

We Get Letters

An Open Letter to My Dear Old Friend -- the Late Dr. Chap Reaver Jr.

I read Dynamic Chiropractic this morning and learned of your passing. I started to call Dixie and couldn't find the words. I started to write her a letter, but then it hit me; it was you I wanted to talk to -- one more time. I remember when we both used to write in Dynamic Chiropractic -- you the "straight" and me the "mixer." I remember the days when I practiced in Marietta, and when you sat in my waiting room the day after you shaved off your beard, and I didn't recognize you! I remember walking into my personal office on occasion to see you sitting there in a chair, having climbed through the window. I remember many, many hours of philosophical discussion between us about chiropractic. I remember that there was never an unkind word, an unkind thought, or a hurt feeling. I remember that we adjourned the discussions on occasion to Ryan's Steak House in the pleasurable company of our wives. I remember laughter and kidding as we told each other what we were going to write about the 'straights' or the "mixers" next in Dynamic Chiropractic. I remember that you saw my patients and I saw yours; I know deep down in my heart that they loved both of us. I remember you were an exceptionally kind, caring, and competent doctor. I remember the power of the atlas adjustments that you delivered to me when I was ill. I remember our celebration when Dixie was able to sell our home when we moved back to Florida. I remember you as a kind and gentle man. I remember the closeness and love that radiated from you when you spoke of your wife, your family, and the profession that you so admirably served for so many years.

Chap, I remember you as a very dear friend, and I thank God for the privilege of being able to call you friend. I am so very saddened by your passing. I am so disappointed in myself that I didn't call you over the holidays like I had intended to do. I know, however, that you have now heard the words "well done my good and faithful servant," and you now live on in paradise. Oh yes, during those years when we were in close proximity, I remember that "straight" and "mixer," while presenting some interesting concepts, hypotheses, and subject matter for long discussions didn't delegate the basis of friendship or mutual respect. As men, we would have stood back to back to defend and protect each other or each other's family. I remember that we could have practiced in the same office if we wanted to without hurting or offending each other in any way. I continue to remember that is the way it should be.

Thank you for being who you were; you changed many lives for the better.

*Paul J. Yocom, D.C.
Rockledge, Florida*

Three Thoracic Vertebrae ... "Magically Jumped out of Place"

Dear Editor:

Today I read Dr. Winterstein in the Presidents' Forum (February 12, 1993 Dynamic Chiropractic) and was impressed with its content. However, in the new States Technique Manual, the bible of

National's Technique Department, as I have been told, is a picture and a dialogue relative to the so-called "anterior thoracic adjustment." This picture clearly shows three thoracic vertebrae that have magically jumped out of place.

Can the best be made better? I look forward to Dr. J.F. Winterstein, D.C., DACBR correcting this 1895 idea soon.

Keith Innes, D.C.
Scarborough, Ontario
Canada

"Mixers -- A Matter of Survival

It is with great consternation and sadness that I note that the voice of the straight chiropractic community, the W.C.A. and Dr. Rondberg persist in the divisive approach to EVERYTHING THEY DO OR UNDERTAKE!! Therefore it should now be readily apparent that they will never bend or waiver in their attempt to keep showing the rest of the world that chiropractic doctors will never join together in one united brotherhood for the good of all! Their denial of the findings of the Mercy Center Conference and the desire to establish their own set of rules is just the latest "nail-in-the-coffin" of this unworthy cause.

Since this is such a critical time in chiropractic's very existence, I proclaim that the time is now for all mixers to forge ahead to ensure our survival as a modern portal of entry into the health care field, and to thrive and grow by providing optional inclusion of prescription pharmaceuticals within the chiropractic scope of practice! The delineation of services provided to the public could best be seen in the adoption of the following degrees:

D.C. Doctor of Chiropractic (Straights)
D.C.M. Doctor of Chiropractic Medicine (Mixers)

Let's get it on, while the gettin's good!

J.H. Anderson, D.C.
Cleveland, Texas

What Insurance Companies Are Using Mercy Guidelines?

Dear Editor:

I read the article by Brad M. Hayes, D.C. in the January 15, 1993 issue, regarding the Mercy Guidelines and insurance reimbursement with very much interest. However, I can't help but ponder over the statement, "Other insurers, based on input from the Mercy Guidelines, have dropped "caps" on chiropractic care and substituted the Mercy Guidelines."

I'd be very interested in knowing the names of "other insurers" who have dropped their caps and have replaced them with the Mercy Guidelines.

Sincerely,

Tom T. Allegrezza, D.C.
Boise, Idaho

Dr. Hayes Answers Dr. Allegrezza's Inquiry

Dr. Allegrezza has requested "other insurers" in response to my article. Specifically, State Farm Insurance has moved toward the Mercy document. Allstate Insurance Company of Northeast Oklahoma had used a service out of California that used guidelines that had a number of treatments for various conditions. Allstate has completely dropped those guidelines and is now using the Mercy Guidelines. A number of reviewers with a company named American Claims Review Inc., have been trained with the Mercy document, by me, dropping the previous guidelines that many had used that were based on so many visits per condition. This company reviews for many State Farm, Farmer's Insurance Group, USAA, Farm Bureau, Nationwide, and GEICO regional offices, along with other health insurers. I was recently scheduled to again do the National Association of Blue Cross and Blue Shield's National Anti-Fraud Conference this April. The Mercy document will be explored in depth, and I expect will be utilized by many Blue Cross plans. In short, the insurers typically have used guidelines from various sources because there was nothing else. Every representative of insurers that I have talked with, except one, have been impressed with the guidelines and are pleased that there is now a "legitimate" basis for determining when extended care is necessary. The legitimate emphasis is from their viewpoint. Again, as I attempted to get across in my article, chiropractic have always wanted to know the rules. Now, not only do DCs know the rules, but they have set the rules with accepted methodology that is irrefutable. As usual, our major enemy in this endeavor is ourselves!

Brad M. Hayes, D.C.
Tulsa, Oklahoma

A Call for Documents from the Philippines

Dear Editor:

Practice in the Philippines is both rewarding and interesting. There are only four qualified doctors of chiropractic, three in actual practice, in the entire nation of 65 million people. All of us practice in the metropolitan Manila area leaving the rest of the country "unattended." I have seen more cases of scoliosis in two months here than I have during my entire practice in the states and Africa since my graduation from Palmer in 1982. And we have a lot of people consult with us because their medical doctors told them they required surgery for the relief of the back pain. Have we ever heard this before? Actually, this type of medical procedure/diagnosis is very common here as the Philippines seems to be 10-30 years behind the U.S. in many things, health care being one of them. So when talking about alternative therapeutics, the Philippine Medical Association is simply and totally unaware of chiropractic and what it can do for their patients. I hope to make a small dent in that.

At that present time, anyone can call themselves a chiropractor, trained or not. A patient of a former colleague of mine once observed that same colleague for an afternoon as he delivered adjustments. After asking a few questions, he later declared himself to be a fully qualified chiropractor. He now advertises his profession as chiropractic. There are no rules or regulations of any kind concerning chiropractic here. Some Philippine medical doctors I've met seem to think that

chiropractic education is only 1 to 1 1/2 years long and are many times quite shocked to learn that chiropractic curriculum is just as long and demanding as medical school.

I've been given a chance to write a series of articles about the benefits of chiropractic health care in a weekly magazine aimed at the young, upwardly mobile types here. It's a great opportunity to educate the populous about chiropractic, not to mention certain other obvious perks. But if I become too vocal about it I might incur the wrath of the Philippine Department of Health in the form of new rule making or the Philippine Medical Association with their inherent bias and ignorance concerning our profession.

It may never happen but should chiropractic in the Philippines be set upon as it once was in the states and continues to be in other parts of the world, I, for one, would like to be prepared and ready to defend it. Therefore, I need copies of all the studies and research papers that I can get. Help build the archives!

*Harvey G. Leister, D.C.
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City Land Town Houses, Bo. Ugong
Pasig, Metro Manila
Philippines*

Hospital Stats?

Dear Editor:

Is there any way I can find some statistics on what effect adding chiropractic services to hospitals had on their profit and billables?

*Michael J. Miller, D.C.
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Editor's Note: Walter Wardwell Ph.D., in his book *Chiropractic: History and Evolution of a New Profession* (Mosby Year Book 1992) suggests the best analysis of chiropractors in a hospital setting was an article by Rand Baird, D.C., "Benefits of Chiropractic Integration of Hospitals" printed in the 1990 *Calif. Chiro. Journal* 15(8):29-37.

Dr. Wilk in this issue (see page 5) makes reference to testimony comparing JFK Hospital of Chicago (using chiropractic) and Luthern General Hospital of Park Ridge, Illinois (not using chiropractic). Freitag P: U.S. District Court for the Northern District of Illinois, Eastern Division, May 1987.

If you know of any other sources, please let Dr. Miller know.

Over the years I have supported your philosophy and writings in *Dynamic Chiropractic* to the extent that I go out of my way not to utilize products or services advertised in similar publications, which have different points of view, which do not agree with mine, i.e., *The Chiropractic Journal*.

While browsing through *The Chiropractic Journal*, I noted an advertisement of a seminar that I

heard was extremely good (Dan Murphy, D.C.). I felt it a shame that he is lowering himself to advertising in publications of this nature.

Low and behold I note that Dynamic Chiropractic is using him as a speaker at its Hawaii seminar.

Now I find myself a bit confused. Do I not support the advertisers in both publications now? It appears that Dynamic Chiropractic supports and uses advertisers of The Chiropractic Journal. Where do I go from here?

*Robert P. Lynch Jr., D.C.
South Portland, Maine*

Editor's Note: Advertisers look to the publications that they believe best targets the audience they're trying to reach. If an advertiser thinks its product or service would be more accepted by the straight community (SCASA educated DCs, or the 1,000 or so members of the WCA), then the WCA Journal might well be the advertiser's choice. If the advertiser wishes to reach a broader doctor base, it would choose to advertise in "DC."

Sometimes an advertiser wants to make sure it's reaching both the broader spectrum of DCs and the narrower readership. This is the "blanket" approach to advertising -- more expensive, assuredly, but it gives the advertiser peace of mind knowing it has covered all the bases.

Thoughts on Immunizations

I read with interest the article in you 1/29/93 edition by Prof. Colley on "Chiropractic Perspectives on Immunization."

Nelson & Colley are indeed correct in recognizing that "opposition [to immunization] centers on two issues: (1) the political question of whether any medical procedure (immunizations) should be mandated; and (2) the scientific question of whether immunizations are safe and effective." What they failed to communicate is that these two issues are not unique to opposition only within the community of chiropractic professionals. Such issues are central to legitimate and well founded opposition among the informed general public, as well as within dissenting groups in a wide variety of research and medical fields. ...

I am most certainly comfortable with Dr. Nelson' oversimplified and animated analogy that "immunization does not refute chiropractic principles." I assume the implication is that a vaccine merely stimulates the body's own natural defense mechanisms, (innate, if you will), to fight disease. Frankly, I find it rather difficult to equate chiropractic manipulation with the introduction of attenuated live or killed micro-organisms into the body in order to antagonize a 'passive' immune response. Whether analyzed on an epidemiological or molecular biologic level, there is much information in past and present research to cause us to have judicious pause and reconsideration of our penchant for an immunization knee-jerk reaction to communicable disease. It is not fantasy or unscientific philosophy which has generated federal legislation, (i.e., the National Childhood Vaccine Injury Act of 1986, now Public Law 99-660), to compensate the victims of immunization reactions or created groups like the National Vaccine Information Center/Dissatisfied Parents Together (NVIC/DPT).

The introduction of foreign protein into the human body, especially on a wide-spread population basis, has both ominous implications and effects ... effects which we are learning cannot be taken for granted in the short run or with regard to chronic, long term implication. Unfortunately, almost

no adequate prospective cohort studies have been implemented to answer many of these important questions, as much of the lay public, health professionals and government have been conditioned into accepting immunization as a panacea and preferable alternative to more demanding efforts. ...

The primary objective or concern, however, should not be for doctors of chiropractic to collectively adopt a posture on immunization which conventional medicine and public health attitudes espouse merely because of our heated desire for acceptance in the public and professional eye as 'real doctors.' What would elevate our status and image, instead, would be the proposition of a rational policy on immunization reflective of communicable disease reality and not political expediency, such as:

1. The development of an independent, interdisciplinary commission to objectively review the efficacy of past and current immunization research and campaigns with the objective of setting standards for same.
2. Encourage the restructuring of CDC and NIH bureaucracy to more effectively monitor incidence and prevalence as it relates to efficacy and side effectual morbidity and mortality; so that local and federal policy on immunization may react in a more effectual and fluid manner reflective of changes in cyclicity and other dynamics of disease and population; pro-immunization only posture.
3. Support the implementation of on-going prospective studies to better understand the impact of broad-based immunization campaigns on disease control, short-term negative side effects and possible long-term chronic morbidity and mortality implications.
4. To provide our chiropractic patients, when asked, with an informed perspective on immunization; so that the patient and parent can make their own decision with regard to same.

James T. Platto, M.P.H., D.C.
Mariposa, California

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