

An Open Letter to ACA Board Chairman Jim Edwards and the Chiropractic Profession

Dear Jim:

Thank you for giving me the opportunity to involve the profession in national politics on a more fully informed basis. You know from our personal discussions the ICA not only feels it did not break the VA agreement, it feels it was broken by the ACA. I have tried to just ignore the barbs and let the issue die, since our profession is such a long way from equality and we have so many pieces of legislation yet to pass. I was taught it's bad form to criticize others publicly when you need to work with them for the good of the profession in the future. I offer the following without personal animosity, but in order to put ICA and ACA's actions into public view to clear the air so we can move on.



Michael S. McLean, D.C.

You will recall, the ICA/ACA/WCA agreed to jointly introduce a VA bill with the language being extremely specific, including the term "**subluxation**". You may also recall the ACA was very resistant to using this word, even claiming at one point that the term would reduce us to the standards of Medicare, which the ACA would never condone. In fact, the ACA specifically refused to agree to use the term unless the ICA would agree to support a new section seeking to reconstitute the Department of Defense Advisory Committee, including that body's personnel, as the VA Advisory Committee. This agreement took over six months of negotiation.

The ICA agreed to do so in exchange for legislative language that included the term "**subluxation**". When the legislative language was introduced shortly thereafter by ACA Chair Jim Edwards' Congressman without the term "**subluxation**" in it anywhere, the ICA felt betrayed. We asked that the sponsor amend the bill to include the term, but were told ACA Chair Jim Edwards' Congressman opposed the change. At that point, the ICA concluded that any agreement it had made with ACA had been breached by ACA. We then hired a new, well-connected and positioned lobbyist, former Congressman Randy Tate, and tasked him with securing the inclusion of "**subluxation**" in the bill. Everywhere Mr. Tate went, he got the same story: it's impossible to add "**subluxation**" into the language.

Despite the opposition, the ICA and WCA were able — with no help from the ACA I might add — to get "**subluxation**" included in the final version of the bill. When the ACA/ACC called and said they expected us to abide by the broken agreement, I was stunned! I have worked in politics for years, and so am not naive about agreements but I have never encountered insistence that I keep my end of an agreement that someone else had broken.

Jim, you and I had a heated discussion of this issue at the National Chiropractic Leadership Forum in Chicago in May 2002. You told me that you, personally, did not ask for the introduction of the VA legislation which left out the term "**subluxation**", but you could not speak for the ACA staff. I know the ICA did not ask Jim Edwards' Congress-

man to introduce the bill, and I'm certain the WCA did not. The list of suspects grows quite small.

Regardless of who asked ACA Chair Jim Edwards' Congressman to introduce the flawed language, our agreement was that we would support the legislative reconstitution of the old DOD Chiropractic Advisory Committee to serve as the VA Chiropractic Advisory Committee, but only in exchange for the introduction of our agreed-upon language. This did not happen. The unfortunate breaking of the agreement by someone else freed ICA to submit its own nominees. When the VA requested nominees from us, we submitted five names, all ICA members.

Perhaps just as significant, Congress did not even consider the possibility of reconstituting the DOD advisory committee; it was left out of the bill that passed the House and not even discussed in the Senate version. That move alone should have signaled an end to any agreement on any aspect of a VA advisory committee. ICA had no difficulty understanding what Congress meant by this rejection. We did not agree to support a slate of appointees to a VA advisory committee. We agreed to support language that would, if passed, have reconstituted the DOD committee, to which the ICA had hopes of appointments. We never even discussed appointments of anyone specific if Congress did not agree to the re-constitution proposal.

The allegation that the ICA or the WCA was somehow responsible for the inclusion of a representative from chiropractic medicine is baseless. If you had been present, as I was, at meetings the VA held with our profession over the two years prior to the VA bill's passage, you would have noticed the VA already had picked out the organizations it wanted in the mix. At each of these meetings, the ICA was invited, along with the ACA, the WCA, the CCE, and the chiropractic medicine group (NACM). In fact, 4 of the 6 DC members subsequently appointed to the VA Advisory Committee had attended the VA meetings and/or had testified at Congressional hearings in the previous 2 or 3 years: Drs. McMichael, Phillips, DuVall and myself. It was certainly not surprising to anyone who had been involved that these same representatives were appointed to the Advisory Committee. The VA had total control over the mix of chiropractic organizations it wanted involved, for its own purposes; neither your organization's view nor mine mattered to them.

It is particularly disingenuous of you to accuse the ICA and me of abandoning the subluxation, when you know the word would never have been in the VA law had it not been for the efforts of the ICA and its legislative team, which I am honored to chair. In the draft submission of Protocols and Scope of Practice for DCs in the VA Setting, which you mentioned in your column, I proposed the following for scope:

"All services necessary to detect, correct and prevent neuro-musculoskeletal conditions, including subluxation complex." I can find nothing ambiguous about this definition. I used the term "neuro-musculoskeletal condition" because the law specifies it. I personally feel it is confusing in a medical sense; spinal tumors, for instance, are "neuro-musculoskeletal" conditions.

In the protocols, which are for MDs and hospital administrators to use in determining when chi-

ropractic care is called for, I felt the use of the term "neuro-musculoskeletal conditions" was misleading without some qualification, since not all NMS conditions can be cared for by a DC. Hence I used the term "chiropractic problems" which I felt would be more accurate and useful, and would cover whatever NMS problems DCs should address. I hope it is not your position that spinal tumors should be taken care of by the DC.

Jim, the merged efforts of our chiropractic associations produced a VA law that specifies **direct access** to chiropractic care and that DCs will correct **subluxation**. This happened not *in spite of* our joint action, but *because of it*.

Contrast that with the law the ACA recently got passed working **without ICA**: the inclusion of chiropractic services for active-duty military. This law, for which ACA gets all the credit, had **direct access** stripped out before passage, making chiropractic care available **only upon medical referral**. Strangely, it is also missing the word **subluxation**, which we were led to believe was dear to ACA's heart. Had other chiropractic organizations been involved, we may have had a better outcome.

I bring this up not to rub salt in the wound, but to point out that we were successful in passing legislation that will benefit the whole profession, indeed, the whole of mankind, when we worked together. I'm sure the profession feels we need more unity in legislative activity, not less. There is too much at stake to continue the politics of personal destruction; I guarantee you the profession couldn't care less, as long as it sees progress and prosperity.

We will introduce legislation in 2003 to improve access to chiropractic; also, with Senator Frist, M.D. as the new Senate Majority Leader we feel certain some Medicare Prescription Drug Benefit will likely be passed. We need to band together and insist on an equal chiropractic benefit — currently denied as maintenance care — for those who either can't take drugs (due to physical/chemical/psychological contraindications) or choose not to (due to religious or philosophical reasons). We have invited ACA to meet with us and help craft the language so that it is as close to your liking as possible. Although ACA has so far refused our invitation to a unified profession on the legislative level, the door is still open. The WCA and FSCO have met with us and we have agreed on a joint legislative agenda. The profession would like us to work together, and I'm quite sure the majority of ACA members would too. We're all grown-ups here; let's check the egos at the door and roll up our sleeves and work together for the future of our profession.

People are tired of the petty bickering and accusations that further no one's cause. It's time to move on. Let's do it together.

Yours for Chiropractic,

Michael S. McLean, D.C.
Legislative Chair, ICA