Medical School in Nashville Tennessee were responsible for the training of over 90% of the AA physicians in America. In 1950 there were only 133 AA's who received the degree MD, this included graduates of both black schools.[42] The struggle for AA's trying to attend chiropractic school was an equally if not more daunting a task.

Weise notes the irony "that while the chiropractic profession was fighting its battle of oppression with the medical profession, chiropractors were, in turn, an instrument of oppression for blacks who desired to enter their profession."[43] Despite the obstacles placed before them some AA's did go on to become chiropractors. How this was accomplished included attending one of the handful of integrated chiropractic schools such as the Reaver School of Chiropractic.

In 1945 Clarence E. Reaver a white graduate of the Palmer School of Chiropractic opened the school bearing his name in Dayton, Ohio. Keating recounts the background of the school's start thusly;

"Dr. Reaver recounts that he tried to convince B.J. Palmer to accept a promising young black woman, Dorothy Clark, at the school in 1944. B.J. replied that he would put it to a vote of the student body. When the southern bloc of the student body threatened to walk out en masse, B.J. told Reaver, 'We just cannot accept Negro students.' Since the Palmer School, like most chiropractic schools at that time, was almost totally financially dependent on student tuition, the students' threats were not to be taken lightly. In earlier correspondence with a would-be applicant, B.J. Palmer had reiterated his abhorrence of discrimination, but maintained that to accept blacks would drive away his southern students and put his school out of business."

In December 1946 the largest magazine in America to target AA's, Ebony Magazine, wrote a feature story about the school complete with photographs. By the time the school closed in 1952 it is estimated to have produced 166 chiropractors two-thirds of whom were AA. Another option that was available at least for a brief period was segregated schools, such as the

Rubel Chiropractic College. The school was founded in 1922 by Fred Rubel, who was a 1913 graduate of the National School of Chiropractic, and is the earliest known AA to have earned a chiropractic degree. According to the Rubel College catalog his motivation for founding the college was "realizing that any race of people, if it must succeed, should be trained in all professions." Although the students of the school were predominantly AA, Rubel refused to allow the barriers imposed on blacks by other members of his profession to deter him from founding an institution for the teaching of all races, regardless of color or previous condition.[44] Other segregated schools from the period included Central Chiropractic College. (Washington, D.C.), and Booker T. Washington Institute (Kansas City, Missouri), as well as Cosmopolitan College of Chiropractic in New York City which was described as "a Negro school" in a 1922 report by the Universal Chiropractors Association.[45]

Another tactic that was used by AA attempting to gain a chiropractic education is what Wiese describes as subterfuge. “Subterfuge took the form of denying one's racial background and passing as white.” Westbrooks interviewed several light-skinned blacks who crossed the color line by passing as white in order to attend Palmer.[46] If all of these attempts failed there remained one more option, The American University, a correspondence school in Chicago, Illinois. Correspondence schools provided anonymity for AA to study chiropractic and several took advantage of this. The course leading to a chiropractic “Diploma” consisted of 62 "lessons *contained in 15 "books" of no more than 30-35 pages each*. The course was $128.00 (if in cash).[47] In 1915 the school would receive unwanted notoriety being branded a "diploma mill" in a Harper's Weekly expose.[48] Some reports have the school in continuous operation until the mid-1930s and would leave a black mark upon the profession that lingered for decades.[49]

With the start of the Great Depression many of the schools, all of which were privately owned and dependent on student tuition, would no doubt have welcomed AA students, but with most whites barely surviving monetarily, AA’s fared even worse. The likelihood of an AA student affording tuition at one of these institutions was almost non-existent. Following the post depression recovery the schools would again prosper, but with the outbreak of WWII and the absence of students stateside (both black and white) the economic outlook for the remaining schools was bleak and the one that remained relatively strong, Palmer School, continued to exclude AA’s, although it would treat AA patients in the school’s segregated clinic.[50] A turn around for both the schools and AA students would come following the end of WWII with the signing of the The Servicemen's Readjustment Act of 1944, more commonly known as the GI Bill. The new law provided a range of benefits for returning World War II veterans that included low-cost mortgages, low-interest loans to start a business, cash payments of tuition and living expenses to attend university, high school or vocational education, as well as one year of unemployment compensation. The cost of a chiropractic education would no longer be borne by the student but now by the government. The benefit to the profession was its ability to now increase the period of study in the schools from 18 months to four years, something that most schools had avoided out of fear that the tuition costs for such a program would discourage enrollments, but now, with the availability of government funds the process of upgrading educational standards could begin.[51]

While the data linking the effect of the GI Bill and an increase in the number of AA’s who studied in chiropractic institutions is limited there are data that that strongly suggest an association. Westbrooks notes that AA veterans of World War II were equally eligible for educational benefits under the G. I. Bill and notes that a fairly large number took advantage of these benefits. This same period saw the opening of Booker T. Washington Institute in Kansas City, Missouri, the International College in Ohio, and Bebout College in Indiana, all of which had high numbers of graduating AA chiropractors. Of those chiropractors of color that graduated between 1949 and 1953 the majority were in fact WWII veterans and had attended school under the G. I. Bill. One estimate from the Booker T. Washington Institute indicated that ninety percent of the students there were ex-servicemen.[52] The link between the G. I. Bill and chiropractic education opportunities for AA’s appears even stronger when one examines the fate of these new colleges when benefits dried up. After July 1, 1951, World War II veterans could no longer apply for educational benefits and by the time the GI Bill ended in 1956 so did the Booker T. Washington Institute and the International College.

Continued Racism

With the end of the free flow of federal dollars to schools AA enrollment would again decline. While the issue of funding for education certainly played a large role in this decline another reason may have been in play. There is a good probability that the interest in the profession of chiropractic by AA veterans may have been more by default than by choice. The fact that other professional programs that were open to AA at traditionally Black Colleges and Universities became overwhelmed with applicants following the start of the GI Bill resulting in these schools having to turn away thousands of applicants, who were now left to search for other educational options.[53]

Even when admitted to previous all white schools the overt racism witnessed by AA students such as clinic directors refusing to assign white patients to black student doctors did nothing to bolster the profession in the AA community. While the 1950’s and 60’s saw an increase in the number of minority students at other professional schools this was not the case with chiropractic. By the 1970s, there were about 200 black chiropractors in the United States.[54] During this same period only three schools had black students on campus: National Chiropractic College, Palmer College of Chiropractic, and Life College of Chiropractic.[55] As late as 1967 the battles continued to exist at schools such as Palmer where the complaints of racism by black students went unanswered. A student brought these complaints to a Bayonne, New Jersey chiropractor, Dr. James Lavender who in 1967 filed a formal charge of discrimination against Palmer College and several other parties under Title VII of the Civil Rights Act of 1964. His complaint requested that federal funds be withheld from any school engaging in minority restrictive practices, the action caused Palmer to take the necessary steps to decrease if not totally eliminate racism on its campus. The issue of race within the professions educational institutions would again

surface in 1979 when another formal charge of racial discrimination was filed with the Secretary of the U. S. Department of Health, Education and Welfare by an organization named the National Association of Black Chiropractors and Community Development Volunteers. This detailed submission gave particular emphasis to the structural nature of discrimination which results when minority groups are not represented in accrediting agencies such as the Council on Chiropractic Education, in college administrations, or in college faculty bodies. The complaint further charged that the Council on Chiropractic Education and its member colleges failed to equally recruit AA students, citing the low number of AA instructors, and AA students in the leading colleges.

This charge of de facto segregation was investigated by the Office of Civil Rights of the U. S. Department of Education who issued "letters of finding" to the colleges named in the complaint. While the colleges were cleared of any wrong-doing the net effect should have been to heighten the chiropractic profession's sensitivity to the more subtle forms of discrimination.

As late as 2008 the term racism and Palmer College would again be linked. Georgia chiropractor Dr. Edward Fields, a 1956 Palmer alum was from 1988-2008 the publisher of a white supremacist newspaper called The Truth At Last. This paper was the successor of another newspaper, The Thunderbolt, an official publication of the National States Rights Party, which Fields had started in 1958 shortly after his graduation from Palmer. Fields anti-black and anti-Semitic leanings were well known to the administration of Palmer when he was a student there. According to his FBI file in 1954 Fields and another Palmer student were visitors at the headquarters of The National Citizens Protective Association a known “anti-Negro” organization.

One week following this visit Fields and his compatriot posted signs on storefronts in Davenport and two other towns reading, "This store owned by Jews" and "Anti-Jewish Week, Feb. 21-28" (in fact, the end of February had been designated National Brotherhood Week). The schools response was to place Fields on probation. Undaunted by this punishment his school days continued to be marked by anti-Semitic and racist pickets, meetings and mailings.[56]

While polices of racial discrimination by the profession and its educational institutions certainly played a role in keeping students of color out of schools,[57] Sternberg has suggested that part of the reason for the low number of AA chiropractors may be the result of a conscious decision.

“It may well be that the absence of black recruits to chiropractic is as much a function on their parts to enter chiropractic as it is the result of refusal to admit them by the training schools. If you are already struggling with a stigmatized racial status, why take on the new burden of a stigmatized occupational one?”[58]

Similarly Wiese suggests that it may be the profession’s lack of cultural status that is the cause of the limited number of chiropractors of color, stating;

“The chiropractic profession may have even greater problems in attracting and keeping minority candidates because of its inferior professional status and the lower potential earnings capacity of its graduates”[59]

In a profession whereby its colleges have generally relied on alumni to recruit students it should be no surprise that minorities represent 1% of the number of chiropractors in practice.[60] In their 2012 paper Johnson et.al note that;

“It could be said that a measure of the importance of a topic to a profession is the frequency with which the topic is reported in the profession’s literature. To that end, we question to what degree the chiropractic profession has engaged in earnest dialogue regarding a diverse chiropractic workforce. According to our findings, one paper has been published on the topic of diversity within chiropractic and how we might rise up to meet the challenges of changing demographics in our communities.”[61]

The paper being referred to, authored by Alana Callender in 2006, found that overall interest in developing minority recruitment programs at the schools was not a high priority.[62] Wiese noted;

“If more African Americans are to enter and graduate from chiropractic school, chiropractic and education professionals need further insight into the perspectives and experiences of African American students who have successfully traversed the “pipeline” known as chiropractic education.”[63]

This lack of prioritizing minority recruitment will continue to contribute to be the main stumbling block preventing many AA’s from becoming more familiar with the profession due to a lack of contact with chiropractors and what they can do.[64]

African American Utilization of Chiropractic

A statistic cited by the American Black Chiropractors Association indicates that 99% of AA’s who come into a chiropractor’s office are there for the first time. The same group was critical of practicing AA chiropractors saying; “African American naturopaths promote their skills in the black community, but chiropractors do not”[65] It has been estimated that over 40% of the US population reports using CAM,[66] this utilization however does not carry over to chiropractic in general, where the number is around 14% of the population visiting a chiropractor annually,[67] with approximately 92% being white and less than 4% black.[68-70]

In 2007 Lawrence and Meeker looked at CAM use by various ethnic and racial categories, they concluded that the low utilization of chiropractic by AA’s can be attributed to a number of reasons. These included lack of knowledge of what the profession has to offer, limited awareness, and distrust of medical research due to past abuse such as Tuskegee (where black sharecroppers suffering from syphilis were kept in a trial without consent long after a cure had been found simply to study the long-term natural history of the disease) as well as the differences in health coverage. Many state funded Medicaid programs exclude chiropractic services requiring these individuals to use what health resources are available for them.[71] While all of the reasons cited no doubt have validity,

the number one reason for low utilization by AA's may in fact be the one that has not been cited; People of color often seek out professionals of the same racial background. Saha et.al found that for blacks and Hispanics there was a significant correlation between patients' ability to choose their physicians and seeing physicians of their own race.[72] LeVeist and Carroll found that;

"Race concordance among African American patients appeared to be a matter of choice rather than merely a byproduct of constrained options caused by geographic limitations. Respondents who reported having the ability to choose their own physician were significantly more likely to have an African American physician."[73]

With over 39 million African Americans in the United States and less than 1% of Americas 53,000 plus chiropractors AA, the likelihood of an AA patient finding a chiropractor of the same race is low. While these numbers are disturbing they point out a very real opportunity for both students of color as well as the schools that will train them, an opportunity that to this point chiropractic has failed to capitalize on. There is increasing evidence to show that AA's have an inherent distrust of the orthodox medical system and those who do seek out CAM services have done so because of perceived racial discrimination and that this discrimination in settings both within and outside of medical care was influential in the decision to seek out CAM use.[74] It would thus seem logical that with a large segment of the population preferring to see providers of their own race and the feeling of ongoing racial discrimination by traditional medicine be it real or perceived, that every effort would be made to attract these students, this unfortunately has not been the case. The lack of diversity in its schools and in the chiropractic profession continues today.[75]

While some schools have made significant progress in increasing the diversity of their student body, at most schools this "progress" has been minimal. Even more disturbing is the occasional use of smoke and mirrors to make it appear that progress has indeed been made. An example of this disingenuous application of statistics can be seen when one examines Palmer College's mission statement; **2014 HLC Assurance Report Criterion One: Mission.** This report, available online claims; "The percentage of racial minority students varies by campus, and ranges from 18% at the Davenport Campus to 52% at the West Campus."[76]

On its surface one would be impressed with such progress, and although technically true this is primarily the result of an almost 3 fold increase in the number of Asian students, who, when calculating enrollment fall into the minority category for statistical purposes. The fact is that in 2009, 2010, 2011 and 2012 the AA student population at the school remained at 3%, and in 2013 the Davenport campus had an AA student population of 1.5%. Unfortunately this problem is not unique to Palmer. With the exception of three schools, Life University, Sherman College and Texas College all of whom have AA populations in the double digits, the remaining schools AA populations hover between 0%-5% (University of Western States had 0% and Cleveland College LA Campus 5%).[77-79]

Can African Americans Benefit from Chiropractic?

In their textbook authors Putsch and Joyce address the importance of cultural diversity in the health professions. They state;

"Biomedicine must use approaches that recognize and account for the views and values of the individual and of cultures, not only in determining the nature of a patient's problems but also in describing solutions. To undertake this task, the practitioner must be prepared to accommodate to the dictates of biology as well as the experience of illness as it is perceived by the patient, his family, and his group."[80]

While the role of human biological variation and possible racial differences in response to medical treatment and susceptibility to certain diseases and conditions has been intensely debated among experts they remain divided on the significance of race in medicine.

In the only known paper to address the question of the response to chiropractic care by race, Štrkalj et.al found the majority chiropractors surveyed suggested that their patients did not show differences in the response to treatment based on race, yet this same group indicated that they did not apply different techniques and different forces (in adjusting the spine) to the members of different races. Despite the respondents saying that their technique did not vary by race nor was response to care different among races several said that in their experience cultural differences of the patients are of relevance in chiropractic treatment.[81] If in fact we are aware that cultural differences exist in response to various stimuli than why wouldn't we vary our procedure based on race?

Perhaps the real answer to the question is, because we don't know if race plays a role in response to chiropractic care. Nor do we know if one race responds to a certain technique better than another race, and if so is one race being shortchanged in its ability to benefit from chiropractic? The larger problem is if we did want to know. If we were to try and examine the benefits of chiropractic in this patient population or how their response to a certain technique differs from whites there would no doubt be a great deal of difficulty in participant recruitment. Few articles are available that examine participant recruitment into chiropractic clinical research, and the recruitment of minority participants has yet to be addressed. Polipnick, et.al like others found that there is limited awareness about chiropractic and chiropractic research in the Black/African-American community.[82] The profession's continued ambivalence to recruiting minority students as well as introducing the benefits of chiropractic to the AA community has shortchanged the profession, the students (both Black and White) as well as an entire generation of AA's.

A number of studies that have examined chiropractic teaching clinics have found that even when financial barriers are removed the composition of the racial population that students were exposed to was similar to patient populations in chiropractors' private practices, that being a majority being white,[83-85] and only rarely having teaching clinics located in the inner city.[86] Here again the profession fails to take advantage of a population that might benefit from its services

as well as failing its students by limiting the volume and variety of patient exposures that could be experienced.[87] This issue was addressed very succinctly by Hammerich in a recent commentary where she noted that with patient demographic percentages expected to change drastically by 2050 in North America, the profession (chiropractic) is ill-equipped to provide culturally competent care. She went on to criticize the chiropractic colleges role in this problem; "…the virtual absence of multicultural education as a standalone course in chiropractic colleges suggests that graduates are ill-equipped in cultural competency to treat a diverse population."[88] Even in schools that offer cultural competency courses these are usually of a minimal nature (6 hours) and have been found to have little if any impact on students confidence in their ability to care for diverse populations.[89] Perhaps the reason courses such as these have little or no impact on students may be because of their failure to teach students to recognize and appropriately address gender and cultural biases in themselves.

McCracken et.al illustrated the significant differences among AA and how, as a group when compared to whites, without regard to age, sex, education, chronicity of pain, pain location, work status, previous surgeries, medical diagnosis, medication, wage replacement, or involvement in litigation showed AA reported higher pain severity, more avoidance of activity, more fearful thinking, more physical symptoms, and greater physical and psychosocial disability. Their conclusion was that blacks and whites with chronic pain experience pain differently.[90] Booker points out that multiple studies have shown a propensity among healthcare providers to underestimate pain in AA's. She notes that practitioners who are unfamiliar with this population fail to realize that there is strong evidence that points to a genetic variation as the cause of differences in pain tolerance.[91] There are multiple studies showing that pain coping methods among AA's differ from whites. One example is AA's appear to rely heavily on prayer not only for pain for illnesses of all types.[92-93] Findings such as these highlight the importance of incorporating cultural patterns into chiropractic education in order to at least expose the student and future practitioner to various ethnic belief systems when dealing with illness as well as to develop sensitivity to the same.

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While there have been some inroads in the area of student recruitment and in the recruitment of minority faculty and administration - most notably Sherman Colleges' naming Jerry Hardee, Ed.D as the school's president in 2002, the profession and its relationship with African Americans has been and remains poor.

Hardee, on his installation said:

"The lack of African-American and other minority role models among doctors of chiropractic today makes it more difficult to mentor prospective minority students,"

Dr. Hardee Inducted as Sherman College President. Dynamic Chiropractic – July 29, 2002, Vol. 20, Issue 16.

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