

## Profession Well Represented at H.R. 608 Hearing

Steve Kelly, managing editor

On Thursday, April 30, as scheduled, selected representatives of the chiropractic profession had their say on Capitol Hill before the Military Personnel and Compensation Subcommittee to bolster H.R. 608, the bill to commission DCs in the military.

Nine members of the 16 member subcommittee, chaired by Beverly Byron (D-Maryland), are cosponsors of H.R. 608.

The selection process for the panel to represent the chiropractic profession at the hearing was a joint effort between the ACA and ICA. (Yes, on important matters, the two associations can work together). Scott Haldeman, D.C., M.D., Ph.D.; George McAndrews Esq.; John A. Hofmann, D.C.; R. J. Wipf, D.C., R.N., and John Grostic, D.C., were each given time for brief oral testimony. The more lengthy support documents were submitted for the record.

The subcommittee also heard testimony of support from venerable Senator Strom Thurmond (R-SC) and Representative Lane Evans (D-ILL), who were responsible for introducing the bill into the Senate and House respectively.

Testifying in opposition of the bill was the government's representative, Kenneth Cox, director of operations and management support for the deputy assistant secretary of defense. Mr. Cox stated the Department of Defense (DOD) could not "support employing a new category of medical personnel, such as chiropractors, with a limited and narrowly focused scope of practice."

The AMA also sent their detractor to the party: William Jacott, M.D., a family physician practicing at the University of Minnesota and member of the board of trustees of the AMA. At his side was Jeffery Stokols, J.D., senior legislative counsel of the AMA's division of federal legislation. Dr. Jacott said, in essence, that the AMA strongly opposes H.R. 608 because DCs are not trained in surgical techniques, and can't dispense drugs. Dr. Jacott was consistent: Nowhere in his speech did he give one iota of credit, or respect for the chiropractic profession.

In its written statement, the ACA pointed to the DOD's assertion that musculoskeletal ailments in the military are well covered by physicians and physical therapists. The ACA referenced a report by the U.S. Army that said low back pain accounts for at least 20 percent of all medical discharges.<sup>1</sup> The ACA asserted the "single greatest benefit of this legislation would be its effect on reducing the cost and disability associated with back pain in the military."

Other telling points made by the ACA's documentation: Two-thirds of all patient visits for back pain are made to DCs each year;<sup>2</sup> and that DOD projected its shortfall of health care providers during a worse case mobilization scenario to be almost 110,000.<sup>3</sup>

R. Jay Wipf, D.C., R.N., a major in the U.S. Air Force Reserve Nurse Corps testified before the subcommittee about the chiropractic care he provided for hundreds of military personnel beginning in March of 1991, while stationed in Saudi Arabia during the Desert Storm campaign.

(Dr. Wipf's article "Chiropractic in Saudia Arabia" ran in the International Forum of "DC" in June 7, 1991, and in subsequent regional forums.)

Written testimonials of 23 other DCs who had served or are currently serving in the military was provided for the record.

Dr. Scott Haldeman, associate clinical professor in the department of neurology at the University of California, Irvine, pointed out to the subcommittee that chiropractors are the last postgraduate health care professions not to have commissioning status in the military. He spoke of the lack of research in many commonly practiced medical procedures and, by contrast, the over 50 clinical trials that are evidence of the effectiveness of manipulation in the treatment of low back pain. Dr. Haldeman referenced the recent Koes et al. study (1992) that demonstrated "manipulation was significantly more effective than physiotherapy which leads to the conclusion that the two procedures are not interchangeable."

While Dr. Haldeman educated the subcommittee on chiropractic's effectiveness and research, Attorney George McAndrews made sure the legislators understood the ramifications of the Wilk et al. suit and the prejudices chiropractic has withstood, and continues to battle. The parallels between the prejudices of MDs toward chiropractic and the exclusion of chiropractic care in the military were made abundantly clear by George McAndrew's testimony.

The testimony of John Hofmann, D.C., of Allen Park, Michigan was particularly appropriate: He served as a corporal in the Marines in Vietnam from 1970-71. A graduate of Logan in 1968, Dr. Hofmann, in an unofficial capacity, adjusted hundreds of Marines while in the service.

Dr. Hofmann also detailed for the subcommittee the high educational standards of chiropractic colleges and the rigorous training received by its students.

Dr. John Grostic, director of research at Life College, presented the subcommittee with his view of the commitment of the chiropractic profession to research.

Representatives of both the ACA and ICA deemed the testimony of the chiropractic panel as excellent. The chiropractic profession was well represented at the hearing and the documentation submitted for the record was first-rate.

Our February 15, 1991 issue featured a front page story of Senator Thurmond and his sponsorship of S.68. It's thus appropriate now to present in full, the statement Senator Thurmond made before the House subcommittee on April 30, 1992.

Senator Thurmond's Testimony:

Madam Chairman:

Thank you for the opportunity to appear today before the subcommittee to offer my strong support for H.R. 608, which would authorize the appointment of doctors of chiropractic as commissioned officers in the armed services. It is good to see the sponsor of this bill, Representative Evans, and I commend him for introducing this legislation. I was pleased to introduce the companion legislation, S. 68, which now has 15 cosponsors.

Presently, members of our armed services who desire the care of a doctor of chiropractic are forced to pay for this care out of their own pockets because the military does not recognize doctors of chiropractic as commissioned officers. However, doctors of medicine, osteopathy, dentists, veterinarians, optometrists, pharmacists, psychologists, physical therapists, occupational

therapists, dietitians, and physician assistants may serve as commissioned officers.

This policy is not only unfair to our deserving men and women in uniform, but it is also outdated. The chiropractic profession is licensed in all 50 states and is an integral part of our Medicare, Medicaid, and federal employees health care systems. Additionally, colleges of chiropractic are recognized by the Department of Education. Clearly, doctors of chiropractic are just as qualified in their area of expertise as any other profession accorded commissioned officer status. Denying our dedicated service members access to chiropractic care that is otherwise widely available in our society is an unfair policy.

This bill will put an end to that policy. It will ensure that members of the armed services have a full range of health care services available. This bill does not mandate that service members receive treatment from doctors of chiropractic. It will simply give our service members the opportunity to receive chiropractic treatment from persons trained in the specialty if they so desire.

I am aware that there is opposition to allowing doctors of chiropractic to serve as commissioned officers. I am concerned, however, that this opposition is based on a long-standing bias against the chiropractic profession rather than any sound reason. I believe that the testimony presented here today will highlight the positive contribution that doctors of chiropractic could make to our armed services.

The underlying issue is one of fairness. Is it fair to continue to exclude doctors of chiropractic from the military? I believe the answer is no.

Thank you again for bringing this important matter before the subcommittee and thank you for allowing me to present my views.

### *References*

1. Low Back Pain: A Practical Approach to Management, Consultation Report #89-001, U.S. Army Health Care Studies and Clinical Investigation Activity; p. 1, 1989.
2. Shekelle P, et al: The Appropriateness of Spinal Manipulation for Low Back Pain. RAND Corp., p. 1, 1991.
3. 54 Fed. Reg. 33,644, 1989.

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MAY 1992