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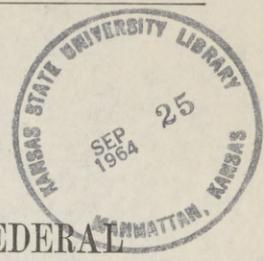
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# FEDERAL EMPLOYEES' COMPENSATION ACT

GOVERNMENT

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## HEARING BEFORE THE SENATE SUBCOMMITTEE ON FEDERAL EMPLOYEES' COMPENSATION OF THE COMMITTEE ON LABOR AND PUBLIC WELFARE UNITED STATES SENATE

EIGHTY-EIGHTH CONGRESS

SECOND SESSION

ON

S. 1710 and S. 2078

BILLS TO AMEND THE FEDERAL EMPLOYEES' COMPENSATION  
ACT

JUNE 25, 1964

Printed for the use of the  
Committee on Labor and Public Welfare



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WASHINGTON : 1964

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2. 1710

1st Session  
81st Congress

# FEDERAL EMPLOYEES' COMPENSATION ACT

IN THE SENATE OF THE UNITED STATES

THURSDAY, JUNE 25, 1964

U.S. SENATE,  
SPECIAL SUBCOMMITTEE ON  
FEDERAL EMPLOYEES' COMPENSATION,  
COMMITTEE ON LABOR AND PUBLIC WELFARE,  
Washington, D.C.

The subcommittee met at 10 a.m., pursuant to call, in room 4232, New Senate Office Building, Senator Lee Metcalf (chairman of the special subcommittee).

Present: Senator Metcalf (presiding).

Also present: Hon. Quentin N. Burdick, a U.S. Senator from the State of North Dakota.

Committee staff members present: Stewart E. McClure, chief clerk; Edward D. Friedman, counsel of the subcommittee; and John D. Stringer, minority associate counsel.

Senator METCALF. The subcommittee will be in order.

At this point we will insert in the record S. 1710 and S. 2078, and departmental reports.

(S. 1710, S. 2078, and departmental reports follow:)

88TH CONGRESS  
1ST SESSION

# S. 1710

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## IN THE SENATE OF THE UNITED STATES

JUNE 13, 1963

Mr. BURDICK introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

---

## A BILL

To amend sections 9 and 40 of the Federal Employees' Compensation Act, as amended.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*  
3 That (a) the first two sentences of section 9 (a) of the  
4 Federal Employees' Compensation Act, as amended (U.S.C.,  
5 title 5, sec. 759), are amended to read as follows:

6 "For any injury sustained by an employee while in the  
7 performance of duty, whether or not disability has arisen,  
8 and notwithstanding that the employee has accepted or is  
9 entitled to receive benefits under the Civil Service Retirement  
10 Act, the United States shall furnish to the employee all  
11 services, appliances, and supplies which are prescribed or

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1 recommended by duly qualified physicians (and, in addition,  
2 in case such injury involves a strain or sprain, which are  
3 prescribed or recommended by duly qualified chiropractic  
4 practitioners), and which, in the opinion of the Secretary of  
5 Labor, are likely to cure or to give relief or to reduce the  
6 degree or the period of disability or to aid in lessening the  
7 amount of the monthly compensation. Such services, appli-  
8 ances, and supplies shall be furnished by or upon the order  
9 of the United States medical officers and hospitals, but where  
10 this is not practicable, they shall be furnished by or upon  
11 the order of private physicians (and, in addition, in case such  
12 injury involves a strain or sprain, duly qualified chiropractic  
13 practitioners), or hospitals, designated or approved by the  
14 Secretary.”

15 (b) Section 40 of such Act is amended by adding “and  
16 duly qualified chiropractic practitioners” after “hospitals” in  
17 subsection (e), and by adding at the end of such section the  
18 following new subsection:

19 “(n) (1) The term ‘duly qualified chiropractic practi-  
20 tioner’ means an individual who shall have been found by  
21 the Secretary of Labor to be qualified to treat strains and  
22 sprains through the employment of chiropractic.

23 “(2) The term ‘strain’ means an overstretching or over-  
24 exertion of some part of the musculature.

1           “(3) The term ‘sprain’ means the wrenching of a joint  
 2 with partial rupture or other injury of its attachments and  
 3 without luxation of bones.”

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88TH CONGRESS  
1ST SESSION

# S. 2078

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## IN THE SENATE OF THE UNITED STATES

AUGUST 26, 1963

Mr. MAGNUSON introduced the following bill; which was read twice and referred to the Committee on Labor and Public Welfare

---

## A BILL

To amend the Federal Employees' Compensation Act so as to permit injured employees entitled to receive medical services under such Act to utilize the services of chiropractors.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*  
3 That the first two sentences of section 9 of the Federal  
4 Employees' Compensation Act, as amended (5 U.S.C.  
5 759), are amended to read as follows: "For any injury sus-  
6 tained by an employee while in the performance of duty,  
7 whether or not disability has arisen, the United States shall  
8 furnish to the employee all services, appliances, and supplies  
9 prescribed or recommended by duly qualified physicians or  
10 chiropractic practitioners which, in the opinion of the Sec-

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1 retary of Labor, are likely to cure or to give relief or to re-  
2 duce the degree or the period of disability or to aid in lessen-  
3 ing the amount of the monthly compensation. Such serv-  
4 ices, appliances, and supplies shall be furnished by or upon  
5 the order of United States medical officers and hospitals, but  
6 where this is not practicable they shall be furnished by or  
7 upon the order of private physicians and hospitals, or chiro-  
8 practic practitioners, designated or approved by the Secre-  
9 tary of Labor.”

10 SEC. 2. Paragraph (e) of section 40 of such Act, as  
11 amended (5 U.S.C. 790), is amended to read as follows:

12 “(e) The term ‘medical, surgical, and hospital services  
13 and supplies’ includes services and supplies by osteopathic  
14 and chiropractic practitioners and hospitals as licensed by  
15 State law and within the scope of their practice as defined  
16 by State law.”

U.S. DEPARTMENT OF LABOR,  
OFFICE OF THE SECRETARY,  
Washington, D.C., February 7, 1964.

Hon. LISTER HILL,  
Chairman, Committee on Labor and Public Welfare,  
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: This is in further response to your request for our views on S. 1710, a bill to amend the sections 9 and 40 of the Federal Employees' Compensation Act, as amended.

In our letter to you concerning this bill, dated September 30, 1963, we did not specifically comment on the fact that it would limit the use of chiropractic services to cases in which the employee's injury involves a strain or sprain. However, we did carefully consider this feature of the bill, and concluded that notwithstanding its restricted application, the proposal is subject to the objections we have previously stated.

In addition to those objections, we might also call attention to the fact that certain ailments which are entirely unrelated to strains or sprains are sometimes first manifested by the same symptoms as they are. In such situations we doubt that a person who is not a medical doctor would be the best qualified to correctly diagnose the illness or to prescribe treatment therefor.

For this reason, and the reasons discussed in our earlier letter, we are opposed to the enactment of S. 1710.

Yours sincerely,

W. WILLARD WIRTZ,  
Secretary of Labor.

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U.S. DEPARTMENT OF LABOR,  
OFFICE OF THE SECRETARY,  
Washington, September 30, 1963.

Hon. LISTER HILL,  
Chairman, Committee on Labor and Public Welfare,  
U.S. Senate, Washington, D.C.

DEAR MR. CHAIRMAN: This is in further response to your letter requesting comments on S. 1710, a bill to amend sections 9 and 40 of the Federal Employees' Compensation Act, as amended, and S. 2078, a bill to amend the Federal Employees' Compensation Act so as to permit injured employees entitled to receive medical services under such act to utilize the services of chiropractors.

These bills would amend sections 9 and 40 of the Federal Employees' Compensation Act to grant statutory authority to chiropractic practitioners, within the range of their practice as defined by State law, to participate on an equality with doctors of medicine and osteopathic physicians in the treatment of beneficiaries under the act.

In general, chiropractors, where licensed to practice under State law, are prohibited from the practice of surgery, and the administration or prescription of drugs or medicines. In addition to such statutory limitations, they usually have no hospital privileges. In view of these restrictions, it is doubtful whether Federal employees who sustain personal injuries in the course of their employment would be able to get adequate medical treatment under this particular theory of healing.

Moreover, the Federal Employees' Compensation Act does not preclude the use of chiropractic services in appropriate cases. The services of chiropractors, physiotherapists and other specialists may be used where recommended by and carried out under the direction of a U.S. medical officer or a duly qualified physician trained and licensed to engage in the practice of medicine. In view of this fact, it is not necessary to amend the act to permit the use of such services. We, therefore, oppose the enactment of these bills.

The Bureau of the Budget advises that there is no objection to the submission of this report from the standpoint of the administration's program.

Yours sincerely,

W. WILLARD WIRTZ,  
Secretary of Labor.

EXECUTIVE OFFICE OF THE PRESIDENT,  
BUREAU OF THE BUDGET,  
Washington, D.C., November 27, 1963.

HON. LISTER HILL,  
*Chairman, Committee on Labor and Public Welfare,  
U.S. Senate, Washington, D.C.*

DEAR MR. CHAIRMAN: This is in reply to your letters of June 20 and August 27, 1963, requesting the views of this office on S. 1710 and S. 2078, bills which would amend sections 9 and 40 of the Federal Employees' Compensation Act to permit the use of chiropractors.

The Secretary of Labor is recommending against enactment of these bills in a report being made to your committee.

The Bureau of the Budget concurs in the views of the Department of Labor in its report on S. 1710 and S. 2078, and accordingly recommends against enactment of these bills.

Sincerely yours,

PHILLIP S. HUGHES,  
*Assistant Director for Legislative Reference.*

Senator METCALF. The hearing this morning on the two bills, S. 1710 and S. 2078, to amend the Federal Employees' Compensation Act. This will be held before a Special Subcommittee on Federal Employees' Compensation set up by our distinguished chairman, Senator Lister Hill, for this special purpose. The special subcommittee consists of five members, Senators McNamara, Morse, Javits, and Jordan, in addition to myself. Senator Hill has honored me by asking me to serve as chairman of this special subcommittee.

The purpose of the hearing this morning is to determine whether the distinction which the Federal Government has drawn between physicians, surgeons, and osteopaths on the one hand, and chiropractors on the other can be supported. The two bills which have been referred to this special subcommittee and on which we are having these hearings would, in somewhat different degrees do away with the distinction by authorizing chiropractors, to provide chiropractic services under the Federal Employees' Compensation law, upon the request of the injured employee, within the scope of their practices as permitted and defined by the law of the States.

Our first witness is my neighbor out West, Senator Burdick of North Dakota. Now let's get on with the hearing.

Senator Burdick, we are delighted to have you before the subcommittee and you may proceed in any way you wish.

#### STATEMENT OF HON. QUENTIN N. BURDICK, A U.S. SENATOR FROM THE STATE OF NORTH DAKOTA

Senator BURDICK. Mr. Chairman, it is a pleasure to appear on behalf of S. 1710, to permit employees of the United States to seek chiropractic services under the U.S. Employees' Compensation Act. As you know, I introduced similar legislation in the 87th Congress and, as a member of this committee chaired a hearing on it in May 1962. I hope that this year we can demonstrate unmistakably the desirability and equity of early enactment of S. 1710.

Approved in 1916, the U.S. Employees' Compensation Act provides for medical, surgical and hospital services for the treatment of injuries sustained by Federal employees in the course of their duties. Whenever available, these services are to be provided by the Public Health Service and similar Federal medical agencies. When not

available, the bureau chief or supervisor authorizes the use of private practitioners from a list approved by the Secretary of Labor. While the law does not preclude chiropractors, it has been so administered that chiropractors are never or seldom granted the necessary authorization.

A Federal employee injured on the job for a back injury goes to a chiropractor, believing he is entitled to compensation. He presents his bill to the Government, but it is refused on the grounds that chiropractic services must be recommended by a U.S. medical officer or a duly qualified physician—a recommendation that is never or seldom made.

Mr. Chairman, 30 years ago osteopaths found themselves in this identical situation. They were shut out just as chiropractors presently are. Corrective action was taken in 1938 to include osteopaths within the definition of practitioners under the Compensation Act.

The time is overdue when chiropractors should also be included. That is the purpose of my bill.

All S. 1710 would do is to allow an injured Federal worker to have the Federal Government pay for his treatment by a chiropractor, if that is the kind of treatment he desires. The bill does not give chiropractors the right to prescribe medicine or to perform surgery. It simply recognizes the right of chiropractors to provide services in their field of competence, specifically in treating strains and sprains, a category of injuries that includes nearly half of all claims filed under the Compensation Act.

In this connection, it should be noted that the States have traditionally set up the qualifications for practice in the healing arts. Forty-seven States, the District of Columbia, and Puerto Rico, in licensing chiropractors, have established guidelines. My State of North Dakota defines a chiropractor as follows:

The practice of chiropractic shall mean the practice of physiotherapy, electrotherapy, and hydrotherapy as taught by chiropractic schools and colleges, and the adjustment of any displaced tissue of any kind or nature, but shall not include prescribing for or administering to any person any medicine or drug to be taken internally which is now or hereafter included in *materia medica*, nor performing any surgery, except as is provided in this section, nor practicing obstetrics \* \* \*.

Elsewhere, the North Dakota statute provides that—

\* \* \* A licensed chiropractor may not use the title of doctor, physician, or surgeon, but may use the title doctor of chiropractic, or D.C.

Mr. Chairman, the chiropractic profession is constantly improving its training programs and has attained a position of respect and responsibility in the healing arts.

The competence of chiropractors is becoming more and more widely recognized. It is recognized by workmen's compensation departments in all but a handful of States. It is recognized by three-fourths of the commercial health insurers in one or more of their policies. It is recognized increasingly in health plans of labor unions and industry.

Why then, should the Federal Government be out of step? Why should a Federal employee be denied reimbursement for chiropractic services?

The Federal Government, of course, should keep pace, and it should give its employees the right to consult chiropractors about injuries their profession is well qualified to treat.

Enactment of S. 1710 would insure this result, and I respectfully urge your subcommittee to act favorably on it.

Thank you, Mr. Chairman.

Senator METCALF. Senator Burdick, as I understand it, your bill just provides for treatment of strains and sprains.

Senator BURDICK. Yes.

Senator METCALF. Even in those States where a broader permission is given, if there are such States it shall be limited?

Senator BURDICK. Yes.

Senator METCALF. Thank you, Senator Burdick, for your very helpful testimony.

We hoped that Senator Magnuson may be here, and he may come in. We have a statement from Senator Magnuson and it will be included in the record at this point.

#### STATEMENT OF HON. WARREN G. MAGNUSON, A U.S. SENATOR FROM THE STATE OF WASHINGTON

Senator MAGNUSON. Mr. Chairman, I appreciate this opportunity to testify in favor of my bill, S. 2078. My measure would amend the Federal Employees' Compensation Act so as to permit injured employees entitled to receive medical services under such act to utilize the services of chiropractors. I have sponsored this and similar measures over the years because I believe that in those States where chiropractic is a licensed healing profession, the individual choice on the part of the patient should prevail.

The purpose of my bill is expressly to permit Federal employees who are injured in the performance of their duties and are entitled to receive medical service at Government expense under the Employees' Compensation Act, to utilize the services of chiropractors.

Forty-seven States, Puerto Rico, the District of Columbia, the Canal Zone, most provinces in Canada—all have licensing laws which recognize chiropractic is a healing profession.

The public is using the services of chiropractors in ever-increasing numbers. A large and growing number of people are convinced that the chiropractic method of treatment affords better means for the remedy and care of certain illnesses and injuries. Also, the chiropractic profession has been carrying on continuous and successful efforts to raise its educational requirements and professional standards. Only recently, a National Professional Association of Chiropractors combined its midyear directors' meeting with a demonstration staged by officials of the U.S. Food and Drug Administration in its fight against medical quackery.

Many Federal employees suffering injuries use the services of chiropractors. The Government is penalizing those employees injured in performance of their duty by causing them to pay for chiropractic treatment—even when such treatment hastens the employees' return to duty and reduces the cost of the injury to the Government.

It has been stated that the Employees' Compensation Act gives the Commission discretion to permit the services of chiropractors to be utilized at Government expense. However, the Commission has so administered the law that the services of the chiropractor have to

be recommended by a U.S. medical officer or a duly qualified physician. Experience has indicated that recommendation for chiropractic treatment is rarely, if ever, made by a medical doctor.

The Employees' Compensation Appeals Board is consistently denying Government employees the services of chiropractors. In deciding one case, of which I am familiar, the Chairman of the three-man Appeals Board stated:

If we can stay with the law as I understand it, I think your remedy is with the legislature.

The Appeals Board has consistently refused relief to Government employees, claiming that their remedy is with the legislature—in this case, the Congress—and that the present act denies a free choice of the healing arts.

It is fitting that the Senate, having just resolved the civil rights of millions of Americans, would give this bill, S. 2078, favorable consideration and all Government employees the right of their freedom of choice in the healing professions.

Senator METCALF. The next witness is Mr. Grady V. Lake, chairman of the legislative committee, and he will be accompanied by Mr. Joseph P. Adams, legislative counsel of the International Chiropractors' Association.

We are glad to have you with us, Mr. Lake. I see that you have a prepared statement.

Mr. LAKE. Yes, sir.

Senator METCALF. You may proceed to summarize it or any other way in which you choose.

**STATEMENT OF GRADY V. LAKE, CHAIRMAN, LEGISLATIVE COMMITTEE, INTERNATIONAL CHIROPRACTORS ASSOCIATION; ACCOMPANIED BY JOSEPH P. ADAMS**

Mr. LAKE. Senator Metcalf, I am a doctor of chiropractic, and I have been in practice for some 15 years in Atlanta, Ga.

My testimony here, of course, I would like to have it admitted for the record as it stands and I would like to answer any questions I might for you and the subcommittee.

Senator METCALF. I have not had an opportunity to read your statement. I think it would be beneficial if you put it in the record and then highlighted it or summarized it.

Mr. LAKE. Fine. My appearance here today, of course, is to support S. 2078, and as I have stated before, I am a practicing chiropractor in the city of Atlanta, Ga., and I am chairman of the legislative committee of the International Chiropractors' Association and I am accompanied today by our attorney and Washington representative, Brig. Gen. Joseph Adams.

The International Chiropractors Association has its headquarters in Davenport, Iowa, and is an organization composed of doctors throughout the United States and foreign countries. It is dedicated to the public welfare and to the promotion and preservation of high professional standards. It maintains that all people of the world are legally entitled to freedom of choice of doctor for their personal health care, and that ICA's standards of membership are intended to assist all peoples, groups, and agents to obtain responsible health service.

In keeping with our declared policy of freedom of choice of doctor, it is our request that the present Federal Employees' Compensation Act be amended so as to permit injured employees entitled to receive medical services under such act to utilize the services of chiropractors.

The major responsibility of the U.S. health profession is to provide comprehensive health care for an ever-expanding national population. Medical doctors, doctors of chiropractic, dentists, osteopaths, optometrists—all share an obligation to the health of every State, every city, every individual.

The rapid growth of specialty sciences within the health professions has become the natural solution to the ever-present problem of attending the human need for health.

To point up the situation as it now exists under the Federal Employees' Compensation Act, I would like to read to the subcommittee a letter written by Harold T. Hickey, Chief of the Audit and Compensation Payroll Branch, U.S. Department of Labor, Bureau of Employees' Compensation, 10th Compensation District, under date of January 17, 1962. This letter was written to Mr. Bernard W. Schenken, 1395 10th Street, Marion, Iowa; file No. A10-45156. The letter reads, in its entirety as follows:

DEAR MR. SCHENKEN: We have received a bill in the amount of \$12 which has been submitted on account of charges for services rendered by Dr. R. A. Hender, chiropractor, for treatment of the injury you sustained on October 4, 1961.

The Federal Employees' Compensation Act provides that employees injured in the performance of duty shall be furnished services, appliances, and supplies that are prescribed or recommended by duly qualified physicians which in the opinion of the Bureau are likely to cure or to give relief or to reduce the degree or the period of disability of to aid in lessening the amount of monthly compensation. The act defines the term "physician" to include surgeons and osteopathic practitioners with the scope of their practice as defined by State law. Aside from surgeons and osteopathic practitioners the term "physician" does not include any practitioners in other fields of healing practice.

In view of this, there is no basis on which to approve payment for the services of Dr. Hender, because his services were not prescribed or recommended by a duly qualified physician within the meaning of the act. We are accordingly enclosing the bill, which you must now consider your personal obligation. Dr. Hender has been informed of this action by way of a copy of this letter.

Very truly yours,

HAROLD T. HICKEY,

*Chief, Audit and Compensation, Payroll Branch.*

To emphasize the importance of the problem, it should be understood that chiropractic has developed and become the second largest healing profession in this country.

Chiropractic was discovered September 1895; in 69 short years we point to the fact that some 25,000 chiropractors are now serving approximately 35 million American people.

Our International Chiropractic Association files disclose that more than 500 insurance companies make payments to chiropractors for chiropractic services or reimburse the policyholders for the payment of such services.

The doctor of chiropractic works hand in hand with men of the allied health professions.

In this age of specialization, the chiropractor often finds himself referring patients and receiving referrals. His position in society brings him in contact with many problems concerning the effective and efficient operation of a comprehensive health care program. He

finds an obligation to not only provide a service to his patients in the office, but to promote responsible standards of health in his community, State, and Nation.

The role of chiropractic health care in industrial back injury cases has become an important contribution to the Nation's health needs. From a personal standpoint there are two large corporations in Atlanta that use our clinic entirely for all spinal injuries.

The doctor of chiropractic finds himself providing a most essential service to the Nation's work force. For example, 1 of every 10 lost-time injuries is the result of back strain, causing an estimated 10 million lost man-hours each year.

Today, many industrial executives and leaders of the union movement are realizing the efficacy of chiropractic health care in reducing the time required to restore employees to work and in maintaining a minimum of cost to management, insurance company, and the individual worker.

Insurance companies are quickly realizing the value of chiropractic health care as an added health and accident policy feature and are encouraging patients with certain conditions to visit the doctor of chiropractic.

The doctor of chiropractic specializes in the adjustment of the spine and the relationship between the spinal vertebra and the nervous system and their relationship to health and disease.

The practice of chiropractic consists of analysis of any interference with normal nerve transmission and expression and the correction thereof by an adjustment with the hands of the vertebral column for the restoration and maintenance of health, without the use of drugs or surgery. The term "analysis" is construed to include the use of X-ray, which, in a survey of the profession, better than 90 percent of all chiropractors make a thorough X-ray study of the spine before the patient is accepted or rejected for chiropractic care.

Chiropractic is recognized not only by National, State, or provincial governments but also by independent insurance companies, unions, industry, and the public. As an illustration, the constitution of the Brotherhood of Locomotive Firemen & Enginemen insists that chiropractic care be provided for in its contracts with management. Again, the Painters, Decorators & Paperhangers (AFL-CIO) have several plans with chiropractic provisions. At present the rubber union is negotiating for chiropractic inclusion in their work contracts. Every day new labor contracts are going into effect including chiropractic care.

I might say here that the working people, the people that are actually on their feet and performing manual labor are the ones that suffer from these spinal disorders. You can take a banker that sits at a desk and he can carry a scoliosis or a twisted spine for many years without any serious ill effects, but a man who actually does manual labor has to do something about it one way or the other. And, naturally, they turn to chiropractic.

We have several personal cases that have actually been under my care that have been Federal employees that have to pay for these services out of their own pockets.

Now, I would like, Senator, with your permission, just to submit the rest of this testimony in deference to the number of witnesses that you have to hear today.

I would be happy to answer any questions.

Senator METCALF. Thank you very much. I have had an opportunity to glance through the rest of your testimony in which you have cited instances in various agencies where chiropractic care is recognized and precedents for the passage of this legislation.

You say you are appearing in support of S. 2078, but I take it that you also support Senator Burdick's bill.

Mr. LAKE. Yes, sir.

Senator METCALF. Either legislation would be satisfactory?

Mr. LAKE. Yes, sir.

Senator METCALF. I would like to have you comment on a paragraph out of the report of the Secretary of Labor, and I'll read it to you.

The Federal Employees' Compensation Act does not preclude the use of chiropractic services in appropriate cases. The services of chiropractors, physiotherapists, and other specialists may be used where recommended by and carried out under the direction of the U.S. medical officer or a duly qualified physician to engage in the practice of medicine.

In view of this fact it is not necessary to amend the act to permit such services.

Do you have some comment on that?

Mr. LAKE. Yes, sir; I am a second-generation practitioner in chiropractic. My father was a pioneer in chiropractic in the State of Georgia, and we have never had a direct referral, there has never been one on record where a medical physician has referred the patient to us. Maybe it is economics; I do not know exactly. There are several things that you could point your finger at, but there has never been a case on record.

However, we had a hearing before this subcommittee about a year and a half ago, and I was here to testify, and I was sent shortly after that—

Senator METCALF. Was that before Senator Burdick's subcommittee?

Mr. LAKE. I was sent a patient who supposedly worked for FAA, by a local physician, and he wanted to, if we performed any beneficial work for this man—this was the statement the patient gave me—that he wanted to pay for these services.

Well, there was no such person as the man who came to me. I mean, we could not substantiate his name nor his address, and we do not care for subcontracting, and I called the doctor in question and told him that we did not do that in our clinic and I did not want him to feel responsible for my bill.

There has never, as I have stated before, been a case on record where we were referred a patient by a medical doctor.

Now, we refer patients every day to physicians. You understand in chiropractic we are in a highly specialized field, we are interested in the spine and the position of each one of the vertebra of the spine. When they come out of position they can pinch or press upon the spinal nerves, and when this happens you have a variety of disorders resulting depending on whether it is a motor nerve or a nerve of sensation, a sensory nerve, depending on what nerve it is and where it supplies.

There are many cases that actually come into my clinic in Atlanta that we refer because they do not fit into the scope of practice of chiropractic. I am quite fortunate there; I went to Emory Univer-

sity there in Atlanta and took premedicine, and I have a lot of my friends who are practicing physicians and surgeons in Atlanta, and we have a very nice arrangement.

They realize what we do as well as the chiropractor understands that he is not here to replace medicine in any way.

Senator METCALF. But do they refer patients to you?

Mr. LAKE. Privately, yes, sir. But for the record they cannot.

Senator METCALF. What do you mean "for the record they cannot?" They are prohibited by the American medical associations?

Mr. LAKE. They are prohibited by the rules and regulations of the Fulton County Medical Society to do it, which can mean many problems to them from hospital privileges and all, you understand. In fact, I have waited on several of them personally. We have had several physicians as patients. We have worlds of dentists as patients, because if anybody needs chiropractic a dentist does. You can tell by an X-ray of the spine whether he is a right-handed or left handed dentist because he is on his feet all the time.

We think the American worker, the average man in the street, has enough sense to realize and have an opportunity of freedom of choice to go to the doctor of his choice and it seems to be the trend here in Washington to grant these privileges of rights and privileges of the individual and we think that chiropractic should be a health profession that can be considered and used by the Federal employee. We do not think he should be denied the services of a chiropractor if he needs it.

Senator METCALF. Even where a person was privately, as you say, we will put that "privately" in quotes, referred to you by a physician you would not be able to collect or your patient would not from the Federal Employees' Compensation Act because there would have to be an official referral?

Mr. LAKE. That is correct. The only way the man could be paid for the services would be for the medical physician to be paid and he in turn pay me, and as I, using not too good English, I told him we ain't doing no subcontracting.

Senator METCALF. Senator Burdick, do you have any questions?

Senator BURDICK. No, thank you.

Senator METCALF. I think that you have made a strong case this morning, Mr. Lake.

Do you have anything to add, Mr. Adams?

Mr. ADAMS. Well, Chairman Metcalf, on behalf of the ICA, we are indebted to you and Senator Burdick for your continuing interest in this legislation, and the opportunity to have this hearing and the privilege to hear of the fine witnesses that are appearing this morning is definitely in support of this principle of freedom of choice of the healing arts and we are genuinely indebted to you and your committee in that regard.

Senator METCALF. That is very kind of you, thank you very much.

Mr. LAKE. We certainly do appreciate it very much.

Senator METCALF. That balance of your statement will be incorporated in the record as if we had read it.

Mr. LAKE. Thank you very much.

Forty-seven States, Puerto Rico, the District of Columbia, the Canal Zone, most Provinces in Canada, and many other nations have enacted meaningful licensing laws.

Private insurance companies regularly pay chiropractic claims.

Some industries now have staff doctors of chiropractic and many industries routinely refer injured employees. Management-labor contracts provide for chiropractic care. Workmen's compensation laws in most States provide for chiropractic care.

The public is utilizing services of doctors of chiropractic in an ever-increasing volume.

The U.S. Civil Service Commission, Bureau of Retirement and Insurance, presently provides through a number of its Federal benefits plans chiropractic care under its Federal employees health benefits program. Many States provide chiropractic care to the aged under provisions of the Kerr-Mills bill recently enacted by Congress.

The degree to which the chiropractic profession has been successful in establishing itself as a recognized healing art has been the subject of several recent articles published in national magazines and newspapers.

On October 16, 1961, the conservative Wall Street Journal published a comprehensive article headlined, "Chiropractors Make Headway in the Struggle To Win Complete Acceptance." I offer to this subcommittee and respectfully request that copy of this article be made a part of this hearing:

(The article referred to follows:)

McCall's magazine recently published a story by reporter Samuel Grafton entitled, "The Case for Chiropractors." In its issue of October 1959, McCall's stated:

Certainly chiropractic has been attacked by organized medicine for almost two-thirds of a century since, with passion and high anger. The results of the long fight hardly represent a clear-cut victory for medicine. There are 30,000 chiropractors in the country now and while the art is not licensed in New York (and three other States), it is licensed in 46, including Alaska and Hawaii.

Chiropractic is widely recognized in scientific circles throughout the world. The doctor of chiropractic has a proven principle. He has defined his practice and based it on this principle.

While medical associations do not recognize chiropractic and continue to work against its growth, cooperation between doctors of medicine and doctors of chiropractic at the community level appears to be increasing. Certainly instances of this type of cooperation are no longer considered unusual within the chiropractic profession.

An illustration of the kind of attitude which is fostering greater cooperation was reported in the Wall Street Journal article which commented that Dr. Charles Bechtol chief of orthopedics at the University of California at the Los Angeles Medical Center, said:

Chiropractic has a place in the healing arts \* \* \*. Established professions tend to look down their noses too much at professions which may not be so well established and, therefore, the older professions miss what good there can be in the newer ones.

[From the Wall Street Journal of Oct. 16, 1961]

**CHIROPRACTORS CLIMB—THEY MAKE HEADWAY IN STRUGGLE TO WIN COMPLETE ACCEPTANCE—MORE HEALTH INSURERS COVER THEIR FEES; EDUCATIONAL STANDARDS MAY BE RAISED—BUT MANY M.D.'S ARE SKEPTICAL**

(By Thomas W. Bush)

LOS ANGELES.—Chiropractors, those manipulators of the backbone long scorned by the medical profession, are registering some small but important

victories in their long struggle to gain full recognition as legitimate and deserving practitioners of the healing arts.

Within the last year or so, chiropractors have been cheered by these developments:

For the first time in history, a Federal public health measure—the medical assistance for the aged bill that Congress passed in the closing days of the Eisenhower administration—makes provision for reimbursement to chiropractors.

In the 11-State Midwestern Teamsters Conference, the giant union has begun paying from its health and welfare fund the claims of members who have been treated by chiropractors. Similar action has been taken by the union in Washington State. Payments are made through insurance carriers with whom the union has contracted.

All told, more than 500 health insurance companies now recognize chiropractic, up from 200 only 7 years ago. The number continues to mount steadily.

And here in California, D.C.'s, or doctors of chiropractic, now sit along with regular M.D.'s and dentists on the State Board of Public Health, which recommends legislation in the health field.

But the Nation's 25,000 chiropractors are not stopping with those gains. To strengthen their forces, they are merging a multitude of State and local associations which formerly fought furiously among themselves over seemingly minor differences in philosophical approaches to their profession. Mergers of associations recently have been completed in California, Kansas, Connecticut, and Texas, and "unity meetings" are now being held by two associations in Michigan.

#### ADDITION OF STATE AFFILIATES

The National Association of Chiropractors, with 6,200 members, now has 7 State associations as closely bound affiliates. Dr. L. M. Rogers, national president, predicts this number will increase significantly.

Washington lobbyists representing the National Association of Chiropractors and the 5,400-member International Chiropractic Association are currently working together in legislative consultation. Formerly representing bitterly opposed viewpoints within the profession, these national organizations are moving closer together with the ultimate aim, leaders of both groups say, of a single, tightly disciplined association.

The education of chiropractors—the subject of much derision by M.D.'s—may be in for upgrading. At a series of meetings this year, directors of the two big chiropractic organizations have been considering a 200-page report put together by Research & Education Corp., a San Francisco firm providing management consulting services for schools. The report urges, among other things, that chiropractic school accreditation procedures be standardized and that some small chiropractic colleges be turned into prep schools. The two associations have agreed on the fundamentals of the proposals and directors will meet in Chicago again in November for further discussion.

Almost all States now require 4 years of high school before admission to a chiropractic college, and some require 2 years of college. In a majority of States, 4 years of chiropractic college is necessary for the D.C. degree. After chiropractic school, D.C.'s usually must pass a State examination and then may go directly into practice. Since chiropractors don't practice in hospitals, there is no internship.

#### EFFORT TO STANDARDIZE LAWS

There is some talk, too, of attempting to standardize the State law governing chiropractic. Most States have laws spelling out the limits of a chiropractor's practice, but four States—New York, Massachusetts, Alabama, and Louisiana—do not. Any model law would probably be based on California's, considered the most liberal of any. More than 5,000 chiropractors are licensed in this State.

Despite its recent victories, chiropractic still faces an uphill battle to win acceptance from the American Medical Association, spokesman for 183,000 medical doctors. The Journal of the AMA recently said of chiropractic: "The training that students receive is miserable as to faculty, curriculum, and methods." The journal also stated that " \* \* \* this cult is not a worthwhile thing for the health and welfare of the people and recognition of it certainly is not in their best interests."

Many doctors contend chiropractic is unscientific. Chiropractic is based on the theory that disease is caused by abnormal function of the nervous system. Chiropractors hold that manipulation of the structures of the body, especially

those of the spinal column, can help restore normal functions. Chiropractors believe misaligned vertebrae can pinch or frazzle the nerves routed through the backbone to connect the brain and various parts of the body. Such spinal maladjustments, they contend, can lead to many ailments, ranging from ulcers to hip trouble.

Chiropractic was introduced in 1895 by D. D. Palmer, a heavily bearded Davenport, Iowa, man who had made his living peddling fish, lecturing on phrenology (the study of the conformation of the skull), and practicing what he called magnetic healing, a method of slapping and massaging the patient's body. Mr. Palmer was credited with manipulating the spine of a deaf janitor who regained his hearing and went forth as the first chiropractic cure. Medical doctors, skeptical of the Palmer story, note that the nerves of hearing do not enter the spinal cord. But it is true that many nerves do and chiropractors usually attempt to explain the Palmer case by claiming nerves sympathetic with those of hearing were involved.

Up to a point, the diagnosis of a chiropractor and a medical doctor might agree. Consider the ulcer, for example. Both chiropractors and M.D.'s agree ulcers are caused by too much hydrochloric acid in the stomach. But while an M.D. might attribute this condition to too much emotional stress, the chiropractor often claims the extra flow of the corrosive juice results from vertebrae getting out of whack and pinching a nerve. Dr. L. E. Montenegro, a well-known Los Angeles chiropractor, prescribes this treatment: Adjust the offending vertebrae so the acid flow is reduced, then put the patient on a diet of bland foods to give the affected area in the stomach a chance to heal.

A common way for a chiropractor to adjust the spinal cord: He places his hands on the patient's back in a crossed position so that the little fingers of each hand are opposite one another. He then exerts pressure with the heels of his hands.

The Committee To Combat Cults, a unit of the Medical Society of the State of New York, is skeptical of such therapeutic procedures. Says a committee pamphlet: "What the chiropractors learn in school is to correct subluxation (partial dislocation) of the spine—by twisting, bending, kneading, massaging, pinching, squeezing, extending, contracting, distorting, stretching, condensing, restricting, expanding and dilating." The pamphlet adds sarcastically: "With all such maneuvers it is not surprising that a chiropractor does come into court charged with giving his patient a broken neck." Such a case is on record.

A more charitable position on chiropractic is taken by Dr. Charles Bechtol, chief of orthopedics at the University of California at Los Angeles Medical Center. Orthopedics deals with the correction or prevention of deformities, especially in children.

#### LESSON FROM A "BONESETTER"

"I teach manipulations I learned from a professor who in turn learned them from what are called bonesetters in England." Dr. Bechtol asserts: "Chiropractic has a place in the healing arts. The only quarrel we medical men have is that many chiropractors think theirs is the only art."

Dr. Bechtol believes "established professions tend to look down their noses too much at professions which may not be so well established and therefore the older professions miss what good there can be in the newer ones." However this may be, it is true that osteopathic medicine, which existed for years on the fringes of the medical profession, is gradually working its way toward full acceptance.

Osteopaths believe that many ailments have their roots in maladjustments and misplacements in the bone and muscle system. In many cases manipulative treatment not unlike chiropractic is substituted for healing with drugs and surgery.

Here in California, the State osteopathic and medical associations have merged and all osteopathic schools in the State are scheduled to become regular medical schools in the near future. Also, the Golden State's 63 osteopathic hospitals will become conventional medical hospitals.

Chiropractors normally don't prescribe drugs and in many States the law forbids it. Chiropractors say that when they believe their patients require medical treatment they refer them to M.D.'s.

But medical doctors complain there are many cases on record in which chiropractors have insisted on working on a patient's spine when actually the patient urgently needed other treatment. In Oregon recently, a chiropractor lost a malpractice suit because he failed to detect a case of diabetes which later was cleared up when an M.D. started the patient on insulin shots. But Dr. Bechtol notes that cases of mistaken diagnosis aren't unknown to the medical profession, either.

## CONFUSION IN REGULATIONS

Some of the confusion about what a chiropractor may and may not legally do can be traced back to the law itself. For instance, California law says chiropractors can practice whatever they are taught in school. And the State's law setting forth the curriculum of chiropractic colleges requires the study of minor surgery. Some chiropractors contend that thus in California the law gives them the right to perform minor surgery.

But the chiropractors who make this claim—they are identified with the so-called progressive segment of the profession and appear to be a distinct minority—recently lost a round in court when they attempted to get a ruling in their behalf. A superior court judge ruled chiropractors cannot perform minor surgery and must, in fact, remain strictly within the field of chiropractic; that is, they must limit themselves to manipulation of the bones and spinal cord. This decision is being appealed.

Other conflicts over laws have developed. In Louisiana, a chiropractor is attempting to get the State to write a law which would take chiropractic out from under control by the State's medical board. In New York and other States where there are no laws governing chiropractic, the chiropractors contend their practice is extra legal. They liken their situation to the early days of the automobile, when these vehicles weren't against the law but were not specifically allowed or licensed by law.

Samual Grafton in his article in McCall's reports:

A certain number of M.D.'s have been impressed by chiropractic enough to make use of some of its methods and to offer their patients spinal manipulation. Medical opposition in this country is so strong that this type of acceptance has spread more rapidly abroad. A group of 200 West German M.D.'s including members of the medical school faculties, has formed an organization for research and work in chiropractic; one of its leaders, Prof. Dr. L. Zukschwerdt, professor of surgery at the University of Hamburg, has praised chiropractic in the German medical press, recommending that physicians not neglect the application of so worthwhile a method.

Dr. Luther L. Terry, Surgeon General of the U.S. Public Health Service, has said:

The concept of comprehensive health care has emerged within the past decade as scientific progress has taught the health professions that there can be no separation of their basic responsibilities: prevention, care, and restoration.

In the distant past, it was possible to separate our very few preventive measures from the treatment of acutely ill people. Later on, a few surgeons seized the opportunities offered by their care of severely wounded soldiers to develop rehabilitative or restorative medicine. After the war, rehabilitative services were extended to the industrially injured and subsequently to a larger group of handicapped persons in our national programs for crippled children and vocational rehabilitation.

The goal now is to make sure that preventive, curative, and restorative services are available to all persons who need them, at the times they are needed, and wherever they are needed.

We need to strengthen and expand our existing schools, and we need to build new ones. We need to recruit our best young men and women for careers in the health professions.

In reaching this goal, the doctor of chiropractic plays a most important part. However, if a comprehensive health program is to be provided it will be necessary for all health professions to keep pace with the rapidly expanding population explosion.

The doctor of chiropractic performs an important function in all walks of life. Spinal injuries can occur anywhere, and spinal misalignments, or subluxations, have been proven to occur under myriad conditions.

In every field of endeavor, whether it be in the city or on the farm, in industry or management, the doctor of chiropractic plays a most vital part in the vast role of the Nation's health team.

Doctors of chiropractic are highly trained men and women. The typical chiropractor has had a thorough and intense training in all subjects needed to practice his profession and to deal with the vital life-or-death problem of health service to the public. He is not learned in the administration of medicines or the performance of surgery, because he prescribes no medications and does no surgery. In fundamental subjects, however, such as anatomy, physiology, bacteriology, neurology, his training is equal to or superior to that of other practitioners of the healing arts. In addition to these, he alone is intensively trained in those subjects peculiar to chiropractic which deal with misalignments of the spinal column that pinch nerves.

*Curriculum of a typical chiropractic school*

<i>Subject</i>	<i>Class hours</i>	<i>Subject</i>	<i>Class hour</i>
Anatomy.....	520	Pharmacology.....	-----
Physiology.....	520	Clinic.....	585
Pathology.....	195	Hygiene.....	65
Chemistry.....	325	Chiropractic technique.....	553
Bacteriology.....	130	Chiropractic philosophy.....	195
Diagnosis.....	520	Public speaking.....	65
Neurology.....	130	Principles and practice.....	195
X-ray.....	292	Ethics and jurisprudence.....	65
Psychiatry.....	65		
Obstetrics.....	65	Total hours.....	4,485

After earning a degree from an accredited college of chiropractic, the candidate normally must pass a comprehensive examination before a State or provincial licensing board before going into actual practice.

As in all professions, the educational process of the chiropractic profession is a continuing one. Seminars, symposiums, and similar type professional meetings are held frequently to discuss new techniques and developments.

There are thousands of doctors of chiropractic serving in every State of the Union, Canada, and in other parts of the world. It is estimated that some 35 million Americans have been to a doctor of chiropractic one of more times. In the United States, the geographic distribution of doctors of chiropractic indicate that chiropractic care is within easy reach of the residents of practically every community.

Chiropractic is also practiced in Canada, Mexico, Denmark, Switzerland, England, Belgium, Germany, Sweden, Australia, New Zealand, South Africa, and other foreign nations.

Since the discovery of chiropractic in 1895, this profession has been constantly growing in size and stature and service to the American people. Within its confines of the spine and its relationship to the nervous system, chiropractic has built a most enviable record. It is the opinion of the International Chiropractors Association that S. 2078 can better serve the needs of the American people.

We hope that you members of the committee, as national thought leaders, will be responsive to the need of the Federal employees and favorably report this bill so they may utilize the services of chiropractors.

I wish to thank you personally for inviting me to present this testimony and to thank you on behalf of the International Chiropractors Association.

Senator METCALF. The next witness is Mr. Paul Badger. Mr. Badger has provided us with a statement that I have had an opportunity to glance through.

We are glad to have you here and you are here on behalf of the American Chiropractic Association.

### STATEMENT OF PAUL L. BADGER IN BEHALF OF THE AMERICAN CHIROPRACTIC ASSOCIATION

Mr. BADGER. That is right.

Senator METCALF. We especially welcome you here as a prominent staff member of this committee.

Mr. BADGER. Thank you, Senator. I appreciate very much the opportunity to appear before you this morning and I want to make my comments quite brief.

Senator METCALF. Your statement will be incorporated in the record at this point. If you would summarize it, that will be nice. You have provided us with a copy of the statement and I have had an opportunity to glance through it.

(The prepared statement of Mr. Badger follows:)

#### PREPARED STATEMENT OF PAUL L. BADGER OF WASHINGTON, D.C., FOR THE AMERICAN CHIROPRACTIC ASSOCIATION

Chairman Metcalf and members of the subcommittee, my name is Paul L. Badger. I am an attorney practicing law in the District of Columbia. I am particularly happy to appear before this committee because of the fact that I am a former member of this committee's staff. As such, I am well aware of the outstanding record, and the many forward-looking contributions which this committee has made down through the years in the field of social legislation. I am appearing before you today in behalf of the American Chiropractic Association. We support and urge the enactment of the Burdick bill, S. 1710, as introduced.

The American Chiropractic Association is a voluntary membership nonprofit corporation serving the chiropractic profession throughout the United States of America as a representative service organization. The chiropractic profession, as you know, is a major professional health service dedicated to serving the public. As such, it is vitally concerned with all of the implications of those provisions of the U.S. Employee's Compensation Act which are related to the standards of health care provided thereunder for injured and disabled Government employees.

The Burdick bill, S. 1710 proposes to amend the U.S. Employees Compensation Act so that the services of chiropractors can be utilized in the care of injured and disabled Government employees who desire such care. This is not the first time legislation of this nature has been before Congress. In the 77th Congress, a bill was introduced in the House of Representatives by Congressman John H. Tolan of California. That bill was favorably reported by both subcommittee and the full Judiciary Committee of the House, which considered it. Unfortunately, action by the committee came so late in the session that no floor vote was taken on the legislation.

In the 79th Congress, Senator Abe Murdock of Utah introduced S. 178, which was similar to the present bill. Hearings were held by the Committee on Education and Labor of the Senate, under the chairmanship of Senator Fulbright of Arkansas. That committee favorably reported the bill by a unanimous vote. The report was No. 1317 of the 79th Congress. The bill passed the U.S. Senate unanimously June 14, 1946. I should like to read parts of that report and offer some additional comments on the views taken by members of the Education and Labor Committee.

The report points out that the purpose of this legislation is expressly to permit Federal employees who are injured in the performance of their duties and are entitled to receive medical service at Government expense, under the Employees Compensation Act, to utilize the services of chiropractors in those States, territories, and possessions of the United States where chiropractic is a licensed

healing profession. Later, in the report, it was pointed out that in the States and the District of Columbia, and Puerto Rico chiropractic is a licensed healing profession. It was expressly stated that this legislation permitted treatment only to the extent and under conditions which chiropractors may practice in each State. It gives no authority for chiropractic to invade other areas of the healing art—and I might add, here, that members of the chiropractic profession have no desire to do so. But, what the report stresses, and I would like to further emphasize this point—is that State jurisdiction in this matter is recognized as it has been traditionally recognized in other related areas.

The report stresses another very pertinent point by showing that the present interpretation of the law acts in a discriminatory fashion toward Federal employees and licensed chiropractic practitioners. In other words, the administration of the present law places the Federal Government in a position wherein it actually discriminates against its own employees by denying them the cherished right to choose the type of health care which they prefer—a right enjoyed by hundreds of thousands of employees outside the Federal service.

During the hearings on the bills, introduced in the 77th and 79th Congresses, several employee groups testified that chiropractic care was desired by certain employees whose duties are likely to incur injuries which respond to chiropractic care. The report refers to this testimony, and the members of the committee declared that they were impressed by the large number of people who stated they felt chiropractic treatment resulted in quicker relief and remedy and hastened their return to work.

I should like to add that it would seem evident that the present law is discriminatory against employees who desire chiropractic care since it denies them a basic American right, the freedom of choice in selecting the type of care or the physician of their choice when these Government employees sustain an injury while on duty.

It is now 18 years since that report was written. The statements made in it are still true—and some of them are doubly true. The committee made favorable comment on the manner in which the chiropractic profession was raising its standards. I am pleased to say that the professional standards and the educational requirements of the chiropractic profession have all been raised to even higher levels in these past 18 years, as Dr. Dewey Anderson will point out.

The committee said that it was impressed by the fact that so large a number of people sought chiropractic care. Yet, I daresay that the number of people being served by chiropractic care today is double the number that it was when this report was written. The committee may be interested in knowing that during the past 5 years, hundreds of labor unions have negotiated contracts which included health benefits providing for chiropractic care for factory workers.

Many large industries have expanded their health insurance plans to include chiropractic care, when it was pointed out to them that this service was being denied their employees. In short, chiropractic is becoming more and more accepted by the American public as an essential healing art. We believe that it is time to modernize the law to end discrimination which exists. We should provide Government employees with the full range of care and treatment to which they are entitled when they sustain any disability while on duty. The employees themselves want such discrimination to end and they have indicated they want to have chiropractic treatment available when they have any type of injury which responds more readily to chiropractic treatment.

In conclusion Mr. Chairman, I would like to add one further comment. I was an employee of the U.S. Senate when this bill's predecessor, S. 178 of the 79th Congress, was unanimously approved by the Senate. I was employed by Senator Elbert D. Thomas of Utah, who as you know, was a member of this committee at that time, and its chairman for many years. If any one had told me at that time that this same legislation would still be pending before the Congress a generation later I would not have dared to believe them. But here we are today, and the same bill, unanimously approved by the Senate 18 years ago, is still waiting to be approved by the Congress of the United States.

It seems to me that this fact is almost incredible. Particularly because of the additional fact that during those intervening 18 years this committee has, as I have already indicated, considered and approved a long list of measures which have brought about many pioneering reforms in the field of social legislation—which have set new standards in many areas for local governments, industry labor, and public and private institutions to follow. Usually the Federal Government has been far in the forefront and has taken the lead in establishing standards governing working conditions, wages, and hours of employment, pen-

sions, retirement compensation benefits, health care, pure food and drug laws, sanitation, water pollution regulations, fair employment practices, child labor laws, mine safety regulations, and standards in many other areas—and industry, State and local governments, and private and public institutions have followed the Federal Government's leadership. But we are considering here today in this legislation a flagrant example of how the Federal Government has lagged far behind local governments, labor, industry, and many private institutions by failing to afford its employees the right to choose the type of medical care which they prefer. It seems to me, therefore, that our Federal Government should rectify this situation as quickly as possible and reassume the traditional role of leadership in this area that it has traditionally held.

I trust, Mr. Chairman, that this committee will follow the suggestions and guidelines laid down by two previous congressional committees and report this legislation favorably. I respectfully request that Senate Report 1317 of the 79th Congress, from the Committee on Education and Labor, a copy of which is attached hereto, be incorporated in the record of the hearing at this point.

Thank you.

MR. BADGER. The American Chiropractic Association is a voluntary membership, nonprofit corporation serving the chiropractic profession through the United States of America as a representative service organization. The chiropractic profession, as you know, is a major professional health service dedicated to serving the public.

As such, it is vitally concerned with all of the implications of those provisions of the U.S. Employee's Compensation Act which are related to the standards of health care provided thereunder for injured and disabled Government employees.

The Burdick bill (S. 1710) proposes to amend the U.S. Employees' Compensation Act so that the services of chiropractors can be utilized in the care of injured and disabled Government employees who desire such care. This is not the first time legislation of this nature has been before Congress.

In the 77th Congress, a bill was introduced in the House of Representatives by Congressman John H. Tolan of California. That bill was favorably reported by both the subcommittee and the full Judiciary Committee of the House, which considered it. Unfortunately, action by the full committee came so late in the session that no floor vote was taken on this legislation.

In the 79th Congress, Senator Abe Murdock of Utah introduced S. 178, which was similar to the bill presently introduced by Senator Burdick. Hearings were held by the Committee on Education and Labor of the Senate, under the chairmanship of Senator Fulbright of Arkansas.

That committee favorably reported the bill by a unanimous vote. The report was No. 1317 of the 79th Congress. The bill passed the U.S. Senate unanimously June 14, 1946. I should like to refer briefly to parts of that report and offer some additional comments on the views taken by the members of the Education and Labor Committee.

The report points out that the purpose of this legislation is expressly to permit Federal employees who are injured in the performance of their duties and are entitled to receive medical service at Government expense, under the Employees' Compensation Act, to utilize the services of chiropractors in those States, Territories, and possessions of the United States where chiropractic is a licensed healing profession.

Later, in the report, it was pointed out that in 47 States and the District of Columbia, and Puerto Rico chiropractic is a licensed healing profession.

It was expressly stated that this legislation permitted treatment only to the extent and under conditions which chiropractors may practice in each State. It gives no authority for chiropractic to invade other areas of the healing art—and I might add, here, that members of the chiropractic profession have no desire to do so. But, what the report stresses—and I would like to further emphasize this point—is that State jurisdiction in this matter is recognized as it has been traditionally recognized in other related areas.

The report stresses another very pertinent point by showing that the present interpretation of the law acts in a discriminatory fashion toward Federal employees and licensed chiropractic practitioners. In other words, the administration of the present law places the Federal Government in a position wherein it actually discriminates against its own employees by denying them the cherished right to choose the type of health care which they prefer—a right enjoyed by hundreds of thousands of employees outside the Federal service.

Senator METCALF. Just a moment, I wonder if you would mind if I interrupted you?

Mr. BADGER. Not at all.

Senator METCALF. The Department of Labor's report, which is adverse to this bill, suggests that because chiropractors under State laws have such varying privileges and duties and are not permitted to practice medicine and surgery that perhaps this bill should not be passed.

I will read this specific section:

In general, chiropractors who are licensed to practice under State law are prohibited from the practice of surgery and the administration or prescription of drugs and medicines. In addition to such statutory limitations, they usually have no hospital privileges.

In view of these restrictions, it is doubtful whether Federal employees who sustain personal injuries in the course of their employment would be able to get adequate medical treatment under this particular theory of healing.

Mr. BADGER. Senator, I think this portion of this report is very misleading and it places the position of chiropractic practitioners in an unfortunate light. I am sure that this is not the position which practitioners of chiropractic take.

They make no pretense of practicing in those areas which is traditionally occupied by doctors of medicine. I notice that a similar statement was made 2 years ago in the report of the Department of Labor. In those States where chiropractic is licensed, as I understand it, standards are clearly spelled out by State legislation and statute and the areas in which doctors of chiropractic are licensed to practice is clearly defined.

So that chiropractors do not pretend to invade those areas in which doctors of medicine traditionally administer.

Senator METCALF. The reason I stopped you was because you made the statement a moment ago that the members of the chiropractic profession have no desire to invade other areas of the healing art.

You do not want to practice surgery. You do not want to prescribe drugs, or do these other things that——

Mr. BADGER. That is very true.

Senator METCALF. And, so you feel that you are competent to do what the bill provides to take care of sprains and strains?

Mr. Badger. Exactly.

Senator METCALF. What about this provision that you have no hospital privileges?

Mr. BADGER. I think Mr. Bunker—

Senator METCALF. I will direct questions to them.

Mr. BADGER (continuing). And Dr. Anderson who will follow me can expand upon this point. I am sure they are much more familiar with this area than I am.

Senator BURDICK. Mr. Chairman.

Senator METCALF. Senator Burdick?

Senator BURDICK. In the States where chiropractors are licensed, in every case they are permitted to handle sprains and strains; are they not?

Mr. BADGER. That is true.

Senator BURDICK. There is no limitation there.

Mr. BADGER. That is true.

Senator METCALF. While I have interrupted you, taking you away from your fine thought you were developing in your testimony, I would like to read you a paragraph from the Health and Welfare report on the Burdick bill of last year and ask for your comment.

That there is much confusion as to the nature and alleged violation of the practice of chiropractic is seen in the several States in which State codes, statutes, and boards of licensure vary markedly in their definition of chiropractic in the extent and scope of their practice which they will make.

Do you feel that that would be a justification, the fact there is a variance in the codes of the States, justification for failure to pass this bill which is limited to strains and sprains?

Mr. BADGER. I do not think that is a valid objection at all, Senator.

I think the tendency over the years certainly has been toward a uniform standard of licensure and regulations, and we are moving toward that goal just as all professions are, in addition to increasing the standards of qualification and education, which has shown a marked advance in recent years, and I just do not think this is a valid objection to legislation of this nature.

Senator METCALF. Thank you very much. Go ahead with your statement.

Mr. BADGER. I think with reference to the discrimination which is evidenced by the manner in which present legislation is administered, we might point out the fact that you have a very anomalous situation where the employees of a defense contractor, working on a Government contract in those States having workmen's compensation laws providing payment for chiropractic treatment, would be covered and in such States would be entitled to select chiropractic care in suitable cases.

On the other hand, a Government employee working on the same contract would be denied that privilege.

Here is an example of how the Government discriminates against its own employees.

During the hearings on the bills, introduced in the 77th and 79th Congresses, several employee groups testified that chiropractic care was desired by certain employees whose duties are likely to incur injuries which respond to chiropractic care.

The report refers to this testimony, and the members of the committee declared that they were impressed by the large number of people who stated they felt chiropractic treatment resulted in quicker relief and remedy and hastened their return to work.

I think that figures will show that during the last 18 years since the previous bill was considered or passed by the Senate that the number of employees who are covered by legislation and regulation permitting chiropractic care has increased very substantially.

It is now 18 years since that report was written. The statements made in it are still true—and many of them, of course, have been emphasized time and time again by the developments since that time.

The committee said that it was impressed by the fact that so large a number of people sought chiropractic care. Yet, I dare say that the number of people being served by chiropractic care today is more than double the number that it was when this report was written. The committee may be interested in knowing that during the past 5 years, hundreds of labor unions have negotiated contracts which included health benefits providing for chiropractic care of factory workers.

Many large industries have expanded their health insurance plans to include chiropractic care, when it was pointed out to them that this service was being denied their employees. In short, chiropractic is becoming more and more accepted by the American public as an essential healing art, and as the previous witness so clearly pointed out.

We believe that it is time to modernize the law to end discrimination which exists. We should provide Government employees with the full range of care and treatment to which they are entitled when they sustain any disability while on duty.

The employees themselves want such discrimination to end and they have indicated they want to have chiropractic treatment available when they have any type of injury which responds more readily to chiropractic treatment.

I noticed in the Washington Post for June 23, 1964, an item concerning a preliminary report issued by the American Medical Association concerning the cost of medical care.

The report points out that the prices for medical services and goods have increased 136 percent since 1935. Whereas the prices for all goods and services have gone up only 123 percent.

The article said that the average hospital stay fell from 11 days to 8 days between 1946 and 1961 but that the average daily charge rose from \$7.41 to \$30.94 a day.

Mr. Chairman, I think that the cost of medical care is certainly one of the issues of the day with which the American public is most concerned.

I think it would be very interesting to find out what effect this legislation would have upon the cost of medical care. We believe that it would substantially reduce such care—not only in direct costs but also in terms of returning injured employees to their jobs much sooner.

I have saved in my file a little item with which I was very much impressed upon the role of chiropractic in industry and I would like to just comment on one or two paragraphs from it. It is a little brochure

prepared by the late Andrew J. Sardoni, a prominent builder, banker, industrialist, and philanthropist of Pennsylvania. He also happened to be, at the time his statement was made, the president of a medical hospital in Wilkes-Barre, Pa., and he makes a very impressive statement concerning the value of chiropractic care and services within his many enterprises.

He states:

Our payroll reaches as much as \$50,000 per day and from \$10 to \$20 million per year. You can readily appreciate that with so many employees we have our share of industrial accidents and sickness.

Because of the number and diversity of our employees we feel well qualified to form a fair appraisal of the value of chiropractic in industry.

The cost of chiropractic treatments in our Sardoni enterprises has been paid for time and again simply through increased employee efficiency, mental and physical. We had achieved a form of preventive maintenance, absenteeism due to illness was considerably lowered, and efficiency was greatly increased. The employees who formerly were easily cold victims found that the common cold could be pretty well prevented by availing themselves of regular chiropractic treatments. With business competition as keen as it is, man-hours lost in unproductive sickness are a most important factor in our equation of business production.

He said again:

I have seen chiropractic treatment save suffering, needless loss, time, money, and health. Chiropractic in industry will continue to win an ever-widening recognition for it makes the lives of all those it touches happier, more productive, and more meaningful.

In conclusion, Mr. Chairman, I would like to add one further comment. When I was an employee of the U.S. Senate, at the time of the 79th Congress, similar legislation as I have indicated was unanimously approved by that body.

I was employed by Senator Elbert D. Thomas of Utah, who, as you know, was a member of this committee at that time, and its chairman for many years. If anyone had told me at that time that this same legislation would still be pending before the Congress a generation later I would not have dared to believe them. But here we are today and similar legislation unanimously approved by the Senate 18 years ago, is still waiting to be approved by the Congress of the United States.

It seems to me that this fact is almost incredible. Particularly because of the additional fact that during those intervening 18 years this committee has, as I have already indicated, considered and approved a long list of measures which have brought about many pioneering reforms in the field of social legislation—which have set new standards in many areas for local government's industry, labor, and public and private institutions to follow.

Usually, the Federal Government has been far in the forefront and has taken the lead in establishing standards governing working conditions, wages, and hours of employment, pensions, retirement compensation benefits, health care, pure food and drug laws, sanitation, water pollution regulations, fair employment practices, child labor laws, mine safety regulations and standards in many other areas, and industry, State and local governments, and private and public institutions have followed the Federal Government's leadership.

But we are considering here today in this legislation a flagrant example of how the Federal Government has lagged far behind local governments, labor, industry, and many private institutions by

failing to afford its employees the right to choose the type of medical care which they prefer.

It seems to me, therefore, that the Federal Government should rectify this situation as quickly as possible and reassume the traditional role of leadership in this area that it has traditionally held.

I trust, Mr. Chairman, that this committee will follow the suggestions and guidelines laid down by two previous congressional committees and report this legislation favorably.

I would like to ask that Senate Report No. 1317 of the 79th Congress, from the Committee on Education and Labor, a copy of which I will submit, be included in the record at this point. Thank you very much.

Senator METCALF. The report will be attached. Do you have any comments, Senator Burdick?

Senator BURDICK. No, Mr. Chairman. There is a question that comes to my mind. I think you stated that you are going to have another witness on this subject. I think the report states that the hospital will receive chiropractic patients. Is that by a policy or by law?

Mr. BADGER. Senator, I would prefer to have either Mr. Bunker or Dr. Anderson who will follow me comment on this, because they are much more familiar with these standards than I am.

Senator METCALF. We will direct that inquiry to them.

Mr. BADGER. Thank you.

Senator METCALF. Thank you very much.

The next witness is Mr. Bunker, who is appearing for the American Chiropractic Association. If you will come forward.

I have also been provided with a copy of your statement, sir; I have had an opportunity to read it. If you want to summarize it you will be permitted.

**STATEMENT OF JAMES E. BUNKER, ATTORNEY, AMERICAN CHIROPRACTIC ASSOCIATION; ACCOMPANIED BY DR. BENJAMIN GOLDSTEIN, CHIROPRACTIC INSTITUTE OF NEW YORK**

Mr. BUNKER. First of all, I would like to suggest I have with me Dr. Benjamin Goldstein of the Chiropractic Institute of New York. He is what I would like to consider my expert, because there may be some professional matters I cannot answer because of my lack of qualifications in the chiropractic field.

Senator METCALF. We are pleased to have you both before the committee, and if you will sit down and proceed in your own manner.

Mr. BUNKER. Mr. Chairman, it is again a pleasure to be here, although it is not a pleasure to have to be here again on the same subject.

With your permission, I would like very much to offer my statement as it was submitted to the committee and in the interest of time I would like to touch on some of the highlights of our position and the things that we think are particularly important as the committee considers the bills under consideration.

Senator METCALF. Thank you; that will be very helpful.

(The prepared statement of Mr. Bunker follows:)

PREPARED STATEMENT OF JAMES E. BUNKER, GENERAL COUNSEL, AMERICAN  
CHIROPRACTIC ASSOCIATION, WEBSTER CITY, IOWA

Mr. Chairman and gentlemen of the subcommittee, my name is James E. Bunker, Webster City, Iowa. I am general counsel of the American Chiropractic Association, a nonprofit corporation composed of voluntary membership, representative of the chiropractic profession nationally. Significantly, our organization is a new one formed in recent months by a merger of several hundred independent doctors of chiropractic and the National Chiropractic Association. Thus, for the first time in the history of the chiropractic profession, it is represented by an organization, for which I speak today, composed of a majority of practicing doctors of chiropractic throughout the Nation.

You have been given the legislative history of the amendment to the Federal Employee's Compensation Act proposed by S. 1710 and S. 2078. I will try to point out the concern of the chiropractic profession with regard to the amendment and offer some background information with respect to the profession itself.

Chiropractic is one of the four major healing arts professions and is so classified officially by the Federal Government along with medicine, osteopathy, and dentistry. It differs from those three professions in that it is concerned primarily with the relationship between structure and function in the human body and the role of that relationship in the maintenance and restoration of health. It is concerned especially with the relationship between the spinal column and the nervous system, and its practices are conducted without the use of drugs and surgery. Thus, it is peculiarly appropriate and has been found most helpful in dealing with cases of trauma such as strains, sprains, and the like.

Doctors of chiropractic are licensed to practice in 48 States including the District of Columbia, and the educational requirements are high. A full 4-year course of professional training is required which includes so-called basic sciences— anatomy, physiology, pathology, bacteriology, and chemistry— together with the clinical subjects of the chiropractic school. About one-half the States or more require 1 or 2 years of college training in addition to the professional training. Educational standards are constantly being elevated.

The effectiveness of chiropractic therapy is best evidenced by the substantial portion of the population which seeks the services of doctors of chiropractic in ever-increasing numbers. We all know that if these services were ineffective, persons who are sick or injured would not seek them out time and again. The profession is accepted and recognized under the workmen's compensation laws of all but a handful of States. More than 75 percent of the 800 commercial health insurance companies provide coverage for chiropractic care in one or more of their policies. The recently enacted program of medical assistance for the aged (Kerr-Mills) has been adopted in several States, many of which provide benefits for doctors' services. Of these several include the services of doctors of chiropractic.

Under the Federal Employees Health Benefits Plan of 1959, of the employee organizations offering plans, most include the services of doctors of chiropractic. This in itself is persuasive evidence of a demand for such care by Federal employees. The statements filed and testimony presented by representatives of Federal employee organizations are further evidence of this demand. It becomes quickly apparent that an employee of a private employer suffering an injury compensable under State law has an advantage over a Federal employee suffering a similar injury under Federal law, since the former could select chiropractic care if he chose to do so, whereas the Federal employee would do so at his own expense.

This brings us to the real harm and inequity which the proposed amendment would correct. As we understand the program and its practical administration, a Federal employee injured on the job is ordinarily entitled to select a qualified physician to render the necessary care. If the injury is a strain, sprain, or similar type of injury, the employee may—indeed often does—select a doctor of chiropractic to attend the injury. Since such doctors are licensed and qualified to treat injuries of that nature, it seems unjust to deny the employee the benefits which would have been available to him had he selected a doctor of medicine or osteopathy. As frequently happens, the injured employee received the chiropractic care to his total satisfaction from a doctor of his choosing and was then burdened personally with the resulting expense. Usually an employee has enjoyed such success with similar care in the past that he chooses chiropractic care with full knowledge that he does so at his own expense.

Upon submitting this claim to the Bureau of Employees Compensation, he is advised by form letter that he must pay the bill himself, since the Federal law makes no provision for chiropractic care. This letter has a dual effect: It is unfair not only to the employee, but also to the doctor. For this doctor, licensed and qualified to render the care involved, finds himself maligned—although unintentionally, we are sure—by an agency of the Federal Government. When our department is called upon by one of our members to explain this inequitable treatment, we must always advise that under present policy of the Bureau the only solution is amendment to the Federal law. That, gentlemen, is our purpose in supporting the amendments to the present law and in making ourselves available to you for questions you may have regarding any pertinent aspects of the chiropractic profession.

In summary, it is our position that Federal employees should enjoy the same rights and privileges in compensation matters as are enjoyed by persons in private employment. The rights of the individual regarding his personal health are comparable to other personal rights of a fundamental nature. Certainly Congress did not intend to discriminate against the right of any individual in the health care he receives or the doctor of chiropractic in providing it. Accordingly, if the present law permits incidental discrimination in its administration, congressional attention is in order.

We believe that the licensing powers of the several States provide adequate assurance that those rendering care to these injured persons are possessed of the necessary qualifications. The inequity under present Federal law creates an economic barrier to the proper exercise of that traditional State prerogative.

Mr. Chairman, we are grateful to you and the members of your subcommittee for this opportunity to present the views of the chiropractic profession regarding these proposals. Thank you.

Mr. BUNKER. First of all, as to the organization I represent, it is a new organization, the American Chiropractic Association, which consists of a merger between the National Chiropractic Association and a number of independent doctors of chiropractic which took place in the fall of last year; significantly for the first times in the profession's history it is represented in this organization by a majority of practicing doctors of chiropractic throughout the country.

We are very pleased with that; we think it will provide us with an opportunity to conduct the affairs of the profession in a more responsible and authoritative way.

Senator METCALF. Can you tell me about how many members you have?

Mr. BUNKER. I am informed that our membership to date is approximately 8,000, of which some 6,500 are full-time active practitioners.

We are informed that the last census touching on the fields of endeavor of the public showed a chiropractic population of something in excess of 13,000 full-time practitioners.

Quite frankly, although personally I am what I will say mildly opposed to the limitations contained in Senator Burdick's bill, S. 1710; nonetheless, I recognize the impracticability, perhaps, of persuading upon your committee and the Congress the less limited provisions of Senator Magnuson's bill, S. 2078.

I have weighed this myself and have concluded it probably would be in the profession's best interest if either of those bills were passed at this time, even though there might be limitations which do not conform to our overall objectives.

There are some general considerations with respect to the nature of the bills under consideration—the things that would be accomplished, and what the bills seek to do is to provide a means of relief for injured workers, not for persons suffering from illness or pathology,

but from trauma. Injuries that happen while they are on the job as Government employees.

Thus, we remove from consideration the contagious or infectious disease; matters requiring surgical attention such as appendicitis or what-have-you; matters that are clearly relievable or subject to treatment only by the use of drugs or by the use of the knife.

We remove all of those things from consideration and deal with the physical structure of the body and the injuries that it might sustain on the job.

We can remove from that category of injury those which are of the type requiring surgical care such as fractures and those requiring repair of serious tearing of the physical structures.

Senator Burdick's bill, I think, gets right to the point. The majority—I should not say the majority, but a substantial number, approximately 50 percent of Federal injuries are of the sprain or strain variety, and that is the kind of condition for which the chiropractic profession is particularly well qualified and with which it is particularly concerned.

Those are rather large terms in the sense that they include a variety of conditions that might not be considered sprains or strains, but they do involve structural distortion and the functional integrity of the human body which is the chiropractor's real and fundamental concern.

There is an overall limitation in the present law which I think provides a safeguard that should not be overlooked. I think the Bureau or the Secretary need not pay for care, need not provide care unless it is likely to cure or relieve, and since that discretion is the Secretary's or the Bureau's, if the Bureau feels that a certain kind of care will not provide relief or will not provide a cure, if it will not reduce the period of disability, if it will not lessen the amount of monthly compensation, then the Bureau is presently under no obligation to provide or pay for any kind of care whatever.

I think the addition of the doctor of chiropractic to those practitioners whose services are available is certainly subject to the same limitation, would be under either bill, and I think the limitation would be very effective in controlling any abuses that might be imagined now in advance or that might produce themselves as reality if the bill is passed.

The most important objective of either bill is to prevent harm done to the Federal employee. The Federal employees have taken action through their representative organizations in asking that their unions, if you wish, do something to correct an inequity of this type. Since they are patients of chiropractors I think they have looked to the chiropractic profession also to do what it can, and I think the chiropractic profession should certainly be considered here not necessarily in the altruistic sense of trying to do something for the public or its patients, but really that is the sum and substance of it. Because the financial benefit to the profession is very limited, it is not anything great, but the benefit to the patient, the Federal employee, would be outstanding.

When a Federal employee in complete good faith seeks relief from a practitioner who is fully qualified and authorized by State law to provide it, only to find subsequently that he must pay for that care himself, regardless of the result, it is a disservice not only to the employee but probably to his employer, the U.S. Government.

In the less altruistic sense, there is a resulting embarrassment to the doctor of chiropractic and, of course, that is why we are pressured to take whatever action we can to correct it.

The letter which is a form letter from the Bureau informing the employee that chiropractic services are not covered by the law, certainly is in derogation of the acknowledged professional status of the doctor of chiropractic. Certainly that was not intended by the law, but it is inescapable in the administration of its present provisions.

Interestingly, opposition to this bill evidences a kind of running battle between various schools of the healing arts. It is acknowledged, there is no need to hide it, we acknowledge the fact that organized medicine is irrevocably, unalterably opposed to chiropractic care of any kind being afforded to any person anywhere in the world. They have made that crystal clear, so we acknowledge that fact.

Senator METCALF. That statement would be your response to the paragraph from the Secretary of Labor's letter that I read earlier?

Mr. BUNKER. I think perhaps in a general way it would, Senator Metcalf. I think in a more specific sense, I might suggest that the information supplied to your committee, supposedly objective, bears a very strange relationship to the same selfish views and the same selfish expressions of the organized medical people. I say organized medicine advisedly, because it is organized medicine that expresses itself so categorically and so unobjectively. The individual medical physician does not so express himself and the relationship, very strangely, between the doctor of medicine and the doctor of chiropractic is one which is frequently much warmer than the public would ever realize.

I think there is a problem in that publicly and to the public eye the medical physician is constrained by organized medicine's ethical standards, the code of ethics, which prohibits him from associating with practitioners of what they call the fringe fields.

Now, I might say that if this were the proper forum we certainly could present adverse comment regarding our friends in the medical field. This is neither the time nor the place, nor is it relevant to these proceedings. But I think that it must be recognized that in the field of medicine itself, which they proclaim to embrace all forms of healing, regardless of what they are, the very field of medicine itself contains a segment that is referred to a manipulative therapy, physical medicine, which is closely related to the interests of the chiropractic profession.

So, on the one hand they have attempted to advance a specialty which I believe they call physiatry which involves all of the physical procedures, all of the manual dealings with the patient, and a specialty which significantly has been highly unpopular among the practitioners. It is popular in the orthopedic sense, but unpopular in the sense that it involves actual manual treatment of human beings. Why that is, I do not know.

I could philosophize, perhaps, as to the question of dignity, laying on of the hands by a doctor is perhaps sometimes considered to be beneath him. It might be preferable for him to write a prescription, to prescribe hospital accommodation and treatment by technicians or subordinates rather than to have him deal with the patient himself, personally, in that close relationship of the manual aspect.

The medical profession has been inconsistent from time to time in its views regarding manipulative therapy. It has suggested, for example, as recently as the 1930's, that there is no such thing as a subluxation. I think Dr. Goldstein could describe better what it means, but it describes the kind of position of the spinal column with which the chiropractic profession is concerned. It was denied by the medical profession and today it is admitted. The osteopath, as Mr. Badger pointed out, was in a similar position in 1938 when its practitioners were admitted to recognition and coverage by the act.

The osteopath in California who was denounced as being a cultist subsequently was authorized by paying a simple fee to become a doctor of medicine as a matter of State certification.

Now, these things, I think, are significant, because you have a mixture of politics and medicine which frankly, I think are sometimes dangerous, but I think we should recognize in all of these that there is no absolutism—medicine is an art and science.

As such, I believe the scientific respect for new knowledge and new things to be learned, and new methods of applying the things that are learned as we proceed from time to time and, of course, developing these new items of knowledge the art itself must change and does; and I look quite frankly as a citizen, as an individual, and, of course, as a representative of the American Chiropractic Association, I look at the field of health care involving chemotherapy and I am quite frankly concerned, and I mention this quite casually, I am frankly concerned, but I am concerned as an individual when I read of incidents such as thalidimide, when I read of the fact that doctors are completely incapable of absorbing the knowledge, the meanings, the makeup, the effects, the side effects, of the myriad of drugs that are presented to them each day. Where in the world are they going in the field of chemotherapy?

Now, I do not decry it; I do not denounce it because I know as we all do that drug therapy is effective. It is not effective in all cases, and sometimes, unfortunately, the public is made a guinea pig; but these are things that are significant, and we think medicine should recognize those things and deal with them and not speak as Janus with one mouth about manipulative therapy when we practice it and manipulative therapy when they practice it, condemning the one and embracing the other.

My point in touching on those things is that we are here and we suffer from the opportunity of organized medicine to express itself through the Federal agencies in which it is represented to our complete disadvantage. We have not the opportunity to rebut in the sense that we can take them to task as they have taken us to task.

I think rather than linger on that subject I will say that our primary concern here is to have the bill amended to conform to what the Federal Government preaches and to correct an inequity that certainly was not intended but that has necessarily resulted from the administration of the present act.

I have a statistical report which I would like to leave with the committee having to do with the treatment of sprains and strains, and the relative cost of the various kinds of therapies with respect to it. It is an independent survey done in the State of Florida, and with the chairman's permission I will submit it for committee consideration.

Senator METCALF. It will be received and the staff will determine whether or not it goes in the record.

Mr. BUNKER. I might ask if I may, that Dr. Goldstein touch very briefly on the nature of the chiropractor's interest in, let us say, strain and sprain injuries, and the field of competency, that is the competency of the doctor of chiropractic to recognize a sprain or strain as opposed to another condition.

With your permission, I will ask Dr. Goldstein to do so.

Senator METCALF. Thank you. Go right ahead.

Dr. GOLDSTEIN. Thank you very much, Mr. Bunker.

Senators, gentlemen; I do not know if I can add too much to the testimony already given with the exception, perhaps, of realizing that chiropractic is a specialty; it is a specialty that perhaps arose somewhere as a protest movement insofar as various forms of the healing art were never developed by medicine generally—I think we can add dentistry, optometry, podiatry. And that the chiropractor, because of necessity, has become interested in the tissues of the body. We know muscles move bones and bones are put together at joints, so that the question of strain and sprain becomes the chiropractor's dish of tea.

As our present schools are set up, and we hope to continue to improve them, our students are prepared more and more to use diagnosis to be able to separate one condition from another, to be able to recognize—and I am sure the committee will all agree that a doctor's office today, whether he be a chiropractor or anyone else, is sort of a clearinghouse for any conditions about which the patient may come to him—the present student is able to separate a strain from a sprain, or a fracture, or whatever he might encounter in his day's practice.

Thank you very much.

Mr. BUNKER. I think we are at the disposal of the committee if you have any questions of either Dr. Goldstein or myself.

Senator METCALF. I wanted to read to you, in view of the fact that you are suggesting that perhaps this Burdick bill was too limited in that it only provided for treatment of sprains and strains, a paragraph from a letter that the American Medical Association directed to Senator Burdick when he was chairman of this special subcommittee last year.

Chiropractic is a pseudoscience which is not based on scientific methods and therefore should be recognized as what it is—a theory of cultism. It is premised on the theory that human illness is all related to the spinal column, it holds that the nerves that emanate from the spinal cord become impinged or pinched by the vertebrae, therefore causing malfunction and diseases. As a result of this theory chiropractors claim that diseases and illness such as allergies, diabetes, heart trouble, and tonsilitis, to name a few, could be cured or adjusted by manipulating the spinal column. Such a theory, of course, runs counter to medical science.

Now, I would like to have your comment.

Mr. BUNKER. Mr. Chairman, I might say, first of all, to answer that question, as it should be answered, would require much more time than I am certain we can devote to it here.

I think I could say as a lawyer that the statement—I can say this categorically—the statement is inaccurate and fallacious. It involves an assumption which has been presented by them and based on their assumption that leads to a conclusion which is in detraction of the chiropractic profession and its philosophy.

I am not qualified to speak about chiropractic philosophy, but Dr. Goldstein is. I think I might embarrass him somewhat, but he is the chairman of the Department of Diagnosis at the Chiropractic Institute of New York and he might be able to shed some light on the underlying fundamental, which, I think, you might be getting to.

Senator METCALF. I want Dr. Goldstein to answer, but before he answers, I want to read another statement from the Secretary of Labor's report. He says:

We call attention that certain ailments which are entirely unrelated to strains or sprains are sometimes first manifested by the same symptoms as they are, in such situations, we doubt that a person who is not a medical doctor would be the best qualified to correctly diagnose the illness or to prescribe treatment therefor.

I am very interested in your comment on that, Dr. Goldstein, because of your official position as a diagnostician and chiropractor.

Dr. GOLDSTEIN. Thank you, Senator Metcalf. In answer to statement 1 relative to theory and practice, I think if one examined medical thinking, one would find that medicine wisely refrained from ever offering any theory. Medicine today has no theory as to how it gets results, it used very successfully the germ theory for many years and still does. Chiropractors, unfortunately, have had more theories than they have had facts, but I am sure the committee will readily feel that theories are there to be changed; if they are incorrect, let's change them. But certainly one cannot deny the facts that given numbers of patients come to our offices, very often after having not received any relief in orthodox physicians' offices, and I use the term "orthodox" in quotes, and receive relief at our hands so the question of theory, I think, should be, perhaps, put to rest.

We have not also been able to do as much research as we would like in some of these phases, because as you know, we have fought a long battle just to stay alive. We have had to try to concentrate on survival.

Frankly, I have forgotten the second half of the question.

Senator METCALF. The second half was that a medical doctor would be the best qualified to correctly diagnose the illness which might manifest itself as a symptom of strain or sprain.

Dr. GOLDSTEIN. Well, the question of differential diagnosis, Senator Metcalf, of course, is always a complex one. Under the best of conditions, diagnosticians could be wrong, but yet, we are training our students to take a decent history, examine the patient and if you will check the records very carefully you will find that the modern practitioner does a rather good job of deciding whether the case is in his field or not.

I have patients where a man thinks it is a pain in the shoulder and it turns out to be an acute myocardial infarction. Our trend is improving and I think that criticism is not completely in order. In fact, we have often been able to make a correct diagnosis where a miss diagnosis had been made in a physician's office relative to these conditions. Thank you.

Mr. BUNKER. I have one comment, Mr. Chairman, if I may. First of all, Dr. Goldstein, I might say, is an example of the practitioners throughout the country, licensed by the New Jersey State Board of Medical Examiners, characteristically he was examined in the field of diagnosis. The training we refer to is perhaps to be considered in two parts.

I think Dr. Anderson might touch on this, but we have the so-called basic science subject involving a national necessity, physiology, pathology, et cetera, all of these things that go into the doctor's working kit of tools and as a result of which, he is able to diagnose, if you will, conditions that are brought in by the public. And I think the qualifications of the doctor of chiropractic in that regard not only are, but must be as high as those of the general practitioner of medicine, and the State laws bear us out. Where they do not—offhand, I could not tell you of a single State where standards do not require full knowledge of the basic sciences, and passing examinations in those subjects.

The second part, I think, might touch on the—well not the materiality, perhaps, but the relevancy, I think, of the comment by HEW, or the Department of Labor. Those questions, I believe, are not really as important as they might appear to be if you consider the fact that there are built-in limitations in the present act which will certainly be carried over and unaffected by either of these proposed amendments which permit the Secretary or the Bureau to determine whether or not care will do what is intended to be done, and if a particular kind of care does not meet the requirements, if the particular kind of care does not gain the objective of the act, then, of course, the Department, the Bureau, need not authorize that kind of care.

I think it is really quite that simple.

Senator METCALF. We have a report from the Statistical Division of the Bureau of Employees' Compensation of the Department of Labor setting forth the number of nonfatal, disabling injuries. All of 42,617 injuries have various and autonomical locations; 19,000 of those, or almost half, are strains or sprains. So, if this bill were enacted, it would be a fair assumption that a doctor of chiropractic would be authorized to treat for about half of the nonfatal, disabling injuries that are suffered by Federal employees; is that correct?

Mr. BUNKER. Yes, sir; I agree with those statistics.

Senator METCALF. In your opinion, would this make any difference to the cost of administration of the program?

Mr. BUNKER. No, sir; I do not see how it could. At least, I say it should not, and, if it did, if it were a matter of cost control or abuse by an individual doctor of chiropractic, certainly, we would be available to the Bureau or they could use their own methods of restraining abuses.

It should cost no more whether he be treated by an osteopath, a chiropractor, or a doctor of medicine for a sprained ankle.

The survey I submitted from Florida is helpful to the profession, because it states that the relative cost of treatment by the various types of practitioners is shortest and lowest under the chiropractor. The chiropractor is concerned with keeping the patient moving, keeping him mobile, and keeping his body functioning.

Accordingly, the kinds of conditions that he handles are not those requiring hospitalization ordinarily, although there are nonambulatory facilities in some parts of the country, to a very limited extent, where people who require overnight care or longer care can receive it.

Senator METCALF. There you have at least partially touched on what was going to be my final question, the question that objection was raised that chiropractors have no hospital facilities and, therefore,

are not equipped to give the same care to their patients as doctors of medicine who do have such facilities.

Mr. BUNKER. Well, I think that is one that I can answer.

The conditions which require hospitalization will not be cared for by our people. If a condition requires hospitalization, it will be referred, and the reason that the chiropractic profession is not admitted to public hospitals or private hospitals, except to a very limited degree, is that those hospitals, again, we come right back to the fundamental—those hospitals are controlled and governed by their medical staffs.

This is true not only of the private hospital but the public hospital. The medical staff dictates medical policy, and organized medicine dictates to the medical staff.

So, we come right back into the matter to which I alluded earlier.

Senator METCALF. It was your testimony that there are 48 States that have laws for licensure of chiropractic?

Mr. BUNKER. Yes, sir; it is regulated in the 47 States and the District of Columbia, and it is unregulated in the States of Massachusetts, Mississippi, and Louisiana. All others have regulatory laws.

Senator METCALF. Last year—I wish you would correct that for the record—last year you testified West Virginia, Wisconsin, and Maine had certain limitations on the scope of chiropractic services.

Mr. BUNKER. There may be some confusion there, Senator Metcalf. The States you have just referred to—Maine, Wisconsin, and West Virginia—are those in which workmen's compensation care is not available.

Senator METCALF. That is correct—the question was hospital compensation laws do not allow the payment of chiropractic services.

Mr. BUNKER. Yes, sir.

Senator METCALF. Thank you. I am glad to have that issue clarified.

Recently, the 48th State was New York.

Mr. BUNKER. Yes, sir.

Senator METCALF. And Dr. Goldstein can give us something of the background of the kind of law that was enacted in New York.

Dr. GOLDSTEIN. Yes, Mr. Chairman; I would love to, because it culminated a 50-year struggle in the great State of New York.

We introduced the first legislative measure in 1913, and in 1962, it became law.

I have a feeling that eventually the type of legislation that New York pioneered, although it did not give the profession everything it asked for, will lead the way for other States, will raise standards, both for schools and for practitioners, and certainly, the question of diagnosis, which is my specialty, is included very much in one of the examinations that a prospective licensee in the State will have to pass.

It is still such a good feeling that I cannot quite recover. Of course, the law has not been implemented fully, because I am sure you know, Senator, better than I do, whenever a piece of legislation comes about after 50 years there are many situations, people are unhappy. I think eventually it will settle down, and it will lead the way with many other areas with, we hope, many improvements in the present act.

Thank you.

Senator METCALF. Thank you both for the very helpful testimony that has contributed to my understanding of this legislation.

Mr. BUNKER. Thank you, Mr. Chairman, and our thanks to the subcommittee.

Senator METCALF. The next witness is Dr. Dewey Anderson. I am going to be required to leave here at 10 minutes to 12. I have taken up a good deal of the time in questioning the witnesses, but I regret that we are going to have to close the hearing for today at that time, so we welcome you here to the committee.

Dr. Anderson is an old friend of both Senator Burdick's and mine, and I hope you will put your statement in the record and summarize it.

#### STATEMENT OF DEWEY ANDERSON, DIRECTOR, PUBLIC AFFAIRS INSTITUTE

Mr. ANDERSON. Mr. Chairman, as an old hand at this, having worked on your side of the table so long, I anticipated this, so I am going to ask that a statement be put in the record.

I have just a page of remarks to make and then try to answer some of the questions that Senator Metcalf has asked.

My name is Dewey Anderson, I have been, for the past 15 years, the executive director of the Public Affairs Institute of this Capital City, a nonprofit, publicly motivated research institute with which you and other Members of the Congress are familiar through its publications and its other activities.

I am here today, however, in behalf of the American Chiropractic Association, which I have served during this past year as a consultant and its director of educational activities.

In urging passage of S. 1710, I make the same statement in its support that was made in behalf of its substantially identical measures—S. 1055 and S. 1322 appearing in hearings published May 24, 1962, at page 15 to 22 of that report.

I ask that these remarks be reintroduced in the record as germane to the present hearings.

I would say pretty much the same thing over again. I will save your time by asking that this be included in the record.

Senator METCALF. Thank you very much. It will be included in the record at this point.

(The document referred to follows:)

#### STATEMENT OF DEWEY ANDERSON, WASHINGTON, D.C., MAY 24, 1962

Mr. ANDERSON. Mr. Chairman, I have a prepared statement that I wish to talk from and to, if I may.

Senator BURDICK. Your full statement will be included in the record, without objection.

(The prepared statement of Mr. Anderson follows:)

#### "PREPARED STATEMENT OF DEWEY ANDERSON

"Personal: I come before you as a private citizen with considerable interest and some knowledge of the subject being examined. My training has been in the biological and social sciences at Leland Stanford University, where I took the A.B., M.A., and Ph. D. degrees.

"As a member of the California Legislature in 1937, I was chairman of a committee comparable to this one, and then introduced the first inclusive prepayment health plan ever seriously entertained by a California Legislature. There followed

interim hearings and published reports of which I was one of the authors. This proposal was the progenitor of the pioneer Warren health plan offered by then Governor, and now Chief Justice of the Supreme Court, Earl Warren. I cite this to indicate some 25 years of continuing interest in the subject of how to provide best for the people's health.

"As the executive director of the Public Affairs Institute since its founding in 1947, I have initiated, supervised, and edited, or written a number of research studies bearing directly on this subject, including:

" 'Pensions in Our Economy,' a study of old-age pension problems and proposals in relation to the general economy (Stephen Raushenbush), 1955.

" 'How To Get Safe Drugs and Cut Their Cost' (David Cushman Coyle), 1960.

" 'Health Insurance for the Aged,' (F. J. Seidner), 1960.

" 'Health Service Is a Basic Right of All the People' (Dewey Anderson).

"The last-mentioned study appeared in 1956, was written by me as a result of closely pacing President Truman's Commission on the Health Needs of the Nation. As it presents brief sketches of all the health professions and occupations, including chiropractic, I submit copies for the use of the committee.

"Study of the characteristics of occupations, including in some measure the training, licensure, practice, barriers to entrance and status of the healing professions, were part of the research and published books on occupations which my codirector, Prof. P. E. Davidson, and I released at Stanford University as products of the Institute for Occupational Research. So, in more than a cursory way, I have been identified with aspects of this subject for the past quarter of a century.

"With specific reference to my acquaintance with manipulative therapy as exemplified in the practice of osteopathy and chiropractic, I cite the following. My brother holds an unlimited license to practice as a physician and surgeon in California. He graduated from the Los Angeles College of Osteopathic Physicians and Surgeons, which in the amalgamation now going on between the medical doctors and osteopaths has become the California College of Medicine. For more than a quarter of a century I have had the benefit of many discussions and experienced the diagnoses and treatments of a well-trained and skilled practitioner of manipulative therapy.

"Then, when I had written the 'Health Service' study, Dr. Emmett J. Murphy challenged me to make an examination of his profession, and the result was a brief pamphlet study, 'The Present-Day Doctor of Chiropractic.' There followed a request of the National Chiropractic Association to be a consultant member along with Dr. Gregg Evans, longtime dean of sciences at Yankton College in South Dakota and a member of the State board of examiners, in making a 1961 survey of the seven accredited colleges of the National Chiropractic Association.

"With this background in the field under review, I proceed to certain specific questions raised by the proposed legislation.

"1. *What does the legislation do?*—It permits a person in Federal employ to seek the advice and treatment of a licensed doctor of chiropractic for which compensation will be paid from compensation funds on the same identical showing and basis as would the services of a doctor of medicine or osteopathy.

"2. *What the legislation does not do.*—It does not license or place its stamp of approval on any form of practice, on any kind of treatment, to the exclusion of any other legally recognized by a State as within the scope of practice as defined by the State law operative in the patient's resident State.

"3. *What is the opposition to this legislation?*—The opposition is identical both as to substance and source as it was some years ago when the law was amended to include the services of person licensed as osteopathic physicians. It is the same kind and source of opposition offered over the years to every other school of healing by the dominant school of medicine through its organized professional and political arm, the American Medical Association.

"Just as in each previous instance, that opposition has cited the conviction of the AMA that the form of healing attacked at the moment was a 'cult,' was without adequate scientific evidence and support of its theories and practice. So in this instance the medical fraternity and its medically trained and disciplined members in the Government apparatus seek to prevent the inclusion of licensed chiropractic physicians and their manipulative therapy in this law. If they run true to form, they will do so by parading again the body of outdated, unsubstantiated, and biased material which they would have you believe represents truly scientific evidence of the harmful or even dangerous character of chiropractic treatment.

"They have set themselves up in this respect as the sole defenders of the health and safety of the unsuspecting and unknowing public which they would have you believe are the easy prey of these untrained and even dangerous cultists. In doing so they have lost sight of the Bible's admonition about casting the first stone for they tend to forget the presence in their midst of M.D.'s who are qualified under this legislation to receive compensation for practice but for whose competency the AMA cannot vouch. Nor can their conformity be attested either, for the history of this century of medicine in this country is one of much diversity of belief and practice, of sharp differences between the exponents of one "school" or another, of fights to the finish between allopaths, homeopaths, and eclectic.

"4. *AMA opposition to both osteopaths and chiropractors persists.*—Now comes the struggle of the AMA against the two schools of natural and manipulative therapy, osteopathy and chiropractic, which Hyde and Wolf in their brilliant and heavily documented Yale Law Journal study of the American Medical Association indicate may be tinged with 'an element of self-protection from this economic encroachment.'

"With respect to osteopathy, which the AMA still officially regards as a 'cult,' the process of elimination by absorption is well underway. It started in California, where if the people vote to rescind their osteopathic licensure law next November the 'unification agreement' as it is called, between a group of California osteopaths and the California Medical Association will become effective. By its terms and the attendant features of the program, osteopaths holding degrees from the former Los Angeles College will pay some \$65 in fees and find themselves renamed 'M.D.' instead of 'D.O.' Where the long continued and often vigorous if not vicious denunciation of osteopathy by leaders in the AMA went to in the process is not known.

"But osteopathy as an exponent of the efficacy of manipulative therapy remains the basic tenet of the practice of these osteopathic trained physicians no matter if their new M.D. title is bought and paid for and a new lettering has to be engraved to erase the old D.O. on their shingle. Yet the practice performed is in major degree akin to and closely approximates that of its first cousin, chiropractic. For both forms of healing center their attention on the musculo-skeletal system and believe its functions have a large bearing on the health or ill health of the patient.

"The attitude of the medical organization toward chiropractic continues antagonistic, in part at least because of an image in the minds of its medical doctors carried over from a past of poorly trained, 'quickie college' or diploma mill chiropractors advertising and hawking their cures in an unprofessional manner so offensive to the sensibilities of the serious medical profession. I submit that if there were grounds for such an image they are not now characteristic of the profession.

"It is well to recall that in 1910 when Abraham Flexner made his famous Carnegie survey of medical schools, over half of some 150 schools were found to be privately owned, operated for profit, possessed little in the way of curriculum, few trained instructors, gave short courses and a goodly number were outright 'diploma mills.' It took 10 years to close them out, reducing their number by the early 1920's to less than a hundred, and now down to 80. But there is little room for complacency on the part of the AMA, despite noticeable improvement, for its own educational survey made during the past 10 years showed that of a selected sample of 41 medical schools only half were doing what the surveyors termed 'a fair job,' only 3 measured up to their full potential, and the rest were not offering a 'satisfactory education' in training medical doctors. Of over 28,000 members of faculty teaching in U.S. medical schools, only 9 percent were on full time, while 75 percent were on a purely voluntary status. (Educational Number, J.A.M.A., September 1954. Later partial studies reach similar conclusions.)

"I am convinced from the recent inspection made of all National Chiropractic Association's seven colleges that the image which the AMA has or seeks to create in the public mind is not correct. For training and practice have come a long way in the 60 years of chiropractic's existence, and progress has been rapid in the past decade.

"Here is a seriously motivated profession, conscious of its responsibilities, and aware of its limitations. It knows, too, that despite all the harassment it has undergone, it is the second largest of the healing arts, and treats a significant number of patients. It devotes over 4,000 hours to lecture, laboratory, and clinical training in its 4-year course of study, half of it in the basic sciences the other half is applied subjects.

"Chiropractors are licensed by State law to practice in 46 States and the District of Columbia. The continuing improvement and enlarging status and acceptance

of chiropractic is testified to by the trends in education and licensure. One State has a severely restricted definition of chiropractic, while another has a very broad one. But even in its most restricted form State license covers the types of injuries and illnesses which make up the bulk of compensation cases.

"Now, all but five jurisdictions permit the doctor of chiropractic to practice under workmen's compensation laws. Some 600 life and accident insurance companies accept chiropractors' certification of claims, professional athletic organizations and many industrial concerns have chiropractors on their staffs or make their services available to their people. Labor unions particularly favor this form of care. The Brotherhood of Railroad Trainmen is a conspicuous example, for its members are subject to many back and other injuries and strains for which chiropractic treatment has been found beneficial.

"A strong evidence of the seriousness of purpose of this profession is the continuing professional program of its National Chiropractic Association. This organization has its house of delegates, its accrediting body and educational council governing the policies and inspection of the programs of the colleges, holds regional professional seminars, and State and national conventions. It issues a monthly journal, the content and tone of which are soundly ethical and scientific. It has a national research committee engaged in controlled research work. By all the attributes and in all the ways we have of testing the worth of a profession, today's chiropractor is seeking to meet the public standard.

"5. What is the public interest? I am here testifying on these bills as a citizen concerned about the public welfare. I am not an advocate of any particular form of healing. I am convinced from experience that today's chiropractor is equipped by training in the sciences underlying health, and in forms of therapeutics which have beneficial results so that he is able to meet people's needs.

"It is my belief that the responsibility rests with the several States to require strict compliance with basic science and professional licensure laws, operating under professionally competent and impartial boards, and to insist on conduct of a high ethical character of all who practice any form of healing. That it is not the Federal Government's responsibility to attempt to lay down such strictures, nor to exclude any profession which is so treated by any sovereign State in the enactment of laws providing for compensation for attending any Federal employee.

"Therefore, in the public interest, and in keeping with the just division of powers and responsibilities between the two branches of government, Federal and State, I urge your favorable report and congressional passage of this amendment."

Mr. ANDERSON. The first section of this little statement deals with my personal qualifications to discuss the topic, the bills under consideration before this committee. I come before you as a private citizen, and in that capacity, I am a witness. I have some knowledge and a very considerable interest in the subject being examined. My training has been in biological and social sciences, and I graduated with the three degrees through the graduate degree at the University of Stanford in California.

Now as a member of the California Legislature and chairman of a committee comparable to this committee in the Senate, in 1937 I was the chairman of a group of the legislature that introduced the first inclusive prepayment health plan in California. There followed interim hearings in support of that legislation across the State, and reports were written by us.

This is a long time ago. The proposal was a pioneer proposal. It was shortly followed by the one which the then Governor of the State of California, Earl Warren, now the Chief Justice of the Supreme Court, introduced, and I cite this to indicate a long-time interest over a span of more than a quarter of a century in the problems of people's health and since being the executive director of the Public Affairs Institute, I have either initiated, written, or supervised the research that has resulted in publication of a whole series of reports, some of which I mention in this statement, bearing upon the health of the Nation.

One of those reports, which I have submitted to the committee, is "Health Service Is a Basic Right of All the People." It was published in 1956. It was written as a result of having closely paced President Truman's Commission on the Health Needs of the Nation. It presents brief sketches of all the health professions and occupations, including chiropractic.

This study, over a period of more than a year, when the manuscript was ready, was submitted by registered mail to all the official bodies governing the various professions in the health field, and time was allowed for correction or statement, and an indication was made that anything that looked wrong would be corrected, and that counterstatements would be included in the record. None came of a serious nature, and the publication followed.

I have also had an opportunity over a long period of time to study as an experiment the field of occupations, among which have been these various health and healing arts; but with special reference to the field of inquiry this morning, my own relationship with a manipulative therapy, both osteopathy and chiropractic, has come about as a result of a family connection, and further study. My own brother holds an unlimited license as a physician and surgeon practicing osteopathy in the State of California. He graduated from the Los Angeles College of Osteopathic Physicians & Surgeons, which now in the amalgamation process going on between medical doctors and osteopaths has just been changed to become the California Medical College, a class A medical school, without one change being made in faculty or content, being moved over from the osteopathic column now into the medical column of training.

For more than a quarter of a century, I have had the experience with my brother of both manipulative care and treatment on both my person and my family, and I have had the benefit of numerous discussions with a man who is able and intelligent in his field.

Then when this health study that I referred to a moment ago was published, I was challenged by Dr. Emmett Murphy to make a more thorough inquiry into the field of chiropractic, and the result was a brief study which we published, "The Present Day Doctor of Chiropractic." In preparing that study, I was given the opportunity by the National Chiropractic Association to visit its schools, to visit its practitioners in various places, to submit myself to treatments and diagnoses, and to familiarize myself at firsthand with the practice of chiropractic.

Then last year, the National Chiropractic Association decided, as part of its accrediting procedure of its colleges, to have an independent survey made of those colleges. Now, I was asked, along with Dr. Gregg Evans, the longtime dean of sciences at Yankton College in South Dakota, a member and presently the secretary of the State examining board, himself a well-known chemist, to participate in this firsthand inspection of the seven schools accredited under the National Chiropractic Association.

Now, with this background, I have had probably more opportunity, however well I may have availed myself of it, to know as a layman about this profession and what it can do, and its limitations, than most anybody you can mention, and I asked myself as one who has been long acquainted with the process of Government in the Senate and House of the U.S. Congress what I would do if I were sitting where you are sitting in determining the answer to this proposed legislation.

What does the legislation do?

Well, it permits a person in Federal employ to seek the advice and treatment of a licensed doctor of chiropractic, for which compensation will be paid from compensation funds on the same identical showing and the same basis as would the services of a doctor of medicine or a doctor of osteopathy.

And what the legislation does not do: It does not license or place a stamp of approval on any form of practice, on any kind of treatment, to the exclusion of any other locally recognized by a State as within the scope of practice as defined by the State law operative in the patient's resident State.

Why, then, opposition to this legislation? Well, the opposition is identical, both as to substance and source, as it was some years ago, when the law was amended to include the services of persons licensed as osteopathic physicians.

It is the same kind and source of opposition offered over the years to every other school of healing by the dominant school of medicine through its organized professional and political arm, the American Medical Association.

Just as in each previous instance, that opposition has cited the conviction of the AMA that the form of healing attacked at the moment was a "cult," was without scientific evidence in support of its theories and practice. So in this instance, the medical fraternity and its medically trained and disciplined members in the Government apparatus seek to prevent the inclusion of licensed chiropractic physicians and their manipulative therapy in this law. If they do so, they will succeed again in parading the body of outdated, unsubstantiated for the most part, and sometimes biased material which they would have you believe represents truly scientific evidence of the harmful or even dangerous character of chiropractic treatment, for they have set themselves up in this respect as the sole defenders of the health and safety of the unsuspecting and unknowing public which they would have you believe are the easy prey of these untrained and even dangerous cultists.

In doing so, they have lost sight of the Bible's admonition about casting the first stone, for they tend to forget the presence in their midst of M.D.'s who are qualified under this legislation to receive compensation for practice, but for whose

competency the AMA cannot vouch. Nor can their conformity be attested either, for the history of this century of medicine in this country is one of much diversity of belief and practice, of sharp differences between exponents of one "school" or the other, of fights to the finish between allopaths, homeopaths, and eclectics.

The AMA opposition to both osteopaths and chiropractors persists, because now comes the struggle of the AMA against two schools of natural and manipulative therapy, osteopathy and chiropractic, which Hyde and Wolf in their brilliant Yale Law Journal study indicate "may be tinged"—and I quote—"with an element of self-protection from this economic encroachment."

With respect to osteopathy, which the AMA still officially regards as a "cult," the process of elimination by absorption is well underway. It started in California, where if the people vote to rescind their osteopathic licensure law next November, the "unification agreement," as it is called, between a group of California osteopaths and the California Medical Association will become effective. By its terms and the attendant features of the program, osteopaths holding degrees from the former Los Angeles college will pay some \$65 in fees and find themselves renamed "M.D." instead of "D.O." Where the long-continued and often vigorous, if not vicious, denunciation of osteopathy by leaders in the AMA went to in the process is not known.

But osteopathy as an exponent of the efficacy of manipulative therapy remains the basic tenet of the practice of these osteopathic-trained physicians no matter if their new M.D. title is bought and paid for and a new lettering has to be engraved to erase the old D.O. on their shingle. Yet the practice performed is in major degree akin to and closely approximates that of its first cousin, chiropractic. For both forms of healing center their attention on the musculoskeletal system and believe its functions have a large bearing on the health or ill health of the patient.

The attitude of the medical organization toward chiropractic continues antagonistic, in part at least because of an image in the minds of its medical doctors carried over from a past of poorly trained, "quickie college" or diploma-mill chiropractors advertising and hawking their cures in an unprofessional manner so offensive to the sensibilities of the serious medical profession. I submit that if there were grounds for such an image they are not now characteristic of the profession.

It is well to recall that in 1910 when Abraham Flexner made his famous Carnegie survey of medical schools, over half of some 150 schools were found to be privately owned, operated for profit, possessed little in the way of curriculum, few trained instructors, gave short courses, and a goodly number were outright "diploma mills." It took 10 years more, into the 1920's, to close them out, reducing their number by the early 1920's to less than 100, and now down to 80, but there is little room for complacency even today on the part of the AMA. Despite this notable improvement, by its own editorial survey, surveys made during the past 10 years show that of a selected sample of 41 medical schools, only half—and there I am quoting the surveyers themselves—only half were doing what the surveyers termed a "fair job." Only three measured up to their full potential, and the rest were not offering "a satisfactory education" in training medical doctors.

And of over 28,000 so-called members of faculty—these are people who are associated with training centers, as doctors on lists in hospitals, and so forth—in U.S. medical schools, only 9 percent were in full time, while 75 percent were on a purely voluntary basis, and I give you the citation.

I am convinced from the recent inspection made of all National Chiropractic Association's seven colleges, that the image which the AMA has or seeks to create in the public mind is not correct. For training and practice have come a long way in the 60 years of chiropractic experience, and progress has been rapid, most particularly in the past decade. I believe this to be a seriously motivated profession, conscious of its responsibilities and aware of its limitations.

It knows, too, that despite all the harassment it has undergone, it is the second largest of the healing arts. It treats a significant number of patients. It devotes over 4,000 hours to lecture, laboratory and clinical training in its 4-year course of study, half of it in the basic sciences, the other half in applied subjects.

Chiropractors are licensed by State law to practice in 46 States and the District of Columbia. The continuing improvement and enlarging status and acceptance of chiropractic is testified to by the trends in education and licensure. One State has a severely restricted definition of chiropractic, while another may have a broad one, but even in its most restricted form, State licenses cover the types of injuries and illnesses which make up the bulk of compensation cases.

Now all but five jurisdictions—and I am corrected by Mr. Bunker's later statement; my published information is some years old—permit the doctor of chiropractic to practice under workmen's compensation laws. Some 600 life and accident insurance companies accept chiropractors' certification of claims. Professional athletic organizations and many industrial concerns have chiropractors on their staffs, or make their services available to their people. Labor unions particularly favor this form of care. The Brotherhood of Railroad Trainmen, whom I know at firsthand, is a conspicuous example, for its members are subject to many back or other injuries and strains for which chiropractic treatment has been found beneficial.

A strong evidence of the seriousness of purpose of this profession is the continuing professional program of its own National Chiropractic Association. This organization has its house of delegates, its accrediting body and educational council governing the policies and inspections of the programs of the colleges. It holds regional professional seminars, State and National Conventions. It issues a monthly journal, the contents and tone of which are soundly ethical and scientific. It has a national research committee engaged in controlled research work, and by all the attributes and in all the ways we have of testing the worth of a profession, today's chiropractor is seeking to meet the public standard.

Now what is the public interest?

Well, I am here testifying on these bills as a citizen concerned about the public welfare, and solely in that capacity. I am not an advocate of any particular form of healing. I am convinced from experience that today's chiropractor is equipped by training in the sciences underlying health and in the forms of therapeutics which have beneficial results, so that he is able to meet people's needs. It is my belief that the responsibility rests with the several States to require strict compliance with basic science and professional licensure laws, operating under professionally competent and impartial boards, and to insist on conduct of a high ethical character of all who practice any form of healing. That it is not the Federal Government's responsibility to attempt to lay down such structures, nor to exclude any profession which is so treated by any sovereign State in the enactment of laws providing for compensation for attending any Federal employee.

Therefore, in the public interest, and in keeping with a just division of powers and responsibilities between the States and the Federal Government, I urge a favorable report on the two bills under consideration.

Senator BURDICK. Thank you, Mr. Anderson. That is a very comprehensive statement.

Senator JAVITS, do you have any questions?

Senator JAVITS. No. Thank you very much, Mr. Chairman.

Senator BURDICK. I guess there are no questions.

Mr. ANDERSON. Thank you.

Mr. ANDERSON. In addition to this statement, and in order to add some illumination to the questions that have been raised earlier, I want to add this.

It has been my responsibility during this past year to inspect all accredited colleges, sponsored and operating under the auspices of the American Chiropractic Association. There are 10 such schools.

All are nonprofit, tax-exempt, 4-year professional institutions, training in the broad fields of the basic sciences, and the special texts and procedures of manipulating therapy.

The upgrading process has been underway for a long time now so that their course offering is something over 4,000 hours, lectures and laboratory work, and it is fast becoming comparable to other professions in the major fields of healing.

Their proficiency in the special field of manipulative therapy is well established. Today's graduates are equipped to meet the needs for care which will be provided Federal employees under the proposed act.

As I listened to the questions, Mr. Chairman, one occurred to me.

Actually, this is a pay bill rather than a recognition of chiropractic. Let me point out to you that there are men dealing daily with strains and sprains competently, in your own States, and they are being paid

privately for their service, and I do not know whether you go to them, but I know what I do when my back hurts.

As you know, up in Montana, a man by the name of Henry Anderson, and you know how competent he is, and how well respected, both in his own community and over the State, and you know C. O. Watkins, and you know Dr. Rasmusson, the mayor of Glasgow. These are the men we are talking about. This is the service they render day by day in their offices and clinics.

Over in North Dakota, Mr. Burdick knows the doctors—Hariman in Grand Forks, my native town. These men are respected men in their communities. You know Dr. Enge, and if I took you into South Dakota I could show you a man over there, Dr. Walter Wolf, who practices a wide range of practice, because the State allows him to do so.

The range and scope of practice is determined by the nature of the State law, and whatever HEW might have told you about the adequacy of the codes respecting chiropractic, the same could be said at any point in history of the developments of the medical codes, and still could be said of the osteopathic codes in 13 States where the osteopaths are as limited in their codes of practice as are the chiropractors, but in these 13 States the osteopaths can treat a sprain or a strain under the law and get paid for it if the employee is an employee of the Federal Government. No distinction is made, despite the fact the scope of practice is very limited.

This illustrates my point that this is in essence a recognition bill and a pay bill. The point was made earlier about what the AMA chooses to call a pseudoscience. On the books of the AMA at the present time in the minutes of the AMA annual gatherings, a repeated statement to the effect that osteopathy is also a pseudoscience. They castigated the osteopaths in the last 10 years just as severely as they did the chiropractors.

But then the political arm of the American Medical Association got wise and decided we can absorb these people, and they have been in the process of absorption for quite some time now, and they did so in California by changing the law, and the osteopathic college in Los Angeles which had shown them up in this field of strains and sprains was made over into the California Medical College.

It is just now coming under grants and the beneficences of the Federal Government in the recent acts to the tune of something over \$4 million with the approval and the endorsement and support of the California Medical Association and the American Medical Association.

Up in the State of Washington they have been trying to absorb them in a different way by trying to create a paper organization which will absorb the osteopaths. Down in the State of Oregon, which has a very wide scope of practice—in the State of Oregon the scope of practice is so wide for the chiropractors that they can practice obstetrics, minor surgery, a full measure of diagnosis, and a very substantial measure of treatment.

This matter of scope of practice depends on the code and the acceptance of the community, and this is a historical process. It has been going on all the time. They do not change basic medical laws in States anymore, they overlay them with police power laws and other public welfare laws rather than disturb the original basic laws, and the basic laws differ very widely from State to State.

This is a historical practice that is going on right now among the chiropractors, and will continue to go on as the improvement of the raising of standards of training and widening of the scope of accepted practice takes place.

So much for some of the comments, at least.

Senator METCALF. In other words, we could take the word chiropractic out of this bill and write osteopaths, who are permitted to practice, and probably the reports would have the same objections raised?

Mr. ANDERSON. In many quarters too. Get it back into California and they begin calling that same osteopath a medical man. My brother is a fully licensed, nonrestricted osteopathic physician and surgeon. He bought for \$64 a degree from the California Medical College that he had graduated from 6 years of training earlier—\$64 and he now has a shingle called doctor of medicine.

This is the realm we are talking about. Frankly, gentlemen, it is politics. It is organizational politics that we are concerned about in this act, and not the substance of the profession and what it does.

If you ask anybody who knows athletic injuries where he would go first if he had somebody he had to get back on the playing field, he would not go to an orthopedist. He would not go through 6, 8, 10 weeks of costly hospitalization. He would go down the street to the osteopath or chiropractor and get the man back on the playing field. This is what we are talking about.

You made a point earlier about the charge that this is a pseudo-science, the AMA charge. There was a symposium conducted by McGill University Medical School this last December on chiropractic, and the lead article is by the dean of the medical school, and repeated all of that that you read.

Then he said, "You know, when I break an egg, all I have to do is smell it to know that it is bad. I do not have to examine it further." The last article in the symposium is by four medical graduate students of the college who took him to task.

They said, "You are not dealing with a bad egg. This thing works. We had better investigate how it works."

Now, I am not here to tell you how it works. I have been trying my best to find out how manipulative therapy works, and the validation of it through experimentations still is something to be found. There is a beginning, however, that is going to yield some startling results. Just as nine osteopaths, when they took over a wing of the county hospital in Los Angeles, in actual treatment and care, showed up the medical wing of that same hospital, so they had to join forces in order to eliminate the osteopathic competition.

So, if the case is proved, as I think it will be proved, you will be licensing to a new tune from the medical association in the next 5 years. Out in a brandnew school an excellent plant, a couple of million dollar plant, in Chicago, they have run through as modern a diagnostic center as you will find in any medical institution in the country.

They have run through that chiropractic school their first 500 cases. They had no difficulty in making referrals. The diagnoses were complete with all of the paraphernalia that is used in proper diagnosis. They have moved those cases on into practice and the followup is underway.

It will take a year or two to prove the story, but this is an evidence of the approach, the scientific approach that is now being used by the

modern doctor of chiropractic in his training institutions. Old theories are being discarded as new proof is brought into play.

Old tests are being changed, so much so, if you looked at the doctor of chiropractic today, or the doctor of medicine today, and look at them 30 years ago, they are two different animals. We are dealing in the modern day with a man who is scientifically trained, poised in the direction of determining causes and trying to effect the most useful way of handling diseases.

And there is no single cause for diseases, and no modern chiropractor ever talks in terms of finding it located in the back. There is no more a single cause of disease as far as he is concerned than any other practitioner of the healing art.

I say again in conclusion, we are dealing here with a matter of prestige, something that the American Medical Association does not want to give up, a practice of discrimination they have practiced for years—then the osteopaths, and now left alone the chiropractors.

That is the prestige side. The other side is it is a pay bill—homeopathic. It will put patients in the chiropractors offices. It will save the Government and the employers money. It will please both the patient, the public, and the doctor. It should be a popular bill and there is no reason on earth why it should not be passed.

Senator METCALF. Thank you, Dr. Anderson. You are always a refreshing and rewarding witness.

Senator Burdick?

Senator BURDICK. I notice that the witness described aptly the bill as a pay bill. Chiropractic is a perfectly legal occupation in almost all of the States, and this legislation has nothing to do whether chiropractic is legal or illegal. It is just a question of whether the Federal worker can have a choice of treatment.

Mr. ANDERSON. That is right.

Senator BURDICK. In treating their strains and sprains, that is all there is to it, is that right?

Mr. ANDERSON. And, Senator, that same patient will go around time and again to one of the men I mentioned in your State, and will pay to get well faster. He will pay his bill rather than to fight this thing, and this is going on all the time.

Senator METCALF. Thank you very much for your cooperation.

Mr. ANDERSON. Thank you.

Senator METCALF. The next witness is Mr. Jerome J. Keating, president of the National Association of Letter Carriers.

#### STATEMENT OF JEROME J. KEATING, PRESIDENT, NATIONAL ASSOCIATION OF LETTER CARRIERS

Mr. KEATING. Thank you, Senator. I would like to file the formal statement and make two short observations.

Senator METCALF. Without objection, it will be filed.

(The prepared statement of Mr. Keating follows:)

#### PREPARED STATEMENT OF JEROME J. KEATING, PRESIDENT, NATIONAL ASSOCIATION OF LETTER CARRIERS

Mr. Chairman and members of the subcommittee, my name is Jerome J. Keating. I am president of the National Association of Letter Carriers, an organization composed of 170,000 letter carriers located in every State and possession of the United States of America. We represent the men who carry

the mail on foot, and drive parcel post and collection trucks. In performing their duties letter carriers frequently suffer injuries to their legs, arms, and backs, and many of them secure treatment for such injuries from chiropractic physicians. Our association has gone on record on numerous occasions requesting that the Federal Employees Compensation Act be amended so as to provide for the services of chiropractors.

I want to place our association on record in favor of S. 1710, a bill introduced by Senator Quentin N. Burdick, of North Dakota. I want to also commend Senator Warren G. Magnuson, of Washington, for his deep interest in this subject.

Forty-eight States in the Union recognize chiropractors for certain specified services. We believe that they should have the same recognition from the Federal Government. These States set up specific qualifications for chiropractic practitioners. The basic principle of chiropractic therapy is to alleviate bodily disorders or disease processes through manipulation of the vertebra directed at correction of the diagnosed subluxation and the symptoms manifested by the patient. This relaxation must be in accord with accepted knowledge of anatomy and nerve distribution.

The National Association of Letter Carriers operates a health benefit program. Like many other health benefit programs, we recognize chiropractors and pay claims for services of the chiropractors limited practically to the same extent as the provisions carried in the bill before you. S. 1710 restricts chiropractic treatments to strains or sprains which are prescribed or recommended by duly authorized chiropractic practitioners.

We believe that the present bill should meet the objections that have been made previously to somewhat similar legislation and we hope that the committee will give a favorable report to S. 1710.

Mr. KEATING. No. 1, we operate a health benefit program in connection with our association. Ours is the largest employee sponsored health benefit program. We have 130,000 members, letter carriers enrolled under the program.

Under our program we pay chiropractors, but we do not pay in the case of individuals if their injury is due to performance of their duty as a Government employee. So, when an employee who has a compensable case and is injured, goes to a chiropractor, he cannot be paid by the Government, and under the terms of our policy and all other health benefit programs, he is denied payment from such programs because his injury is the responsibility of the Government.

So, that individual is left without any place to turn. If he gets sick, of course, we pay chiropractors in our plan. We have gone on record at convention after convention in favor of the BEC paying the chiropractors. I think all of the Government employees organizations take the same position.

We are the largest employee organization—we have 170,000 members—the second next largest of the United Federation of Postal Clerks and the American Federation of Government Employees, and they both are listed in favor of this legislation.

I am chairman of the Legislative Committee of the Government Employees' Council of the AFL-CIO composed of all the AFL-CIO unions in the Federal Government, and all of our organizations are in favor of this legislation.

I note that the Rural Carriers Organization, which is a very active, fine organization, not affiliated with the AFL-CIO, also supports this legislation, and we hope that the committee will favorably report out S. 1710. I think it will meet all of the objections that have heretofore been offered to such legislation, and I think that Senator Burdick has come up with an excellent bill and I hope that it will be reported out favorably by this committee and passed by the Senate.

Senator METCALF. Senator Burdick?

Senator BURDICK. I want to thank Mr. Keating for a fine statement. I might inquire, however, if members of his organization are beset with this type of physical trouble and to what extent they suffer from strains and sprains?

Mr. KEATING. We have one of the highest injury rate according to the Bureau of Employees Compensation. We have one of the highest rates of injury in the Federal Government. Our people, of course, walk routes delivering mail, a lot of them drive trucks delivering parcel post and collecting mail, and strains or sprains are very common.

Many of our people do go to chiropractors. We have many, many cases brought to our attention where they have gone to a chiropractor, and because of this provision in the law, they have not been able to get the compensation due them. So, it is a very, very important piece of legislation as far as we are concerned.

Senator BURDICK. Do you know of employees who have gone to chiropractors and paid their bills out of their own pocket?

Mr. KEATING. They do, they have no other place to turn, because in all of the Health Benefit Acts, there is an exclusion clause in that prohibits the payment of an injury while employees are on duty for the Government. That is the responsibility of the Government. So they cannot get ordinary health benefit payments either. If they go to a chiropractor, they have to pay the bill themselves.

Senator BURDICK. Thank you, Mr. Keating.

Senator METCALF. Thank you, Mr. Keating. I know that you can, without qualification, state that the Federal employees that you represent, which is a large representation, are in favor of this legislation.

Mr. KEATING. They are very much in favor of this legislation.

Senator METCALF. I regret very much the time that I have to leave has now finally arrived. Thank you for your appearance.

We also have statements from Mr. John O'Connor, legislative director of the United Federation of Postal Clerks; Mr. Greiner, president of the American Federation of Government Employees, and Mr. Emeigh, of the National Rural Letter Carriers' Association. They will be incorporated in the record at this point.

(The statements referred to follow:)

PREPARED STATEMENT OF JOHN F. O'CONNOR, LEGISLATIVE DIRECTOR, UNITED FEDERATION OF POSTAL CLERKS

Mr. Chairman and members of the subcommittee, for the record and for purposes of identification, I am John F. O'Connor, legislative director of the United Federation of Postal Clerks. Our national headquarters are located in the Federation Building at 817 14th Street NW., Washington, D.C., and we are recognized as the national "exclusive" representative of postal clerks. We have a membership of approximately 160,000.

As an organization, we are in complete support of S. 1710 and S. 2078, introduced by Senators Burdick of North Dakota and Magnuson of Washington, respectively. These bills, if enacted into law, will provide an opportunity, under the Federal compensation law, for postal and Federal employees when injured on duty to use the services of all practitioners of the healing arts and not be limited in any way as at present.

Both bills are amendments to the present law to provide that employees may receive the services of chiropractors. We have long been in favor of this addition to the Compensation Act. As far back as 1945, Legislative Representative William I. Horner, one of my predecessors, testified in behalf of S. 178, introduced by the former Senator Abe Murdock, of Utah, and which proposed this same amendment to the Compensation Act.

It is not our intention to attempt to go into the technical details in any way concerning the healing arts as we feel that we are not competent to do so. We have some opinions concerning the possibilities and limitations of each of the healing arts. Many of us, and members of our families have been treated for various illnesses by doctors of medicine, osteopathic doctors, and doctors of chiropractic. As individuals, we have had the right and privilege to select the doctor which we thought would do the most good. We have found in the instances where we, or members of our families, have selected the chiropractic treatment because we thought it was needed that it proved very helpful. We think the same right should be extended to employees of the Federal Government under the Compensation Act.

Doctors of chiropractic can be extremely helpful to employees of the Federal Government for certain injuries, thereby reducing to a great degree the period of disability of the employee and lessening the amount necessary to be paid for compensation.

The road of the chiropractic healing art has not been an easy one since its inception some 60-odd years ago. Yet this healing art has thrived and has been beneficial to many, and this is proven by the fact that today there are many more schools teaching the chiropractic art than a few years ago; and the number of men and women practicing the art is far greater than a few years ago. Today, 46 States, as well as the territory of Puerto Rico and the District of Columbia have licensed chiropractors. The profession has continued to undergo changes and improvements, and has made great progress over the years through research and in raising its standard of treatment and practice.

A further indication of the recognition of the progress of this profession is that many States presently permit doctors of chiropractic art to practice under their workers compensation law. The Veterans' Administration has fully recognized chiropractic education under the GI bill and many hundreds of insurance companies allow doctors of chiropractic to make examinations for insurance.

We believe, quite definitely, that a chiropractic doctor can be helpful to Federal employees in many instances when injured, and we believe that in this enlightened day and age they should be recognized under the Federal employees compensation law. The chiropractic healing art can no longer be considered as visionary or impractical. It is a well-established healing profession and today chiropractic doctors have millions of patients indicating a general acceptance of this manner of healing by citizens of our country.

Mr. Chairman and members of the subcommittee, the membership of our organization desire the opportunity to have a free selection under the Compensation Act of any doctor they feel can be of help to them. The enactment of this legislation does not make it mandatory. It merely means that if the individual concerned, in his opinion, believes that he can secure better results he may, under the law, use the services of a chiropractor.

We trust the subcommittee will report favorably on this legislation. We also wish to thank you for the opportunity of appearing before the subcommittee and expressing our viewpoint.

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#### PREPARED STATEMENT OF THE AMERICAN FEDERATION OF GOVERNMENT EMPLOYEES

As an organization composed of Federal employees and dedicated to their welfare, the American Federation of Government Employees is keenly interested in any improvement which may be made to the Federal Employees Compensation Act. The reason is obvious—it is a law which provides benefits in an emergency, in a time of suffering, or upon the death of the wage earner member of a family.

It is our desire to support any legislative proposal which will truly benefit Federal employees. If it relates to such a service as medical care, we believe it should not only meet standards of excellence but that it should also be supplied within the framework of adequate professional training and accepted ethical practice.

The two bills, S. 1710 and S. 2078, would amend the existing law by adding chiropractors to those practitioners of the healing art whose services are available and compensable under the act.

The proposed amendments ostensibly are designed to augment the services which are usable by Federal employees when they have suffered a physical injury or contracted a disease for which the law provides medical care or compensation. This is a worthy objective. Whether it is to be attained to the best interests of

the employees who will become beneficiaries of this law is a matter which should be determined by those who are trained in treating human ills and who are equipped to assess the training which is deemed necessary for the practitioner to function in a satisfactory manner.

The problem which this situation poses is similar to that which is related to the medical benefits or services provided for veterans of our wars and members of the active military service. It is largely a matter of determining the need for relieving various ills by persons trained and experienced in their diagnosis and treatment and who are prepared to prescribe treatment by medication or other means or to provide such corrective measures as surgery.

Within the scope of his training and skill, the chiropractor is recognized by public licensing authority as offering beneficial treatment. It is a licensing limited to a somewhat specific form of treatment which is exclusive of medication or surgery. The bills do not require anyone to avail himself of such treatment. They provide that it be offered under certain circumstances as are other medical services and that when utilized such service shall be included in that which is compensable under the law.

S. 1710 appears to equate chiropractic treatment with such ills as strains or sprains. These ailments comprised a significant portion of disabling nonfatal work injuries included in a study by the Bureau of Employees Compensation covering the decade 1952 to 1961. In this period there was a mounting rate of back injuries, other than vertebra and disk cases. The average rate was 355 per 100,000 employees for the last 5 years of the study, which was 24 percent above that for the preceding 5-year period.

The significance of strains or sprains is indicated in the cases reported to the BEC during the 3-year period 1958-60. Such injuries to the lower back numbered 11,993 cases, or 9.6 percent of the total. Strains or sprains to the back (general) numbered 9,284 cases, or 7.4 percent of the total. The average number of chargeable days per nonfatal disabling injury was 27. The average days for strains or sprains of the back varied from 16 for the upper back to 36 for the lower back. For the back (general) chargeable days average 19 per nonfatal disabling injury.

The American Federation of Government Employees is of the opinion that a decision as to the desirability of the proposed amendments in these two bills should be made after their impact on the welfare of beneficiaries of the Compensation Act has been carefully analyzed by experts in all related fields. It is our belief that medical or related service should be of the highest quality and that this standard should continue to prevail in all types of treatment authorized by the Federal Employees Compensation Act.

Thank you, Mr. Chairman, for making it possible to submit this comment on these two bills.

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TESTIMONY OF JOHN W. EMEIGH, SECRETARY, NATIONAL RURAL LETTER  
CARRIERS' ASSOCIATION

Mr. Chairman, members of the subcommittee, I am John W. Emeigh, secretary of the National Rural Letter Carriers' Association, an organization composed of 43,000 regular, substitute, and retired rural letter carriers. I also serve as health insurance director of the rural carrier benefit plan of health insurance, an employee organization health plan under the Federal Employees Health Benefits Act of 1959.

May I first express the appreciation of the members of this association to Senator Quentin Burdick, of North Dakota, for the introduction of S. 1710 and to Senator Warren G. Magnuson, of Washington, for the introduction of S. 2078 which would amend the Federal Employees' Compensation Act to provide for payment of chiropractic services. We also appreciate the opportunity to appear before your committee and present the views and recommendations of this association.

It is important to first note that a definite problem does exist under the provisions of current law which denies coverage for chiropractics in workman's compensation cases. Employees who sustain work-connected injuries or disabilities may not presently elect treatment by chiropractic physicians if they desire to receive payment of, or reimbursement for required care and treatment under the Compensation Act.

The nature of a rural letter carrier's work involves a type of movement and constant stretching which does give rise to work-connected disabilities peculiarly subject to care and treatment of chiropractic. The fact that such treatment

cannot be paid for by the U.S. Government under the Compensation Act causes these employees to personally pay for care which, in our opinion, should be a responsibility of the United States.

The committee is, of course, aware of the fact that numerous health insurance plans presently provide such benefits to the insureds by making provision for payment to chiropractors. This coverage is granted in the rural carrier benefit plan of health insurance for non-work-connected injuries or disabilities. No payment, however, can be made under our insurance plan for any claim submitted for medical care costs or treatments in connection with on-the-job injuries or disabilities in those cases which are determined to be compensable under the Compensation Act. In compensable cases, therefore, the employee is denied benefits under both his health insurance and workmen's compensation. Our experience in making payment for chiropractic services would indicate that this is unfair to the employee. We maintain a constant review of claims in connection with administration of our health plan in order to assure proper payment under our program, and also to actuarially project our experience for the future in line with past and current experience. A check on claims submitted and paid does not produce any evidence that services in this chiropractic area of the benefit structure are generally overused or abused. Admittedly, in this area, just as in other areas of the benefit structure of any health plan, there is an occasional case which is considered either an abuse of the coverage by the insured individual, the doctor, the facility and/or over utilization of the benefits. We do not believe that the rare incidence of these claims is of sufficient gravity upon which any case can be built to continue to deny chiropractic coverage under workmen's compensation.

We do strongly recommend, however, that the "scope of practice" for chiropractic be specifically included in the language of any bill to be approved by the committee. Our experience in the operation of the rural carrier benefit plan indicates that definitive language is necessary in order to assure ethical chiropractic services.

We believe this could be accomplished by amending the Burdick bill, S. 1710, in subsection N by adding a new part (4) to provide a new definition as follows: "Scope of practice for chiropractic means spinal adjustments by hands and spinal X-rays to determine the presence or absence of vertebral subluxations or misalignments."

Such a definition would eliminate some current unethical practices which involve the use of quack machines and other questionable or medical practices. It should remove objections to the including of chiropractic under the Compensation Act and would, without question, permit sound, specific regulations and administration by the Secretary of Labor relative to this area of professional health care.

The definition suggested as an amendment is the definition of chiropractic services appearing in the rural carrier benefit plan of health insurance. It has permitted sound administration of this benefit area of the plan.

It is also my understanding that this is a definition of chiropractic which is subscribed to by the International Chiropractors Association. With proper definition of the "scope of practice" in the legislation, we feel certain that adequate controls under the regulations of the Bureau of Employees Compensation would assure a proper administration of the act in regard to this type of healing care and treatment.

Mr. Chairman, this association wholeheartedly endorses legislation to provide chiropractic under the Compensation Act. We trust this committee will approve and report a bill which would permit the individual to exercise a free choice of health care in compensation cases and would remove the present discrimination against chiropractic.

Senator METCALF. The record will be held over until the 3d of July for further statements to be filed in support or opposition of this legislation. I thank you all for your coming here this morning. The subcommittee is adjourned.

(Whereupon, at 11:50 a.m., the subcommittee was adjourned.)

## APPENDIX

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### SCOPE OF CHIROPRACTIC PRACTICE IN THE UNITED STATES

(Prepared by the AMA, Washington office)

#### ALABAMA

*The Code of Alabama, adopted by the Act of Legislature of Alabama. Approved July 2, 1940. Supplements to 1955*

*Title 46, paragraph 259 (2837).* The license issued to a chiropractic licentiate entitles him "to treat diseases of human beings by means of mechanotherapy according to the methods taught in the specific school, the teaching of which he proposes to practice, but shall not entitle him to practice major surgery or to prescribe or administer drugs."

#### ALASKA

*Compiled Laws of Alaska, 1949, containing the general laws of the Territory of Alaska. (Published under authority of chapter 28, SLA, 1947)*

*Paragraph 35-3-2. Chiropractic defined.* Chiropractic is defined as the science of locating and correcting interference with nerve energy transmission and expression within the human body, and the employment and practice of drugless therapeutics, including physiotherapy, hydrotherapy, mechanotherapy, phytotherapy, electrotherapy, chromotherapy, thermotherapy, thalmotherapy, corrective and orthopedic gymnastics and dietetics, which shall consist of and include the use of foods and such biochemical tissue building products and cell salts as are found within the normal human body, without the use of drugs or surgery (L. 1939, ch. 78, par. 2, p. 193).

#### ARIZONA

*Arizona Revised Statutes, Annotated. Prepared under legislative authority laws 1956, chapter 129*

*Paragraph 32-925. Limitations upon practice of chiropractic.* A person licensed under this chapter to practice chiropractic may adjust by hand any articulations of the spinal column, but he shall not prescribe or administer medicine or drugs, practice major or minor surgery, obstetrics or any other branch of medicine or practice osteopathy.

(Under the Arizona Statutes a practitioner of naturopathy or chiropractic is limited to nonsurgical and nonmedical methods \* \* \* *Gates v. Kilcrease* (1948) 66 Ariz. 328, 188 P 2d 247.)

#### ARKANSAS

*Arkansas Statutes 1947. \* \* \* Compiled under the supervision of the Arkansas Statute Revision Commission. Supplements to 1955 (1956)*

*Paragraph 72-404. \* \* \* Chiropractors \* \* \* may adjust by hand the displaced segments of the vertebral column and any displaced tissue in any manner related thereto for the purpose of removing an injury, deformity or abnormality of human beings.*

*Paragraph 72-405. Health and police regulations applicable. \* \* \* Chiropractic practitioners hereunder shall be bound by all health police regulations of the State that shall apply to them and shall be qualified to sign death certificates and all other certificates pertaining to public health, with like effect as medical practitioners.*

## CALIFORNIA

*West's annotated California codes (1956)*

*Paragraph 1000-7. License to practice, issuance; practice authorized.* \* \* \* which license shall authorize the holder thereof to practice chiropractic in the State California as taught in the chiropractic schools or colleges and also to use all necessary mechanical and hygienic and sanitary measures incident to the care of the body, but shall not authorize the practice of medicine, surgery, osteopathy, dentistry, or optometry, nor the use of any drug or medicine now or hereafter included in materia medica.

*Paragraph 1000-15. Noncompliance with and violations of act.* \* \* \* or any licensee under this act who uses the word "doctor" or the prefix "Dr." without the word "chiropractor," or "D.C." immediately following his name \* \* \* or any other letters, prefixes or suffixes, the use of which would indicate that he or she was practicing a profession for which he held no license \* \* \* shall be guilty of misdemeanor \* \* \*

*Paragraph 1000-13. Health regulations, death certificates, reports.* Chiropractic licentiates shall observe and be subject to all State and municipal regulations relating to all matters pertaining to the public health, and shall sign death certificates and make reports as required by law to the proper authorities, and such reports are to be accepted by the officers of the departments to which the same are made.

## COLORADO

*Colorado Revised Statutes 1953. Edited \* \* \* under the supervision and direction of the Committee on Statute Revision—Supplements to 1955*

*Chapter 23-1-2. Definition of chiropractic.* Chiropractic is defined as the science of locating and removing interference with nerve transmission. A license to practice chiropractic granted by the board of examiners shall confer upon the licensee the right to practice chiropractic as defined and to use such other sanitary and hygienic measures necessary to such practice; use the title "doctor" or "Dr." when accompanied by the word "Chiropractor" or the letters "D.C." \* \* \* A license to practice chiropractic granted by the board of examiners shall not confer upon the licensee the right to practice surgery or obstetrics, prescribe, compound, or administer drugs or to administer anaesthetics.

## CONNECTICUT

*The General Statutes of Connecticut. Revision of 1949, published by authority of the State. Supplements to 1955*

*Chapter 209, section 4381.* \* \* \* Any chiropractor who shall have complied with the provisions of this chapter (i.e. passed examinations) may adjust by hand any articulation of the spinal column, but shall not prescribe for or administer to any person any medicine or drug included in materia medica or perform any surgery or practice obstetrics or osteopathy.

*Chapter 209, section 4385. Use of names and titles.* No licensee under the provision of this chapter shall use the title "Doctor" or any abbreviation or synonym thereof unless he holds the degree of doctor of chiropractic from a chartered chiropractic school or college, in which event the title shall be such as will designate the licensee as a practitioner of chiropractic.

*Chapter 209, section 4386. Practice of chiropractic defined.* The practice of chiropractic shall be understood to be the adjustment by hand of any or all of the articulations of the human vertebral column.

## DELAWARE

*Delaware Code Annotated. Prepared under legislative authority by the Revised Code Commission (1953). Supplements to 1956*

*Title 24, paragraph 701. Definition and limitation of chiropractic.* Chiropractic is the science of locating and removing any interference with the transmission of nerve energy. A license granted under the provision of this act shall not entitle a licensee to use drugs, surgery, osteopathy, obstetrics, dentistry, optometry or chiropody.

*Title 24, paragraph 715. Chiropractic practitioners subject to regulation.* Chiropractic practitioners shall observe and be subject to all State and municipal regulations relating to the control of contagious and infectious diseases, and any

and all matters pertaining to public health, reporting to the proper health officer the same as other practitioners.

DISTRICT OF COLUMBIA

*District of Columbia Code (annotated), 1951 edition. Published under the direction of the Committee on the Judiciary, House of Representatives. Supplements to January 2, 1956*

The Code does not contain any definition of chiropractic, but it mentions the licensing of it in paragraph 2-120 (20:140).

"Drugless method of healing" is defined in paragraph 2-101 (20:121) as "any system of healing that does not resort to the use of drugs, medicine, or operative surgery, for the prevention, relief, or cure of any disease."

FLORIDA

*Florida Statutes 1955. Prepared by Statutory Revision Department (1955)*

*Paragraph 460.11. Definition, principles and practice, practitioners, chiropractic analysis.* (1) For all purposes chiropractic is defined to be a noncombative principle and practice consisting of the science of the adjustment, manipulation, and treatment of the human body in which vertebral subluxations and other malpositioned articulations and structures that are exerting pressure upon nerves and thus interfering with the normal transmission of vital energy from the brain to organs, tissues and cells of the body, thereby causing disease, are adjusted, manipulated or treated to their normal position, thereby restoring the normal flow of vital nervous energy which produces normal function and consequent health.

(2) Any chiropractor who has complied with the provision of this chapter may:

(a) examine, analyze, and diagnose the human living body and its diseases by the use of any physical, chemical, electrical, thermal or radionic method, and use the X-ray diagnosing, and may use any other general method of examination for diagnosis and analysis taught in any school of chiropractic recognized at any time by the Florida State Board of Chiropractic Examiners.

(b) Chiropractors may adjust, manipulate, or treat the human body by manual, mechanical, electrical, or natural methods, or by the use of physical means, physiotherapy (including light, heat, water, or exercise) or by the use of foods and food concentrates, food extracts, and may apply first aid and hygiene, but chiropractors are expressly prohibited from prescribing or administering to any person any medicine or drug included in materia medica or perform any surgery, except as hereinabove stated, or practice obstetrics.

(c) \* \* \*

(d) Chiropractors shall have the use of the works of any State, County, or Municipal laboratory which is supported wholly or in part by public tax money.

(3) The term "chiropractic" or "doctor of chiropractic" shall be construed to mean a practitioner of chiropractic as the same has been hereinabove defined, and the chiropractic method of examination is hereby defined to mean an analysis. Doctors of chiropractic may analyze the physical conditions of the human body to determine the abnormal functions of the human organism, and to determine such functions as are abnormally expressed, and how such functions are abnormally expressed, and the cause of such abnormal expression.

(4) Any chiropractor who has complied with the provision of this chapter is authorized to analyze abnormal bodily functions, and to adjust the physical representative of the primary cause of disease as is herein defined and provided, and as an incident to the care of the sick, chiropractors may advise and instruct patients in all matters pertaining to hygiene and sanitary measures as taught by recognized Chiropractic Schools and Colleges.

GEORGIA

*Code of Georgia Annotated (1955)*

*Title 84-501. "Chiropractic" defined.* The term "chiropractic" as used in this chapter means the adjustment of the articulation of the human body, including ilium, sacrum, and coceyx, and in the use of electricity X-ray photography, but the X-ray shall not be used for therapeutical purposes (Acts 1921, pp. 166, 167).

*Title 84-509. Scope of practice of chiropractors.* Chiropractors who have complied with the provisions of this chapter shall have the right to adjust patients according to specific chiropractic methods and shall observe State, municipal, and public health regulations, sign death and health certificates, reporting to the proper health officers the same as other practitioners. Chiropractors shall not prescribe or administer medicine to patients, perform surgery, nor practice obstetrics or osteopathy (Acts 1921, p. 171).

#### HAWAII

*Revised Laws of Hawaii 1945. Comprising the laws \* \* \* as of January 1, 1945. Published by authority. Supplements to 1953*

*Chapter 37, section 2078. Chiropractic defined.* Chiropractic is defined to be the science of palpating and adjusting the articulation of human spinal column by hand only; provided that the practice of chiropractic as contemplated and set forth in this chapter shall not be construed to exclude of any method or means, or any agent, either tangible or intangible, for the treatment of disease in the human subject; subject, however, to the restrictions contained in this chapter; and provided further, that the practice of chiropractic as contemplated and set forth in this chapter shall not be construed to include the practice of lomilomi or massage (L. 1925, c. 99, s. 8; R.L. 1935, s. 967).

*Chapter 37, section 2083 (as amended May 13, 1947) Violations, penalty.* Any person \* \* \* or any licensee \* \* \* who uses the word "doctor" or the prefix "Dr." without the word "chiropractor", or "D.C." \* \* \* shall be guilty \* \* \*

#### IDAHO

*Idaho Code, containing the general laws of Idaho annotated. Published by authority of Laws 1947, chapter 224. Compiled under supervision of the 1947 Idaho Code Commission (1948). Supplements to 1955*

*Title 54-103. Practice of chiropractic defined.* Any licentiate under this chapter may adjust any displaced segment of the vertebral column or any displaced tissue of any kind or nature, for the purpose of removing occlusion of nerve stimulus in the bodies of human beings, and practice physiotherapy, electrotherapy, hydrotherapy as taught in chiropractic schools and colleges, but nothing herein contained shall allow any licentiate to prescribe medicine, perform surgical operations, or practice obstetrics.

#### ILLINOIS

*Illinois Revised Statutes 1955. State Bar Association edition, 1955*

The code does not mention chiropractic directly, but in the chapter 91, paragraph 5:2 (Medical Practice Act) it says:

*"Chapter 91, paragraph 5:2. Treating human ailments without drugs or medicines and without operative surgery.* For the practice of any system or method of treating human ailments without the use of drugs and without operative surgery \* \* \* (conditions of licensing).

*"Chapter 91, paragraph 5:12. \* \* \* Any person licensed under the provision of this act to practice any system or method of treating human ailments without the use of drugs or medicines and without operative surgery \* \* \**

*"Chapter 91, paragraph 5:9. Examination for practice without medicine, drugs, or operative surgery.* Examinations of applicants who seek to practice any system or method of treating human ailments without the use of drugs or operative surgery \* \* \* the department \* \* \* will determine the qualifications of the applicant to practice the particular system or method \* \* \* which he specifically designates in his application. \* \* \*"

#### INDIANA

*Annotated Indiana Statutes. 1951 replacement volume, 1951. Supplements to 1955*

*Title 63-1326. Chiropractic licensing. Definitions.* As used in this act (par. 63-1326 to 63-1337) the following terms shall have the following meaning:

- (1) "Chiropractic" shall mean the separate and distinct science of locating and adjusting the articulations of the spinal column for the purpose of treating human ailments by removal of nerve interference;

(2) A "chiropractor" shall mean any person who is qualified by education to practice the science of chiropractic; \* \* \* (Acts 1955, ch. 42, par 1, p. 87).  
*Title 63-1333. Scope of practice. X-ray.* Any person who is licensed \* \* \* to practice chiropractic shall not be permitted to prescribe or administer any medicine or drug for any purpose, to perform major or minor surgery, to practice obstetrics or any other branch of medicine or to practice osteopathy. Any licensee \* \* \* shall be permitted to employ X-ray and all other necessary procedures, to arrive at a chiropractic analysis (Acts 1955, ch. 42, par. 8, p. 87).

## IOWA

*Iowa Code Annotated (1949). Supplements to 1956*

*Chapter 151.1. "Chiropractic" defined.* For the purpose of this title the following classes of persons shall be deemed to be engaged in the practice of chiropractic:

- (1) Persons publicly professing to be chiropractors or publicly professing to assume the duties incident to the practice of chiropractic;
- (2) Persons who treat human ailments by the adjustment by hand of the articulations of the spine or by other incidental adjustments.

*Chapter 151.5. Operating surgery—drugs.* A license to practice chiropractic shall not authorize licensee to practice operative surgery, osteopathy, nor administer or prescribe any drug or medicine included in materia medica.

*Chapter 151.6. Display of word "chiropractor."* Every licensee shall place upon all signs used by him, and display prominently in his office the word "chiropractor."

## KANSAS

*General Statutes of Kansas (Annotated) 1949. Published under authority of chapter 465, Laws 1949 (1950). Supplements to 1956*

*Chapter 65-1303. Examinations; restrictions on practice.* \* \* \* Any chiropractor who has complied with the provisions of this act may adjust by hand any displaced tissue of any kind or nature, but shall not prescribe for or administer to any person any medicine or drugs now or hereafter included in materia medica, perform any minor surgery, only as hereinbefore stated, nor practice obstetrics.

*Chapter 65-1308. Duties as to contagious diseases and vital statistics.* Chiropractic practitioners shall observe and be subject to all State and municipal regulations relating to the control of contagious and infectious diseases, sign death certificates, and any and all matters pertaining to the public health, reporting to the proper health officers the same as other practitioners.

## KENTUCKY

*Kentucky Revised Statutes, 1953. Published by the Kentucky Statute Revision Commission (1953). Different supplements to 1956*

*Ch. 312, paragraph 312.010. Definitions.* \* \* \*

(2) "Chiropractic" means the science of locating and adjusting the subluxations of the articulations of the human spine and its adjacent tissues.

*Ch. 311, paragraph 311.375. Conditions governing use of title "Doctor" or "Dr."* \* \* \*

(2) No person who holds a doctor degree, \* \* \* shall use or employ the title "Doctor" or "Dr." \* \* \* without affixing suitable words or letter designating the particular doctor degree \* \* \*

*Ch. 312, paragraph 312.130. Chiropractor may sign death certificates and other legal documents.* Any person licensed under this chapter may sign death certificates and sign and execute all legal documents and certificates with the same authority as members of other schools or systems of treatment.

## LOUISIANA

*Louisiana Revised Statutes of 1950. Published by the authority of the State of Louisiana (1950). Supplements to 1954. West's Louisiana Statutes Annotated, 1952. Supplements to 1956.*

There is no reference to chiropractic.

Letter from Louisiana State Board of Medical Examiners, March 7, 1935, states: "Chiropractors are not licensed in any shape or form in Louisiana; chiropractic is not recognized as a profession in Louisiana." (*Scope of chiropractic*

*practice in the U.S.* Chicago, AMA-Bureau of Legal Medicine and Legislation, 1947, supplements to 1950).

#### MAINE

*Revised Statutes of the State of Maine, 1954. 1955 supplements*

*Chapter 72, paragraph 12. Chiropractic defined.* The system, method, or science commonly known as chiropractic, or the practice of chiropractic is defined to be the science of palpating and adjusting the segments and articulations of the human spinal column by hand and locating and correcting interference with nerve transmission and expression by hand, or by electrical treatments, hydrotherapy, and diet without the use of drugs or surgery, and any and all other methods are declared not to be chiropractic and chiropractic is declared not to be the practice of medicine, surgery, dentistry, or osteopathy (R.S. c. 65, par 12, 1945, c. 15).

*Chapter 72, paragraph 6. Certificate publicly displayed; rights under certificate.* \* \* \* Such certificate shall entitle \* \* \* to practice chiropractic \* \* \* in all of its branches as taught and practiced by the recognized schools and colleges of chiropractic, but it shall not authorize its holder to practice obstetrics so far as the same relates to parturition, nor to administer drugs or perform surgical operations with the use of instruments except as now allowed by statute (R.S. c. 65, par. 6, 1945, c. 14).

*Chapter 66, paragraph 7, \* \* \** No person shall prefix the title "Doctor" or the letters "Dr.", or append the letters "M.D." to his name, or use the title "Doctor" or "Physician" in any way, excepting that \* \* \* any member of the Maine State Chiropractors' Association or any chiropractor duly licensed by this State may prefix the title "Doctor" or the letters "Dr." to his name when accompanied by the word "chiropractor."

#### MARYLAND

*The Annotated Code of the Public General Laws of Maryland (H. E. Flack), 1951. 1956 cumulative supplement*

*Article 43-465(c).* Chiropractic is hereby defined to be a drugless health system, the basic principle of which teaches that disease is caused by interference with the transmission of nerve impulses. The practice of chiropractic is defined as diagnosis, the location of disaligned or displaced vertebrae of the human spinal column, the procedure preparatory to and the adjustment by hand of such misaligned or displaced vertebrae of the spinal column and its articulations, by any method not including the use of drugs, surgery, obstetrics, or osteopathy, nor any branch of medicine; providing that nothing herein contained shall be construed to prohibit the use by any licensed chiropractor of the selection of food materials necessary for the nourishment of the body and measures of cleanliness incident to the care of the human body.

#### MASSACHUSETTS

*Annotated Laws of Massachusetts. Recompiled 1949 (1950). Supplements to 1956*

No definition of chiropractic.

A letter from the Massachusetts Board of Registration in Medicine, April 4, 1935, states: "Chiropractors are not registered as such in Massachusetts and anyone who wishes to practice that branch of medicine must be a registered physician in this state." (*Scope of chiropractic practice in the U.S.* Chicago, AMA-Bureau of Legal Medicine and Legislation, 1947, supplements to 1950).

But chapter 112, paragraph 23M (1956 suppl.) says:

"\* \* \* A person registered as physical therapist shall not treat human ailments \* \* \* Nothing in section 23A-23P inclusive shall be construed as authorizing physical therapist \* \* \* to practice medicine, osteopathy, chiropractic, or any other form of hearing" (1956 Cumulative supplement to vol. 4, p. 13).

#### MICHIGAN

*Michigan Statutes Annotated. Compiled by J. F. Rice. 1956 revision*

*Paragraph 14.596. Same (licenses); definition of chiropractic.* The license provided for in this act shall entitle the holder thereof to practice chiropractic in the State of Michigan, and for the purpose of this act chiropractic is defined as the locating of misaligned or displaced vertebrae of the human spine, the

procedure preparatory to and the adjustment by hand of such misaligned or displaced vertebrae and surrounding bones or tissues (C.L. 48, par. 338.156).

## MINNESOTA

*Minnesota Statutes 1953. Published by the State of Minnesota (1954)*

*Chapter 148.01. Chiropractic.* Subd. 1. For the purpose of section 148.01 to 148.10 "chiropractic" is hereby defined as being the science of adjusting any abnormal articulations of the human body, especially those of the spinal column, for the purpose of giving freedom of action to impinged nerves that may cause pain or deranged functions.

Subd. 2. The practice of chiropractic is declared not to be the practice of medicine, surgery or osteopathy.

*Chapter 148.08. How regulated.* Subd. 2. Chiropractors shall be subject to the same rules and regulations, both municipal and State, that govern other licensed doctors or physicians in the control of contagious and infectious diseases, and shall be entitled to sign health and death certificates, and to all rights and privileges of other doctors or physicians in all matters pertaining to the public health, except prescribing internal drugs or the practice of surgery and obstetrics.

## MISSISSIPPI

*Mississippi Code 1942, Annotated. Published by the authority of Legislature. (1944). Supplements to 1954*

There is no definition of chiropractic and no reference to chiropractor, with one exception:

Local Privilege Tax Law of 1944, says about taxation:

"Paragraph 9696-148. Physicians, dentists, osteopaths, and chiropractors, etc. Upon each physician, dentist, \* \* \* chiropractor, \* \* \* whether practicing alone or with another \* \* \* \$10.00 (supersedes par. 9590. Code of 1942).

## MISSOURI

*Vernon's Annotated Missouri Statutes. Under arrangement of the official Missouri Revised Statutes of 1949 (1952). Supplements to 1956*

*Chapter 331.010. Defining practice of chiropractic.* The practice of chiropractic is hereby defined to be the science and art of palpating and adjusting by hand the movable articulations of the human spinal column for the correction of the cause of abnormalities and deformities of the body. It shall not include the use of operative surgery, obstetrics, osteopathy, nor the administration or prescribing of any drug or medicine. The practice of chiropractic is hereby declared not to be the practice of medicine and surgery or osteopathy within the meaning of sections 334.010 to 334.180 or chapter 337, RSMo 1949, and not subject to the provisions of said chapters (R.S. 1939, par. 10051).

*Chapter 331.040. Subject to State and municipal regulations.* Chiropractic practitioners shall be subject to all state and municipal regulations relating to the control of contagious diseases, the reporting and certifying of deaths, and all matters pertaining to public health, and such reports shall be accepted by the officer or department to whom such report is made (R.S. 1939, par. 10056).

## MONTANA

*Revised Codes of Montana, 1947. Annotated. Published under Chapter 43, Laws of 1947. Supplements to 1955*

*Title 66-507 (3144). Definition of chiropractic.* Chiropractic is the science that teaches that disease results from anatomic disrelation, and teaches the art of restoring anatomic relation by a process of adjusting by the use of the hand.

No other means of securing health shall be construed to be chiropractic except the application of the inherent qualities at the time in the patient or appertaining to the chiropractor.

*Title 66-509 (3146). Rights and limitations governing practice.* Chiropractors licensed under this act shall have the right to practice that science defined as chiropractic under section 66-507 in accordance with the method, thought and practice of chiropractors, and they shall be permitted to use the prefix "Dr." or "Doctor" as a title, but shall not use it in any way to show that they are regular

physicians or surgeons. They shall not prescribe for or administer to any person any medicine or drugs, nor practice medicine or surgery, or osteopathy; except that the use of antiseptics for purposes of sanitation and hygiene, and to prevent infection and contagion shall be permitted.

*Title 66-508 (3145). Duties of chiropractic practitioners.* Chiropractic practitioners shall observe and be subject to all State and municipal regulations relating to the control of contagious and infectious diseases, sign death and birth certificates and as to any and all matters pertaining to public health, shall report to the proper health officers the same as other practitioners.

#### NEBRASKA

*Revised statutes of Nebraska. Reissue of volume IV, 1950. Published by the Revisor of Statutes pursuant to Chapter 164, Session Laws of Nebraska, 1949. Supplements to 1956*

*Paragraph 71-177. "Chiropractic practice defined."* For the purposes of this act following classes of persons shall be deemed to be engaged in the practice of chiropractic:

(1) Persons publicly professing to be chiropractors, or publicly professing to assume the duties incident to the practice of chiropractic; and

(2) Persons who treat human ailments by the adjustment by hand of any articulation of the spine.

*Paragraph 71-182. Chiropractors; laws governing; death certificates may sign.* Chiropractic practitioners shall observe and be subject to all State and municipal laws and regulations relating to the control of contagious and infectious diseases, and all matters pertaining to public health. They shall report to the proper health officers the same as other practitioners. Chiropractic practitioners may sign death certificates.

#### NEVADA

*Statutes of the State of Nevada, passed at the special session of the legislature 1954. State Printing Office, 1954 (pp. 506 ff)*

Assembly bill No. 110, Mr. Embry Chapter 311

An act to amend an act entitled "An act to create a board of chiropractic examiners and to regulate the practice of chiropractic and chiropractic-physiotherapy and to provide penalties for the violation of this act and to prohibit the practice of any other mode or system under the name of chiropractic," approved February 19, 1923.

(Approved March 28, 1955)

Section 5 of the above-entitled act \* \* \* is hereby amended to read as follows:  
 "Sec. 5. Chiropractic is defined to be the science, art and practice of palpating and adjusting the articulations of the human body by hand, the use of physiotherapy, hygienic, nutritive and sanitary measures and all methods of diagnosis; provided, however, that in such diagnosis no piercing or severing of body tissues shall be permitted and except for the drawing of blood for diagnostic purposes only.

"Nothing in this act shall be construed to permit a chiropractor to practice medicine, surgery, obstetrics, osteopathy, dentistry, optometry or chiropody.

"Sec. 8.5. A license to practice chiropractic shall authorize the holder thereof to use the term "chiropractic physician."

#### NEW HAMPSHIRE

*New Hampshire Revised Statutes Annotated, 1955. Prepared under the supervision of the Revision Commission (1955)*

*Chapter 316:1. Definition.* Chiropractic, as used herein, is the science of adjusting the cause of diseases by realigning by hand the twenty-four movable vertebrae of the spinal column or misalignments of the sacroiliac articulation, releasing pressure on nerves radiating from the spine to all parts of the body, and allowing the nerves to carry their full quota of health current (nerve energy) from the brain to all parts of the body.

*Chapter 316:13. Effect.* Any chiropractor who has received and holds a certificate of registration and license issued by said board may adjust by hand any articulations of the spinal column, but shall not prescribe for, or administer to

any person any medicine or drugs now or hereafter included in materia medica, practice major or minor surgery, obstetrics, nor any branch of medicine or osteopathy.

*Chapter 316:19. Duties.* Practitioners of chiropractic shall be subject to the provisions of the law relating to contagious and infectious diseases, and to the granting of certificates of deaths, the same as physicians are.

#### NEW JERSEY

*New Jersey Statutes annotated, permanent edition (1940). Cumulative supplements to 1956*

*Title 45: 9-14.5.* "Practice of chiropractic" defined; instruments which may be used; not to sign certificates; use of title "doctor"; unlicensed persons. Within the meaning of the provisions of section \* \* \* and of this act \* \* \* the practice of chiropractic is defined as follows: "A system of adjusting the articulations of the spinal column by manipulation thereof."

A licensed chiropractor shall have the right in the examination of patients to use the neurocalometer, X-ray, and other necessary instruments solely for the purpose of diagnosis or analysis. No licensed chiropractor shall use endoscopic or cutting instruments, or prescribe, administer, or dispense drugs or medicines for any purpose whatsoever, or perform surgical operations excepting adjustment of the articulations of the spinal column.

No person licensed to practice chiropractic shall sign any certificate required by law or the State Sanitary Code concerning reportable diseases, or birth, marriage, or death certificates.

No person shall use the title "Doctor" or its abbreviation in the practice of chiropractic unless it be qualified by the word "chiropractor."

#### NEW MEXICO

*New Mexico Statutes 1953, annotated. Compiled \* \* \* under authority of Chapter 39, Laws of 1953 and under the supervision of New Mexico Compilation Commission (1954)*

*Chapter 67-3-4. \* \* \**

Said license \* \* \* shall entitle the holder thereof to diagnose and treat diseases, injuries, deformities or other physical or mental conditions, by the use of any or all methods as herein provided, such as palpating, diagnosing, adjusting and treating diseases, injuries and defects of human beings by the application of manipulative manual and mechanical means, including all natural agencies imbued with the healing act, such as food, water, heat, cold, electricity, vacuum cupping and drugless appliances, without the use of drugs, or what are commonly known as medicinal preparations, or in any manner severing or penetrating any of the tissues of the human body, known as surgery.

*Chapter 67-5-5. Observance of health regulations—Practicing without license—Penalty.* Chiropractic practitioners shall be required to observe all health and hygiene regulations of the State and to report all infections and contagious diseases to the proper health officers.

*Chapter 67-1-22. \* \* \** Any person or persons engaged in the practice of the healing arts \* \* \* shall be required to clearly designate the school of medicine or practice which such person or persons are licensed to practice on all professional stationery, signs, advertising, certificates and papers pertaining to their practice so that the public will be advised whether such person or persons are licensed to practice as doctors of medicine, osteopathy, chiropractic \* \* \*

#### NEW YORK

*The Consolidated Laws of New York, annotated (1955)*

No reference to chiropractic.

A letter from the New York State Board of Medical Examiners, dated March 4, 1935, states: "The practice of chiropractic has no legal status whatsoever in New York State." (*Scope of chiropractic practice in the U.S.* Chicago, AMA—Bureau of Legal Medicine and Legislation, 1947, supplements to 1950.)

## NORTH CAROLINA

*The General Statutes of North Carolina, containing general laws of North Carolina through the legislative session 1949 (1950)*

*Paragraph 90-143. Definition of chiropractic; examinations; educational requirements.* Chiropractic is herein defined to be the science of adjusting the cause of disease by realigning the twenty-four movable vertebrae of the spine, releasing pressure on nerves radiating from the spine to all parts of the body and allowing the nerves to carry their full quota of health current (nerve energy) from the brain to all parts of the body.

*Paragraph 90-151. Extent and limitation of license.* Any person obtaining the license \* \* \* shall have the right to practice the science known as chiropractic, in accordance with the method, thought, and practice of chiropractors, as taught in recognized chiropractic schools and colleges but shall not prescribe for or administer to any person any medicine or drugs, or practice osteopathy or surgery.

*Paragraph 90-153. Licensed chiropractors may practice in public hospitals.* A licensed chiropractor in this State may have access to and practice chiropractic in any hospital or sanatorium in this State that receives aid or support from the public.

*Paragraph 90-157. Chiropractors subject to State and municipal regulations.* Chiropractors shall observe and are subject to all State and municipal regulations relating to the control of contagious or infectious diseases.

## NORTH DAKOTA

*North Dakota Revised Code of 1943. Revised by the Code Revision Commission under the direction of the Supreme Court (1943) 1949 supplement*

*Chapter 43-0601. Definitions.* In this chapter, unless the context or subject matter otherwise requires:

1. "The practice of chiropractic" shall mean the practice of physiotherapy, electrotherapy, and hydrotherapy as taught by chiropractic schools and colleges, and the adjustment of any displaced tissue of any kind or nature, but shall not include prescribing for or administering to any person any medicine or drug to be taken internally which is now or hereafter included in materia medica, nor performing any surgery, except as is provided in this section, nor practicing obstetrics.

*Chapter 43-0611. \* \* \** A licensed chiropractor may not use the title of "doctor," "physician," or "surgeon," but may use the title "doctor of chiropractic," or "D.C."

*Chapter 43-0616. Duties of chiropractor.* Every licensed chiropractor practicing in this State shall:

- (1) Observe all State and municipal regulations relating to the control of contagious and infectious diseases;
- (2) Sign death and birth certificates;
- (3) Sign certificates pertaining to public health;
- (4) Report to the proper health officer in the manner required of licensed physicians.

*Chapter 43-0617. Right of chiropractor to practice in public and private hospitals and institutions.* A licensed chiropractor \* \* \* when requested so to do by any patient or the guardian of any patient.

## OHIO

*Baldwin's Ohio Revised Code Annotated. Certified text of laws as officially adopted 1953*

*Article 4731.15 (1274-1). Examination and registration of practitioners of limited branches of medicine or surgery.* The State medical board shall also examine and register person desiring to practice any limited branch of medicine or surgery \* \* \*. Such limited branches of medicine or surgery shall include chiropractic, \* \* \*.

*Article 4731.17 (1274-3). Aid authorized in conducting examinations.* \* \* \* Such certificate shall authorize the holder thereof to practice such limited branch of medicine or surgery as may be specified therein, but shall not permit him to practice any other branch of medicine or surgery nor shall it permit him to treat

infectious, contagious, or venereal diseases, or to prescribe or administer drugs, or to perform major surgery. \* \* \*

\* \* \* \* \*

(A holder of a certificate to practice a limited branch of medicine who engages in the practice beyond the scope of such certificate is subject to prosecution. *State v. Winterich*, 157 OS 414, 105 NE (2d) 857.)

OKLAHOMA

*Oklahoma Statutes 1951. Edited and published under the direction of the Justices of the Supreme Court (1951). 1955 supplement. Oklahoma Statutes Annotated. Permanent edition (1949). Supplements to 1956*

*Title 164, paragraph 164.* \* \* \* Chiropractic is hereby defined to be the science that teaches health in anatomic relation and disease or abnormality in anatomic disrelation and includes hygienic and sanitary measures incident thereto.

*Paragraph 165. Chiropractic practitioners governed by public health laws—Practicing without license.* Chiropractic practitioners hereunder shall be bound by all health police regulations of this State that shall apply to them, and shall be qualified to sign death certificates, and all other certificates, including those relating to public health, the same as medical practitioners and with like effect.

OREGON

*Oregon Revised Statutes, including 1955 replacement parts. Volume V (1955)*

*Title 684.010. Definitions.* \* \* \*

\* \* \* \* \*

(2) Chiropractic is defined as that system of adjusting with the hands the articulations of the bony framework of the human body, and the employment and practice of physiotherapy, electrotherapy, hydrotherapy. \* \* \* and minor surgery.

\* \* \* \* \*

(4) "Minor surgery" means the use of electrical or other methods for the surgical repair and care incident thereto of superficial laceration and abrasions, benign superficial lesions, and the removal of foreign bodies located in the superficial structures; and the use of antiseptics and local anesthetics in connection therewith. (Amended by 1953 c. 541, par. 2.)

*Title 684.030. Application of public health laws.* Chiropractic physician shall observe and be subject to all State and municipal regulations relating to the control of contagious and infectious diseases, sign birth and death certificates, and report all matters pertaining to public health to proper health officers the same as other practitioners.

*Title 684.110. Prohibited practices.* \* \* \*

\* \* \* \* \*

(3) No person practicing under this Act shall write prescriptions for, or dispense drugs, practice optometry, or naturopathy, or do major surgery.

PENNSYLVANIA

*Purdon's Pennsylvania Statutes Annotated (1940). Supplements to 1956*

Chiropractic Registration Act of 1951.

*Title 63, paragraph 602. Definitions.* The following words or phrases unless the context clearly indicates otherwise, shall have the meanings ascribed to them in this section:

(a) "Chiropractor" shall mean a practitioner of chiropractic.

(b) "Chiropractic" shall mean a system of locating misaligned or displaced vertebrae of human spine, the examination preparatory to and the adjustment by hand of such misaligned or displaced vertebrae, and other articulations, together with the use of scientific instruments of analysis, as taught in the approved schools and colleges of chiropractic, without the use of either drugs or surgery. The term "chiropractic" shall not include the practice of obstetrics or reduction of fractures or major dislocations.

\* \* \* \* \*

*Title 63, paragraph 621. Doctor of chiropractic and abbreviation.* Any person who has a valid certificate of registration as chiropractor \* \* \* may practice

chiropractic as defined herein, and use the title "Doctor of Chiropractic" and the abbreviation "D.C."

## RHODE ISLAND

*Rhode Island General Laws of 1938 (annotated)*

*Chapter 275, paragraph 14.* \* \* \* For the purpose of this chapter the practice of chiropractic is defined to be the science and art of mechanical and material healing as follows: The employment of a system of palpating and adjusting the articulations of the human spinal column and its appendages, by hand and electro-mechanical appliances and the employment of the corrective orthopedics and dietetics for the elimination of the causes of disease.

*Chapter 275, paragraph 20* (as amended by ch. 660 of the Public Laws, 1939 and ch. 890 of the Public Laws, 1940). *Practice of chiropractic and physiotherapy.* \* \* \* Said chiropractic physicians shall be entitled to the same services of the laboratories of the department of health and other institutions, and shall be subject to the same duties and liabilities, and shall be entitled to the same rights and privileges in their professional calling pertaining to public health which may be imposed or given by law or regulation upon or to physicians qualified to practice medicine by section 3 of chapter 275 of the general laws, as amended; provided, however, said physicians shall not write prescriptions for drugs for internal medication nor practice major surgery (1939-1940 Public Laws of the State of Rhode Island).

*Chapter 275, paragraph 15.* \* \* \* No person who has a certificate to practice chiropractic \* \* \* shall practice physiotherapy or any of its branches without a certificate authorizing him or her to do so.

## SOUTH CAROLINA

*Code of Laws of South Carolina, 1952. Prepared under supervision and direction of the Code Commissioner of the Committee on Statutory Laws of the General Assembly of South Carolina (1952). Supplements to 1956*

*Paragraph 56-351 Chiropractic defined.* "Chiropractic" is defined to be the science of palpating and adjusting the articulations of the human spinal columns by hand only.

The South Carolina Board of Chiropractic Examiners adopted rules and regulations pursuant to paragraph 56-353 South Carolina Code and filed them in the Office of the Secretary of State January 28, 1955 (Code of Laws of S.C. 1952, 1956 Cumulative supplement, vol. 7, pp. 46-48).

## PRACTICE

*Sec. 16.* Any chiropractor \* \* \* may practice chiropractic as it is taught by the recognized schools and colleges of chiropractic of palpating and adjusting the articulations of the human spinal column by hand only. Any instruments or machines may be used to aid the chiropractor in furthering his knowledge toward analysis, or to relax the patient that the chiropractor may be able to better adjust the patient, but shall not prescribe nor administer to any person drugs, nor practice surgery.

## CONTAGIOUS AND INFECTIOUS DISEASES

*Sec. 17.* All chiropractic practitioners shall observe and be subject to all State and municipal regulations to the control of contagious and infectious diseases, sign the certificates \* \* \* reporting to the proper health officers \* \* \* and that a licensed chiropractor \* \* \* may have access to and practice chiropractic in any hospital or sanatorium in this State that received aid or support from the public.

## SOUTH DAKOTA

*South Dakota Code of 1939. Prepared by a Code Commission under the direction of the Supreme Court of South Dakota pursuant to the provisions of chapter 60 of the 1937 Session Laws*

*Chapter 27.051 Chiropractic defined.* "Chiropractic" is hereby defined to be the adjustment by hand of the articulations of the human spine and other incidental adjustments according to the science of chiropractic.

Chapter 27.0510. Practice of chiropractic: limitations; rules and regulations, same as physicians. Chiropractors shall be subject to the same rules, both public and State, that govern physicians or healers of other schools as to births and deaths and the control of contagious diseases and shall be entitled to all the privileges granted other physicians or healers pertaining to the public health. Chiropractors shall not be entitled to practice obstetrics or treat contagious or infectious diseases.

Chapter 27.0511. Healing methods: chiropractic regulations not to interfere. Nothing in this chapter shall be construed to interfere with any other method or science of healing in this State.

TENNESSEE

Tennessee Code Annotated. The official Tennessee Code as enacted by the 79th General Assembly, Chapter 6, Public Acts 1955, effective January 1, 1956

Title 63-401. Chiropractic defined. Chiropractic is defined as the science of palpating, analyzing, and adjusting the articulations of the human spinal column and adjacent tissues by hand.

Title 63-415. Subject to health laws. Chiropractic practitioners shall observe and be subject to all State and municipal regulations relating to the control of contagious and infectious diseases and any and all matters pertaining to public health, reporting to the proper health officers the same as other practitioners.

Title 63-608. "Practice of medicine" defined. \* \* \* and this chapter shall not apply to \* \* \* or chiropractors not giving or using medicine in their practice, \* \* \*

Title 63-117. Display of registration certificate—Sign and stationery. Every person registered to practice healing arts \* \* \* "Chiropractor" for practitioners of chiropractic \* \* \*

Title 63-415. Subject to health laws. Chiropractic practitioner \* \* \* as other practitioners, provided that nothing in this chapter shall permit any chiropractor to make or execute a birth certificate.

TEXAS

Vernon's Annotated Revised Civil Statutes of the State of Texas (1951) Supplements to 1956

Chapter 6 A, article 4512 a-1 to 5412 a-18, derived from the acts 1943, 48th Legislature page 627, chapter 359, regulating the practice of chiropractic were unconstitutional, as being violative of Constitution, article 16, paragraph 31.

Article 8308, section 1A. Chiropractic service defined; chiropractor defined. The term "chiropractic service" shall include, but shall be limited to, chiropractic as defined by the laws of this State and the term "chiropractor" shall include, but be limited to chiropractors licensed by the Texas Board of Chiropractic Examiners \* \* \* (Workmen's Compensation Law, 1956).

At present, there is no definition of "chiropractic" and "chiropractor" in the laws of Texas.

UTAH

Utah Code Annotated, 1953. Compiled, annotated and published under authority of Chapter 116, Laws of Utah, 1951 (1953)

58-12-3. License—Several classes. The following classes of licenses shall be issued:

\* \* \* \* \*

(3) To practice the treatment of human ailments without the use of drugs or medicines and without operative surgery in accordance with the tenets of the professional school, college, or institution of which the applicant is a graduate, \* \* \* if the applicant \* \* \* passes the examination in obstetrics, the license shall also set forth his right to practice obstetrics.

(\* \* \* since person who holds himself out as a chiropractor holds himself out as qualified to practice medicine in all its branches, excepting materia medica, therapeutics, surgery, obstetrics, theory and practice \* \* \* Walkenhorst v. Kesler, 92 U. 312, 67 P. 2d 654)

58-1-5. \* \* \*

\* \* \* \* \*

(5) For chiropractors \* \* \*; chiropractic is defined as the science of palpating and adjusting the articulation of the spinal column by hand only.

58-12-19. *Use of antiseptics—Antidotes permitted.* Nothing herein shall be construed to deny to those persons licensed to practice any system of treating human ailments the right to use such antiseptic precautions as may be prescribed by the State board of health for the prevention of the spread of communicable diseases, or the right to use antidotes in cases of emergency involving poisoning.

## VERMONT

*The Vermont Statutes, revision of 1947. Published by authority, 1947*

No definition of chiropractic.

*Chapter 286, paragraph 6768. Contagious diseases; death certificates.* Practitioners of chiropractic shall be subject to the provision of the law relating to contagious and infectious diseases and to the granting of certificates of deaths.

## VIRGINIA

*Code of Virginia, 1950, annotated. Prepared by the Virginia Code Commission under authority of chapter 262 of the Acts of the General Assembly of 1948 (1949). Supplements to 1956.*

*Paragraph 54-273. Definitions. \* \* \**

\* \* \* \* \*

(6) "Practice of chiropractic" means the adjustment of twenty-four movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy. It does not include the use of surgery, obstetrics, osteopathy, nor the administration nor prescribing of any drugs, medicines, serums, or vaccines.

*Paragraph 54-279. Limitations on use of title "Doctor" or "Dr." by chiropractors or naturopaths.* Chiropractors when using the title "Doctor" or "Dr." in connection with their names shall also use the word "chiropractor" or "D.C.", but the title "Doctor" or "Dr." shall not be used alone.

## WASHINGTON

*Revised Code of Washington. Published under authority of Chapter 155, Laws of 1951, and Chapter 7, Second Extraordinary Session Laws, 1951*

18.25.030. *Examinations.—Grades.—Limitations.* \* \* \* Any chiropractor who has complied with the provisions of this chapter, may adjust by hand any articulation of the spine, but shall not prescribe for nor administer to any person any medicine or drugs included in materia medica, nor practice obstetrics, osteopathy, or surgery.

18.25.080. *Health regulations.* Chiropractic practitioners shall observe and be subject to all State and municipal regulations relating to the control of contagious and infectious diseases, and all matters pertaining to public health and shall sign death certificates, reporting to the proper health officers the same as other practitioners.

## WEST VIRGINIA

*The West Virginia Code of 1955. Complete annotations*

*Paragraph 3005. Practice of chiropractic defined.* The practice of chiropractic is hereby defined as physical diagnosis, nerve tracing, palpating of the segments of the spinal column, and the adjustment of misaligned segments of the spinal column to their normal position for the purpose of relieving pressure upon spinal nerves.

*Paragraph 3006. Use of mechanical devices prohibited; exceptions.* The use of mechanical devices of any kind or any agency whatsoever other than the human hand in giving chiropractic treatment (is not allowed) except the use of adjusting table and the employment of the X-ray which may be used only for the purpose of making pictures of the spine or segments of the spinal column and only then by those who have completed the course and are in possession of a diploma in spinography issued by a regularly chartered school of chiropractic teaching spinography.

*Paragraph 3007. Duty of chiropractor to observe health regulations; \* \* \**

Doctors of chiropractic shall observe and be subject to all the state and municipal regulations in regard to the control of infectious diseases, and to any and all

matters pertaining to the public health, \* \* \* and shall report to the public health officer in the same manner as \* \* \* other practitioners. It shall further be the duty of doctors of chiropractic \* \* \* to report \* \* \* any death which may come under his supervision, with a certificate of the cause of death \* \* \*

*Paragraph 3008. Chiropractor not permitted to perform certain acts; exceptions.* No chiropractor shall be permitted to prescribe for any person any medicine or drug now or hereafter included in *materia medica* or administer any such medicine or drugs; and no chiropractor shall perform any minor or major surgery practice obstetrics or practice osteopathy unless duly licensed to do so by the laws of this State in addition to his license to practice chiropractic.

*Paragraph 3009. Chiropractor not to be paid fee out of Workmen's Compensation Fund.*

## WISCONSIN

*Wisconsin Statutes 1951 (21st edition) Published by the State of Wisconsin under authority of section 35.18. (1952)*

*370.01. construction of statutes; words and phrases.\* \* \**

\* \* \* \* \*

(5) Chiropractor. "Chiropractor" means a person holding the license issued by the State board of examiners in chiropractic.

*No other definition.*

*147.23. Chiropractic regulated.* (The protection of chiropractic, establishment of the State board of examiners, applications, examinations, issuing of licenses, etc. No definitions.)

(One licensed to practice chiropractic is not thereby authorized to treat the sick by other methods such as naturopathy. 39 Atty. Gen. 308)

## WYOMING

*Wyoming Compiled Statutes 1945. Published by authority of Laws 1945, chapter 154. Compiled under the supervision of the 1945 Compilation Commission (1947?). Supplements to 1955.*

*Chapter 37-704. Definitions.* Chiropractic is a method of palpating, nerve tracing and adjustment of vertebrae and other tissues for the relief of morbid conditions. "Chiropractic" is the science that teaches health in anatomic relation and disease or abnormality in anatomic disrelation, and teaches the art of restoring anatomic relation by process of adjusting.

*Chapter 37-708. Authority of practitioners.* Chiropractic practitioners shall observe and be subject to all State and municipal regulations relating to the control of contagious and infectious diseases, shall be permitted to sign death certificates and shall, as to any and all matters pertaining to public health, report to the proper health officers the same as other practitioners.

*Chapter 37-709. Title of practitioners.* Chiropractors licensed under this act shall have the right to practice chiropractic in accordance with the method taught in the chiropractic schools and colleges recognized by the chiropractic board of examiners of this State.

The prefix "Dr." or "Doctor" shall not appear on any display sign before the name of the practitioner but shall appear in connection with the title "doctor of chiropractic."

PREPARED STATEMENT OF GOVERNMENT EMPLOYEES' COUNCIL, AFL-CIO, ON S. 1710 AND S. 2078 (CHIROPRACTIC SERVICES IN COMPENSATION CASES)

Mr. Chairman and members of the subcommittee, the 28 AFL-CIO unions associated with the council desire to express their support of the pending measures. These organizations represent Federal employees in all categories of the classified, postal, and wage board services.

Purpose of the bills under consideration today is to permit employees with on-the-job injuries to obtain services of licensed chiropractors under the Compensation Act in cases involving strain or sprain.

Chiropractic practitioners are generally recognized as qualified by various States as a branch of the healing arts. Their treatment results in alleviating suffering and pain in many instances.

In recent months, we have had occasion to inquire about the extent to which chiropractors are consulted and the extent to which their services have proved

satisfactory to Federal employees. Particularly in certain sections of the country where proper standards are maintained for licensing chiropractors, we find their services are widely used and patients report considerable relief or disappearance of extreme discomfort.

The bills before the subcommittee confine the area of treatment available under the Compensation Act to "strain or sprain." These are the types of disabilities in which chiropractors specialize. In addition, S. 1710 and S. 2073 require that these services be dispensed by "duly qualified." The Secretary of Labor is authorized to determine whether the practitioner in question meets this criterion.

To prevent misconstruction, the bill defines the terms "strain" and "sprain." Underlying the entire compensation program is the necessity of relieving the pain of individuals encountering an injury on the job. The objective is to improve their physical condition to the point where they can again contribute a full day's work without loss of income.

Through experience, a large number of Federal employees have found the services of chiropractors to be highly effective in restoring them to normalcy.

The council urges that the subcommittee take favorable action on the pending legislation at an early date.

PREPARED STATEMENT OF THE FEDERAL POSTAL HOSPITAL ASSOCIATION

KANSAS CITY, Mo., July 2, 1964.

HON. LEE METCALF,

*Chairman, U.S. Senate Committee on Labor and Public Welfare, Special Committee on Federal Employees' Compensation, Senate Office Building, Washington, D. C.*

DEAR SENATOR METCALF: As a carrier under Public Law 382, the Federal Employees Health Benefits Act, we have had experience that should be of assistance to you in your deliberations toward the inclusion of chiropractic care in the Federal Employees' Compensation Act. We would appreciate, through this means, the opportunity to present this information.

Under our current contract with the U.S. Civil Service Commission chiropractic is defined as "adjustments by hands only of the spinal column and other articulations of the body; and use of instruments for spinal analysis, including X-ray, to detect and determine the presence or absence of nerve interferences due to spinal subluxations or misalignments." In order to be more in conformance with chiropractic definitions we have recommended the deletion of the words "other articulations of the body" from our coming contract. Our association has no regrets for the inclusion of chiropractic in the Federal Employees Health Benefits Act. We concede that occasional problems have risen regarding overusage or abuse, but this percentage is in no way comparable to the problems that we have found in other fields of the healing arts.

It is our opinion that the Federal Government has much to gain in recognition of chiropractic care in the Federal Employees' Compensation Act through the prompt availability to a source of healing arts that will enable an employee to return to duty at as early a date as possible following a work-related injury. We have found that in the field of strains, sprains, displacements, and other related fields where chiropractic serves, that the patient experiences a more rapid recovery through chiropractic adjustments. Our statistics are somewhat limited, however, they are sufficient to prove to us that we should continue to include chiropractic in our health benefits program.

May we respectfully submit that your deliberations be made on a specific controls on scope of practice and not on scope of license since there is a wide variance between State laws and regulations covering chiropractic.

It is my understanding that the International Chiropractic Association accepts and approves the terminology used in definitive language of chiropractic by our plan, and I sincerely trust that this information will serve some purpose in your deliberations. We believe that the Federal employee should have the right to select from the field of healing arts services most applicable to his earliest and complete recovery.

If we can be of any further service to you, it will be our privilege.

Respectfully yours,

CHARLES L. MASSIE, *President.*

## PREPARED STATEMENT OF THE AMERICAN MEDICAL ASSOCIATION

CHICAGO, ILL., June 29, 1964.

HON. LEE METCALF,

*Chairman, Special Subcommittee on Federal Employees' Compensation, Committee on Labor and Public Welfare, U.S. Senate, Washington, D.C.*

DEAR SENATOR METCALF: The following statement is submitted on behalf of the American Medical Association with respect to S. 1710 and S. 2078, 88th Congress, which are now before your subcommittee for consideration.

The purpose of these bills is to amend the Federal Employees' Compensation Act to permit injured employees entitled to receive medical services under that act, to utilize the services of chiropractors.

The American Medical Association is opposed to this proposed legislation and urges that it not be favorably reported by your subcommittee.

Chiropractic is not based on sound scientific principles. The medical profession regards chiropractic as a cult, because it follows the hypothesis of its founder, that disease results from pressure on nerves due to minor misalignments of the spinal column. Treatment consists of certain forms of manipulation. Based on such a premise, chiropractors claim that illness and such conditions as allergies, diabetes, heart trouble, tonsillitis, and even cancer, to name a few, can be cured by adjusting or manipulating certain areas of the spinal column. Such a theory, of course, runs counter to the established facts of medical science. We submit as an exhibit a copy of the pamphlet, "The Cult of Chiropractic"\* by C. E. Boyd, M.D., of Shreveport, La.

To our knowledge, none of the schools of chiropractic has been accredited by any recognized Federal, State, or regional qualified accrediting agency. The only requirement for admission to a chiropractic school is a high school diploma or its "equivalent." The so-called degrees awarded by schools of chiropractic are not recognized by any standard accrediting agency. While chiropractors are licensed in many States, their licenses are limited, and they are prohibited from prescribing medicines or drugs and from practicing surgery. Licensure statutes in the several States are an attempt at control rather than a legislative recognition of the validity of chiropractic.

Chiropractors are not educated or equipped, either by background or training, to diagnose human illness. This inability, coupled with their pseudo-scientific method of treatment and their vociferous stand against lifesaving vaccines and the well-recognized advances of the medical profession in the control, diagnosis, treatment, and prevention of disease requires, or perhaps demands, that no consideration be given them.

In a case reported in Pennsylvania in April 1964, involving an unsuccessful attempt by chiropractors to require a State official to accept certificates concerning the physical fitness of automobile drivers, the Court observed:

"Naturally, the chiropractors would like to be equated with the medical profession, but neither their recognized field of practice nor the statutes relating to these professions makes such an equation realistic. Chiropractors are engaged in a limited field of the healing arts which requires less education and training of them than is required of those practicing medicine and surgery. They are classified separately by the legislature from physicians in numerous ways." (*Howe v. Smith*, 199 A. 2d 521.)

S. 1710 specifically authorizes treatment by a chiropractor for an injury involving a "strain or sprain." This seemingly innocuous authorization needs careful examination. Assuming that the strains and sprains refer primarily to the back, medical science has much to say about the dangers of manipulation by those uneducated in scientific diagnosis. In many cases, there is no harm; a good back rub or massage can be helpful, as athletic trainers and physiatrists can testify. But it is often difficult to distinguish between a minor ailment and a major one in the back. Deterioration of vertebrae might "feel" like a strain; a slipped disk might give similar pain. To treat such ailments without adequate scientific diagnosis is positively dangerous to the patient. The other bill under consideration, S. 2078, would not specifically limit chiropractic care to an injury involving a "strain or sprain."

The proposed bills would authorize injured Federal employees to receive services from individuals with little or no qualifications, little or no knowledge of the medical sciences, and little or no scientific background. Federal recognition of chiropractic as a valid method of treatment would be viewed by the medical profession as a regression from the high point of medical progress which has been made at a sure and steady pace by utilizing scientific methods.

\*Will be found in the files of the subcommittee.

We believe that the enactment of S. 1710 or S. 2078 would be neither in the public interest, nor in the interest of those Federal employees who might mistakenly seek the services of a cult practitioner, rather than the sound, scientific advice of qualified physicians.

We appreciate having the opportunity to present the views of the physicians of America concerning this important legislation. We request that this statement by the American Medical Association be made part of the record of the hearings on S. 1710 and S. 2078, 88th Congress.

Sincerely,

F. J. L. BLASINGAME, M.D.

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THE AMERICAN CHIROPRACTIC ASSOCIATION, INC.,  
Marion, S. Dak., April 25, 1964.

HON. LEE METCALF,  
Senate Office Building,  
Washington, D.C.

HONORABLE SIR: We understand that the Burdick bill, S. 1710, comes before you as a member of the Senate Committee on Labor and Public Welfare for consideration at an early date.

In behalf of the chiropractors of my State, I respectfully ask your support of this measure which seeks to establish the availability of chiropractic service to Federal employees on the same terms as osteopathic and medical services.

Please be assured that I will be grateful for your assistance in this matter.

Respectfully yours,

Dr. ISAAC P. TIESZEN.

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CITY OF GLASGOW,  
Glasgow, Mont., April 27, 1964.

Senator LEE METCALF,  
Senate Office Building,  
Washington, D.C.

DEAR LEE: I have been informed that Senator Burdick has introduced S. 1710, a bill which will amend the U.S. Employees Compensation Act so that doctors of chiropractic may be reimbursed by the Government for treatment given Federal employees in compensable injury cases.

This is a matter of great concern to me and all chiropractors in Montana because of the number of Federal employees we treat. Because of Glasgow being a Federal impact area we chiropractors show in our practices a high percentage of patients who are federally employed. These people must pay for their own treatment of on-the-job injuries.

I have discussed this with many Federal employees, and there is a growing awareness in this group of people that they do not enjoy the freedom of choice of doctor and type of treatment they desire.

As a member of the Committee on Labor and Public Welfare I will sincerely appreciate your assistance in securing a favorable report on this bill.

Congratulations on your new subcommittee appointments on poverty and resource development. My compliments, too, on proposing the only sensible solution offered on the silver dollar matter.

Best personal wishes,

R. J. RASMUSSEN.

MICHIGAN STATE CHIROPRACTIC ASSOCIATION, INC.,  
*Lansing, Mich., April 27, 1964.*

HON. LEE METCALF,  
*Senate Office Building, Washington, D.C.*

DEAR SENATOR METCALF: Senate bill 1710 (now before your Committee on Labor and Public Welfare) will extend the provisions for Federal employees health welfare to include chiropractic care.

The enviable record that the chiropractic profession holds in restoring cases of personal injury to useful service should be considered favorably.

On behalf of the 1,000 doctors of chiropractic in Michigan, and more especially the thousands of patients who depend upon chiropractic services, I urge you to vote favorably for the early passage of this bill.

Sincerely yours,

B. A. O'DELL, D.C.,  
*Public Relations Chairman.*

MONTANA CHIROPRACTIC ASSOCIATION,  
*Great Falls, Mont., June 22, 1964.*

Senator LEE METCALF,  
*U.S. Senate Building,  
 Washington, D.C.*

DEAR SENATOR METCALF: The members of the Montana Chiropractic Association are in favor of S. 1710 and S. 2078 because we feel that everyone should have the privilege to choose and go to the doctor of his choice.

We feel that it is not fair to the Federal employees who are unable to choose the doctor they wish.

Thanking you, I am,  
 Sincerely yours,

DR. C. E. ALBERT, *Secretary-Treasurer.*

THE AMERICAN CHIROPRACTIC ASSOCIATION, INC.  
*Libby, Mont., May 14, 1964.*

HON. LEE METCALF,  
*Washington, D.C.*

DEAR SENATOR METCALF: I write with reference to S. 1710, introduced by Senator Burdick, of North Dakota, which provides for amendment to sections 9 and 40 of the Federal Employees Compensation Act. The amendment provides for the availability of the services of a licensed chiropractor in cases of compensable injuries under the act.

Many Federal employees in this area avail themselves of services at my office and in the cases of compensable injuries it has been the responsibility of the injured person to pay for these services. These employees of the post office, USFS, and the Corps of Engineers are very desirous of your favorable consideration of S. 1710. Other chiropractors, as well as myself, are eligible to sign return availability slips for the injured; however, we are not at present eligible to compensation under the act.

Most States, including Montana, remit payment for the services of a licensed chiropractor who treats injured workmen under the industrial accident compensation laws.

Your careful consideration of this bill will be very much and personally appreciated.

Sincerely,

Dr. H. H. ANDERSON.

SIDNEY, MONT., June 21, 1964.

Senator LEE METCALF,  
Senate Office Building,  
Washington, D.C.

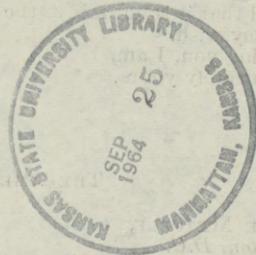
DEAR SENATOR METCALF: I am writing this letter in the interest of S. 1710, a proposed amendment to the U.S. Employees Compensation Act, which I understand is before your committee for hearing on June 26.

I believe that the present situation discriminates against Federal employees. In Montana all State employees, as well as employees of industry and business, are covered by our industrial accident law and are provided chiropractic care on the same basis as medical care. Consequently, only Federal employees in Montana, as far as I know, do not receive compensation for chiropractic care in case of injury. I believe that similar situations exist in other States.

I hope that you will do all you can to support S. 1710 which has been proposed to correct this situation.

Respectfully yours,

C. O. WATKINS, D.C.,  
Delegate to ACA.



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