

Health Insights Today

A SERVICE OF THE CLEVELAND COLLEGE FOUNDATION

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Chiropractic at National Naval Medical Center

Interview with William Morgan, DC

Interviewed by Daniel Redwood, DC

BACKGROUND: Shortly after the turn of the 21st century, the U.S. Congress passed two landmark laws bringing chiropractic into the mainstream of military and veterans health care. In 2000, President Clinton signed the National Defense Authorization Act, which required that chiropractic care be made available to active-duty military personnel. Then, in 2002, President Bush signed the Department of Veterans Affairs Health Care Programs Enhancement Act, which included a mandate to establish a permanent chiropractic benefit within the Department of Veterans Affairs health care system. Each of these laws built upon successful pilot projects in the 1990s that demonstrated the value of chiropractic services while developing ways to integrate chiropractors into the health care teams at military bases and Veterans Administration hospitals. Full access to chiropractic services is currently in a multi-year phase-in period.

Dr. Bill Morgan practices in the Chiropractic Department at the National Naval Medical Center (NNMC) in Bethesda, Maryland, where he works with injured service members returning from Iraq and Afghanistan, as well as other servicemen and women with conditions that chiropractic can help. He has served at Bethesda since 1998. As part of his official duties, he was selected to provide chiropractic care to our nation's leaders, including Congress and the Supreme Court, in government health clinics in Washington, DC. Dr. Morgan grew up in California and enlisted in the Navy in 1975. He attended Hospital Corps School and Field Medical Service School before being stationed at the First Marine Brigade, Third Marine Division. He served as a special operations corpsman/combat swimmer, and was deployed to the Arctic, the Pacific, and in South East Asia. From 1982-1990, Morgan served as the primary corpsman for a reserve platoon of Navy Frogmen from in Vallejo, CA. After being discharged from active duty, he completed a Bachelor of Science Degree from The University of New York (now Excelsior College) and earned his Doctor of Chiropractic degree from Palmer College of Chiropractic-West. In 1985, he served as a healthcare worker for three months in the jungles of Liberia in West Africa with the Christian relief agency, Partners International.

Dr. Morgan began practicing as a chiropractor in 1986. He was credentialed in two civilian hospitals in central California. For the five years preceding his 1998 appointment to NNMC, Bethesda, he spent two mornings each week in a rural medical clinic working with medical doctors, physician's assistants, and nurse practitioners. This rural health clinic provided care for poor and underprivileged people as well as residents of a local Indian reservation. Dr. Morgan was the American Chiropractic Association's Chiropractor of the Year in 2003. He has remained athletically active throughout his life, competing in triathlons, weight lifting and karate tournaments, marathons, and open water swim races. He has swum from Alcatraz Island to San Francisco five times, and has also swum the seven miles from the Golden Gate Bridge to the Oakland Bay Bridge. He has completed a technical climb of half-dome in Yosemite. He is a third-degree black belt in Kenpo Karate/Aki-Jujitsu and teaches martial arts at Chieftain Martial Arts Academy in Derwood, Maryland.

Dr. Morgan is married to fellow chiropractor, Dr. Clare Morgan. They have four children.

For further information: www.drmorgan.info

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Tell us about your experience in the military prior to practicing as a chiropractor in a military setting.

I joined the Navy at age 17 and became a hospital corpsman. During my time in the Navy I served as a corpsman for Marine Recon, where I was trained in special warfare techniques including combat diving, anti-terrorist tactics, parachuting, mountaineering, arctic survival, and underwater swimmer insertions from submarines. While I deployed overseas, our unit rescued a ship full of Vietnamese refugees who had been attacked by modern-day pirates and left sinking. I was able to provide humanitarian medical care to those who had been injured.

After my discharge from active duty, I served in a reserve Harbor Clearance Unit as a diver. I was briefly recalled to help salvage and raise the floating museum USS Potomac when it sank in San Francisco Bay. The USS Potomac was President Roosevelt's presidential yacht during WWII. Soon I transferred to Naval Special Warfare Unit 1 to serve as the corpsman (medic) for a platoon of frogmen. I was in this reserve unit for eight years. We primarily trained for commando-type missions: parachuting into the ocean, swimming with special scuba equipment that left no bubbles, performing our operation and then traveling back to sea to rendezvous with a submarine.

What led to your decision to become a chiropractor?

After I was discharged from the military, I herniated my L5-S1 disc and suffered with severe back and leg pain. Frustrated with medicine's approach to my pain, I tried chiropractic. Within a week of seeing a chiropractor, Dr. Bill Westfall, I was 90 percent better. This was a major turning point for me; I changed majors in college and sought a career in chiropractic.

When did members of the military become eligible to receive chiropractic services as part of their health care?

In 1995, the military began a chiropractic demonstration project at 10 bases. I joined the project in 1998 when the Navy implemented chiropractic at its "flagship" hospital, National Naval Medical Center, Bethesda.

Is chiropractic now available to all members of the U.S. military? Will it be available to all in the future?

Currently chiropractic is available at about 55 military training facilities. Recently a law was passed by Congress to provide chiropractic to everyone in the U.S. military.

How were you chosen to serve at Bethesda Naval Hospital and to provide chiropractic services in an official capacity for members of Congress?

I believe that I was chosen to open the chiropractic clinic at Bethesda because of my experience in military medicine as well as my experience as a hospital-based chiropractor. Prior to coming to Bethesda, I was credentialed in two civilian hospitals and had a flourishing hospital-based chiropractic practice. Back in those days there were few chiropractors with hospital credentials and fewer still that had a robust hospital-based practice.

I am not at liberty to talk about my practice in the Capitol.

Let's talk more about your work at Bethesda in a moment, but first I'd like to ask you about your work in those other hospitals prior to coming to Bethesda. Was it difficult, as a chiropractor, to get credentialed by these hospitals?

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It was the easiest thing in the world. The credentialing department does most of the work; the hard part is creating a profitable practice model so that a hospital will want you on staff.

What are the advantages that you've seen for patients, for chiropractors, and for the hospital itself in having a chiropractor, or more than one chiropractor, on staff?

Our presence here offers a non-medical and non-surgical treatment option. Also, the physicians become accustomed to chiropractic care with time and many actually become advocates for chiropractic.

Chiropractors on staff may benefit a hospital in several ways. Directly increasing the profitability of the hospital is one way, but another benefit is by making the hospital more attractive to potential patients. Patients who desire non-surgical, non-drug treatments would prefer a hospital with chiropractic available, making that hospital more competitive.

Are there large numbers of patients who prefer that?

Yes, more and more patients are seeking alternatives to drugs and surgery.

How is chiropractic being integrated into the military health care system?

Chiropractic integration has progressed differently with each service and with each base. I have heard of professional turf battles at certain bases and harmonious integration at others. I have certainly met individuals within military medicine who are opposed to implementing chiropractic. Most of them base their opposition on personal prejudice rather than any evidence. Usually those with unsubstantiated opposition to chiropractic can be swayed in time.

Do you work as part of a team?

Yes and no. For the most part we operate as a regular chiropractic clinic, albeit with increased communication with the patient's other providers. In complex cases, I try to meet with the other providers to coordinate care. For inpatients the team approach is the standard.

Is collaboration with the medical doctors there going smoothly?

There are certain physicians I have formed strong alliances with: spine surgeons, PMR [physical medicine and rehabilitation] physicians, neuroradiology, internal medicine and neurologists. I try to maximize outcomes by coordinating care and seeking counsel from these various specialties. For example, when a patient is referred to chiropractic for treatment of symptoms attributed to a stroke, I usually call the patient's neurologist and make sure that he or she is onboard with my proposed chiropractic treatment program.

Collaboration is focused, patient-centered care and for the most part it works wonderfully. When we pool our thoughts and resources we are able to get results that aren't possible without the team.

So that our readers can get a sense of what's it's like for you practicing on a day-to-day basis at Bethesda Naval Hospital, can you tell us about a patient that you've seen recently, maybe an injured soldier, sailor or Marine, who was helped by chiropractic care?

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I have a very good relationship with the doctors here and receive referrals from most of the other specialties here at the hospital. There are certain cases that are complex. We get Marines from the war, of course, and some have multiple spinal fractures and are referred down here from neurosurgery. Most chiropractors aren't seeing patients who are healing from cervical [neck] and thoracic [upper and middle back] spinal fractures. Such complex cases require lots of communication with other members of the treatment team. It's a trust thing, where doctors must trust me to provide appropriate care and I must trust them not to send me patients that would be inappropriate. Also, based on this trust they will listen to me if I determine that a particular patient is inappropriate for chiropractic care, if I feel it would be too dangerous or that I don't have anything to offer them.

What has the response been from the patients you've seen, some of whom, I assume, had not had chiropractic care before?

The ones that get better all love it! [Laughter]

I guess no profession gets everyone well.

No.

Are there any other specific cases you'd like to mention, any interesting examples? Are most of the patients sent to you for back pain and neck pain? Are there other conditions?

Mostly, I treat neuromusculoskeletal conditions. However, I had one woman come in who had abdominal pain for years. She had been worked up and had I don't know how many thousands of dollars worth of previous diagnosis and treatment. This is actually a case I'd like to write up. Her problem turned out a thoracic disc derangement. She responded almost immediately. Three chiropractic visits and the pain was gone and hasn't come back. I say pain, but it was pain, dysfunction, abdominal bloating and indigestion. These were visceral [internal organ] symptoms from a vertebral lesion [imbalance]. I also see a lot of patients with extremity [arm and leg] disorders, headaches, and disc derangements as well.

In what ways do you find serving in a government-run health facility different from individual or group private practice, which is where most chiropractic is currently delivered?

The biggest difference is that in Navy healthcare you never have to worry about the cost of care the patient needs. What the patients need is what they receive -- quality care. It is very freeing to treat patients without the concern of dealing with a third party payer or patient finances. You don't have to be concerned about how sick the patient can afford to be.

A few years ago I interviewed Dr. Wayne Jonas, who served many years as a military medical physician and later was the director of the National Center for Complementary and Alternative Medicine at the National Institutes of Health...

I know Wayne. In fact, I was at his office yesterday.

...and he said the same thing. It strikes me, in thinking about this, that very few chiropractors in the United States (and probably anywhere) have had the opportunity to practice without that concern about patient finances and insurance reimbursement.

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It is very liberating. It's wonderful for everybody.

I can certainly see how it would be. Do you foresee an expansion of opportunities for chiropractors in the coming years in large government and private sector health institutions?

I foresee the possibility of chiropractors joining the Public Health Service and other government institutions. Prior to my arrival at Bethesda, I worked in a joint government/private sector rural health venture. I envision chiropractic joining these groupings of private entrepreneurs with government incentive programs. Community health centers and rural health centers are examples of potential opportunities for chiropractors. I also envision the expansion of chiropractic into spine centers, pain clinics, major civilian hospitals, universities and other positions in institutional healthcare.

What is helping this along and what is impeding it?

Innovative chiropractors who pursue these integrative opportunities are helping this process, while chiropractors who operate in the fringe of evidence or ethical-based care impede these opportunities. It is my belief that detractors outside of our profession would have nothing ill to say about us, if we did not provide them with the material. I am a strong advocate of evidence-based and ethics-based care.

For those who aren't familiar with these terms, what is evidence-based care? Does it mean that you can't give any treatments without there being several large research studies proving their value?

No, no. As you know, evidence-based care involves taking the best evidence available. According to Dr. David Eddy, only 15 percent of what's done in medicine is truly evidence-based. Evidence-based care is not a destination, it's a journey. One of the things I tell people is, let's start with the safest option first. We know that surgery is not that safe and non-steroidal anti-inflammatory medications are not that safe, so let's try chiropractic first.

I read a comment by Dr. Joseph Keating where he said that all health professions use unproven methods, but it is never permitted to make untrue claims about those methods.

I agree with his comment.

Following up on what you said about ethics, what does ethics-based chiropractic care look like?

If somebody comes in, I would explain that I would like to try a particular approach, because I think it may be helpful. I may explain what research is or is not available to support my approach. I would not make unsubstantiated claims or predictions. The patient makes the decision as to whether to proceed. I can't say to them, "There's a 95 percent chance that I'll make you better." That's not true. Nobody has a 95 percent success rate. I read an informed consent form to all of my patients and I don't try to trivialize the complications that could occur. I am convinced that by doing this, it helps my patients to trust me. Ultimately, the decision to receive treatment is theirs.

Do you see a potential spillover effect in terms of ways that chiropractic participation in settings like the Veterans Administration and Department of Defense health systems may change the chiropractic profession?

The VA and the DOD hospitals provide training opportunities (clerkships, internships, residencies, fellowships and research opportunities) to much of the medical profession. Having chiropractors present in integrated hospitals during

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the formative years of a physician's education will train the next generation of medical doctors to include chiropractors in their referral algorithms [flow charts that define appropriate care]. Other collateral benefits would involve inclusion in research projects and residencies as well as inclusion in healthcare decision making.

Do you find that there is an internal change in chiropractors (both yourself and others), who have practiced in these integrative settings?

One key change is that we are exposed to more critical appraisal. If I go sit in the orthopedics morning report observing case presentations, the orthopedists provide a strong peer review. "Why are you doing that? What's this? What's the benefit the patient will get from this?" I like this level of intellectual analysis. I think promotes healthy discussion and reflection. It causes me to reflect on my own treatment methods.

Chiropractors have always been looking for a level playing field. What you're describing is a level playing field, assuming that they are only being as hard on you as they would be with their own colleagues.

I'd say that in many ways they are even harder on their own colleagues than on me ... I had a medical student following me around this morning, and during the course of the morning it was evident that most of my patients are getting better and had positive things to say. The medical student responded to this with, "Well, I'd like to see some more clinical research." So that opened the door and I said, "I'm with you, but fair is fair, and if NSAIDs [nonsteroidal anti-inflammatory drugs] are killing as many people as AIDS each year, shouldn't we look just as critically at that treatment? And we certainly don't have enough supportive research on spinal surgery. Wouldn't you like to see more clinical research on spinal surgery?" My point is if you are going to appraise us, we would like you to have the same critical eye upon all other care that is being provided.

How did he or she respond?

He was good with that. It's an unthreatening environment here, but, of course, he was also a student under my tutelage and maybe you don't want to argue too much with the person supervising your rotation. The opportunity to learn about chiropractic is good for him, it's good for us, and he will bring up things to keep me honest.

What other kinds of outreach have you personally done? I'm assuming that in your position, you have some special opportunities to speak about chiropractic and to reach out to other professionals as well as policy makers. Aside from patient care, what else do you do as part of your work?

We have medical students rotate to our clinic, and medical residents. We have chiropractic students rotate through medical specialties. They're here for about six months. On Tuesdays and Thursdays, the days I work in the Capitol, my intern will be rotating in neurology, radiology, neurosurgery, orthopedics, an inpatient ward, general surgery, rheumatology, podiatry, and PMR. He's basically like a medical student working under a specialist's supervision. We are not seeking to make pseudo-medical doctors out of our chiropractic students, but it certainly adds a rich clinical environment. While on a medical rotation, if there's a patient who can potentially benefit from chiropractic, the chiropractic student can say, "Doc, maybe this patient should come down to see us." And the doctor would say, "Okay, what would you do for him?" And he would have to, in a clear intellectual manner, share what we have to offer. And if the specialist agrees with the student, then we'll see that patient.

Also, I've given between 60 and 70 lectures in the time that I've been here.

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What kinds of places?

Orthopedics, neurology, at Walter Reed [Army Medical Center], mainly at medical clinics. I've talked to a few patient groups, but almost always I'm talking to medical doctors. I have presented grand rounds at the hospital, and I've spoken at many of the 'feeder' clinics for our tertiary care hospital.

What is tertiary care?

There's primary care, which is when you go directly to see your doctor and he'll treat you. If he can't help you, he might send you to a hospital, where they would take care of you for more complex conditions. That's secondary care. If they can't help you, they may send you to a tertiary care facility where there are advanced procedures available. For example, at our hospital, we have interventional radiologists who can treat a cerebral aneurysm by a fluoroscopically guided catheterization. They are able to "coil" a cerebral aneurysm or embolize the blood supply to a brain tumor without surgery. Amazing treatments, which are not available at an average hospital; specialty care above and beyond what a normal hospital would have. Bethesda is the Navy's tertiary care hospital. But you can't have just the high-end treatment options. You also have to have a completely supportive infrastructure.

It sounds like a very stimulating environment, where you can help your patients and also be constantly learning.

I've learned a lot. I'm the type of person who learns best through interaction with others, so it's very stimulating for me.

What would you say has given you the greatest satisfaction in your work at Bethesda Naval Hospital?

Getting to know and providing care for wounded heroes returning from the overseas conflicts.

In your work at Bethesda, what have you found most challenging?

Going home at night. The resources and collegiality at the hospital and the Capitol are so great that it can be consuming. I love my work too much. If I did not love my family even more, I would always stay late.

What are your goals for the future?

I would love to see the implementation of hospital-based rotations for all willing chiropractic students. Also, I would love to form a world class multidisciplinary spine center in which all spine-related specialties are represented.

Daniel Redwood, DC, the interviewer, is editor-in-chief of *Health Insights Today*.