Dear Sir:

Re: Chiropractic Payment Under Medicare & Medicaid

Public law 92-603 provides payment for chiropractic services "to correct a subluxation demonstrated by x-ray to exist". Three questions must be resolved:

1. Should proof be required that a subluxation exists and was treated?

It is clearly stated in the law that proof should be required. We agree with this. American taxpayers should not have to pay for something non-existent.

2. Should proof be required prior to payment of claims?

We believe so. Delaying payment is more efficient than paying and trying to retrieve payment for unsubstantiated claims. In 1960, the National Association of Letter Carriers began chiropractic coverage similar to that under P.L. 92-603. Coverage was limited to "manual adjustment of vertebral subluxations or misalignments". Claims were submitted for numerous other conditions, however, and chiropractors were unable to demonstrate the presence of subluxations on their x-rays. Abuses were so extensive that NALC dropped chiropractic coverage at the end of 1965. (Attachment A)

3. Who should provide final authority to certify presence or absence of subluxations on x-ray?

Only medical radiologists have sufficient training to properly evaluate x-rays. HEW itself, in 1968, concluded that "...the scope and quality of chiropractic education do not prepare the practitioner to make an adequate diagnosis ..." Moreover, chiropractors are themselves confused about the scope of their "treatment" and what, if anything, constitutes a subluxation.
Two years ago, we challenged a local chiropractic organization to prove that they could treat subluxations. (Attachment B) All they had to do was to show us x-ray evidence of such subluxations before and after treatment. They declined, suggesting instead that the data we requested could be obtained from the teaching files of a chiropractic school. However, a high official from the largest such school informed us that "chiropractors do not make the claim to read a specific subluxation from an x-ray film." (Attachment C)

In 1971 we asked more than 200 chiropractors throughout the U.S. whether they would accept for treatment a patient with migraine, ulcers and/or hepatitis. Only one of the 182 who replied said that the disease in question (hepatitis) fell outside the scope of chiropractic. (Attachment D)

Recently, we sent a normal, healthy individual to five local chiropractors for a "check-up". Our purpose was to see how prone chiropractors are to diagnose disease in normal individuals. Not only did all five chiropractors find misalignments, but no two agreed on their location.

Many chiropractors, including prominent school officials, believe that all people should have regular chiropractic adjustments for "preventive maintenance". Some chiropractors suggest this on a weekly basis...for life. (Attachment E)

We understand that additional regulations to implement P.L. 92-603 have been distributed to Social Security offices although they were not published in the Federal Register. We protest such secrecy!

We understand that these regulations deem a subluxation to be present when "an incomplete dislocation, off-centering, misalignment, fixation or abnormal spacing of the vertebrae is anatomically demonstrable on an x-ray film to individuals trained in the reading of x-rays." These criteria are vague, non-specific or otherwise meaningless.

In a recent court case, a Pennsylvania chiropractor testified that he "adjusted" 593 patients in a single day! (Attachment F) By including this particular example, we do not wish to imply that most chiropractors practice in this manner. We do believe, however, that a wide range of dangerous, deceptive and peculiar practices are an integral, rather than an incidental part of the chiropractic system of health care delivery.

Investigation, Education, Political Action
Payment to chiropractors under any but the strictest possible interpretation of P.L. 92-603 would be an abuse of tax dollars. If this statute as written is unworkable, then it should be up to Congress, not H.E.W., to modify it.

Thank you for your kind consideration of our views.

Sincerely,

H. William Gross, D.D.S.
President

cc: Charles C. Edwards, M.D.
   Consumers Union
   AMA Dept. of Investigation
   Time Magazine
   Newsweek
   The New York Times
   Washington Post
   Washington Star
   Pa. Blue Shield
   Commissioner Herbert S. Denenberg
ATTACHMENT A

REPORT OF DIRECTOR, HEALTH INSURANCE

James P. Deely

To the Officers and Delegates of the Forty-Fifth National Convention held at Detroit, Michigan, August 14-20, 1966

Greetings:

I take pride in submitting to you the financial reports of the N.A.L.C. Health Benefits Plan for the years ended December 31, 1964 and December 31, 1965.

The reports show that the Plan is not making tremendous profits. They also show that the Plan is not accumulating extremely large reserves which would tend to make a balance sheet look good. Above all, however, they do show that the Plan is financially keeping its head above water.

It has always been the intention of your Board of Officers to formulate premium rates at amounts within the budget of a Letter Carrier which would allow the payment of adequate comprehensive benefits and establish reserves. I firmly believe that we have done just that.

In the interim, the problem became worse instead of better.

Early in December of 1964, several other employee organizations suggested we join them in a meeting with the national officers of the two major Chiropractic groups. On December 8-9, 1964, we did participate in a conference with leaders of the American Chiropractic Association and the International Chiropractors Association.

This meeting developed the interesting and significant fact that our problems with chiropractic were identical to those of the other participating plans.

After a frank and complete review of the situation, both associations issued bulletins to their respective membership. It is doubtful if anyone of the employee representatives could express the problem more clearly or succinctly than did the two Chiropractic associations.

The bulletin of the American Chiropractic Association stated:

"We were invited to the meeting to impress upon us the urgency and the need for adequate cost control to counteract the many claims abuses by members of our profession. We are amazed at the number of fantastic claims and cases which were shown to us to justify the urgency of the situation."

The International Chiropractors Association reported:

"It is no secret that most insurance carrier complaints stem from three major abuses: (1) Excessive charges; (2) Practices beyond analysis, X-ray and spinal adjustment, and (3) Prolonged care and excessive office calls."

The leaders of both ACA and ICA made repeated efforts to impress upon their membership the gravity of the situation, and the need to halt and prevent further abuses of insurance benefits. For reasons I cannot explain, these efforts produced no discernible improvement.

By mid-1965, we were convinced that it would be a greater disservice to our members to continue recognition of chiropractors than to eliminate them from our contract. If recognition continued, and the abuses also continued, the inevitable result would be financial disaster for many of our members. That is to say, some chiropractors would continue to furnish treatment for services not covered under the contract which, in turn, would result in the member literally "holding the bag" for incurred expenses that were not insurable, although the chiropractor would have every right to expect payment from the patient.

In commenting on this subject, one fact should be emphasized. It is a matter of record that we not only engaged medical consultants to accept our point of view. Chiropractic was recognized.

Almost from the inception of the program we encountered trouble with chiropractic claims. Expenses were submitted for X-rays that could not be interpreted, due to the poor technical quality of the films; claims were made for treatment of measles, mumps, heart trouble, mental retardation, female disorders and many other ailments. None of these conditions has any medical relationship to vertebral subluxations or spinal misalignments.

For the contract term beginning November 1, 1964, clarifying language relating to chiropractic was put in our brochure. The new language was not a change in benefits; it simply clarified the benefits allowable. Recognition of chiropractic was never intended to cover any expenses beyond spinal adjustments by hands of vertebral subluxation or misalignments. As is the case in all other types of claims, the Plan reserved the right to require X-rays to demonstrate the presence of the diagnosis.

Chiropractors

Our Actuaries opposed the inclusion of a "Chiropractor" in our definition of a "doctor" when the Plan was established in 1960. In an effort to make available as many practitioners as possible, we persuaded our professional consultants to accept our point of view. Chiropractic was recognized.

From page 53A:

Chiropractors

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One incident will dramatize the problem confronting me as Director of our Plan.

At our invitation, representatives of both ACA and ICA met in our office with one of the most reputable radiologists in the area, whom we had engaged on a temporary consultant basis.

Our doctor (medical) presented 20 sets of X-rays that had been submitted by chiropractors. Each film was purported to show a subluxation; in several instances, four to six subluxations had been diagnosed in a single X-ray.

One after another, each film was placed in the view box. The chiropractic representatives, including a radiologist of their own selection, were invited to point out the subluxations. Not a single one was identified. Nor did the chiropractic representatives offer a solitary comment.

Effective January 1, 1966, the brochure was amended to delete a "Chiropractor" in the Plan's definition of a "doctor."
Health Unit 'Challenges' Chiropractic

Dr. Stephen Barrett, Chairman of the Lehigh Valley Committee Against Health Fraud, Inc., has issued what he calls a challenge to the chiropractic profession.

He is asking that 10 local chiropractors each produce one set of X-rays of patients that would show "subluxations" (dislocations) before, during and after treatment.

Dr. Barrett, an Allentown psychiatrist, said there is no one on the fraud unit skilled in evaluating X-rays. "But we will seek out proper radiologists or orthopedists or neurosurgeons."

In the name of the health fraud committee, he has spoken out against a proposed state law to require health insurance plans to include chiropractic services.

He's written his request in a letter to Dr. Louis Sportelli, a chiropractor from Palmerton.

The letter says, in part:

"As you know, members of the medical and allied professions have strongly criticized chiropractic theory.

"Critics of chiropractic say that the 'subluxation' as conceived by chiropractors is nonexistent and that the use of X-rays to diagnose 'subluxations' is therefore not legitimate.

"My committee would like to have the opportunity to study this matter closely.

"For this reason, we would appreciate it if members of your profession would place in our hands X-rays meeting the following criteria:

"They should consist of 10 sets, one each from 10 local chiropractors.

"They should show 'subluxations' found prior to the beginning of treatment and follow-up X-rays should demonstrate that the 'subluxations' were corrected.

"X-ray sets should be accompanied by case histories and detailed X-ray findings.

"Patients should be under the age of 40."

(The chiropractors were unable to do this.)
July 15, 1971

Stephen Barrett, M.D.
842 Hamilton Street
Allentown, Pennsylvania 18101

Dear Dr. Barrett:

I received a letter today from Dr. Sportelli that evidently is a photocopy of a letter you sent to Dr. Strang and myself. Since the college has been closed for a month's vacation, your letter has not arrived at my desk and possibly has gone to Dr. Strang who has not, as yet, returned to the college from his vacation. We regret this delay.

I have not been able to read the letter you mentioned was attached concerning the request from your committee that chiropractors furnish x-ray evidence of a subluxation. I would like to point out to you, Dr. Barrett, that chiropractors do not make the claim to be able to read a specific subluxation from an x-ray film. He can read spinal distortion, which indicates the possible presence of a subluxation and can confirm further the actual presence of a subluxation by other physical findings.

In all my dealings with committees such as yours, I have never found a desire for the actual exchange of knowledge. I have only found a great desire not to find out what the actual claims are. I would hope that your committee is different, but you are already asking for things that we do not actually lay claim to. Perhaps rather than seeking to make an investigation of chiropractic on the basis of quackery, you might establish a fact-finding committee that would be looking for the good things that can be accomplished by a chiropractor. We can find as many bad things about the medical profession as you can find about the chiropractic profession, but we have not labeled you as quacks because of the many good things you do. It is too bad you can't recognize the good things we do.

I send you sincere, best wishes.

Cordially,

H. Ronald Frogley, D.C., Ph.C.
Vice President

cc Dr. Sportelli
Dr. Strang
The Selling of the Spine:

Chiropractors Wangle $100 Million Windfall

Congress Ignores False Testimony, Scientific Evidence in Approving Medicare Coverage of Manipulation

by Stephen J. Barrett, M.D.

Despite 75 years of thorough scientific debunking, the nation's chiropractic cult has managed not only to survive, but to prosper through the artful use of political muscle. And now some 18,000 chiropractors—declared by the Department of Health, Education and Welfare as unfit to diagnose or treat disease—appear to have gained early success in a campaign to create a $100 million annual federal bonanza for themselves.

The first goal of the campaign was achieved Oct. 30 when President Nixon signed into law the 1972 Social Security Amendments (HR 1). The amendments contain sections that expand the definition of physicians under Medicare and Medicaid to include chiropractors, allowing chiropractic services to be reimbursable as "physician's services." Although restricting reimbursable treatments to "manual manipulation of the spine to correct a subluxation demonstrated by X-ray to exist," the amendments represent a major victory in chiropractic's fight to wangle into the multibillion-dollar national health insurance programs now being developed. The immediate effect will not be known until HEW regulations governing X-ray validations are promulgated. However, during debate over the amendments, the Senate Finance Committee estimated that chiropractic inclusion could cost the public $100 million the first year.

The chiropractic victory is particularly frightening be-

Dr. Barrett is chairman of the Lehigh Valley Committee Against Health Fraud, Inc.

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cause of the bill’s history. Unlike other politically motivated legislation, some of which has become law because of lack of opposition, the chiropractic amendment was fought long and hard by several medical organizations. The opposition was well organized and scientific from the start but was not a match for chiropractic’s political muscle.

The first defeat for the medical profession came in March when the Senate Finance Committee approved chiropractic inclusion under Medicare despite its knowledge that official chiropractic testimony before the Committee was an irresponsible misrepresentation. The testimony was presented before the committee by William S. Day, president of the International Chiropractors Association, one of two national organizations claiming to represent the chiropractic “profession.” Day was questioned closely by Sen. Russel B. Long (D-La.), chairman of the committee, who was armed with a copy of the 1968 HEW report to Congress that declared chiropractic unfit to be included under federal health-care programs. Responding to Sen. Long’s questions, Day insisted that chiropractors confine their treatments to correction of “spinal subluxations” and “related disorders of the nervous system” (see accompanying article for detailed testimony). Day specifically denied that chiropractors treat migraine headaches, ulcers or hepatitis.

Day’s testimony caught the eye of the Lehigh Valley (Pa.) Committee Against Health Fraud, a 35-member lay and professional organization devoted to exposure of deception in the field of health. The committee decided to investigate the accuracy of Day’s remarks, particularly when it learned that the witness was accompanied during his appearance before the Senate by a New Mexico chiropractor, John Q. Thaxton, who had once advertised publicly that he treated migraine headaches.

The committee decided the most direct way to check the accuracy of Day’s testimony was to send letters, ostensibly from prospective patients, to members of the ICA to see whether their responses jibed with the testimony of their president. The committee sent 152 ICA members throughout the U.S. letters that read as follows:

“I have been suffering from ulcers and sometimes migraine headaches for many years. I am going to this chiropractor near my home now and he is helping me. But I am not finished with treatments and my husband has a job near you. Do you treat these conditions? Do you think I can finish my treatments with you?”

Twenty-two of the 152 letters were returned undelivered. Of the 130 remaining, there were replies from 110 chiropractors. Fifty-eight (53 percent) of those replying specifically stated they treated the diseases mentioned. Some of the replies:

“Yes, I have had very good success with correcting the cause of ulcers (sic) and migraine headaches . . . .”

“. . . I’d be most happy to continue chiropractic treatment with you. My practice is made up of functional diseases such as ulcers and migraine headaches plus the usual number of back problems . . . .”

“. . . I, myself, am a living example of what chiroprac-

December 1972 • THE NEW PHYSICIAN
tic can do, having suffered with migraine headaches for almost 18 years, now almost 12 years with no headaches at all . . .

Twenty-four (22 percent) did not refer to the patient's migraine headaches or ulcers but said they would be glad to continue the treatment. Twenty (19 percent) did not discuss the patient's specific request but expressed interest in providing chiropractic services. The rest welcomed the letter but qualified their commentary on the treatment they might offer. Two said they could not answer without more details. Two said they could be of help if there were a vertebral misalignment. Other replies included:

"No, we don't treat ulcers. We do, however, look for spinal misalignment of the vertebrae, which may, by their improper position, create an irritation to the nerve, which, in turn, supplies the stomach. This is what causes the secretion of hydrochloric acid causing the ulcer . . ."

"... If you would speak to your chiropractor, he will explain to you that we do not treat any disease or symptom. We correct and remove the cause of the disease or symptom. I am sure he can explain it to you fully when you see him on your next visit . . ."

Another 111 chiropractors were sent a similar letter with a complaint of hepatitis. Nineteen letters were returned undelivered. Of the 92 remaining, 72 (78 percent) generated responses. Twenty-nine (40 percent) of the respondents specifically stated they would treat hepatitis. Some replies were:

"... Yes, I take care of cases like yours, and chiropractic offers the safest and best health care for hepatitis, as well as many other conditions."

"I will be moving . . . I will recommend a chiropractor whom I feel can handle your problem very well. He has adjusting abilities and also has a diapulse instrument which is exceptionally effective in hepatitis cases."

Seventeen (24 percent) did not reply specifically but said they would be glad to continue the treatment. Nineteen (26 percent) just welcomed the prospective patient. Only one said no:

"The laws of the Commonwealth of Kentucky as pertaining to chiropractic require that all infections or communicable disease be reported to the state or local departments of health for treatment. As your condition may fall in this classification under state law I would be unable to accept your case solely on the basis of being able to treat hepatitis."

Full details of the Pennsylvania committee's investigation were made available to the Senate Finance Committee last February. Yet, despite complete discreditation of Day's testimony, the committee voted a month later to back inclusion of chiropractic under the Medicare law. Such a development may seem irrational and unbelievable to anyone unfamiliar with chiropractic's record of political success despite strong opposition from organized medicine, labor and consumer groups. This success is based on the reality that chiropractors have devoted all their efforts to a single issue—politics. Unburdened by any research, scientific or educational ex-
WOULD YOU BELIEVE....

"First, let me state categorically that the chiropractor does not claim to be able to cure all conditions"

—William S. Day, president of the International Chiropractors Association, in testimony before the U.S. Senate.

The scope of chiropractic practice was the basis for the following exchange between U.S. Sen. Russell B. Long, chairman of the Senate Finance Committee, and William S. Day, president of the International Chiropractors Association, in September, 1970. Day is also a state senator in Washington State and chairman of the legislature's committee on medicine, dentistry, drugs, public health, air and water pollution.

Sen. Long: "... is a chiropractor qualified to diagnose cancer?"

Day: "A chiropractor is qualified in the area of differential diagnosis and it is taught completely in our schools at the present time ..."

Sen. Long: "Well, suppose it is cancer of the blood, does a chiropractor have any competence to diagnose it?"

Day: "A chiropractor wouldn't attempt to diagnose cancer of the blood any more than a podiatrist who was examining a foot would diagnose cancer of the blood. A chiropractor is confined to the spine and its misalignment as it relates to the nervous system. A chiropractor who goes beyond that and attempts to treat such a thing as a visceral cancer or any type of malignancy is outside the scope of his practice."

Sen. Long: "Are there quite a number of other ailments other than cancer which are outside the competence of a chiropractor?"

Day: "I would say definitely yes."

Sen. Long: "Would you name some?"

Day: "Fractures, pathological systemic conditions, conditions that require medications, drugs or surgery. A chiropractor is principally confined in his practice to the spine and its misalignment as it relates to the nervous system ..."

Sen. Long: "We have reports that chiropractors are trying to treat those kinds of ailments."

Day: "We have also had reports like that. We have both chiropractic and medical disciplinary boards where the chiropractic board is empowered to stop those practices which are illegal."

Sen. Long: "Here is an HEW report (1968) ... Here is the percentage of chiropractors that they say are reporting to be treating these conditions: headaches. I take it you contend that a chiropractor can help a headache."

Day: "First, let me state categorically that the chiropractor does not claim to be able to cure all conditions. Now as to certain types of headaches ... In fact we are very successful on many types of headaches."

Sen. Long: "How about migraine?"

Day: "No."

Sen. Long: "High blood pressure?"

Day: "There again, if it is diseased blood vessels and the lumens are narrowed, that is, arteriosclerosis, chiropractic certainly does not apply. If it is due to hypertension produced by interference with nerve functions or spinal misalignments, absolutely yes."

Sen. Long: "Ucers?"

Day: "Specific adjustment which removes interference to the nerve function and that is all the chiropractor does. We do not treat ulcers."

Sen. Long: "You don't treat ulcers?"

Day: "No, sir."

Sen. Long: "Well, this report says 76 percent of chiropractors report that they are treating ulcers ..."

Day: "I don't know where they got those figures, Senator."

Sen. Long: "Chronic heart condition ..."

Day: "No, sir. I believe we cannot correct the pathology by a spinal adjustment where there is permanent damage, but it is certainly true that there is a neurological control of heart functions as there is of other functions."

Sen. Long: "What about hepatitis?"

Day: "Hepatitis is an infectious disease. We would refer this to a physician."

Sen. Long: "According to this report, 32 percent of chiropractors reported treating hepatitis ..."
patients to write letters to legislators. The principles are simple—and effective. They depend on the realization of their members. These organizations maintain a large reported by practicing chiropractors who persuade their many legislators find such grass-roots pressure much more convincing than the cold facts of scientific investigation. And the effort has paid off—for the chiropractors, of course:

- 48 states have legitimized their cult by granting licensure.
- 40 states have some provision for chiropractic coverage under workers' compensation.
- 21 states include chiropractic services under basic Medicaid coverage. Last year California paid out nearly $2.2 million to chiropractors under this program.
- 19 states have some form of law providing for chiropractic insurance coverage. The broadest are so-called “insurance equality” laws, which force companies to cover chiropractors for services “equivalent” to those of medical doctors.

These successes have not gone unnoticed by the nation’s physicians, who outnumber chiropractors 20 to 1. But the medical profession finds itself confronted with hundreds of health problems at national, state and local levels and can’t devote all of its energy to fighting chiropractic. One result of this is a tendency for organized medicine to adopt a “defensive” posture toward chiropractic. Significantly, the Utah State Medical Society recently abandoned the typical defensive policy and assessed each of its members $100 for an anti-cultist campaign, directed against chiropractors and naturopaths. Such aggressive action was called for last January in an editorial in American Medical News, which is published by the American Medical Association. “The fight against the cult of chiropractic must be a high-priority item for the medical profession at all levels,” the editorial stated, “in the interest of high quality health care for the American people.”

To counter the successes of chiropractors, the medical profession will have to wage a combined educational and political campaign. The educational campaign is necessary to increase public awareness of the dangers and scientific bankruptcy of chiropractic. This part of the campaign should be the simplest, since there is a wealth of material documenting these points. However the material will be ineffective unless there is sufficient dedication at the local level to distribute and publicize it. Among the educational materials available are:

1. Independent Practitioners Under Medicare—the 1968 HEW report to the Congress that documents in great detail the invalidity of chiropractic. After studying all the available evidence submitted by chiropractic organizations in support of their cult, the panel of experts commissioned by the Congress to study chiropractic concluded: “Chiropractic theory and practice are not based on the body of basic knowledge related to health, disease and health care that has been widely accepted by the scientific community . . . . The scope and quality of chiropractic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment.”

2. Equally devastating is the book, At Your Own Risk: The Case Against Chiropractic, which is a result of the author’s independent investigation and personal experiences in several chiropractic clinics. The author, Ralph Lee Smith, estimates that Americans waste some $300 million a year in payments to chiropractors—and he blames the state legislatures for not protecting a gullible public. Chiropractic, he points out, is the only licensed “medical superstition” in the U.S. today.

3. Additional impressive documentary material is a packet of exhibits compiled by the Lehigh Valley Committee Against Health Fraud during its investigation of chiropractic. The exhibits document the irresponsible advertising claims made by chiropractors, the misrepresentation of the scope of chiropractic in testimony before the Senate and numerous other abuses.

The above items—and much more material—is available to any local organization interested in working to educate the public about the abuses of chiropractic. Sources of this and other information will be provided readily by the American Medical Association or the Lehigh Valley Committee Against Health Fraud. Many county and state medical societies have their own committees on quackery and can provide similar information.

The educational campaign, of course, is only part of the answer. As long as scientific medicine continues to be outmaneuvered on the political front, chiropractic will continue to flourish. Physicians and other health professionals must match the dedication of chiropractors—dollar for dollar and letter for letter. Political pressure must be brought to bear at the grass-roots level to counter chiropractic where it has enjoyed its greatest successes.

B. J. Palmer, son of the founder of chiropractic and the most successful promoter of the cult once quipped, when asked the principle functions of the spine: “To support the head, to support the ribs and to support the chiropractor.” That might be funny—if it weren’t so profoundly sad that countless Americans are endangering their health and wasting hundreds of millions of their scarce dollars to support these bone-cracking charlatans.

Address requests for reprints and references to Dr. Barrett at: Lehigh Valley Committee Against Health Fraud, Inc. Post Office Box 1602 Allentown, Pa. 18105
WE HAVE REDEDICATED OUR CENTER TO BETTER SERVICE AND LOWER COST FOR CHIROPRACTIC CARE SO MORE PEOPLE MAY EXPERIENCE GOOD CHIROPRACTIC HEALTH CARE DURING THEIR ENTIRE LIFETIME.

As you know most all the staff of McKim Chiropractic Center, Ltd. has just returned from classes in Atlanta, Georgia. We have all been filled with the Spirit of Love and have decided to do our utmost and then some more to serve our patients and extend the power of life which God has granted them that they may realize a full and joyous lifetime free from pain and misery. We have decided to set up a new fee schedule which follows below. We hope that many of you will avail themselves of this new service we give to you.

Always in the Spirit of the God of Love,

Dr. McKim and Staff

MAINTENANCE PLAN

For those who have gotten rid of their original so-called conditions and wish to remain free of them and other so-called conditions, we offer to them a life time plan of once-a-week care.

ADULT — $3 per week
MAN & WIFE — $5 per week total
MAN, WIFE & CHILDREN—(no matter how large the family) $6 per week

This plan can only be initiated when you have been taken off intensive Chiropractic care. (more than once a week)

FAMILY PLAN CARE

In use when Intensive, Bi-monthly, or Monthly Care is desired.
ADULT — $5 each visit
MAN & WIFE — $5 + $3 = $8
MAN, WIFE & CHILDREN — $8 plus $1 for each child each visit.
On 4/26/73, Commonwealth Court granted a preliminary injunction, ordering three Pa. chiropractors to cease certain misrepresentations about the scope and effectiveness of their treatment. Although not central to the issue of the court case, the testimony below is illuminating:

A: Indeed, I did not. What I meant by that was the fact that ninety-eight percent of all people that are in institutions are ill, are sick. The other two percent perhaps have been framed. And I don't have any background to give you law on that.

Q: Okay. Now, doctor, you treat quite a few patients, don't you?

A: No, I do not.

Q: You do not?

A: No, sir.

Q: Is this not -- let me show this to you and ask you if you can recognize it?

A: I can definitely recognize it before you show it to me. I do not treat anybody.

Q: How many patients is it that it says you saw on Monday, March 26th?

A: 2,160, if that's correct.

Q: 2,160 patients in one day?

A: No, of course not. You better read it again, counsel.

Q: I asked you and you just told me. How many did you treat in one day?

A: I did not treat any.

Q: How many did you see in one day?

A: I adjusted 593.