

Chiropractors in the Military Force

FELLOW CHIROPRACTORS

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At the present time, S68 and its companion bill H.R. 608 are before Congress to commission chiropractors in the military. This is a right step in rectifying a long-standing inequality for chiropractic doctors, military and retired personnel and their dependents to choose their health care preference on base. This has always been a dream of mine. When I joined the Navy out of high school in 1957, and worked as a hospital corpsman on the ward, I saw a variety of health problems that I had heard my father talk about successfully treating in his practice, and I knew the conditions would have been better treated under chiropractic care than on the ward. In 1963, when I told my commanding officer in the Reserves that I planned to go into chiropractic, he recommended I try physiatry, the new specialty coming out in medicine to replace chiropractic. Since 1985, when I rejoined the Reserves, I have talked to many active duty people who go off base for regular chiropractic care. They pay for the care themselves because they aren't happy with the help they are getting at the hospital, on base. I have discussed the issue of chiropractic commissioning in the military with retired military officers I've treated. They say we should present a bill to Congress that would create a Chiropractic Corps rather than get a commission as a Medical Service Corps Officer.

As I sat down to write this article I realized most chiropractors aren't involved with the military, and those who are may be involved in areas other than the medical area, so, a review may be in order. This review should give us an idea of where H.R. 608 and S68 would place chiropractic in the military structure.

The military is made up of two groups: Enlisted Personnel and Commissioned Officers. Commissioned Officers are in two major groups: Line Officers and Staff Corps Officers. The Staff Corps (pronounced core) is divided into eight specialty groups. Every officer in each group is assigned a four-digit numerical designator code for personnel accounting and administrative purposes and to identify their status (active duty, reservist, etc.) within the military structure. Each officer wears the identifying collar device of their group or specialty.

The bold numbers below are each group's designator codes with their title descriptions:

110X -- Line Officers: Officers in military command or in succession to military command of combatant forces. They are the only officers who can command a ship at sea.

Each Staff Corps Officer is trained in the specialized duties of a specific corps. Each officer is restricted to performing duties in their specific field of training. They may be assigned as the Commanding Officer or Officer-In-Charge of an activity whose mission is compatible with the officer's training. As an example, a Medical Corps Officer may command a naval hospital.

210X -- Medical Corps Officer (MC): Medical Doctors (MD), and Osteopathic Doctors (DO/MD).

220X -- Dental Corps Officer (DC): Dentists and Dental Specialists (DDS).

230X -- Medical Service Corps Officer (MSC): "MSC officers provide Health Care Administration, at

Navy medical and dental activities. Officers trained in those specialties allied to the science of medicine (i.e., pharmacy, laboratory technology, psychology, physiology, optometry, physical therapy, dietary therapy, podiatry, chemistry, etc.) are also included in the MSC." This is a direct quote taken from the reference book, Rate Training Manual for YN3 & 2, on Navy Occupations, Chapter 3, Page 9, 1984 revision. Since then the Physicians Assistant has also been added to the MSC.

250X -- Judge Advocate General's Corps Officer (JAGC): Lawyers.

290X -- Nurse Corps Officer (NC): Nurses: Navy four-year degree, Army accepts a two-year degree.

310X -- Supply Corps Officers (SC): Charged with the handling of supplies and financial matters.

410X -- Chaplain Corps Officer (CHP): ordained ministers, priests, or rabbis of the various Christian and Jewish denominations

510X -- Civil Engineer Corps Officer (CEC): Engineers in construction operations and Public Works.¹

The military has had a chronic shortage of medical doctors for many years. Even with the inclusion of osteopaths in the Medical Corps over 20 years ago, there is still a shortage of Active Duty and Reserve physicians. Osteopaths have not been authorized to utilize their training in manipulation, in the service. A BUMED instruction in June 1991 gave osteopaths authorization to manipulate. I think that instruction is a smoke screen to shuttle S68 and H.R. 608 with little to no intention of changing treatment procedures from writing prescriptions to manipulating. I can see chiropractic filling that shortage gap of physicians and filling the need for correcting the cause of the symptoms that personnel are going off base to get and personnel on board ship are unable to get.

Some time ago I sent for and received copies of the bills S.68 and H.R. 608 from the ACA, along with a letter stating the ACA was advised to try for chiropractic commissioning in the Medical Service Corps since that would be easier to obtain than going for a Chiropractic Corps Commission. The MSC may be the easier to obtain because a Chiropractic Corps would have to be created by Congress, where Congress would only have to add chiropractic to the MSC. But is a chiropractic commission in the Medical Service Corps really the best route to go in the long run? Please reread the description of the MSC above and remember Medicare. Have we forgotten the inequality we and our patients have suffered since 1976 because we jumped at the chance to just get our foot in the Medicare door, rather than insisting that our patients need and deserve the same coverage for services rendered from chiropractors that they receive at the office of the medical doctor down the street? How many chiropractors are aware of all the incentives that medical students get from the military to go through school, or how many incentives MDs get to stay in the military, either on Active Duty or Reserve, in exchange for a few years of service? They get benefits that the Line Officers and Staff Corps Officers would love to get. Even the limited practice doctors buried in the MSC quote above get limited benefits compared to the MDs. If we are on the same level with education, licensing, etc., as the MDs, then will the MSC give chiropractic its full potential as Primary Health Care Doctors in the military? Will a position in the MSC get the benefits for DC students and DCs, that the MD students and MDs have? I seriously doubt it. I would think a better route to go would be to change the wording of the bills by Congressman Evans and Senator Thurman to create a Chiropractic Corps (CC) or to draft new bills which would create a Chiropractic Corps (CC) that would function in the military following the 14 areas of chiropractic practice standards the Mercy Center Conference worked out. From my observations in the military, personnel would welcome chiropractic, and we would do outstanding in the preventative/maintenance care area despite what was said on 20/20, because no one is

keeping the body in balance and in alignment in the hospitals at the present time. This bill should be presented to Congress, then we should all join in a concerted effort to get this bill passed. A Chiropractic Corps (CC) would probably have a designator code of 240X, thereby keeping our unique identity. If S68 and H.R. 608 pass, I fear we would soon be lost or buried in 230X -- the MSC shuffle, like the limited practice doctors are.

To my way of thinking, if we are going to play the game, let's go for the gold, then if we have to settle for the silver or bronze, at least we tried for the gold. The way we are going now we aren't even trying for the gold. Let's not settle for the silver or bronze if we don't have to. Let's not have another Medicare.

Reference

1. Rate Training Manual for Yeoman 3 & 2, Revision Chapter 3, Pages 4-10.

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SEPTEMBER 1992