

Spotlight on William Morgan, DC

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William Morgan did not initially intend to become a chiropractor. As a young man, he spent several years in the military and served as a medic, providing dive medicine, public health and paramedical care to U.S. Marine reconnaissance and Naval Special Warfare Unit One.

Dr. Morgan's life changed shortly after being discharged from the Navy. He became interested in chiropractic after suffering a back injury; a local chiropractor relieved the pain traditional medicine was unable to treat. Inspired by the care he received, he switched college majors and enrolled at Palmer Chiropractic College West, receiving his degree from PCCW in 1985.

For the next 13 years, Dr. Morgan was a tireless proponent of the chiropractic profession. Soon after completing his chiropractic education, he spent three months in the jungles of Liberia, providing chiropractic care to hundreds of people through the relief organization Partners International. He also played an integral role in the establishment of chiropractic services in medical clinics and a civilian hospital in California.

In 1998, Dr. Morgan applied for - and was approved for - a position in the Chiropractic Department at the National Navy Medical Center in Bethesda, Md., one of the first sites set up as part of the Chiropractic Military Demonstration Project. Two years later, he became the Chiropractic Consultant to the Office of the Attending Physician (OAP) at the U.S. Capitol, a position that has allowed him to introduce the benefits of chiropractic to many of the nation's leaders, including members of Congress and the U.S. Supreme Court.

In September 2003, the American Chiropractic Association bestowed on Dr. Morgan one of its highest honors, naming him its "Chiropractor of the Year" for his years of service to the profession and his ability to integrate chiropractic into the conventional health care system. In this exclusive interview with *Dynamic Chiropractic*, Dr. Morgan talks about his role at the National Naval Medical Center, his relationship with other health care providers (and their opinions toward chiropractic), and several exciting projects he and his fellow chiropractors are developing.

Dynamic Chiropractic (DC): Dr. Morgan, what got you interested in chiropractic?

Dr. William Morgan (WM): I injured my back when I was a young man, shortly after my discharge from the Navy. When the physicians and therapists weren't able to help me, I went to a chiropractor. Dr. Westfall was remarkably good, and he helped my condition in a significant way. After some reflection, I changed majors in school, and became a chiropractor.

DC: How did chiropractic tie in with your military career?

WM: As a Navy hospital corpsman, I was trained in emergency medicine, dive medicine and special operations. When I became a chiropractor, I thought it would be great if I could become a chiropractor in the Navy. Of course, the Navy did not have chiropractors until a decade after my graduation. So, when this position at the National Naval Medical Center opened up, I applied for it. I had been practicing for 13 years in California before I came here.

DC: You're talking about the Chiropractic Military Demonstration Project. How did you get involved with the project?

WM: I responded to a Navy advertisement in *Dynamic Chiropractic* for a chiropractic position opening at The National Naval Medical Center in Bethesda. From my time in the Navy, I knew that Bethesda was one of the best hospitals in the world. At that point I was in California, and was one of the few chiropractors who was working in a hospital. I applied for and was selected for the position at Bethesda, along with Dr. Kirk Parge.

DC: You also work at the Capitol?

WM: Yes, in the Capitol at the Office of the Attending Physician. The White House and the Capitol's medical departments are both run by the Navy. That's one of the missions of our hospital - to care for our country's leaders. This is the President's Hospital.

DC: What are the differences between working at the Office of the Attending Physician and the naval hospital?

WM: I am not at liberty to talk very much about my practice in the Capitol Building. I usually direct people with questions about my work at the Capitol to call the OAP. I work as a visiting specialist to the OAP, working at the Capitol two days a week. On May 11th, I will have worked at the Capitol for four years, so I think they're pretty happy with my work. The Office of the Attending Physician is run by my boss, Admiral John Eisold. You may have seen Dr. Eisold on TV when we had the anthrax attack, and this morning [Feb. 6] after ricin was found in one of the Senate buildings.

What's special about Bethesda is that the neuromusculoskeletal specialties work as a team. This morning, one of my patient's MRI revealed a syrinx with a possible syringomyelia. I called up to the neurosurgery department and spoke with the neurosurgeon and neuroradiologist, and I got the patient in right away for an evaluation.

We've broken down the walls for our different departments. We have formed a Neuromusculoskeletal Service Line consisting of podiatrists, physical therapists, chiropractors, occupational therapists, neurologists, neurosurgeons, neurora-diologists, rheumatologists, orthopedics, doctors of physical medicine - we're one big team, and we have streamlined the interactions between us.

DC: Do you ever encounter any barriers that would preclude you from treating a patient?

WM: There are times. A medical doctor may have a strong opinion on a subject, but I've got an opinion, too. We have discussions, and it's kept on an intellectual basis.

DC: You don't have any instances where a medical doctor would say, "Well, he's a chiropractor, he's not qualified to work on this patient."

WM: I've had a couple of those instances. If I have somebody who has a condescending view of chiropractic, I usually try to rationally address the basis of their beliefs. When you're in a hospital, part of the code of conduct is that you can't speak in a seditious way about other staff members. A staff member can lose their hospital privileges by spreading damaging gossip about another provider. If a doctor wants to attack me on other grounds, fine. If a doctor questions the soundness of my treatment plan, he is not attacking me personally - that is OK, but nobody can attack me personally or make blanket statements about our profession. If I hear of another provider attacking chiropractic I usually arrange to speak with that provider individually. I am usually able to refute their mistaken conceptions and arrange for a one-hour in-service on chiropractic for their whole

department. When I speak to medical departments, I encourage them to "throw spears" if they want. If I can't stand up to intellectual critique, maybe I am in the wrong job.

DC: Tell us about some of the projects you're working on.

WM: We have three research studies in the preliminary stages. I can't elaborate on them too much because we have strict codes of conduct with research, but we do have two human subject studies that we're in the preliminary planning stages, and we also are proposing a very exciting epidemiological stroke study with an eminent medical stroke researcher. That's a very exciting project.

We have a few other projects. We have a chiropractor, Joanna Hudec, sponsored by Texas Chiropractic College completing a one-year residency in Hospital-Based Chiropractic. During this fellowship, Dr. Hudec has completed a rigorous year of hospital rotations, academics, and skills training. I wrote this fellowship based on the medical model for residential study. Dr. Hudec is now prepared clinically and administratively to establish and run a hospital-based chiropractic clinic. She has also been working at our on-base medical school providing chiropractic care to medical students at the student clinic.

I also would like to mention Dr. Terry Kearney, another staff chiropractor here. He administers our chiropractic student program. We have chiropractic students from New York Chiropractic College come down here for five months at a time. They do rotations through the medical departments in the morning, and they treat chiropractic patients in the afternoon. Dr. Kearney and I are adjunct faculty for NYCC.

We also have medical residents, interns and students rotate through our chiropractic clinic. One of the medical students spent the day with me today. They come through and learn about chiropractic by rotating through our facility. I should mention that we teach them about chiropractic, not how to adjust.

Finally, all of Bethesda's spine-related specialties are working to create a multidisciplinary center of excellence for spinal care: The Defense Spinal Center.

DC: How do you think these projects are going to help advance chiropractic?

WM: With scientific research, you never know. If you ask a sound scientific question, you might not always like the answer that research provides. We have to ask questions and live with the answers.

It's also my belief that the chiropractic profession is ready for residencies and internships where we're actually in hospitals. In a hospital, you're exposed to a great range of diagnostic tools and a wide assortment of maladies. A student will learn far more about a disease or malady by seeing and examining patients with that disease than just reading about it. We definitely don't want to become medical doctors; we want to create better chiropractors. There are 800 other providers credentialed at this hospital. Virtually every one of them knows more about medicine than I do. I do not see the need for a chiropractor to prescribe drugs; it is hard enough to master clinical chiropractic skills. But, while there are 800 providers that may [know] more about drugs than I do, I would say I've done more spinal exams than anyone else in the hospital.

DC: Any final thoughts you'd like to share?

WM: The focus of a good chiropractor should not be on self; the focus of your life as a chiropractor should always be on your patients. Being a chiropractor is not about degrees, patient numbers, fees, practice management, modalities, or philosophy. Being a chiropractor is entirely about

helping a world of hurting and ill people, people we have sworn to serve.

DC: Thank you.

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