

GUEST EDITORIAL

Strategies of Inclusion

DANIEL REDWOOD, D.C.

In this issue of the journal, Polipnick et al. (pp. 1015–1020) bring attention to the serious matter of ethnic minority participation in complementary and alternative medicine (CAM) and the reasons why some members of minority groups are reluctant to participate in CAM clinical research. Polipnick and her colleagues report on their initial efforts to increase minority participation in research at the Palmer Center for Chiropractic Research in Davenport, Iowa, but the relevance of the issues they raise extends well beyond that specific set and setting.

Nations with ethnically diverse populations and a history of preferences for some and exclusion of others based on racial or cultural differences need to develop conscious strategies for inclusion, equality, and integration if they are ever to fulfill their potential. The United States is one such nation but it hardly stands alone in this regard. To a greater or lesser extent, nearly all countries face this challenge. Some are confronting it directly now. Others will have to do so in the future. Simple justice requires this.

As citizens of our respective societies, alternative and complementary health care practitioners are by no means exempt from these tides of change. In the struggle to move these professions from the fringes of health care toward fuller integration, most of us have learned first-hand what it means to be outsiders subject to bias and scorn, although the challenges of being a CAM practitioner are by no stretch of the imagination equivalent to those that come with membership in a racial or ethnic minority. Examined deeply, one's own experiences of prejudice and discrimination provide ample reason for becoming active change agents for social justice within professional and political spheres.

Not surprisingly, Polipnick et al. found that education and trust building are most needed to facilitate minority participation in chiropractic, and, it is safe to infer, other forms of CAM. As one minority interviewee put it: "You need to educate them [about the nature of chiropractic and chiro-

practic research] before building the trust." It is understandable that chiropractic and other CAM disciplines, in the years when all efforts had to be focused on professional survival, have not placed minority outreach high on their priority lists. As progress is made, however, such outreach must not be forgotten or treated as an afterthought.

Nearly three decades ago, when I was student council president at Palmer College of Chiropractic, I invited Congressman James Corman of California to address the student body. Corman had been a key sponsor of the bill that first included chiropractic in the U.S. Medicare system in 1973. The son of a lead miner who died of black lung, he was also a leading proponent of national health insurance and civil rights. As the congressman and I were walking down the hall on the way to the auditorium where he was to speak, we crossed paths with one of the school's administrators. Corman mentioned to him that he saw virtually no black faces at the school and asked if any outreach efforts were underway. The administrator replied that although there was certainly no discrimination against minorities, neither was there any outreach. Corman gently but firmly remarked that in the United States, we had learned through hard experience that such outreach definitely was needed to make up for centuries of discrimination.

It has been slow in coming, but reading this article by Polipnick et al. in this journal, I have the sense that we are seeing a meaningful step on a long journey.

Address reprint requests to:

Daniel Redwood, D.C.

Redwood Chiropractic and Acupuncture

1645 Laskin Road, Suite 103

Virginia Beach, VA 23451

E-mail: danredwood@aol.com