

## We Get Letters & E-Mail

No Interference from Self-Serving Third Party

Dear Editor,

I would like to respond to Mr. Michael Schroeder's article in the August 15 edition. The article states: "Prepaid plans are the business of insurance." Does this mean that if any attorney accepts a retainer of \$2,500 from a client that he is engaging in the insurance business? According to the five criteria listed by the NAIC, it could be construed as such. How about a house painter? If he offers to paint my house for \$1,000 and I pay in advance, is he committing insurance fraud? Again, the five criteria listed could be applied to painters with a slight change of wording.

I question the motives of any industry that has shown itself to be greed driven. Insurance companies (and the commissioners who purport to "regulate" them) are not the consumer's friend. Is it possible that they see a threat to their portion of the health care dollar?

Also stated was the fact that "NAIC Bulletin has determined that pre-pay plans are illegal." How does a group who's authority is supposed to be confined to relegating the insurance industry all of a sudden pass legislation? Can you or they cite the law in each of 50 states that says specifically that pre-pay plans are in fact illegal? Or is this just another scare tactic generated by a group that sees that there is in fact some competition for health care dollars?

Chiropractors are not nor have they ever to my knowledge, held themselves out as insurance companies overtly or covertly. In fact, the pre-pay plan I use specifically states that it is not an insurance plan! The fact that we as individual practitioners are willing to accept the "risk" that a patient may need more care than anticipated, points more to the humanitarianism we all engender than to the malevolent motives that the article inferred.

I suggest that if an individual wishes to contract with another individual with full knowledge of that contract, then there should be no interference from a usually self-serving third party, period! If I recall, there is a document called the Constitution of the United States that guarantees that very thing.

Finally, I would suggest that these commissioners, who may or may not be attorneys, would better serve the public by not creating problems where there are none. Also, why are "chiropractic attorneys" not defending our profession, which is what they are paid for, instead of knuckling under to this type of activity?

*Robert Graham, DC  
Grandville, Mississippi*

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"The evidence for vaccine safety and efficacy is just not there."

Dear Editor,

I have been looking for an answer to the question, "Do the benefits of vaccination outweigh the risks?" for almost a decade now. Drs. Koren, Coulter, Calley and Haas might not have offered a comprehensive review of the literature, Dr. Baird, but I have. Over the past eight years I have reviewed close to 2,000 peer review articles on the issue of vaccination and have written a chapter in a soon-to-be-published chiropractic textbook from a well respected medical publisher. I have reviewed journals such as the New England Journal of Medicine, Journal of the American Academy of Pediatrics, American Journal of Epidemiology, Journal of the American Medicine Association, British Medical Journal, and the Annals of Neurology, to name a few. From a purely scientific standpoint, a review of the scientific data reveals that the evidence for vaccine safety and efficacy is just not there. I emphasize the word data as the conclusions and discussions of many of these "scientific" articles are intertwined with convoluted rationale not reflecting the true statistics. In reviewing these studies there were many variables which were either undefined or ignored, in other words, poor study designs. An issue which is too lengthy to debate in this response.

Vaccination has become an accepted public health practice and a medical standard practice based on what empirical evidence? The "jury" is still out on vaccine safety and efficacy. Therefore, should we use our children as the experimental population to prove or disprove this acceptable practice? What is wrong with the scientific model?

Vaccines should be proven to be safe and effective before our children are injected. If the practice of vaccination appeared to be effective in the past, but new evidence and advance scientific technology now question its efficacy, stop it, and reevaluate the practice. A recent article in the New York Times regarding the chicken pox vaccine quotes a prominent physician as saying, "We'll know exactly what the chicken pox vaccine will do in 10 years." WRONG! The Institute of Medicine has concluded for most childhood vaccines that, "The evidence is inadequate to accept or reject a causal relationship between (a particular vaccine) and (some pathological sequel)." In fact, if vaccination were not a currently accepted medical practice today, I can assure you that it would never pass the rigorous standards of today's scientific trials.

As chiropractors we should be concerned with subluxation and spinal adjustments as well as any other health issue which affects our patients. If we don't speak up on the issue of vaccination who will?

*Ronald G. Lanfranchi, DC, PhD*  
*New York, New York*

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"In chiropractic, there is more to providing primary health care than the spinal adjustment..."

Dear Editor,

I cannot let Dr. Rand Baird's comments in Dynamic Chiropractic go unchallenged. With all due respect to Dr. Baird, I must strongly object to his position regarding the role of chiropractic in public health issues as stated in his article "Confusion vs. Illusion, Vaccination Is Not Our Real Debate" (July 29, 1996).

Dr. Baird believes that debate over issues affecting the health of the public (including, I might guess, chiropractic patients) is "a time-and-energy wasting non-issue for chiropractors. Dr. Baird goes on to suggest that "perhaps we should leave most immunization issues (and 'anti-fluoridation, anti-vivisection, anti-pasteurization and anti-any-other-secondary/non-chiropractic issue') to the public health experts, and concentrate on providing spinal adjustments to a larger proportion of

the public." I'm all for promoting spinal adjustments to the public, but I'm unwilling to relinquish my freedom to express emphatic disagreement with the "public health experts," the same folks who brought us wide-spread spraying of DDT and, more recently, malathion.

I think Dr. Baird, and any other interested DC, should be involved in the debate of public health issues. These issues affect the health of our patients and families, as well as our ability to be effective clinicians. Dr. Baird's MPH degree is exemplary, and I applaud his intellectual pursuits, but rather than discouraging chiropractic participation in public health matters, he should be vigorously encouraging it. Chiropractors are primary health care practitioners. This fact demands a broader knowledge and responsibility beyond the basic application of spinal manipulation.

For example, would chiropractor Baird be uninterested in the fluoride debate if he know of fluoride's deleterious effects on bone? The Journal of the American Medical Association (1990-1992) published three separate articles linking increased hip fracture rates to fluoride in the water. The New England Journal of Medicine (March 22, 1990) reported on Mayo Clinic research that fluoride treatment of osteoporosis increased bone fracture and bone fragility. Does that sound like something chiropractors who do adjusting would want to know about and publicly discuss?

Dr. Baird gives a solid endorsement of what he calls "proven measures of public health prevention," referring to immunization/vaccination programs. While admitting there are risks to vaccination, Dr. Baird claims the scientific literature shows an "overwhelming preponderance" that, essentially, vaccination is safe and effective for use in the general public. I would prefer to examine not the number of positive vs. negative reports on this issue, but rather the content and implications of the reports as a guide to taking a position. How many positive reports were available on the use of thalidomide in laboratory animals just before it was prescribed to pregnant women? Subsequently, how many negative reports did it take before thalidomide was finally considered to be unsafe for pregnant women?

Dr. Baird is, I believe, sincere about his position. But is he making a case for immunization/vaccination based on the weight of conventional wisdom obtained not from "renegade authors," but from researchers who may have a conflict of interest? A review of the literature will reveal, from a content/implication aspect, some fascinating and disturbing information. Simply put, research shows the decline of infectious disease with the advent of vastly improved hygiene, sanitation and nutrition. That is, cleaning up the filth, providing potable water, reducing overcrowding, access to better and more varied food, and other such measures. The introduction of vaccination into a population has been documented to cause the very disease it intended to prevent or give rise to other diseases.

If it were a matter of weighing risk vs. benefit we could argue the case. Unfortunately, vaccination is devoid of benefit because it is based upon a flawed premise, and it is inherently dangerous. Normal disease processes cannot be created artificially. For example, childhood diseases occur as a reaction to infectious agents entering the body primarily through the nose and mouth, not via injection (vaccination) directly into the blood stream which bypasses the normal body defenses and wreaks havoc on the immune system.

In addition, the vaccine constituents themselves are toxic. Formaldehyde, aluminum phosphate, aluminum hydroxide and thimerosal (a mercury compound) are frequently used fixatives in vaccines. Further, vaccine preparations are notorious for their contamination with foreign nucleic acids, DNA, RNA, and animal viruses. These substances are deleterious to human health. One such documented example is the simian virus (SV40) contamination of the polio vaccines in the 1950s and 1960s. SV40 is now believed to be implicated in cancers appearing in humans 20 to 30 years after the vaccination program. Other medical authors point to a link between contaminated

vaccines and the spread of AIDS.

This is the proverbial tip of the iceberg. Readers are referred to Medline and other research sources for this information. One fairly recent publication may be helpful, Vaccination, 100 Years of Orthodox Research, shows that Vaccines Represent a Medical Assault on the Immune system, by Viera Scheibner, PhD (Australian Print Group, 1993).

I believe it is possible, even essential, to be "pro-active on purer chiropractic issues" that involve our area of expertise while still addressing the broader picture of what affects the health of our patients and families. Where would we be without the likes of the late Weston Price (Nutrition and Physical Degeneration), a dentist, trekking around the globe studying the effects of nutrition on native populations and showing us the terrible consequences of our (still) deficient American diet on these people and ourselves. Should we have told Weston to stay home, fill cavities and leave the nutrition stuff to the public health authorities? No, Dr. Price realized there was more to dental health than flossing and brushing. In chiropractic, there is more to providing primary health care than the spinal adjustment, although that's an important place to start.

*William M. Thornton, DC*  
*Santa Monica, California*

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"I'm with Chester!"

Dear Editor,

I'm with Chester! In the July 1, 1996 edition of Dynamic Chiropractic, Dr. Chester Wilk asks that each of us contact our local radio stations to initiate the arranging of an interview with Dr. Wilk so that he can discuss his new book, Medicine, Monopolies, and Malice.

If this isn't another great opportunity for our profession, then I don't know what is. Take the few minutes to call your radio stations now. It costs you no money, and it provides fantastic public awareness.

No, I've not met you, but thanks, Chet!

*Kristofer Young, DC*  
*Ventura, California*

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Thankful to DCS Willing to Treat Animals

Dear Editor:

I just finished reading "When the Patient is Man's Best Friend", by Dr. Mel Borstein. Just before the 4th of July, my dog and I were walking when she was injured and in extreme pain. After two trips to the veterinarians, with a number of x-rays, we were told she had a pulled groin muscle and given prednisone for her relief.

Since Biff was in obvious pain and could not or would not get up and walk, I called my "friendly neighborhood chiropractor" for help. We took Biff to his house on a Sunday night, and after examination he found that her right hip was dislocated and her 5th lumber was out. Why didn't the

veterinarian find this on examination? After several treatments by our caring chiropractor, Biff was up on all fours again and getting around. Without chiropractic treatment, I am sure Biff would still be dragging her legs and in pain. I am so thankful we have chiropractors who have the knowledge and willingness to treat animals.

*Mary Lou Garrett,  
Executive Director  
Montana Chiropractic Association*

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"A fog that had been all-pervasive since my coma, cleared away, never to return."

Dear Editor,

The study, "Does 'normal vision improve with spinal manipulation?" by Danny Stephens, DC, and Frank Gorman MBBS, DO, FRACO, in "JMPT Abstract for July/August 1996" (July 29 "DC") caught my attention. I have encountered few scientific articles verifying vision improvement through chiropractic. The reason for my particular interest is my own experience through chiropractic.

I was one of those kids born with poor vision, astigmatism, and amblyopia. I basically looked out of my right eye for the first 27 years of my life. Due to an accident I had in my early 20s (pedestrian vs. truck), I ultimately went to Chiropractic college.

At that time, I also was personally exploring as many different techniques as possible. In doing so, I came across a specific upper cervical doctor. After significant analysis, he adjusted my Atlas. A fog that had been all-pervasive since my coma, cleared away, never to return.

That would have been sufficient for me, but the adjustment was already stimulating my system. After nine more months of atlas/axis adjusting, I began to see in three-dimensions. (It scared me to death at first. I couldn't figure out what was going on.) Today, almost six years later, I am still seeing normally out of both eyes.

*Dorin Rosenfeld, DC  
San Bernardino, California*

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Thanks, Dr. Croft

Dear Editors,

I have been reading, with interest, the exchange of views regarding Dr. Art Croft's criticism of the QTE document. I would like to publicly thank Dr. Croft for being willing to weather the personal abuse he has received in order to keep the realities of whiplash injuries from being swept under the rug of expected positive outcomes. Cars can be designed so that people will not receive serious injuries in low speed collisions, but cars will not be designed that way until the extent of this public health problem is properly acknowledged. It certainly does not benefit the public to have the widespread problem of whiplash injuries denied by selective reading of the scientific literature.

*Edward J. Klein, DC  
Cupertino, California*

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"Ridiculous and Insulting"

Dear Editor,

In the July 15 edition I noticed an article that I found to be both ridiculous and insulting. This article dealt with a conjecture that doctors who permit patients to address them by first names are less effective in treating said patients and are treated with less respect than doctors who insist on formality.

I have had my own practice for 12 years, and I have found the opposite to be true. I introduce myself as Scott Corbin, and many of my patients address me as Scott. I have found that these patients respond to my treatments very effectively, and they are much more likely to be honest with me in their responses to questions relating to their symptomatology, response to treatment, and compliance with my recommendations.

My practice has been built almost exclusively on word-of-mouth. My patients feel comfortable with me and are happy to introduce me to their friends. When they introduce me, they do so as "Doctor Corbin," which I feel is an appropriate time for the use of such formality. My experience is that people of any profession who insist on relying on formal titles in their dealings with 'lesser beings' are in reality trying to bolster their own egos at the expense of others. It definitely reminds me of the old days when doctors were insulted when it was suggested that infection might be the result of their lack of hygiene, and their response was that, "I am a gentleman and gentlemen do not have dirty hands!" Elitism has never equalled quality.

Perhaps some chiropractors feel more comfortable with a barrier of "professionalism" between themselves and their patient population and that is fine for them. But to devote such time and effort to finding a correlation between the use of professional titles and an individual doctor's competency is both ludicrous and offensive. Surely your usually very fine paper could better utilize your space with more worthwhile and objectively supportable material.

*Scott R. Corbin, RN, DC*  
*Vallejo, California*

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