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# A Qualitative Study of 16 African Americans in Chiropractic Education

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**Objective:** The chiropractic profession faces challenges in attracting and keeping qualified African American candidates. This article explores the progression of African American chiropractors through the chiropractic education "pipeline," attempting to determine which experiences, characteristics, or circumstances contributed to their successful progression. **Methods:** In this qualitative study of 16 African American chiropractors, two face-to-face interviews of each participant were conducted, tape-recorded, and transcribed. **Results:** Some of the African American students experienced considerable difficulty with standardized testing. They also experienced issues of cultural incompetence on the part of some staff and faculty, occasional incidences of racism, and suspected instances of discrimination. **Discussion:** Recommendations include heavier emphasis on recruiting at historically black colleges and universities; the formation and continued support of organizations like the Student Chapter of the American Black Chiropractor's Association or the Harvey Lillard Club; wider availability and marketing of academic support services such as counseling and tutoring; and programs to inculcate cultural sensitivity for college staff and faculty. (*The Journal of Chiropractic Education* 18(2):127-136, 2004)

Key words: African Americans, chiropractic, chiropractic education, minorities

## INTRODUCTION

As a part of the U.S. system of health care, the chiropractic profession faces many of the same challenges as the medical profession in attracting and keeping qualified African American candidates. With regard to diversity, equity, and leadership, the medical profession and the chiropractic profession are far short of their goals. In 1980 only 2.6% of physicians and 2% of medical school faculty in the country were African American (1). In 1994 only 1% of chiropractors were African American (2). In contrast, African Americans comprised 11.8% of the total U.S. population in 1980, 12.3% of the U.S. population in 1990, and 12.8% of the U.S. population in 2000 (3). In general, minority medical

doctors tend to provide health care to minority patients (4-6), and serve in urban and inner-city communities where the number of unemployed, uninsured, and underinsured persons is disproportionately high (6,7). In addition to improving conditions of diversity and equity for minority medical professionals who enter practice, whether as individuals or as employees within a larger organization, it is important to encourage improved minority representation in areas such as laboratory medicine, academic medicine, clinical research, and health care administration (7-9). Minorities in positions of administrative leadership on medical and chiropractic school faculties are needed to serve as mentors and role models for future generations of minority medical and chiropractic physicians (10). Davis and Davidson (4) argue that solving the problem of low minority representation in health care professions will result in improved quality and availability of health care for minority communities. This would be true whether minority physicians

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choose to serve minority communities directly, or whether they effect positive changes in health care through research and academic leadership. As Epps, et al. (11) suggest, there is a justifiable need to encourage and enable minorities, particularly African Americans, to become health professionals.

The issue of low representation of African Americans in medicine has primarily been addressed through short-term initiatives intended to increase the number of eligible minority applicants to medical school through academic enrichment programs, MCAT preparation programs, and revision of criteria for medical school admissions. Programs to increase the retention of minority students once they are in medical school (e.g., tutoring, advising, and mentoring) have also been implemented. The Medical Academic Advancement Program (MAAP), implemented at the University of Virginia School of Medicine, is an example of one such program (12). Only one similar program is in place within the chiropractic educational system—the Health Career Opportunity Program at Life University.

If more African American youth are to enter and graduate from chiropractic school, it is necessary for policymakers, program directors, and chiropractic educators to better understand the conditions that promote success in achieving this goal. African American students who want to become chiropractors must embark on a lengthy and complicated journey through high school, college, chiropractic school, and transition to practice. For many of these students, the passage through these stages presents significant challenges. Chiropractic and education professionals need further insight into the perspectives and experiences of African American students who have completed or will be embarking on the journey known as chiropractic. The purpose of this study is to examine African American chiropractors' experiences and perceptions relative to their successful progression through the chiropractic education pipeline. To do so, this study will address the following key questions: (a) How do former African American students who are now chiropractors perceive their experiences of becoming a chiropractor? (b) What was the progression through the chiropractic education "pipeline" like for these individuals (including motivation, barriers, expectations, assistance, etc.)? (c) To what experiences, events, persons, characteristics, or circumstances can participants attribute their successful progression?

The literature on African Americans in chiropractic is very limited. The seminal article done

by Bobby Westbrooks (13) in 1982 is the basis for nearly every publication that follows discussing African Americans and the chiropractic profession. Glenda Wiese's publication in 1994 builds on Westbrooks's article, adding pieces to the story that she had access to as an archivist and special collections librarian (2). Gibbons and Wiese (14) identify who may have been the earliest African American chiropractor, and Niles's survey (15) sheds light on African American chiropractors at the turn of the 21st century.

Westbrooks reports that the low representation of African Americans in the chiropractic profession was due, in part, to the barriers placed against their entrance into chiropractic until the early 1950s. The African Americans' struggle to enter the profession of chiropractic parallels the chiropractic profession's struggle to gain acceptance by the population at large. Although the first chiropractic adjustment was given by D. D. Palmer to an African American in 1895, within two decades, attendance at the Palmer School of Chiropractic (PSC) was forbidden to African Americans. Not until mid-century were African Americans allowed entrance into the oldest and largest chiropractic college in the United States. Denied entry at the Palmer School, most African Americans who entered chiropractic studied in schools run by white practitioners in the North or in schools specifically designed to provide chiropractic instruction to African Americans. Westbrooks reports that correspondence schools provided anonymity for African Americans to study chiropractic and several took advantage of them.

The discrimination against African Americans by the majority of the chiropractic profession is well documented, but was seldom discussed until the Westbrooks article of 1982. An exception to the silence is a letter written by B.J. Palmer (16) in 1920 in his house organ, *The Fountainhead News*. In this journal he responds to a letter requesting admittance to the school by an African American. In his letter Palmer states that to admit an African American to the school would drive away the students from the South, and put the PSC out of business. Since the PSC, like most chiropractic schools at that time, was almost completely financially dependent on student tuition, the students' threats were not to be taken lightly.

It is ironic that while the chiropractic profession was fighting its battle of oppression with organized medicine, chiropractors were, in turn, an instrument of oppression for African Americans who desired to

enter their profession. The institutionalized discrimination against African Americans is well documented in the schools' bulletins. The PSC's Catalogs (17) from the 1920s through 1950 document the PSC's discrimination against African Americans, blatantly stating, "Negroes not accepted." The catalogs (18) from the Lincoln College of Chiropractic, named after the Great Emancipator, also document that institution's racial restrictions from the 1920s to the 1940s.

The next discussion of discrimination on the part of chiropractic educational institutions occurs in 1980, in *The ACA Journal of Chiropractic*. In 1979 the National Association of Black Chiropractors and Community Development Volunteers filed a formal charge of racial discrimination against the Council on Chiropractic Education (CCE), chiropractic's accrediting agency, and its member colleges. It charged that the CCE and its colleges failed to recruit African American students, citing the low number of African American students and faculty. The article reports that the CCE was given a "clean bill of health" by the office of Civil Rights of the U.S. Department of Education, but recommendations were made regarding statements in college catalogs, admissions forms, and similar items (19).

Virginia Wolfenberger produced a study that addresses African Americans in chiropractic education. In her 1986 study of the participation of African Americans and women in chiropractic, Wolfenberger reports that 23% of the student population at Texas Chiropractic College "expressed knowledge or feelings of discrimination against blacks in chiropractic" (20). Gibbons and Wiese (14) report who they believe may have been the first African American to graduate from a chiropractic college. Based on the documentation of the 1922 Rubel College of Chiropractic Catalog, Fred Rubel graduated from the National School of Chiropractic in 1913, and formed his college in Chicago to open the field of instruction to all races, "no matter what the color of their skin may be" (21).

In the ensuing 24 years since the National Association of Black Chiropractors filed its complaint against the chiropractic college accrediting agency, changes in chiropractic education have been apparent. Many chiropractic college catalogs and Web sites picture African Americans. Several chiropractic colleges employ African American faculty members and minority recruiters. Palmer College of Chiropractic Florida has an African American Dean of Faculty, Palmer College of Chiropractic

has had an African American Vice-President of Student Affairs, and African Americans have held positions as administrators at several other colleges as well (22). A cogent argument for increasing the number of African American chiropractors has been the lack of chiropractic care for the African American population. Paul Bluestein (23), in a study of minority populations and chiropractors by Zipcode in Erie County, New York, reports a segregation between chiropractors and minority populations. C. Semmes (24) proposes that a certain mind set needs to be present before a person will seek alternative care. He postulates that the process of becoming a regular patient of an alternative healer (including chiropractic) involves four stages. The stages involve acquiring beliefs receptive to alternative care, a need to seek help for a health care problem, struggling against old beliefs, and, finally, using alternative care as the preferred provider. In 1997 Cal Whitworth (25), then president of the American Black Chiropractor's Association (ABCA), maintained that African Americans have an affinity with nonmedical forms of healing, since traditional allopathic medicine has not been a part of their history.

Only one study has been done investigating African American chiropractors' health care practices. Gloria Niles (15), in 1998, while president of the ABCA, conducted a survey of African American chiropractors. Of the 74 respondents, almost half were female, a higher rate than for the general chiropractic population. Eight-three percent practiced full-time, 12% part-time, and 5% had no clinical practice. Of those who practiced, most were in a solo practice, with most practicing 30–39 hours per week. The respondents reported that 59% of their patients were African American, 23% were white, and the other 18% were other minorities. Eighty-eight percent were extremely satisfied or satisfied with their career choice. Twelve percent were neutral or negative.

## MATERIALS AND METHODS

Qualitative methodology, in this case the collection and analysis of data from face-to-face interviews, was used to learn about the experiences of African Americans in chiropractic education. This method was utilized because the interview process allowed the investigator to explore and describe the phenomena, which were, in this case, the participants' experiences in their chiropractic education.

The use of qualitative methods allowed the investigator to remain open to addressing and exploring new issues and pursuing new research questions as they arose.

Because of the investigator's role as the primary data collection instrument in this study, that person must identify her personal values, assumptions, and biases at the outset of the study. Because the investigator has been a faculty member at Palmer College of Chiropractic since 1980, she also brings a bias for Palmer College and for the healing value of the chiropractic profession that must be acknowledged at the outset of the study.

The investigator used her contacts with the ABCA and with the college librarians and alumni directors to identify potential participants. By contacting the ABCA president, the regional directors, and the advisors to the chiropractic college ABCA chapters, the investigator was able to identify most of the pool of potential participants. She was able to identify the remainder of the participants by contacting the alumni departments of the colleges for whom no participants had been identified. The investigator's goal was to get participants from a sampling of chiropractic colleges, with no more than two participants from any one college. She originally contacted 16 participants, eight women and eight men, from 10 different chiropractic colleges. Of those original 16, four returned the postcard opting out of the study, and three were unavailable by telephone. She contacted seven more potential participants, one of whom opted out of the study, and eventually selected 16 African American chiropractors, seven women and nine men, from the list formed by contacts with the ABCA and the chiropractic colleges' librarians and alumni departments. The final 16 prospective participants met the following criteria: a) They were African American; b) they had graduated from a chiropractic college within the United States since 1990; and c) they had practiced, were currently practicing, or were preparing to practice chiropractic.

The initial contact with the potential informants was by a letter in which the investigator explained that she would be conducting research on African American students' chiropractic education experiences and would be contacting them by telephone with further information. The investigator then telephoned the potential participants to explain in further detail the purposes of the study and what would be required of them if they decided to participate. When possible, upon making contact by telephone,

a tentative time for an interview was scheduled. Next, a letter was sent thanking the chiropractors for their interest and further explaining the purpose and details of the study. A copy of the informed consent agreement accompanied this letter. Approximately 10 days after sending the first access letter the investigator followed up with a telephone call, asking potential participants if they had any further questions and finalizing the interview schedule.

The interviews followed the protocol suggested by Seidman (26) for in-depth interviewing, planning for two 60- to 90-minute interviews, followed by a third telephone interview, if necessary. The participants were asked to reconstruct their experience of becoming a chiropractor and to reconstruct their progression through the chiropractic education pipeline. To facilitate the interview process the investigator developed an interview guide. The first two interviews were conducted in face-to-face sessions, recorded on audio cassette tape, and then transcribed using Microsoft Office Word. The first round of interviews was conducted, the data were analyzed, and then the second round of interviews was conducted.

The interviewer regarded all information provided by participants as confidential and used pseudonyms in reporting findings. Every effort was made to disguise identifying information unimportant to the telling of their stories. The investigator also kept all data containing identifying information secure. The goal of this research was to accurately reflect the participants' perspectives and perceptions. Therefore, the participants were asked for feedback regarding the accuracy of transcribed interviews and cases developed from the interviews. However, final interpretation of cases and analysis of results remained the investigator's responsibility and domain. Table 1 presents the pseudonyms for the participants, the dates of the interviews, and the states in which the participants lived.

The first step in data analysis was to carefully listen to the interviews, prepare transcripts, read through the transcripts, and make notes within the text. Because this study focuses on 16 individuals, the amount of data collected is relatively large. It consists of a book of field notes and transcripts of 32 interviews (no third interviews were conducted by telephone). The investigator began by coding the data and then searching for patterns within the data. Miles and Huberman (27) suggest that an initial list of codes can be developed prior to data collection using the conceptual framework. An initial list of

**Table 1. Participants by Pseudonym, Dates of Interviews, and State**

Name	Dates of interviews	State
Andrew	2-16-2002; 8-28-2002	IL
Ben	5-29-2002; 7-10-2002	NY
Dominique	2-26-2002; 8-28-2002	IL
Fern	6-06-2002; 7-11-2002	NJ
Floren	5-30-2002; 7-11-2002	NJ
Frank	6-10-2002; 6-11-2002	FL
Gina	1-14-2002; 7-22-2002	FL
Jacob	5-21-2002; 9-06-2002	GA
Jon	6-05-2002; 7-09-2002	PA
Julian	3-28-2002; 8-15-2002	MN
Lara	3-06-2002; 8-02-2002	IL
Michelle	4-24-2002; 7-30-2002	IL
Scott	4-26-2002; 9-05-2002	MS
Suzanne	5-29-2002; 9-04-2002	KY
Todd	5-30-2002; 7-10-2002	NJ
Valerie	3-28-2002; 8-10-2002	MN

codes was developed from the conceptual framework, and those codes were entered, one to a page, in a codebook. The conceptual framework was the information and knowledge that guided the data collection and analysis. In this study, the conceptual framework was comprised of the following: the research questions; the literature on barriers to minority success in health sciences education; the structure of recruitment, retention, and support initiatives; knowledge of the general chiropractic education process; the use and implications of the pipeline metaphor; and the data collected during this study. This information guided the formulation of the questions asked during the interviews and also served as the basis for cross-case analysis.

At the second interview, the investigator checked her impressions with the respondent, and made two copies of each interview, filing the master copy for security. A copy of the transcripts was reviewed and the data were unitized by identifying phrases, sentences, or longer passages that dealt with a specific idea, emotion, or behavior and marking directly on the hard copy. After the initial transcripts had been coded, the coded working transcripts were cut up by themes. The investigator identified the partial transcripts with the letter assigned the participant, the number of the interview (1 or 2), and the page from the interview from which the phrase or sentences or paragraphs were taken.

Member checking provides credibility by allowing members of stakeholder groups to test categories,

interpretations, and conclusions. The investigator utilized it in the study by verifying interpretations and data gathered in earlier interviews with the respondent early in the second interview. The investigator also provided transcripts of the interviews so that each participant could verify the contents of the discussion and provide clarification and corrections.

## RESULTS

A total of 16 African American chiropractors were interviewed. Nine were male and seven were female. Of the 16 interviewed, all were from stable family backgrounds, with seven being from professional households. Two of the participants had parents who were chiropractors. Most of the participants were from families who valued education. Of the 16 participants, 13 eventually would receive a Bachelor's degree, with one participant receiving her degree after having completed her D.C. degree. Table 2 lists the participants by undergraduate college and degree.

Three of the participants experienced academic difficulty, having to withdraw or take reduced class loads. Most recall having to learn improved study habits. When asked about support groups, all mentioned that their families were a major support in undergraduate school, and all but two also mentioned the support of friends. At the end of their undergraduate careers, the respondents finished with GPAs ranging from 2.9 to 3.8. Role models played an important role in several, but not a majority of the participants' lives.

The 16 participants arrived at the decision to study chiropractic in different ways and at different stages in their lives. Four decided to go on to chiropractic school before obtaining their undergraduate degrees. Four other participants had had other careers and chiropractic was a second career for them. The remaining eight progressed through the educational "pipeline" in a more traditional manner—going to college, and then on to professional school within a year or two.

When asked how they made the decision to become chiropractors, six participants mentioned that they had wanted to be doctors since they were young. Most of the remaining participants had gone into college with the idea of pursuing some career in the health care field. Many were unaware of chiropractic and recalled that chiropractic was seldom

**Table 2. Participants by Undergraduate College and Degree**

Participant	College	Degree
Andrew	Fisk	No undergraduate degree
Ben	Queens College	B.A., Psychology
Dominique	Milsap College	B.A., Pre-med
Fern	William Patterson University	B.A. and M.A., Education
Floren	Florida A&M (HCBU)	No undergraduate degree
Frank	Howard University (HBCU)	B.A., Psychology
Gina	Patton College	B.A., Organizational Management
Jacob	Oakwood College (HBCU)	B.A., Chemistry
Jon	Southern University (HBCU)	No undergraduate degree
Julian	Xavier University (HBCU)	B.A., Biology
Lara	Western Illinois University	B.A., Biology Education
Michelle	Spelman College (HCBU)	B.A., Biology, Pre-med
Scott	Jackson State University (HBCU)	B.A., Biology, Pre-med
Suzanne	Temple University	B.A., Psychology
Todd	Mansfield University	B.A., Business Administration
Valerie	Montana State University	B.A. Biomedical Sciences

treated as a viable option by their health careers clubs. Several were convinced to study chiropractic after hearing of family member's positive experiences. Two participants had positive experiences as chiropractic patients themselves. Once the decision to study chiropractic was made, the choice of which college to attend was necessary. Table 3 describes the participants, the chiropractic college they attended, and their dates of attendance.

The participants chose their chiropractic college based on several factors, including proximity to their homes, the climate in which the college was located, whether the college was in a major city, and the college's reputation. The majority applied to only one college, and only one person applied to several.

Once in their chosen colleges, most of the participants faced barriers. Three mentioned problems with standardized testing, and another three mentioned a lack of self-discipline. Study and time management were a common theme in the highly compressed chiropractic program. Most of the participants had to retake at least one of the National Board Exams before having a passing score, and one participant expressed concern that African American students appeared to struggle more with the Boards. All participants mentioned the low number of minority peers. Table 4 presents the chiropractic colleges' enrollment of African Americans in 2001, the latest year for which data is available.

Several questions elicited recollections of racism that the participants experienced while enrolled at their respective chiropractic colleges. Ten of the 16

**Table 3. Participants by Chiropractic College and Dates of Attendance**

Name	Chiropractic program	Dates of attendance
Andrew	Texas Chiropractic College	1997-2000
Ben	New York Chiropractic College	1989-1993
Dominique	National College of Chiropractic	1989-1993
Fern	University of Bridgeport	1992-1995
Floren	Sherman College of Straight Chiropractic	1996-1999
Frank	Life Chiropractic College	1993-1999
Gina	Life West Chiropractic College	1986-1990
Jacob	Northwestern College of Chiropractic	1997-2001
Jon	Life University	1995-2000
Julian	Palmer College of Chiropractic	1996-2000
Lara	National College of Chiropractic	1988-1992
Michelle	Logan College of Chiropractic	1996-1999
Scott	Palmer College of Chiropractic	1994-1999
Suzanne	Logan College of Chiropractic	1996-1999
Todd	New York Chiropractic College	1995-1998
Valerie	Northwestern College of Chiropractic	1988-1991

**Table 4. Chiropractic Colleges and African American Enrollment in 2001**

Chiropractic college	African American men	African American women	Total enrollment	Percentage of African Americans
Cleveland Chiropractic College	11	6	420	4.0
Cleveland Chiropractic College Los Angeles	16	8	474	5.1
Life Chiropractic College West	2	1	520	0.6
Life University	84	104	1828	10.3
Logan College of Chiropractic	12	6	707	2.5
National University of Health Sciences	3	9	524	2.3
New York Chiropractic College	6	11	726	2.3
Northwestern Health Sciences University	6	3	655	1.4
Palmer College of Chiropractic	19	6	1634	1.6
Palmer College of Chiropractic West	3	1	436	0.9
Parker College of Chiropractic	17	14	685	4.5
Sherman College of Straight Chiropractic	2	7	270	3.3
Southern California University of Health Sciences	5	4	567	1.6
Texas Chiropractic College	24	17	397	10.3
Western States Chiropractic College	1	1	331	0.6

participants recalled racial incidents that occurred during their years of study. Three recalled feelings of isolation. Andrew was the only African American in his class for a time, and felt that he didn't get the number of patients handed down to him in clinic that the white students did. Lara also thought that African American students were on the perimeters of social and academic interaction. Scott recalled feelings of racial tension on the day that the O.J. Simpson verdict was announced. Jon reported that a professor questioned his being in the chiropractic curriculum on his first day of class, and thought he must have the wrong classroom. Fern noticed discomfort on the part of her fellow students when they touched black skin during adjusting classes. Her largest racial problem, and undoubtedly the most serious incident or series of incidents to occur to one of the participants, was perpetrated by one of her professors. He repeatedly and pointedly made racist comments during class, which affected Fern to the extent that she had to seek counseling. Floren reported that a visiting dignitary, not a student or professor, referred to her as a "pickaninny." Michelle recalled one professor using the word "Nigger" for emphasis, who apologized when she complained. She also recalled a patient in the clinic who asked to be removed from her care, ostensibly for racial reasons. Scott recalled some

insensitivity on the part of faculty. Jacob felt there was less racism than ignorance and discomfort with cultural differences.

During their time in chiropractic school, all participants mentioned their fellow students as their largest source of support. Organizations like the Harvey Lillard Society and the Student Chapter of the American Black Chiropractors Association (SABCA) were important elements in that support. One participant even credited his successful completion to the support of those organizations. Family, church, and employees of the colleges were also mentioned as sources of support.

Although the investigator had expected financial resources to be a barrier, most of the participants had ready access to financial aid through scholarships and loans. Only one participant mentioned concern about how she would get money to finance her chiropractic education.

When asked what the participants thought their alma mater's strong points were, the question elicited responses that were as much indicative of the participants and what they valued, as they were of the colleges themselves. The four areas that were emphasized repeatedly were small class size, emphasis on chiropractic philosophy, strong basic science academics, and strong technique classes. Table 5 is a synopsis of their responses.

**Table 5. Chiropractic College Strengths**

Chiropractic college	Strengths
Life Chiropractic College West Life University	Small class size; grounded in philosophy Large African American student body; chiropractic philosophy; facilities
Logan College of Chiropractic	Adjusting program
National Health Sciences University	Basic sciences curriculum; preparation for professional interaction
New York Chiropractic College	Curriculum; balanced perspective; facilities
Northwestern Health Sciences University	Basic sciences curriculum; technique curriculum; clinical experiences
Palmer College of Chiropractic	Chiropractic philosophy; strong leadership; curriculum
Sherman College of Straight Chiropractic	Small class size; faculty and administration
Texas Chiropractic College	Small class size; open door policy to president
University of Bridgeport	Small class size; good leader

The responses to the question as to what the colleges could have done better got a fairly consistent response. The concern mentioned the most, by nine participants, was their need for more effective business courses. Three participants thought that their alma maters could have done a better job at recruiting minorities. Two participants believed their school's faculty needed more training in educational methods. Two concerns were voiced about the educational institutions as a whole, not about any particular college. Jon thought that the colleges needed to adopt a more uniform curriculum. Todd thought that the colleges should accept a leadership position. Table 6 is a synopsis of the participants' concerns about their colleges.

Once a participant had graduated, he/she still had hurdles to leap. Passing the series of National Board Exams was the first hurdle, and the problems they encountered in starting a practice was an even bigger hurdle for most of the participants. Most of the participants felt the transition from formal education to the practical education of starting a practice to be a stressful time. Two of the biggest

**Table 6. Chiropractic College Weaknesses**

Chiropractic college	Weaknesses
Life Chiropractic College West Life University	Business curriculum Student pass rate on National Boards; diagnosis curriculum; business curriculum; too much emphasis on history
Logan College of Chiropractic	Faculty training as educators; business curriculum; more nutrition
National Health Sciences University	Academic support; business curriculum
New York Chiropractic College	Minority recruiting; business curriculum
Northwestern Health Sciences University	Exposure to more adjusting techniques; more support for minorities; stronger counseling; business curriculum
Palmer College of Chiropractic	Minority recruitment
Sherman College of Straight Chiropractic	Faculty training as educators
Texas Chiropractic College	Business curriculum
University of Bridgeport	Business curriculum

barriers facing them as they started their practice were their lack of business acumen and their lack of collateral for financing. Most of the participants thought that their training in business methods was deficient. They also graduated with a large student debt. All but one had a student debt of at least \$70,000 when he/she graduated, and their average student indebtedness was \$120,000. Because of their indebtedness, they were not able to get a loan from a financial institution immediately upon graduating. They managed to start on a smaller scale by getting breaks from friends, relatives, leasing companies, and understanding doctors.

## DISCUSSION

The following is a summary of the key findings of this study on African American chiropractors'

experiences in chiropractic education:

- Incidents of racism occurred in the experiences of most participants in this study. In one instance the consequences were severe and were a potential deterrent to the participant successfully completing the chiropractic program. Less severe instances of racism were dealt with by addressing the perpetrators directly. Milder, generic instances of racism were dealt with by utilizing coping mechanisms that all participants had developed while growing up. Most participants decried the low numbers of African American students at their chiropractic schools, and believed that recruiting efforts at historically Black colleges and universities should be expanded.
- The academic transition from college to chiropractic school was difficult for most of the participants. Study habits developed and utilized in college were often ineffective for assimilating the volume of material encountered in the first 2 years of chiropractic school. Participants had to reassess their study techniques and make modifications to effectively study the basic sciences material. Students who participated in the Harvey Lillard Society or a chapter of the SABCA experienced and benefited from the formation of relationships with other minority students. Continuation as leaders in these programs afforded participants an opportunity to give back and provide assistance, and in doing so, develop their skills as advisors, teachers, and mentors. Additionally, these organizations provided context within which participants, as students and leaders, could develop their own leadership skills and form a lasting network of relationships with peers.
- The transition from academic training to practice was as stressful as the formal educational process. Most participants believed they needed more training in small business basics and methods of practice management.

## CONCLUSION

Given the participants' agreement that minority enrollment at their colleges was low, heavier emphasis on recruiting at historically black colleges and universities should be encouraged at all chiropractic colleges. The formation and continued support of organizations like the SABCA and the Harvey Lillard Club should also be supported to aid in the retention of minority students. Wider availability and marketing of academic support services such as counseling and tutoring should be

adopted. Programs to inculcate cultural sensitivity for college staff and faculty would also be helpful.

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