

Chiropractic in Saudi Arabia

R. Jay Wipf

Today is the 70th day of my deployment in Saudi Arabia to participate in the conflict called Desert Storm. I'm in a L-1011 with 300 other military men and women, on my way home. I'm so very proud to be one of them. This was a professionally fought war by a volunteer military led by a capable president and supported by a patriotic America.

I went to Saudi Arabia as the officer in charge of a 192-man mobile air-staging facility whose mission was to receive battle casualties from the Army and Marines and transport them out of the forward area, via aeromedical evacuation flights, to rear echelon hospitals for definitive care and disposition. We lived in tents and experienced harsh desert environmental stress to be prepared for the worst. Fortunately, we cared for more Iraqi prisoners of war than allied troops. We are all very fortunate indeed. Other than the Scud missile attacks that kept us in full chemical ensemble in our bunkers half the night, on more than one occasion, we were spared the horrors of war.

As is the military way, hurry up and wait was the order of the day for much of the time. I found myself with an abundance of time and an instinctive urge to adjust everyone around me as potential chiropractic patients, least they stretch their back or rub their neck after a day's laboring of putting up tents, filling sand bags, or loading patients into airplanes. I knew the best way to sanction my chiropractic activities was with the support of the local commander of the "tent city" in which over 2,500 of us were living. This was done incrementally as I attended nightly commander's call meetings, as the medical representative of my unit, to coordinate our activities with the camp. I gained his respect and attention by doing my military job with efficiency and professionalism. Once I had cultivated this personal relationship, I promoted a "chiropractic clinic" to be held at the Morale, Welfare, and Recreation (MWR) tent, where troops already went for VCR movies, CNN television, the library, and haircuts.

The MWR personnel were cooperative, as they were eager to provide additional services to the troops and thus provided me an appointment book, a space in the library portion of the tent, and a homemade wooden table constructed to my specifications. I had flyers printed on a word processor from the billeting tent which offered chiropractic manipulations for minor aches, pains, and spinal stiffness, careful not to offend the camp medical doctors who already had a clinic established. I had earlier made it a point to befriend the medical doctor in charge during the commander's call meetings and had loaned him two of my enlisted men to staff his clinic during a staff shortage. Having paved my way personally and professionally with the camp decision makers, I opened for business in the evenings after my 12-hour work day. With the flyers posted at the billeting, postal, and chow tents, the word got out fast.

The military population is rife with members who have used chiropractic before and during their military service stateside at their own expense. My appointment book went from 15 minutes to 5 minute intervals within the first three days due to the demand. Walk-in patients would wait for hours. I was instantly known in camp as the "chiropractor" over at the MWR tent. On a 12-hour duty day I was tired, with two hours of patient evaluations and adjustments, which would total between 30-40 patients. On my days off I'd see up to 40-60 patients in a 4-6 hour clinic. My off days still required other military assemblies, meetings, and personal conferences that precluded a full

days adjusting opportunity.

The military population I served was primarily Air Force in a tent city camp of 2,500 in which I lived and worked. All of these potential patients are relatively healthy, young, and fit, who undergo routine physical examinations in order to be classified fit for world duty. My routine would include a brief history to include if they had seen a chiropractor before, and if they had, for what reason; had they ever sustained a skeletal injury; and what was the location, duration, and severity of their present complaint. A brief and pertinent physical exam would be followed by a report of findings and a spinal adjustment. No therapy of any kind was available.

All fresh injuries were sent to the camp medical clinic for initial evaluation and disposition. Later, this became a two-way informal referral arrangement after the camp medical doctor watched me evaluate and adjust a number of patients, out of the corner of his eye, while watching CNN in the adjoining tent space followed by his first chiropractic adjustment.

The majority of the patients I saw were myofascitis complaints, chronic repetitive stress strain and sprain, subluxation complaints exacerbated by recent work stress, headaches, positional torticollis, post sleeping in bunkers, and an occasional lumbar radiculitis due to short leg, pelvic torsion, or old disc injury which was being concurrently treated by the medics with pharmaceuticals. The latter cases were my favorite as there was always some improvement with chiropractic, and the patients would return to the medical clinic with a reduction of symptoms and claim relief as a result of chiropractic care. This did, in fact, endear the medical clinic personnel to me as I relieved them of the responsibility of sending these patients out of the area for more intensive medical therapies and thus losing manpower resources. It was refreshing to observe a referral relationship that can be symbiotic for the practitioners and best for the patient in the absence of any monetary considerations. Certainly not the real world that we all practice in, but a model for future interdisciplinary cooperation for the good of the patient.

During my tenure, I encouraged my patients to petition the military for chiropractic care and write Secretary of Defense Richard Cheney for his support in commissioning chiropractors in the military services.

My own personal experience as a chiropractor in a busy war time military camp points clearly to the need for chiropractors to be available at medical facilities to relieve allopathic practitioners of musculoskeletal complaint patients so they can concentrate on the acute and traumatically injured patients. This working relationship is possible and a reality in my experience. The benefits of chiropractic care can no longer be denied as impractical in the military. A survey of military members will prove without a doubt that chiropractic is a desirable and effective alternative to pharmaceutical therapy for the majority of the musculoskeletal complaints that come through the sick call of military installations in time of peace and war. I'd strongly recommend that our national organizations task an independent polling firm to undertake such a survey to provide indisputable evidence of the need, acceptance, and effectiveness of chiropractic, as judged by the recipients of health care in our military services, the men and women who serve our country in war and peace. They deserve no less. Chiropractic deserves much more by being a part of our military health care system.

*R. Jay Wipf, R.N., B.S., D.C., Major USAFR
Weslaco, Texas*

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