

Exposing the CCE Charade

By James Edwards, DC

Last fall, the Council on Chiropractic Education (CCE) requested input from the profession relative to proposed changes in its bylaws, policies and standards. When I learned that CCE's proposed changes would permit the Doctor of Chiropractic Medicine (DCM) degree; completely delete the term *subluxation*; and remove the "without the use of drugs and surgery" clause, I did everything I could to alert the profession about CCE's ill-advised proposals.¹⁻²

And, oh my, did the profession respond! Not only did thousands of practitioners express their opposition to the CCE's proposed changes, but both the International Chiropractors Association (ICA) and the American Chiropractic Association (ACA) expressed their opposition to the CCE's recommendations. That should have been more than enough to get the CCE to abandon its ill-advised proposals, right? Wrong!

The CCE held a public meeting in Scottsdale, Ariz., on Jan. 14, 2011. Among the items addressed in the meeting were proposed changes to the bylaws, policies, and standards of the agency. The proposed revisions were discussed after more than 4,000 people in and around the profession had taken the time to offer formal input during the revisions process. Former Life Chiropractic College West President Dr. Gerry Clum attended the meeting and offered the following observations:³

"Ambiguous language that could have allowed a Doctor of Chiropractic Medicine (D.C.M.) program to seek accreditation from the CCE was clarified. The language now reflects accreditation of D.C. programs or their international equivalent. Many international programs do not offer doctorate degrees, for example in the United Kingdom, a physician earns a bachelor's in medicine and a bachelor's in surgery. Similarly, programs with a British tradition offer a bachelor's in chiropractic science, or perhaps a master's degree of the same nature. Very clear and straightforward acknowledgments were heard from the chair of the Council that the CCE's authority from the Secretary of Education is for programs leading to the award of the D.C. degree, not a D.C.M."

"In the previous draft of the proposed changes, the word 'subluxation' had been completely stricken. It has been returned under the meta-competencies (required competencies) associated with the Standards. There was a proposal for a positioning statement about the profession to be added to the foreword but it was voted down. During the discussion, the language 'subluxation and/or biomechanical faults' was put forward. Some on the Council argued there was no evidence for subluxation in the context offered. When asked about the same for 'biomechanical faults' that was found to be worthy! A real head-scratching moment."

"In the current Standards, chiropractic is expressed as being applied 'without the use of drugs and surgery.' This statement does not appear in the version of the Standards passed on January 14, 2011."

So, what does this all mean? It means that other than the CCE backing off what could have been approval of a "Doctor of Chiropractic Medicine" (DCM) degree, it told the profession to "take a hike" by making the word *subluxation* a footnote and removing the phrase "without the use of drugs and surgery" in its entirety.

Which begs the question, if the CCE is going to ignore the profession's expressed wishes, why does it bother to ask for input? Well, I can tell you why. It's all about getting "cover" for the decisions it has already made. It is the same modus operandi the CCE has used for many years. The council always asks the profession what it thinks and what it wants – and then always does exactly what has been preordained. It is a charade, folks; nothing more than a charade. Here are two examples, one recent and one historical.

In the fall of 2010, one of the current CCE council members sent out an e-mail lamenting that Dr. Clum was opposing CCE's proposed changes and encouraging the ACA to express strong support for them. Now I ask you: If the CCE were really interested in learning the real opinions of the profession, why would a CCE council member try to influence the input process on an issue on which they would ultimately vote? It just doesn't smell right, does it?

Back in 2002, the ACA president and I (then-ACA chairman) sent a letter of concern to the CCE after it requested the ACA's position on proposed changes at that time. Instead of receiving a nice thank-you note for taking the time to thoughtfully respond, the CCE president responded with an insulting "how dare you challenge our authority" letter. In other words, the CCE only wants comments that support its proposed changes; "woe be unto you" if you dare comment in opposition to what the CCE desires.

I'm sorry, but my personal experience with CCE has taught me that the organization has its own pro-drugs, anti-subluxation agenda for the profession, is fully willing to shove that agenda down the throats of

chiropractic colleges, and does not care one iota about what national membership organizations, chiropractic colleges or individual practitioners think or desire. And when the CCE asks for the profession's input, I must repeat – it is a charade. Nothing more and nothing less.

Dr. Clum concluded his e-mail communication regarding the Jan. 14 Scottsdale meeting by stating the following:

"Think about the appointment process to the Council – people get nominated, they are vetted by a committee of the Council on ambiguous criteria, they are put on a ballot that allows preferences to come into play, then a decision is made by the people who already sit on the Council. The opportunity for in-breeding, and election of people who represent a given orientation in the profession versus another, is obvious."³

Again, based on my personal experience, I could not have said it better myself! As the former spouse of a past CCE board member, I can absolutely confirm that is exactly how the CCE system works. Individuals are nominated by like-minded sitting council or board members and then are swept into office because they have been "blessed" by the powers that be. It is a covert, premeditated process.

Past ICA Board Chairman Dr. Robert Braile was even more critical of the CCE when he stated the following:⁴

"Over the years, the CCE has changed its own rules in order to continue to have a select few keep control. On more than one occasion, there was the possibility that conservative subluxation-based schools (which produce over 65% of the graduates) would have voting control of the CCE. In each of those instances, the group about to lose power would change the rules to keep their minority in control. Today, the CCE does not even remotely resemble a democratic organization led by the schools. Instead the CCE, as it is constituted today, is a dictatorial fascism led by a few individuals with an agenda so removed from chiropractic practice reality that it is hard to comprehend that these people claim to be in the same profession as the rest of us."

Whether "dictatorial fascism" or not, one thing is certain. This incestuous selection process has failed to produce CCE board and council members who are willing and able to represent the mainstream positions of the majority of doctors of chiropractic, the majority of chiropractic colleges, and both national chiropractic membership organizations. And until CCE changes its electoral process, it will remain an organization

without any moral authority to speak for the chiropractic profession.

References

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