The Medical War Against Chiropractors

JC Smith, MA, DC
Chiropractors for Fair Journalism
Tribute to Our Fore Fathers

Their hardships & espirit de corps

A common spirit of comradeship, enthusiasm and devotion to a cause.
Bell Tower
Dedicated to Jailed Chiropractors
"Let us never forget that the men and women acknowledged here chose self-denial over avarice, honor over expediency, and courage over cowardice."
Dr. Benjamin Rush, MD

“undercover dictatorship”

“Unless we put medical freedoms into the Constitution, the time will come when medicine will organize into an undercover dictatorship.”

ER Booth, History of Osteopathy and Twentieth Century Medical Practice, Cincinnati: Caxton Press, 1905 (1924):312
In the first half of the 20\textsuperscript{th} century, over 12,000 chiropractors were arrested 15,000+ times and 3,300 were sent to prison for practicing without a license.

Historian Russell W. Gibbons Chiropractors felt the brunt as one of the first grass roots movements in America

“…like abolitionists, chiropractors were systematically persecuted and driven from town to town. Like the feminists and suffragettes, chiropractors were made objects of ridicule. And like the civil rights workers of more recent times, chiropractors were intimidated and subverted by agents and provocateurs. In the finest tradition of reform movements, they were imprisoned for their beliefs.”

“California Cracks Chiros”

In just one year [1921] 450 of approximately 600 chiropractors were hauled into court and convicted of practicing without a license. They were given jail sentences or the alternative of a fine. They chose to go to jail.

B Inglis. The Case For Unorthodox Medicine, New York: GP Putnam (1963)
The Willis family of chiropractors found no mercy from the courts in California in 1920. They are seen here on the way to jail with their children.
Chiro Kids in Jail, too

David Teems, DC, and daughter in jail in Sherman, Texas, circa 1906.
Dr. D.S. Tracy, jailed in California, circa 1918.

It was not uncommon for arresting officers to sympathize with the persecuted doctors, since more than a few were patients of the chiropractor they had to arrest.
Lindon McCash, DC, in jail  
Oakland, Calif., in 1920  

California chiropractor Linden McCash was one of many D.C.s jailed in the state for unlicensed practice during the 1920s.
While in jail, chiropractors adjusted fellow inmates and sheriff’s deputies; when released, DCs promptly returned to their clinics in defiance of the MDs and the law.
Dr. Frank O. Logic of Iron Mountain, Michigan, a Palmer graduate and World War 1 veteran, would eventually serve on his state’s Board of Chiropractic Examiners. But in 1923, the young chiropractor was serving time in jail for “practicing medicine without a license.”
Dr. Mildred Crevling (right), jailed in Ohio circa 1930. The Buckeye State was an especially hazardous place for chiropractors to practice in this era, as Dr. Franklin Lear (left) learned to his regret.
Dr. Herb Reaver, Sr. was arrested repeatedly in Ohio; his patients rallied at the jail to protest their doctor’s imprisonment.
Dr. Herbert Ross Reaver

“What was it like, you ask?”

"A sizeable portion of my life was spent behind prison walls because I practiced chiropractic.

“We were always being spied upon and arrested, tried and jailed. We were treated like criminals. We were subjected to harassment, treachery, and trickery.”
EJ Nosser was the last chiropractor in the United States to go to jail in 1975 in Shreveport, Louisiana.
The mayor of Shreveport would proclaim “Dr. EJ Nosser Day” on May 24, 2007, in recognition of his 50 years of service since graduating from Palmer School of Chiropractic in 1957.

I Hunter, “Rubbing Patients the Right Way,” Shreveport Times (May 29, 2007)
Sociology of Chiropractic

- the study of the development, structure, and functioning of human society.
- the study of social problems.

So, what are the social problems facing the chiropractic profession?
What does the public think about chiropractic?
Best and Worst Jobs

200 jobs reviewed in America.

The ranking of chiropractic has improved steadily:

#56 in 2010
#32 in 2011
#19 in 2012
#11 in 2013

“Image Is Everything”
Consistently nurture your Image and Branding

Biggest Boundary
Our Image

Think different.
Part 1

Chicken Little journalism

“Chiropractic causes strokes, chiropractic abuses babies.”
Dr. Toad’s *Wild Ride*
Part 3

Pharmageddon

The Attack of Opioids
“Chiropractors are like a box of chocolates—you just never know what you’ll get.”
How did our *image* develop?

- Medical war propaganda
- Morris Fishbein
- Media bias
- Chiropractic scalawags
- Good work of DCs
- WOM advertising
Opportunities for Change
Gallup-Palmer Survey, 2015

Americans’ Perceptions of Chiropractic

PERCEPTIONS OF CHIROPRACTIC

ADULTS PREFER CHIROPRACTIC CARE FOR NECK OR BACK PAIN OVER MASSAGE, PHYSICAL THERAPY

Gallup-Palmer Survey

Americans’ Perceptions of Chiropractic

- About half of adults in the U.S. have been to a chiropractor as a patient.
- 14% of adults say they saw a chiropractor in the last 12 months,
- 12% say they saw a chiropractor in the last five years, and
- 25% say they saw a chiropractor more than five years ago.

Chiropractic use higher than previous estimates

33.6 million U.S. adults sought chiropractic care in 2014, compared to 20.6 million in 2012.
Growing *Slowly*

- The good news is **14 percent of the adult population (33.6 million)** has seen a doctor of chiropractic in the past year.

- This is a significantly higher utilization percentage than **8 percent (20.6 million)** annually for the past 10 years.

A majority of U.S. adults think CHIROPRACTORS are EFFECTIVE at treating NECK and BACK PAIN.

- 38% Agree Somewhat
- 23% Strongly Agree
- 28% Don’t Know/Neutral
- 7% Disagree Somewhat
- 4% Strongly Disagree
Can chiropractic help my neck and back pain?

57% of adults are likely to see a chiropractor for neck or back pain.
Who goes to chiropractors?

Over \( \frac{1}{2} \) of all U.S. adults have seen a chiropractor, and over \( \frac{1}{4} \) would choose chiropractic care 1\( \text{st} \) for back or neck pain.
Can chiropractic help my neck and back pain?

Given a choice among five types of practitioners, 29% of Americans would most like to see a CHIROPRACTOR FIRST for neck or back pain.
Is it safe?

Know the risks of serious side effects/death associated with common treatments for musculoskeletal pain

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Rate per Million</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spine Surgery</td>
<td>1,800</td>
</tr>
<tr>
<td>Cervical-Spine (Neck) Surgery</td>
<td>500</td>
</tr>
<tr>
<td>Use of NSAIDS/Aspirin</td>
<td>153</td>
</tr>
<tr>
<td>Prescription Opioid Pain Medications</td>
<td>53.6</td>
</tr>
<tr>
<td>Chiropractic Adjustment</td>
<td>&lt;1 (about 1 in 5.85 million)</td>
</tr>
</tbody>
</table>

Who is hurting whom?
Chiropractic care is **dangerous**

<table>
<thead>
<tr>
<th></th>
<th>% Strongly agree/ Agree somewhat</th>
<th>% Strongly disagree/ Disagree somewhat</th>
<th>% Don't know/ Neutral</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. adults</td>
<td>24%</td>
<td>39%</td>
<td>37%</td>
</tr>
<tr>
<td>Never been to a chiropractor</td>
<td>28%</td>
<td>25%</td>
<td>47%</td>
</tr>
<tr>
<td>Been to a chiropractor, but it was</td>
<td>27%</td>
<td>40%</td>
<td>34%</td>
</tr>
<tr>
<td>more than five years ago</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Been to a chiropractor within the</td>
<td>17%</td>
<td>59%</td>
<td>23%</td>
</tr>
<tr>
<td>last five years</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Chiropractors’ Dilemma

57% are likely to use chiropractors for neck and back pain, but

Only 29% sought chiro care; 54% sought MD care instead.
Trust vs. Competency

- Negative attitudes about DCs
- No awareness MDs are inept in MSDs
- Believe DCs are dangerous
- Unaware of education
- Insurance coverage
- Too costly, too often
Certainly the defamation campaign telling the public that DCs are dangerous and unscientific has undermined our reputations and Trust Factor.
Our image and reputation are one-of-a-kind—a function of many historical issues, political and legal battles, economic warfare, and the most profound defamation campaign ever waged by one profession upon another.
Origin of Chirophobia

Whereas racism, sexism, anti-Semitism, homophobia and Islamophobia have diffuse origins, we can trace the prejudice against chiropractors back to one man.
Morris Fishbein, MD,

*The Medical Mussolini*

AMA Executive Director 1924-1949

Master Mind of Medical Propaganda
Medical Mussolini

- Goal: to destroy chiropractic (1931)
- Writer, speaker, political leader of AMA for 25 years from 1924 to 1949
- Created the medical monopoly today
- Created the chirophobia we now face
- The “evil genius” behind the AMA
In 1949, writer Milton Mayer in *Harper’s* magazine recognized Fishbein as a power broker.

“Fishbein had converted a panty-waist professional society into the most terrifying trade association on earth.”

According to historian Walter Wardwell:

‘Chiropractic must die’

- In 1932 the AMA board officially adopted Fishbein’s goal to destroy chiropractic.
- “…officials of the American Medical Association met in secret conclave in Chicago and adopted the slogan ‘Chiropractic must die.’ They gave themselves ten years in which to exterminate it.”

Turning Point
Just Ahead
Wilk v. AMA plaintiffs

Judge Susan Getzendanner, circa 1993.

Dr. Patricia Arthur, 1988.


Dr. Chester Wilk, circa 1987.

Dr. James Bryden, circa 1980.
The Iowa Plan

Attorney Roger Throckmorton spelled out his Iowa Plan, “What Medicine Should Do about the Chiropractic Menace.”

Steps in the Iowa Plan

Action taken by the medical profession should be persistent and behind the scenes whenever possible.

- Encourage chiropractic disunity
- Encourage ethical complaints against doctors of chiropractic.
- Oppose chiropractic inroads in health insurance.
- Oppose chiropractic inroads in workmen’s compensation.
- Oppose chiropractic inroads into labor unions.
- Oppose chiropractic inroads into hospitals.
- Contain chiropractic schools.
- Never give professional recognition to doctors of chiropractic.
- A successful program of containment will result in the decline of chiropractic.
The Principles of Medical Ethics

Principle 3

“A physician should practice a method of healing founded on scientific basis; and he should not voluntarily associate professionally with anyone who violates this principle.”

G McAndrews closing argument, Wilk v. AMA, p. 69. PX-56, 156A
The Principles of Medical Ethics

Principle 4

“The member should expose without hesitation unethical conduct of fellow members of the profession.”

G McAndrews closing argument, Wilk v. AMA, PX-56, 156A
Joseph A. Sabatier, MD, chairman of the Committee on Quackery

“Rabid dogs and chiropractors fit into about the same category… they killed people.”

Minutes from the “Chiropractic Workshop,” Michigan State Medical Society, held in Lansing on 10 May 1973, exhibit 1283, Wilk.
"The AMA has built a fortress around medical care in this country. They have achieved their fortress illegally. They're in the position of power in the healthcare system."

Bryan Miller, Chiropractors vs. AMA, Chicago Reader, June 27, 1991
Unveiling Dr. Welby

“This is the first time anywhere in any trial where the Marcus Welby, MD, [a popular television show from 1969 to 1976] mask has been stripped away from them and they have been revealed for what they are.”

“The negative propaganda against chiropractic became more dishonest than ever yet we still did not know its source. And then we got our answer when an underground book surfaced exposing the AMA entitled, “In the Public Interest” by William Trever.

“The book provided photocopies of many of the AMA’s secret internal memos exposing its covert and sinister plot to destroy the public image of chiropractic through dishonest negative propaganda for the prime intent of ‘containing and ultimately eliminating chiropractic.’ These were frightening words and I was the intended target.”

Wilk ibid. p. 25
Strange Bedfellows

Church of Scientology & Chiropractors

The animosity between L. Ron Hubbard’s Church of Scientology and the AMA began in the 1950s when the AMA attacked his *Dianetics* as psychological pseudoscience. In 1968, the AMA had published an article, “Scientology—Menace to Mental Health,” written by Ralph Lee Smith, the same freelance writer paid by the AMA in 1969 to write *At Your Own Risk, The Case Against Chiropractic*.

“Operation Sore Throat”

Hubbard’s own investigative department, the Guardian's Office, members of the Church of Scientology, pilfered the secret documents from inside AMA headquarters. Scientology’s espionage revealed medicine’s conspiracy similar to a medical Watergate.
William Trever  
in the Public Interest  

“Behind the closed, guarded doors of the AMA headquarters there is an elite and secretive group of men who have worked with the diligence, tenacity, shrewdness and deceit of the KGB, Gestapo, and the CIA combined. This book is a chronological, historical, factual outline of this medical government’s scheme and activities concerned with misleading the public and legislators in their attempts to do away with chiropractors.”

Judge Susan Getzendanner spoke about the ‘whirr’ damage done to chiropractors’ reputations.

“The activities of the AMA undoubtedly have injured the reputation of chiropractors generally… In my judgment, this injury continues to the present time and likely continues to adversely affect the plaintiffs. The AMA has never made any attempt to publicly repair the damage the boycott did to chiropractors’ reputations.”

Getzendanner, Memorandum Opinion and Order, p. 10
1991 interview that the hidden agenda in this medical war was primarily money. "Absolutely," she confessed. "Chiropractors compete with doctors. There's no question about it: it's basic competition."

Bryan Miller, Chiropractors vs. AMA, Chicago Reader, June 27, 1991
Overcoming Prejudice

“Chirophobia”

the irrational fear, antipathy, contempt, prejudice, aversion or hatred of chiropractors instilled by decades of medical propaganda.

This is our biggest challenge
Public Trust = Image
Co-factors

- TV & Movies
- Paid Ads
- Public Image “click/whirr”
- WOM Social Media
- Earned Media
In 1992, Mr. George McAndrews, the ACA’s legal counsel, wrote in the ACA Journal his opinion of chiropractic’s image:

“It is time for the ‘dewierdization’ of the profession... An aura of ‘weirdness’ is the necessary consequence of some chiropractic literature, advertisements... a sampling of yellow page ads makes one wonder if chiropractors are financial advisors or health care professionals... it is time to isolate the rascals.”

“Public relations will play a crucial role in the future survival of the profession. The image we now develop will be the image we carry into the next century.

“It has taken almost 100 years for the chiropractic profession to shed the image of charlatanism, quackery, illegitimacy and ineffectiveness....”

- The Pursuit of Image: Chiropractic in the Next Millennium
“This profession needs a single identity ASAP or it will be dead in the water. This image must be linked to the evidence, what is believable by the public, and what the profession will support.”

ACC-RAC Las Vegas 2005
CogNitive Dissonance

“Sometimes people hold a core belief that is very strong. When they are presented with evidence that works against that belief, the new evidence cannot be accepted. It creates a feeling that is extremely uncomfortable, called cognitive dissonance. And because it is so important to protect the core belief, they will rationalize, ignore and even deny anything that doesn’t fit in with that core belief.”

www.wakeunz.net

- Franz Fanon
Keys to Cognitive Dissonance in favor of Chiropractic

- Public understanding the AMA’s defamation campaign
- Public awareness of MD ineptness in MSDs
- Public awareness of paradigm shift in spine care
- Overcoming public skepticism and chirophobia
- Promoting Primary Spine Care Provider status
- Cleaning up our own act: fraud, abuse, hyperbole
There are three over-riding problems today –
- a contrived image from medical propaganda,
- chiropractors shooting themselves in the foot,
  and
- the media boycott.
"If you don't read the newspapers, you are uninformed. If you do read them, you are misinformed."
When was the last time you’ve seen a “fair and balanced” article about the benefits chiropractors bring to an ailing world where back pain is the #1 disabling condition in the workplace, military, VA, nation and the entire world?
Chiropractic **Dilemma**

When not being bashed in the media, for the most part, the benefits of Chiropractic are simply ignored!
Missing in the Media
National Public Radio

All Things Considered: 8 of 87,252 segments since 1990 = 0.009%
Morning Edition: 4 of 79,782 = 0.005%
Talk of the Nation Science Friday: 0 of 1,918 = 0.0%
Weekend All Things Considered: 0 of 5,346 = 0.0%
Fresh Air: 0 of 1,286 = 0.0%
Talk of the Nation: 1 of 9,485 since 1997 = 0.01054%
Missing in the Media
Newspapers around the world

- Chicago Sun-Times: 204 of 1,303,165 articles = 0.01565%
- Daily News (New York): 2 of 80,426 = 0.00248%
- The Boston Globe: 306 of 1,244,388 = 0.02459%
- The Mirror (London): 54 of 1,665,961 = 0.00324%
- The Christian Science Monitor: 4 of 80,664 = 0.00495%
- New Zealand Herald (Auckland): 20 of 119,824 = 0.01669%
- Winnipeg Free Press: 53 of 142,531 = 0.037%
- International Herald Tribune: 11 of 240,425 = 0.00457%
- Cape Times (South Africa): 4 of 76,000 = 0.00526%
- TIME magazine: 62 articles from 1923 to 2010
The RWJF has $9.2 billion in assets, generating grants approaching $400 million a year. [i] RWJF gave NPR $5.6 million to report on healthcare between 2008 and 2011.

On October 18, 2011, the RWJF made another hefty grant to NPR $2.8 million awarded for the time frame from November 1, 2011 to October 31, 2014. [iii]


Investigators randomly selected 40 episodes of each of *The Dr Oz Show* and *The Doctors* from early 2013 and identified and evaluated all recommendations made on each program. This study concluded that “only a third to one half of recommendations are based on believable or somewhat believable evidence.”

Christina Korownyk, et al., Televised medical talk shows—what they recommend and the evidence to support their recommendations: a prospective observational study, *BMJ* 2014;349:g7346 Research Christmas 2014: Media Studies Published 17 December 2014
Back Off, Chiropractors!

By Leon Jaroff  |  Wednesday, Feb. 27, 2002

Chiropractors have been taking their lumps lately. And not all of the criticism has come from their usual critics in the medical profession. Indeed, some chiropractors themselves are cautiously calling for reforms.

The most recent and most disturbing news (at least as far as chiropractors are concerned) was announced at a recent meeting of the American Stroke Association in Texas. There, neurologists from Toronto University reported analyzing 156 cases of stroke and finding that nearly 40 percent of them had apparently resulted from chiropractic neck manipulation. This hands-on treatment had caused tearing in the inside walls of the neck arteries, resulting in clots that blocked blood flow to the brain, bringing on the strokes. The neurologists called for a ban on the procedure.

Chiropractors immediately challenged these findings, claiming that earlier studies had verified the safety of neck manipulation. Yet even the doctors who concede that spinal manipulation can be beneficial for lower back pain and stiffness generally exclude neck manipulation from their endorsement.

Doctors find many of the other claims and practices of chiropractic questionable, if not downright objectionable. Most chiropractors, for example, believe that "subluxations," or minor dislocations of the spine, put pressure on spinal nerves, resulting in a wide variety of disorders. Spinal manipulation, they claim, can effectively treat these disorders and, some even suggest, strengthen the body's defenses against infectious diseases.
For back or neck pain, probably. But watch out for those who oversell their abilities.

In the world of medicine, chiropractic, which seeks to treat musculoskeletal injuries, seems to hover in that gray area between standard health care—the type you’d receive at a hospital or from a physician—and acupuncturists, massage therapists and other “alternative” practitioners.

“Chiropractic was the original holistic medicine in that it focused on treating the whole person, not just the body part that hurt,” says Michael Schneider, an associate professor of health sciences at the University of Pittsburgh. Along with a doctorate in chiropractic, Schneider also has a PhD in rehabilitation science.
New Medicare Data Reveal Startling $496 Million Wasted On Chiropractors

Steven Salzberg, CONTRIBUTOR
Fighting Pseudoscience FULL BIO ▼
Opinions expressed by Forbes Contributors are their own.

Ten days ago, the federal government released a huge data set detailing how it spent $77 billion in Medicare funds in 2012 to over 880,000 health care providers. The release of this data is part of a new transparency effort by the government, which many of us applaud.

The data reveal some troubling things.
To be precise, the 2012 Medicare data reveals that in 2012, Medicare paid $496 million for chiropractic treatments in all 50 states.

This is a stunning amount. It dwarfs the funding that NIH wastes on alternative medicine through NCCAM, which is itself an egregious waste of money.

Chiropractors are not medical doctors. They primarily treat back pain, but they claim to treat a wide range of other conditions, which some of them believe are related to mis-alignments of the spine, called subluxations. This belief has no scientific basis. Nevertheless, chiropractors have succeeded in convincing the government to cover their treatments through Medicare.

Now we know how successful they have been: half a billion dollars a year spent “adjusting” the spines of patients, all funded by Medicare.
Why does the government subsidize chiropractic colleges?

Steven Salzberg, CONTRIBUTOR
Fighting Pseudoscience

The U.S. is having a political debate about college tuition loans. Everyone seems to be in favor of keeping the loan rates low, but politicians disagree about how to pay for the subsidized rates. (The interest rate on government-guaranteed loans will double this July, from 3.4% to 6.8%, unless Congress takes action.)

Lost in this fight is any discussion at all about which students — and which colleges — get these subsidies. Right now, the subsidized loans are available to almost any institution that calls itself a college or university.

But what about institutions that provide a substandard education? Or worse, what about institutions that educate people in quackery and pseudoscience? Subsidies to these institutions are worse than useless. These so-called colleges spread misinformation that will require much more investment to correct, if it is even possible. Why, to be specific, is the U.S. government subsidizing students to attend chiropractic colleges?
Opinion: Alternative healing or quackery?

By Dr. Paul Offit, Special to CNN

Updated 9:19 AM ET, Tue June 18, 2013

A man receives a new treatment. Some alternative therapies can be valuable, some cross the line, according to Dr. Paul Offit.

The therapist offers medicines that don't work instead of those that do

The therapist doesn't tell you about the dangers of alternative therapies

The therapist makes a fortune off your misfortune

The therapist promotes 'magical thinking'
Dr. Gupta “Deadly Dose” @ CNN
AC360 Prescription Addiction
Current Propaganda

- Chiropractors cause strokes
- Pediatric chiropractic abuses babies
- Chiropractic care is dangerous
- Chiropractic is an “unscientific cult”
- Chiropractors are greedy
CoQ Propaganda
Preston H. Long, DC, PhD
Science-Based Medicine
Stephen Joel Barrett is an American retired psychiatrist, author, co-founder of the National Council Against Health Fraud and the webmaster of Quackwatch.
What is Your Response?

When you are asked about:

- Causing Strokes
- Abusing Babies
- Hyperbolic Claims
- Unscientific Cult
- Dangerous
- Unproven Treatments
- Greedy Shysters

Nazi doctor Joseph Mengele

Rev. Jim Jones
What’s Your *Proof*?

- WOM testimonials
- WOC stories
- Scientific Studies
- Evidence-based Guidelines

How do you reposition patients, media or the entire nation?
What we read can have a powerful impact on what we accept as true, especially if it comes from what we consider a reliable source. Even if it’s later proven untrue, the story that sticks in our mind is the one that made the headlines, not the retraction that appeared days or weeks later buried somewhere on the back page. Too often innocent people target by false accusations continue to suffer from bad publicity.
Chicken Little journalism

“Chiropractic causes strokes, chiropractic causes strokes.”
Saga of Lana Dale Lewis

She suffered a fatal stroke in Toronto, Ontario, on September 12, 1996, two weeks after receiving a cervical adjustment from her chiropractor, Dr. Philip Emanuele.
Headline Verdicts

■ "Chiropractic Procedure Killed Woman, Inquest Finds"

Elaine Marshall, "Chiropractic procedure killed woman, inquest finds" The Gazette Montreal (17 January 2004),

■ "Death of chiropractic patient in 1996 ruled accidental by coroner's jury"

Canadian Press (16 January 2004)
"Getting back to the truth; once again, the chiropractic community simply won't come clean about neck manipulation."


"Chiropractic twist on truth may have sparked inquest."

Paul Benedetti & Wayne MacPhail, Canoe.ca (26 June 2000)
“Deaths after Chiropractic: A Review of Published Cases”

Edzard Ernst of the Medical School at the University of Exeter

“Twenty-six fatalities were published since 1934 in 23 articles.”

Int J Clin Pract, 64/8 (July 2010):1162–1165
“Letting Chiropractor 'Crack' Your Neck to Relieve Pain Could Trigger Stroke”

On June 8, 2012, a London newspaper published another article that came unexpectedly and immediately went viral: with the teaser, “Neck 'cracking' could trigger 'catastrophic' health problems such as strokes, experts have warned.”

ANI, London, 08 Jun 2012
Beware the spinal trap

Simon Singh

Friday 18 April 2008

Some practitioners claim it is a cure-all but research suggests chiropractic therapy can be lethal.

This is Chiropractic Awareness Week. So let’s be aware. How about some awareness that may prevent harm and help you make truly informed choices? First, you might be surprised to know that the founder of chiropractic therapy, Daniel David Palmer, wrote that, "99% of all diseases are caused by displaced vertebrae". In the 1860s, Palmer began to develop his theory that the spine was involved in almost every illness because the spinal cord connects the brain to the rest of the body. Therefore any misalignment could cause a problem in distant parts of the body.
“Is Spinal Manipulation for Neck Pain Safe?” by Lara Salahi, ABC World News With Diane Sawyer

“Is Spinal Manipulation for Neck Pain Safe? Experts Disagree” by Kim Painter, USA TODAY

“Should Spinal Manipulation for Neck Pain Be Abandoned?” Science Daily, June 7, 2012

“Spine Manipulation for Neck Pain 'Inadvisable '” BBC News, 7 June 2012
Chicken Little Goes Viral

- "Debate Over Risk From Spinal Manipulation," *NHS Choices*, 7 June 2012


"Jury deals blow to chiropractors; woman's strokes linked to neck manipulation,"

Peter Small, Toronto Star (17 January 2004)

"Chiropractic neck manipulation linked to woman's death,"

Chicken Little Goes Viral

“Stroke Risk From Neck Pain Treatment, Spinal Manipulation Used by Chiropractors as a Treatment for Neck Pain Should Be Abandoned Because of the Risk of Causing Strokes, Say Experts"  by Peter Russell, Web MD

"Findings by coroner's jury rocking the chiropractic industry"

Canwest Global (16 January 2004),

"Chiropractic procedure killed woman, inquest finds,"

Hour of Power

“Don’t let him crack your neck”
Playboy Model Katie May Died From a Stroke After Second Chiropractor Visit

February 8, 2016 By John Samuels

Playboy model Katie May, 34, died from a catastrophic stroke after a second visit to her chiropractor following a fall during a photo shoot. After the fall, on Jan. 29, May tweeted “Pinched a nerve in my neck on a Photoshoot and got adjusted this morning.” She went back to her chiropractor for a second visit, but that did not alleviate the pain in her neck, according to the New York Daily News. She was taken off life support on Thursday evening and passed away, with her family and loved ones around her.

http://cdnanews.com/2016/02/playboy-model-katie-may-died-from-a-stroke-after-second-chiropractor-visit/
CNN's Dr. Sanjay Gupta reports on chiropractic stroke

CHIROPRACTIC STROKE
HOW IT CAN HAPPEN

ISSUE #1 AMERICA'S ECONOMY
“Cervical Dissection (CD) is an important cause of ischemic stroke in young and middle-aged patients.”

August 7, 2014, the American Heart Association and American Stroke Association released a controversial “Scientific Statement: Cervical Arterial Dissections and Association with Cervical Manipulative Therapy.”

AHA/ASA Scientific Statement: Cervical Arterial Dissections and Association With Cervical Manipulative Therapy, A Statement for Healthcare Professionals From the American Heart Association/American Stroke Association, José Biller, MD, FAHA, Chair, et al.
“Neck Manipulation May Be Associated with Stroke” written by José Biller, MD

“Treatments involving neck manipulation may be associated with stroke, though it cannot be said with certainty that neck manipulation causes strokes, according to a new scientific statement published in the American Heart Association’s journal Stroke.”

crying wolf

“Although a direct cause-and-effect link has not been established between neck manipulation and the risk of stroke, healthcare providers should inform patients of the association before they undergo neck manipulation.”

Journal editor Mark Schoene responded to the Biller article in the news:

- “But there is no smoking gun linking spinal manipulation conclusively to its development.

- “Why the AHA and ASA performed this literature review now — or singled out spinal manipulation as the focus of the review — isn’t clear.”

[i] Schoene, Mark, Manipulation and Stroke, the BackLetter, vol. 29, No. 10, October 2014; pp. 1
Anthony Rosner, PhD, comparing medical procedures to chiropractic care concerning strokes

- two times greater risk of dying from transfusing one unit of blood;
- 100 times greater risk of dying from general anesthesia;
- 160-400 times greater risk of dying from use of NSAIDs;
- 700 times greater risk of dying from lumbar spinal surgery;
- 1000-10,000 times greater risk of dying from traditional gall bladder surgery;
- 10,000 times greater risk of serious harm from medical mistakes in hospitals.
The rate of iatrogenic problems associated with spinal manipulative therapy as rendered by doctors of chiropractic is only 1 in 5.85 million cases, which is less than the chance of stroke in a hair salon or being hit by lightning (one in 600,000).

It equates to one occurrence in 48 chiropractic careers.

Witch Hunt Down Under

In April 2016 a pediatric chiropractor was convicted in the court of public opinion for adjusting a baby with colic. A victim-less non-crime but the DC was suspended by the all-medical board after being skewered in the media.

What would you say to help this DC? What if this happened to you?
Chicken Little Journalism

When chiropractors are not causing strokes, now they are abusing babies.
WATCH: Chiropractor Faces Firestorm for Cracking This Newborn Baby's Back

CONTROVERSIAL CARE
CHIROPRACTOR UNDER FIRE FOR TREATING NEWBORN
Doctors slam chiropractors over controversial 'back cracking' video that features a four-day-old baby being 'treated' for colic

- Royal Australian College of General Practitioners taking a stand
- The College of GPs is telling members to not refer patients to chiropractors
- Outrage over Ian Rossborough cracking a four-day-old baby's back
- Dr Rossborough has performed a similar treatment on his own daughter

By SINEAD MACLAUGHLIN and FREYA NOBLE FOR DAILY MAIL AUSTRALIA
“…no scientifically proven benefits of chiropractic manipulation for young babies and children exist.”

Watching a chiropractor work on a baby’s spine is worse than it sounds by Vanessa Brown and Rebecca Sullivan, News.com.au, April 26, 2016
Dr Frank Jones
President of the College of GPs,

“...the process is cruel and may put the baby at risk of fractures and other soft tissue damage.”

Doctors slam chiropractors over controversial 'back cracking' video that features a four-day-old baby being 'treated' for colic, By Sinead Maclaughlin and Freya Noble for Daily Mail Australia, 29 April 2016
"No scientific backing"

- 'You could rupture ligaments, muscles and even bone if they have underlying bone problems,' he said.

- He added while there was 'mild to moderate' evidence that chiropractors were successful in treating mechanical back pain, treating anything else had no scientific backing.

http://www.dailymail.co.uk/femail/article-3565080/Australian-doctors-taking-stand-against-chiropractors-video-shows-baby-s-cracked.html#ixzz4IomHWHsb
Studies supporting infant care

- The Chiropractic Care Of Infants With Colic: A Systematic Review Of The Literature.[4]
  RESULTS: Our findings reveal that chiropractic care is a viable alternative to the care of infantile colic and congruent with evidence-based practice, particularly when one considers that medical care options are no better than placebo or have associated adverse events.

- Efficacy of Chiropractic Manual Therapy on Infant Colic: A Pragmatic Single-Blind, Randomized Controlled Trial.[5]
  CONCLUSIONS: In this study, chiropractic manual therapy improved crying behavior in infants with colic.

- Manipulative therapies for infantile colic.[6]
  CONCLUSION: The majority of the included trials appeared to indicate that the parents of infants receiving manipulative therapies reported fewer hours crying per day than parents whose infants did not, based on contemporaneous crying diaries, and this difference was statistically significant.
“Baby cracking chiropractor flounders”

“The loud crack and the baby's screams have caused widespread outrage and led to calls for the banning of chiropractic ‘therapy.’”

May 3, 2016, Studio 10, with Anne Blake:
Julianna LeMieux, PhD, “Pediatric Chiropractics: Why Not Just Throw Babies Under Steam Rollers?”

- “This is chiropractic medicine – giving away a free visit”
- Photo taken by the author outside of our ACSH office on 42nd St.
If not causing strokes or abusing babies, some DCs are making hyperbolic claims.

**Soiled Image**

hyperbole

figure of speech: exaggeration
making something bigger/worse than it really is

I'm so hungry I could eat a horse!
My backpack weighs a ton!
I could sleep for a year!
I've told you a million times!
These shoes are killing me!
Chiropractors accused of exaggerating healing abilities

Two Iowa chiropractors could face state sanctions for allegedly exaggerating their abilities to heal patients.

The Iowa Board of Chiropractic has filed administrative charges against James P. Woods of Bettendorf and Jason James of Keokuk, according to documents released Wednesday.

The licensing board said Woods “claimed to be able to ‘cure almost everything,’ including ear conditions, eye conditions, stroke, kidney stones, hernia, tremors, blindness and high blood pressure.”
DCs have 339% more sexual issues with state boards than do MDs; 895% more problems with fraud than MDs. These two categories comprise 70% of problems in Canada as well.
Bad Imagery
Bad Business

NOOPE = No Out Of Pocket Expense
TWIP = Take What Insurance Pays
Kennedy-Kassebaum Act of 1996
Cobb County chiropractor found guilty in sexual battery case
$11 Million Fraud

**News release from the U.S. Attorney’s office, 10/9/09:**

**ATLANTA CHIROPRACTORS INDICTED FOR HEALTH CARE FRAUD**

*WellnessOne Allegedly Billed Insurers Over $11 Million for Fraudulent Services*

Atlanta, GA – ANDREW L. SOKOL, 41, and JULIE B. WEISBERG, 35, both of Marietta, Georgia, were arraigned today on felony charges of fraudulently submitting millions of dollars of insurance claims to Blue Cross Blue Shield and other private insurers for physical therapy services that were not actually provided.

Acting United States Attorney Sally Quillian Yates said, “These defendants allegedly billed Blue Cross Blue Shield and other private insurers over $11 million for physical therapy services they did not provide, when in fact they were providing massages, personal training, and chiropractic adjustments to their patients. Health care fraud ultimately affects everyone, in higher premiums and higher service costs, and we will vigorously prosecute those who abuse the system.”
Atlanta Division

Atlanta Chiropractor Sentenced to Over Four Years for Health Care Fraud

Former Operator of “WellnessOne” Clinics Received More Than $6 Million for Physical Therapy Services Never Provided

U.S. Attorney’s Office
June 24, 2011

Northern District of Georgia
(404) 581-6000

ATLANTA—ANDREW L. SOKOL, 43, of Marietta, Georgia, was sentenced today by Chief United States District Judge Julie E. Carnes to federal prison on charges of conspiracy to commit health care fraud by fraudulently submitting millions of dollars of insurance claims to Blue Cross Blue Shield and other private insurers for physical therapy services that were not actually provided.
'Chiropractors accused of fraud still in practice'

molesting a 15-year-old patient

Chiropractor arrested accused of molesting patient, 15

Posted: Friday, February 12, 2010

Lute E. Berbesco, 30, of Jefferson, surrendered Tuesday morning at the Jackson County Jail, according to Jefferson Police Chief Joe Withman. He was released on an $80,000 bond that afternoon.

The latest allegations stem from an appointment he had with the chiropractor last month. The father filed a report with the Jefferson Police Department shortly after the next morning, saying Berbesco had touched his daughter inappropriately.

Jefferson detectives have spent the past eight days investigating the allegations and Berbesco's story. They secured arrest warrants for him last Thursday, Withman said.

Withman said he would not say how long things had been going on as a chiropractor or if he was associated with the suspect.

No other details were available for release because of the nature of the case, Withman said.

Berbesco has been a licensed chiropractor in Georgia since 1997, according to the Georgia Chiropractic Association.

Chiropractic care is non-invasive, but these studies have found chiropractic care to be effective, said Michael S. Leclaire, executive director of the Georgia Chiropractic Association.
Jailed ex-chiropractor targeted in insurance fraud investigation

January 24, 2006 12:00 AM

Markell D. Boulis made national news in the 1990s when he paid $200,000 for his freedom in an Atlanta cocaine case so controversial that it prompted Georgia to change its sentencing rules.

He might soon be in the national spotlight again.

Mr. Boulis, an admitted drug dealer, suspended Pittsburgh chiropractor and founder of the Hemorrhoid Relief Centers of Pittsburgh, is a central figure in one of the largest health insurance fraud cases in the United States.

He and his associates are being investigated by the FBI, the Department of Health and Human Services, U.S. postal inspectors and the IRS for allegedly running schemes to bill insurance companies and government agencies for unnecessary or fictitious chiropractic services.

Mr. Boulis, 45, a gregarious Canonsburg native, is now in a Georgia jail on a drug conviction.
Ex-LV chiropractor arrested in $34M fraud scheme

By JEFF GERMAN
LAS VEGAS REVIEW-JOURNAL

FBI agents have arrested former Las Vegas chiropractor Robert L. Buckhannon in what authorities say was a $34 million scheme to defraud hedge fund investors.

Canadian advertising scheme a few years ago focused on “Subluxation, Silent Killer” and was deemed a disaster.

“The public felt subluxation was a contrived term by DCs to be self-important,” according to Jay Triano. In this experiment to educate the public on subluxation, surveys after this marketing campaign revealed that over 80% of the public would still go to an MD first for back pain!

If anything, this Subluxation campaign drove patients away!
STAY IN THE GAME WITH Chiropractic

"I did a lot of things to stay in the game, but regular visits to my chiropractor were among the most important." — Jerry Rice

Learn the facts about chiropractic care and its vital role in America's well-being. Visit www.yes2chiropractic.com
BE ALL YOU CAN BE WITH Chiropractic

"The hands-on, active care of doctors of chiropractic and their advice on a healthy lifestyle are essential to our military men and women."

Debra Kalinowski
Military Health Director

Learn more about chiropractic care and its vital role in America's well-being. Visit www.yes2chiropractic.com
"As a TV sports anchor, I am always interviewing world class athletes — many attribute their success to the care only a doctor of chiropractic can provide."

- Rhonda Baxter, ESPN, Author and Chiropractic Advocate

Learn the facts about chiropractic care and its vital role in America's health and wellness. Visit www.yes2chiropractic.com
BACKPACK SAFETY

Get Their Spines Ready for School

Heavy backpacks, school sports and hours of homework can place a strain on your child’s back.

Your chiropractor can help determine the backpack size that is safe for your child.

It only takes a few moments, but a spinal check-up can ensure there are no underlying problems that can lead to serious back pain, neck pain or worse. Your chiropractor can provide needed care and recommend simple exercises to keep backs strong and healthy throughout the school year.

Visit your doctor of chiropractic before school starts to ensure their spines are ready.

Foundation for Chiropractic Progress

To locate a doctor of chiropractic:
www.f4cp.com/findadoctor
CONSIDER A CAREER IN CHIROPRACTIC...

EMPLOYMENT GROWTH
Projected to rise 28 percent from 2010 to 2020, according to the Bureau of Labor Statistics.

PERSONAL SATISFACTION
American Journal of Public Health reports, "chiropractic patients were found to be more satisfied with their back care providers after four weeks of treatment than were medical patients."

MARKET DEMAND
The general public is increasingly interested in nonsurgical and drug-free based treatments—the essence of chiropractic care.

CAREER FLEXIBILITY
Options can include owning a practice, associating with an established doctor of chiropractic, teaching, conducting research, working within an on-site corporate health clinic and/or specializing in popular fields, such as sports performance.

Begin a career in chiropractic, and make a difference in patients' lives tomorrow. Learn more at www.considerchiropractic.org
Quiz Question
Who coined the term “vertebral subluxation”?

1. DD Palmer
2. BJ Palmer
3. Solon Langworthy
4. Joseph Janse
Homer goes to a Chiropractor
Dr. Toad’s *Wild Ride*
Dr. Toad’s *Wild Ride*
“All aboard for heroin, steroids and surgery.”

31 destinations offering over 200 treatments, but little do the unsuspecting passengers realize which may be helpful, hurtful and too often too many end in a dead end.

“With CLBP, however, treatment options appear virtually endless and increasing every year, have strong and vocal advocates, and often limited scientific evidence…analogous to shopping in a foreign supermarket without understanding the product labels.”

Scott Haldeman DC, MD, PhD, FRCP(C) and Simon Dagenais DC, PhD. A supermarket approach to the evidence-informed management of chronic low back pain. *The Spine Journal*, vol. 8, Issue 1, January-February 2008, Pages 1-7.
CLBP is the most pervasive and disabling condition in the world

Low back pain is the No. 1 disabling condition in the nation, military, workplace, and in the world.

Back Attacks
250 million American adults sometime in their lives.

- Nearly one-third of adults will suffer daily with low back pain, which equates to 92.5 million people;
- Two-thirds of adults will have a back attack within the year, which equates to 190 million;
- 85% or 212.5 million adults will have a severe back attack in their lifetime, and
- 20% will describe their pain as severe and crippling.

Scott Haldeman DC, MD, PhD, FRCP(C) and Simon Dagenais DC, PhD. A supermarket approach to the evidence-informed management of chronic low back pain. The Spine Journal, vol. 8, Issue 1, January-February 2008, Pages 1-7.
Low back pain is a huge health problem

- 80-90% of all adults will suffer with acute low back pain (LBP) sometime in their life,
- LBP is the leading workers’ compensation injury,
- LBP is the leading cause of disability for people under the age of 45,
- LBP is the second-leading cause of visits to doctors’ offices,
- LBP is the third-leading cause for hospital admissions,
- LBP is the second-leading cause of surgery other than heart surgeries.

Medical Merry-Go-Round

“I started out with my primary care physician. He had back pain and turned me on to his back specialist. I went to an orthopedic surgeon. He sent me to a neurologist. Then they sent me to a pain center. I went to an acupuncturist. I went to a physical therapist. As a matter of fact, I went to three different physical therapists. During that time I always went to a chiropractor.”

Innovations in Conservative Care: Getting to the Right Provider First, Optum Health, June 8, 2013
Numerous studies confirm most primary care physicians are not trained in MSDs

- inept in their training on musculoskeletal disorders,[i]
- more likely to ignore recent guidelines[ii],
- more likely to suggest spine surgery than surgeons themselves[iii], and
- most likely to prescribe opioid painkillers.[iv]

[iv] Jonathan Chen, Overprescribing of opioids is not limited to a few bad apples, Stanford Medicine News Center, Dec 14 2015
"The world of spinal medicine, unfortunately, is producing patients with failed back surgery syndrome at an alarming rate…

“Despite a steady stream of technological innovations over the past 15 years—from pedical screws to fusion cages to artificial discs—there is little evidence that patient outcomes have improved.”

“Medical spine care is the poster child of inefficient care”

“...such an important area of medicine has fallen to this level of dysfunction should be a national scandal. In fact, this situation is bringing the United States disrespect internationally.”
"Low back pain has been a 20th century health care disaster. Medical care certainly has not solved the everyday symptom of low back pain and even may be reinforcing and exacerbating the problem."
Over the past two decades, US physicians have delivered some of the worst back care in the history of modern medicine — as exemplified by the opioid overtreatment and addiction crisis, which has killed more than 500,000 people since the mid-1990s. Back care in primary care medical settings in the US appears to be ineffective and way off line with the scientific evidence.
“We spend $85.9 billion trying to treat back pain, which is as much as we spend on all the country’s state, city, county, and town police forces. And experts say that as much as half of that is unnecessary.”

Steven Brill, America’s Bitter Pill; Money, politics, backroom deals, and the fight to fix our broken healthcare system, Random House, NY, 2015
determined the total U.S. costs attributable to low back pain could be up to $624.8 billion, which is substantially higher than previous estimates.

Simon Dagenais, DC, PhD, Jaime Caro, MD, Scott Haldeman, DC, MD, PhD
SPINAL SURGERY

325,000 SPINAL FUSION OPERATIONS EACH YEAR

$50,000 AVERAGE COST OF HOSPITALIZATION

Data: American Academy of Orthopedic Surgeons
Fusions Soar

The annual number of fusion operations (all indications and spinal levels) has increased from about 61,000 in 1993 to over 450,000 in 2011, more than a 600 percent increase.

Unneeded, riskier spinal fusion surgery on rise

Surgery has higher risk of stroke, not much evidence of benefit, study says

By CARLA K. JOHNSON

Associated Press

updated 4/6/2010 4:11:14 PM ET

CHICAGO — A study of Medicare patients shows that costlier, more complex spinal fusion surgeries are on the rise — and sometimes done unnecessarily — for a common lower back condition caused by aging and arthritis.

What's more alarming is that the findings suggest these more challenging operations are riskier, leading to more complications and even deaths.

"This is exactly what the health care debate has been dancing around," said Dr. Eugene Carragee of Stanford University Medical Center.

"You have one kind of operation that could cost $20,000 and another that could cost $80,000 and there's not good evidence the expensive one is being used appropriately in the majority of cases," Carragee said.
Before a drug can be marketed, it has to go through rigorous testing to show it is safe and effective. Surgery, though, is different. The Food and Drug Administration does not regulate surgical procedures. So what happens when an operation is subjected to and fails the ultimate test — a clinical trial in which patients are randomly assigned to have it or not?

It looks as if the onus is on patients to ask what evidence, if any, shows that surgery is better than other options.

Take what happened with spinal fusion, an operation that welds together adjacent vertebrae to relieve back pain from worn-out discs. Unlike most operations, it actually was tested in four clinical trials. The conclusion: Surgery was no better than alternative nonsurgical treatments, like supervised exercise and therapy to help patients deal with their fear of back pain. In both groups, the pain usually diminished or went away. The studies were completed by the early 2000s and should have been enough to greatly limit or stop the surgery, says Dr. Richard Deyo, professor of evidence-based medicine at the Oregon Health and Sciences University. But that did not happen, according to a recent report. Instead, spinal fusion rates increased — the clinical trials had little effect.

Spinal fusion rates continued to soar in the United States until 2012, shortly after Blue Cross of North Carolina said it would no longer pay and some other insurers followed suit.
Doctors Getting Rich With Fusion Surgery Debunked by Studies

by Peter Waldman and David Armstrong

December 30, 2010 – 12:01 AM EST

Suffering from an aching back, truck driver Mikel Hehn went to see surgeon Jeffrey Gerdes in 2008. The St. Cloud, Minnesota, doctor diagnosed spinal disc degeneration, commonly treated with physical therapy, and said surgery wasn't called for.
Surgery May Not Be The Answer To An Aching Back

April 6, 2010 - 12:53 PM ET
Heard on All Things Considered

JOANNE SILBERNER

Too many complex back surgeries are being done and people are suffering as a result, according to a study in the current issue of the Journal of the American Medical Association. The general tendency noted in the study — that many patients and doctors think more medical care is always better — has implications for the new health overhaul law.

Back pain associated with aging can be treated in one of numerous ways: rest and physical therapy, surgery to remove the bony growths that can push on nerves, fusing two vertebrae together, or fusing many vertebrae together.

In the past few years, several studies have failed to show a big advantage for surgery — especially for complex surgery. Researchers from Oregon Health
Why You Should Never Get Fusion Surgery For Plain Back Pain

Robert Langreth, FORBES STAFF

A recent Bloomberg article should put the fear of God in anyone who wants to get a fusion operation for low back pain blamed on worn-out spinal discs. I've written about the lack of evidence behind surgery for pain for years. This is one of the best indictments of this highly controversial and lucrative operation that has been growing like wildfire, despite multiple studies that say it is no better than a good physical therapy and exercise program—and a lot more dangerous.
Back Pain Eludes Perfect Solutions

LESLIE BERGER  MAY 15, 2008

BACK pain is one of the most common physical complaints, so it’s no surprise that treatments for it have multiplied over the years. That ought to be good; instead, many patients find that sudden back pain opens the door to a world of medical confusion.

The effectiveness of virtually every pharmaceutical or surgical remedy, however, has been questioned. And for all the money sufferers spend on doctor visits, hospital stays, procedures and drugs, backs are not improving. The Journal of the American Medical Association reported that spending on back treatments jumped 65 percent to nearly $86 billion from 1997 to 2005, after adjusting for inflation. But during the same period, the proportion of people with reduced function because of spine problems increased, even after controlling for an aging population.

“Low back pain represents so many different diseases that there really hasn’t been a breakthrough treatment,” said Dr. Russell K. Portenoy, chairman of the department of pain medicine and palliative care at Beth Israel Medical Center in New York. “It’s good for the public to know how little we know.”
Epidural steroid shots debated amid meningitis scare

A deadly meningitis outbreak rose to nearly 50 cases in seven states on Friday. Clinics scrambled to notify patients across the country and family members voiced concerns. The AP's Robert Ray has the story (Oct. 5)
Back surgery may backfire on patients in pain

Patients who had spinal fusion were less likely to return to work and needed more opiates, study says

By Linda Carroll

Just a month after back surgery, Nancy Scatena was once again in excruciating pain. The medications her doctor prescribed barely took the edge off the unrelenting back aches and searing jolts down her left leg. “The pain just kept intensifying,” says the 52-year-old Scottsdale, Ariz., woman who suffers from spinal stenosis, a narrowing of the channel through which spinal nerves pass. “I was suicidal.”

Finally, Scatena made an appointment with another surgeon, one whom friends had called a “miracle worker.” The new doctor assured her that this second operation would fix everything, and in the pain-free weeks following an operation to fuse two of her vertebrae it seemed that he was right. But then the pain came roaring back.

Experts estimate that nearly 600,000 Americans opt for back operations each year. But for many like Scatena, surgery is just an empty promise, say pain management experts and some surgeons.
Herald Sun

MELBOURNE

vicNews

Spinal fusion operations may be needlessly crippling patients: expert

GRANT McATHUR, HEALTH EDITOR, Herald Sun
September 15, 2016 9:35pm
Top Spine Surgeons Reap Royalties, Medicare Bounty

By JOHN CARREYROU And TOM MCGINTY
Updated Dec. 20, 2010 12:01 a.m. ET

Norton Hospital in Louisville, Ky., may not be a household name nationally. But five senior spine surgeons have helped put it on the map in at least one category: From 2004 to 2008, Norton performed the third-most spinal fusions on Medicare patients in the country.
PORTLAND, Ore.—Dr. Vishal James Makker had already operated on Ronald Johnson’s spine six times in less than two years, but he had some grim news for the former machine-tool operator: X-rays showed Mr. Johnson needed a seventh surgery.
How Back Pain Turned Deadly

By ELISABETH ROSENTHAL  NOV. 17, 2012

RANDALL KINNARD’S legal clients had steroids injected into their backs last summer for a wide range of reasons. Of the 25, one got three shots in a two-month period when pain never totally disappeared. Another got one as a preventive measure because she was going on a trip to Europe and was worried that cobblestones would aggravate an old injury.
Rethinking spine care

Some health systems are moving beyond surgery in serving back pain patients

By Jaimy Lee  |  March 22, 2014

The rapid growth in spinal surgery volumes over the past 20 years has prompted payers, policy experts and some spine surgeon groups to call for a reappraisal of spine care in the U.S. That’s partly why Legacy Health, a self-insured hospital system based in Portland, Ore., in 2012 began requiring its employees and their family members who were seeking elective spine surgery to go through a pre-surgical assessment including meetings with a physical therapist and a psychologist. Legacy acted after finding that a significant number of patients in its pain program were there following unsuccessful back surgeries.

Patients often have unrealistic expectations about spine surgery, said Katie O’Neill, Legacy’s director of clinical and support services. She said they may think, “I’m going to get my spine surgery and in three weeks I’m going to walk normally.” But, she added, “that’s not what’s going to happen.”
Aching backs: New research questions routine steroid injections

JULY 3, 2014, 1:17 AM | Steroid injections for a common disorder called spinal stenosis have become commonplace for millions of Americans. Dr. Holly Phillips joins the "CBS This Morning" co-hosts to discuss a new study on back pain.
Tapping into controversial back surgeries
The Hand that Holds the Scalpel

By Tracy Bowden and Clay Hickens

Updated August 26, 2014 14:30:00

A joint Four Corners/Fairfax investigation

MONDAY 25TH AUGUST

He was a highly paid neurosurgeon, addicted to cocaine and obsessed with sex. Yet despite significant evidence he was running out of control, and the death of a call girl he’d hired, Suresh Nair continued operating in a private hospital.

Although they didn’t know it at the time, in effect his patients were playing a kind of medical Russian roulette. Several were left with ongoing major problems. In one case Suresh Nair operated on the wrong vertebrae. The operation has left his patient with a crippling back problem.
Worsening Trends in the Management and Treatment of Back Pain

John N. Mafi, MD\(^1\); Ellen P. McCarthy, PhD, MPH\(^1\); Roger B. Davis, ScD\(^1\); Bruce E. Landon, MD, MBA, MSc\(^1,2\)

**ABSTRACT**

**Importance** Back pain treatment is costly and frequently includes overuse of treatments that are unsupported by clinical guidelines. Few studies have evaluated recent national trends in guideline adherence of spine-related care.

**Objective** To characterize the treatment of back pain from January 1, 1999, through December 26, 2010.

**Conclusions and Relevance** Despite numerous published clinical guidelines, management of back pain has relied increasingly on guideline discordant care. Improvements in the management of spine-related disease represent an area of potential cost savings for the health care system with the potential for improving the quality of care.
Back pain: Doctors increasingly ignore clinical guidelines

A technician views an MRI of a patient's spine. A new study says doctors are failing to follow established guidelines for the treatment of back pain. Among other problems, the study cites overuse of diagnostic imaging. (Carlos Chavez / Los Angeles Times)

By Monte Morin

JULY 29, 2013, 6:30 PM
Patients with back pain often get the wrong treatment

"The majority of cases of patients with new back pain tend to get better with conservative treatment in three months."

Many patients are getting overly aggressive treatments for their back pain, says a large study out today.

Physicians today are increasingly giving patients with back pain narcotic drugs, ordering expensive imaging tests or referring them to other physicians rather than offering them the recommended first line of treatment. That more conservative treatment calls for the use of nonsteroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen (Motrin, Advil), aspirin and naproxen (Aleve), or acetaminophen (Tylenol) and physical therapy, according to national guidelines from the American College of Physicians.

The guidelines caution against early imaging or other aggressive treatments, except in rare cases, says the study's lead author John Matti, a chief medical resident at Beth Israel Deaconess Medical Center, Boston.
Dr. Jerry Groopman
Professor of Medicine at Harvard Medical School

Perhaps said it best in *The New Yorker* magazine when he asked his orthopedist about doing controversial disc fusions,

"If I don't do them, they'll go around the corner and the other surgeon will."

*The New Yorker* magazine, Dr. Jerry Groopman, "Knife in the Back," (April 8, 2002)
10 top-earning specialties according to Medscape

- Orthopedics — $443,000
- Cardiology — $410,000
- Dermatology — $381,000
- Gastroenterology — $380,000
- Radiology — $375,000
- Urology — $367,000
- Anesthesiology — $360,000
- Plastic surgery — $355,000
- Oncology — $329,000
- General surgery — $322,000

Comparative Studies Favor Chiropractic Care

Scientifically-proven to Relieve Pain Faster

Make An Appointment
Anthony Rosner, PhD

testimony before The Institute of Medicine

“Today, we can argue that chiropractic care, at least for back pain, appears to have vaulted from last to first place as a treatment option.”

Testimony before The Institute of Medicine: Committee on Use of CAM by the American Public on Feb. 27, 2003.
AHCPR Patient Guidebook #14

Understanding Acute Low Back Problems

Acute Low Back Problems in Adults

Consumer's Report
Clinical Practice Guideline
Kunher 24
The AHCPR guideline Patient Guide

“Proven Treatments”

- **Over-the-counter NSAIDs**, which “have fewer side effects than prescription medicines.”
- **Heat or cold** applied to the back.
- **Spinal manipulation**. This treatment (using the hands to apply force to the back to ‘adjust’ the spine) can be helpful for some people in the first month of low back symptoms. It should only be done by a professional with experience in manipulation.

Agency for Health Care Policy & Reform (AHCPR)

- Patient Guide specifically mentioned:
  “Relief of discomfort can be accomplished most safely with nonprescription medication and/or spinal manipulation.”

- This AHCPR guideline also states:
  “Within the first 3 months of low back symptoms, only patients with evidence of serious spinal pathology or severe, debilitating symptoms of sciatica, and physiologic evidence of specific nerve root compromise corroborated on imaging studies can be expected to benefit from surgery. With or without surgery, 80 percent of patients with sciatica recover eventually.”

The US Department of Health and Human Services, AHCPR Clinical Practice Guideline, Number 14, Acute Low Back Problems in Adults, http://d4c2.com/d4c2-000038.htm
"The Agency for Health Care Policy & Research (AHCPR) recently made history when it concluded that spinal manipulative therapy is the most effective and cost-effective treatment for acute low back pain... Perhaps most significantly, the guidelines state that unlike nonsurgical interventions, spinal manipulation offers both pain relief and functional improvement."

Micozz, Marc S., MD, PhD, Complementary Care: When Is It Appropriate? Who Will Provide It? 1 July 1998 | Volume 129 Issue 1 | Pages 65-66
A comparative study by Vern Saboe, DC, in Oregon, found that chiropractic care reduced medical, pharmaceutical, and hospital costs.

- Analysis of 70,274 member-months over a seven-year period in this study found:
  - 85 percent reduction in drug costs (initially 51.8 percent)
  - 62.0 percent reduction in MRIs and surgeries (initially 43.2 percent)
  - 60.2 percent reduction in hospital admissions (initially 43 percent)
  - 59.0 percent reduction in hospital days (initially 58.4 percent)

Chiropractic patients avoid surgery

- Washington State workers’ comp study that found for patients whose first provider was a chiropractor, only 1.5 percent had surgery in contrast to 42.7 percent of workers who went through the typical medical system inevitably had surgery.

“Conservative Spine Care: The State of the Marketplace and Opportunities for Improvement.”

This in-depth study done in 2013 of internal data of 1.4 million non-surgical back pain episodes by Optum Health determined the best track to take for cost efficiency begins with a patient consulting a chiropractor first.

Thomas M. Kosloff, DC, David Elton, DC, Stephanie A. Shulman, DVM, MPH, Janice L. Clarke, RN, Alexis Skoufalos, EdD, and Amanda Solis, MS, Conservative Spine Care: Opportunities to Improve the Quality and Value of Care, Popul Health Manag. Dec 1, 2013; 16(6): 390–396.
the Optum researchers found “Spine care is characterized by low rates of imaging, Rx, injections, and surgery when including episodes starting with a DC.”

The Optum researchers also found when manipulation was *not* provided at any time during the patient’s treatment that it to lead to higher total episode costs when using only medical spine care methods.
Conclusion: The type of healthcare provider first visited for back pain is a determinant of the duration of financial compensation during the first 5 months. Chiropractic patients experience the shortest duration of compensation and physiotherapy patients experience the longest. These differences raise concerns regarding the use of physiotherapists as gatekeepers for the worker's compensation system.

Blanchette MA et al., Association Between the Type of First Healthcare Provider and the Duration of Financial Compensation for Occupational Back Pain J Occup Rehabil, 2016 Sep 17
The results estimate chiropractic care is associated with a reduction of 0.37 million visits to PCPs nationally at a cost savings of $83.5 million. The authors concluded: “Greater availability of chiropractic care in some areas may be offsetting PCP services for back and/or neck pain among older adults.”

**Intellectual Property Information:**

- **Author(s):** Davis MA, Yakusheva O, Gottlieb DJ, Bynum JP
This clinical and cost utilization study was based on 70,274 member-months over a 7-year period:

- 60.2% in-hospital admissions,
- 59.0% hospital days,
- 62.0% outpatient surgeries and procedures, and
- 85% pharmaceutical costs.

Patients gave a high rate of satisfaction with the care they received from doctors of chiropractic. When asked to rate their satisfaction on a 10-point scale, 87 percent of patients in the study gave their chiropractor a level of 8 or higher. What is more interesting is that 56 percent of those patients rated their chiropractor with a perfect 10.

Recommendation 7:

For patients who do not improve with self-care options, clinicians should consider the addition of nonpharmacologic therapy with proven benefits for acute low back pain, spinal manipulation; for chronic or subacute low back pain, intensive interdisciplinary rehabilitation, exercise therapy, acupuncture, massage therapy, spinal manipulation, yoga, cognitive-behavioral therapy, or progressive relaxation (weak recommendation, moderate-quality evidence)
The Joint Commission evaluates and accredits more than 16,000 health care organizations in the United States, including 4,400 hospitals, more than 3,900 home care entities, and over 7,000 other health care organizations that provide behavioral health care, laboratory, ambulatory care, and long term care services. The Joint Commission also evaluates and accredits health plans and health care networks.
Rationale for PC.01.02.07

The identification and management of pain is an important component of patient-centered care… Both pharmacologic and nonpharmacologic strategies have a role in the management of pain. The following examples are not exhaustive, but strategies may include the following:

**Nonpharmacologic strategies**: physical modalities (for example, acupuncture therapy, **chiropractic therapy**, osteopathic manipulative treatment, massage therapy, and physical therapy), relaxation therapy, and cognitive behavioral therapy

Scott Haldeman, MD, DC, PhD, confirms that every credible guideline on spine care now recommends conservative care first:

“The paradigm shift has already taken place. Non-surgical, non-invasive care is already the first choice for treatment for spinal disorders in the absence of red flags for serious pathology in virtually all guidelines.”

Private communication with JC Smith, 7/10/2013
Professor Jeffrey Rosenfeld, senior neurosurgeon at the Alfred Hospital and director of the Monash Institute of Medical Engineering

For patients who do not have clear indicators for spinal fusion surgery (the “red flags” of cancer, fracture, infections), a non-invasive multidisciplinary approach is preferable, which includes chiropractors. “This will often give people better long-term pain outcomes than having multiple spinal surgeries.”

Charlotte Mitchell, Spinal fusion surgeries questioned, MJA InSight, 26 April, 2016
The European COST guidelines found insufficient evidence to recommend fusion surgery for chronic low back pain unless two years of all other recommended conservative treatments have failed and combined programs of cognitive interventions and exercises are not available in the given geographical area. It strongly recommends that only carefully selected patients with severe pain (and with maximum 2 affected levels) should be considered for fusion.
North American Spine Society recommends spinal manipulation before surgery, noting that recent “studies suggest that 5 to 10 sessions of spinal manipulative therapy administered over 2 to 4 weeks achieve equivalent or superior improvement in pain and function when compared with other commonly used interventions.”

MD Freeman and JM Mayer “NASS Contemporary Concepts in Spine Care: Spinal Manipulation Therapy For Acute Low Back Pain,” The Spine Journal 10/10 (October 2010):918-940
“The pen may be mightier than the sword, but it is not mightier than the dollar.”

and

Big Pharma has plenty of dollars to wield its sword on Capitol Hill.

Hadler, NM, Stabbed in the Back; confronting back pain in an overtreated society, University of North Carolina Press, 2009, pp. 88
“Dollars for Docs”

- $3.53 billion in disclosed payments was paid to 681,432 doctors by 1,630 pharmaceutical and medical device companies in just five months from August 2013 to December 2014.

- $3.53 billion extrapolated over the entire year equates to $8.4 billion of influence.

Does your doctor have ties to big pharma? How you'll be able to find out
The annual lobbying on health legislative issues in 2015 was $381,223,403 ($712,567 per congressman) of which Big Pharma alone spent $178,863,490 ($334,324 per congressman).
Poor Chiropractors

The AMA alone contributed $19,650,000 in 2014 ($36,728 per congressman).

All chiropractic contributions amounted to a paltry $527,832 ($986 per congressman).
FDA also feeds off of Big Pharma.

The FDA increased its budget by $821 million, making its proposed 2014 budget a hefty $4.7 billion.

Out of the extra $821 million, **94 percent or $770 million** are paid by the drug companies to hasten the review and approval of their products.

http://articles.mercola.com/sites/articles/archive/2013/05/01/fda-budget-increase.aspx
The Profit of Pain

- Global pharmaceutical sales reached $1.1 trillion in 2014.
- In 2001, worldwide revenue was around $390.2 billion. Ten years later, this figure stood at almost one trillion U.S. dollars.
- It is estimated by 2020 the pharmaceutical market will increase to around $1.4 trillion.

[i] Global drug sales to top $1 trillion in 2014: IMS, Reuters, Apr 20, 2010
[ii] Statistics and facts about the pharmaceutical industry worldwide, Statistica, http://www.statista.com/topics/1764/global-pharmaceutical-industry/
Unnecessary Spine Surgery
Back surgery rates increased almost linearly with the per capita supply of orthopedic and neurosurgeons in that country.

Knife Happy Surgeons

The rate of back surgery in the United States was at least 40% higher than in any other country and was more than five times those in England and Scotland.

“It could be a combination of too many surgeons who are too eager to operate and the impatience of many patients who want results quickly. The truth is that 90 percent of back pain can be resolved without surgery if both doctors and patients are willing to try other treatments that basically help the back to heal itself.”
Doctors Getting Rich With Fusion Surgery Debunked by Studies

by Peter Waldman and David Armstrong

December 30, 2010 — 12:01 AM EST

Mikel Hehn poses in St. Cloud, Minnesota, with the daily medications he takes to combat pain and depression as a result of his spinal surgery. Photographer: Andy King/Bloomberg

Suffering from an aching back, truck driver Mikel Hehn went to see surgeon Jeffrey Gerdes in 2008. The St. Cloud, Minnesota, doctor diagnosed spinal disc degeneration, commonly treated with physical therapy, and said surgery wasn't called for.
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Surgery May Not Be The Answer To An Aching Back

April 6, 2010 - 12:53 PM ET
Heard on All Things Considered

JOANNE SILBERNER

Too many complex back surgeries are being done and people are suffering as a result, according to a study in the current issue of the Journal of the American Medical Association. The general tendency noted in the study — that many patients and doctors think more medical care is always better — has implications for the new health overhaul law.

Back pain associated with aging can be treated in one of numerous ways: rest and physical therapy, surgery to remove the bony growths that can push on nerves, fusing two vertebrae together, or fusing many vertebrae together.

In the past few years, several studies have failed to show a big advantage for surgery — especially for complex surgery. Researchers from Oregon Health
Why You Should Never Get Fusion Surgery For Plain Back Pain

Robert Langreth, FORBES STAFF

A recent Bloomberg article should put the fear of God in anyone who wants to get a fusion operation for low back pain blamed on worn-out spinal discs. I've written about the lack of evidence behind surgery for pain for years. This is one of the best indictments of this highly controversial and lucrative operation that has been growing like wildfire, despite multiple studies that say it is no better than a good physical therapy and exercise program—and a lot more dangerous.
Back Pain Eludes Perfect Solutions

Leslie Berger  May 13, 2006

Back pain is one of the most common physical complaints, so it’s no surprise that treatments for it have multiplied over the years. That ought to be good; instead, many patients find that sudden back pain opens the door to a world of medical confusion.

The effectiveness of virtually every pharmaceutical or surgical remedy, however, has been questioned. And for all the money sufferers spend on doctor visits, hospital stays, procedures and drugs, backs are not improving. The Journal of the American Medical Association reported that spending on back treatments jumped 65 percent to nearly $86 billion from 1997 to 2005, after adjusting for inflation. But during the same period, the proportion of people with reduced function because of spine problems increased, even after controlling for an aging population.

“Low back pain represents so many different diseases that there really hasn’t been a breakthrough treatment,” said Dr. Russell K. Portenoy, chairman of the department of pain medicine and palliative care at Beth Israel Medical Center in New York. “It’s good for the public to know how little we know.”
Epidural steroid shots debated amid meningitis scare

A deadly meningitis outbreak rose to nearly 50 cases in seven states on Friday. Clinics scrambled to notify patients across the country and family members voiced concerns. The AP's Robert Ray has the story.
Back surgery may backfire on patients in pain

Patients who had spinal fusion were less likely to return to work and needed more opiates, study says

By Linda Carroll

Just a month after back surgery, Nancy Scatena was once again in excruciating pain. The medications her doctor prescribed barely took the edge off the unrelenting back aches and searing jolts down her left leg. “The pain just kept intensifying,” says the 52-year-old Scottsdale, Ariz., woman who suffers from spinal stenosis, a narrowing of the channel through which spinal nerves pass. “I was suicidal.”

Finally, Scatena made an appointment with another surgeon, one whom friends had called a “miracle worker.” The new doctor assured her that this second operation would fix everything, and in the pain-free weeks following an operation to fuse two of her vertebrae it seemed that he was right. But then the pain came roaring back.

Experts estimate that nearly 600,000 Americans opt for back operations each year. But for many like Scatena, surgery is just an empty promise, say pain management experts and some surgeons.
Spinal fusion operations may be needlessly crippling patients: expert

GRANT McATHUR, HEALTH EDITOR, Herald Sun
September 15, 2016 9:35pm
Top Spine Surgeons Reap Royalties, Medicare Bounty

By JOHN CARREYROU And TOM MCGINTY
Updated Dec. 20, 2010 12:01 a.m. ET

Norton Hospital in Louisville, Ky., may not be a household name nationally. But five senior spine surgeons have helped put it on the map in at least one category: From 2004 to 2008, Norton performed the third-most spinal fusions on Medicare patients in the country.
Medicare Records Reveal Troubling Trail of Surgeries

By JOHN CARREYROU And TOM MCGINTY

PORTLAND, Ore.—Dr. Vishal James Makker had already operated on Ronald Johnson’s spine six times in less than two years, but he had some grim news for the former machine-tool operator: X-rays showed Mr. Johnson needed a seventh surgery.
RANDALL KINNARD’S legal clients had steroids injected into their backs last summer for a wide range of reasons. Of the 25, one got three shots in a two-month period when pain never totally disappeared. Another got one as a preventive measure because she was going on a trip to Europe and was worried that cobblestones would aggravate an old injury.
Rethinking spine care

Some health systems are moving beyond surgery in serving back pain patients

By Jaimy Lee | March 22, 2014

The rapid growth in spinal surgery volumes over the past 20 years has prompted payers, policy experts and some spine surgeon groups to call for a reappraisal of spine care in the U.S. That’s partly why Legacy Health, a self-insured hospital system based in Portland, Ore., in 2012 began requiring its employees and their family members who were seeking elective spine surgery to go through a pre-surgical assessment including meetings with a physical therapist and a psychologist. Legacy acted after finding that a significant number of patients in its pain program were there following unsuccessful back surgeries.

Patients often have unrealistic expectations about spine surgery, said Katie O’Neill, Legacy’s director of clinical and support services. She said they may think, “I’m going to get my spine surgery and in three weeks I’m going to walk normally.” But, she added, “that’s not what’s going to happen.”
Aching backs: New research questions routine steroid injections

JULY 3, 2014, 1:17 AM

Steroid injections for a common disorder called spinal stenosis have become commonplace for millions of Americans. Dr. Holly Phillips joins the "CBS This Morning" co-hosts to discuss a new study on back pain.
Tapping into controversial back surgeries
Back pain: Doctors increasingly ignore clinical guidelines

A technician views an MRI of a patient's spine. A new study says doctors are failing to follow established guidelines for the treatment of back pain. Among other problems, the study cites overuse of diagnostic imaging. (Carlos Chavez / Los Angeles Times)

By Monte Morin

JULY 29, 2013, 6:30 PM
Birmingham doc admits to $11M fraud for unneeded surgeries

Neurosurgeon Aria Sabit admitted performing unneeded spine operations

A Birmingham neurosurgeon pleaded guilty today to performing unnecessary spinal surgeries on patients and then unlawfully billing the government and private insurance companies $11 million for the operations, the U.S. Attorneys office announced today.

Dr. Aria Sabit, 39, entered guilty pleas in two separate cases before U.S. District Judge Paul Borman, admitting he convinced patients to undergo spinal fusion surgeries with medical stabilizing devices that he actually never used, but billed public and private healthcare programs for it. In some instances, Sabit admitted that he billed insurance programs for implants, when in fact the implants were tissue.
Former Plano neurosurgeon arrested on assault and injury charges related to surgical procedures

A former Plano neurosurgeon accused of killing or maiming patients during surgeries has been arrested, records show.

Christopher Duntsch, 44, of Centennial, Colo., was booked into the Dallas County Jail on six charges Tuesday afternoon and remained there late Wednesday in lieu of $600,000 bail.
Dr. John Drygas from Florida Spine Institute in Clearwater arrested for sexual battery on patient

Incident happened in exam room

BY: Erik Waxler
POSTED: 5:58 PM, Feb 4, 2016
UPDATED: 8:47 PM, Feb 5, 2016
Five charged in alleged spinal surgery kickback scheme

By Hailey Branson-Potts · Contact Reporter

November 24, 2015, 8:53 PM

Five people, including two surgeons and a former Long Beach hospital executive, have been charged in a series of kickback schemes in which thousands of patients were illegally referred for spinal surgeries, federal officials announced Tuesday.

The long-running schemes involved tens of millions of dollars in illegal kickbacks to dozens of doctors, chiropractors and other medical professionals, the U.S. attorney's office said.
Surgeon Cully White sentenced to prison in health care fraud case

By Bruce Vielmetti of the Journal Sentinel  April 23, 2014

A suspended Milwaukee-area spine doctor was sentenced Wednesday to six months in prison and six months on house arrest at his Pewaukee Lake mansion after pleading guilty to federal health care fraud.

Cully White, 45, who had surrendered his medical license last year after complaints about substandard surgeries going back to 2004, also was fined $60,000.

The government had recommended a $250,000 fine, noting White has assets of $22 million.

"The greed in this context borders on the obscene," Assistant U.S. Attorney Matthew Jacobs said. He pointed out that while White was making as much as $10 million a year, he engaged in fraud to net less than $82,000.
An orthopedic surgeon who left a patient anesthetized and with an open incision in his back while he went to a bank to deposit a check had his medical license suspended by the state of Massachusetts.

Dr. David C. Arndt posed an immediate threat to health, safety and welfare when he allegedly left a patient at Mount Auburn Hospital in Cambridge to go to a bank in Harvard Square, the state Board of Registration in Medicine ruled Wednesday.
she woke up from spine surgery with a temporary tattoo of a red rose below her panty line.

Outpatient Surgery

This Just In: Surgeons Gone Wild
What Were These Doctors Thinking?

Questionable Conduct
What Were These Surgeons Thinking?
A New Jersey orthopedic surgeon made national headlines last month when a patient sued for invasion of privacy and battery after she woke up from spine surgery with a temporary tattoo of a red rose below her panty line. Steven Kirshner, MD, applied the tattoo as a joke to cheer up his patient. However, Elizabeth Mateo didn't appreciate it, especially since the tattoo was nowhere near her surgery site. Dr. Kirshner didn't seem to understand the inappropriateness of his actions. Neither have other well-publicized surgeons over the years.
Taking Double Cut, Surgeons Implant Their Own Devices

By JOHN CARREYROU And TOM MCGINTY
October 8, 2011

JACKSON, Miss.—On April 7, a 48-year-old Baptist preacher named Gary Steve Moore had spinal-fusion surgery at St. Dominic Hospital here. Hours later, he was dead.

Mr. Moore had been suffering from a degenerating disk in his lower back. Two spine surgeons who later reviewed his medical records say his history of heart disease and bowel obstructions made him a poor candidate for a 360-degree spinal fusion, a complex operation that involved opening up both his abdomen and his back.
Ex-Army surgeon sentenced in $7.3M fraud case

Daniel Borunda, El Paso Times 6:19 p.m. MDT September 25, 2015

A former surgeon at William Beaumont Army Medical Center was sentenced to two and a half years in prison on Friday in federal court in El Paso for his role in a $7.3 million health care fraud scheme, the U.S. Attorney’s Office said.

Dr. Richard Craig Rooney, 46, a nationally recognized spine surgeon who was an Army lieutenant colonel, pleaded guilty in January to getting paid by surgical-implant companies in exchange for using their devices in surgeries done by Rooney at Fort Bliss and Fort Hood, prosecutors said.
Kickbacks, Bribes, and the Horrifying Truth Behind California’s Largest Medical Fraud Scandal

The medical fraud scheme of Michael Drobot, a Long Beach hospital owner, racked up half a billion dollars and implicated two politicians.

March 21, 2016 | Steven Mikulan | Business, Crime | 4 Comments
Spinal fusion surgery spawns lawsuits, controversy

By Tom Kisken of the Ventura County Star

Spinal fusion procedures that triggered many of the 17 lawsuits lodged against a former Ventura neurosurgeon regularly spawn litigation and are sometimes used on patients who have little chance of benefiting, according to surgeon specialists at USC and UCLA.

In fusions, metal rods and screws are used to anchor the spine in place while grafted bone or other material is employed to generate bone growth that fuses the vertebrae. The procedures are used to treat fractures, excessive curvature or other injuries, usually in the lower back.

The operations play a pivotal role in allegations facing Dr. Aria Sabit, a 36-year-old neurosurgeon who started operating at Community Memorial Hospital in Ventura in summer 2009, fresh out of a seven-year residency in New Jersey.

In the flood of lawsuits, patients allege he performed fusions in which the anchoring hardware was misplaced and screws pulled out of bone. They said they suffered from postoperative infections, that some of the surgeries were
“Back Surgery Not Needed”
James N. Weinstein, DO, MS
Chair, Department of Orthopaedic Surgery

Study in *JAMA* (Weinstein et al. Nov. 2006) shows patients with low back and leg pain who underwent spinal surgery fared no better two years later than those who used non-invasive therapy.
“Some of the orthopaedic surgeons in our department have recurrent back pain and disc degeneration…

“These surgeons refuse to have fusion surgery or recommend fusion surgery for their family members.

“So the question is: why should we recommend these procedures for our patients?”
Dr. Brox says that he and his colleagues no longer perform spinal fusion specifically for “degenerative disc disease” because they do not regard it as a clearly diagnosable entity.

Deyo: “Fusions not proven, experimental”

“Unlike discectomy for herniated discs with persistent radiculopathy, laminectomy for spinal stenosis and fusion for spondylolisthesis with persistent symptoms, I think fusion for degenerative disc disease and back pain should be considered experimental.”

“I am not against offering patients spinal fusion. I just think the existing practice of offering spinal fusion when ‘non-operative care has failed’ [pain pills, muscle relaxants, injections] should be changed to offering it only when ‘intensive rehabilitation’ has failed.

“And spine care providers should offer intensive rehabilitation enthusiastically, as it finds clear support in the scientific literature, and will prevent unnecessary surgery in a substantial proportion of patients.”

"People say, 'I'm not going to put up with it, and we in the medical profession have turned to ever more aggressive medication, narcotic medication, surgery, more invasive surgery.'

“With Costs Rising, Treating Back Pain Often Seems Futile” by Gina Kolata, NY Times, February 9, 2004
“Early or frequent use of these tests [CT and MRI] is discouraged, however, because disc and other abnormalities are common among asymptomatic adults. Degenerated, bulging, and herniated disks are frequently incidental findings, even among patients with low back pain, and may be misleading. Detecting a herniated disk on an imaging test therefore proves only one thing conclusively: the patient has a herniated disk.”

In 1998, Freedman and Bernstein published a landmark study wherein they administered a validated musculoskeletal competency examination to 85 recent medical graduates who had begun their hospital residency.

Of these medical doctors, 82 percent failed to demonstrate basic competency on the examination, leading the authors to conclude, “We therefore believe that medical school preparation in musculoskeletal medicine is inadequate.”
Dr. Nachemson accused his spine colleagues of **inventing “disc degeneration”** as a disease that requires surgery.

“You are violating all the rules of epidemiological science when you name this a disease. You are making people sick... **If this is a disease, then this room is full of very sick people.”**

Dr. Benzel estimated to the *New York Times* that less than half the spinal fusions being performed were appropriate.

Dr. Zoher Ghogawala  
Yale neurosurgeon

“I see too many patients who are recommended for fusion that absolutely do not need it.”

“Millions of people have had spine fusions for back pain and I am not at all convinced that the benefits of this surgery outweigh the considerable harms...there is very little evidence that spine fusion surgery for back pain is effective. It is very expensive (the implants alone are often tens of thousands of dollars per case), often leads to complications, often requires further surgery, is associated with increased mortality, and often does not even result in the spine being fused.”

“Surgery, The Ultimate Placebo” by Ian Harris, MD

“For many complaints and conditions, the real benefit from surgery is lower and the risks are higher than you or your surgeon think.”

Spinal trap
Fusion surgery warning

SURGEONS are being warned to stop routinely undertaking spine fusing operations over fears too many patients are being left needlessly crippled.

A gathering of Australian pain specialists will this weekend be told to scale back their reliance on common lumbar fusion operations by visiting US expert Dr Gary Franklin.

It comes as the appropriateness of all spinal surgeries are being reviewed for and clinical rethinking by the spinal surgery clinical committee as part of the Medicare Benefits Schedule Review Taskforce.

In the past five years Australian surgeons have performed more than 34,000 procedures to fuse two or more vertebrae together to prevent movement between them.

While the operation was designed as a last resort for patients with significant measurable instability in their spinal bones, Dr Franklin will tell the annual gathering of the

GRANT MCArTHUR
Faculty of Pain Medicine that most disc-related cases now undertaken in Australia and the US could be better treated with less invasive measures.

"I cannot think of another surgical procedure that has such terrible outcomes," Dr Franklin said.

Dr Franklin will present his findings at this weekend's Adelaide conference.

A study of NSW workers compensation patients in the Medical Journal of Australia this year found the outcomes of spinal fusions were so poor the surgery was no longer recommended.

Dr Franklin, a neurologist and medical director of the Washington State Department of Labour and Industries - said his US study also found 44 per cent of workers were left permanently disabled a decade after fusion surgery.

grant.mcaurthur@news.com.au
“Spinal fusion surgeries for chronic low back pain are on the rise, despite the lack of research to back their efficacy, and experts are now calling for tighter guidelines, including a waiting period.”

Charlotte Mitchell, Spinal fusion surgeries questioned, MJA InSight, 26 April, 2016
Paradigm shift in spine care

Pathoanatomy vs. Pathophysiology

What does that mean?

Joints vs. Discs
Disc abnormalities not the primary problem

International spine researchers state the same conclusion that disc abnormalities are not the primary problem.

- According to WH Kirkaldy-Willis, MD and David Cassidy, DC, discs are involved in fewer than 10% of back pain cases.
- According to Nikolai Bogduk, MD, PhD, discs are involved in fewer than 5% of these cases.
- According to V. Mooney, MD, discs problems account for less than 1% of these cases.
- According to Scott Boden, MD, orthopedist/researcher, “the disc might not be the cause of pain. And if so, fixing it is a waste.”
Opioid users mainly suffered from the following MSDs:

1. Back pain 29.9%
2. Extremity pain 22.6%
3. Osteoarthritis 11.1%
4. Fractures, contusions 6.4%
5. Neck pain 5.2%
6. Headache 4.1%

Total amendable to SMT = 72.9%

Joint Dysfunction

Two studies by Murphy and Hurwitz found joint dysfunction was the cause of neck pain in 69% of cases and the cause of low back pain (lumbar and sacroiliac) in 50% of patients.

Dynamic Diagnosis

Rather than a static medical patho-anatomical diagnosis, a pathophysiological diagnosis of alignment, strength, flexibility and compression to determine the ability of the spine to bear weight and function seems more appropriate.

How does it function rather than how does it look?
### How many joints in spine?

<table>
<thead>
<tr>
<th>Region</th>
<th>Synovial</th>
<th>Symphysis</th>
<th>Syndesmosis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Spine</td>
<td>17</td>
<td>6</td>
<td>39</td>
<td>62</td>
</tr>
<tr>
<td>Thoracic Spine</td>
<td>68</td>
<td>12</td>
<td>116</td>
<td>196</td>
</tr>
<tr>
<td>Lumbar Spine</td>
<td>10</td>
<td>5</td>
<td>29</td>
<td>44</td>
</tr>
<tr>
<td>Sacrum/Pelvis</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>97</strong></td>
<td><strong>26</strong></td>
<td><strong>190</strong></td>
<td><strong>313</strong></td>
</tr>
</tbody>
</table>

“You can look at the MRIs of two people, both showing degenerative discs, but in one case there is little to no pain, while in the other, extreme pain. On the other hand, you can see a healthy spine but the patient has severe pain.”

Debunked Disc Theory
Fundamental Flaw in Medical Spine Diagnosis

Back pain patients are routinely:
- Misdiagnosed
- Misinformed
- Mistreated

You don’t slip discs, but you do slip joints.
Dr. Boden’s study performed MRI scans of asymptomatic patients who *never* had low-back pain, sciatica or neurogenic claudication.

About one-third of the subjects had a substantial abnormality. In the sixty years or older group, the findings were abnormal on about 57 percent of the scans:

- 36 per cent had a herniated nucleus pulposus and
- 21 per cent had spinal stenosis.
- 35 per cent had degenerative or bulging discs.
- *Yet none of these patients had any symptoms.*

In a follow-up study in 2003, Boden reaffirmed his previous findings:

“It should be emphasized that back pain is not necessarily correlated or associated with morphologic or biomechanical changes in the disc. The vast majority of people with back pain aren’t candidates for disc surgery.”

“Given the high prevalence of these findings and of back pain, the discovery by MRI of bulges or protrusions in people with low back pain may frequently be coincidental.”

Dr. Deyo concluded that “many of these abnormalities are trivial, harmless, and irrelevant, so they have been recently dubbed “incidentalomas,” because it may be incidental to your pain.

Richard A. Deyo, MD, MPH and Donald L. Patrick, PhD, MSPH, *Hope or Hype: The Obsession with Medical Advances and the High Cost of False Promises*, AMACOM books, (2005): 36-37
Our study suggests that imaging findings of degenerative changes such as disc degeneration, disc signal loss, disc height loss, disc protrusion, and facet arthropathy are generally part of the normal aging process rather than pathologic processes requiring intervention.

### Table 2: Age-specific prevalence estimates of degenerative spine imaging findings in asymptomatic patients

<table>
<thead>
<tr>
<th>Imaging Finding</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
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</thead>
<tbody>
<tr>
<td>Disk degeneration</td>
<td>37%</td>
<td>52%</td>
<td>68%</td>
<td>80%</td>
<td>88%</td>
<td>93%</td>
<td>96%</td>
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<tr>
<td>Disk signal loss</td>
<td>17%</td>
<td>33%</td>
<td>54%</td>
<td>73%</td>
<td>86%</td>
<td>94%</td>
<td>97%</td>
</tr>
<tr>
<td>Disk height loss</td>
<td>24%</td>
<td>34%</td>
<td>45%</td>
<td>56%</td>
<td>67%</td>
<td>76%</td>
<td>84%</td>
</tr>
<tr>
<td>Disk bulge</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
<td>60%</td>
<td>69%</td>
<td>77%</td>
<td>84%</td>
</tr>
<tr>
<td>Disk protrusion</td>
<td>29%</td>
<td>31%</td>
<td>33%</td>
<td>36%</td>
<td>38%</td>
<td>40%</td>
<td>43%</td>
</tr>
<tr>
<td>Annular fissure</td>
<td>19%</td>
<td>20%</td>
<td>22%</td>
<td>23%</td>
<td>25%</td>
<td>27%</td>
<td>29%</td>
</tr>
<tr>
<td>Facet degeneration</td>
<td>4%</td>
<td>9%</td>
<td>18%</td>
<td>32%</td>
<td>50%</td>
<td>69%</td>
<td>83%</td>
</tr>
<tr>
<td>Spondylolisthesis</td>
<td>3%</td>
<td>5%</td>
<td>8%</td>
<td>14%</td>
<td>23%</td>
<td>35%</td>
<td>50%</td>
</tr>
</tbody>
</table>

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*a Prevalence rates estimated with a generalized linear mixed-effects model for the age-specific prevalence estimate (binomial outcome) clustering on study and adjusting for the midpoint of each reported age interval of the study.
“And we know that bulging, degenerated, and even herniated discs in the spine are common among healthy people with no symptoms. When doctors find such discs in people with back pain, the discs may be irrelevant, but they are likely to lead to more tests, patient anxiety, and perhaps even unnecessary surgery.”

Richard A. Deyo, MD, MPH and Donald L. Patrick, PhD, MSPH, *Hope or Hype: The Obsession with Medical Advances and the High Cost of False Promises*, AMACOM books, (2005): 36-37
The 2000 Sydney Olympic Games found these elite athletes had a greater prevalence and greater degree of lumbar disc degeneration than the normal population, yet they were among the best athletes in the world!

patients who live in areas with more MRI scanners are more likely to undergo spine surgery.

The worry is that many people will not benefit from the surgery, so heading in this direction is concerning,” said senior author Laurence Baker, PhD.

M Brandt, Stanford University Medical Center, “MRI Abundance May Lead To Excess In Back Surgery,” (Oct. 14, 2009)
Best Healthcare in the World
Part 3

Pharmageddon

Big Pharma
Wants YOU
PHARMAGEDDON
AN AMERICAN EPIDEMIC

Every 19 minutes, a death occurs in the U.S. from prescription opiates.
"Opioids do not kill pain. They kill people."

Da Hee Han, PharmD, “Survey Finds Most Doctors Prescribe Opioids for Longer Than CDC Advises,” MPR Daily Dose, March 28, 2016
Every 19 minutes, someone in the United States dies from an unintentional prescription drug overdose.

CDC Grand Rounds: Prescription Drug Overdoses — a U.S. Epidemic

January 13, 2012 / 61(01);10-13
"The prescription overdose epidemic is doctor-driven."

Why then does the CDC think it can be solved by the very people who created it?

admitted that physicians had essentially supplanted street corner drug pushers as the most important suppliers of illicit narcotics.


New Dr. Frankenstein

A 2014 study by the Centers for Disease Control (CDC), “Opioid Painkiller Prescribing,” found MDs prescribed 259 million prescriptions for opioids, equivalent to one for every American adult.

“Trends in De-facto Long-term Opioid Therapy for Chronic Non-Cancer Pain”

<table>
<thead>
<tr>
<th>MSD</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back pain</td>
<td>29.9%</td>
</tr>
<tr>
<td>Extremity pain</td>
<td>22.6%</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>11.1%</td>
</tr>
<tr>
<td>Fractures, contusions</td>
<td>6.4%</td>
</tr>
<tr>
<td>Neck pain</td>
<td>5.2%</td>
</tr>
<tr>
<td>Headache</td>
<td>4.1%</td>
</tr>
</tbody>
</table>

Total amendable to SMT = 72.9%

DRUG OVERDOSES KILL MORE THAN CARS, GUNS, AND FALLING.

- Falling: 28,360 deaths
- Guns: 32,351 deaths
- Traffic accidents: 33,692 deaths
- Drug overdoses: 41,340 deaths
  (16,917 from opioid pain medicine)

The Walking Drugged

2,500 teenagers every day start using prescription painkillers, leading to a new wave of addicts.

Danger in the bathroom

One in five high school students already abuse painkillers and almost 50% of teens believe that prescription drugs are much safer than illegal street drugs and 60% to 70% say home medicine cabinets are their source of drugs.

COUNTERTHINK

WE DON'T WANT CHILDREN TO ABUSE ANY DRUGS.

PARTNERSHIP FOR A DRUG-FREE AMERICA

EXCEPT OURS.

©2007 by Your Publishing International, Ltd.

CONCEPT-MIKE ADAMS ART-DAN BERGER WWW.NATURALNEWS.COM
Women vs. Men

400%

Deaths from prescription painkiller overdoses among women have increased more than 400%, compared to 265% among men (1999-2010).

CDC Vital Signs
www.cdc.gov/vitalsigns
According to the National Institute of Drug Abuse, 80 percent of all heroin users begin after using opioid painkillers.

OxyContin a gateway to heroin for upper-income addicts by Donna Leinwand Leger, USA TODAY, June 28, 2013
CDC Director Tom Frieden mentioned,

“The opioid epidemic is devastating American families and communities.”

Today there are **13 million users**, **2 million abusers**, and **165,000 have died since 1999 from opioid overdose**.

As many as 1 in 4 people receiving prescription opioids long term in a primary care setting struggles with addiction.
GUIDELINE FOR PRESCRIBING OPIOIDS FOR CHRONIC PAIN

IMPROVING PRACTICE THROUGH RECOMMENDATIONS

CDC's Guideline for Prescribing Opioids for Chronic Pain is intended to improve communication between providers and patients about the risks and benefits of opioid therapy for chronic pain, improve the safety and effectiveness of pain treatment, and reduce the risks associated with long-term opioid therapy, including opioid use disorder and overdose.

The Guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.

DETERMINING WHEN TO INITIATE OR CONTINUE OPIOIDS FOR CHRONIC PAIN

1. Nonpharmacologic therapy and nonopioid pharmacologic therapy are preferred for chronic pain. Clinicians should consider opioid therapy only when expected benefits for both pain and function are anticipated to outweigh risks to the patient. If opioids are used, they should be combined with nonpharmacologic therapy and nonopioid pharmacologic therapy, as appropriate.

2. Before starting opioid therapy for chronic pain, clinicians should establish treatment goals with all patients, including realistic goals for pain and function, and should consider how opioid therapy will be discontinued if benefits do not outweigh risks. Clinicians should continue opioid therapy only if there is clinically meaningful improvement in pain and function that outweighs risks to patient safety.

3. Before starting and periodically during opioid therapy, clinicians should discuss with patients known risks and realistic benefits of opioid therapy and patient and clinician responsibilities for managing therapy.

CLINICAL REMINDERS

- Opioids are not first-line or routine therapy for chronic pain
- Establish and measure goals for pain and function
- Discuss benefits and risks and availability of nonopioid therapies with patient

OPioid SELECTION, DOSAGE, DURATION, FOLLOW-UP, AND DISCONTINUATION

4. When starting opioid therapy for chronic pain, clinicians should prescribe immediate-release opioids instead of extended-release/long-acting (ER/LA) opioids.

5. When opioids are started, clinicians should prescribe the lowest effective dosage. Clinicians should use caution when prescribing opioids at any dosage, should carefully reassess evidence of individual benefits and risks when considering increasing dosage to ≤50 morphine milligram equivalents (MME)/day, and should avoid increasing dosage to ≥80 MME/day or carefully justify a decision to titrate dosage to ≤80 MME/day.

6. Long-term opioid use often begins with treatment of acute pain. When opioids are used for acute pain, clinicians should prescribe the lowest effective dose of immediate-release opioids and should prescribe no greater quantity than needed for the expected duration of pain severe enough to require opioids. Three days or less will often be sufficient, more than seven days will rarely be needed.

7. Clinicians should evaluate benefits and harms with patients within 1 to 4 weeks of starting opioid therapy for chronic pain or if dose escalation. Clinicians should evaluate benefits and harms of continued therapy with patients every 3 months or more frequently. If benefits do not outweigh harms of continued opioid therapy, clinicians should optimize other therapies and work with patients to taper opioids to lower dosages or to taper and discontinue opioids.

8. Before starting and periodically during continuation of opioid therapy, clinicians should evaluate risk factors for opioid-related harms. Clinicians should incorporate into the management plan strategies to mitigate risk, including considering offering naloxone when factors that increase risk for opioid overdose, such as history of overdose, history of substance use disorder, higher opioid dosages (≥50 MME/day), or concurrent benzodiazepine use, are present.

9. Clinicians should review the patient's history of controlled substance prescriptions using the state prescription drug monitoring program (PROMP) data to determine whether the patient is receiving opioid dosages or dangerous combinations that put him/her at high risk for overdose. Clinicians should review PROMP data when starting opioid therapy for chronic pain and periodically during opioid therapy for chronic pain, ranging from every prescription to every 3 months.

10. When prescribing opioids for chronic pain, clinicians should use urine drug testing before starting opioid therapy and consider urine drug testing at least annually to assess for prescribed medications as well as other controlled prescription drugs and illicit drugs.

11. Clinicians should avoid prescribing opioid pain medication and benzodiazepines concurrently whenever possible.

12. Clinicians should offer or arrange evidence-based treatment (usually medication-assisted treatment with buprenorphine or methadone in combination with behavioral therapies) for patients with opioid use disorder.
Centers for Disease Control and Prevention (CDC) “Guideline for Prescribing Opioids for Chronic Pain — United States, 2016.”

- The guideline is totally voluntary.
- No blame placed on Big Pharma or MDs for the rise of opioids.
- The guideline remains MD-centric despite the fact MDs caused this *Pharmageddon* in the first place.
- No mention of chiropractic care as a nondrug solution.
- No removal of MDs as POE for MSDs.
narcotic pain relievers is flooding the emergency departments

Over **420,000 visits in 2011**, which equates to **1,150 people daily** in American hospitals who overdosed on drugs.

Over-Medicated America
HOW GREEDY DRUG COMPANIES HAVE HOOKED OUR NATION
Nine out of ten doctors on our payroll recommend this product!

Pharmaceutical Industry
Prescription drugs are a massive market: Americans spent $329.2 billion in 2013. That works out to about $1,000 per person in the U.S.

Big pharmaceutical companies are spending far more on marketing than research by Ana Swanson, Washington Post, February 11, 2015
In 2012, the pharmaceutical industry spent more than $24 billion on drug promotion to physicians:

- Direct to consumer TV ads = $3.1 billion
- Detailing (face-to-face sales and promotional activities) = $15 billion
- Clinical trials = $130 million
- Samples (free meds to physicians) = $5.7 billion
- Educational and promotional meetings = $2.1 billion
- Promotional mailings = $1.2 billion
- Advertisements (print) = $90 million

Cegedim Strategic Data, 2012 U.S. Pharmaceutical Company Promotion Spending (2013),
Prescription opioid painkillers for back pain brought in $17.8 billion, and OxyContin alone made $3 billion in 2010.

Rafia S. et al, “Cost of Pain Medication to Treat Adult Patients with Nonmalignant Chronic Pain in the United States,” Vol. 20, No. 9 September 2014 JMCP Journal of Managed Care & Specialty Pharmacy
A PICTURE THAT’S WORTH $14 MILLION

The total amount the health industry gave to these lawmakers who celebrated the signing of the drug/HMO industry-backed Medicare bill.

Sen. Bill Frist
Health Industry: $550,264
Drug Industry: $123,957

Sen. John Breaux
Health Industry: $118,612
Drug Industry: $59,150

Rep. Billy Tauzin
Health Industry: $601,077
Drug Industry: $211,249

Sen. Orrin Hatch
(less visible)
Health Industry: $743,940
Drug Industry: $433,324

Sen. Max Baucus
Health Industry: $646,450
Drug Industry: $145,372

Sen. Charles Grassley
Health Industry: $573,678
Drug Industry: $217,921

Speaker Dennis Hastert
Health Industry: $545,985
Drug Industry: $194,700

Rep. Tom DeLay
Health Industry: $237,199
Drug Industry: $78,250

Rep. Nancy Johnson
Health Industry: $1,418,258
Drug Industry: $336,908

Rep. Bill Thomas
Health Industry: $1,021,920
Drug Industry: $322,514

President George Bush
Health Industry: $7,549,695
Drug Industry: $891,208
Pharma dollars went overwhelmingly to lawmakers opposing Medicare Part B overhaul

- **$7.2 million** from pharmaceutical and health products companies for their 2016 campaigns; amount given to each representative averaged more than **$23,300**.

- Those who did not sign letters received a combined total of nearly **$1.6 million** from the same industry for their 2016 campaigns. They averaged more than **$12,700**.

Pharma dollars went overwhelmingly to lawmakers opposing Medicare Part B overhaul By Ed Silverman, STAT, July 11, 2016
Pharma dollars went overwhelmingly to lawmakers opposing Medicare Part B overhaul

- Members of the U.S. House of Representatives reported a total of $9,535,672 in contributions during the 2015-2016 election cycle from the pharmaceutical / health products industry.

- Pharma dollars went overwhelmingly to lawmakers opposing Medicare Part B overhaul By Ed Silverman, STAT, July 11, 2016
The largest contributions among signers

- John Shimkus, a Republican congressman from Illinois, who received nearly $221,500.
- The next biggest recipient was Kevin Brady, a Republican congressman from Texas, who received nearly $203,000.
- Anna Eshoo, a California congresswoman, received $128,000, making her the largest recipient of industry contributions who signed the Democratic letter.
The largest contributions among non-signers

- Public Citizen points out the largest recipients were actually two lawmakers who did not sign any letter –
  - Republican Majority Leader Kevin McCarthy in the House at $293,000 and
  - House Speaker Paul Ryan, who received $290,000.

- Public Citizen analysis of data from the Center for Responsive Politics (www.opensecrets.org) and the Federal Election Commission (FEC). Data released by FEC on Tuesday, June 21, 2016.
The FDA increased its budget by $821 million, making its proposed 2014 budget a hefty $4.7 billion.

Out of the extra $821 million, 94 percent or $770 million are paid by the drug companies to hasten the review and approval of their products.

http://articles.mercola.com/sites/articles/archive/2013/05/01/fda-budget-increase.aspx
Perdue Pharma, the maker of OxyContin, was convicted of misinforming the public about the safety of its opioid painkiller and the $634 million court fine was ‘pocket change’ to a company that since 1996 has earned more than $27 billion on sales of OxyContin alone.

“Purdue Pharma has privately identified about 1,800 doctors who may have recklessly prescribed the painkiller to addicts and dealers, yet it has done little to alert authorities,” by Scott Glover and Lisa Girion, Los Angeles Times, August 11, 2013
The lawsuit arrives as opioid painkillers continue to be blamed for fueling addiction and crime, and serving as a bridge to a growing heroin trade.
Median salary for pain management doctors who do not practice anesthesiology is $340,506, and those who practice pain medicine with anesthesiology report an average of $502,024 per year.

“Primary care physicians and pain specialists are primarily responsible for the opioid overtreatment crisis. Are the two professions that helped create the worst pain management crisis in history of modern medicine capable of leading the way forward? That remains to be seen.”
MDs not trained in MSDs

Numerous studies confirm most primary care physicians are:

- inept in their training on musculoskeletal disorders,[i]
- more likely to ignore recent guidelines[ii],
- more likely to suggest spine surgery than surgeons themselves[iii], and
- most likely to prescribe opioid painkillers.[iv]

[iv] Jonathan Chen, Overprescribing of opioids is not limited to a few bad apples, Stanford Medicine News Center, Dec 14 2015
The National Pain Strategy
MDs ill-prepared to manage this opioid crisis:

“Physicians are not adequately prepared and require greater knowledge and skills to contribute to the cultural transformation in the perception and treatment of people with pain.”

“One can make the argument that the most perilous setting for the treatment of low back pain in the United States is currently the offices of primary care medical practitioners—primary care MDs. This is simply because of the high rates of opioid prescription in these settings.

*The BackLetter*, volume 30, number 10, 2015
Long-Term Opioids for Chronic Back Pain: The Most Destructive Treatment in the History of Spine Care?

This is the first part of a two-part series on the opioid treatment crisis. The medical establishment is slowly coming to terms with its terrible mistakes in the wholesale promotion of opioids in the long-term treatment of chronic pain.

Back pain lies at the heart of this destructive treatment movement. Persistent back pain is the foremost indication for long-term opioid therapy, and one of the reasons why the United States and other industrialized countries are “swindled with opioids.” According to one recent population-based study, about a third of physician visits for low back pain in the United States result in an opioid prescription. (See Matt et al., 2013.)

decade and a half—roughly triple the number of American deaths in the Vietnam War. The death toll in the United States from prescription opioids now exceeds 16,000 per year and may still be rising. Some of these relate to prescription opioid therapy itself and some from the diversion and abuse of these drugs.

And this treatment movement has left a much larger number of patients dependent on a long-term therapy with risks that vastly outweigh proven benefits.

“Long-term opioid therapy appears to be associated with autonomic harm to the patients who receive the prescriptions and to the general population. The United States has, in effect, conducted an experiment of

Continued on page 18
“There is an urgent need to restrain the routine prescription of opioids for common noncancer pain conditions—and especially chronic low back pain.

“There is no evidence that they are an effective long-term treatment.

“And their risks are obvious.”
California's Dr. Hsiu-Ying "Lisa" Tseng Convicted of Murder in Overdose Deaths of Patients
PAIN DOCTORS ARE GLORIFIED DRUG DEALERS

80% of the world's pain pills are prescribed to Americans
Drug Dealer Alleges He Sold Opiates to Prince for 25 Years

DAILY MAIL ONLINE A drug dealer who wants to be known as Doctor D exclusively spoke with Daily Mail Online about Prince’s alleged addiction to opiates. He claims that Prince regularly bought opiates (Oxycodone and Fentanyl patches) for managing his hip pain for 25 years (1984 to 2008).

He also states that Prince suffered from recurring stage fright and could not perform without taking the pills. He claims that Prince would purchase a 9-month supply worth $40,000 at a time.

By Laura Zamora | Posted Sun 12:14 PM / Apr 25, 2016
3 Doctors Accused of Illegally Selling Prescription Drugs to Dealers and Addicts

By: David Chang

Three doctors are accused of selling illegal prescription drugs to dealers and addicts in our area. NBC's Denver Network has the details. (Posted Thursday, May 12, 2016)

Three local doctors are accused of illegally selling commonly abused prescription drugs to both dealers and addicts in our area.
Feds Capture Idaho Doctor Convicted of Drug Dealing, Conspiracy

By George Prentice  @georgepren

Federal law enforcement confirmed Monday that they took an Idaho physician, accused of peddling prescription drugs, into custody. The FBI said Dr. Rafael Beier, co-owner of Silver Valley Medicine in Pinehurst, had been hiding in a small RV on his property in the Shoshone County community of Kingston.

Beier, 62, faces a maximum sentence of 20 years behind bars and fines of up to $1 million. Prosecutors said the doctor sold oxycodone to people at bars, stores and parking lots—including to a person under 21—then created false medical charts to cover up the crimes. He was ultimately convicted of 66 counts of illegal drug distribution.

Beier was not present for the jury’s verdict in a Coeur d’Alene federal courtroom, so a warrant for his arrest was issued earlier this month.

When the North Idaho Violent Crimes Task Force approached Beier’s RV this past weekend, authorities said he ignored their commands. When they threatened to use a K9 to roust him from the RV, officials said Beier surrendered.
Covina doctor pleads guilty to federal drug, money laundering charges

By Brian Day, San Gabriel Valley Tribune

POSTED: 04/11/16, 3:17 PM PDT | UPDATED: ON 04/11/2015

LOS ANGELES >> A Covina doctor accused of prescribing a powerful painkiller to an undercover investigator, then laundering the proceeds, pleaded guilty Monday to two federal charges, officials said.

Dr. Daniel Cham, 48, of Covina — who operated medical offices in La Puente and Artesia — agreed to enter guilty pleas to one count of distribution of oxycodone and one count of money laundering, U.S. Department of Justice spokesman Thom Mrozek said in a written statement.

He is scheduled to be sentenced on Aug. 1.

“Painkillers like oxycodone can be life-threatening to those who abuse them,” US Attorney Eileen M. Decker said. “Many of the prescription drugs that find their way to the street come from doctors who prescribe them without medical justification. This defendant put lives at risk for money, making him no different than street-level drug dealer.”
FOR IMMEDIATE RELEASE

Manhattan U.S. Attorney Announces Conviction Of Local Doctor For Unlawfully Dispensing More Than 1.2 Million Oxycodone Pills

The New York Doctor Collected More Than $2.4 Million In Fees For “Doctor Visits”

Preet Bharara, the United States Attorney for the Southern District of New York announced today the conviction of MOSHE MIRILASHVILI, a board-certified, state-licensed doctor, for conspiracy to distribute oxycodone. During the period of the charged conspiracy, MIRILASHVILI wrote more than 13,000 medically unnecessary prescriptions for oxycodone, typically in return for cash payments. MIRILASHVILI was convicted after a three-week jury trial before Judge Colleen McMahon.

Manhattan U.S. Attorney Preet Bharara said: “In just a matter of two years, Dr. Moshe Mirilashvili flooded the streets of New York City with more than a million pills of highly addictive oxycodone, a drug involved in the overdose deaths of thousands of Americans each year. As the jury unanimously found today, Dr. Mirilashvili, blinded by greed, cast away his Hippocratic Oath and instead aligned himself with street-level drug dealers. Thanks to the collaborative efforts of the federal and local law enforcement partners, Dr. Mirilashvili is no longer in the business of fueling for profit the opioid addiction that plagues too many people in our communities.”
FOR IMMEDIATE RELEASE

Jury Finds Philadelphia Doctor Guilty of Running Pill Mill And Causing A Death Through Illegal Distribution

PHILADELPHIA — A federal jury, late yesterday, found William J. O’Brien III, a doctor of osteopathic medicine, guilty of causing a death through the illegal distribution of a controlled substance and a number of other charges related to the operation of a “pill mill,” announced United States Attorney Zane David Memeger.

“The illegal prescribing of opioid pain medications has led to an epidemic of overdose deaths and heroin addiction throughout the country,” said Memeger. “We are pleased that the jury saw through Dr. O’Brien’s clown act at trial and concluded that for the sake of profit he distributed opioid pain killers for no legitimate medical purpose, and that he caused the death of a patient through his illegal prescribing practices.”

“"We are thankful the jury saw the obvious - that the defendant is a dangerous person exploiting his medical license to operate as a drug dealer," said Special Agent-in-Charge Nick DiGuglio, with HHS-OIG. "We look forward to the day he receives a long prison term. The Department of Health and Human Services Office of Inspector General will continue to work with our partners to protect HHS programs and the beneficiaries from harm."
Drug Dealer or Doctor? Pill Mills Feed Addiction Epidemic
The Florida Pain Clinics

From 2008-2010, Florida doctors purchased 9 times more oxycodone than doctors in the other 49 states combined. Most of the time, the opioids ended up in the hands of addicts; caused overdose and even death.
JUNE 12, 2015

DEA: ‘Elderly New York Doctor/Wife Team Were Major Drug Dealers’

“This doctor abused his position as a medical professional, profiting from the sale of prescriptions while fueling the supply of a highly addictive painkiller that has led to numerous overdose deaths.” (New York Police Commissioner Bill Bratton)

In the wealthy village of Scarsdale a man and his wife have been busted by the New York City Drug Enforcement Agency. Investigators believe the pair have operated a prescription drug-running business that poured out at least $75,000,000 in narcotics, to be sold on the city streets, for more than 5 years.

Doctor Rogelio Lucas, age 77 and his wife Lydia, age 79, were taken into custody at their New York City apartment and

Dr Rogelio Lucas and wife Lydia, arrested in New York City. (photo by John Mantel)
NJ doctor helped drug dealers distribute 60,000 high-dose oxycodone pills, authorities say

By Lewis C. Hochman December 18, 2016 4:13 PM

Authorities say seven people — including a doctor — took part in a ring to distribute 60,000 high-dose oxycodone pills. One remains a fugitive.

The doctor involved in the ring wrote false prescriptions for oxycodone for people he never treated or examined to supply the ring’s illegal distribution activities according to the state attorney general’s office.

Those activities included street-level dealing and sales to bulk purchasers, authorities said.

Somerset County-based Dr. George Beecher, 75, of New Providence was arrested on Wednesday on a charge of distribution of oxycodone and conspiracy to engage in an unlawful distribution enterprise.
KISSIMMEE, Fla. - State agents raided Dr. Iben Borges' pain management clinics after two of his patients died from overdoses. It appeared to be another chapter closed in Florida's crackdown on prescription painkiller abuse.

But that was more than a year ago, and 9 Investigates found Borges still has not been charged or arrested in connection with those high-visibility raids.

Channel 9's Tim Barber asked Florida Department of Law Enforcement agents what happened to the case and whether Borges is still practicing.

He followed up on Channel 9 reporting when state agents confiscated computers and documents from one of Borges' pain management facilities.
DOCS WHO DEAL: Big money schemes, small punishment

WHEN DOCTORS TURN DEALERS, PUNISHMENT SOMETIMES DOESN'T FIT THE CRIME. NOVEMBER 9, 2014

Mary Dock (Photo: Poughkeepsie Journal)

Do no harm

He had pledged, first, to “do no harm.” But over the course of 16 months in 2011 and 2012, a long-time doctor helped put 16,000 addictive pain pills, worth $480,000, onto the streets of Dutchess County.

For his role in a trafficking scheme that prosecutors said “helped feed an addiction epidemic that is devastating communities” -- dozens died of overdose in Dutchess in that time -- Dr. Arnold Roth, a Westchester anesthesiologist, 62, got a relatively light sentence of one to three years in state prison.

He is not alone. In 26 doctor-turned-dealer cases -- often involving big money, huge drug troves and sophisticated conspiracies -- just four doctors were sentenced to more than four years, a Poughkeepsie Journal study found. That’s in part because physicians usually lose their license and livelihood when convicted. But in state cases like Roth’s, it also because selling a prescription isn’t as serious a crime as selling a drug.
According to *The Pulse Of Radio*, Steven Tyler appears today (September 10) on the syndicated *The Dr. Oz Show* and talks frankly about his long battle with addiction. Tyler recalls key moments in his journey, hitting rock bottom, and checking himself into the Betty Ford Center. He credits Dr. Harry Haroutunian — the physician director of the center — with helping him recapture his life. Dr. Haroutunian touches on how the AEROSMITH frontman has written the foreword to his new book *Being Sober*, and explains the message he wants readers to take away.
BUFFALO, N.Y. — A 114-count indictment was handed up Tuesday against Dr. Eugene Gosy, 55, of Clarence. He's charged with fraud and illegal drug distribution.

"The defendant's criminal conduct was orchestrated, pervasive, intentional and contrary to established medical practice," said U.S. Western District Attorney William Hochul.
$8 million in 2 years

Local doctor and 8 others implicated in DEA prescription drug case

RENO, Nev. (KGLO) – 7 p.m. update:

Reno attorney David Houston described Richie West as being in good spirits and said he is prepared to go forward.

"He suffers from a deterioration of his body that is a genetic condition that most people would've frankly just given up and walked away from," Houston said. "He choose to fight it. He continues to choose to fight it."

Not winning release on bail does not mean West has lost his case, Houston said.

Magistrate Valerie Cooke pointed out in court if West is convicted of just one charge, continuing criminal enterprise, he would face a mandatory 20-year sentence.