

We Get Letters

Integrating Chiropractic into the Military: Points to Ponder

It was with considerable interest that I read the article by Dr. Wallace R. Cole, "Chiropractors in the Military," in the September 1, 1992 issue of Dynamic Chiropractic. In my opinion, the remarks of Dr. Cole are right on target and are deserving of widespread publication to the profession.

As a former commissioned officer in the U.S. Naval Reserve, and a veteran of the Korean war, I would like to point out a few points Dr. Cole may have overlooked.

1. Assuming that current legislature is enacted and a few DCs are "buried," the Medical Services Corps of the various branches of the armed forces, sharing the same career paths and promotion slots with pharmacists, clinical psychologists, dietitians, physical therapists, optometrists, podiatrists, veterinarians, and hospital administrators, just what kind of an inducement is this going to provide for chiropractic physicians to remain in the military as a career? Having some knowledge of the bias that exists in the military medical establishment, I prognosticate that DCs in the planned program will be unlikely to rise higher than 0-3 pay grade. There have been reports in the media that military osteopathic physicians are not too happy with their career opportunities which they share with allopaths. It is virtually important to the quality of health care for our service personnel that only the highest caliber professionals serve in the military in health care billets. Dedicated chiropractic physicians calling the shots in a chiropractic corps would help ensure that goal.
2. I am told the current legislation authorizes the DOD to commission DCs in the Medical Service Corps of the Armed Forces. As I recall, osteopaths were authorized to be commissioned in the Medical Corps of the Armed Forces in 1946, and it was more than 10 years before one ever put on a uniform. The point? The current legislation does not spell out how the act is to be implemented and how chiropractic is to be integrated into an establishment that is biased and in fact does not want us. Even if the current legislation passes, I foresee huge problems in developing a workable chiropractic program in the military, particularly when we will be negotiating from a less than desirable position.

It is not too late to correct this situation. In all probability a conference committee will write the final wording of any enactment for chiropractic in the military and some petty strange things have happened in conference committees. The first place to start is to convince the leadership of the chiropractic profession that the current bills are inadequate. Then convince the Congress or the conference committee that it is imperative that a chiropractic corps be established in the medical departments of the Army, Navy, and Air Force, and that a sufficient number of chiropractic physicians be recruited as commissioned officers in numbers necessary to ensure the availability of chiropractic care at each military installation that supports a hospital or outpatient care facility.

In any event, it is not too soon to think about forming a committee composed of chiropractic physicians who are retired military, reservists or veterans, to formulate policy and deal with the Department of Defense should chiropractic services be authorized in the military.

Raymond T. Kern, D.C.
Glendale, Arizona

Kentucky Chiro. Society Sets the Record Straight

I read the Sept. 11, 1992 issue of "DC" with much amazement. First, I wonder how such an article got in Dynamic Chiropractic. (Editor's note: Dr. Byers is referring to "Kentucky Supreme Court Amends Civil Procedure" p. 37.) We have two chiropractic organizations and neither of them would have supplied you with this false information.

Let me state what the state society has done. We have been working on this for several years. (Editor's note: allow DCs to give depositions from their offices.) Civil rule procedure change must have the support of a majority on the Supreme Court bench. We have entertained prospective members of the high court and recently courted two candidates when they ran the last time on the basis when and if elected, they would help us change this rule. We had them as our banquet speaker and gave one of them our "Public Service Award." They were supported financially by our members in their area and they won seats on the Supreme Court. I personally have been to the judges' offices, who are friends, many, many times about this matter. The State Society has adopted an interprofessional code between the Legal Profession of Kentucky and the Kentucky Chiropractic Society. This helped to open the door a little. We employed our legal counsel, who has worked on this actively for the past years. The state society, along with other doctors and lawyers, has spent hours on this project, and to get chiropractic added was not an easy task.

For anyone to say in print that this "did not cost chiropractic one cent," simply means Dr. Aston is so far behind that he did not know it was being worked on until it came out in print. It's true, he did not put one cent into getting this done and over the years never supported our efforts.

It would appear for a paper to maintain credibility, at least they would check with one of the organization officers and not print what one DC states, who has no credibility among organizational doctors in Kentucky.

We are printing and distributing to all DCs in Kentucky step by step how this change came about for I have worked on it since the beginning.

The article is false, misleading and does not really state the civil rule accurately.

Harold Byers Sr., D.C.
Louisville, Kentucky

Louisiana Association Politics -- Who Gets the Credit?

I would like to comment on the article "Louisiana HMO Law Gives Chiropractic a Foothold" in the July 31, 1992 issue. Your article excluded the prime movers in this legislation.

The Louisiana Union of Chiropractic Physicians (LUCP):

1. questioned the profession in Louisiana and the number one answer was HMO inclusion;

2. held the first joint legislative conference in over four years;
3. initiated the HMO legislation, when the state association's lobbyist was skeptical about becoming offensive on legislation;
4. Representative Glenn Ansardi handled the bill upon LUCP's request;
5. The LUCP through a telephone network to the field doctors and the AFL-CIO's 14 member lobbying team proved too much muscle for the opposition which included more than 12 of the most powerful medical, insurance, and HMO associations. This was in direct contrast to the previous four years of no meaningful significant economic chiropractic legislation being passed.

A more reflective description of how this bill passed should have read -- the profession unified under a grass roots campaign, the AFL-CIO's 14 lobbyist and the CAL lobbyist worked together, the LUCP and CAL worked together, and our great Senator Gerry Hinton, D.C., guided its course.

Joseph Stagni, D.C.
LUCP Second Vice President

The Difference between an MRI and Lumbar Radiograph

I would like to reply to the letter written by William Brotherton, D.C., "an unremarkable, remarkable radiograph" in the Sept. 25 "We Get Letters." It is unfortunate that he had to "cringe in pain" as a result of my case report in the Aug. 14th issue. He does give us a nice brief description of radiographic mensuration for the lumbar spine that we all learned in chiropractic college and then goes on to say, "What a field day a medical school radiology class would have with an x-ray misread like that."

Firstly, I believe the only "field day" the medical school class would have would be with Dr. Brotherton not being able to tell the difference between an MRI scan and a lumbar radiograph, even when it is clearly labeled in the text of the article. (Note the radiograph in Figure A and MRI in Figure B in the Aug. 14th article.)

Secondly, lines of mensuration for a lumbar radiograph do not carry over to a lumbar MRI since a lumbar MRI is done supine with a pillow under the knees inducing some lumbar flexion. I am also unaware anywhere in the literature that lines of mensuration for x-ray can be done on MRI or have any reliability whatsoever for MRI.

Further, the lumbar MRI takes anywhere from 25-45 minutes to perform, making the patient more uncomfortable having to lie still and flat, and probably inducing more spasm thus temporarily straightening out the lumbar lordosis.

In summary, I assume Dr. Brotherton found the rest of the article interesting. I thought it was a particularly good case to publish to illustrate that things or a diagnosis is not always what it seems on the surface and the infrared thermography is helpful in making a differential diagnosis.

"Yellow Journalism"

I just completed reading Dr. Barge's article, Live and Let Live -- The Ostrich Posture, in the October 9, 1992 issue of Dynamic Chiropractic. He makes statements that are misleading and unsubstantiated, while tainting half of the chiropractic colleges as some kind of traitors to the profession. The context of his article suggests that the chiropractic profession is turning away from the subluxation complex as the foundation upon which this profession is based. He states "The majority of chiropractors today are still subluxation-based, but they will not be tomorrow." He goes on to express his opinion that "50 percent of our colleges essentially teach no x-ray subluxation analysis." From that statement, and I question its accuracy, he concludes that subluxation is not being taught in half of our colleges, and I question the accuracy of that conclusion. Even if that statement were true, it is misleading. Fifty percent of the colleges does not equal 50 percent of the students. In fact, approximately 50 percent of the profession's students are enrolled at just two colleges -- Palmer and Life. Surely Dr. Barge is not suggesting that those colleges don't teach the importance of subluxation complex. If not, then is he suggesting that all the remaining colleges don't? Dr. Barge does not identify which college he is referring to. I challenge him to name names if he is going to make the charge.

Dr. Barge then creates the following statement out of thin air, "At one time our colleges all had a subluxation base; today the traditional ACA colleges have lost this base and teach purely therapeutic concepts. ..." Again, he does not name which colleges he considers traditional ACA colleges.

Since Dr Barge does not name which college he is referring to, I will have to surmise that LACC would be on his list, and knowing him as I do, I believe that is a safe assumption.

I mention LACC because the same day I received the 10-9-92 issue of Dynamic Chiropractic which contained Dr. Barge's article, I also received in the mail an advertisement from LACC promoting a seminar they are teaching throughout California. The seminar's title is "The Subluxation Complex." The program states that there will be three hands-on sessions for all participants. The doctors are asked to bring portable adjusting tables. The brochure states, "You are invited to review the heart of chiropractic: The Subluxation Complex." The seminar has three sections: "Joint Assessment Procedures"; "Radiographic Assessment Procedures"; and "Specific Applications of Adjustive Procedures." The brochure goes on to state, "Spinal adjustments are demonstrated and practiced for situations that are typically neglected, overlooked or misunderstood." This sure does not sound like one of the colleges Dr. Barge was writing about.

Dr Barge then tries to falsely implicate ACA as anti-subluxation and/or anti-chiropractic by quoting a statement Harry Rosenfield (ACA's general council at the time) made in 1986 in which he expressed his personal opinion that the profession should consider changing its name. That was not and is not ACA's position. It caused a major uproar in the ACA membership and among the elected officers. Mr. Rosenfield has not been council to ACA for several years now; George McAndrews is.

The thing that disturbs me the most about this article is the tactic of using unsubstantiated and misleading statements to falsely castigate 50 percent of our colleges without identifying the accused. That's "yellow journalism."

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