

# Health Insights Today

A SERVICE OF CLEVELAND CHIROPRACTIC COLLEGE

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## Speaking Out for Chiropractic

### Interview with Brigadier General Becky Halstead (Ret.)

Interview by Carl S. Cleveland III, DC

**B**RIGADIER GENERAL BECKY HALSTEAD entered the United States Military Academy in 1977, in the second class that included women. In 2005, she became the first female Academy graduate to be promoted to General Officer rank and in 2006, she became the first female Chief of Ordnance for the U.S. Army. She was Commanding General, 3rd Corps Support Command, U.S. Army Europe and Seventh Army, Germany with deployment to Iraq as the Senior Commander for Logistics Operations. Awards and decorations received by Gen. Halstead include the Defense Superior Service Medal, Legion of Merit (with oak leaf cluster), Bronze Star Medal, Meritorious Service Medal (with five oak leaf clusters), the Army Commendation Medal (with oak leaf cluster), the Army Achievement Medal, the Air Assault Badge, and the Army Staff Badge.

Gen. Halstead is now a national spokesperson for the Foundation for Chiropractic Progress. In this interview with Dr. Carl Cleveland III, she describes how chiropractic care helped her manage a severe case of fibromyalgia for which doctors had prescribed multiple medications. While under chiropractic care, she was able to eliminate all prescription medication. She also explains how she believes chiropractic care for members of the military will enhance force readiness and why it should be available to all men and women serving in the Armed Forces.

*When did you first realize that you wanted to pursue a military career?*

In 1976, when my mother told me that I should look at going to the United States Military Academy. I was a junior in high school.

*Was that a good decision for you?*

It ended up being a good decision, but when she announced that she thought I should apply, I thought it was a horrible decision because I wanted to be a gym teacher and a gym coach, and to minor in music, at Ithaca College. So I thought my mother was crazy, quite honestly, but I listened to my mom and she helped me write all the letters. And when I got accepted, I felt that I had an obligation to go. In the end, it was absolutely my niche. I think my mom saw my true potential and I'm very grateful to her for that.

*Would you recommend that other women consider a career in the military?*

I recommend that anybody, male or female, who wants to serve their nation should absolutely look at the military, whether it's to enlist, to go to the Academy or the ROTC program. It takes a unique person. You have to really want to be in the military. Otherwise, it would be a very difficult career to be in. But yes, I'd strongly recommend it.

*As one of the first women to graduate from the U.S. Military Academy and the first to become a general, did you realize that you were truly making history for this country and for women?*

I think that at the point when I made General Officer, it was very apparent that I was making history. I tried not to focus on that while I was coming up through the ranks. People would say, when I was very young, "You're going to be a General Officer some day." I would hear it and kind of let it go off to the side, because for me it was very important to perform in the job I was in and the rank I was in. I would allow myself to envision one rank out and two jobs out. I think it is important to look forward. But I did not sit around and dream of being a general.

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Actually, when I made General Officer and made history, people would come up to me and say, “I’m so glad that you realized your dream.” And I would just look at them and go, “To be honest with you, that wasn’t my dream.” It might have been your dream for me but it wasn’t my dream. At the point that I was promoted to colonel, I realized that there was a very strong possibility that I might make general. And I knew enough to know that no other woman from the Service Academies had made general yet, so it was a little exciting in the back of my mind, to think that this was a historical marker. But I didn’t allow myself to do any sort of dance until someone actually pinned the star on me. Although exciting, I remind people that ceremony lasts half an hour and the responsibility lasts a lot longer. So you enjoy the moment but then get back to work.

*Being in the military and being overseas in combat can be physically demanding. Did the physical demands contribute to your seeking out chiropractic care?*

Absolutely. The entire time you’re in the military, it’s physically demanding. We have physical training every day. I was in air assault school, rappelling out of helicopters in my mid-30s. Doing 12-mile foot marches within a three-hour time frame, in full gear. So the entire spectrum of your military service is very physical. So although we’re physically fit, we do wear out. And then on top of that you add deployments, which have the emotional stress, the mental stress, of being separated from family, and losing your battle buddies. The combination of that is extremely hard on your health.

*How were you introduced to chiropractic and how has it helped you?*

My dad introduced me to chiropractic on one of my visits home, one of my leaves. He could start to see that I was wearing physically. My dad had arthritis, so he often would go down to see the chiropractor in our town. Actually, our town doesn’t even have traffic lights, so it was the next town over, in Owego, New York. He said, “I think you ought to go down and see Dr. Perestam. I think he could make you feel better.” And so I did, and he was absolutely right. My very first visit to the chiropractor was awesome and so has every subsequent visit to the chiropractor. I always leave feeling better. I tell people it’s like I can breathe better. I feel taller. So I got a taste of how wonderful that care is. Unfortunately, though, I only went home once or twice a year. Every time I went home, people would give up their appointments. They’d go, “Do you need to go to the chiropractor? I’ll give you my appointment.” So I was always fit in.

But in the military, there were no chiropractors at the treatment facility, so it was not readily accessible and available to me. So although I knew that it would help, I did not have sustained chiropractic care until after I retired. *And it’s helped me amazingly!* I don’t even know how to describe what my situation was two years ago when I retired, compared to today. I just physically was at the end of my rope and that’s why I retired, with chronic fibromyalgia. I would push and push and push all day long. When I’d get home, I would just curl up in a ball. My skin hurt, my body ached, a thousand pins in my cheeks and my lips and my tongue. What the military did for me was to give me drugs, pain medicine and sleep medicine. I had every drug imaginable. And although that helped maybe curb it a little bit, it caused so many other horrible reactions, in my esophagus, my stomach, ulcers. It’s a spiral. What helps you also hurts you in that regard, I think.

And so at 49, I’m sitting there taking a dozen prescribed drugs—every three hours, every four hours, every six hours. And I just went, “This is crazy.” I plan on living to 100. In my family we *do* live to 100, so I’ve got to figure out another way. So I sought chiropractic as a routine care. Now, two years later, I take no prescribed drugs. *Zero.* I go to the chiropractor about every two to three weeks, depending on my travel schedule. And I can take a shower without the water hurting my skin. My skin’s not on fire now. I mean, I have fibromyalgia, but it’s not chronic. And I know so much more now about how to deal with that. And chiropractic is a huge part of the equation.

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*How long were you under chiropractic care before you began to see results?*

Every time I go to the chiropractor, I always have immediate relief. But I would say that I had sustained chiropractic care for maybe three months, while slowly taking myself off all the prescribed drugs. Within a year, I was pretty much off all the prescribed drugs. An important part of chiropractic is that the doctor of chiropractic brings you into the relationship. That doctor-patient relationship is unlike what I had with any other doctor out there in the military, and I saw a fair share of doctors, from rheumatologists to neurologists.

I think that's the reason you see results even more quickly, because DCs listen. They want you to be part of the solution and you *are* part of the solution. Nobody knows your body like you. I think that was extremely helpful. And my doctor of chiropractic, Carol Ann Malizia, introduced me to the importance of things like understanding nutrition. There are no left and right aiming stakes (as we call them in the military), no boundaries for the chiropractor in terms of how it all comes together, and I like that as well. Because in the military, if I started out with a rheumatologist on the 9<sup>th</sup> floor, they get to a certain point where they can't do any more and they send you to a neurologist on the 8<sup>th</sup> floor, and they get to a certain point where they can't do anything, so they send you to another doctor. Well, that's a bit crazy. Whereas what I find with the doctor of chiropractic is that they have the talented minds and hands and hearts to understand the whole body and how it all works together. And take somebody like me, who's an ordinary farm girl who spent her life in the military, and it helps me understand that better. To me, that's amazing.

*Today, as you know, there are doctors of chiropractic practicing some 60 military bases and at approximately 25 VA hospitals. We know that members of the military are very pleased with these services because we hear their comments about their response to chiropractic care. Having been a leader and a manager in the military, how do you see chiropractic—when positioned on military bases—influencing the quality of services that our personnel in the military provide?*

I think it can have a direct, positive impact on readiness. Readiness is a key watchword for the military, especially the Army. The Army's mission is to be "trained and ready to fight and win our nation's wars." Readiness is about the individual being ready physically, mentally, emotionally, and spiritually. Chiropractic plays into that, I believe, exponentially, because the chiropractor sees the whole person. If more of our leadership would understand, I am convinced that you would have a reduction in the use of prescribed drugs. Prescribed drugs right now are killing our military. Pick up any military newspaper and you will see that this is a war that we are really struggling with.

We are a nation at war, a military at war, and so a quick fix is prescribed drugs. Unfortunately, a doctor in Iraq will prescribe a drug, and then you'll go back home on vacation and another doctor will prescribe another drug. They may be in direct conflict with each other and nobody's paying attention. I don't mean that derogatorily but it is true. I mean, I am a general and I suffered through that. Nobody is really talking to each other, so I'm getting all of these prescribed drugs. And unless I am reading all of the side effects and asking questions about whether it is safe to take this one with this one, I might not know. I think it is leading to a lot of our problems with suicide, drug overdose, and drug dependency. Physical pain leads to emotional burdens; emotional burdens lead to physical burdens. They're tied together. So in a time of war, this has just escalated.

As a leader, my position now (knowing even more than when I was in the military), is that there is a role for the chiropractor in being a combat multiplier for our units. In my vision, I can see, 20 years from now, positioned next to the brigade surgeon in our brigade combat team, a chiropractor. If I had known when I was in Iraq that chiropractic care was among our benefits, that in 2000 Congress had passed a law that said chiropractic care is a benefit for all military, I would personally have gone out to all of my Reserve and National Guard units and done a survey to find

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out if any of them were chiropractors, with a uniform on but being something else, like a supply officer or whatever. If I had found any of them that were chiropractors, I'd have said, "Okay, we're going to call back home, ship your table over and set up shop. We'll find somebody else to be the supply officer, but you're unique and I need you as a chiropractor helping our soldiers." I'd have set up shop for them had I known, but I didn't know.

*What strategy should the leadership of the chiropractic profession take to help lead the decision makers in the military to choose chiropractic, to recognize the cost-effective benefits of how this can serve military personnel?*

There has to be a strategy. For me, I think it involves finding personal friends that are still in the military that have used or are using a chiropractor. Testimonials are huge. I think this is where I've been value-added, in that there are a lot of senior officers and soldiers that know me and we have a relationship. They see how chiropractic has helped and that immediately strikes up an interest for them to find out more about chiropractic care. So that's on a personal level. At the strategic level, it's almost simple. Congress passed it as a law and told DOD to make it happen. DOD is not making it happen. So if I, as a General Officer, was told that I have a mission to do something and ten years later I'm only doing 25 percent of my mission, that would be considered a failure. I mean, nobody would put up with it.

So I think that somehow we've got to get in with the leadership of the military and say, "This is a benefit and it's not happening. How can we take the leadership of chiropractic and the leadership of the military, come to the table, and help you to develop a strategy to resource this?" Right down to the method, the process, by which we get patients to the chiropractor. In the military, it's by referral and I hate that it's a referral. Because anybody that uses a chiropractor knows that they don't need to go to another doctor to be referred. But that's the way the military is organized. So we're not even leveraging the chiropractors the way we should. There's a waiting list for every chiropractor out there in the VA and DOD, 90 to 120 days to see the chiropractor. That's just horrible. And the reason that the waiting list is so long is that Tricare doesn't cover it. It's absurd that Tricare doesn't cover chiropractic care. If I can't get it at my treatment facility and Tricare doesn't give it to me, it's a benefit on a piece of paper only. It's not worthless but it's not beneficial.

I think Congress took the first step. I understand resources. I understand managing budgets and managing people. And I understand that just because Congress passed a law doesn't mean that it automatically happens. The military has to figure out how it's going to happen. There are several axes to the strategy. One is, how do we demonstrate to the leadership that this will improve readiness? I think the only way to do that is to start gathering those testimonials. Start getting Sgt. Allen at the VA center in Connecticut, who says, "For two years I went to a PT and in one visit to a chiropractor, I feel so much better. There's no doubt I could put my rucksack back on today and go out and do those patrols in Baghdad. And oh, by the way, if we had chiropractors out front, at the tip of the spear where we need them most, where kids are out there doing patrols, can you imagine how much better we could do our mission?"

Yes, I can imagine that. Not only can I imagine it but I believe *we should resource chiropractors forward on the battlefield* and then work our way back. How do we get the leadership to imagine that? One aspect is testimonials. Another is somehow to be able to estimate the cost-benefit. That fewer soldiers will be taking drugs. It doesn't take a rocket scientist to figure out that that would automatically be a better deal. And we wouldn't lose people from the military. Like myself. I mean, I had to retire. That's 27 years of experience walking out the door. That's almost criminal. So I see a couple of axes of advance here. And we've got to go even further out with our vision and show that if we put chiropractors in the right place, then we have the potential to improve our mission readiness.

*You mentioned Tricare. Could you please explain that?*

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Tricare is our insurance in the military. For example, if I go to my local [military] treatment facility and the doctor looks in my eyes, sees something that's not good, and says I need to see a neurologist, then he would send me off post because we can't afford to have a neurologist at every treatment facility. That's why we have Tricare. You get the referral to go to the neurologist out there in the civilian economy and Tricare covers it. Really, up until the point where I hit chiropractic I thought Tricare covered everything I couldn't get in the military. It wasn't until I got involved with the Foundation for Chiropractic Progress that I realized it doesn't. That's when I saw the House resolution bill that would force Tricare to cover chiropractic. And the House passed it this year. Unfortunately, there wasn't a companion bill in the Senate so we are starting over again next year. We can't give up, we need to do this.

*It has been reported that musculoskeletal afflictions are the most common injury from the war with our veterans as they present at VA hospitals. Of course, you know chiropractic focuses on the musculoskeletal system.*

Absolutely.

*What are your thoughts on that? I know you have spoken about wearing a heavy backpack as soldiers do when they're out in the field.*

I am not surprised at all that musculoskeletal is the number one problem. We have no days off. When you're in combat it's seven days a week, 24 hours a day. So if you get an email from a friend that says to have a nice weekend—there's no such thing as a weekend. You have to be in your gear constantly, because even on base it's a dangerous place, with mortars and rockets. So you're constantly wearing very heavy gear. It's Kevlar. These are metal plates that are in your, to use an older term, flak-vest. Your helmet's heavy. I wish I had weighed my helmet before leaving the Army. I still have my steel pot from the 1970s. That's what they wore in Vietnam. I actually bought that one, so I have it. But you're talking about 8 to 12 pounds of a helmet that's weighing on your neck.

For someone like me, who is 110 pounds, my gear could weigh as much as 60 pounds. And that's not with a full rucksack. If you take the infantry, the MPs, and all the other soldiers who are doing foot patrols, they are easily carrying 80 to 100, and in some cases even 120 pounds. That includes ammunition, weapons, batteries for their radios, etc. And they're changing altitudes. In Afghanistan, you can change thousands of feet in altitude. You start out at Bagram in the valley between the mountains and you get on a helicopter and go up to the top of the mountain. You're changing in altitude and changing in temperatures. It could change 50 degrees. So all that physical trauma and stress, the weight, the emotion (you can just imagine the emotion of being dropped off on top of a mountain in Afghanistan), the weight of all those things is a huge burden on our bodies.

I can remember in 2002 in Afghanistan, flying into Bagram with all my gear on. The pilots conduct a combat maneuver so you don't get shot out of the air. And then you land and they open the plane and everybody gets off and the plane flies off into the horizon. It can be an empty feeling.

Seeing the tremendous mountains that surrounded us and sitting in this valley, I thought, "I am a long ways from home." There's unexploded ordnance all over the ground; the Russians left all kinds of unexploded ordnance. So everything's a threat. The weather is a threat, the IEDs are a threat, missing your family's a threat. When I watch a show on TV like Survivor, or Undercover Boss, and they're missing their families after two days or seven days, I think someone ought to be standing there saying, "Can you imagine what it's like for our military, 12 to 15 months at a time, three and four deployments in eight years?" I don't think we begin to understand the trauma that these young men and women go through. And then you come back home and you have to reintegrate with your family, and that's really tough to do. That's the reason that we have *families* that are suffering.



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Let me tie all this back to chiropractic care. I believe with chiropractic care, I physically feel better and thus I emotionally feel better. When I emotionally feel better, I am of much better service to my nation and my unit and I'm a much better asset in my family at home. And so that's why I'm out here beating the bushes to help people understand chiropractic care is value added to our military. And when it's value added to our military, it's value added to our nation. Because that's what we serve for—our nation. We need to connect all of those dots and get people fired up. The Foundation for Chiropractic Progress, that's their sole purpose, to educate and motivate and inspire people to understand what you, the chiropractor, brings to this nation. I'm focusing on what chiropractic care brings to the battlefield.

*You are now a spokesperson for the Foundation for Chiropractic Progress. Your message has been on television shows and magazines and newspapers. What response are you seeing as you go out across this country and send that message?*

A positive response, an incredible response in terms of people who come up to me afterwards and thank me. To a person, everyone always thanks me for my service. I welcome that and accept it not just for me, but on behalf of all the men and women who serve because I'm in the limelight and they're not. They need to be—the men and women who serve on point. So I always make sure I thank people for them. That's very important to me.

The doctors, the DCs, are very grateful that I am a spokesperson, that I am bringing light to your profession in such a positive way. But I'm starting to come back to the DCs and say, "If you're going to come up and thank me, what I want to be able to do is thank you back by saying, 'Thank you for contributing to the Foundation for Chiropractic Progress.'" I do this for the Foundation and I do it for all of you because I believe in it. You wouldn't be in your profession if you didn't believe in your profession as well. So I'm starting to encourage the more "comfortable" DCs to take a look at their lives and say, "Why did you decide to become a DC? What was that spark that was ignited in you." And to a person, I think it's the desire to see people become well and the desire to keep people from getting broken.

Chiropractic is a service-oriented profession. You care about other people. It's a great parallel to the military, in my mind. So I'm hoping to educate people that the Foundation, collectively, can be a greater voice than just the individual chiropractor themselves. The individual is very important. The first person you lead is you. Then, you're an integral part of a **TEAM**—"Together Everyone Achieves More." So the team can be a much more powerful voice. The Foundation is leading that team with a powerful, positive voice for chiropractic. It's crazy to me that more DCs would not join the Foundation and be part of that effort. Because I think that effort is going to take chiropractic from being a good, solid profession to a great profession, a leading health profession in this country. I think it's very do-able. But not without the collective effort, which is what I think the Foundation will eventually do. Right now, it's one DC at a time.

*Congress mandated the inclusion of chiropractic on military bases in 2000 and we are on many military bases today. And yet, we are not extensively enough represented on those bases. Your thoughts on why that is the case?*

It's definitely tied to resources and resource constraints and that's a shame. The leadership has to take its budget and decide what skill sets they want and how many of them they want. And if they want more, more money or more people, then they have to go back to Congress and ask for that. Congress has said there's a mandated benefit, make it happen. But they didn't give any authorization for more money and they didn't give any authorization for more people.

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The military, the DOD side of the house, they're working on it, but oh-so-slowly. That's a difficult position to be in. As a commander in the field, when I was told, "Go make something happen, here's your mission," but then wasn't resourced for it, those are the hardest missions to do. You have to prioritize and figure it out. As a commander, I always tried to be sure that when I told my subordinate commanders that they have a mission to do something, that I would provide the resources. Because that's the way I was brought up and trained, that the commander has that responsibility to resource.

So at what level has someone decided that we're not going to resource that? That's one of the questions. The other is that I don't think we've sat around the table and said, "How can we make this happen? How can we resource this within the constraints that we have?" There are viable options, not the least of which is that the military ought to come back and say, "Well, help us, Congress, to get Tricare to approve it." Because that's the first bridge to success. If we can get Tricare to cover it, then *tomorrow* the benefit would be there for all of our soldiers, no matter how many treatment facilities it would be in. Because if it's not in the treatment facility, then I've got enough chiropractors in the local community that I can go get the help. I personally think that's the fastest way to bring visibility to how wonderful this service is, because then more soldiers would be going to chiropractors. More soldiers, then, would not be on sick call. More soldiers would be doing their mission every day. The leadership would sit back and go, "Holy cow!"

So Tricare is the quickest fix. The next quickest is to contract docs, or bring them into government civilian jobs, and then eventually we can get to the military piece of it. But the burden as a commander, when you are given the mission but not the resources, is a huge burden. Because if you tell me I have a mission, the first line of the Army ethos is "I will always place the mission first." So if I were a senior leader in the military, or the Secretary of Defense, I would feel like I'm kind of looking the other way on this mission and nobody's really pushing me the other way to look back at it. You know, because nobody is.

So I think we somehow have to force the senior leadership, starting with the Secretary of Defense, to look at chiropractic care as a resource that can help in so many other ways. The first step is to define the problem and then strategize as to how to fix it. I think there are many strategies that can work over time. The big vision would be that 20 years from now we have commissioned chiropractors side-by-side with brigade surgeons and the brigade combat team. People will look at this and say, "Why didn't we do this 30 years ago?"

If you go back and look statistically at how many people have been redeployed out of theater for musculoskeletal conditions and do not return, it's huge. Now we've been in a protracted war for many years. We've predicted that it's going to continue for many more years because of the type of warfare that's out there, and we've got to get this right. And part of getting it right is chiropractic care.

**Carl S. Cleveland III, DC, the interviewer, is President of Cleveland Chiropractic College—Kansas City and Los Angeles.**