

MERGER ISSUE – MALTBY

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erans Affairs Chiropractic Advisory Committee (CAC) voted to recommend access to chiropractic care by MD referral. In a shocking turn of events, when the members voted on September 17th, nine of the 11 members voted to recommend that chiropractic care *not* be available to veterans by direct access.

CAC members voting *against* direct access included all three of the ACA members on the committee, who teamed up with Charles DuVall, the member of the "chiropractic medicine" splinter group, to cast their controversial votes. ICA representative Dr. Michael McLean argued passionately for the need to stand up for veteran beneficiaries, stressing that they would potentially have no effective guarantee of reasonable and timely access to chiropractic services for years unless the chiropractic members of the CAC supported

direct access. Dr. McLean argued that if Veterans Affairs Secretary Anthony Principi declined to recommend direct access after the DCs on the CAC stood firm on it, the profession could go back to Congress and ask for further legislation to compel the VA to widen the availability of care through a direct access mandate. **This is not ICA's interpretation of what took place at that meeting, it is a matter of public record. Those who wish to argue this fact should check the written record first.**

ICA Action on Critical Issues

The independence of the ICA is not just a matter of disagreeing with ACA or other organizations; it is a matter of ICA being there to act on critical issues when no other organization will do so. Here are a few key examples of what I mean:

- Most of you are aware there has been an assault on the chiropractor's ability to take clinically required x-rays, as authorized by the laws of

the 50 states and many other jurisdictions without harassment from economically driven consultants acting in the interests of third-party payment organizations. To provide the DC in practice with a credible, practical means of defending this important diagnostic technology, ICA mobilized a new committee, the Practicing Chiropractors' Committee on Radiology Protocols (PCCRP) for Biomechanical Assessment of Spinal Subluxation in Chiropractic Clinical Practice, to develop a guidelines document utilizing all available literature on the subject.

The PCCRP guideline committee, comprising of 24 doctors of chiropractic from the United States, Canada and elsewhere, performed a comprehensive literature search (1963 references in total) and prepared a 350-page document of evidence-based support for subluxation analysis via x-ray as performed by a large percentage of practicing chiropractors. These comprehensive guidelines, *Spinal Radiography*

Guideline for Subluxation Analysis in Chiropractic Practice, are intended to offer the doctor in practice or any entity, whether a third-party payment or government agency, a sound, powerful, research-anchored document that will stand in direct opposition to current arbitrary and economically driven attempts to restrict chiropractic radiography to "Red Flag Only" cases. This process is now nearing completion and a final document will soon be ready for worldwide distribution.

- ICA has always promoted quality, chiropractic specific education so our institutions produce successful doctors of chiropractic who are confident, clinically aware and focused. As such, ICA has never hesitated to challenge chiropractic's accrediting agency, the Council on Chiropractic Education (CCE) when it felt it was necessary to bring the education process back to center. ICA has challenged CCE on a number of key fronts, including the US Department of Education and supported the lawsuit by Life University. We are now in a positive dialogue with CCE and we feel our legitimate concerns are being addressed.

- ICA holds that chiropractic care is safe, effective and appropriate for patients of all ages, from newborn infants to the most senior among us. ICA has led a determined fight to safeguard that basic right for children. In years past, too many in other organizations were willing to trade denial of access for children for other benefits. ICA will never compromise on this issue. ICA established its Council on Chiropractic Pediatrics 15 years ago to defend and promote children's chiropractic rights and clinical excellence in this realm. ICA's commitment is a global one. In 2000, the government of the Canadian Province of Manitoba acted to deny reimbursement for chiropractic services to children. ICA mounted a worldwide fundraising campaign, raising more than \$50,000 in less than a week, passing 100 percent of all proceeds through to the Manitoba Chiropractic Association. ICA also helped to produce a series of white papers on the subject. This combined effort was successful in correcting this inequity in public policy in that province.

You may ask how any of the above is relevant to the merger issue. It is. First, as separate organizations we can focus and act on different issues. What ICA thinks is important and significant, ACA may not and vice versa. Also, as I pointed out we have major differences on certain issues and instead of solving any of the profession's problems we might just create more internal dissension if we tried to merge.

Again, ICA respects the right of the ACA to hold any position it wishes, but first we need to find out if any of our positions are compatible. We need to take little steps before we contemplate a major leap. At this time ICA believes that merger is not going to work and will not benefit the profession. Which is why in the spirit of cooperation we invited ACA to work with us on certain issues first. As of the writing of this article (August 15, 2007) we have received no response.

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