

UNITED STATES DEPARTMENT OF EDUCATION  
OFFICE OF POSTSECONDARY EDUCATION  
NATIONAL ADVISORY COMMITTEE ON  
INSTITUTIONAL QUALITY AND INTEGRITY [NACIQI]

MEETING

VOLUME I

Thursday, December 12, 2013

8:35 a.m.

Metropolitan East-West Liaison Hotel  
Conference Room  
415 New Jersey Avenue, N.W.  
Washington, D.C. 20001

P A R T I C I P A N T S

## COMMITTEE MEMBERS PRESENT:

DR. SUSAN PHILLIPS, Chair  
DR. ARTHUR KEISER, Vice Chair

MR. WILLIAM ARMSTRONG  
MR. SIMON BOEHME  
DR. JILL DERBY  
DR. ROBERTA L. (BOBBIE) DERLIN  
DR. GEORGE T. FRENCH  
DR. WILLIAM 'BRIT' E. KIRWAN  
MS. ANNE D. NEAL, J.D.  
MR. RICHARD O'DONNELL  
MR. ARTHUR J. ROTHKOPF, J.D.  
MR. CAMERON C. STAPLES, J.D.  
DR. LARRY N. VANDERHOEF  
DR. CAROLYN WILLIAMS  
MR. FRANK H. WU, J.D.  
DR. FEDERICO ZARAGOZA

## COMMITTEE MEMBERS ABSENT:

DR. WILLIAM PEPICELLO

## U.S. DEPARTMENT OF EDUCATION STAFF PRESENT:

MS. CAROL GRIFFITHS, Executive Director, NACIQI  
MS. KAY GILCHER, Director, Accreditation Division  
MS. SALLY WANNER, General Attorney, Postsecondary  
Division, OGC  
MS. ELIZABETH DAGGETT  
MR. CHUCK MULA  
DR. RACHAEL SHULTZ  
MR. HERMAN BOUNDS  
MS. KAREN DUKE  
DR. JENNIFER HONG

MS. PATRICIA HOWES  
MR. STEVE PORCELLI  
Ms. CATHY SHEFFIELD

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Mr. Arthur Rothkopf  
Mr. Simon Boehme

Department Staff:  
Mr. Chuck Mula

Representatives of the Agency:  
Ms. Kathleen A. Cook, Chair, COANAEP  
Dr. Kay K. Sanders, Vice-chair, COANAEP  
Mr. Francis Gerbasi, Executive Director, COANAEP

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Mr. Cameron Staples  
Dr. Federico Zaragoza

Department Staff:  
Dr. Rachael Shultz

Representatives of the Agency:  
Dr. Craig S. Little, Chair CCE  
Dr. Tom Benberg, President, CCE  
Dr. Rudolph Jackson, Councilor, CCE  
Mr. S. Ray Bennett, Vice President for

Accreditation & Operations, CCE

Third Party Oral Comment:

Mr. Arno Burnier, Chiropractic educator  
Mr. DaPonte, Chiropractor  
Mr. Jerry Degrado, Chiropractor  
Mr. Michael Guinosso, Chiropractor  
Mr. Shawn Dill, Palmetto State Chiropractic Association  
Mr. Anthony Hamm, Vice President, American Chiropractic Association  
Mr. Ronald Hendrickson, International Chiropractors Association  
Mr. Christopher Kent, President, Foundation for Vertebral Subluxation  
Mr. Roderic Lacy, Florida Chiropractic Physician Association, and the First Chiropractic Physician Association of America  
Mr. Dan Lemberger, Chair of the DaVinci Group  
Mr. Robert Love, Student, Life University  
Mr. Michael McClean, International Chiropractors Association  
Mr. David O'Bryon, Association of Chiropractic Colleges  
Mr. David Odiorne, Vice President of New York Chiropractic College  
Mr. Keith Overland, President, American Chiropractic Association  
Mr. James Potter, CEO, American Chiropractic Association  
Mr. Andrew Roberts, Chiropractor  
Mr. John Scaringe, President, South California University of Health Sciences.  
Mr. Mattie Leto, Chiropractor  
Mr. Rob Scott, Vice President, Life University  
Ms. Selina Sigafoose-Jackson, Chiropractor  
Mr. Mike Simone, Chairman of the Board, American Chiropractic Association  
Mr. Steve Tullius, Chiropractor  
Ms. Nutz Campanale, International Federation of Chiropractors and Organizations  
Mr. Zachary Wells, Delta Sigma Chi Professional Fraternal Chiropractic Organization

Mr. Steve Welsh, Chiropractor  
Mr. David Wickes, Dean, University of Bridgeport's  
College of Chiropractic  
Mr. Theodore Dragoo, Student, Life University  
Mr. John Lancaster, Student, Life University  
Mr. Ronald Sweeney, Student, Life University  
Mr. Beau Smith, Student, Life University  
Ms. Megan Haleh Afshar, Student, Life University  
Mr. Ruvain Rubinstein, Student, Life University  
Mr. Cameron Banks, Student, Life University  
Mr. Michael Wiles, Provost and Vice President of  
Academic Affairs, Northwestern Health Sciences  
University  
Dr. Lawrence O'Connor, former President, current board  
member, Chiropractic Licensing Boards  
Dr. Lynn Pownhall, D'Youville College  
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Ms. Anne D. Neal  
Dr. Roberta L. Derlin

Department Staff:  
Ms. Elizabeth Daggett

Representatives of the Agency:  
Dr. Barbara A. Beno, President, ACCJC  
Ms. Krista Johns, Vice President, ACCJC  
Dr. Sherrill Amador, Chair, ACCJC  
Mr. Raul Rodriguez, Commissioner, ACCJC  
Ms. Kate Lipper, Policy and Legal Advisor, Education  
Counsel LLC



Mr. Steve Winnick, Policy and Legal Advisor, Education Counsel LLC

Third Party Oral Comment:

Ms. Alisa Messer, President, AFT 2121, City College of San Francisco

Mr. Joshua Pechthalt, President, California Federation of Teachers

Mr. Craig Smith, Director, Higher Education Department of the American Federation of Teachers

Ms. Shanell Williams, Student Trustee, City College of San Francisco

Ms. Wendy Kaufmyn, Engineering Instructor, City College of San Francisco

Mr. Martin Madrigal, Veteran, Student Representative, City College of San Francisco

Ms. Saginor, Librarian, City College of San Francisco

Ms. Muriel Parenteau, Department Chair, Disabled Students Programs and Services, City College of San Francisco

Mr. Michael Solow, Faculty, City College of San Francisco

Mr. Thomas Henry, Special Trustee, Compton Community College District and College

Mr. Raul Rodriguez, Chancellor, Rancho Santiago Community College District

Mr. Cookab Hashemi, on behalf of Congresswoman Jackie Peier

Ms. Meredith Staples, Representative, Service Employee International Union

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P R O C E E D I N G S

(8:35 a.m.)

MS. GRIFFITHS: Good morning, everyone.

This is the fall 2013 meeting of the National Advisory Committee on Institutional Quality and Integrity. In the absence of a committee chair and in accordance with the rules of FACA, the Federal Advisory Committee Act, I call this meeting to order.

I'd like to welcome everyone to this meeting, to the members, and particularly I want to say congratulations and welcome to our three members who were reappointed: Susan Phillips, Frank Wu, and Federico Garazola. Zaragoza. Excuse me. I stumbled over that. Zaragoza. On their reappointments. Sorry, Federico. The work is tough on this committee, and we're glad that the three of you have agreed to come back and continue in this work.

Also I want to congratulate Roberta Derlin and Simon Boehme on their appointments to the committee. We're very glad to have both of you on board and look forward to your contribution as well.

We have a large audience today, and I see a lot of accreditors and members of the public, some of whom you'll hear from later today, and it's a reminder to everyone that there will be no audio-video taping of the proceedings, no written materials may be distributed, and please take a moment to turn off your cell phone ringers. A transcript of the meeting will be made and will be available to people after the meeting, and that might be very helpful for some.

I can't think of any other housekeeping things at this point in time, so with all that said, let's go around the table and introduce yourselves, as is the committee's practice, starting to my right.

DR. VANDERHOEF: My name is Larry Vanderhoef, and I have been on the committee for a couple of years I guess now.

MR. WU: Frank Wu, Chancellor and Dean, University of California, Hastings College of Law.

DR. PHILLIPS: Susan Phillips, Provost and Vice President for Academic Affairs at the University at Albany, State University of New York.

MR. ARMSTRONG: Good morning. I'm Bill Armstrong, President of Colorado Christian University in Lakewood, Colorado.

DR. DERLIN: Good morning. I'm Bobbie Derlin, Associate Provost at New Mexico State University in Las Cruces, New Mexico.

DR. ZARAGOZA: Good morning. I'm Federico Zaragoza. I'm the Vice Chancellor for Economics and Workforce Development, Alamo Colleges in San Antonio, Texas.

MR. STAPLES: Good morning. My name is Cam Staples. I'm the President of the New England Association of Schools & Colleges.

MR. ROTHKOPF: I'm Arthur Rothkopf, President Emeritus, Lafayette College.

MR. O'DONNELL: Good morning. I'm Rick O'Donnell, Chief Revenue Officer of the Fullbridge Program.

DR. WILLIAMS: Good morning. I'm Carolyn Williams, President Emeritus, Bronx Community College, City University of New York, and university professor,

CUNY Graduate Center.

DR. FRENCH: Good morning. I'm George French, President of Miles College, Birmingham, Alabama.

DR. DERBY: Good morning. I'm Jill Derby, former Regent with the Nevada System of Higher Education, currently a governance consultant with the Association of Governing Boards.

MR. BOEHME: Good morning. My name is Simon Boehme, and I'm a student at Cornell University and very happy to attend my first meeting.

DR. KEISER: I'm Art Keiser, Chancellor at Keiser University in Florida.

MS. NEAL: Anne Neal, President of the American Council of Trustees and Alumni.

MS. WANNER: Sally Wanner with the Office of General Counsel, Department of Education. I'm not a committee member. I'm here in an advisory capacity.

MS. GILCHER: I'm Kay Gilcher. I'm the Director of the Accreditation Group at the U.S. Department of Education.

MS. GRIFFITHS: Yes. And I am Carol  
Griffiths, the Executive Director of the committee.

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**NACIQI ELECTION: CHAIR AND VICE CHAIR**

MS. GRIFFITHS: The first order of business on today's agenda is the election of officers, a Chair and a Vice Chair. These elections, by your charter, are required at least every three years. Once the elections are concluded, I'd like us to take a short break, and when we reconvene, your newly elected Chair will conduct the remainder of the meeting.

With that said, I'd like to open the nominations for Chair. Arthur?

MR. ROTHKOPF: Yeah. I nominate Susan Phillips for Chair.

MS. GRIFFITHS: The nomination is for Susan Phillips as Chair. Is there a second?

DR. KEISER: I'll second.

MS. GRIFFITHS: Art Keiser has seconded. Are there any other nominations for the position of Chair?

(No response.)

MS. GRIFFITHS: Any questions for the candidate?

(No response.)

MALE VOICE: I move nominations be closed.

MALE VOICE: Second.

MS. GRIFFITHS: The nominations have been moved and seconded for close. We'll close the nominations. We are ready for a vote.

As there is only one nominee for this position, if there are no objections, I would like to say that Susan Phillips is elected the Chair.

Consent?

(Applause.)

MS. GRIFFITHS: Okay. At this point then we'll move to the position of Vice Chair, and I would like to open the nominations for the position of Vice Chair. Are there any nominations? Cam?

MR. STAPLES: Thank you. I would like to nominate Art Keiser for Vice Chair.

MS. GRIFFITHS: Art Keiser has been nominated for the position of Vice Chair. Is there a second?

DR. DERBY: I'll second the motion.



MS. GRIFFITHS: And the motion has been seconded by Jill Derby.

Are there any other nominations for the position of Vice Chair?

(No response.)

MALE VOICE: I'd like to move the closing of nominations.

MS. GRIFFITHS: Is there a second to move the closing of nominations?

VOICE: Second.

MS. GRIFFITHS: That nomination for Vice Chair is closed. As there is only one nominee for the position of Vice Chair, I would like to suggest that we accept this as an election based on consent. Duly done.

(Applause.)

MS. GRIFFITHS: Okay. At this point we will take a five- to 10-minute break so that I can have an opportunity to speak with the new officers and come back to the table, and we'll proceed. Thank you.

(Whereupon, a short break was taken.)

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**MEETING RECONVENED UNDER NEWLY ELECTED CHAIR**

DR. PHILLIPS: Good morning and welcome back. We're going to get started a little earlier than on the published agenda. Consistent with what I've been asked by the recorder, each of us on the committee who speak, not only remember to press your microphone, but also please say your name before you start your remarks. So each time you speak press and speak your name.

Housekeeping. So my first order of business is to say thank you to the committee members. I'm honored to be designated to provide this service, and I really appreciate your support and hope that as we go forward we'll work very well together and especially appreciate my nominators and Art Keiser for being willing to serve as a Vice Chair as well.

We have on our NACIQI agenda this year of course our routine work of reviewing the agencies that have come forward for recognition or re-recognition for compliance, and you'll see on our agenda a good deal of that today. We also have in our charge

consideration of making recommendations to the Secretary on a number of policy items.

You'll recall 18 months, two years ago we undertook a pretty extensive set of recommendations, a development process to recommend concerns about the reauthorization of the Higher Education Act. That was then. Much has transpired. As you well know, the higher education reauthorization is active and underway now, and it may well be that there is an additional call for us to make a contribution in that area.

I'd like to recognize Arthur Rothkopf to speak a bit about the policy agenda possibilities, and I'll turn the mic over to him right now.

MR. ROTHKOPF: Thank you, Susan, and I would like to congratulate you and Art for taking on the leadership positions.

I think it's critical for this committee advisory to the Secretary to actually render advice on accreditation at this time. You'll remember that at our last meeting when Jamie was still a member here

before she went to the Department, Martha Kanter, who was then Undersecretary, asked for advice from us about what could be done or should be done in the area of accreditation.

Things have changed. Martha is I think as of this week going to turn into an academic. Jamie is at the Department and responsible at this moment for the policy of the Department in the area of accreditation and any changes, and things are happening.

We issued a report 18 months ago with, if you will, a majority and minority report setting things out, but at least what the thoughts were of the members at that time. The membership has changed and things have changed. The President has put forward a proposal. There are hearings, actually as we sit here, in the Senate on accreditation as a part of the Higher Education Act. The House has had hearings. One of our members actually testified at that hearing, and others of us are -- just yesterday I spoke with staff members of a Republican Senator and Democratic

Senator who are looking for a new way of dealing with accreditation.

So it's an active issue, and hopefully we'll have 18 knowledgeable people and we should be heard. And so I would urge that something be done to get us into the thing and not just wait again for the semi-annual meetings that come up. By the time we meet, the game may be over.

And I think it's just important with all the knowledge around this table for us to be a participant. So I don't know how we get there, but my urging is that we do become an active part of this conversation, which is very active right now and is very critical to the future of higher education. Those are my comments.

DR. PHILLIPS: Thank you, Arthur. I couldn't agree more. I'd like to make sure that we reserve a bit of time on our agenda today and tomorrow to have some discussion about how we might go about participating in that.

I am hopeful that Martha Kanter may be able

to join us for a few moments perhaps tomorrow to give us a feel for what might be coming forward before she exits, and we will make sure that we get a call for engagement that will give us some suggestions about what input is being sought and then also join that with what input we think is important to provide.

I know that there's been a pretty active House and Senate set of discussions underway and that there has been participation. I'm not sure if all of us have kept in the loop on that, so that may be a first place to start and then we'll take it from there. So I'm going to see if we can try to reserve a bit of time today and tomorrow depending on how our schedule goes to take up the so how do we do this question. So thank you for putting that on the table.

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**CONSENT AGENDA**

DR. PHILLIPS: Our first order of business, official business, today is the consent agenda that you'll see on your agenda. Just to introduce that, we have proposed the actions for consideration of renewal of recognition for nine different agencies. These are listed on your agenda.

FEMALE VOICE: I have 10.

DR. PHILLIPS: Ten? My apologies. Ten. The first call is to inquire if there are any third-party comments, I understand.

MS. GRIFFITHS: Carol Griffiths. No third-party comments on the agenda.

DR. PHILLIPS: Susan Phillips. Returning to the agenda items, are there any agencies that any committee member would like to remove from the consent agenda?

(No response.)

DR. PHILLIPS: Hearing none, are there any recusals? Any individual of the committee who needs to recuse from any of the consent agenda items?



(No response.)

DR. PHILLIPS: Seeing none, I'd invite a motion to move the consent agenda forward.

DR. DERBY: I move for approval of the consent agenda.

DR. FRENCH: Second. Second that motion.

DR. PHILLIPS: Any discussion?

(No response.)

DR. PHILLIPS: All right. We'll move to a vote. The motion is made to approve the consent agenda forward. Those in favor?

(Chorus of ayes.)

DR. PHILLIPS: Opposed?

(No response.)

DR. PHILLIPS: The consent agenda is moved forward acceptably.

We move now to the review of individual agencies, and in this, you'll recall the review procedures begin with an introduction to the agency by the primary readers, a briefing by the Department staff, remarks by the agency representatives,

presentation of any third-party comments that might be scheduled, the agency response to those comments, the Department response to the agency and third-party comments and then our discussion and vote. We have the opportunity at each moment to inquire, make our own discussions and questions along the way.

Because of our agenda today, again I will repeat some rules of the game. When you look to be recognized, just catch my eye. I'll keep a speaking order. Make sure that your mic is on and then say your name before you speak.

We'll also have this time and number of -- not for this next agency, but in the larger agenda, a number of public commenters whose time to speak is constrained, and we'll have three-minute warnings and so forth in order to make sure that we have an opportunity for each speaker to be heard. So I'll say a little bit more about that as we come to that point in the agenda.

So, with that said, our first item for consideration is the Council on Accreditation for

Nurse Anesthesia. The primary readers on this are Mr.

O'Donnell, Mr. Rothkopf, and Mr. Boehme. Mr.

O'Donnell is speaking. Yes.

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**COUNCIL ON ACCREDITATION OF NURSE ANESTHESIA**

**EDUCATIONAL PROGRAMS (COANAEP)**

MR. O'DONNELL: Thank you. Rick O'Donnell here to introduce the Council on Accreditation of Nurse Anesthesia Educational Programs. The council accredits primarily hospital-based programs, 113 of them in 37 states, and have been accredited since 1952. Their last full review was in 2007.

There are not very many issues identified by staff as needing our attention. They aren't very big.

One of them was a question about if the agency has policies in place that address when an institution has made substantive changes that would require review, and it appears that they have some policies in place when branch campuses are opened but not other substantive changes that may take place in the program, and the staff has recommended that these policies be put in place.

And then another one is notifying all the appropriate parties when they take a negative action against an institution. It appears that the agency

may notify certain parties but not all parties as required by regulation and statute simultaneously.

And those really were the only two substantive issues identified by staff analysts in this, and it seems to be a pretty clean and clear and easy agency.

DR. PHILLIPS: Thank you. Let me ask the staff analyst to address the petition. Mr. Mula?

MR. MULA: Good morning, Madam Chair and members of the committee. My name for the record is Chuck Mula, and I will be presenting a petition for the continued recognition on the Council on Accreditation of Nurse Anesthesia Education Programs, hereafter referred to as COA or the agency.

The agency's petition for continued recognition is the subject of this report. The staff recommendation to the senior Department official for this agency is that she continue the agency's recognition and require the agency to come into compliance within 12 months by submitting a compliance report that demonstrates the agency's compliance with

the issues identified in the staff analysis. This recommendation is based on my review of the agency's report and its supporting documentation.

While I found that the agency's substantive change policies needed to define when the changes made or proposed by the institution are or would be sufficiently extensive enough to require the agency to conduct a new comprehensive evaluation of the complete institution, that it needed to provide written notice of probation and adverse actions to the Secretary, the appropriate state licensing or authorization agencies and the appropriate accrediting agencies at the same time it notifies the institution or program of the decision, but not later than 30 days after it reaches a decision.

Therefore, as I stated earlier in my presentation, we are recommending to the senior Department official that the agency's recognition be continued and that it be required to come into compliance within 12 months by submitting a compliance report that demonstrates the agency's compliance with

the issues identified in the staff analysis.

This concludes my report. There are members of the agency here today, and we are available for your questions.

DR. PHILLIPS: Thank you. Susan Phillips. The primary readers, any questions that you have of the analyst?

(No response.)

DR. PHILLIPS: Committee members, any questions that you have of the analyst?

(No response.)

DR. PHILLIPS: Wonderful. We'd invite the representatives of the agency to come forward.

(Pause.)

DR. PHILLIPS: Welcome. And if you would introduce yourselves and give us your discussion?

MR. GERBASI: Thank you, Madam Chair and members of the NACIQI. On behalf of the Council on Accreditation for Nurse Anesthesia Programs and the 113 nurse anesthesia programs it credits, good morning. My name is Frank Gerbasi, and I serve as the

executive director for the council.

With me today is the chair of the council, Mrs. Kathleen Cook. Mrs. Cook is the Assistant Program Director for the Oregon Health and Science University Nurse Anesthesia Program. Also with me today is Dr. Kay Sanders. Dr. Kay Sanders serves as the vice chair of the council, and she is the Director of the Nurse Anesthesia Program at Texas Christian University.

We appreciate the opportunity to appear before you today in support of the council's petition for continued recognition. We want you to know that the council is working to ensure nurse anesthesia educational programs are providing students with a high quality education. All nurse anesthesia programs today are at the graduate level, and they must meet rigorous educational requirements established by the council.

Certified registered nurse anesthetists safely administer over more than 34 million anesthetics to patients each year in the United States



and are primary anesthesia providers in rural America.

We are humbled and we're honored that the Institute of Medicine has reported that anesthesia is 50 times safer today than it was 20 years ago.

We would like to express our appreciation to the Department staff and Mr. Mula for their assistance in providing guidance in the development and the submission of our petition. The council received its final report on November 27. As Mr. Mula stated, the final staff report indicates the council is in full compliance with all the recognition requirements except for 602.22(a)(3) and 602.26(b).

It was noted that 602.22(a)(3), to be in full compliance, the council will need to revise its policies to identify situations where changes will be extensive enough to fundamentally change an institution, which would require a new comprehensive evaluation of the whole institution.

It was noted for 602.26(b), to be in full compliance, the council will need to provide evidence to the Secretary that all the other agencies listed in

the requirement were notified of the negative accreditation action at the same time as the institution or program.

The council appreciates the thorough review and believes it can satisfactorily address the two requirements by revising its policies and procedures.

The council appreciates having the opportunity to appear before you today and would entertain any questions at this time. Thank you.

DR. PHILLIPS: Thank you very much.

Readers, any questions that you have for the agency?

(No response.)

DR. PHILLIPS: Committee members, any questions that you have for the agency?

(No response.)

DR. PHILLIPS: And, Mr. Mula, any response?

(No response.)

DR. PHILLIPS: Thank you very much for joining us.

MR. GERBASI: Thank you.

DR. PHILLIPS: Are we ready for a motion?

MR. O'DONNELL: We are, Madam Chair. I'd make a motion for the Council on Accreditation of Nursing Anesthesia, and I move that the NACIQI recommend that the Assistant Secretary continue the agency's recognition and require the agency to come into compliance within 12 months and submit a compliance report that demonstrates the agency's compliance with the issues identified in the staff report.

MR. BOEHME: I second.

DR. PHILLIPS: Just a reminder to say your name before you say anything. The first was by O'Donnell, and the second was by Boehme.

I'm sorry. Arthur, would you like to be recognized?

MR. ROTHKOPF: To second the motion. I have no other comments.

DR. PHILLIPS: Wonderful. And that was Rothkopf. Any discussion?

(No response.)

DR. PHILLIPS: Calling then for the vote.

Those in favor of the motion as posed signal by saying aye?

(Chorus of ayes.)

DR. PHILLIPS: Those opposed?

(No response.)

DR. PHILLIPS: The motion carries, and that's presented on the screen.

**NACIQI RECOMMENDATION**

**That the NACIQI recommend that the Assistant Secretary continue the agency's recognition and require the agency to come into compliance within 12 months and submit a compliance report that demonstrates the agency's compliance with the issues identified in the staff report.**

DR. PHILLIPS: Okay. I think we're scheduled for a brief break at this moment. We'll break just for 15 minutes and then be ready to take up the next item, which will be the Council on Chiropractic Education. So we'll see you back here at 9:35.

(Whereupon, a short break was taken.)

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**THE COUNCIL ON CHIROPRACTIC EDUCATION [CCE]**

DR. PHILLIPS: Susan Phillips. Welcome back. The next item on our agenda is the Council for Chiropractic Education. This is primary readers of Mr. Staples and Mr. Zaragoza.

Prior to beginning this conversation I want to just thank those who have brought their visual aids into the room to have left them by the side of the wall. I appreciate them staying there, and we'll proceed with our discussion initially by the primary readers.

DR. ZARAGOZA: The Council on Chiropractic Education, also known as CCE --

DR. PHILLIPS: Zaragoza.

DR. ZARAGOZA: -- is recognized as a specialized accreditor. CCE was first recognized by the Commission of Education in 1974. Their current scope of recognition is accreditation of programs leading to the Doctor of Chiropractic degree and single purpose institutions offering the Doctor of Chiropractic program.

CCE currently accredits 15 Doctor of Chiropractic programs at 18 sites in 13 states. CCE accredits one program that is offered through a single purpose chiropractic institution. The agency has one single purpose, and chiropractic institutions utilize the agency's accreditation to establish eligibility to participate in Title IV of the Higher Education Act programs. CCE accreditation also allows existing programs to participate in non-Title IV programs offered through the Department of Health and Human Services.

CCE was reviewed for continued recognition at the fall 2011 NACIQI meeting. At that time, it received continued recognition and was requested to submit a compliance report on items related to a number of criteria. That report is the subject of this analysis. This item is before us as an action item. No issues or problems were identified by staff in the report. The staff recommendation is continued recognition for a period of three years.

However, the Department did receive 25

third-party written comments, so at this time, I will defer to staff for a summary of their analysis and recommendations.

DR. PHILLIPS: Thank you, Mr. Zaragoza.

One note just to the audience. Just to repeat that photographic and audio recording of this hearing is not acceptable.

Moving to the staff, comment?

DR. SHULTZ: Good morning. I'm Rachael Shultz, and I will be presenting information regarding the report submitted by the Council on Chiropractic Education or CCE.

The staff recommendation to the senior Department official is to accept the agency's report and renew its recognition for a period of three years.

The agency adequately addressed all of the staff concerns from the fall 2011 petition in its current report, and there are no outstanding issues remaining for this agency.

The reason that the agency was not included on this morning's consent agenda was because



third-party oral commenters have requested an opportunity to speak at today's meeting. In addition to the oral commenters here today, the Department also received 25 written comments with regard to this agency, primarily from practitioners. Of the written comments received, two were in support of the agency, and 23 were in opposition to the agency.

The comments in favor of the agency noted that the commenters support the agency's current medically based approach. The comments in opposition to the agency were based largely upon a longstanding philosophical disagreement within the chiropractic community. They continue a pattern of oppositional comments that have been received by the Department each time this agency has been reviewed for recognition over the years. This debate centers largely on whether it is appropriate for chiropractors to dispense drugs or perform surgery.

The *Federal Register* notice states that written and oral third-party comments are to address only those criteria for recognition that are currently

under consideration. Of the 23 written oppositional comments, 17 reference sections of the criteria that are not under consideration in the current report, and four failed to identify any criteria at all.

However, three written comments did reference Section 602.15, which is related to conflicts of interest and is under current consideration. As a result, in its response to the draft staff analysis, the agency was requested to provide additional information about its councilor selection processes and in particular how it satisfies the duty to encourage council diversity.

In its response to the draft staff analysis, the agency provided extensive documentation related to its councilor elections process. To briefly summarize, two committees review openings on the council and establish a list of preferred qualifications and attributes that are needed relative to the council as a whole.

The agency then solicits nominations for open seats. The nominations are reviewed by the

council relative to the agency's bylaws, and any ineligible nominees are removed from consideration. A slate is developed by consensus, conforming to set limits in the size of the slate per category. The election is held. Candidates must receive a majority vote of all members or councilors in order to be elected.

The documentation that the agency provided indicated that it is following its established elections process and that its process has encouraged council diversity. Ed staff notes that 10 of the agency's 15 accredited programs are represented on its council, including at least two schools understood to be aligned with the pro subluxation community. As a result, staff accepted the agency's response and requested no additional information.

That concludes my presentation. There are CCE representatives here today, and we will be happy to respond to the committee's questions. Thank you.

DR. PHILLIPS: Thank you, Dr. Shultz.

Reader questions?

(No response.)

DR. PHILLIPS: Or committee questions?

(No response.)

DR. KEISER: Art Keiser. Rachael, does the accrediting commission accredit both of these two type of philosophies of chiropractic education or just one type?

DR. SHULTZ: It's my understanding that there are programs that follow both philosophies that are accredited by the agency.

DR. KEISER: In the standards, do they prescribe a specific type of education required for an accredited institution to cover both types, the conservative and the nonconservative form of chiropractic?

DR. SHULTZ: I believe that the current standards require that the programs provide education that includes the use of prescription drugs and surgery. Of course, it would be up to the person after they had completed the program whether they wanted to include that as a component in their

practice.

DR. KEISER: Thank you.

DR. PHILLIPS: Other committee questions?

Anne?

MS. NEAL: In the text provided, the Department argues that the issues of these philosophical differences do not relate to the criteria for recognition. And I guess I'm having some difficulty understanding why these issues which would appear to go to matters of quality and approach within the industry, why those would not be relevant to the criteria for recognition.

DR. SHULTZ: Well, we don't take a position on whether they should include the drugs and surgery requirements in their standards. The standards have been developed by the agency, and we feel that that's their prerogative.

DR. PHILLIPS: Cam Staples?

MR. STAPLES: Thank you. Cam Staples. I just want to follow up, Rachael, because I'm not sure that I understood the issue around the standards. If

an institution is a traditional conservative institution as they describe themselves and they don't want to have programs relating to the use of drugs or surgery or other aspects of the schools that are more progressive I guess is the way they describe themselves, are they able to become accredited by CCE even if they don't follow that practice, in other words, if they choose not to include courses like that in their curriculum?

DR. SHULTZ: I would appreciate it if the agency would elaborate more on this, but it's my understanding that these components are required to be part of the program, but I would like for you to verify that with the agency.

MR. STAPLES: Okay. Thank you.

DR. PHILLIPS: Other committee questions at this point?

(No response.)

DR. PHILLIPS: Okay. Thank you, Dr. Shultz.  
We invite the representatives of the agency to come forward.

(Pause.)

DR. PHILLIPS: Welcome. If you would please introduce yourselves, and as each of you speaks, if you could just state your name?

DR. LITTLE: Thank you. My name is Craig Little. I'm currently chair of the Council on Chiropractic Education. To my left, far left, is Dr. Rudy Jackson, who is currently a public member of the Council on Chiropractic Education. He's recently retired from the Southern Association of Schools & Colleges where he was employed for 15 years, and he is currently the lead accreditation consultant for the United Negro College Fund.

To my immediate left is Dr. Tom Benberg. Dr. Benberg has been on staff with CCE since August of 2012. He comes to us having recently retired from the Southern Association of Schools & Colleges, where he was Senior Vice President and Chief of Staff. And to my immediate right is Mr. Ray Bennett, who is the council's Director of Accreditation and Operations.

DR. PHILLIPS: Welcome. Thank you.

DR. LITTLE: Thank you. On behalf of the 24 directors of the Council on Chiropractic Education, I'd like to thank the committee for your time and expertise in review of CCE. We'd like to thank USDE staff generally and specifically thank Dr. Shultz and Dr. Gilcher. We found staff to be very gracious. We appreciate the comprehensiveness of their evaluation and greatly appreciate their assistance in the process. We appreciate the positive report, and I will keep my remarks brief.

This committee has unfortunately come to expect a bit of a circus atmosphere when this agency appears. We share every concern you might have regarding that fact. We feel it's important to lay a little background of what we've been doing the last two years to address the nature of the third-party commentary you received in written form and will undoubtedly receive here today. In doing so, we will try to tie together for the committee our history, the issues, and our current state of affairs.

Obviously there's historically been conflict



overwhelmingly intraprofessionally when CCE appears before this committee. Conflict among chiropractors with differing opinions on scope of practice, education appropriate for a chiropractor, and the chiropractor's role in health care has been embedded in the profession for a very, very, very long time. These interrelated topics have been heatedly argued in the profession since chiropractic's beginnings.

Chiropractors have traditionally vocalized passionately to each other and to each new generation of chiropractic students their individual positions on these topics, creating an environment of intraprofessional disorder that unfortunately permeates further public uncertainty, particularly in the area we are today.

I truly appreciate the passion that everyone in the audience brings to this profession. I appreciate the passion of the students that were outside. However, some here today are seeking to use this professional disorder and create more uncertainty in the hopes that this committee will not recognize

this agency or at the very least harm or limit the agency in order to further their specific agenda with CCE.

Some here today in campaign literature during a recent trade association election declared that if large numbers of the profession continually complain about them they will lose their recognition, plus they will be embarrassed. They went on to declare we have the ability to influence state boards to remove the recognition of CCE and send a formal notice of that to the United States Department of Education.

It might seem hard for you to believe. However, some groups actually see loss of recognition of the only agency that accredits each chiropractic program and one institution as an opportunity. Quite frankly, some want to use this process to leverage their individual agenda with this agency.

In order for chiropractic to mature to its highest potential, the profession must connect and present itself positively as a consistent and united

group. If chiropractors hope to unite, a bond must be created with some form of commonality, overcoming the culture of ever growing internal friction.

Solving that dilemma is clearly not the mission of the National Advisory Committee on Institutional Quality and Integrity and, quite frankly, it's not the mission of an agency whose purpose is to serve as a reliable authority regarding the quality of education and training provided by the institutions and programs that it accredits.

However, in order to facilitate progress in this arena, CCE has purposefully worked very hard to address issues presented by vocal parties that have presented written and will present oral comment to you today. Dr. Benberg and I have had 24 meetings with interested groups over the last two years. We met with every individual or group that expressed a desire to meet with someone from this agency.

On three separate occasions, we invited groups representing interested parties and trade organizations to meet in forums sponsored by CCE.

Every chiropractic program that CCE accredits also participated in these forums. We allowed the interested parties to express their concerns, their grievances, and their positions to CCE as well as the entire chiropractic educational community. We collected data and input from every interested party. We listened and brought all of that feedback back to the council.

We added a separate and distinct strategic planning meeting and initiative to review the information and make changes where appropriate. From that meeting, we developed a strategic work plan. We charged an elections task force to study best practices and make recommendations regarding CCE election process, and the recommendations of this task force were adopted by the council.

We created three additional task forces to deal with thresholds for national test scores, standards implementation and standards revision. Some of the changes involved moving the nomenclature of subluxation and the clinical competencies into a

clearly defined area of the standards. We also used a task force utilizing representatives from each philosophical spectrum of the profession to develop consensus changes to the preface of the standards, and such changes were ultimately approved by the council.

Frankly, it's been a very busy but very productive time in this agency's history. Some here will not acknowledge the efforts that this agency has put forward and feel that their voices have not been heard because CCE did not adopt their specific position or their specific nomenclature on an individual issue. Some here will not be satisfied until significant numbers of their specific trade organization are given seats on the council.

Three of the more vocal adverse groups or groups of individuals here today were invited by CCE to meet a few months ago at a forum with CCE and representatives from each program we accredit to discuss their concerns and any grievance, but they declined the invitation. However, they are each here today to air their grievances to this committee.

Out of the adverse written comments that were described, the 23, we did not receive communication from the overwhelming vast majority. Of the 20 that were listed to give adverse testimony today, only eight actually communicated or presented information to CCE in the last two years.

Some here today wish this agency to be a determining factor or influence in scope of practice, but that's not our role. That clearly is the role of jurisdictional law in each state. Some here today wish this agency to be supportive of their philosophy regarding the practice of chiropractic, but that's not our role. That's the role of trade organizations, individual schools and individual practitioners.

Some here today wish this agency would be restrictive or prohibit education or, as they say, put curbs on the chiropractic educational process, but that's not our role. CCE does not prohibit or restrict education.

Today you are going to hear public comments regarding governance, philosophy, subluxation, and

medicalization. However, I sincerely doubt you will hear anyone criticize CCE for not verifying that an institution or program meets established standards, for not protecting programs that we accredit against harmful internal and external pressures, for not creating goals for self-improvement of weaker programs, for not stimulating a general raising of standards, competencies and outcomes among educational institutions. And, most importantly, you will not hear anyone here today criticize the process we utilized or the individual that we selected to my immediate left to serve as president of this agency.

The CCE directors are earnestly committed to our mission as serving as a reliable authority regarding the quality of the education and training provided by the institution and programs we accredit.

We will continue to do whatever we can to further understanding of what we do and support finding common ground. In closing, we would like to thank the committee for your time and attention, and we would welcome any questions that you have.

If I could address the question that was asked USDE staff regarding the issue of prescription drugs and surgery? We do not have standards regarding prescription drugs or surgery. We do not have standards regarding prescription drugs or surgeries. We do not have competencies that address prescription drugs or surgeries. There's a great deal of misunderstanding, and part of what we do when Dr. Benberg and I go out is try to open up the standards and really have it be a teaching moment. We don't have that.

There is a wide range of what chiropractic is. There was 61 years between when chiropractic was first licensed in the state to when it was last licensed in the fiftieth state. Sixty-one years. It's a huge period of time, and there's a vast, differing scope of practice. There is one state that allows minor surgery in its scope of practice. We've had a program that has taught minor surgery techniques for over 30 years.

Our standards are reflective of allowing



programs to teach to their mission. We find that important. In all the public hearings that we have had with interested vocal parties, we've put mission statements from all the chiropractic programs around the room so that they can take a look at the vast differing climate and differing missions that are unique to each program. We hoped that that would help.

Again, I'd be happy to answer any questions you have specifically regarding our standards. However, I thought it was important to address that question.

DR. PHILLIPS: Thank you very much.

Readers, any questions that you have for the agency? Cam Staples?

MR. STAPLES: Thank you, Madam Chair.

A couple of questions about that just to help me understand the nature of this philosophical divide. You said it's not about standards requiring that a program include prescription drugs or surgery.

DR. LITTLE: Yes.

MR. STAPLES: How would you characterize the differences between the two approaches? I mean, there are various ways that have been described in the material we've received, a medically based approach, conservative versus liberal. I guess I would just ask you to start with how would you characterize the difference in terms of philosophical approach?

DR. LITTLE: I describe it, and I think that's an important part of the process we utilized. We brought together all the differing philosophies. We had a consensus task force to address this, and we included the president of the most vitalistic chiropractic program and we invited the president that actually has a program that teaches minor surgical techniques.

We invited representatives that represent the profession at different philosophical spectrums: the American Chiropractic Association, the International Chiropractic Association. We invited a representative from all the state licensing boards that oversees that. And what we did is we developed a

preface language that speaks to what we do because, quite frankly, we accredit programs and graduates to practice as a portal of entry, a provider for patients of all ages and genders focusing on the inherent ability of the body to heal and enhance function without unnecessary drugs or surgery, something that everything could agree to.

We had actually everyone in the room, all the representatives from the programs and these trade organizations, sign this, which was ultimately adopted as presented by the task force in July of 2012.

So we don't have language that prohibits teaching of any philosophy. Chiropractic programs are unique. They have unique missions. I believe there's going to be some programs that are going to be here today and probably testify about what their missions are and how they deal with that, but again the standards have to be designed so that programs regardless of their philosophical position can use the set of standards. It can't be for just the one on the far right or the far left. It has to be something

that everyone can utilize.

And when we changed to a competency and outcome based curriculum, there was some wide misunderstanding because we no longer required 264 chiropractic adjustments. We required the competency and the outcome for the program to demonstrate. There were a lot that felt that we were weakening what the profession is because we did that, but it was a shift not in changing the profession but into a competency and outcome based curriculum.

If you look at educational standards for other regions, for Europe or Asia, you will not see anything mentioned regarding subluxation. You will not see anything mentioned regarding philosophy. There's a battle in the profession intraprofessionally regarding that, but that's something -- what we have to do is develop quality criteria so our programs are graduating chiropractors that provide safe and effective treatment of patients.

MR. STAPLES: So you're suggesting I guess through that answer that there's not a simple answer

to my question.

DR. LITTLE: No.

MR. STAPLES: There's not?

DR. LITTLE: There is not.

MR. STAPLES: Okay. There's not a medical approach and a traditional approach. There's a spectrum of approaches, and your standards encompass all of that.

So, if I were to ask you a question of the number of programs that you accredit how many fall into which category, is that not an easy answer either? I mean, they cover a spectrum of programs. There's not a certain number that have a medically based curriculum and others that don't? It's across the spectrum? Is that what you would say?

DR. LITTLE: You know, that's one of the most interesting questions because when we have interested vocal parties that come forward they say that CCE does not represent. You know, we have individual practitioners. We have college members. And at these forums, I've asked well, who does this

person represent? And they're not able to answer it.

You know, as a practitioner, I said who am I? Am I left? Am I right? Am I in the middle? They're not able to answer that. We have a wide spectrum in the profession. We have representatives from programs that are clearly identified in their mission as being very vitalistic or subluxation centered. We have representatives on our council that have that from those programs, and we have a wide range of practitioners that represent many different states and many different licensing authorities.

MR. STAPLES: And my understanding of chiropractic is it's evolving steadily in terms of state licensure requirements. Is that fair, that every few years there's another state that's considering changing and modifying the scope of practice? Is it a pretty evolving field right now across the country?

DR. LITTLE: In some areas, yes. In some areas, no. For example, I come from California, and it's an initiative that came in 1922 and, quite

frankly, I don't expect it to change in my lifetime. It was a voter initiative. To go back and do it is very difficult. I expect my scope not to change significantly in my lifetime.

There are some states that are changing though, and they are clearly defining the role, the different chiropractic roles. Some consider that's one of our biggest problems in the profession. We don't have a national scope or law that says what that is. Each individual state speaks to that specifically. We have chiropractic programs located in many different states, but the students that they graduate have to be able to practice in any jurisdiction. So that's the dilemma.

MR. STAPLES: And that's part of the challenge it sounds like of keeping your standards broad enough because if it's an evolving set of state requirements, then you need to be flexible enough to account for that it sounds like.

DR. LITTLE: We do. We do.

MR. STAPLES: So would you say, just to

understand the challenge here, that every program that you're aware of right now can seek accreditation from you? Obviously you can't guarantee they would be accredited, but are there any programs you're aware of that don't meet your standards because of this philosophical divide, or is it based on, as you said, their mission and whether or not they meet their standards just based on your review but not based on a philosophical approach?

DR. LITTLE: We currently accredit every chiropractic program in the United States and the one single solitary. They're all accredited. We don't have any weaknesses with any program when it comes to philosophy.

MR. STAPLES: Okay.

DR. LITTLE: To be quite frank with you, the challenges that programs are facing right now come in the area of enrollment, in finances, and quite frankly, they're doing well in clinical competencies, but they are experiencing challenges that are not unique to chiropractic. They're experiencing the same



challenges that all programs face, which is, you know, the fiscal reality of what we're living in and trying to be able to provide resources to students on a very limited scale.

But we don't have any programs that are experiencing weaknesses in -- we've had a lot of stakeholders say or make claims that programs are graduating students that are not competent in finding subluxation or delivering treatment. I find that appalling. I find it unfathomable because our programs are being evaluated or sending students to national testing agencies and they're performing quite well, particularly in the area of manipulative -- in those clinical competency areas, the Part 4.

Our highest pass rates from programs are in Part 4, which evaluate those areas. Some of those folks have programs that they want to teach to students after they complete it. I think it's a great injustice. I think that again our programs are producing some good folks.

MR. STAPLES: Okay.

DR. PHILLIPS: Federico? Federico Zaragoza?

DR. ZARAGOZA: Federico Zaragoza. Last time you were before this body you were looking at 41 citations from the staff report.

DR. LITTLE: Yes.

DR. ZARAGOZA: And I want to commend your organization for addressing that. I find that to be a very important piece of information for this committee.

In addition to practice and philosophy, much of the comments or many of the comments that we've received speak to the issue of the appearance or what has been termed a self-perpetuating organization, so I appreciated your comments on inclusion and your efforts in that regard. Can you tell us a little bit about your efforts again to diversify your 24-person council? And very specifically, has there been a change in membership from the last time you were before this body?

DR. LITTLE: Yes. Do you have that document on -- we've had a significant turnover in councilors.

We've actually had to go through a lot of training because so many new councilors have come on, and we've had so many people go off either because they chose different employment or they had a term limit.

Anyway, the turnover on our council has been very high, and my right hand here will get the numbers, but the vast majority are new.

And quite frankly, I hate to use the word old, but one of our more experienced councilors is Dr. Jackson. Dr. Jackson served on that committee. I don't know whether to characterize Dr. Jackson as far left or far right. I really don't know, but I can tell you that he represents and all our public members represent a vast, vast array of talent.

Dr. Jackson of course is the Vice President of SACS. We have from University of Notre Dame the chief enrollment officer. We have an individual currently elected to the council that has experience on the Northwest Commission of Colleges and is a former college president for a community college.

We've had affiliations from every

chiropractic program. Over a third of our council are elected by the programs themselves. So we've had a significant turnover there. We have again institutional representatives from any philosophical spectrum you can imagine and some that will say they don't represent a philosophical spectrum, that they teach students.

We had nine. Of the 24 in January, nine were new, and I believe we have how many coming in new?

MALE VOICE: We have two new.

DR. LITTLE: Two new.

MALE VOICE: So that's 11 in two years.

DR. LITTLE: Eleven in two years are new.

DR. ZARAGOZA: Thank you.

DR. LITTLE: Thanks.

DR. PHILLIPS: Thank you. Opening up for other committee members' comments or questions. I have Frank Wu, Simon Boehme and Arthur Rothkopf so far. Catch my eye if you would like to add. Frank Wu?

MR. WU: I have an observation and then a question which is neither hostile nor rhetorical. It's just a question.

(Laughter.)

MR. WU: The observation is this. So, in the past three and a half years, different accrediting authorities related to different professions have come before this body. I don't recall any of them attracting opposition from within the profession with the claim that the accrediting authority is not representative and not accepted by some significant segment of the relevant profession.

So my question is this. Why is it that it's true of chiropractic that there is some not insignificant opposition from within the profession itself to the legitimacy of the accrediting authority?

I'm just curious because it's so strikingly different from every other profession, whether it's architects, nurses, anesthesiologists, beauticians and so on.

DR. LITTLE: I'd like to have Dr. Benberg speak to that. But first of all, as a practitioner

and as someone that's been involved in the profession 30 years, we have trouble with identity. We have an identity problem from within. We have programs that are taking steps to help with that. We have professional organizations that are taking steps with that, but there is a problem. We recognize it.

And is it the accreditor's role to define that I think is an important question. Dr. Benberg has some experience because when he served with SACS he was the regional accreditor for many different programs. Now he's been on with CCE for a year and a half. Dr. Benberg, would you share your thoughts?

DR. BENBERG: Yes. Good morning, everybody.

DR. PHILLIPS: Please put your mic on and also say your name. Thank you.

DR. BENBERG: Am I on with you now?

DR. PHILLIPS: You're on.

DR. BENBERG: Thank you very much. Good morning. I think one of the key differences we have in the larger environment of accreditation with CCE as compared to a SACS environment is that in the CCE

environment and the chiro larger environment we don't have shared values on the identity of profession and the values that are important and inherent.

Then you have within that larger chiro environment the accrediting agency. The accrediting agency fortunately, in my judgment, the councilors share common values. They do a good job of diligence in reviewing the accreditation reports. Most all of their decisions are by consensus. They have focused and kept their eye on the ball of accreditation while still reaching out to find out what the concerns are of other groups, but not letting that input cause a politicalization of the accrediting body.

And that's very important to us. It's important that we both couple sensitivity to outside ideas, but look at those ideas very carefully to determine their impact on our ability to serve as a reliable authority on the quality of chiropractic education in the country.

MR. WU: May I just respond very briefly? So what I hear you saying is that this controversy

that has come before this body about the accrediting authority is not limited to the accrediting authority.

That is, it just reflects a broader issue in the profession, which actually to me is reassuring. It means it's not about the accrediting authority. It's about some other pre-existing, bigger problem you have which is beyond the jurisdiction of this body. It's just a dispute within chiropractic.

DR. BENBERG: Indeed, in the larger profession, and Dr. Little mentioned how over a period of a number of years the scope of practice has been evolving and developing, and this has facilitated the differential in values and has complicated, frankly, in my judgment, the fact that there's difficulty in coming to consensus on an identity for the profession that would kind of placate these particular issues.

I come from outside the profession. I'm not a DC. Maybe my views are a little different, but I present them professionally and humbly for your consideration.

DR. PHILLIPS: Thank you. Simon Boehme?



MR. BOEHME: Thank you, Madam Chairman.

First of all, I'd like to say thank you for coming.

Can everyone hear me? Simon Boehme is the name, and I wanted to say thank you for coming and thank you to those people who respectfully dissent. I think this is how we create a more vibrant democracy and I think how we create better policies that ultimately benefit students.

You brought up an interesting point that I wanted to address. It's that the accreditation agency is not commissioned or in charge of really guiding this philosophical discord that's taking place. As I read through the written comments, they disagree, and I just want it to be very clear for all of us here.

If I am a chiropractor Ph.D. program and in my mission it says that I only want to teach this subluxation or something and it's not directly about drugs and medicine, will you accredit me? Yes or no?

Your mic?

DR. LITTLE: I'm sorry. I want to make sure I understand your question.

MR. BOEHME: Sure.

DR. LITTLE: If you as a program want to focus or to focus your mission on the subluxation centered, yes. We actually have and our standards speak to the issue of the need for your program to have your program produce competent folks that can actually practice in that area and also serve as -- but you're also going to have to meet the ethical standards. You're also going to have to meet some of the other competencies. But again, you're going to be able to do that as well.

MR. BOEHME: So, if I did not want to teach anything related to drugs, then I could still be accredited?

DR. LITTLE: When you say not teach anything --

MR. BOEHME: So what I get a sense from the letters that disagree with your agency is that you are pushing the chiropractor school of thought or whatever philosophical debate that is going on towards medicine, towards drugs. And I just want to make sure

that as an agency that the government trusts and we empower you to make these decisions that students are able to be equipped in all sorts of medicine and the subluxation.

I'm not familiar with all of this, but what I worry about or at least when I read these letters is that your agency is pushing them in a certain direction when they file and that they have to meet these certain requirements, but I just want you to clear that up if that's true or not.

DR. LITTLE: Right. What you would have to do, you're creating a program.

MR. BOEHME: Right.

DR. LITTLE: You're going to be able to teach what you just said, but you also have to make sure that you're producing a product that is able to function as a portal of entry practitioner so if someone comes into your graduate's office that they're still going to be competently evaluated.

They're not going to prescribe you -- your graduate is not going to pull out a prescription pad

and prescribe drugs, but they better be able to make sure that they take an adequate history, have a competent history, that they have a competent evaluation, and that means addressing what drugs that person walks into your office on because that could either be a contraindication or a relative contraindication to some treatment that you're performing.

Also you're going to be required, because you're producing graduates that serve in arenas, they're going to be licensed, so they have to understand the levels of evaluation and the rigor involved and the ethical competencies that are involved so that they can practice in the state that you send them to.

MR. BOEHME: Sure.

DR. LITTLE: So it's just not -- I mean, yes, that, but much more.

MR. BOEHME: Right. My last question is what are you doing specifically to engage those students who graduate and say that these programs are

not preparing them adequately for what they're actually going to do?

DR. LITTLE: I'm sorry. I didn't understand that.

MR. BOEHME: Sure. What are you doing specifically to engage students, particularly maybe some of them in the audience, and I know you were talking about this committee, which I applaud you for. I think that's a good idea --

DR. LITTLE: Sure.

MR. BOEHME: -- of engaging more stakeholders, but what are you doing specifically about the students who just say that this program did not prepare me for what they're going to do?

DR. LITTLE: You know, that is I think the perfect question because when we had our forums we had students, and I am going to quote this because when we asked the question that was a concern of the students.

Well, they're not able to practice competently when they get out. So my question to the student was does that mean that you're not able to? No, no, no, no.

The program I come from is fine. It's all the other ones. And so I'd ask the next student from a different program the same question. No, no, no, no.

I'm okay at my program. It's all the other ones.

That's very, very difficult to deal with, but we dealt with it because what we did is we took all this information back from all of these forums and we had a strategic planning session. We invited student leaders from the American Chiropractic Association and the International Chiropractic Association in that task force to help deal with these issues.

So we're engaging students. Every time we send a team to a program they meet with students. Can I tell you how many times students have complained about CCE whenever we've sent a site team out? Zero.

Zero. We have never had a complaint to a site team regarding CCE, its mission, its governance, its standards, subluxation, competencies. I hope that addresses the magnitude of your question.

MR. BOEHME: Thank you. It sounds like

there's some disagreement, but we'll hear from them later.

DR. LITTLE: Oh, I'm sure there is.

MR. BOEHME: So thank you. Thank you, Madam Chairman.

DR. PHILLIPS: Thank you. Arthur Rothkopf?

MR. ROTHKOPF: Yeah. I have two questions that I'm not sure directly relate to the accreditation by the federal government but are I think of interest.

Question number one. I think at the end of the day part of our role is to protect consumers, protect students, and protect patients. What does a patient know when he or she walks into an office as to which of these various philosophies that exist are applied? Is that required to be told to patients so they have an understanding of the options available as patients? That's kind of question one.

Question two. If a state -- and maybe this doesn't happen, but if a state mandates a certain form of education, what happens if within that state you have a program that doesn't meet those rules? Will

the graduates be able to meet the licensure requirements of that state? In other words, is there a potential conflict, and is that a real issue or a hypothetical issue?

DR. LITTLE: No. It's a real issue.

MR. ROTHKOPF: Excuse me. I can't hear.

DR. LITTLE: No. It's a real issue, and you ask a very, very good question. Because we have programs that do not want to teach minor surgical techniques, but yet they're going to have students that may want to practice in Oregon, so that means that that student would have to get that education outside of the curriculum where they're coming from.

MR. ROTHKOPF: And does that student get that in a program accredited by you or just --

DR. LITTLE: Yes.

MR. ROTHKOPF: -- go get some program even if not accredited?

DR. LITTLE: That's a question that you probably have to ask a licensing authority that comes forward, but typically students go to a program and



receive some postgraduate education on that so that they can sit for that licensing board.

In this case, in Oregon, they would have to get a certain number of hours, and typically they would probably get that from a program that already is sending graduates there.

MR. ROTHKOPF: Okay. What about the patient?

DR. LITTLE: The patient --

MR. ROTHKOPF: What does a patient know about what the practice is with all these range of options?

DR. LITTLE: The patient is going to seek out the services of a licensee in that state. That state is going to have statute and regulations that say what chiropractic is and what that scope of practice is going to be and how that chiropractor can advertise himself or herself. And that can sometimes be regulated and sometimes really is not regulated. You're not going to know generally when you seek out the services of a chiropractor a philosophical --

there's not going to be a sign there that says I'm X philosophy or I'm Y philosophy.

They all have the Doctor of Chiropractic degree and so they all have to -- you know, there are groups here that are pushing for different degrees. I'm sure you'll hear from one today. But at this point in time, we accredit degree programs leading to the Doctor of Chiropractic degree.

MR. ROTHKOPF: Thank you.

DR. PHILLIPS: Thank you. Anne Neal?

MS. NEAL: I just want to follow up on Simon's questions a little bit because I think it really is going to what I'll call the big tent theory or minority rights issues that I think are being raised in this context.

From what I understand, are you not privileging certain approaches in the field perhaps because of changes in the health care laws, for whatever reason, but not necessarily based on a judgment of quality?

And since we here are responsible for

determining whether or not you are a guarantor of educational quality, if you are privileging certain things for reasons that don't relate to that and that may block out certain perspectives and certain approaches in the field to the extent that it gives limited choices to the student, limited choices to the consumer, and presumably some impact actually on the cost of services, shouldn't that be a concern for us?

DR. LITTLE: Certainly. And I think I'll speak to the process that we utilize in establishing the standards. There's quite the rigorous process that we go to make sure. We go through and look at all the curriculum that the programs currently are teaching. We also go through. We have a task force that goes through and looks at the studies that are done by national testing agencies regarding the practice of chiropractic. We receive input from licensing boards. So we have all of that as input.

Do we have any standards that preclude a competency that a minority might have? Again, our standards don't restrict or prohibit education. You

know, are we missing a competency? We're currently involved in a competency mapping project that we're going to complete over the next few years where we compare ourselves to other agencies, other chiropractic disciplines, what are done in other countries, so we're always on the lookout for that.

Is there a missing competency? Again, that's what we're going through the process now in our five-year standards revision process, but there's nothing that would restrict or prohibit the type of education that you're talking about.

DR. PHILLIPS: Any other committee questions?

(No response.)

DR. PHILLIPS: Staff? Dr. Shultz, anything that you'd like to inquire?

(No response.)

DR. PHILLIPS: Thank you very much.

DR. LITTLE: Thank you.

DR. PHILLIPS: We move next to third-party oral comment, and I want to just give a quick snapshot

of what this process will entail. You're welcome to return to your seats.

DR. LITTLE: Thank you.

DR. PHILLIPS: Yes. As are stipulated in the FACA rules, we invited opportunity for comment prior to the meeting, so we have a number of individuals who have registered themselves as wishing to comment. We've reserved three minutes for each of them. Not all of them are here, have signed in, so we will go through the list of those individuals who have signed in, and if there's one that joins us along the way, we'll come back and capture that at the end of that process.

In addition to signing up in advance, it is also possible to sign up at the door, and so a number of people have signed up as they arrived this morning.

I believe that we have 12 individuals who have signed up to speak then. I believe that we will have time to give three minutes to each of them as well, and so we'll proceed with that group at the end of our preregistered individuals.

I want to say a word about the three-minute expectation. As you might guess, three minutes turns out to be much shorter than you ever imagined, and I really dislike being rude, but I will be rude once we get to three minutes and 15 seconds. So please help me maintain the opportunity for all of the individuals to speak and recognize that three minutes is gosh awful short. So we will be keeping time, and we'll let you know when we're at the point of approaching your three-minute mark, and you'll help me by not making me be rude. Thank you.

So our first speaker this morning that we would invite is Arno Burnier, an educator in chiropractic education. If you could? Welcome.

MR. BURNIER: Distinguished members, I've been teaching students and Doctors of Chiropractic for 30 years. I'm a postgraduate faculty member teaching continuing education programs. I represent a movement for chiropractic quality and integrity. In addressing this Committee on Institutional Quality and Integrity, I respectfully seek to appeal to the conscience,

heart, and common sense of its members.

In dealing with the ongoing crisis in chiropractic, it is easy to lose sight of the greater picture. History revealed that the CCE's inception and first recognition was funded on a calculated breach of integrity to establish an organization designed to control chiropractic education.

This situation continued unabated for over 40 years, self-perpetuating the same political cartel governance structure. The evidence of CCE's agenda was the malicious and arbitrary removal of Life University's accreditation, yet the power political cartel structure at CCE remains the same.

In 2011, rather than recognizing that violation Section 602.13 was a reality that needed to be corrected, the CCE chose another path, to have the violation reversed, seeking to keep control rather than embrace a spirit of collegiality. Since the inception of the CCE, we have seen the alteration of chiropractic education to fit its political agenda by duplicating clinical competencies that already exist

in other fields while losing chiropractic separate and distinct identity.

Today, students have to seek at their own expense a parallel curriculum if they want to learn chiropractic. This would be similar to dental student not being told about cavity and having to study at their own expense outside dental schools.

Is it possible for the CCE to meet all of the criteria for recognition yet fail to ensure educational quality, have questionable integrity, and fail its mission? As quality is measured by outcome, the CCE has failed its mission. Decreased enrollment in chiropractic college, decreased utilization of chiropractic care, high percentage of graduate never practice, a large percentage drop after five years. Of some remaining, most practice at professional poverty level.

For 200 case, the quality of education is poor. The CCE provided misleading statement to Mr. Ochoa to have violation 602.13 reversed. When NACIQI appeals a reversal of 602.13, Undersecretary Ochoa



stated minorities do not count. If that is the case, then the organizations supporting CCE are a minority in the body of a profession.

At this juncture, I would ask that NACIQI delist CCE until change to its policy, action, and election process are done so as to truly represent the entire profession. Some will cry out that it is throwing out the baby with the bath water. I believe that delisting would be draining the dirty water while the baby takes a shower.

We trust that the members of NACIQI will prevent a 2011 reversal of violation 602.13 and do what is right for the student and the public that deserve a safe, distinct, and unique service. Thank you so much.

DR. PHILLIPS: Thank you very much.

Committee members, any questions that you have for this speaker?

(No response.)

DR. PHILLIPS: Thank you very much.

Our next speaker is Dennis DaPonte of

Chiropractic Solutions. Welcome.

MR. DaPONTE: Thank you. My name is Dr. Dennis DaPonte, and I'm a Doctor of Chiropractic in Harrisonburg, Virginia. As you've heard here today, there are two very different values systems offering their opinions on the legitimacy of the council's representation of chiropractic.

My colleagues here who share the council's model of chiropractic have made an honest case for their approval of the CCE, and my colleagues who represent traditional chiropractic values have also made an honest attempt to explain their case that the CCE has misrepresented chiropractic.

The reason that I have closed my practice today and chosen to come here is because I am concerned. I am concerned that while the majority of chiropractors are working hard out in the field to best serve the public, the positions of the decision-makers in our profession are being filled by the most extreme among us.

The medical extreme has successfully

persuaded the CCE in the past to remove from their standards the founding and only unique contribution our profession has offered the world: the vertebral subluxation. Further yet, they are now attempting to introduce drugs and surgery into the profession in spite of the very definition of chiropractic being drugless and surgeryless. To many, this is considered sabotage and a threat to the sovereignty of our great profession.

On the other hand, the traditional extreme bashes even the thought of a diagnostic paradigm, equating it to the practice of medicine, and denounces the incredible progress we have achieved in spinal rehabilitation. This also is considered sabotage and a threat to the evolution and progress of chiropractic.

The truth I see is that the majority of us in the chiropractic field embody a third values system, one that recognizes the sovereign bounds of our scope yet tolerates the freedom of choice of our colleagues to practice as they best see fit to serve

the public. It is a system that values the gifts from both the preceding systems as ways to best serve our patients' interests.

In the past year, I have observed the CCE making moves that reflect their intention to represent this third values system in chiropractic. After great protest, they reversed their decision to remove subluxation from their standards and recently have publicly agreed to support chiropractic as a drugless approach to health care.

In my professional opinion, this is a change in direction by the CCE to better represent the broadest umbrella of our profession, and I suggest they continue to use their influence at the highest level of our politics to continue to integrate the values within chiropractic in a way that best serves the public interests.

As Margaret Mead once said, if we are to achieve a richer culture rich in contrasting values, we must recognize the whole gamut of human potentialities and so weave a less arbitrary social

fabric, one in which diverse human gifts will find a fitting place.

In consideration of this new direction of the CCE, I recommend the Department of Education renew the status of our current accrediting body, and I am very hopeful for the future of our chiropractic education system. Thank you for your time and commitment to this discussion.

DR. PHILLIPS: Thank you very much. Three minutes perfectly.

MR. DaPONTE: Okay. I timed it.

DR. PHILLIPS: Committee members, questions for this witness?

(No response.)

DR. PHILLIPS: Thank you very much.

Our next speaker is Jerry Degrado from an organization that sounds like it's C-O-C-S-A. Welcome.

MR. DEGRADO: Thank you, Madam Chair. Thank you all for the opportunity to speak today. I'm Dr. Jerry Degrado. I am a licensed Doctor of Chiropractic

who has been practicing in Wichita, Kansas, for the last 27 years.

I'm the past president of the Kansas Chiropractic Association, past president of the Congress of Chiropractic State Associations, and currently serve as the representative to the Congress of Chiropractic State Associations to the Chiropractic Summit. In that capacity, I serve on the Chiropractic Executive Committee and as the Chair of the Chiropractic Summit Government Relations Committee.

I am here, though, today representing the Congress of Chiropractic State Associations that have sent me here to read this statement: The Congress of Chiropractic State Associations is a national chiropractic organization that was established in 1969. It serves 56 different state association members which represent 31,294 practicing Doctors of Chiropractic within the United States. We just compiled our audit of our states last month, 11-13.

The Congress of Chiropractic State Associations supports the CCE as being a recognized

agency for the accreditation of programs leading to the Doctor of Chiropractic degree and single purpose institutions offering the Doctor of Chiropractic program. The Congress, along with other partners in the profession, have been involved in discussions and meetings with CCE to resolve ongoing concerns.

One of our primary concerns remains CCE's governance issues. The CCE has agreed to carefully review governance models for possible improvements beginning in 2014 in connection with the Chiropractic Summit Roundtable, which I'm a member of. The Congress of Chiropractic State Associations participates in this particular roundtable, and we look forward to working in conjunction with the summit partners and aiding CCE as they work to resolve these concerns.

Overall, the Congress of Chiropractic State Associations is pleased with the progress CCE has made and their willingness to work with the profession. Thank you again.

DR. PHILLIPS: Thank you very much.

Members of the committee? Cam Staples?

MR. STAPLES: Thank you, Madam Chair.

Just one quick question. And it's slightly off point, but it's a question I have about you may be the right person given your representation. Because of the split within the community of chiropractic, has there been any discussion at the state association or other level around creating different degree programs?

I mean, you can look at the field of nursing where there are nurse practitioners who are licensed to prescribe medication, there are registered nurses with a different scope of practice and licensed practical nurses with a different scope, nurse anesthetists. I mean, there are professions where there's a range of tiers that match their education and their licensure.

Part of what seems to be an issue here is you have everyone who is a Doctor of Chiropractic with a wide range of backgrounds and specialties and focus and it muddies the waters as to what chiropractic is.

I'm just curious if that is a discussion at all in



the profession.

DR. DEGRADO: Within my state organizations, I would say no. FCLB or the Federation of Chiropractic Licensing Board. I think you're going to have a representative come up and he could speak to that.

I think what's important for you to understand, our scope and basically how we practice is up to the state and it's up to the state examination boards, the chiropractic examination boards in each state. My state is multidisciplinary. We have MDs, DOs and DCs that sit on it, and that's what governs how I practice. I can't do drugs or surgery. I don't want to, but that's how we practice. There's different states that are more limited and there's states that are a lot broader like Oregon.

MR. STAPLES: Thank you. No, I know that's the case, but in other professions it's the same. They are licensed by state, but there are professional standards across the country that relate to certain categories. I was just curious.

MR. DEGRADO: I realize that that has been a conversation, but not with my organization, to answer it.

MR. STAPLES: Okay. Thank you.

DR. PHILLIPS: Federico Zaragoza?

DR. ZARAGOZA: You mentioned that one of the areas that you were discussing with CCE was the issue of governance and helping them move towards more certification. Could you give us a little more information of what your concerns are and how you're going to be working with CCE?

MR. DEGRADO: I think our concerns are that the process they use for how they have in the past -- I'm not talking about the last few years where they've tried to correct it, but there seems to be a duplication of certain sides of the profession, certain aspects of philosophy.

I know with my organization, our board, we have different factions of all. We have ACA. We have ICA. We have different factions from all over the profession. And it's a tough thing to keep a balance.

A lot of it sometimes is that certain groups don't want to get involved. They don't want to get into the process. So what we are working -- I think that even CCE in our roundtable discussion in October really wants to look at governance. We're already in the process with the Chiropractic Summit to sitting down with them, and I think we're looking as early as March or April for a date for that.

DR. PHILLIPS: Thank you.

MR. DEGRADO: Thank you.

DR. PHILLIPS: Any other committee questions?

(No response.)

DR. PHILLIPS: Thank you very much.

Our next speaker is a substitution. This is Michael Guinosso. I apologize for -- Guinosso. You'll correct me on the appropriate --

MR. GUINOSSO: My brothers and I don't even agree how to say that name.

DR. PHILLIPS: Thank you. Welcome.

MR. GUINOSSO: You're fine. You're fine.

Thank you all for allowing me to speak today. I had prepared some comments. I'm going to drift away from them for just a second.

I do want to address some uses of terminology here, first being the term passionate. There's a sentiment that reason and passion shouldn't go together, and I firmly believe that that's not true. People that are passionate can be reasonable as well. I'm going to attempt to be dispassionate in the rest of my comments.

The second thing I want to address is the term philosophical disagreements. I believe that this terminology is used to minimize the importance of what the philosophies do. When we talk about philosophies, it means that we consider very carefully why we do things and so that philosophy ultimately produces a product. That product is what we do in practice.

I'm a practicing chiropractor for 14 years. My first experience with CCE was back in my first year as a student. We were called to a school-wide assembly where the then president of our college

instructed us to not complain, criticize, or confront CCE's site team members. I believe that this culture of fear has existed since then, if not before. I can't speak to before.

Going further, as a student, I had the opportunity to interact with students across the country in board review classes, in national boards, in seminars, and in the World Congress of Chiropractic Students. In those settings, it became clear to me that we did not have a common language to address vertebral subluxation.

And I would also suggest, as the first speaker did, I spent much of my time outside of the classroom, every moment I could, trying to prepare myself to deliver this service. Those instructions were not available in school.

My suggestion to the committee is that if this sector of our philosophy and its practice is marginalized, how can we teach people to do it? As the first speaker said, these services that we are broadening to cover are already covered by other

professions. The unique service of chiropractic is further being marginalized. If people aren't learning it, who will teach it? Three generations from now, who will teach chiropractic students to do chiropractic? I just can't see how that could possibly be true.

So one other thing I want to say and just to go on record. I am addressing conflicts of interest. I believe it was 604.1(b), not 605. Did I say that correctly? I don't have my notes in front of me. Conflict of interest.

I will finish. The chairman of the CCE does not hide the fact that he is not for vertebral subluxation. He is against it, and he has written publicly to that effect. It is available for anyone to see. So how a chairman of this group could possibly be allowing or permitting people to learn vertebral subluxation while publicly criticizing it and saying that it is not a valid part of our profession does not make sense to me as a practitioner of chiropractic.

DR. PHILLIPS: Thank you very much.

MR. GUINOSSO: Thank you.

DR. PHILLIPS: Don't go away. Committee members, any questions for this speaker? Frank Wu?

MR. WU: So I just have a general question to help me understand the parameters of this debate. You might let me know if I'm grasping it.

On the one hand, there are those who are more traditional-minded who believe that the definition of chiropractic and the heart of that practice is vertebral subluxation. That is, you lie down and the chiropractic doctor adjusts your back.

MR. GUINOSSO: Okay.

MR. WU: So far that's correct? Is that accurate?

MR. GUINOSSO: So I have the colloquial conversations with people about what chiropractic is on a pretty consistent basis, and I think it would be difficult, perhaps beyond the timeframe that we have, to explain the intricacies of it, but that's close enough.

MR. WU: Okay. Right.

MR. GUINOSSO: Okay.

MR. WU: So vertebral subluxation is at its core.

MR. GUINOSSO: Yes.

MR. WU: Then there are others who have a more medically minded model, and that may involve the prescribing of drugs and performing surgeries.

MR. GUINOSSO: That seems to be correct, yes.

MR. WU: Okay. So that's the debate, between on the one hand those who embrace vertebral subluxation --

MR. GUINOSSO: I don't think that's the debate to be honest with you. Can I address your assumption?

MR. WU: Okay. Well, I'm just trying to grasp that there are two contending camps, one that emphasizes vertebral subluxation and the other that views itself as more medically oriented and so those are opposed. I'm not commenting on whether I think



one is better than the other or which is chiropractic. Those are the two camps.

MR. GUINOSSO: Okay. I think that's a reasonable generalization, yes.

MR. WU: Okay. That's all I wanted to get, that that's what the debate is about. Thank you.

DR. PHILLIPS: Jill Derby?

MR. GUINOSSO: Yes?

DR. DERBY: It sounds to me as though the CCE was looking to take away the language around vertebral subluxation, but in response to the opposition, the protest, the voice of the membership of the profession backed away from that and continues to have that standard in its set of standards.

Did that not address the concern that those of you more traditionally minded have about it, that there's room in the tent for both and the commission has responded to the concerns that were raised through the sessions it held?

MR. GUINOSSO: Well, if I as a student want to voice my concern about where my education lies and

I'm not permitted to do so, I don't know that -- so to answer your question, I think that that's a last straw. Do you understand what I say? That this is a line that if we cross it there's no going back.

If you remove that language, if you remove that language -- and I am not an expert at all on the intricacies of the way that CCE sets up its standards and meta-competencies. What I will say is that if you remove that language, there is nothing to create a space for the camp as this gentleman put it for the teaching of vertebral subluxation, so --

DR. DERBY: But I understand they didn't remove the language. Is that correct?

MR. GUINOSSO: The language was in my understanding changed. And where it exists in the standards and its ease of removal I believe -- I could be wrong, and I apologize if I am -- that the position of that language is what is at stake here. As opposed to being a core value of the profession, it is marginalized to a competency among a large array of competencies which dominate the academic scene.

DR. DERBY: Thank you.

DR. PHILLIPS: Anne Neal. Don't go away.

MR. GUINOSSO: Sorry.

MS. NEAL: I think this could have been addressed to any one of you, and perhaps it should be addressed to the Department of Education as well.

As I am looking back, when we saw this group before, there was a general concern here in NACIQI that there was a lack of wide acceptance of the agency's standards and we passed that on, but it was essentially reversed by the Department of Education.

It was the judgment, notwithstanding the fact that we come from a diverse array of appointing authorities. There was a single determination that the dissenting voices here at NACIQI, the dissenting voices that we were hearing were a small minority within the profession. Do you agree with that, that you are simply a small minority within the profession?

MR. GUINOSSO: No.

MS. NEAL: Because clearly the reason you're here today as a third-party commenter is that you have

no other way to address what was a determination by Mr. Ochoa.

MR. GUINOSSO: Well, and quite frankly, I'm not a member of any association, so my numbers wouldn't be counted anywhere. The fact that any organization would count its number as representing a majority is wishful thinking in my opinion.

So the associations, they represent people. It's a fraction of the profession, and I would suggest to you that if we added up every one of the associations and their opinions and put them all together they would be still a minority in the profession. So how we establish a minority, a minority in the voice profession and call one a minority and the other a minority, it doesn't make sense to me.

So what I would say is that the quintessential -- I mean, we could talk about representation, that I don't think that the CCE represents the profession, but the quintessential issue is whether the wishes of the students to learn

vertebral subluxation in the classroom is provided adequate provisions. They say it is. I have bills that say it isn't.

Anyone else? I won't get up yet.

(Laughter.)

DR. PHILLIPS: Committee members?

(No response.)

DR. PHILLIPS: Thank you very much.

MR. GUINOSSO: Thank you.

DR. PHILLIPS: Our next speaker is Shawn Dill, Palmetto State Chiropractic Association.

MR. DILL: Good morning.

DR. PHILLIPS: Welcome.

MR. DILL: I'm glad that we've been able to have some laughter from this position.

My name is Dr. Shawn Dill, representing the Palmetto State Chiropractic Association. I am a 1995 graduate of Logan College of Chiropractic, author of the law that regulates the practice of chiropractic in the country of Costa Rica, practitioner and former full-time faculty member at Life Chiropractic College

West. I'm also currently a part-time instructor at the American College of Traditional Chinese Medicine.

Respecting that the staff report has indicated that the CCE has complied fully with the points of contention and is recommending a three-year renewal, I wish to reiterate the sentiment that there still remains issues of misrepresentation in governance that I feel warrant further discussion.

And while promises have been made by the CCE, I would suggest that discussions be open to all interested parties involved in having a voice and being represented by our accrediting agency, not only those who have voiced a concern. There's no wonder there is a history of a circus-like environment if the council only makes invitations to participate to groups that have voiced their concern.

My specific concerns have to do with 602.15, and during my time at Life Chiropractic College West, I did participate in the accreditation renewal process of the college, including a site team visitation. I was witness to a process that struck fear in the

administration, the faculty, and, as was previously mentioned, into the student body.

It was stated earlier that you would not hear substantive testimony regarding the inner workings of the CCE or their efforts to protect the institutions from internal and external pressures. I am here to provide such testimony.

During the portion of the site visitation in which I was personally interviewed, I found myself in front of a field practitioner with little to no knowledge of the techniques and methodologies we were utilizing in my area of the health center, which left us to discuss politics of the profession and other small talk merely in an effort to occupy time. The competencies that were prepared for were not addressed nor questioned.

In conclusion, I would like to reiterate the need for an opportunity to revisit governance and representation in all aspects of the CCE, ensuring that all interested parties have fair opportunity to be represented on the council if they so desire. This

will go a long ways towards remedying the concerns voiced today.

Knowing that the staff report recommends a three-year renewal, I would like to respectfully request that if the approval is granted that it include language that strongly recommends to the CCE to address this issue of governance in a way that is representative of any party that desires to be included in the discussion, resulting in substantive change in the election process for the Site Team Academy and for the council itself. Thank you.

DR. PHILLIPS: Thank you very much.

Council members, questions? Art Keiser?

DR. KEISER: Sir, Art Keiser. When was the visit that you spoke of?

MR. DILL: I was at Life West from 2004 until 2011. I believe the site visitation would have occurred in 2009 I believe was the interview process.

DR. KEISER: Since the last meeting, again, I heard the representatives of the commission discuss about an attempt to open up the process to provide



input for all interested parties. Are you suggesting that, you know, all the parties were not brought to the table at that point?

MR. DILL: Correct. I'm suggesting that the parties that were brought to the table are the parties that had made the most noise. I mean, if you show up at a meeting and you make a lot of noise and create a disturbance -- not necessarily a disturbance, but create a scene in essence -- that that warrants you an invitation to the table.

DR. KEISER: So they did invite both sides of the discussion to their standard review process and to their discussions on the future of the accrediting commission? Is that what you're suggesting?

MR. DILL: That they invited both sides?

DR. KEISER: Yes.

MR. DILL: That they did invite? Yeah, I believe that they've invited both sides to the table.

DR. KEISER: Well, what else should they do in terms of --

MR. DILL: Well, I think that we're missing

the overwhelming majority of the profession that doesn't necessarily even know that there's a meeting going on today or that these meetings that are being held by CCE are open for comments, commentary or even participation.

DR. KEISER: Well, again, in listening to the representatives of the commission, it sounded to me that they did open it up and did provide to all different groups, and in fact three of them as vocal groups, at least they suggested, did not show to be part of the discussion. So you're suggesting that not everybody heard or their method of distribution of the meetings were not adequate? Is that what you're saying?

MR. DILL: Well, correct, because they specifically said that they had invited certain interested parties, specifically as you had just said the ones that were the most vocal, which is not necessarily going to be a fair representation of everybody who is technically "an interested party".

DR. KEISER: Of the standards -- and since

you were a site visitor, of the standards -- which standards do you feel are limiting or not appropriate for chiropractic education?

MR. DILL: First of all, let me clarify that. I was not a site visitor. I was being visited.

So I was operating as a --

DR. KEISER: Oh, I thought you said you were on the site teams.

MR. DILL: No. I was interviewed by the site teams.

DR. KEISER: Okay.

MR. DILL: The site team visited my place of work, my employment, and then the discussion centering on basically the clinical competencies, and I feel like that's kind of an area whereby -- I can't tell you how many times that from a student or from a faculty member when the question arises why is something this way, why do we do this this way, especially in clinical competencies, that the answer is because CCE mandates that it's this way.

So particularly in clinical competency

areas, as far as representing -- you know, being a practitioner myself inside of a chiropractic college health center, the environment and the way that that practice runs is very different than being in private practice not just from the sense of it's an academic institution or the academic environment with the supervision but in the clinical application in and of itself.

DR. KEISER: One final question. In your visit that you felt was kind of difficult, was Life University West reaccredited?

MR. DILL: Yes, it was.

DR. KEISER: Okay. Thank you.

DR. PHILLIPS: Other committee questions?

(No response.)

DR. PHILLIPS: Great. Thank you very much.

Our next speaker is Anthony Hamm, Vice President, ACA. The light goes on. Thank you. Welcome.

MR. HAMM: Good morning. I am Dr. Anthony Hamm, currently the Vice President of the American

Chiropractic Association, and I have 34 years of practice experience.

Based on many of the previous comments provided to the committee, the American Chiropractic Association feels that most of the peripheral concerns raised here are not in any way a plea to raise or improve educational standards or failure of CCE to enforce its standards. In fact, it is ACA's contention that these demands and concerns are being discussed in an inappropriate venue and are not necessarily germane to the issue at hand, which is certification of CCE.

During these hearings, we have heard or may hear testimony that there is a lack of evidence of widely accepted standards, policies, procedures, and decisions to grant or deny accreditation. To the contrary, wide acceptance is evidenced by the number of states accepting students for licensure, governmental agencies that recognize chiropractic education, including certification of medical examiners for the Federal Motor Carrier Safety

Administration, acceptance of wellness and preventive services, competencies by third-party payors, acceptance of the DC degree for continued education, including Master's and Ph.D. level studies, and the overall ability to deliver a wide variety of health care services to the U.S. population. This overwhelming acceptance simply reinforces the rigor of chiropractic education and its duty to public safety.

In closing, ACA unequivocally supports the staff recommendation that the CCE receive continuing recognition for the next three years. Further, ACA believes that the CCE has since 2011 worked with all stakeholders to address the issues raised at hand.

Thank you for allowing my comments.

DR. PHILLIPS: Thank you very much.

Cam Staples?

MR. STAPLES: Thank you. And I apologize. I didn't hear the name of the organization that you represent.

MR. HAMM: American Chiropractic Association.

MR. STAPLES: And could you just tell us how your organization is structured and are you practitioners only or do you have academic members as well, institutions?

MR. HAMM: Our association is made up of Doctors of Chiropractic, faculty members at chiropractic educational institutions, students and chiropractic assistants, staff personnel.

MR. STAPLES: What percentage of practicing chiropractors are members of your association?

MR. HAMM: Approximately 15 percent.

MR. STAPLES: Five zero or one five?

MR. HAMM: One five.

MR. STAPLES: Okay. Thank you.

DR. PHILLIPS: Any other committee questions? All right. Oh, I'm sorry. Frank Wu?

MR. WU: I just have a question about your group's view on the place of vertebral subluxation. Is it your view that it is the only legitimate practice that should be called chiropractic, or is it your view that it is part of what chiropractic is

about, or is it your view that it has no place in what is called chiropractic treatment?

MR. HAMM: The view of the American Chiropractic Association is that it is a part of our competencies as chiropractic practitioners and frankly an important part.

MR. WU: One more question. My impression is that those who are more traditional-minded believe that it should be the sole or primary aspect of the practice and that by calling it only a part that that is a misrepresentation. Would that be an accurate understanding of the more traditional view?

MR. HAMM: Could you -- I'm not sure I really understood the context of your question.

MR. WU: So I understand you to be saying that your organization believes that vertebral subluxation is an important part of chiropractic treatment.

MR. HAMM: That is correct. Yes.

MR. WU: And there are some who might take issue with what your view is because they believe that



vertebral subluxation is the only appropriate treatment to be called chiropractic treatment or should be the primary treatment, not merely a part. I'm just trying to make sure I understand this debate. Would that be accurate?

MR. HAMM: Yes. And the American Chiropractic Association is on record supporting all avenues of chiropractic care. We think that treatment of biomechanical dysfunction or vertebral subluxation is part and parcel of chiropractic practice, but there's so many other parts that the CCE has competencies for, meta-competencies for. So we do not take that limited view. No, sir.

DR. PHILLIPS: Other committee questions?

(No response.)

DR. PHILLIPS: Thank you very much.

Our next speaker is Ronald Hendrickson, International Chiropractors Association.

MR. HENDRICKSON: Right here?

DR. PHILLIPS: That's fine. Yes.

MR. HENDRICKSON: Okay.

DR. PHILLIPS: Just make sure the red light is on. You need the red light on. Press the button in front of you.

MR. HENDRICKSON: The red light is on.  
Thank you.

DR. PHILLIPS: You've got it. Thank you very much. Welcome.

MR. HENDRICKSON: Okay. Thank you very much, members of the committee. My name is Ronald Hendrickson, and I'm here as a consumer. I've been a chiropractic patient since the day I was born. I've also worked for the International Chiropractors Association for 33 years, and I've observed the shifting sands, I've observed the bedrock, and I've observed how the debate process sometimes serves the public and serves the profession very well, and I've observed how sometimes the debate processes can confuse and delay sometime urgently needed changes.

In the context of this discussion today, I would encourage the committee, as many other speakers have done, to understand that there's an enormous

opportunity facing the Council on Chiropractic Education, pledges of dialogue and negotiations in good faith for reform of a governance process that has been very narrowly applied to the benefit of points of view but, more importantly, to the benefit of certain institutions at the expense of others.

And I also think that the CCE this committee will decide to re-recognize and I hope that the agency is re-recognized, but with the admonition, as was very eloquently put by Dr. Shawn Dill, with an encouragement to take this opportunity to correct the inequities in the governance process that have led to, had a ripple effect on all of the other things that are of such contention before the profession now.

And finally, I'd just like to say that the confusion and the debate and the discussion and the dialogue of what a lot of people like to use the term philosophy to brush off the table should not obscure the fact that every year hundreds of millions of dollars are at stake in the tuition market, and so this is not just an issue of philosophy. This is an

issue of benefit and market share, and that needs to be very seriously taken into consideration.

And so an admonition, an encouragement on the part of this committee to the CCE to take this opportunity to bring things back to center. I don't think any credible organization can or should expect dominance. I think fairness and openness ought to be the objective, and I'm hoping that when this agency is back before this committee the whole thing is only going to take 20 minutes. Thank you very much.

DR. PHILLIPS: Thank you very much.

Committee members? Questions?

(No response.)

DR. PHILLIPS: All right. Thank you very much.

MR. HENDRICKSON: Thank you very much. Appreciate the opportunity.

DR. PHILLIPS: Our next speaker is Christopher Kent, President of the Foundation for Vertebral Subluxation.

MR. KENT: Thank you very much.

DR. PHILLIPS: Greetings.

MR. KENT: My name is Christopher Kent. I'm a chiropractor and an attorney, and I've been involved in chiropractic teaching, research, administration, and governance for nearly 40 years. I'm making this presentation in my capacity as President of the Foundation for Vertebral Subluxation, which is not a membership organization but a 501(c)(3) nonprofit focusing on policy, education, research, and service.

I share many of the concerns that previous speakers have made regarding the issue of governance.

I think it's important to make the committee aware of the fact that although there were some open forums and there were some calls for commentary, there have been meetings that have systematically excluded organizations that are perceived as fringe. There have been meetings that allowed people of like mind to reinforce their model, and there really wasn't in my opinion adequate diversity.

We also have some other concerns. The issue of site visits was brought up, and under 602.23, there

must be an availability of standards and procedures used to determine whether an agency grant, reaffirm, or take other action regarding accreditation. There are aspects of the accreditation process that are invisible to those who are not directly involved in it but yet have a profound impact on institutional decision-making, and the site visit is certainly one of those.

We're concerned about the use of undisclosed standards or guidelines by site visit teams. Such guidelines may conflict with the mission and goals of the institution and their use in making accreditation decisions. Closely related to that is our concern regarding 602.15 involving the qualification of appeals panel members. Both site team members and appeals panel members must be qualified by education and experience appropriate for their roles in making accreditation decisions.

We're concerned that some of these individuals may lack training and experience in clinical procedures used by some of the institutions.

For example, colleges that focus on vertebral subluxation may be evaluated by site team members who are not familiar or have adequate mastery of some of the procedures taught, and yet there is pressure, sometimes less than subtle, for them to adopt examination procedures that may be deemed inappropriate.

Under 602.19, Monitoring and Evaluation, we feel that national board test results and degree completion data alone are inadequate for a potential consumer to assess which institution they may elect to attend.

The issue of conflicts of interest has been brought up, and I won't beat that dead horse. Gee, I might even go less than three minutes. It's been suggested that philosophical disputes in the profession are not within the jurisdiction of the Department, but we feel it's necessary and proper to address the totality of circumstances.

We ask the committee given the long-term failure of the agency to effectively address these

concerns that their reaffirmation be denied at this time.

DR. PHILLIPS: Thank you very much.

MR. KENT: Okay.

DR. PHILLIPS: I have Art Keiser.

DR. KEISER: You made a couple of allegations, one the use of undisclosed standards and then the untrained or lack of training for appeals panel members. Can you give us specifics into that? Because I'm not sure. You don't represent an institution that would have had those kind of activities.

MR. KENT: Well, actually I have data.

DR. KEISER: Are your comments more anecdotal, or are they specific?

MR. KENT: Well, some of them are anecdotal and some of them are specific. For example, the use of assessment procedures for vertebral subluxation include specific radiographic procedures. In the traditional medical model, the use of radiographic or X-ray examination procedures are generally limited to



what they call red flags or the evaluation of pathologies that may contraindicate chiropractic care.

In the vertebral subluxation centered model, there are specific procedures that are involved.

DR. KEISER: You're getting way beyond my ability to understand what you're talking about.

MR. KENT: Oh, okay. I'm sorry. I'm trying to be responsive.

DR. KEISER: I got lost on the first word.

MR. KENT: Yes.

DR. KEISER: But my question is are there specific examples of institutions that have complained about undisclosed standards, I mean?

MR. KENT: No, they haven't formally complained, which is the problem. They have certainly expressed those concerns behind closed doors, and I think this goes to the culture of fear that was alluded to by a previous presenter.

DR. KEISER: And then are there specific appeals panel members that you felt were untrained or unqualified?

MR. KENT: No. I have not looked at the current roster of current members.

DR. KEISER: Because one of the things our staff does, they did not find these issues that you just brought up, and that's a big part of what they do in the review, and I'm just wondering why you think our staff did not find those issues.

MR. KENT: Well, again, I think that there is a lot that goes unsaid in the site team process, and that's why we're so concerned about it. You know, for literally decades I've been in communication with institutions and individuals involved in the site team process who have expressed their concerns to me but have required that their names be kept confidential.

I actually have some written documents, and I was told that if these documents were released it would constitute a waiver of the privilege of the institution being assessed. So I guess that's about as responsive as I can be to your question without disclosing privileged information.

DR. KEISER: Well, thank you.

MR. KENT: Okay.

DR. KEISER: Just being on the receiving end  
of --

MR. KENT: Yeah.

DR. KEISER: -- I don't know how many  
accreditation visits --

MR. KENT: Yeah.

DR. KEISER: -- whenever I mess up, it's  
their fault too, so --

DR. PHILLIPS: Thank you. Arthur Rothkopf?

MR. ROTHKOPF: Yeah. I guess my question is  
what do you suggest NACIQI do with this recommendation  
that we have?

MR. KENT: Which recommendation?

MR. ROTHKOPF: What should we do? I mean,  
we've got a recommendation to renew --

MR. KENT: Oh, a recommendation to renew?  
Our recommendation is to not renew at this time but to  
allow them of course to come into compliance and  
reapply.

MR. ROTHKOPF: So you wouldn't say deny

recognition?

MR. KENT: Well, that would be our first choice. Our second choice would be a deferral, and of course, as Dr. Ochoa stated in his letter, that's a rather extraordinary thing, although it's precisely what's being recommended for the next agency up for review. I think that the sheer volume of concerns is grounds for deferral.

MR. ROTHKOPF: But if we followed your first recommendation --

MR. KENT: Yeah.

MR. ROTHKOPF: -- which was to deny --

MR. KENT: Yes.

MR. ROTHKOPF: -- then all the students out there who were getting federal financial aid would no longer get that aid?

MR. KENT: No, that's not true. Title IV eligibility is based upon institutional accreditation, and all but one chiropractic college has regional accreditation through which they can obtain Title IV funds. There's one chiropractic college that

currently has only institutional recognition through CCE, and they're in the process, the president has stated, of going through the process at regional.

MR. ROTHKOPF: So there would be one institution at which, assuming they don't get regional, they would be denied federal financial aid?

MR. KENT: Unless they found another accreditor.

MR. ROTHKOPF: Unless they found another place. Thank you.

MR. KENT: Anyone else?

DR. PHILLIPS: Jill Derby?

DR. DERBY: My concerns were around undisclosed standards, and Art asked those questions. Thank you.

MR. KENT: Okay.

DR. FRENCH: Madam Chair? I wanted to follow up on Art's question. Your response is that if there is no regional accrediting agency such as CCE that students can still receive financial aid based on institutional accreditation?

MR. KENT: Yes. In other words, an agency, CCE, for example, can accredit a program within an institution or it can accredit the institution. The institutional accreditation is for single purpose institutions, those that solely confer the DC degree.

There's one institution that receives its institutional accreditation through CCE. All of the others are accredited both by CCE and the regional agency. So those that were accredited through the regional agency would still have access to Title IV.

DR. FRENCH: What is the regional agency?

MR. KENT: The regional? It depends on which state.

DR. FRENCH: In your instance.

MR. KENT: Well, you know, it's different ones. North Central, SACS and so forth. You know, it depends on the geographic location of the school or, in the case of multi-campus institutions, what the primary accreditor is.

DR. PHILLIPS: I'll ask Kay Gilcher to just give a clarification of that access.

MS. GILCHER: This has been correctly stated, that CCE does have the recognition, scope of recognition that includes single purpose institutions and also programs within institutions that have broader purposes. And in this case, all of the institutions except one are doing the programmatic accreditation through CCE, and there are a number of regional accrediting agencies that accredit the full institutions for those programs.

DR. PHILLIPS: Okay. Art Keiser?

DR. KEISER: Yeah. Wouldn't it be true, though, that most states require graduation from a school, from an accredited institution, in order to take their licensing examination?

MR. KENT: That's an excellent question. Again, our primary recommendation was certainly not taken lightly, and in reviewing the various state laws, although a significant number do mandate CCE accreditation, we only identified three, possibly a fourth, state because of the ambiguity in the language that tie CCE accreditation recognition to Department

of Education recognition.

In other words, Iowa, for example, says CCE as recognized by the Department of Education. New Hampshire and Pennsylvania say it has to be accredited by a chiropractic accreditor that is recognized by the Department, and Utah is kind of ambiguously worded.

So it would be necessary in those jurisdictions obviously for there to be a change in the statute or regulation. In the other jurisdictions, CCE could continue to operate and their graduates continue to sit for licensure.

DR. KEISER: And again, I'll just go back to a question I think I asked three years ago and then six years ago.

MR. KENT: Uh-huh. Yeah.

DR. KEISER: Why don't the folks who do not like CCE establish their own accrediting commission?

MR. KENT: Well, it certainly has come under consideration, and indeed it's my understanding that there has been some movement in that direction. It is a very arduous process, as you know, to change the



statutes and regulations in states regarding access to licensure. That perhaps is the most formidable barrier.

It's also necessary, as you know, for an applicant agency to have been engaged in accrediting activities for at least two years prior to making application to the Department. So I can tell you there is movement in that direction, but it hasn't happened yet.

DR. KEISER: But if the financial aid is not the important issue, then that's not a big issue.

MR. KENT: Yeah. I mean, financial aid is a huge issue. I'm just saying that all but one --

DR. KEISER: But not to the chiropractic schools.

MR. KENT: -- chiropractic college has regional.

DR. PHILLIPS: Anne Neal?

MS. NEAL: This is a question regarding the option that we have obviously to approve or to deny. Am I correct in believing that we could also say that

it could be renewed for one year so that it would come back more rapidly to address some of these issues of fairness, openness, governance that have been raised?

MR. KENT: Yes.

MS. GILCHER: I would think you would need to specify what are the particular criteria that you believe the agency is not meeting if they are because the staff has not found areas of noncompliance. So, in specifying those, then that's what they would be coming back to address in a year.

MS. NEAL: Okay.

DR. PHILLIPS: Cam Staples?

MR. STAPLES: Thank you. I just want to follow up on that. We already gave them 12 months to come into compliance a couple years ago, and I guess I was under the impression that there was no more possibility of extending their recognition beyond this meeting.

MS. GILCHER: If these are criteria that you're finding them out of compliance with for which they were not cited in the past, then they would have

12 months to come into compliance with those newly identified criteria.

MR. STAPLES: Okay. Got it.

MS. NEAL: Let me ask it again. What I'm suggesting is that we renew the recognition for one year and not three. Does that still require finding out of compliance? That's renewing them, but it's insisting that they come back more rapidly for review by us. Is there something that precludes that?

MS. GILCHER: Okay. I had not understood. I thought you were talking about just specific issues that they'd be addressing. You could make that recommendation and then say they would have to submit a full petition for review. The timing issue may be a challenge in that to put together the full petition and have it be fully reviewed within a year's time would be probably difficult to manage.

DR. PHILLIPS: Just a point of procedure. We have a very long list of speakers that we've committed to hear. I'm going to ask that we keep moving on the speakers. There are going to be some

procedural questions on the parameters that we can work with.

Any other questions for this particular speaker? Frank Wu, and then we'll move on to the next one.

MR. WU: This fight that's playing out here before us, is it occurring in other forums as well, or is it arising only with respect to whether this agency should be authorized to accredit programs? Is this taking place in other settings within --

MR. KENT: To varying degrees, it permeates the profession.

DR. PHILLIPS: Other committee questions?

(No response.)

DR. PHILLIPS: All right. Thank you very much.

MR. KENT: Okay. Thank you very much.

DR. PHILLIPS: Our next speaker is Roderic Lacy, FCPAA.

MR. LACY: Thank you.

DR. PHILLIPS: Welcome. And if you could

spell out your acronym?

MR. LACY: Oh, FCPAA?

DR. PHILLIPS: Yes.

MR. LACY: And the FCPA. Two of them.

DR. PHILLIPS: And it stands for?

MR. LACY: That's the Florida Chiropractic Physician Association and the First Chiropractic Physician Association of America.

DR. PHILLIPS: Thank you. Welcome.

MR. LACY: I'm shaking. I'm not sure if it's because I'm cold or nervous. I'm from the Dominican Republic, and I think it's cold. It's brutal here.

Thank you for allowing me to speak here today. I'm Dr. Lacy. I'm a medical doctor and a chiropractor. I practiced in Florida as a chiropractor for over 30 years, and now I volunteer in an emergency room in the Dominican Republic as kind of a first entry surgeon.

I represent about 2,500 chiropractors nationally and in three other countries. I'm the CEO

of the FCPA and the FCPAA, which I just discussed. We promote evidence-based medicine and tiering of our profession. I think that would satisfy everybody.

Like the nursing profession, different levels. And we do that a little bit now anyway with the acupuncture in certain states. If you're certified, you can have other privileges.

We are well aware of the positive results the CCE has made throughout the United States over the past several decades for our profession, and we hope to see it continue for many more years. The CCE must, and I say must, continue to be the credentialing body of our profession. We support it 100 percent in its entirety and ask that you unconditionally recredential the CCE.

The FCPAA and the FCPA support what the ACA is saying. We agree that the ACA is a major leader in this profession. Some groups that have scheduled here to testify in my opinion are not totally legitimate organizations and do not represent the majority of the chiropractors. They were formed for the purpose of

appearing to you to represent large groups when in fact there's just a few people in the background. Many have no budgets and very few members.

They are on in my opinion -- again, it's just my opinion -- a philosophical witch hunt. Chiropractic is a great science, and we'd like to keep it as a science, evidence-based. They have no tolerance for those, which many of them are members of my association, which believe in evidence-based medicine, and they just don't want to have anything to do with it.

Our groups are very successful. We solicit people from all segments of the profession, and we want to keep the profession moving into the future. Why anyone would even consider eliminating the CCE, in my opinion, I don't understand. I do not understand it. We do not need to go back to the years of the '70s without accreditation. It might cause chaos in our profession, and we do not need any helter-skelter in our profession.

Please allow the CCE to continue to guide

our great profession into the modern health care of the future. That's basically what I have to say. I think that tiering is essential in this profession. That would allow subluxation-based chiropractors to practice, medical evidence or evidence-based physicians to practice. Every other profession basically does it and we're doing it already, and I thank you for your time.

DR. PHILLIPS: Thank you very much.

Committee member questions? Frank Wu?

MR. WU: So I just want to ask this speaker a question similar to one I've asked before. Would this description of the debate be accurate -- and I'm not taking sides -- that one side emphasizes vertebral subluxation as the sole or primary part of chiropractic, and the other side, which you're a proponent of, accepts that as part of chiropractic but wants evidence-based medicine also to be part of it? Is that an accurate description of the two sides?

MR. LACY: You're very good on that. As a licensed medical doctor, I still adjust 90 percent of



my people, my patients. I hear the complaints that it's going to eliminate the profession and you're going to lose the philosophy.

Once you have a philosophy of a natural healer, you continue having a philosophy of a natural healer. Just because you have other rights does not mean that you're going to destroy the history of this profession. This is a great profession. I love it. I think that we need to progress to fit into modern society and help the American public in more ways than one.

I have friends that only do nutrition. They're still chiropractors. I have friends that only do acupuncture. They're still chiropractors. To say you can only do subluxation-based chiropractic in my opinion is an insult and a sin. There's a public out there that needs more than just adjusting the vertebrae. And I do adjust. I do nutrition. I work in the emergency room. It's a whole gamut. We need more tools in our bag to help the public of this country.

DR. PHILLIPS: Thank you, Mr. Lacy.

Other committee members?

(No response.)

DR. PHILLIPS: Thank you very much for joining us.

MR. LACY: Thank you very much, and I appreciate it. I'm cold.

(Laughter.)

DR. PHILLIPS: Our next speaker is Dan Lemberger, chair of the DaVinci Group. Welcome.

MR. LEMBERGER: Thank you. Thank you for the opportunity to speak to the committee this morning. I do have a prepared statement, but I'll skip through it since you've heard a lot of the stuff already, and we'll move this closer to an eventual lunch at 6 p.m. tonight. I hope that doesn't go against my three minutes.

I speak to you today on behalf of the DaVinci Group, one of the organizations maybe that that last comment was directed to of an "unknown group", but what we are is a national coalition of

chiropractic professional associations, clinical specialty organizations, research groups, advocacy organizations, and individual practitioners who are committed to excellence in chiropractic education.

There's been a lot of talk today about the tent and who can fit under the tent, and when we can see a group of organizations come together which work independently on their own and can also come together and exist, that's a model that we should look towards, not tear down.

So I'm from an organization that was born from the 2011 NACIQI hearings over the concern of the violations of the Secretary's criteria and also the CCE's promotion of an expansive agenda seeking to use accreditation process to drive chiropractic practice.

I also personally have the experience of serving as a former dean of continuing education at a CCE accredited college.

Our group was taken back by the Assistant Secretary's removal of the statement that NACIQI added to the CCE that said that the CCE must "demonstrate

compliance with Section 602.13 dealing with the wide acceptance of its standards, policies, procedures, and decisions and how its standards advance the quality of the chiropractic education."

The Assistant Secretary actually acted on behalf of a CCE letter to the Secretary that NACIQI was unduly influenced by a very vocal minority voice in the profession and offered that this overshadowed the testimony of other organizations. The CCE was never required to answer to this major issue. The CCE is the only accrediting agency in the profession. It is a monopoly and as such places itself as a very important focal point within the profession.

When we look at all the organizations and the different practice styles within the profession, we must look for inclusion that they can be met. The CCE has made certain advances, but we need to look to see how meta-competencies and competencies are specifically being included for subluxation detection and correction. That must be something that if it's being included in the tent must appear in their

standards.

There's no organization here who speaks that they represent a majority today, but you'll see that many organizations today are talking about the concern of the perpetuating governance structure. And this trickles down into something which I saw firsthand actually participating in one of the CCE stakeholder invitation only events. They have had a number of meetings, which is true. They've had them with individual stakeholders in different various places.

The DaVinci Group has been invited to some of these and has participated in every one that it's been invited to, although we have not been invited to all the ones, and it seems that there's certain processes like the change in the -- I can't remember the one change which was mentioned, but when there are certain structural changes, we have not been invited to those particular meetings.

But the DaVinci Group has brought our concern of governance to the CCE over the past two years. I attended -- I feel like I'm at the Academy

Awards. I actually attended an invitation only stakeholder meeting, and I'll just close with this. When the meeting was called to the end, there was a summary to the assembled group on behalf of the chair, who also spoke here today, with an apology to everyone who came to the meeting indicating that the meeting was a waste of time and that nothing useful had been gained to improve the Doctor of Chiropractic programs and chiropractic education.

Following the comment, several chiropractic colleges' presidents who were in attendance and other attendees commented that they actually found the stakeholder discussion useful. So, with a summary dismissal of that, I question the governance.

DR. PHILLIPS: Thank you. Thank you. My apologies for being rude.

MR. LEMBERGER: You're not rude. You're very efficient.

DR. PHILLIPS: Committee members, questions?

(No response.)

DR. PHILLIPS: Thank you very much for

joining us.

MR. LEMBERGER: Thank you.

DR. PHILLIPS: Our next speaker is Robert Love, a student at Life University. Welcome.

MR. LOVE: Good morning.

DR. PHILLIPS: Good morning.

MR. LOVE: Before we start the time, I just want to take a moment and say thank you to Simon, who is the student representative on NACIQI. A lot of my student colleagues were outside when you recognized him earlier, and from students to a student, we know what it is to give up time to be at these types of things, so thank you.

So good morning. My name is Rev. Robert Shirley Love. I am a student at Life University for just a couple more months. We're nearing the end. It gave me great hope when I read your committee's charter and saw that one of the members of the committee must be a student of higher education.

In this past week, I've actually been verbally attacked and attacked on Facebook for

choosing to come here. Leaders in our profession, even people in this room, have said what right do you have to speak at a NACIQI hearing? Why would a student take the place of a doctor in speaking?

But I happen to know that you guys value the students and that your charter maintains that a student perspective be kept at all times. Dr. Kanter spoke about the value of student input back in June when she spoke with you. The Administration certainly has spoken about the value of student input in these endeavors.

Unfortunately, I do not believe that CCE shares your opinion of student input. In the past two years, I've attempted to engage the CCE by both written and oral comments at the stakeholder meetings.

My first attempt at a stakeholder meeting you might say was educational. Where I come from, they'd say they chewed me up and spit me out. But we learned, and I took notes and I came back the second time better prepared to answer their questions and to represent the students I came to represent in a better



manner.

When I returned for that second stakeholder meeting, I along with 506 other students, more than 30 percent of our student body, drafted language for the proposed changes that CCE was suggesting in the standards. We presented our petition at that second stakeholder meeting.

And it's important to note that we did not ask for the removal of any of the medical education meta-competencies. We just asked for the addition of more subluxation-based competencies. Without a word of discussion, not a few minutes after we presented our petition the CCE voted to approve their initial proposed language unchanged.

At both of these stakeholder meetings we asked for student representation on the CCE. We also asked the same at the last site visit team to Life University. The site visit team told us that was not their issue. In the past two years, through all the proceedings, CCE has not reached out to engage the students as far as I know one time. In fact, even

after we took it upon ourselves to reach out to the CCE multiple times we haven't been contacted back from them. They continue to disregard and ignore us.

In response to Dr. Little's comments earlier, which I believe are misleading, I contacted the national student representation of the ICA, who's sitting back here, who said they've never been contacted by CCE.

Despite the good intentions of all the speakers today, at the end of the day, it's the students and only the students who are affected by the CCE decisions. In fact, it's our interest-bearing dollars that fund the operation, and that's a fact that we have not forgotten.

The students here today are the ones who have been and continue to be affected by these decisions, and all of us, even as many of us near graduation, some of us as early as next Friday, myself and my fiancée in March, are fully aware and we understand the gravity and consequences of what we ask you today.

On behalf of the 507 ignored students, those who could make it and not, we would like to ask you to defer the issue of reaccreditation for one year with a mandate that they reform governance and include students or deny.

DR. PHILLIPS: Thank you very much.

MR. LOVE: Thank you.

DR. PHILLIPS: Art Keiser?

DR. KEISER: Robert?

MR. LOVE: Yes?

DR. KEISER: You're not ignored here. I can tell you that much. You have a very powerful presentation. But what I'm trying to understand, besides the processes, the processes of governance which may or may not have impact on you individually in your program, I still don't understand when I hear the accrediting commission say there are no specific standards of what an institution can or cannot do. I know Life University -- are you in Atlanta?

MR. LOVE: I am, yes.

DR. KEISER: Okay. Now is there anything in

your program that you feel as a student is holding you back or moving you too far forward that will affect you when you go into your profession?

MR. LOVE: So some of the other students that are going to talk to you are going to talk more about the parallel curriculum, and I'll leave that to them, things we do outside of school to prepare ourselves, but with respect to your question --

DR. KEISER: Robert, I don't care about others. I just want to know about you. What specific aspect of your career is impacted by the decisions that are made by the accrediting commission that are negative right now?

MR. LOVE: The meta-competencies set up in the standards by the CCE are very medically leaning, medically indicated. There aren't as many subluxation-based -- well, there's really no subluxation-based meta-competency, so we're --

DR. KEISER: But did Life University meet your goals and objectives within their scope of accreditation?

MR. LOVE: Restate the question for me. I'm sorry.

DR. KEISER: Well, has Life University in their curriculum, which I assume is accredited.

MR. LOVE: Yes.

DR. KEISER: I know them pretty well. Has anything in Life University's program for you that you feel will hold you back from practicing the profession as you see it?

MR. LOVE: No.

DR. KEISER: Thank you.

MR. LOVE: Yes.

DR. PHILLIPS: Any other committee questions? Simon Boehme?

MR. BOEHME: Thank you, Madam Chair. So, as you know, NACIQI is commissioned to make sure that the CCE is compliant with the federal Code and whatnot, and one of them is 602.16(a)(1)(iv), and it's regarding student complaints.

MR. LOVE: Yes.

MR. BOEHME: And it reads: "Record of

student complaints received by or available to the agency." In your opinion, has the CCE violated or are they not doing an adequate job such as handling your student complaint?

MR. LOVE: Absolutely.

MR. BOEHME: Can you please provide maybe some context or some examples?

MR. LOVE: Just a clarification. I believe that's 602.16(a)(1)(ix).

MR. BOEHME: Yes, (ix). Correct. Sorry. Yes.

MR. LOVE: Okay. Just making sure.

MR. BOEHME: Yeah.

MR. LOVE: Yes. So a perfect example is at the last site team visit at actually Dr. Little's suggestion from the previous stakeholder meeting we brought up our concerns about CCE and the meta-competencies and governance with the site team, and they said that wasn't their job, and we've never heard a word back ever.

MR. BOEHME: Thank you.

DR. PHILLIPS: Other questions from the committee?

(No response.)

DR. PHILLIPS: All right. Thank you very much.

MR. LOVE: Thank you.

DR. PHILLIPS: Our next speaker is Michael McLean from the International Chiropractors Association. Welcome.

MR. McLEAN: Good morning, Madam Chair, distinguished panel members and guests. My name is Dr. Michael McLean, and I represent the International Chiropractors Association as president.

ICA has submitted written testimony critical of CCE, and we still have serious concerns with CCE, especially their governance. I address you today to amend the written recommendation based on a commitment from CCE to engage with us in serious governance reform negotiations and which we believe has been made in good faith. ICA recommends CCE be reaffirmed.

DR. PHILLIPS: Thank you very much.

Questions from committee?

(No response.)

DR. PHILLIPS: Thank you for joining us.

MR. McLEAN: Thank you.

DR. PHILLIPS: Our next speaker is David O'Bryon, ACC. Welcome. And if you could tell us what ACC is?

MR. O'BRYON: I'm David O'Bryon. I'm with the Association of Chiropractic Colleges. I represent all the accredited chiropractic colleges in the United States and four international programs. I've been asked by my board to come here today to tell you that we are in support of CCE's request for recognition. Just as late as our November 2013 meeting, the board reaffirmed that position unanimously.

You've heard a lot of people talk today about lots of things, whether they represented groups or individuals, and those are all important considerations. My group is the group that has 100 percent of the financial stake at this. Our institutions are institutional members of CCE. They



are the only people that are coming to the table today that have that financial stake.

There are members of my institutions, members of the associations that are here -- if they would stand, representatives from the schools -- representing some of the institutions that are coming here to support this effort, representing the almost 10,000 students that are in our institutions domestically.

We understand that the Council on Chiropractic Education does not create laws. That's the prerogative of state legislatures. And they don't create state regulations either. That is for the purview of state licensing boards appointed by their respective governors in the states. The role of CCE is to help us to create chiropractic programs providing good quality education and help us to continue to improve in that effort.

And all of our institutions have individual mission statements. I represent people all the way across the board in the political spectrum. Anytime

we have a vote on something we might have 15 members with no fewer than 25 opinions on any one subject. But with that, one of the things that I wanted to share with you all today was just that like any family you're going to have disagreements within about different issues, and we certainly have those, but they are unanimous in their support for CCE and its continued recognition.

I'm part of the Chiropractic Summit, which is a group of 40 different organizations as well, and they have endorsed and supported CCE's continuing recognition as well. I think some of my other members are here. I know Northwestern, in case they don't get an opportunity to speak, has some papers they'd like to submit in support of CCE as well. They weren't on the original list, but some of my other members are.

From our perspective, CCE has worked very diligently to reach out across the profession in the last year and has worked with us. I'm a bit shocked when I have phantom complaints that come up. My members are not shy in telling me that there are

issues, and I have no problem going with CCE and bringing those issues to them. So, when I hear phantom issues, I can't deal with them, so I'm dealing with facts and what I can tell you. Thank you.

DR. PHILLIPS: Thank you very much.

Questions from committee members?

(No response.)

DR. PHILLIPS: Thank you for joining us.

Our next speaker is David Odiorne, Vice President of New York Chiropractic College. Welcome.

MR. ODIORNE: Thank you. Good morning, Madam Chair and members of the committee. I'm Dr. David Odiorne. I am the Vice President for Institutional Quality and Assessment at New York Chiropractic College, and in what I do there every day, most of what I do is accreditation-related.

I'm also a chiropractor. I've been in the profession for 30 years and around these battles that you've been hearing about today for a long time. I also serve as a member of the Site Team Academy for CCE and have done a number of site visits both as a

member and chair. Actually I've done over 30 site team visits, but those include other agencies as well.

But I've done a bit of that.

Representing the college, I'm here today to support the staff recommendation for reaffirmation. We are fully behind that. Yes, there are divisions, philosophical and political, in our profession, but those aren't the business of CCE. CCE is in the business of assuring quality of education, protecting our students both in their education and in their student support services. What the profession is is the profession's business.

CCE standards and procedures currently ensure that those chiropractic education programs are in fact designed and implemented to prepare students to serve the public as Doctors of Chiropractic. Current standards are neutral with regard to the philosophy and politics of the profession, and in fact CCE, as you've heard, accredits institutions across that entire spectrum.

When the council appeared before you last, a

number of issues were identified. They have been diligent and rigorous in addressing those issues. They have held a number of forums. You've heard about those. They were broadly attended. I attended many of them myself, and I was impressed with the level of dialogue and the input from all sides of the conversation.

I think Dr. Little made the point some may be unhappy because although they were heard they were not agreed with. Well, that's the nature of our government. We don't all get to be agreed with. They were heard, the input was taken, and it has resulted in resolving all of those issues that were here before. And I thank you.

DR. PHILLIPS: Thank you very much.

Questions from the committee members?

(No response.)

DR. PHILLIPS: All right. Thank you for joining us.

Our next speaker is Keith Overland,  
President of ACA.

MR. OVERLAND: Good morning.

DR. PHILLIPS: Good morning.

MR. OVERLAND: One of the worst spaces you could be in is in between a hearing and lunchtime, so I will try to make it very, very quick.

DR. PHILLIPS: Thank you.

MR. OVERLAND: And also, I also want to make it very clear that the ACA is not Obamacare, so we're not talking about that. This is the American Chiropractic Association.

I'd like to thank you. As an introduction, I've been in private practice for 30 years in Connecticut and am currently the president of the American Chiropractic Association. The ACA is the largest professional association in the United States, and every day we act on behalf of over 130,000 Doctors of Chiropractic, chiropractic students, chiropractic assistants, and the public we serve. ACA also requires its members to hold ethics and patient care as its highest standard.

Let me begin my comments by just stating

that the ACA is fully supportive of continued recognition of the CCE, and in fact we are very proud of each of the 18 educational programs and the doctors they are producing. Without question, because of the last 30 or 39 years of the CCE, there has been continual and progressive improvement in both the institutions and their programs.

I also am going to change from my remarks and apologize to you because it is my opinion that this is not the forum for disputing our internal family issues of a profession. In fact, it is really to talk about the CCE and what our job is. And what hasn't been mentioned today by any of the speakers is the patients.

Our job is to make certain and the CCE's job is to make certain that a graduate of a chiropractic college provides quality health care to our citizens.

And you will hear today that that may not be happening, but let me tell you the very definition. It is not about vertebral subluxation. That is a finding. That is a finding that our doctors focus on

in care for their patients.

What this is about is being a physician level provider. That is what the CCE is asked to provide standards and meta-competencies for, that when they walk out of those doors and they graduate, you, your children, your grandparents, can walk into every Doctor of Chiropractic and have a level of comfort that they will be seen by a professional with the skills and training they deserve.

So while you hear some people opposing the message of recertification, our studies in the ACA tell us it's about 6 to 8 percent -- a very vocal 6 to 8 percent, but that's about what it is -- out of 80,000 Doctors of Chiropractic. So, when you hear 28 or 30 groups opposing and four or five supporting, let me assure you that is not representative of the entire profession or the students that we represent.

I would like to conclude by telling you that the CCE is a gold standard in our country. It's focused first and foremost on public welfare and patient safety, and it's because of that that the VA



system just last week instituted a program that requires CCE graduation, as does 45 states in our nation, as does the DOT.

DR. PHILLIPS: Thank you very much.

MR. OVERLAND: So thank you very, very much for your time, and I hope you get to grab some lunch really soon. Thank you.

DR. PHILLIPS: Thank you very much.

Committee members, questions? Rick O'Donnell?

MR. O'DONNELL: Yeah. Your very last statement I just want to clarify because I think it was asked earlier if CCE recognition was denied would students lose the ability for state licensure purposes, and I think the previous speaker said there was three states possibly and a fourth that was ambiguous. I'm not sure if you are saying something different or responding to that.

MR. OVERLAND: I'm saying something very different, yes. There are 45 states that require CCE accreditation or a chiropractic accrediting body.

Since there is no other chiropractic accrediting body, it is the CCE that is required for 45 states.

MR. O'DONNELL: Required for licensure?

MR. OVERLAND: To practice for licensure.

To obtain licensure.

DR. PHILLIPS: Other questions?

(No response.)

MR. OVERLAND: Okay.

DR. PHILLIPS: Thank you very much.

MR. OVERLAND: Thank you very much.

DR. PHILLIPS: Before we move to calling our next speaker, with apologies to those who have not yet spoken, we've made it through just about one-third of our speakers. The first speaker spoke about perhaps us reaching lunch at 6 p.m. This may be a good goal.

I would like as we call you to speak, you are welcome to your time, but if you could also exercise your judgment about whether what you have to say adds something significantly new to the conversation and adjust your time accordingly, we'll speed along.

Okay. Our next speaker --

MR. LEMBERGER: Madam Chairman? This is just a procedural thing. Can I maybe, and I apologize for the time thing. Maybe you can call the next person to speak so we can maybe quicken the pace as well, just to be on deck.

DR. PHILLIPS: Thank you.

MR. LEMBERGER: I apologize for the interruption.

DR. PHILLIPS: Our next speaker is James Potter, Chief Executive Officer, ACA. Up after that is Andrew Roberts, affiliation unknown. Welcome.

MR. POTTER: Good morning. My name is James Potter. I am the new CEO of the American Chiropractic Association. I come to you with a varied background representing for the last 25 years medicine and other aspects of health care, mostly recently the physician assistants.

And so, when I look at some of the issues that have been presented here, you know, this is a good Donnybrook. This is as good as I have seen, and

I've seen some good things helping brokered the relative value update process for medicine, actually for the whole health care profession, helping input the Mammography Quality Standards Act, which is still today probably one of the best private/public partnerships that has been created.

So I've seen a lot of this, and what I would ask this advisory body to focus on are the issues at hand. And in particular, in my review since 2011, and I've been here for about two months. So I've taken a review of all the proceedings, and I think a good-faith effort has been made to engage with all stakeholders, large and small, to come into compliance and address the issues that were brought before two years ago.

And so I don't need to echo our position, but I think, you know, moving recognition as an accrediting agency for chiropractic education should be for three years. Anything less, I don't see particularly a basis, and I have no basis, philosophical or others, to come back. So, from your

job and from my perspective in working in policy and government, I would say that's the key issue here.

I also think, as Dr. McLean mentioned, the CCE has made good-faith efforts to continue this conversation, and I think that's the important thing.

There will be differences of opinion, but it's how you work through those things, and I think helping through this process has brought that forward.

In three years, it will probably come up again and you'll probably have this happen. This is not new. From my vantage, this is more like the War of the Roses. It's been going on for 100 years and probably likely from the origins of the profession. It's part of the profession, who they are. I have the unenviable task to help harmonize state laws and certification and other things. This is part of it.

By doing something less than a three-year accreditation, you invite chaos. You invite those who actually want the strict standards. So I would highly ask you to consider the three years of continuing recognition for this agency. Thank you.

DR. PHILLIPS: Thank you very much.

Any questions from the committee?

(No response.)

MR. POTTER: Thank you.

DR. PHILLIPS: Thank you very much.

Speaking next is Andrew Roberts, and following that is John Scaringe. Welcome.

MR. ROBERTS: Thank you. Madam Chair, members of the board, thank you for the opportunity to share my perspective with you, and I appreciate the work you do to help monitor and mentor our accrediting agency.

My name is Andrew Roberts. I am a 1996 graduate of Palmer College of Chiropractic. I was a principal in the educational co-validation of the chiropractic degree in the country of Costa Rica, as well as a co-author of legislation to recognize chiropractic there. But today I come to you as a private citizen and instructor of postgraduate chiropractic programs and continuing education.

Vertebral subluxation is not only a part of

but is the cornerstone of our great profession. Historically it has been utilized in chiropractic by its founder throughout the years as science, understanding, and technology has advanced. So too the models of vertebral subluxation have been developed that explain its mechanism. Today these models explain on a clinical level the manifestations of vertebral subluxation, and research continues to further clarify and validate it.

I teach students in chiropractic a technique system which is the clinical application of chiropractic. The foundation of this technique, as with all other chiropractic techniques, is a thorough analysis to determine the presence or absence of vertebral subluxation. I have been teaching chiropractic technique 15 years and have been exposed to students from many chiropractic colleges, both nationally and internationally. These students are at all stages within the chiropractic spectrum of education.

I also have the privilege of teaching

chiropractors ranging from the newly graduated to those of many years in practice. The one seriously problematic fact that I have found to be endemic across the students and newer graduates of the national chiropractic colleges is a fundamental lack of knowledge of the vertebral subluxation and in many cases an educational experience they express that it is directing them away from it altogether.

This serious deficit in ability to properly analyze and assess for vertebral subluxation can be seen most obviously in the appropriate care within Medicare. The language of Medicare is very distinct.

Clinical evaluation of the vertebral subluxation is a requirement for both care and payment.

The problems of poor clinical skills of students and graduates I have touched upon can be traced back to the CCE's lack of assessment of clinical competency as seen in my experience.

Furthermore, we have a far bigger ethical issue of the CCE's crediting programs that are not teaching vertebral subluxation, yet graduates are diagnosing



and billing for that they say they have not been taught.

I appreciate the time that I have with you here. My idea is not to abolish the CCE but to I think defer continuing their accreditation while they are able to work on their governance and fix the problems from within. Thank you so much.

DR. PHILLIPS: Thank you very much.

Questions from committee members?

(No response.)

DR. PHILLIPS: All right. Our next speaker is John Scaringe. It's been brought to my attention I skipped over an individual who will be next up after Scaringe, and that is Mattie Leto. Greetings.

MR. SCARINGE: Thank you. And you did very well, by the way. John Scaringe. I'm President of the Southern California University of Health Sciences. In Italy, it's Scaringe.

But we have over a 100-year history of educating Doctors of Chiropractic. In addition to being a Doctor of Chiropractic myself, I have three

degrees in education, including a Doctorate in Educational Leadership. I have over 33 years of experience in education. Twenty-two of those years are in chiropractic and health care education. And furthermore, I am an experienced member and chair of several evaluation teams for regional and programmatic accreditors, and in the spirit of full disclosure, I am a current council member for CCE.

But I'm here on behalf of the university's Board of Regents, faculty, staff, and students, and we would like to acknowledge that CCE competently represents the chiropractic educational community and the profession at large. CCE's standards as an accrediting agency are extremely high. The council operates following best practices and higher education accreditation standards.

They have been inclusive in the development of its standards and processes. They have been transparent in communication with a diverse cross-section of the chiropractic profession in all phases of standard and process development. CCE

appropriately recognizes its role to maintain educational standards and best practices while respecting the diverse missions of chiropractic programs throughout the U.S. And because CCE has demonstrated these exemplary practices, CCE's standards are sufficiently rigorous and effective in their application to ensure quality chiropractic education.

I would like to thank you, the whole committee, for this opportunity, and I wish you all a wonderful holiday season.

DR. PHILLIPS: Thank you so much.

Question from Art Keiser?

DR. KEISER: I'm going to ask you as a member of the commission. There are 24 members on your committee. Is there a diversity of opinions as we've heard today represented on the board?

MR. SCARINGE: As a member, I don't know the specific numbers as far as representing on a spectrum, but I can tell you that we deliberate quite intensely on many, many issues. I think the colleagues that are

there do represent a cross-section of the profession and also in the education profession as well outside of the Doctor of Chiropractic.

And I'm proud of the deliberation that we have because I think we're fair. I think we want to do the right thing, and I think we bring in all aspects of the issue that's on the table in making our consistent recommendations as we move forward with our business.

DR. KEISER: But on a percentage basis, of the 24 members, is there one side that's predominant of the 24 members?

MR. SCARINGE: Well, I don't know specifically, but I just want to just say one thing if I may that might --

DR. KEISER: Well, really we have so little time. Just, you know, in the governance of the association, which is by the board, is there a representation of both sides that's adequate or at least appropriate to the profession?

MR. SCARINGE: I do. I think it's

proportionate to the profession.

DR. KEISER: Thank you.

DR. PHILLIPS: Thank you. Simon Boehme?

MR. BOEHME: Thank you, Madam Chair. One quick question. Of the 24 council members, how many of them are students?

MR. SCARINGE: We don't have any students on the council. However, we did have students representing in our strategic process, that they were present during that process, strategic planning process.

MR. BOEHME: But no students on the actual 24 council?

MR. SCARINGE: No.

MR. BOEHME: Thank you.

DR. PHILLIPS: Other questions?

(No response.)

DR. PHILLIPS: Thank you very much for joining us.

MR. SCARINGE: Thank you.

DR. PHILLIPS: Our next speaker would be

Mattie Leto, and on deck would be Rob Scott.

MR. LETO: Good morning, distinguished members of NACIQI. Most of my information in my testimony has already been covered, so if I can give you some more clarity, I'd like to do that.

My choice to serve the public was my choice to become a chiropractor, and if I wanted to diagnose and treat symptoms and disease, then I would have become a medical doctor. What's unique to chiropractic is the vertebral subluxation.

Now, when I was in chiropractic school, I was in that same assembly as Dr. Guinosso where we were told by our then president to not confront the CCE on any level because they were scared they were going to lose their accreditation.

And at that time that I was in chiropractic school, to be able to locate, analyze, and help the body correct subluxations on a level of excellence, it's like you have to train this like you were training as a professional athlete. And the curriculum in chiropractic school did not provide that

because they were so weighed down by what the CCE was pressuring them to do, which was more on the side of the medicalization. And don't get me wrong. I'm not putting down medicine on any level. What I'm saying is that chiropractic is a separate and distinct profession from medicine.

Moving forward, like I said, most of my testimony has been covered, but I want to talk a little bit about the culture of fear, how the CCE continues to intimidate the profession by forcing them to adopt an inappropriate and dangerous mission. It's reflected in the following written comments to the NACIQI by a current faculty member who would not testify today out of fear of personal or institutional retaliation by the CCE.

Number one, the CCE has ignored three major constituents: the Doctor of Chiropractic program faculty at the colleges, the students, and 75 percent of the DCs who do not belong to a trade organization.

Number two, the stated mission of the CCE is to educate primary care physicians. The Doctor of

Chiropractic program at the majority of the colleges have changed their mission to mimic the mission of the CCE. They have done this out of fear that the CCE could lift the accreditation if they do not comply.

As a faculty member in the Doctor of Chiropractic program, I am perplexed that the U.S. Department of Education has also overlooked a glaring elephant in the room. There is an obvious lack -- very few, if any -- of experienced primary care physicians in all of the member colleges. How can the CCE accredit a Doctor of Chiropractic program whose stated mission is to educate primary care physicians without any on faculty or in the clinics to supervise the interns?

The tail is wagging the dog in the case of the CCE. Those in power at the CCE are attempting to change the identity of our profession without input from major stakeholders and steer the profession someplace where these stakeholders do not want to go.

The job of the CCE is to accredit, not to steer.

Please defer your decision on the fate of



the CCE until they are truly transparent, compliant, and clean up their old boy governance practices.

Thank you for your time.

DR. PHILLIPS: Thank you very much.

Questions from the committee?

(No response.)

DR. PHILLIPS: Thank you very much.

MR. LETO: Thank you.

DR. PHILLIPS: Our next speaker is Rob Scott, Vice President at Life University, and on deck Selina Sigafoose-Jackson. Welcome.

MR. SCOTT: Thank you. Well, good afternoon now, everyone. Madam Chair, members of the committee, it's my pleasure to have the opportunity to address you today regarding the reaffirmation of the CCE.

As stated, my name is Rob Scott. I'm the Vice President for Academic Affairs at Life University, which as I'm sure you know is the largest single campus chiropractic college in the world, and it represents about 18 percent of the student stakeholderhip of this 10,000 that David O'Bryon

spoke to.

I have an interesting perspective on this political conversation we're having having served as a chief academic officer over the last 10 years at three major chiropractic colleges in this country on both sides of this political and philosophical debate. I will assure you that it is longstanding, very deep, very political, and the CCE is unfortunately undesirably smack dab in the middle of it.

Out of full disclosure, I'd like to also mention that our president, Dr. Guy Riekeman, is also a councilor on the CCE, and myself, as well as two other members of our faculty, have served as CCE Site Team Academy members over the last five years.

I'm not here to speak against reaffirmation of the CCE, and I want to emphasize that our tacit support of the CCE at this moment is based on some ongoing concerns and reservations. It's also very clear to us, and I want to emphasize this, that over the past several years some extremely important and positive changes have occurred within the CCE, and

we're encouraged by those changes.

We also want to continue our support for the CCE staff who are with us today. These individuals continue and have in the past provided exemplary service to both the agency as well as the member institutions. And additionally, we're also encouraged about and appreciate the perspective and experience that the new president, Dr. Tom Benberg, brings to the CCE presidency, and we look forward to his tenure.

However, in spite of the positive changes that have occurred, our reservations however still remain regarding issues pertaining to 602.13, Acceptance of the Agency by Others, and 602.15, Administration and Fiscal Responsibility, specifically No. (6) (a), The Clear and Effective Controls Against Conflicts of Interest or Appearance of Conflicts of Interest Among Its Members.

It's our opinion and frankly our experience that issues remain regarding an inequitable representation of the profession on the council, the council executive, and equally as important concerns

regarding the inequity of the electoral process that was spoken of earlier as it relates to selecting the slate of candidates who will be voted on for positions.

I believe in hearing past it's been demonstrated that between 2004 and 2012 the composition of the executive committee clearly biased certain schools and thereby certain professional views in our opinion that we've been discussing here today.

Concerns remain regarding this issue, as well as the composition of the Site Team Academy members, and despite several requests over recent years by interested agency members for the transparency of the summit of data regarding the representation of respective colleges on those site teams, we have yet to receive this information forthcoming and unfortunately necessitates or perpetuates our concern.

I am a strong supporter of the peer review process that has been the cornerstone of higher education in this country, and it is an essential and

crucial part of the ongoing process.

DR. PHILLIPS: Thank you very much. My apologies for being rude.

MR. SCOTT: Thank you.

DR. PHILLIPS: Questions from the committee?

(No response.)

DR. PHILLIPS: Thank you very much for joining us.

MR. SCOTT: Thank you.

DR. PHILLIPS: Our next speaker is Selina Sigafoose-Jackson. On deck, Michael Simone.

MS. SIGAFOOSE-JACKSON: Good morning, Madam Chair and members of the committee. I'm honored to be the first female to come up and speak. Sadly to say, that would say that there is an unequal distribution, but that's changing.

My name is Dr. Selina Sigafoose, and I am in private practice in York, Pennsylvania, for the past 24 years. I am also an officer for the International Chiropractic Association and the League of Chiropractic Women, but I come here to speak as a

private citizen and practitioner.

My purpose for being here is to stress to you the important opportunity for the urgently needed reform within the council in chiropractic education, which has just recently opened for discussion. I refer to the public pledge on the part of CCE's leadership to engage in good-faith negotiations on ways and means to provide for greater fairness, openness, and equity in the governance process.

I urge the members of this committee to understand the importance of this pledge, and I would like the record of these proceedings to show how seriously this pledge is being taken by individuals and organizations throughout this profession.

On the basis of the hope that CCE's pledge to engage in good-faith dialogue on the reform of its governance structure and process will yield results, I would like to add my voice to those calling for CCE's re-recognition at this time. I hope that the members of the NACIQI committee will duly note CCE's future performance on this pledge.

I sincerely appreciate this opportunity, and have a beautiful Christmas season. Thank you.

DR. PHILLIPS: Thank you so much.

Committee members' questions?

(No response.)

DR. PHILLIPS: Thank you very much for joining us.

MS. SIGAFOOSE-JACKSON: Thank you.

DR. PHILLIPS: Michael Simone? On deck, Steve Tullius.

MR. SIMONE: Good afternoon. I'm Mike Simone. I'm chairman of the board for the ACA. Most of my comments have already been addressed, so I'll just kind of sum things up.

I've attended most of the stakeholders' meetings. They were open, they were transparent, and they let anybody who showed up speak, not just those who were invited. Quite frankly, I chair a lot of meetings myself. The chair of the CCE was a lot more patient than I would have been at some of those meetings.

The CCE in our opinion, the ACA's opinion, they are performing the mission that they're supposed to. They make sure the institutions do what they say they're going to do and they allow for maximum diversity. That's what a mature profession does.

And the only thing I really wanted to make sure I covered was there was talk about the Chiropractic Summit a few minutes ago. The Chiropractic Summit, it's comprised of all the major, well-established chiropractic organizations -- the American Chiropractic Association, the Association of Chiropractic Colleges, the National Board of Chiropractic Examiners, the International Chiropractic Association -- and students, a lot of students. Probably 4- or 5,000 students are represented throughout that organization, and there are another 30 or so again well-recognized chiropractic organizations.

And I would just like to read the statement that they unanimously agreed to, and it was that they voted unanimously to reaffirm its support of CCE



before the Department of Education's National Advisory Committee on Institutional Quality and Integrity this December. Thank you.

DR. PHILLIPS: Thank you very much.

Committee member questions?

(No response.)

DR. PHILLIPS: Thank you for joining us.

The next speaker is Steve Tullius, and on deck after that is a representative from the International Federation of Chiropractors, Judith, whose last name I can't read.

MS. CAMPANALE: Campanale.

DR. PHILLIPS: Thank you.

MR. TULLIUS: Thank you. Honorable committee members, I'd just like to take a moment and talk to you about academic freedom in chiropractic education, because it's a myth right now, and also conflict of interest, which has not been fully addressed.

And Dr. Scaringe just came up and spoke, and just last month I went to this school. I've been

invited several times by students. I have spoken there. I've done so cordially and never attacked the college, but this time I was not allowed to speak. I've been banned from speaking at my alma mater because I have a different viewpoint of the CCE, as many of us do here.

Now I'd like to speak about conflicts of interest, specifically Section 602.15(a)(6), Section 2, of the Secretary's criteria, which states: There must be clear and effective controls against conflicts of interest or the appearance of conflicts of interest by the agency's commissioners.

My hope will be that you recognize the implications of this. The staff report correctly acknowledged that this section of the criteria relates to conflicts that might impact the agency's accrediting decisions. However, I respectfully disagree with their conclusion that a conflict of interest did not exist because MCQI is not a program accredited by the CCE.

The point of our written comments was not to

display a bias towards our group but towards some of the very programs they do indeed accredit. The chairman of the CCE is a member of an organization that has severely biased ideas of the direction chiropractic education should be headed and that has as stated objectives to foster inclusion of WHG members in the fabric of the profession to promote WHG's mission and to advance chiropractic education consistent with that mission.

From a paper written by the chairman's fellow members and promoted on their website, we find the following quote: One of the problems we encounter with chiropractic educational institutions is the perpetuation of unfounded claims. Examples include the concept of subluxation. Faculty members who hold to and teach these belief systems should be replaced by instructors who are knowledgeable in the evidence-based approach to spine care. This group needs to be marginalized, and no longer should unrealistic efforts be made toward unification of these disparate factions within the profession.

Honorable committee members, this represents a clear and most egregious violation of 602.15 and the CCE's very own conflict of interest policy. How has the CCE responded? The chairman has simply responded that it is not a conflict because he belongs to a lot of organizations. In the chiropractic profession, that would be the equivalent of saying that I am a vegetarian but happen to like a steak every other evening.

It is unbelievable that the chairman of the CCE and a newly elected councilor, as well as three of its site team members, are members of this group that has clearly and publicly made its case for the removal of a segment of the profession whose mission is shared with some of the very institutions they accredit, and yet the chairman maintains that he and the CCE have no conflict of interest that would affect their ability to be impartial and objective with CCE-related duties.

Now you've heard from several West Hartford Group members today, and you will hear from a board member after me. What do you think their testimony

will be? I am requesting that the recognition of CCE be revoked or at most they are given one year to correct these issues. Thank you.

DR. PHILLIPS: Thank you very much.

Committee member? Art Keiser?

DR. KEISER: Let me understand your concern. Because a member of the council has very specific views, you're considering that a conflict?

MR. TULLIUS: Correct, especially because -- yes.

DR. KEISER: Well, what's the conflict? I mean, if you elected all members that had your view, would that be a conflict too?

MR. TULLIUS: Of course.

DR. KEISER: So you have to have people who don't have views on the commission?

MR. TULLIUS: Well, I think there's a degree of collegiality and acceptance of viewpoints, and this particular group has advocated for the removal of this group.

DR. KEISER: But you have let's say in our

Congress Republicans and Democrats who can't agree on anything, but that's not a conflict because that agreement is -- it's not like they have a financial conflict or a conflict that would change the way they would deal with the agency that would be inappropriate. Having a strong view is at least in my mind not a conflict. Is there anything else that you can point to that would be a conflict?

MR. TULLIUS: Well, I guess, you know, when they're making decisions about an institution and especially with the site teams. You know, this has been brought up quite a bit. When they're making decisions about a particular institution that teaches vertebral subluxation and they have views that this is not a valid clinical entity, I think that's a serious concern.

DR. KEISER: But my understanding, like the prior speaker talked about that his president of Life University, which I think is one of the opposite sides of the view, he also has a viewpoint and also has an opinion and he'll articulate I'm sure that, so that

doesn't appear to be a conflict. That appears to be a disagreement, a philosophical difference, which is I would think beneficial to the profession.

MR. TULLIUS: Yeah. A differing of opinions is quite good for a profession, to have a professional dialogue. Unfortunately, that's not the case, as we've heard with the culture of fear.

DR. KEISER: Well, but I still want to get down to the definition of conflict because a number of the folks who are speaking against the commission have brought this up. I have yet to hear a specific conflict, a financial conflict or abrogation of their fiduciary responsibility. I mean, what is the specific conflicts that you're talking about?

MR. TULLIUS: Well, I'd like to hear the rest of the body and understand if my opinion is not valid. I still consider it an extreme conflict.

DR. KEISER: Thank you.

DR. PHILLIPS: Other committee questions?

(No response.)

DR. PHILLIPS: Thank you very much for

joining us.

MR. TULLIUS: Thank you very much.

DR. PHILLIPS: Our next speaker is Judith Campanale, and on deck is Zachary Wells. Welcome.

MS. NUTZ CAMPANALE: Good morning, Madam Chair. Good afternoon I mean, right? Good afternoon?

DR. PHILLIPS: Yeah, we're in afternoon.

MS. NUTZ CAMPANALE: Yes. And committee members. My name is Judy Nutz Campanale. I represent the International Federation of Chiropractors and Organizations, the IFCO, and I very much appreciate the opportunity to again address this committee.

I represented the IFCO at the hearing in 2001 and was grateful and extremely impressed with this committee's grasp of the unique situation that our profession and this accrediting agency present to this process inasmuch as you heard our concern regarding CCE's violation of Section 602.13 dealing with the acceptance of the agency by others, a violation that was not presented by the staff readers.

The fact that our concern was taken



seriously and that by the end of those proceedings this committee recommended that that violation be addressed before renewal could be granted gives us hope that things may one day change.

Subsequent to that hearing, CCE hired a nonchiropractor as its president, as well as a consultant, both of whom have ties to the Department of Education, and shortly thereafter your recommendations were dismissed by the Undersecretary.

Be that as it may, we are here again today to voice our continued concerns about the CCE.

While we believe they still fail to comply with several of the Secretary's criteria for recognition, time restriction limits my discussion to a single example specifically regarding Section 602.15, which mandates that the agency's site team evaluators, among others, be competent and knowledgeable individuals who are qualified by education and experience in their own right as appropriate for their roles to conduct onsite evaluations.

The staff report states that the agency provided a list of members and that they appear well qualified for their role. We do not question that the team members are educated. Our concern is the appropriateness of that education. Shortly after the last hearing, IFCO offered to assist CCE in identifying the researchers and experts in vertebral subluxation detection and correction that could help the CCE to fill the void in their standards as it pertains to subluxation, but we were summarily dismissed.

What's more, how can such clinical competencies be properly assessed if the site team members themselves are not educated and/or experienced with such competencies? Shouldn't a school be evaluated by a site team of like mind? If it is not of the same school of thought, wouldn't that allow the agency to substitute their own agenda for those of the college they are supposed to be accrediting and thereby undermine the very autonomy they're supposed to be protecting?

The CCE still requires serious reform. We respectfully request that if this committee should decide to renew CCE's recognition that it be only for a limited one-year period. Thank you very much.

DR. PHILLIPS: Thank you.

Committee members?

(No response.)

DR. PHILLIPS: Thank you for joining us.

Next speaker is Zachary Wells of Delta Sigma Chi, followed by Stephen Welsh.

MR. WELLS: Hello, and thank you for this opportunity to speak. My name is Zachary Wells. I am a chiropractor and maintain a private practice. I have at times been a paid consultant to chiropractors across the country. I currently hold a position on the advisory board for the Arizona School of Massage Therapy.

I am here today representing the Delta Sigma Chi professional fraternal chiropractic organization where I serve on the board of directors. We are a recognized 501(c)(3) organization. We are also the

oldest noneducational organization in the profession, currently in our 101st year of service.

I hope that the committee understands that I represent a full spectrum of shareholders in this profession from beginning students to doctors nearing the end of their profession, as well as everyone in between. We also represent a full spectrum of the philosophical differences that you've heard today.

A lot of what I was going to say has been addressed. I'm looking to offer solutions and so I am going to address specifically the 602.20, Standards Enforcement. Again, the purpose of today as I understand it is violation by CCE, and so these violations should be addressed. Whether they've been addressed or not, we'll get to that.

One of the key core competencies in the chiropractic profession should be subluxation. It is not listed as a core chiropractic competency by the CCE. We would like to see that changed. Our recommendation is deferral of approval for CCE or accreditation until such time as they have those

competencies put in there.

And to give you an example, other core competencies that are included by the CCE are obstetrics, gynecology. I'll just stop right there. That in and of itself, that there's things that are so not chiropractic, and yet the core essence of chiropractic is absent from the core competencies, is a travesty.

Our recommendation, again offering solution.

We request that subluxation competencies be established by committee. This committee should be representative of techniques taught at any school, and the technique organizations be solicited to provide those committee members. If no such technique organization exists, technique instructors submit recommendations for who should represent their specific technique and standards.

And I make that last point because there are techniques taught at schools that do not have a recognized national organization. They're viable techniques. In fact, many of them are used across the

board by many chiropractors in the country.

In talking about who has been asked to come to shareholder meetings, again, my organization has been around for 101 years. We're in our 101st year of service. We were not asked to join the summit group that you've heard of. We were specifically asked to join the DaVinci Group. We accepted. We sat on that panel. We have given feedback, and again, I'm here today to help support solutions for what's going on.

DR. PHILLIPS: Thank you very much.

MR. WELLS: You're welcome. Thank you.

DR. PHILLIPS: Committee member questions?

Anne Neal?

MS. NEAL: Am I correct in hearing you say that the accreditor cannot be a reliable guarantor of educational quality without having subluxation as a core competency?

MR. WELLS: What I'm saying is that subluxation is not a core competency as it stands right now, and subluxation was at the very heart of our profession from its inception. The term

subluxation was not in existence when it was first discovered and then developed, but over the years and very early in the profession, yes, it was established as that is the primary function of the chiropractor.

Over the years, the chiropractor has expanded the scope of practice to include addressing effects of subluxation, and I'll give you an example.

If a patient comes in and they have pain or discomfort, that is an effect of subluxation.

Traditional subluxation-based chiropractic does not address pain. It looks for the cause and looks to correct that.

Many chiropractors and many of the people that I represent do address the symptomatic aspect, but we also will always go after that initial cause, which is the chiropractic basis. It's the subluxation. Does that help? One of the things, if I could --

DR. PHILLIPS: Thank you very much.

MR. WELLS: Can I expand on that?

DR. PHILLIPS: I think we're done.

MR. WELLS: Okay. Very well. Thank you.

(Laughter.)

DR. PHILLIPS: Next up is Steve Welsh. On deck is David Wickes. Welcome.

MR. WELSH: Thank you for the opportunity to provide comments to you today. This will be my third appearance before this committee in the last seven years. For the record, I am here today representing myself. I no longer serve on the executive committee of the ICA. I ran for a third term and was not re-elected.

Please understand that the ICA does not have an association development committee that has the authority vested in their governance structure to manipulate ballots to allow existing executive committee members to run unopposed and thereby perpetuate their influence within that organization.

You have heard from many concerned members of the chiropractic profession here today, passionately expressing their views on the controversial issues of the day. Once again, it



should be obvious that there is a division within our profession.

The move to medicalize our profession with the introduction of prescription drug rights and the removal of subluxation-specific language from the educational standards continues to fuel the flames of divisiveness. These issues, which have resulted in such a keen interest in these proceedings here today, however, are not Department of Education issues. They're our issues as a profession.

And fortunately there has been some movement toward an ultimate resolution. Last month, approximately 40 chiropractic organizations acting under the umbrella of the summit unanimously passed a couple of position statements. One of those position statements identifies the pro drug movement as a minority position. Another of those statements identifies complete support for the continued recognition of CCE but also expresses concern with the governance structure.

Exhibit 1 in my written comments clearly

demonstrate the cause for concern. A governance structure that allows one institution with only 5 percent market share to dominate the DCP executive committee assignments for almost a decade is surely evidence of a fundamental problem. A structure that permitted two DCP programs with a total of 8 percent market share to hold 58 percent of those assignments over that decade clearly demonstrates a bias that is inbred into the CCE corporate culture.

A confidential nomination review process that in 2011 could produce only one field practitioner out of over 60,000 deemed qualified to run against two incumbent Category 2 council positions does follow the defined procedure as the staff has reported, but it certainly does not pass the smell test. That same confidential nomination process produced only four qualified challengers for the four open Category 4 positions, resulting in two incumbents.

When one group identified programs with 57 percent market share has negligible participation at the executive committee level for over a decade,

there is surely legitimate cause for concern.

DR. PHILLIPS: Thank you, Mr. Welsh. I'm sorry to interrupt you.

MR. WELSH: Okay.

DR. PHILLIPS: Committee questions?

(No response.)

DR. PHILLIPS: Thank you for joining us.

Our next speaker is David Wickes, and then we'll pause for a recalibration.

MR. WICKES: I do that to people.

DR. PHILLIPS: Thank you for joining us.

MR. WICKES: Thank you, Madam Chair and members of the committee. My name is David Wickes, and I am the Dean at the University of Bridgeport's College of Chiropractic, one of the 15 institutions hosting chiropractic programs across the United States. The College of Chiropractic is one of several graduate degree programs within the Division of Health Sciences at the university, which is more than 85 years old in itself and is regionally accredited by NEASC.

The chiropractic program there was founded in 1990, and I previously served as the chief academic officer at two other CCE accredited programs and have at various times in my career served as a volunteer for the CCE as a director, a site team evaluator, an officer and chair. I have 36 years of experience as an educator, administrator, and practitioner.

I'm going to put a little bit of different spin on our talk today. My purpose in addressing you is to attest to the value of the accreditation process and the value added to my program by interaction with the CCE. A few years ago, in the course of a routine re-affirmation of accreditation process, the council concluded that the chiropractic program at UB had several significant weaknesses, particularly in the areas of planning and assessment and quality assurance. Concerns and recommendations were generated, and the institution responded appropriately to address these weaknesses.

Over the course of time, several follow-up reports were required. Several focus visits were

conducted. The focus teams and the original comprehensive team consisted of a number of evaluators that represented the diversity of the philosophical scope that you've heard from in today's hearing.

These included members of Life University, Life West.

Some of these people also chaired the teams coming to my university.

At no time did these teams ever stray from their charge as trained site team visitors from the CCE, nor did they attempt to promulgate their personal agendas. Their conclusions and recommendations were comprehensive, thoughtful, deliberate and accurate. The weaknesses they documented and which were acted upon by the full council were accurately and fairly described. Some of these had been noted in our own self-study. Some of them were discovered anew.

No institution or program likes to have its blemishes discussed or brought out in public, and we were no different from that, but we responded to them and our staff put in hundreds and hundreds of hours addressing these things. In the end, we had a

markedly improved program.

The most recent evaluation by the CCE of our program validated our efforts. We emerged a stronger, more reflective and highly improved program at the end of this accreditation process, and that's the purpose of accreditation. It's about quality improvement, not about promoting a particular philosophy in the profession. The CCE did its job as an accrediting agency, helped my program improve, and enabled my campus to become more adept at monitoring its educational processes. Thank you very much.

DR. PHILLIPS: Thank you very much. A perfect three minutes.

Questions from the committee? Jill Derby?

Don't go away. Don't go away.

MR. WICKES: Oh, sorry.

DR. DERBY: Well, I'm not sure I'm asking this of the appropriate person. I mean, all of us here, you're preaching to the choir. We agree with the value of the accreditation process. But I find myself having a recurring question here and I don't

know who to ask it. I'll ask it of you. Why was vertebral subluxation omitted as a core competency?

MR. WICKES: It has not been.

DR. DERBY: As a core competency?

MR. WICKES: It is one of the meta-competencies included in the most recent version of the standards. There is no program that can be accredited unless it can demonstrate that its students have proficiency, have demonstrated the mastery of that competency area. There are also foundational subjects in chiropractic, chiropractic philosophy, chiropractic sciences, and chiropractic history that must be included in the degree program.

DR. DERBY: It was my sense from a number of the speakers here that that core competency has been somehow downgraded as less important and less central and critical. Is that the case?

MR. WICKES: Well, you have a certain number of competencies. You have meta-competencies that are set up. The institutions aren't allowed to pick and choose which ones they feel are most important.

DR. DERBY: Sure.

MR. WICKES: They have to demonstrate compliance with all of the competencies, and one of those is that their students must be able to evaluate the patient for subluxation or in some cases neurobiomechanical dysfunction and that their students must be able to manage patients with that condition.

DR. DERBY: Okay. Thank you.

DR. PHILLIPS: Other questions for the speaker?

(No response.)

DR. PHILLIPS: Thank you very much.

MR. WICKES: Thank you.

DR. PHILLIPS: A quick recalibration. For those who had signed up originally to speak before this meeting, I have a couple of names. I'd like to ask you to just raise your hand if you are here.

Clifton Bethal? Alan Dinehart? T. Gabbert?  
Joseph Iaccino? Thomas Klapp? Alan Lichter? Lauren  
Oberstein? Ronald Oberstein? Donald Reno? Ronald  
Reno? Heather Rice? John Ventura? Or Paul Yocum?



Okay. A recalibration given the hour and the commitment that we've made to provide a venue for us to be able to hear from all of the individuals we committed to hear from. We will break for lunch now.

That will be an hour and 15 minutes.

We'll come back and take up the public comment of those who signed up, the 12 individuals who signed up at the beginning coming in this morning. Then we'll move to the discussion, motion and vote.

Committee members, can you deal with a shorter lunchtime?

MALE VOICE: Yes.

DR. PHILLIPS: An hour? Forty-five minutes? Forty-five minutes. Let's plan to be back by 1:40, and at that time we'll take up the rest. I would remind you that you are not allowed to speak or discuss this case even though it is very much on your minds. You certainly can discuss the meaning of three minutes, however, if you'd like to do that. We can talk about the weather, the meaning of three minutes, but we cannot talk about CCE.

(Whereupon, at 12:52 p.m., the meeting in the above-entitled matter was recessed, to reconvene at 1:40 p.m. this same day, Thursday, December 12, 2013.)

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A F T E R N O O N   S E S S I O N

(1:46 p.m.)

DR. PHILLIPS: I welcome you back to the recalibrated review of CCE. I'd like to also welcome Brit Kirwan, committee member, who has just joined us. I'd also note that committee member Larry Vanderhoef was called away. Other members are still here.

So I promised that we would continue on our public comment. We have 12 more comments to hear. We will continue to have the precise definition of three minutes. And the first one up is Theodore Drago, with John Lancaster on deck. Welcome.

MR. DRAGOO: Hello. My name is Theodore Drago. I'm a student at Life University and the current president of the Lambda chapter of Delta Sigma Chi at Life University.

I'd like to start off by thanking all of you, the NACIQI committee, for hearing what we have to say and everyone before me for sharing their statements on this touchy subject. This is especially important to the students here because this is the

only forum where our voices are heard regarding the CCE because 507 students is only some to the CCE.

I am a current student of Life University, the largest chiropractic school in the world, where many of the students' views are considered the radical minority. My goal today is not only to address the shortcomings of the CCE but to paint a picture of the environment the current educational curriculum has created for the students, the largest stakeholders of the CCE.

Many of my student peers leaving chiropractic school are consumed by the crippling fear that they will not be successful in this profession, a profession where chiropractic management companies flourish on how unprepared the chiropractic student body is. This is understandable because our education involves a majority of CCE mandated information that our professors, many of who are practicing chiropractors, claim that we will not need to know for success in our field.

Our school's president and the majority of

the professors have stated that we need to pursue a parallel curriculum in order to be a successful chiropractor. Professors at Life constantly say jump through the hoops at school and go learn to be chiropractors at seminars, an education where I will have to pay at least \$200,000 to achieve.

Luckily, I am one of the students that have spent thousands of dollars and countless hours on parallel curriculum, which I have spent at least \$6,700 and over 1,000 hours of my time on extracurricular seminars, organizations, and events to prepare myself for the future. I and many others have learned the majority that we now know about chiropractic subluxation, the only thing that makes the profession distinct, and business outside the university.

Fortunately, I've had enough support throughout this program to be able to afford and have time to do these things, which many students do not. Unfortunately, there's no other option to become a chiropractor other than a curriculum that has

continued to prove that it does not work.

Unfortunately, we feel so helpless and scared to graduate from a school and CCE-mandated curriculum in which we have no ability to give input to improve or change.

First, the amount of curriculum that we have to cover at Life University, there's no possible way that we can learn enough in all the different proficiencies to be adequately trained to provide these skills to the public safely. I came to school to become a chiropractor. Chiropractic is the adjustment of vertebral subluxations. Everything else is in the scope of chiropractic. I didn't go to school to learn a majority of things I could have learned as a PT or medical doctor.

These 18 students here have forfeited their own time, money, and schooling to be here today to share our concerns with this committee, and we are very thankful that you allowed the chance for this to happen. My recommendation is to remove recognition of the CCE. I realize that this may affect my ability to

practice in the future and where, but this is not important. This is a cause that is larger than myself. The chiropractic profession's status is demoralizing, and if the curriculum continues its current trend and control, then the chiropractic profession may no longer exist sooner rather than later.

DR. PHILLIPS: Thank you very much.

Committee members, questions? Frank Wu?

MR. WU: Just one quick question. This set of parallel courses, you're saying that to learn the subluxation you take other classes outside of those offered by your school? Is that right?

MR. DRAGOO: Yes.

MR. WU: Okay.

DR. PHILLIPS: Thank you for joining us.

Our next speaker is John Lancaster, followed by Ronald Sweeney. Thank you for joining us.

MR. LANCASTER: Thank you. Madam Chair, members of the board, thank you for this opportunity to speak. I really appreciate you listening to the

students.

As I said, my name is John Lancaster. I'm a student at Life University and actually the valedictorian of the class that's going to be walking across the stage next week. I'm here on my own accord to voice my contempt for the lack of integrity involving the governance within the CCE. I'm not sitting up here to discuss the philosophical differences between practitioners or chiropractic programs, nor the verbiage in any documents. However, my grievance is intimately linked to these discussions.

As Dr. Tullius discussed, members of the CCE, including the chairman, are also members of the West Hartford Group, a small, radical organization which clearly states it is their objective to foster inclusion of West Hartford Group's members in the fabric of the profession to promote their mission.

If it was just that, so be it. However, Dr. Little and the West Hartford Group, if they would simply practice as they wish and allow others to do



the same, that would be fine. However, the goals of the West Hartford Group include marginalizing a large, however silent, portion of the profession, as well as limiting all vitalistic and philosophical teachings to a historical context, yet the chairman maintains that he and the CCE do not favor a particular philosophy or directing the profession towards a particular model.

Sir, I forgot your name, but to address your question earlier about this being a conflict of interest or just a differing opinion, if it was just a differing opinion, then the group would practice as they wish and let others do as they wish. But when they're trying to advocate for the elimination of a faction of the profession and limit or eliminate the teachings of that, then it becomes an extreme conflict of interest.

So this is clearly a conflict of interest within the CCE and is in direct violation of Section 6 of 602.15. These individuals should not be allowed to serve on the council, and the situation needs to be investigated immediately. I suggest that the

recognition of the CCE be postponed until this issue is rectified.

Another point I'd like to make since I have the time, in response to Dr. Little's claim that the programs are graduating students who are competent in their ability to analyze and correct subluxations and specifically his comments about the students' abilities on Part 4 as evidence of this, that's a joke.

As a recent participant in Part 4, I'll tell you firsthand there is not a single competency in that exam that checks for either the analysis nor the correction of subluxation. There were four competencies that involved what our teachers refer to as posology. You get in the position, you tell them what you're going to do, but you don't actually do anything. The other 20 -- so we have 24 rooms. Four doing posology. The other 20 rooms were dedicated to the diagnosis of some condition. The diagnosis of anything is not chiropractic.

Whether chiropractors want to do that, once

again, I'm not here to discuss philosophical differences, but when it comes to the governance of the organizations that teach and promote chiropractic and are creating the future of this profession, then it becomes an issue. Thank you for your time.

DR. PHILLIPS: Thank you very much.

Committee members, any questions for this speaker?

(No response.)

DR. PHILLIPS: Thank you for joining us.

Next up is Ronald Sweeney, followed by Beau Smith.

MR. SWEENEY: Good afternoon, Madam  
Chairman --

DR. PHILLIPS: Good afternoon.

MR. SWEENEY: -- members of the committee.  
My name is Ronald Sweeney. I'm a current student at Life University, which students before me have mentioned is the largest chiropractic college in the world. Current enrollment figures indicate that we have 1,799 students enrolled in the Doctor of

Chiropractic program at Life University.

Earlier today it was said that the CCE does not prohibit or restrict education and that there have not been any complaints to a site team in the past. I think it is evident by the presence of students here today actively protesting against the CCE that even though we only bring slightly more than a dozen students out of a campus that has close to 1,800 that it is not likely that there has never been a complaint.

Previously there was mentioned a petition that gathered 507 student signatures. Each student that signed that petition included their contact information so as to be engaged by the CCE, and no one was contacted to be engaged or gain access to the CCE on that behalf.

I would also like to note that there is a culture of fear that has been initiated amongst several campuses, particularly at Life University, following the removal and then re-establishment of accreditation in the early 2000s. Six professors were

approached at Life University to speak at this hearing today, and they were either unwilling to on the basis of not wanting to stand out or not wanting to rock the boat.

And as other speakers here have mentioned earlier, they were instructed to not actively complain or confront site members of the CCE. And on that note, I would also recommend removal of the CCE's certification at this time.

DR. PHILLIPS: Thank you. Art Keiser?

DR. KEISER: It seems strange that the students at Life are upset about the governance when in fact the president of your organization is on the commission. How do you reconcile that?

MR. SWEENEY: That we are not always in direct communication with the top levels of administration, and the student opinions are not always taken into consideration when such policies are made.

DR. PHILLIPS: Other questions?

(No response.)

DR. PHILLIPS: Thank you for joining us.

MR. SWEENEY: Thank you.

DR. PHILLIPS: Our next speaker is Beau Smith, followed by Megan Haléh Afshar. Welcome.

MR. SMITH: Thank you. Thanks for hearing what I have to say. I'm a thirteenth quarter student. I've taken all my national board tests. Life University has really done a good job preparing me to take these boards, and once I took these boards I got a real understanding of why the curriculum is the way it is.

And the new standards have started to push us in the direction of being a primary care provider, and the problem with this is we really can't do much with a lot of the things that we would be diagnosing, so I want you to ask yourself a question, you as a consumer. Would you come to me, a primary care provider, spend all the time doing the physical, paying for it and going through all that trouble only to be referred to another primary care provider? And that's what's happening here.

So we are not getting the skills to manage things that we can manage because we are spending so much time diagnosing. We definitely need to be able to triage patients so that we can get them the appropriate care if it's an emergency, if there's a life threatening illness. I mean, I totally accept that, and that's part of our burden of being a professional and that's amazing.

But there's an extreme disregard and disrespect for students in this profession by these outside organizations, by top administrators. You know, they don't want to listen to what we want in our education. Would all the Life students stand up? So this cohort represents over \$2 million in revenue for Life University, the CCE, and the National Board of Chiropractic Examiners. And we're not stakeholders? You don't want to engage us? I mean, we are funding this whole deal. If it wasn't for us, there would be no profession.

This is our future that we're fighting for, and when they get what they want, they're going to

retire and we're not going to be able to do the things that we wanted to do. We came here for a reason, to serve patients with a unique service that nobody else does. And we should be masters of that, and we are not getting the mastery, you know.

I've taken a lot of parallel curriculums, taken the classes, doing everything I could. My wife is in the program as well. We've extended our graduation date so that we could get more electives so we know more about chiropractic versus diagnosis.

And then I also want to bring up I have personally engaged the site team complaining about standards, meta-competencies, and they have not wanted to listen to me. They've marginalized me. They wanted to hear my complaints about Life University. They didn't want to hear my issues with CCE and their complaints.

And Dr. Craig Little said there's never been any complaints. Well, there are several students in here that were at that particular site meeting that made complaints. We were marginalized. We were



gaffed off. They don't want to hear us. And now we're out here standing in the street yelling that we want representation, and that is totally and completely unacceptable.

DR. PHILLIPS: Thank you very much.

Questions for our speaker?

(No response.)

DR. PHILLIPS: Thank you for joining us.

Our next speaker is Megan Haléh Afshar, followed by Ruvain Rubinstein. Welcome.

MS. AFSHAR: Thank you, Madam Chair and NACIQI committee, for allowing me to speak today. My name is Megan Haléh Afshar. I'm a thirteenth quarter student at Life University. I want to point out that I am not representing any agency today. I'm representing myself, and I am representing the students at Life University, and I do want to point out that we are the only ones who are directly affected by your decisions today.

I want to point out that the mandated courses and the meta-competencies leave little time to

teach chiropractic center coursework. The CCE has developed primary care physician language that the majority of the schools, including my own, have adopted. While our schools are free to focus on subluxations, the meta-competencies are largely focused on medical diagnosis. There are 70 points under the meta-competencies in the CCE language, and only two of those are related to subluxation and adjustment.

I want to draw attention to Dr. Lacy's comment that we have to teach evidence-based medicine in our schools. Interestingly enough, a large number of chiropractors were jailed early in our history for what they are accused of practicing medicine without a license. Our profession fought long and hard to prove that chiropractic was an entity that was separate and distinct from medicine. And the same holds true today. If a DC were to advertise that they were practicing evidence-based medicine, they would be sanctioned and possibly jailed for practicing medicine without a license.

This movement towards primary care physician language is moving the education away from the clinical competencies for analyzing and correcting vertebral subluxation, the key that sets us apart from practicing medicine. A number of my peers have voiced their dissent in this movement towards this language, and the CCE has completely ignored us.

With that being said, I would like to recommend that the committee remove the recognition of the CCE. I understand what that means for students. I'm a student. I'm graduating in three months. I understand that if the CCE does not have the recognition of the U.S. Department of Education that that may threaten my ability to get a license in certain states.

And I want you to understand with me knowing that that's how strongly I feel about this. That's how strongly I do not agree with the CCE, with what they've been doing with the language, with the culture of fear that you've heard about, with the push towards this practice of medicine. Thank you.

DR. PHILLIPS: Thank you very much.

Questions, committee members, for this speaker?

(No response.)

DR. PHILLIPS: Thank you for joining us.

MS. AFSHAR: Thank you.

DR. PHILLIPS: Our next speaker is Ruvain Rubinstein, followed by Cameron Banks. Welcome.

MR. RUBINSTEIN: Madam Chair, the rest of the NACIQI committee, thank you very much for hosting us today. My name is Ruvain Rubinstein. I'm also representing myself. I am a chiropractic student at Life University. I'm going to say it one more time. A chiropractic student at Life University.

I'm going to quote Dr. Lacy, who was speaking earlier about the fact that he's a medical doctor, an ER surgeon, and a chiropractor, and he thinks that his skills that if I did the math correct should take about 13 years of schooling and education -- after medical school you do your internship and your residency, about 13 years of education -- should

be taught in a three-and-a-half-year program.

If that was the case, I'm pretty sure everything that would be taught would be washed out. And not only that, those other professions already exist. We're chiropractors. We're not DOs. That exists. We're not medical doctors. That exists. We're not acupuncturists. That exists. We're not massage therapy. That exists already.

We're spending \$200,000 to be a conglomerate of eight different organizations? Not organizations, but professions. I'm spending \$200,000 to become a chiropractor, to find and remove vertebral subluxations. That's what matters. I want to be an expert in that when I graduate.

And I'll tell you right now I know a ton of students, including myself, that are not prepared when I graduate to do that. I'm not prepared to do any of these things that the other people that spoke before me think that our curriculum that the CCE is mandating should be put forth. I am not prepared to be a DO, an acupuncturist, a medical doctor or a chiropractor when

I graduate. Thank you very much.

DR. PHILLIPS: Thank you.

Question? Frank Wu?

MR. WU: So I just want to make sure I'm hearing you correctly. So you distinguish chiropractic from evidence-based medicine, is that right?

MR. RUBINSTEIN: Correct.

MR. WU: Okay. And the view you have is that you want to be a chiropractor and that that is distinct as a profession from evidence-based medical practice?

MR. RUBINSTEIN: Correct.

MR. WU: As well as acupuncture and anything else?

MR. RUBINSTEIN: Yes.

MR. WU: Great. And finally, it's your view that the addition of curriculum that is evidence-based medicine detracts from the core of the chiropractic practice?

MR. RUBINSTEIN: Absolutely.

MR. WU: Great. Okay.

DR. PHILLIPS: Other questions?

(No response.)

DR. PHILLIPS: Thank you for joining us.

MR. RUBINSTEIN: Thank you very much.

DR. PHILLIPS: Our next speaker is Cameron Banks, followed by Dr. Michael Wiles.

MR. BANKS: Thank you, Madam Chair, for allowing me this time to speak. And per your request earlier, I will keep it brief. We've heard a lot of stuff today. There's certainly been a lot to take in.

I myself, my name is Cameron Banks and I am a thirteenth quarter student, and as of yesterday, I have sat through my last course in the chiropractic curriculum. That said, I'm going to echo the same thing that has been said over and over by my fellow students. As a future Doctor of Chiropractic, I do not feel prepared to enter this field per what I have been taught in school.

We have so much focus on diagnosis. That has been said. However, chiropractic becomes a

secondary afterthought, so much so that if you take a technique class and you're not proficient in it, eh, it's okay. You're able to remediate that, and they just kind of brush you onto the next course. However, if you're not able to perform a digital rectal exam or an obstetrical exam on a model properly, you are held back from graduating on time.

I'm sorry, but that does not resonate well with me because, as Ruvain had said, I want to be a chiropractor. If you presented in my office and I said okay, part of my standard of care here is to begin with an OB-GYN exam, how long do you think chiropractors would be in existence? Malpractice would go up. Right now we are the safest profession that I know of. Correct me if I'm wrong, but as far as insurance goes, we do not hurt people. We help people.

And I want to focus on that. Otherwise I haven't been able to get that anywhere except for outside of the school. Chiropractic has come to me, I have gotten my motivation, my preparation for success



outside of Life University. Life University has a business program, and I say business program because it's a very rough definition. That's not what we're talking about today.

However, to further echo what I was saying, I don't think that according to the CCE accredited school of Life University and the programs and the guidelines they have set forth that deem us necessary to graduate as a Doctor of Chiropractic, I do not feel that it's necessary or appropriate for us to graduate as such without proper seeking of other methods of learning outside of school. Thank you.

DR. PHILLIPS: Thank you very much.

Committee members, questions for this speaker? Jill Derby?

DR. DERBY: Well, I just want to thank you and the rest of the students for being here.

MR. BANKS: Thank you.

DR. DERBY: I know that takes something --

MR. BANKS: Thank you.

DR. DERBY: -- coming from a distance. When

you say you have to go outside --

MR. BANKS: Yes, ma'am.

DR. DERBY: -- of Life University to get the competencies that you want as a chiropractor, where do you go?

MR. BANKS: There are several. Well, one, there's a capstone program. I'm not sure if you're familiar with it. The way that the Life University program works, there's 14 quarters and a regular curriculum. So right now I'm in thirteenth quarter and I'll be peaking, and what that means is basically a capstone where we work in offices acting as practicing doctors.

DR. DERBY: I see.

MR. BANKS: So we have to pick that ourselves. It's not such that where a medical residency you're selected. You have to go out, seek it out yourself, and I myself had to go find a doctor that I'm willing to learn and follow in his footsteps. Otherwise, if I'm going down the path of something I don't believe in, then we'll be quickly washed out.

And the reason I say that is where I'm at now, and I look around at my fellow peers, the way that it stands right now, I see so much attrition that just the other day I had one of my final lab practicals Monday, and I was having a conversation with a young lady and she was on the verge of graduating and she said I don't know if I'm going to be able to practice because I may have to get a job at Bed, Bath & Beyond because I don't know if I can practice chiropractic.

Are you kidding me? We have almost a quarter of a million dollar in debt that's accruing interest right now, and she is not able to walk out of the door with a diploma and then practice chiropractic? I think that is a hugely fundamentally flawed problem.

And as far as your question of getting something outside of that, peak programs are great, so learning from the doctors that you're with for six months, or technique seminars, practice management groups, anything like that, because we're not taught

the proper standards of care, I don't believe in my personal opinion, because we do not get standard presentations. We're taught techniques. We are taught diagnosis classes.

We are not taught how to handle patient presents with this, chiropractically manage them until completion. And a lot of the times we have to refer them out per our primary care folks at Life University.

DR. PHILLIPS: I think there are some additional questions for you. Art Keiser?

MR. BANKS: Sure.

DR. KEISER: Let me understand. You're saying that the education that you are about to complete is inadequate?

MR. BANKS: Yes, sir.

DR. KEISER: Now why would you blame an accrediting commission when the curriculum of an institution is determined by the institution? Why aren't you articulating this to the leadership at Life, one who the president is a member of the

commission?

MR. BANKS: Sure. Absolutely. The problem I see here with this is since there is one accrediting agency and they have seen to it that it's an accredited school, Life University has set forth these standards and they meet them according to CCE.

If they are shifting us toward primary care and we are learning all of these other methods of patient care, patient standards of care, and we're washing chiropractic out, it's just like Ruvain had said. I want to be a chiropractor. Had I wanted to be a medical doctor, then I would have gone elsewhere.

DR. KEISER: I understand that.

MR. BANKS: Sure.

DR. KEISER: But I don't understand if I was going into a profession and that part of the profession was trying to expand its scope of practice, wouldn't that make me more valuable in the future to have a broader scope of skills rather than just a singular focus --

MR. BANKS: It depends on who you ask.

DR. KEISER: -- especially in the states where they approve a broader practice?

MR. BANKS: Sure. Sure. Okay. For instance, in Georgia, not allowed to enter orifices or use venipuncture. That's not the case in Florida.

However, if we do broaden our scope, we are losing the value in the one thing that we have unique to chiropractic. Just from a business standpoint, what benefit does that give us?

DR. KEISER: But I don't understand that logic. That doesn't mean you can't do what traditional chiropractic has done for 100 years.

MR. BANKS: Correct.

DR. KEISER: It only means you can do traditional chiropractic plus, plus, plus, plus.

MR. BANKS: Correct.

DR. KEISER: So I still don't understand. From a student perspective, someone going into a profession where the medical field is changing so radically, that having a broader base of skills seems to be a more effective future for you.

MR. BANKS: Well, the thing is we still don't feel competent in that, so --

DR. KEISER: Well, I understand that, but our issue is not whether you learned or did you not learn it in this particular meeting.

MR. BANKS: Sure.

DR. KEISER: I mean, our meeting is to review an accrediting commission which has stated that they don't dictate to institutions what the curriculum should be, because you have all different types of institutions within the accredited group of institutions. But what my concern is is as students you are -- well, I better not go there. I worry for you folks because I think you're going to hurt yourself by jumping onto this political issue when in fact your education is more important --

MR. BANKS: Sure.

DR. KEISER: -- and learning the skills rather than getting involved in the political fight.

MR. BANKS: Sir, that's my problem is we don't get chiropractic skills in school. Our

perfection of the philosophy, science, and art of chiropractic comes from outside the walls of Life University.

Now, that said, I understand your concern of CCE has nothing to do with that. However, what's the point of an accrediting agency if they're not able to uphold the standards of which the chiropractic school exists?

DR. PHILLIPS: Simon Boehme?

MR. BOEHME: Thank you, Madam Chair. I am gravely concerned that students are coming, and I understand your point that this committee is very limited and narrow scope, but I obviously find it very concerning that students are coming here in one of the best chiropractic institutions and say they're not ready. That to me is very concerning.

MR. BANKS: Sure. It is.

MR. BOEHME: And that speaks to a broader issue which we may or may not have the purview to discuss here.

MR. BANKS: Correct.



MR. BOEHME: So that's why I want to redirect the conversation to what we can talk about here and try to work within that system even though I would like to take the conversation to where you're going of not being prepared because I think those are some serious issues.

MR. BANKS: Sure. Absolutely.

MR. BOEHME: And one thing I encourage you to do is, you know, this is not the last stop for you students here.

MR. BANKS: Absolutely not.

MR. BOEHME: And I don't want to go on for long, but I have been in your spot many times.

MR. BANKS: Sure.

MR. BOEHME: And it is the most frustrating thing when principals and superintendents refuse to talk to me. So I understand where you're coming from.

MR. BANKS: Sure.

MR. BOEHME: And I encourage you to keep going. But to ask the question, have you complained to the CCE before? And if so, please be specific into

your examples.

MR. BANKS: I personally have not. However, I was on a petition that was signed previously.

MR. BOEHME: Can you give us more insight about this petition and who the petition was addressed to?

MR. BANKS: Specifically I cannot.

MR. BOEHME: Okay. That's fine. Thank you.

DR. PHILLIPS: Frank Wu?

MR. WU: I just want to make sure that the impression I had earlier is wrong. That often is the case. So I had thought that chiropractors would want to be identified with evidence-based medical practice.

I'm hearing that some number of chiropractic students and practitioners affirmatively do not want to be identified with evidence-based medical practice. Do I have that right?

MR. BANKS: In my personal opinion, I don't believe that there's anything wrong with being evidence-based. For instance, I just completed my senior research study confirming why we absolutely

need radiographs on patients as opposed to visual postural analysis.

So, as far as that's concerned, there's a lot of stuff that's being done that is evidence-based.

I mean, there's a lot of stuff going on. Dr. Kent can elaborate more on that. He does an amazing amount of work on that. He actually has models of vertebral subluxation. If you go on Amazon right now, you can go find an atlas of common subluxations. So we want to study that.

MR. WU: But so I'm clear, if I were to say to you or to your colleagues as a chiropractor you are not practicing evidence-based medicine --

MR. BANKS: Medicine? No, sir.

MR. WU: -- you would not take offense?

MR. BANKS: Not necessarily.

MR. WU: Okay.

MR. BANKS: I could expound more on that, but in the venue --

DR. PHILLIPS: Other committee questions?

MALE VOICE: Evidence-based chiropractic.

DR. PHILLIPS: Excuse me.

MR. BANKS: Thank you. It's a Catch-22 in words, but thank you.

DR. PHILLIPS: Excuse me. Other committee questions?

(No response.)

DR. PHILLIPS: Thank you for joining us.

MR. BANKS: Thank you.

DR. PHILLIPS: Our next speaker is Michael Wiles, followed by Lawrence O'Connor. Thank you. Thank you for joining us.

MR. WILES: Thank you very much, Madam Chair and to the committee, for this opportunity to speak. As they say on Monty Python, and now for something completely different.

I'm Michael Wiles, Provost and Vice President of Academic Affairs for Northwestern Health Sciences University in Bloomington, Minnesota. I graduated as a chiropractor in 1976, and I've been involved in practice and chiropractic education ever since that time. I have two Master's degrees in

Education.

Northwestern Health Sciences University and its College of Chiropractic wish to express their unqualified support for the re-recognition of the Council on Chiropractic Education. It is our opinion that the CCE has done an exemplary job in setting and maintaining standards for chiropractic education in the USA.

I have personally been present at two public forums hosted by the CCE in order for the CCE to gather public input regarding the process of accreditation of chiropractic educational programs. I have heard many unsubstantiated claims by groups professing to represent in some cases large numbers of chiropractic doctors, and I have yet to hear how any of their concerns were related in any way to the educational standards or failure of CCE to enforce the standards.

Mostly the claims are related to philosophical differences in the nature of chiropractic practice that would be better expressed

in other venues such as professional association meetings. I've also observed that many individuals and groups testifying against the CCE appear to have vested interests in the sale of commercial products or marketing services to chiropractic students and new graduates rather than in the professional advancement of chiropractic education or the protection of the public.

In summary, Northwestern Health Sciences University is fully supportive of CCE and its efforts to set and maintain the standards for the chiropractic profession. We believe the CCE fulfills its mission with the utmost professionalism, and we reject claims by those not involved in the education of chiropractic students that the CCE is in any way deficient in its vital role of protecting the high standards of chiropractic education. Thank you.

DR. PHILLIPS: Thank you very much.

Committee members?

(No response.)

DR. PHILLIPS: Thank you for joining us.

Lawrence O'Connor is our next speaker,  
followed by Lynn Pownhall.

DR. O'CONNOR: Good afternoon.

DR. PHILLIPS: Welcome.

DR. O'CONNOR: My name is Dr. Lawrence  
O'Connor. I'm the immediate past president and board  
member of the Federation of Chiropractic Licensing  
Boards, also known as the FCLB. It's a pleasure and  
an honor to address the committee for the second time  
in two years.

The Federation was founded in 1926 and  
serves as the only nonprofit organization comprised of  
governmental agencies responsible for the licensure  
and regulation of Doctors of Chiropractic. Our boards  
include all 51 chiropractic licensing boards in the  
United States and three U.S. territories, as well as  
regulatory agencies in Canada, Australia, New Zealand,  
and the United Kingdom.

The FCLB supports the chiropractic  
regulatory agendas in fulfilling their mission of  
public protection, and a central component of

protecting the public includes assuring an acceptable level of quality regarding the academic credentials in licensure candidates. Currently all U.S. chiropractic regulatory agencies depend on the Council of Chiropractic Education to assist them by way of direct assessment of educational programs leading to the Doctor of Chiropractic degree.

Essentially by law the boards outsource to the CCE their legal responsibility to measure the effectiveness of programs leading to the DC degree. The CCE is referenced specifically and solely in laws of 45 jurisdictions. Eight boards indirectly reference CCE most often as chiropractic accrediting agency recognized by the USDE. Puerto Rico has its own approval process. If there were no CCE, licensure of new chiropractic graduates in the United States would cease.

In light of our boards' reliance on the CCE, the Federation has actively observed its function since its inception in 1974. We do this to assure regulators of their continued effect on this and due



diligence. The FCLB testified on December 14, 2011, regarding the regulatory perspective on CCE's compliance with Section 602.

We reported no concerns with any of the four subsections that directly impact the chiropractic licensing regulation. This was confirmed by the USDE staff report, which found no issues with 602.11, 602.13, 602.21, and 602.26, the areas that formed the basis of our previous testimony.

We commend the committee and the CCE for the candor and diligence with which both parties have addressed the 43 issues identified in 2011. When these became public, the regulatory boards were clearly concerned because of the presumptive dependence on USDE recognition of CCE under the laws.

The FCLB is pleased that the 2013 staff report shows CCE's full compliance with the Secretary's criteria for recognition under Section 602. We urge the committee to renew the CCE's recognition for the full three years available.

DR. PHILLIPS: A perfect three minutes.

Thank you very much. Cam Staples?

MR. STAPLES: Thank you, Madam Chair.

So within your membership you have every state licensing board in the country, right?

DR. O'CONNOR: Correct.

MR. STAPLES: So you have the whole gamut of scope of practice authorized --

DR. O'CONNOR: By each state.

MR. STAPLES: -- from the traditional to nontraditional --

DR. O'CONNOR: Correct.

MR. STAPLES: -- however it be described. Have your member boards ever registered a concern that CCE is unable to accredit or is pushing accreditation of certain schools in a particular direction?

DR. O'CONNOR: Not from the boards directly, no.

MR. STAPLES: So they are satisfied that whatever the licensure requirements are in their particular state, CCE accreditation is well aligned with that?

DR. O'CONNOR: Each jurisdiction has, like I said, relied on the CCE. We outsource to CCE to make sure that the CCE is giving us good students.

Correct.

MR. STAPLES: Now they told us earlier -- I don't know if you've been here all day, but --

DR. O'CONNOR: Yes.

MR. STAPLES: -- representatives of CCE mentioned that they do not prescribe any particular type of curriculum, that they accredit based on mission and that the schools have a whole range of curricula. Now we've heard different testimony, but that was their statement, that every --

DR. O'CONNOR: That's the way I understand it as well.

MR. STAPLES: I'm sorry. Is that your --

DR. O'CONNOR: That's the way I understand it as well, yes. Correct.

MR. STAPLES: Okay. All right. Thank you.

DR. PHILLIPS: Other committee questions?

Anne Neal?

MS. NEAL: I've been going to Wikipedia because that's where I go whenever I can't figure out what's going on to try to understand a little bit more about the vertebral subluxation. So let me ask this question. Separate and apart from the accreditor's standards, within the scholarly community, is vertebral subluxation a widely accepted scholarly approach?

DR. O'CONNOR: I would have to say yes.

MS. NEAL: Thank you. So it's not like flat earth?

DR. O'CONNOR: No.

MS. NEAL: This is something that is widely accepted within the profession?

DR. O'CONNOR: I think you've heard testimony from ICA, ACA. Everybody understands. They may call it by a different name, but the components of the subluxation itself is widely understood in each part of it.

DR. PHILLIPS: George French?

DR. FRENCH: Thank you, Madam Chair.

A very simple question.

DR. O'CONNOR: Sure.

DR. FRENCH: Given your relationship to the various state boards, does the data bear out what the students are relaying about not being prepared as far as passing board exams?

DR. O'CONNOR: Well, being a student one time in my life when I used to have a lot more color in my hair, the one thing I knew I did well as a student is complain a lot. I do understand their concern. Unfortunately, I think it's misguided. I think they are getting a much better education than they understand only because I'm also on the board of directors for national boards and I do visit those schools, and I'm quite impressed by all of the schools.

DR. FRENCH: But allow me to --

DR. O'CONNOR: Especially the students who are here from one particular school. I think they're getting a phenomenal education.

DR. FRENCH: But allow me to cut to the

chase of the specific question. Does the data bear out in the board exams that they're not prepared?

DR. O'CONNOR: Sure. Yeah. There are national board scores at all the schools are available.

DR. FRENCH: That they are not prepared?

DR. O'CONNOR: No, I think they are prepared.

DR. FRENCH: Okay.

DR. O'CONNOR: Absolutely. Otherwise the state boards wouldn't allow them to be licensed. If you came to a state board and said hey, I don't think I'm qualified, maybe the state board would say maybe we shouldn't give you a license.

DR. PHILLIPS: Thank you.

Other committee members? Any follow-up?

(No response.)

DR. O'CONNOR: Thank you for your indulgence.

DR. PHILLIPS: Thank you for joining us.

DR. O'CONNOR: Appreciate it. Thank you.

DR. PHILLIPS: Our next speaker is Lynn Pownhall, followed by Kathleen Linaker. Sorry if I'm butchering names. Welcome.

DR. POWNHALL: Good afternoon, and thank you for taking my testimony today and thank you for running such an efficient meeting. I really appreciate it, sitting here since early this morning.

My name is Lynn Pownhall. I'm a licensed chiropractor in the State of New York. I have been licensed since 1992 when I graduated from Logan College of Chiropractic. I am also board certified in chiropractic neurology through the American Chiropractic Association and its Board of Neurology. I currently am a faculty member at D'Youville College and have been since 2006.

As a faculty member, I teach three courses currently, and I've been in curriculum development with several other courses through our department from the very early on palpation detection course, range of motion course, where we do teach students how to detect subluxation patterns, to the later on

orthopaedics courses with extremity adjusting and orthopaedics.

I'd like to speak to some questions that have come up today and that are very concerning to me on some issues. One is that the meta-competencies provide a pattern of topics by which curriculum development is made easier by chiropracticologists in my opinion.

In Meta-Competency 1, which is assessment and diagnosis, I address that in my classes along with the vertebral subluxation complex and the neurobiomechanical dysfunctions and those elements of it that you found on Wikipedia just a few minutes ago, which are spinopathology, kinesiopathology, neuropathology, histopathology, and myopathology. I teach a five credit course focused around those concepts, along with all aspects of the vertebral column.

I teach a four credit course on aspects of clinical neurology of the central nervous system and relate that back to how we drive treatment of



subluxation complexes and complexes of neurobiomechanical dysfunction towards the central nervous system.

I then teach a five credit course on upper level neurologic diagnosis of all conditions of the human spine, and the target there is to ensure that chiropractors who become licensed and our students who will then sit for licensure exams have the ability to determine when a pain syndrome is related to the spine or when a pain syndrome is related to some other health condition which may be necessary to send them out to another health care provider and that chiropractors become essential components and essential team players within the ever-changing health care delivery system.

As a faculty member at D'Youville College, we enforce the full accreditation of the CCE by the NACIQI. Thank you.

DR. PHILLIPS: Thank you very much.

Questions from the committee? Brit Kirwan?

DR. KIRWAN: Yes. Let's suppose that

someone graduates from your program and all they want to do is traditional chiropractic without using the added knowledge that you just described. Would there be anything to prevent them from doing that?

DR. POWNHALL: I think the question is -- the issue is what is the definition of a traditional chiropractor, because B.J. Palmer did teach diagnosis of all body systems.

DR. KIRWAN: Yes.

DR. POWNHALL: And one thing that he also did teach is that vertebral subluxation has the ability to correct the system dysfunctions. So any chiropractor that graduates from any college that's mandated under the CCE accreditation has the capability of practicing under those auspices as a chiropractor who uses only the detection and correction of subluxation patterns as their only method of diagnosis.

DR. KIRWAN: Yes, but still --

DR. POWNHALL: In my opinion.

DR. KIRWAN: -- a chiropractor who wanted to

restrict what they did presumably would be free to do so?

DR. POWNHALL: They are absolutely free to do so.

DR. KIRWAN: So the complaint seems to be about learning additional things that they may or may not have to use to practice their profession as I understand it.

DR. POWNHALL: Yes, to a certain extent. And the esteemed committee member over here on the very end, one of his first comments was how does a patient know the difference? How does a patient know?

And I believe that the way that we need to teach our doctors of the future is that the patient shouldn't know the difference. A patient goes to a health care provider to have their problem taken care of, and they should see a health care provider who has the ability to determine whether or not the patient belongs in that office and whether or not that doctor has the ability and the skill set within their hands and within their tools available to them to address

that condition.

First that doctor must be able to determine what the condition is, and if they cannot, they do not have the ability to take care of the patient and uphold their right as a doctor.

DR. PHILLIPS: Rick O'Donnell?

MR. O'DONNELL: Following up a little bit on what Brit just said, one of the questions or things I'm hearing from students is not so much the complaint that they're learning additional items as it is that the additional competencies they're required to learn seem to be crowding out the subluxation training in the curriculum and so by the time they graduate they haven't learned the competency in subluxation.

Have you seen crowding out as a teacher? Do you worry about crowding out as additional things are added to the curriculum as required by CCE?

DR. POWNHALL: I have not experienced that with my experience at D'Youville College. I'm a graduate from Logan College. I didn't feel that when I graduated from Logan College. Most of the students

that you've heard from today are graduates of one college in particular, and it's interesting because that college tends to be one that's considered to be more subluxation-based, if there is such a thing.

We imbed the chiropractic principles beginning in the very early on of our curriculum such that we have 1,000 of our 4,600 hours are chiropractic principles and philosophies, and 1,000 of our hours in clinic are all based around the evaluation and assessment of the competencies through the chiropractic adjustments which are delivered in our clinics.

We don't do anything but deliver chiropractic adjustments and procedures in our clinics, so when those last three or four meta-competencies are evaluated by our clinic directors, that's what's being evaluated. So it's very confusing to me why students would feel like they're not receiving that skill set. I can't answer that. I'm sorry.

MR. O'DONNELL: Great. Thank you.

DR. POWNHALL: You're welcome.

DR. PHILLIPS: Are there other committee questions?

(No response.)

DR. PHILLIPS: Thank you for joining us.

DR. POWNHALL: Thank you.

DR. PHILLIPS: Our next speaker is Kathleen Linaker, followed by Norman Ouzts. Welcome.

DR. LINAKER: Thank you, and thank you for your time. I will keep this brief. My name is Kathleen Linaker, and I am the head of the chiropractic program at D'Youville College in Buffalo, New York. In the interest of full disclosure, I will also note that I have been a site team member for CCE for some time. I'm also a site team member for its sister organization in Canada and have been involved with accreditation in the U.K.

I'm a chiropractor, I'm a board certified chiropractic radiologist, and I have a Ph.D. in Higher Education from Loyola University Chicago. I am also on the Council of Chiropractic Education. I will say

that I will repeat -- I'm not going to repeat, but you could insert here the testimony of Dr. Scaringe, Dr. Wiles, and Dr. Wickes.

Our institution is the newest chiropractic program. We have a total of 87 students in our program. We have graduated approximately 140 students, of which one has not achieved licensure at this time.

The ACC, the Association of Chiropractic Colleges, has extensive data gathered from all of the colleges on the success rate of our graduates, and that flies in the face of the testimony that you're hearing from the students that they're concerned they won't succeed. And I want them to know that the reality is the vast majority of chiropractic graduates succeed in practice, and the Association of Chiropractic Colleges can provide you that data.

The other thing I wanted to address was the 602.13, the fact that they get lots of people buying into this. All of the colleges support CCE. I will also address the fact that the curriculum at the

colleges is driven by the faculty. That is shared governance, something you are all familiar with in higher education. Our curriculum at our institution is designed by the faculty, it is delivered by the faculty, and it is assessed by the faculty.

Our faculty set our mission in our program -- they do for all of our programs -- and CCE's job is to come in and say what's your mission, are you doing what you say you're going to do, and are you putting out competent students. The competencies, the meta-competencies designed by the CCE, do that, and they allow all of the programs to do it in their own way, and we can also add our own competencies in addition to the ones that CCE sets up for us. And I think that's all I have to say.

DR. PHILLIPS: Thank you very much.

Committee members? Questions?

(No response.)

DR. PHILLIPS: Thank you for joining us.

Our next and last speaker is Norman Ouzts, National Board of Chiropractic Examiners. Thank you



for joining us.

DR. OUZTS: Thank you. Last. That's a good spot. I guess that means all the questions that you've been dying to ask, I'm the guy, right? I'm Dr. Norman Ouzts. I am the President of the National Board of Chiropractic Examiners. I'll keep my comments brief and will certainly entertain any questions that you may have concerning the national board and our function.

The national board is the testing organization for the chiropractic profession in the U.S. Our exams are required and/or accepted in all 50 states. Our exams are broken into different parts. We have three written examination parts. Part 1 exam, and I'll go into what each of them are. We have general anatomy, spinal anatomy, physiology, chemistry, pathology, and microbiology. That's the basic sciences.

Part 2 is your clinical sciences: general diagnosis, neuromusculoskeletal diagnosis, diagnostic imaging, principles of chiropractic, chiropractic

practice, and associated clinical sciences. The content of these exams is derived from a Delphi study, which is a representation of what is being taught within the chiropractic institutions in the U.S.

The actual test questions themselves are derived by the faculty of the individual chiropractic colleges. We bring them out to Greeley, Colorado, to our home office, and they sit down and they derive the test questions to determine what is going to be asked.

We try to make sure that we have a good cross study when we bring these programs out so that we will have a little bit of different flavor so to speak so that it's not all weighted in one philosophy. They all agree on each question. If they don't all agree on the question, the question does not make the exam.

Then we move to the clinical competency, the written clinical competency. That's Part 3. That's your case history, physical exam, neuromusculoskeletal exam, diagnostic imaging, laboratory and special studies, clinical impression, chiropractic technique, and supplemental interventions and case management.

That test is derived from state board members from around the state in conjunction with that Delphi study, so it is a combination of what is being taught in the colleges and what is being done in the real world and what the expectations of those state board members are for the people that they want to license. So that's how that test is derived.

Then we have our Part 4, which is an active practical examination, and that is done based off of a practice analysis -- it's a survey that we do -- across the profession irregardless of your philosophy.

The profession is surveyed to determine what is going on within the profession. That, in conjunction with the individual state boards, will come and derive that exam, and that's the hands-on practical exam.

So you can see that the chiropractic student is thoroughly tested multiple times throughout its educational process, and I will tell you based on the results of those tests our chiropractic colleges right now are putting out students who are second to none. They are graduating students --

DR. PHILLIPS: Thank you very much.

DR. OUZTS: -- who are highly qualified and capable.

DR. PHILLIPS: Thank you very much.

Committee questions?

(No response.)

DR. PHILLIPS: Thank you for joining us.

DR. OUZTS: Thank you.

DR. PHILLIPS: That completes our third-party comment period. Before we get into committee discussion and vote there's one more stage, and that is to invite the staff analyst, Dr. Shultz, if there is anything that she would like to add or query about.

Oh, I'm sorry. And the agency itself, if you would like to speak to address any of the concerns that were raised in the public comment. Welcome back.

Are there issues that you would like to address following the public comment period?

DR. LITTLE: Thank you, Madam Chair. I hope that my initial remarks gave a flavor for what we were going to hear today. I really was not surprised by

any of the content that was delivered. Pardon my voice. I'm losing a little bit of it. Hopefully it'll last for a minute.

Really, when it comes to comments, I think it's most important as an agency -- when here with you last time, we took all the issues that this committee sets very seriously. There were 42 issues that we needed to address, and we spent a tremendous amount of time.

There was also another issue that this committee considered ultimately that the Undersecretary did not submit to us in that communication. We did take that seriously as well. We reviewed that comment as staff and as with leaders on the council we acted just as if that would have been an existing concern.

We did go forward. We met with every individual or every group that expressed a desire to speak. We, between Dr. Benberg and myself, had 24 different meetings. We held three forums and invited everyone. We've also maintained at our business

meetings open time for anyone from the public to come forward and address the entire council, and we will continue to do that. We went forward and really looked at that.

When I heard a lot about the crowding out and some of the questions regarding that, I really think that it's important, and this is something we try to draw folks back to is this actual document, the CCE accreditation standards. And when you look at our competencies, as far as crowding out, certain states require certain types of education. They require certain amounts of hours in certain subjects. And I say states, not the Council on Chiropractic Education.

We focus toward the meta-competencies. And within the context of the meta-competencies, and I'm quoting, in evidence informed assessment techniques, each DCP is free to determine its own method of meta-competency delivery and assessment. Ultimately the DCP is accountable for the quality and quantity of its evidence of compliance with the meta-competencies and required components and outcomes.

That's the same for the nomenclature of subluxation that's in this document and has been in this document. And it's not a smaller font. It's not a larger font. It's the same size and carries the same weight as any other meta-competency. So I just want to make sure that that is captured in the flavor of what we're looking at.

Dr. Benberg, do you have any final thoughts?

DR. BENBERG: Well, I think early on we tried to describe the context within which the accreditation agency functions. There are some issues in the larger profession that are rolling along out there. Hopefully they'll be resolved before long.

MALE VOICE: Could you turn on the microphone?

DR. BENBERG: Thank you. I'll start over. I think early on we mentioned something about the fact that there is a fragmentation in the larger profession and the accreditation agency exists within that framework. We've tried very hard to hear what you have said previously, to follow it diligently. I

think we have produced on that according to the staff analysis. I'm hopeful that you will separate the political from the recognition process, and we hope for the best and thank you for considering our case.

DR. PHILLIPS: Committee member questions of the agency before we move into our discussion period? Anything that you'd like to ask? Anne Neal?

MS. NEAL: Can you square for me the claims that vertebral subluxation is not included in the meta-competencies and your claim that it is? As I look at the standards, I find subluxation mentioned twice, once in the preface and then once elsewhere amongst a range of statements.

DR. LITTLE: You're correct. Subluxation is mentioned in the preface. It is also under Meta-Competency No. 1, Required Components, performing the case appropriate physical examinations, to include examinations of body regions, organ systems, including the spine and any subluxation. That's page 29 of our standards.

I'd also refer you to Meta-Competency 2,



which a required component of that is determining the need for chiropractic adjustments and/or manipulations. There are also outcomes. That was on page 30. On page 31, also deliverance and documentation of chiropractic adjustments and manipulations as identified in the management plan. Those are competencies.

And speaking also to the larger context of our standards -- and I could probably have Mr. Bennett -- where it's actually mentioned in part of the types of subject material that our programs speak to. That's in the Characteristics. Yeah.

DR. PHILLIPS: Did that answer your question?

MS. NEAL: Obviously the students don't feel that the presence of those two words in the standards has affected their ability to learn about that or has significantly affected the curriculum so that they are being trained in those areas. You're saying to the contrary. I'm just trying to understand.

DR. LITTLE: Well, again, the curriculum is

developed by the programs. We don't have instructions for the curriculum, but we do have the competencies. The weight of the competency is not -- there's no weighting. There's no benchmarking of one competency having precedence over another. They're all important. And also programs do develop competencies that are above and beyond this minimal level that are in our standards.

DR. PHILLIPS: Rick O'Donnell?

MR. O'DONNELL: Thank you, Madam Chairman.

I have a question. We've heard from a number of students today from one institution that they believe they're getting a substandard, my term, but a substandard education, that they tried to raise issues with site visiting committees that were shunted aside or in their opinion not heard or listened to.

Does that concern you as an accrediting agency that you have an institution, a fairly large one, that so many students appear to be dissatisfied with the quality of education and dissatisfied with the process by which site visits happened?

DR. LITTLE: Okay. Well, was I surprised to hear that? No, because of the fact that really looking at -- and the president of that institution is a member of our council. I truly believe that that individual probably has other feelings regarding that.

But at the end of the day, when we send a site team, our actual ears and eyes on the ground, and go into the clinic environment and are actually there to verify, when we get that student's perspective, that's important, but also the eyes and ears that we send on the ground to that program is very, very important, and the type of questioning and the rigor of the process as far as our site team training is very important.

Over the last four years, CCE has spent almost half a million dollars regarding training of site team evaluators. We just came from a training last week with all those members. And to hear that and to hear that from the programs, the programs we also train or actually had a meeting with our standards. We're not hearing that from the programs.

But most importantly, we have to rely on the people that are adequately trained in the standards and going to the programs and reporting on concerns or areas that they're not meeting that, and the statements by the students are in conflict with the evidence that we received by way of evaluation and also by way of having the programs come and tell us exactly what they're doing in those areas.

MR. BENNETT: Ray Bennett. I'm the Vice President for Accreditation Operations, and I do go on all of the comprehensive site visits with each and every site team. I've been on 33 of them with CCE. I was on 26 visits with HSI and JACO prior to coming to CCE when I was in the military for 21 years.

And what we do with every single program that we go on a comprehensive visit, we do two things.

Number one, we have the program let all the students and faculty know because we have a particular meeting with the students, with all of the team and the students, and that's mainly designed for the team to kind of interact and kind of find out what's going on.

We do the same thing with the faculty. We do the same thing with the administration.

Secondary to that, everyone at that program is announced, and it has to be announced ahead of time and we have to be notified of it, myself and the chair, that we hold a meeting at the end of the day because we have all of our normal scheduled meetings, as you all have been on site visits before, but we have at the end of the day between 3:30 and 4 or 4 and 4:30 open, completely open team room for anyone at that college or institution that wants to come talk with the team.

Now, of course, when we open it up that way, of course we're going to get a wide range of things that come up. What I do in every one of those meetings, I have a team member go into that room with me. Every day we do that, Monday, Tuesday, Wednesday.

Each day they can all come in there at any time for anything they want. I go in there with every single one of the team members, and what we parse out is what's the problem? What's the issue? What do you

want to talk about?

Is it related to the team? Is it related to the visit? Is it related to the accreditation and the program, or is it something about CCE that you want to talk about? Because I don't need the individual to be taking up the time of the team and what they're there to do the evaluation visit. So I and the site team chair will take that person aside and we will discuss with them what it is if it has no relation to the evaluation visit.

And I can tell you that sometimes there are issues, and a lot of times, probably half the time, it's an understanding. It's I don't know. It's ignorance of the process. It's somebody didn't tell me that. And we explain to them and I always show them. I'll show them the standards. I'll show them this. I'll show them that. I'll give them the evidence rather than just speak for me. Here's the documentation. Look at it yourself.

And then at the end of the day, if it's something that we can't answer, I will absolutely

always hand them my card and tell them to email me and I'll pass it on to somebody who can answer their question. So it kind of varies with what the --

MR. O'DONNELL: Thank you for that. And can I ask? A number of people today talked about a culture of fear and that the institutions had told them that in advance of a site visit don't complain, don't complain about CCE, don't raise issues. I guess I know what your answer is, but have you ever picked that up?

My understanding is you're the only chiropractic program accrediting agency in the country, certainly the only one recognized by the Department, and so that gives you monopoly position. Human nature being what it is, it wouldn't surprise me if people were sometimes reluctant to complain. Is that culture of fear -- I assume I know what you're going to say. It's not pervasive. Otherwise you would have addressed it. But has it come up? Have you talked about it? Do you think it exists in any way?

DR. LITTLE: We have a complaint policy and we take that policy very seriously. We've had complaints regarding chiropractic programs, and we evaluate those complaints very seriously.

If the students from Life University testified today regarding specific complaints, we would take that extremely seriously and would act on it appropriately. We would act on it very appropriately. We have the processes in place. We have the policies in place.

Fear. I didn't sense -- there's not a fear to be able to come forward here. If there's a fear to come forward to the CCE, again, by sending in an individual complaint to a program, I'm having trouble.

Where would be the fear if you were a student to be able to send us a letter regarding you not being able to get that? We're open to that. We have processes for that. We communicate that.

DR. JACKSON: Let me just comment on that. My orientation is from the --

DR. PHILLIPS: Name, please?



DR. JACKSON: Rudolph Jackson.

DR. PHILLIPS: Thank you.

DR. JACKSON: My orientation is from the regional, and it's uncertainty very often and reticence to talk about things that you don't want to be a larger problem.

As a public member here with CCE, when I came, I had a perspective, more of a macro perspective, but since joining CCE, I quickly found that some of the patterns were the same among CCE as among the regionals, and that was the kind of thing that I quickly saw and the fact that I was very pleased that CCE had devoted so much commitment to fairness and to the consistent application of its standards.

That was very pleasing to me because this is the kind of thing you look for. Everything is anchored in their standards, and sometimes individuals are just sort of concerned they may or may not be familiar enough with the standards to articulate where they are, so therein perhaps lies some of the fear.

DR. PHILLIPS: Thank you. Simon Boehme, and then I'm going to move us to our next thing.

MR. BOEHME: Thank you, Madam Chair.

You supplied us with Exhibit 17 -- I'm looking under the student complaints -- and it reads the following: Complaints that are submitted in writing or via email are retained in the Office of the Director of Student Services. The record of these submitted questions, concerns, and complaints was reviewed by a site team member, and no consistent pattern regarding the type or severity of complaint was evident. At the time of the site visit, the Director of Student Services was not keeping a log of the informal and/or verbal concerns, complaints that the office addresses on a routine basis, and the site team suggests that this practice be initiated.

Can you explain that? This is your April 23 to 26, 2012, report.

MR. BENNETT: I don't have that exhibit in front of me, and I apologize.

DR. PHILLIPS: Name? Name, please?

MR. BENNETT: Ray Bennett.

DR. PHILLIPS: Thank you.

MR. BENNETT: Yeah. Part of 602.16, previously the Department had found that we had some policies that were written and they needed some beefing up, and we were actually part of the reauthorization that was done and the new criteria that was in there.

We had the policy for the student complaints. We weren't doing it as complete as the new policy that came out, so we were instructed and we did correct our policy to include all of that. So this is our first -- the last two visits we've done on the comprehensive visits, we've actually went in there and looked to see what they were actually doing, if it followed the new criteria.

MR. BOEHME: Okay. I appreciate that. So the Director of Student Services now because of your new policy could address complaints and is starting to keep records?

MR. BENNETT: Well, those aren't complaints

for us.

MR. BOEHME: Right.

MR. BENNETT: Those are complaints for the program.

MR. BOEHME: Right, right, right, right.

MR. BENNETT: Yes.

MR. BOEHME: Okay. Okay.

MR. BENNETT: Yes.

MR. BOEHME: Good. Yes. Right. Thank you.

Thank you.

DR. PHILLIPS: Thank you, agency. We're done with the period of being able to exchange views on the agency. We're going to move to committee discussion. I think that there may be an occasion where we might pose a question for you, so I'd invite you to stay, but we'll take up the committee discussion at this point.

So our process at this point, committee members, is to have discussion that will ultimately yield a motion and then a vote. So I'll start with Cam. I know that there are many views that need to be

expressed, so the opportunity to review, and just catch my eye if I don't see you.

MR. STAPLES: Madam Chair, I was going to make the motion and have us discuss it. I thought that might be --

DR. PHILLIPS: That looks good.

MR. STAPLES: If that's all right with you, that might be a good place to start. Federico and I conferred on this, and I would like to explain after making the motion at least my rationale. But I would move that NACIQI recommend that the Council on Chiropractic Education recognition be renewed for three years.

DR. ZARAGOZA: And I will second that.

MR. STAPLES: And then if I -- oh, I'm sorry.

DR. PHILLIPS: That was Federico Zaragoza seconding. Okay. I'm watching the recorder over there.

MR. STAPLES: And just briefly, because I'm sure a lot of people have comments to make, three

years is the maximum recognition period that we're allowed to propose because they've taken two years since the initiation of the compliance report. That's the full five years.

My sense of this is that a lot of issues have been aired, a lot of concerns that we had two years ago around whether there was wide acceptance of CCE, and you might remember NACIQI put that in our motion, our recommendation to the Secretary that they come back and that they describe and provide evidence that their programs, practices, and decisions were widely accepted.

The Secretary did not agree with us on that, but the CCE did send a letter which I think laid out fairly well all the associations and organizations, many of which testified today, which satisfied that. It remained a concern of mine, which is why I bring it up, but I guess I'm persuaded that they really are speaking for the larger community of institutions and organizations, including licensing boards and others, as the accrediting agency.

And I think the issues -- we obviously have the issues that we're limited by what the scope of our review is, and the scope of our review is set out by our process. I think Rachael did a very good job of laying out in her report how they satisfied each of those elements. And the issues that we continue to hear about are very real, but I just don't think they're within our scope. I mean, that's where I've come down on it.

I don't think that this professional debate that's occurring within chiropractic is really something we can solve here or should solve, and I don't think expecting the agency to pick a side by choosing more firmly with their standards is really the right approach.

From everything we've heard from them and from some objective -- I consider the Council on State Licensing Boards to be relatively objective testifiers, they do not dictate in their standard one approach. They have a broad enough approach to account for different practices at different

institutions.

That doesn't mean the individuals on the council don't have their own opinion and are advocating for a medical approach, but as Art said earlier, I don't see that as being inconsistent or a conflict in any way for them to have those personal opinions. So I think for those reasons and probably many others I just think this is within our discretion I think they've satisfied our criteria and that we ought to renew their recognition.

DR. PHILLIPS: Thank you.

Other points of discussion? Anne Neal?

MS. NEAL: Following up on what Cam has just outlined, I would like to restate my concern about the variability of application by the Department of the widely accepted standard aspect of this.

We're going to hear it debated in the very next one in a context where a far smaller percentage of the actual accrediting institutions are making known their concern. So I am disturbed that two very different standards appear to be being applied in this



instance and in essence telling us that it is off limits for our review because the Assistant Secretary decided on his own that it should be.

Now it may get to the broader issue which was raised earlier that in a monopoly situation, the climate of fear that we've been hearing about, that probably happens because frankly when you're accepting these standards in a monopoly situation, that's about as voluntary as accepting an offer from Tony Soprano, so I think that's the issue we really are dealing with here. But I'm very concerned that we've got to play fair with everyone, and I'm not sure we're playing fair or the Department is playing fair.

DR. PHILLIPS: Thank you. Bill Armstrong?

MR. ARMSTRONG: For the record, Bill Armstrong. And I'm wondering if the chair or if staff could tell me and perhaps other new members of the committee if there's any overall guidance as to the role of accreditors with respect to the question that has been simmering all day long?

Some who have spoken have made the case, and

I think pretty eloquently, that the accrediting agency ought to figure out what needs to be taught and tell the schools to do it. Others under the general heading of academic freedom have argued no, that's up to the schools to decide that, and the role of the accrediting agency is to decide whether or not the schools are doing what they say they're doing.

And so my question is I assume sometime the Department and this committee has considered that and has formulated some guidelines, and it would be helpful to me and I expect to others to hear some discussion of that.

DR. PHILLIPS: Can I ask Kay to respond to that?

MS. GILCHER: I'd say first of all that each agency is required to have standards in the area of curriculum. We are not allowed to regulate any of the standards areas, so in developing those curriculum standards, the agencies rely on their membership to do so. So it is the members within that organization that come together and develop and agree upon the

standards that are going to be used.

In some cases, and those are very explicit about what the curriculum should be. In fact, sometimes they're even in terms of the number of credits or the number of courses in particular areas.

In others, they're more broadly written, and there may be evidence or reference to the mission of the institution.

In this case, this agency has chosen to really look at the curriculum in terms of what are the competencies. What kind of outcomes would you expect of students who graduate from that program? And that's something I think we will see more of. The flexibility that the programs have is how they develop their curriculum themselves in order to ensure that those students do gain those competencies by the time they graduate.

MR. ARMSTRONG: That's very helpful, and I wouldn't want to put words in your mouth, but maybe I will try anyway. I think what you said was that it's really up to the agency, and if one agency decided

that they wanted to be very prescriptive, that would be okay with this committee, and if another agency took a completely laissez-faire point of view, that would be okay too.

MS. GILCHER: I can't speak for the committee. I can say that in terms of the criteria for recognition and what we are looking at, we would not have a specific point of view that would privilege one way over the other way.

MR. ARMSTRONG: Got it. Thanks. That's very helpful.

DR. PHILLIPS: We would, however, want to know that whatever the standards were that were being defined by the agency had achieved broad consensus within the community it represents. So, if the community says laissez-faire is what we want, then there would be a laissez-faire set of standards. That's not quite the right word, but --

MR. ARMSTRONG: Just in the interest of clarity --

DR. PHILLIPS: Right.

MR. ARMSTRONG: -- would you say a few more words about the community itself? What does that mean in the case of the chiropractors and what does it mean in the case of institutions generally?

DR. PHILLIPS: It would be the community of institutions, practitioners, professional agencies, professional organizations that constitute that profession or that region or that zone.

MR. ARMSTRONG: The membership of the agency in effect or broader than that?

DR. PHILLIPS: Broader than that because it would include practitioners, for instance. It's intended to capture the --

MR. ARMSTRONG: Patients?

DR. PHILLIPS: -- stakeholders in that area. Patients? I'm not sure. Constituents.

MR. ARMSTRONG: But broader than just the members of the --

DR. PHILLIPS: Correct.

MR. ARMSTRONG: -- accrediting agency.

DR. PHILLIPS: Right.

MR. ARMSTRONG: Thanks very much.

DR. PHILLIPS: Yeah. Okay. I have Art Keiser and Frank Wu.

DR. KEISER: Just to follow that up, in our own policies and rules, we have a fact that says no, the Department of Education Organization Act does not permit the Department to have any control over the institution's academic, student, or personnel administration, so we really have to stay out of those discussions. And that's one of the challenges we have because for some reason they believe that that's within our purview to recognize a form of what's an approved curriculum or what's not an approved competency. So I think that's not our role. I think we want to hear every comment, but that's not our role.

I do want to say that I agree with the motion because I think -- for two reasons. One, it seems that the commission has made great strides in meeting our standards and regulations, which they have had challenges before and I've been through a number

of the different hearings that they've had, and secondly, I think they've opened the dialogue. I'm hoping that four years from now we won't hear this discussion and we'll have a nice, short meeting.

DR. PHILLIPS: I have Frank Wu. George, did you want to be on the list? Yes? Okay. Frank Wu first, and then we'll come back to you.

MR. WU: I support the motion. I just want to make three observations briefly. They are first, I'm not persuaded that institutions that feel pressure from agencies should be a concern. Every school will face pressure. The concern is, are they facing inappropriate pressure, undue pressure, unfair pressure? So the mere fact that an institution feels some pressure from an accrediting authority, that's actually good. We want schools to feel pressure. So that's the first comment.

Second, I'm also not persuaded that monopoly status should matter to us, A, because that's true in many of the fields that we look at. In many fields, there is a single authority. And, B, it is

feasible -- not easy, but feasible -- for an alternate authority to come before us and to go before various states.

Third and finally, I'm persuaded that chiropractic as a field is different than the other professions that we've looked at because it's in flux.

Regardless of which side we come out on, whether we think one group is in the right or in the wrong, I think everyone would agree there is a dispute within this profession, and that's different than architecture, law, and most other fields where there is not a fundamental dispute over what constitutes the practice of that profession.

I'm not suggesting that we disregard that dispute -- I think it's important, it should be looked at -- but I don't think that we as an oversight authority over the accrediting authorities are in a position to resolve that dispute.

And so I would do nothing more than note there is a serious dispute here, and presumably it will be straightened out at some point, and in the



meantime, it's up to us to determine if this accrediting authority satisfies our standards. And we can do that without taking a side in the dispute about what this profession is about.

DR. PHILLIPS: Thank you. I have Arthur. Bobbie, did you want to --

DR. DERLIN: Yes.

DR. PHILLIPS: Let me come back to you. I have Arthur first. Arthur Rothkopf?

MR. ROTHKOPF: Yeah. You know, for all the reasons that members have indicated, I support this motion. This is really the second time we've heard this dispute come before us at least in my relatively short tenure, and my guess is that if this motion passes we may have this again three years from now. And, frankly, I don't look forward to it.

I would suggest there were some who spoke who were asked or identified the fact that they were thinking about setting up a separate organization, and that is true in many of these fields where there are differences of philosophy.

And I speak only for myself, not for others, but it may be appropriate that rather than trying to fight this battle here they might want to think about the idea of setting up an organization which is more reflective of what their philosophy is and so we don't have to -- and it's not just from our time but from everyone else's time and strain that we not -- that everyone not have to go through this in three years.

DR. PHILLIPS: Thank you. Roberta Derlin?

DR. DERLIN: Bobbie Derlin. I would just speak in support of this motion. I'm a newbie, so if I speak out of turn, slap me back, but I think given the history, giving this agency and this profession the maximum amount of time encourages them to engage each other in finding ways to make progress in this debate rather than seeking some outside authority to find a resolution.

DR. PHILLIPS: Thank you. Jill Derby?

DR. DERBY: I too will speak in support of the motion. I don't see any grounds given our federal charge to speak against it, but, however, I would like

to express some concern or some observations.

I haven't been on this committee long enough to have seen the history before, and I'm hearing from my colleagues that great strides have been made, and that pleases me just having listened to what I've listened to in terms of the students' concerns. It did concern me to hear about a culture of fear and a sense that some students are not feeling adequately prepared in a major and primary emphasis of their profession.

So I would hope that the agency would continue its practice of being open and listening and helping to support and sponsor a kind of dialogue that will take in all points of view and make it work better so that in three years we will hear much less of what we've heard today.

DR. PHILLIPS: Rick O'Donnell?

MR. O'DONNELL: Thank you, Madam Chair. I am not going to support the motion for several reasons. One, I don't actually agree with the premise that chiropractic is a unique profession. I used to

run a state department that had all professional licensing in it, and many professions have very contentious issues or evolving professions, and I didn't see those type of things spill over when I ran a department of higher education. I think there's something different and unique going on here.

Second of all, I'm concerned that -- I was not a member of NACIQI at the last meeting when CCE was part of it, but when the Secretary chose not to follow the NACIQI recommendation, I didn't see in the staff reports this time really any analysis around some of the core issues NACIQI raised. Because the Secretary didn't follow our recommendation, they weren't really addressed. I didn't even know that that had happened until I dug into it late this morning because someone told me that the Secretary had not followed NACIQI's recommendation.

And third, just listening today, I think, you know, ultimately it's a question of is the accrediting agency a guarantee of quality, and a number of issues have been raised about standards,

about governance, about site visits that I don't have the answer to, but I'm not sure I have full confidence to say yes, a three-year renewal should go forward, so I'm going to oppose the motion.

DR. PHILLIPS: Thank you. Other questions? Comments? Statements? I have one I want to include, a question to ask Anne Neal to elaborate just a bit on her concern about differential application of standards.

MS. NEAL: Well, I think you've heard it from several other members, including Rick in his most recent comments. The fact that the NACIQI concerns were ignored and that in fact it was very hard even to find out that they were ignored in an area where there is obviously deep division within the industry, whereas in our next one the Department has found concern that the standards are not widely accepted, with far less protest from those within the accredited institutions. So I'm deeply concerned, and for the reasons that Rick has outlined, I also will oppose the motion.

DR. PHILLIPS: Thank you.

Other questions? Comments? Discussion?

(No response.)

MALE VOICE: Call the question.

DR. PHILLIPS: The question has been called.

The motion on the table is for a three-year term. We have it up on the board here. I'm going to ask for a show of hands on this one. Those in favor?

(A show of hands.)

DR. PHILLIPS: Those opposed?

(A show of hands.)

DR. PHILLIPS: Okay. The motion carries.

Thank you.

#### **NACIQI RECOMMENDATION**

**That NACIQI recommend that the Council on Chiropractic Education recognition be renewed for three years.**

DR. PHILLIPS: Agency, thank you for joining us and for informing us today. Appreciate it.

Committee, I'm going to call just a 10-

minute break. If you could be back by 3:30? Stretch  
your legs.

(Whereupon, a short break was taken.)

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WESTERN ASSOCIATION OF SCHOOLS AND COLLEGES,  
ACCREDITING COMMISSION ON COMMUNITY  
AND JUNIOR COLLEGES [ACCJC]

DR. PHILLIPS: This afternoon we're running a little off schedule. We're taking up the Accrediting Commission for Community and Junior Colleges of WASC. Our primary readers are Art Keiser and Anne Neal. I'd ask, who is going to do the initial presentation?

DR. KEISER: I'll do the initial.

DR. PHILLIPS: Art will do the initial discussion. You're on. Art Keiser?

DR. KEISER: Thank you, Madam Chair. We're reviewing the Western Accrediting Commission for Community and Junior Colleges, WASC. Its first accreditation was in 1952. Its last recognition was in 2008. There are two items on the agenda, one for a petition for a continued recognition and then additional requested expanded scope of recognition.

WASC is currently recognized for the accreditation and preaccreditation of two-year



associate degree granting institutions located in California, Hawaii, the United States territories of Guam and American Samoa, the Republic of Palau and the Federated States of Micronesia, the Commonwealth of Northern Mariana Islands and the Republic of the Marshall Islands, including the accreditation of such programs offered via distance learning at these colleges.

DR. PHILLIPS: Thank you, Dr. Keiser.

We'll now hear from the Department staff, Ms. Elizabeth Daggett.

MS. DAGGETT: Thank you. Good afternoon, Madam Chair and members of the committee. For the record, my name is Elizabeth Daggett, and I am providing a summary of the review of the petition for renewal of recognition and request for an expansion of scope for the agency.

The staff recommendation to the senior Department official for this agency is to continue the agency's current recognition, deny the agency's requested expansion of scope, grant a revised

expansion of scope as noted within the Department's recommendation, and require a compliance report in 12 months on the issues identified in the staff report.

This recommendation extends the agency's time for coming into compliance for three of the previous findings of noncompliance within the August 13, 2013, complaint decision letter, which would have expired in August of 2014.

To provide sufficient time for the agency to demonstrate compliance in light of the close timing between the complaint and petition review and due to the crossover of compliance issues noted, Department staff finds good cause to extend the agency's period for coming into compliance with the complaint until 12 months of the date of the decision letter on recognition and in conjunction with the compliance report.

This recommendation is based on our review of the agency's petition, its supporting documentation, and the observation of an onsite evaluation in October of 2013. The Department also

received and reviewed over 100 third-party written comments and 15 third-party requests for oral comments in response to the agency's petition for recognition.

Our review of the agency's request for an expansion of scope found that request to be too broad based on the agency's experience and too vague to provide a clear demarcation between the two WASC commissions. Previously the agency had a joint substantive change review and approval process for a single baccalaureate degree with the accrediting commission for senior colleges and universities of the WASC. The agencies were informed by the Department that the joint accreditation process is not in compliance with the Higher Education Act.

Within its petition for renewal of recognition, the agency requested an expansion of scope to include baccalaureate degrees within an institution's mission. It is not clear how a determination would be made by an institution or by the agency of whether the offering of multiple baccalaureate degrees would be "within the

institution's mission" or at what point the number of such degrees offered would result in a change in mission.

In addition, the agency has not demonstrated that its current standards are sufficient to comprehensively evaluate baccalaureate level degree programs and are comparable to commonly accepted standards for ensuring quality in baccalaureate degree programs.

The agency has employed the substantive change process for reviewing baccalaureate degrees, which effectively precludes the agency's review under its standards of a baccalaureate degree granting institution seeking initial accreditation or of an accredited institution seeking reaffirmation of its accreditation.

The agency's substantive change protocol does include specific additional requirements related to baccalaureate degrees. Through the substantive change process, the agency has only approved one baccalaureate degree per institution and has only

demonstrated experience with such.

Considering these factors, Department staff could only support a request for an expansion of scope to include the accreditation by means of a substantive change review of the first baccalaureate degree offered by institutions that are already accredited by ACCJC. The agency has submitted correspondence to accept the expansion of scope proposed by the Department.

Further review of the agency's petition found that the agency is in compliance with most areas of the Secretary's criteria for recognition. However, there are some outstanding issues in significant areas that the agency needs to address. One notable issue is the agency's adherence to the enforcement time period within which an institution must return to compliance with the agency's standards.

The agency was cited for a related issue regarding the extensive use of good cause extensions in its previous recognition petition in 2007. Although the agency seems to understand the

requirements of this section, it has not demonstrated in practice that it consistently enforces the time period to return to compliance with the agency standards.

Another notable issue is the lack of documentation of support by educators in the wide acceptance of the agency. The agency had ample opportunity to provide clear documentation of the support of the agency and its decisions by educators and did not do so.

In addition, the agency did not provide documentation that a representative number of academics serve on site teams as stated by the agency.

A large part of the issue with the evaluation team composition is the agency's own definition of an academic representative, which is not comparable with the generally accepted policies and practices within the accrediting agency and wider higher education community. The use of the agency's definition of an academic misrepresents the experience expected in this role and results in a perspective dominated by

administrators.

The remaining issues are in the areas of student achievement standards, clear, written notification of deficiencies, monitoring, standards revision and process and same time notification of negative actions. Most of these areas require documentation of the implementation of new policies and procedures.

Considering all of the outstanding issues, we believe that the agency can provide satisfactory documentation and demonstrate its compliance in a written report in a year's time.

Also within the agency's response to the draft staff analysis it provided what it called a representative overview. Most of the issues raised in that document were covered within the staff report, but I will respond to some of the remaining issues here for clarification purposes.

The agency questioned the review and use of information and documentation provided by complainants and third-party commenters within the draft staff

report. The statute requires the Department to conduct a comprehensive analysis of the agency which includes information and documentation received within complaints and from third parties within the comment period. The recognition process allows the agency to respond to the allegations, and it has done so.

The agency also raised concerns that the Department's observation in conjunction with the review of the petition did not occur until one week before the response to the draft staff report by the agency was due. The timing of the observation was not unusual for the Department's review process, and the regulations do not specify any timing for any observation to occur.

In addition, the opportunities for an observation were limited by the agency's own schedule provided to the Department. Although the Department staff had been furloughed during the shutdown for the two and a half weeks prior, I was still able to conduct the scheduled observation.

In conclusion, as I stated earlier, the



staff is recommending to the senior Department official to continue the agency's current recognition, deny the agency's requested expansion of scope, grant the revised scope as noted within the Department's recommendation, and require a compliance report in 12 months on the issues identified in the staff report. There are also ACCJC representatives here today to answer your questions. Thank you.

DR. PHILLIPS: Thank you. Before moving to the committee discussion, I want to note that Frank Wu is recusing. I'm trying to get his --

MR. WU: Thank you. I'm doing it in an undignified way, but I'm just walking around.

DR. PHILLIPS: Good. Got it. While he's doing that, may I invite the agency representatives up to the table and invite any questions of the staff by the committee?

DR. KEISER: Do you have questions?

DR. PHILLIPS: Okay.

DR. KEISER: I do.

DR. PHILLIPS: Art Keiser?

DR. KEISER: I have a couple questions.

DR. PHILLIPS: Mic?

DR. KEISER: Help me understand the complaint procedure because, again, this is the first time I've encountered a complaint so close to a petition renewal where the staff entered into a response to a complaint in the middle of both an accrediting action and a petition for renewal, and it played a very dominant part in the response to the petition. The complaint got very tied in with the response.

So how does the complaint -- because this is new to me, and I felt very uncomfortable when the staff wrote a very strong response to the complaint.

DR. PHILLIPS: Kay Gilcher?

MS. GILCHER: Whenever we receive complaints, we have to review them timely, just as an accrediting agency would need to do. We don't have control over when a complaint comes to us. If it comes to us within the reasonable amount of time before when we're doing the review of a petition and

we find that there are areas of noncompliance, then we do include the complaint as part of the petition review process.

In this case, we asked that the agency respond to the findings of noncompliance within their response to the draft staff analysis. Otherwise we would have two parallel processes going on and it would be very difficult to try to resolve those within the context of making a decision on the extension of an agency's recognition.

DR. KEISER: An example of my concern is the area of the representation of faculty on the visiting teams, and in this particular case, you know, in reading the documentation that was submitted and looking at some of the different visits that had occurred, there appeared to be a whole lot of faculty involved. There's one at San Joaquin Valley College. There was one at another institution.

But the particular concern that brought it to light on our petition was there were only two out of eight, two members of the faculty out of eight, on

the visiting team. Now I read our standard, and our standard doesn't say anything about adequate or appropriate or significant. It just says representation.

Because the complaint made this a big issue, it appeared to me that the staff used this as a basis to determine that this was an example of noncompliance when our standard doesn't say anything about appropriate numbers. It just says representation.

And two out of eight is to me significant especially -- now I don't know the circumstances, but I assume because of reading the concerns that the commission had with the school that because a lot of it was financial and a lot of it were issues that were managerial that they would use folks from administration to identify the problems of concern, and it seemed entirely appropriate to me that it would be dominated by administrators and school officials who have experience in the area where the concerns were. Nevertheless, it became an issue, at which point we determined that they did not meet.

And the same thing with the issue I think that we brought up earlier, the issue of faculty responding. There was an enormous amount of educators who responded. American Council of Education is made up of educators. I mean, there were a whole list of bodies of educators who demonstrated support, and yet kind of tied into the complaint there was the issue of faculty representation or faculty responding to the scope of accreditation.

Now I've looked at many other petitions and I've never seen many faculty individually write in support of an accrediting agency being the authority.

It's usually groups or other accrediting agencies or community leaders and things like that. So I just felt that kind of rather than running parallel, we kind of merged it in an area where there could have been differences of opinion based on the intensity of the complaint, so I just demonstrate my concern for that.

MS. DAGGETT: Well, you've brought up a lot of issues, Dr. Keiser. I'm going to try to go over as

many of them as I can remember.

DR. PHILLIPS: State name, please.

MS. DAGGETT: I'm sorry. Elizabeth Daggett again. First going to the -- we'll start with I think the academic representation. The documentation provided with regard to the complaint brought forth that as an issue, and that's why in the complaint we ask for a response, how they would respond to that, within the petition.

But also in the review of the complaint, they had submitted their petition at that time, so there was some information available that the agency themselves said please review the information also within the petition to any areas that you have, and we did.

Part of that information didn't demonstrate to us that it wasn't just one time, that it was like two of 10 academic, and there was no indication, as you had said, that perhaps the assumption is that there were some financial or administrative or other governance issues at that particular institution, that

perhaps they had made that evaluation team administrator-heavy for that particular reason.

None of that information was provided or discussed, and as the staff can only go by the information that is provided, so the information that was provided didn't demonstrate that there was, you know, academic representation as is expected across the accrediting agency community.

In addition, in response, the agency provided their own definition of an academic representative, which they themselves compared to the Integrated Postsecondary Education Data System (IPEDS) definition, and in looking at them closer together, they were really not comparable as they deemed them to be. And they said that they did have all of these faculty members that were on evaluation teams, but they did not provide that documentation. They only provided statistics. But, you know, when you only have the information provided in front of you, the addition of statistics isn't helpful unless there's documentation to support those statistics. So I think

that that is most of the background for the academic representative discussion.

As far as the wide acceptance question, that particular section requires not just wide acceptance of educational institutions, which you're right. They did provide quite a bit of documentation in that area, and in fact we did say, I mean, the amount of information they provided was quite compelling.

I think part of the issue was that there really wasn't significant documentation from educators as far as, you know, documentation of support. There was documentation from various faculty unions that were in disagreement with the agency, so when there was not information specific provided from educators on behalf of the agency, and there is more information provided from third-party comments and within the complaint on the opposite side, that when documentation or information isn't provided, you have to go by the information that is provided.

DR. KEISER: But, Elizabeth, when you have a complainant that's upset and we are overriding -- I



mean, I'm just looking at the evidence that's just, I mean, broad-based, institutional competitors, all kinds of different people who they accredit, and yet you can understand why the complaints were there.

You accepted that at a greater weight than American Council on Education support or California Assistant Chief Executive's report. I mean, I just find it hard to understand how, you know, when the institution is in a conflict with a group of folks that that became more important than all the other folks that are out there, because we don't say it has to be faculty. We just say wide support. And this is wide. I mean, it's pages and pages.

MS. DAGGETT: Well, I mean, it is. It's pages of institutions that they accredit.

DR. KEISER: Educators --

MS. DAGGETT: There is one --

DR. PHILLIPS: Let me just invite the other reader to get a word in.

MS. DAGGETT: Sorry.

DR. PHILLIPS: Anne Neal?

MS. NEAL: Oh, I'm happy to have Art  
continue.

DR. PHILLIPS: Okay. Okay.

MS. NEAL: No. Whenever Art's finished.

DR. PHILLIPS: Okay.

DR. KEISER: No. Go. Go. Go. I'm sorry.

MS. NEAL: Well, no. I'm just going to  
continue in that vein because again we're going to see  
Northwest tomorrow, and several even of the agencies  
on the consent agenda when we looked at the educators  
and academics, it seemed to me again a great  
variability of application in terms of specificity was  
required.

I also want to ask about two other things  
that disturb me. Obviously the scope of recognition  
is at issue here, and I'm sure the agency will have  
some comments on this, but based on what I have read,  
they were led to believe, thanks to their previous  
experience, that the existing process they had  
underway with Junior and Senior worked and that  
essentially the Department decided to reverse that

tacit approval if you will so that we now are faced with this scope of authority problem and the situation that students have been relying on accreditation. They've been receiving federal financial aid, and we even now have a member of Congress who's gotten involved because he obviously quite frankly doesn't want these students to be disserved because of what appears to be a change of mind in terms of scope.

And then one further question in this same regard is that I sense that the accreditor again feels somewhat aggrieved with the way the complaint was addressed and whether or not it had adequate opportunity to respond before the complainants received a copy of the Department's response.

And I understand that they even have submitted a FOIA request some months ago, and I'd be very interested in finding out whether or not that has been responded to because at least in the course of the materials provided to us I sense some degree of anxiety that they had not heard back on that request either from the Department.

MS. DAGGETT: Well, Anne, I can answer the second question. I will leave the first to Kay to answer.

As far as how the complaint was addressed, it was addressed in our complaint policy as it is in our regulations, which included that once we receive the complaint, which we received the complaint at the same time the agency did and so we did not investigate the complaint until the agency itself investigated the complaint against itself first. We then investigated the complaint after they had done their own investigation and provided their documentation regarding that.

In our investigation, we provided them a letter saying we are investigating this complaint. Please provide us any documentation you have in these areas with regard to the complaint, and I asked for additional information even beyond formal correspondence with the agency to try to answer those questions before we made a decision and distributed that complaint letter, which was provided to the

agency and the formal complainants at the same time.

In addition, as far as the FOIA request goes, we worked very hard in our side to provide all the information that they asked for. Before we shut down on September 30, we provided that to the Department of Education's FOIA office.

Once that information is provided to the FOIA office, I don't know anything as far as how that is released. I know that there were people that were investigating as far as that information being provided, but we did everything we could on our side to provide and to comply with that FOIA request.

DR. PHILLIPS: Kay Gilcher?

MS. GILCHER: Yeah. After the shutdown ended, we did prevail upon the FOIA office to put that at the top of their list. As you might understand, they had a backlog of such things to respond to. We did send all of that information, which was voluminous, to the agency and to the agency's attorney actually.

In terms of the WASC Junior/Senior

relationship -- and Sally and I were both intimately involved in it, so we'll both speak to it -- the problem was identified to both agencies some months prior to the time that we finally ended up having a meeting that they kept requesting with the Undersecretary.

So we had notified them probably seven or eight months in advance that this was a problem and had asked that they take action to address that. At their request, there was no immediate communication with any of the affected schools because of a concern on both sides to try to figure out how we might be able to work with what the adverse impact might be on the schools who were doing what they were told they needed to do.

So it was very clear to the agencies from the outset that what they were doing was not acceptable in terms of the statute and the regulations. In various meetings that we had with them, we did reiterate that but also said that we would try to work with them to mitigate any adverse

impacts.

And in doing so, we did notify them that if the agency, WASC Junior, were to seek an expansion of scope whereby they're demonstrating that they're using their own standards in reviewing an institution as opposed to relying on the standards of another agency, which is not acceptable practice no matter what, sister agencies or cousins or whatever, that we would entertain that and review that and would acknowledge that as suitable for the Title IV eligibility were indeed we to find them in compliance with that.

Sally, do you want to add to that?

DR. PHILLIPS: Name, please?

MS. WANNER: Yeah. Sally Wanner. I guess I'd add that the WASC Junior's scope of recognition until now has been for associate degree level programs. They were in fact accrediting a baccalaureate degree program in several schools. You know, that's not particularly ambiguous that it's outside their scope.

So they had an informal arrangement with

another agency where they were letting the other agency do their accreditation and then sort of, you know, grafting that on. That circumvents our whole process of recognizing an agency and determining its scope. And in fact in I think it was 2010 or so, a little bit later, we put out guidance to accrediting agencies specifically noting that they could not just give full faith and credit to another agency and say we're accrediting you because this other agency likes you.

So I think there was really no ambiguity about that the accreditation granted was outside their scope and we had to find a way to mitigate it to avoid prejudicing the schools and the students who weren't at fault.

MS. NEAL: They do argue that it was --

DR. PHILLIPS: Anne Neal?

MS. NEAL: Oh, I'm sorry. That it was presented and acknowledged by the accreditation group staff member as an innovative approach to meeting student needs previously, which I assume is the reason



for their confusion.

MS. GILCHER: I have no idea who that person was -- it was not me -- nor did they provide us any evidence of that, nor could we find any evidence of that in our own records.

DR. PHILLIPS: I'm going to do one more reader question and just remind you that we have yet to hear from the agency or the 17 people who are here to comment who we have committed to hear.

DR. KEISER: One simple question. What's a first baccalaureate? I've never heard that term.

MS. DAGGETT: We just mean that as the initial one, so one.

DR. KEISER: So a school that would apply could only have one baccalaureate program?

MS. DAGGETT: Through the current process. Through their current -- as what Sally and Kay had said before, an accrediting agency, as you know, can accredit programs outside of their scope, but if they want it to be considered eligible for Title IV purposes, then they could only have one at this time,

with the expectation that, as you saw in other areas, we didn't feel that their standards for curriculum nor faculty addressed the baccalaureate level.

And at this point, the only place in which the baccalaureate degree would be, you know, reviewed in such a manner that we would expect at that level is through the substantive change protocol, and their experience is only with one baccalaureate degree at any one institution.

DR. KEISER: I don't understand. So each institution in their membership can have one baccalaureate, or is it just they can only accredit one to demonstrate to us they have the effective procedures to recognize that?

MS. DAGGETT: They can only have one.

DR. KEISER: You're moving back and forth.

MS. GILCHER: Accrediting within their scope --

DR. PHILLIPS: Kay Gilcher.

MS. GILCHER: -- would be that it's only one baccalaureate degree at each institution. There is a

unique situation in California where you have two agencies, one for the lower level colleges and one for the upper level colleges, so the distinction is one that tries to keep those two scopes of recognition separate, one from another. Up until now --

DR. KEISER: I'm not sure I understand the logic of that because an institution, to really do a good job with baccalaureate, almost has to set up a separate infrastructure, library resources, you know, and it's a huge hardship on institutions to do just one. That's a very interesting way of doing this.

MS. DAGGETT: Well, as you know, the requirements are that in order to expand the scope the agency has to have demonstrated experience in doing so. The experience that they only had, even whether it is their own individual experience, but also that the previous joint accreditation review that they had was limited to one. So the experience that they've ever had in either sense is one at any one institution.

Now this is just the expansion of scope for

this particular time. We have talked with the agency, and I'm sure that they will talk more, that the expectation will be when they come forth with a compliance report that they would request an expansion of scope to be far more broad and inclusive.

But based on the information and documentation that was provided, the staff could only approve such an expansion of scope, and part of that was to address the students and institutions, which there are only two of, two institutions, that currently have baccalaureate degrees approved by the agency and that have students that have been drawing down federal funds.

DR. KEISER: I think you might need to clarify the language, but to me, that seems punitive to the institutions because their expenses will offset the ability to offer the program correctly, which would then put the accrediting agency in a very ticklish situation of having to demonstrate that their standards meet baccalaureate requirements without allowing an institution to really get their teeth into

a baccalaureate program. But I just suggest you make it clearer because it wasn't clear to me.

DR. PHILLIPS: Opportunities for other committee members to inquire of the staff, bearing in mind that we will be able to have that opportunity later as well?

(No response.)

DR. PHILLIPS: Let me invite the agency representatives to come forward. Welcome. I'd ask that you introduce yourselves and speak to the issues at hand.

DR. AMADOR: Good afternoon. I'm Dr. Sherrill Amador, and I'm the chair of the Accrediting Commission for Community and Junior Colleges, Western Association of Schools and Colleges, and a public member. I have been on the commission for several years and have served as chair for the last year and a half and prior to that two years as vice chair. I have also chaired the Substantive Change Committee and chaired the Evaluation and Planning Committee, as well as I serve and have served on several other committees

of the commission during my tenure.

I am a retired community college educator. I started my career as a business education instructor. I worked up through the academic ranks of dean, vice president, and finally president. I was a president of a small college in a multi-college district system, and then I became a superintendent president of a large college prior to my joining -- I retired from there and joined the commission.

Sitting with me is Dr. Barbara Beno to my left, president of our commission, and to her left Dr. Krista Johns, Vice President for Policy and Research, of our commission, and then also seated with us are Mr. Steve Winnick and Ms. Kate Lipper, who work with Education Counsel and are serving as our advisors through this process.

The ACCJC was founded in 1963 as part of the Western Association of Schools and Colleges, called WASC, to serve community and junior colleges and two year degree granting colleges in California, Hawaii, and the former Pacific U.S. trust territories.

Following the passage of the Higher Education Act of 1965, the U.S. Department of Education published a list of accrediting agencies deemed, and I quote, "reliable authorities as to the quality of training offered at institutions of higher education". The ACCJC was on that list and since that time has been recognized continuously by the Department for its expertise in ensuring that its member colleges meet agency standards and provide students with quality education.

The commission's member institutions represent a range of institutional missions and about 2 million students. Many are public colleges, but member institutions include a military college providing language training, an institution preparing Salvation Army officers for their careers, several proprietary schools that provide business career education and health career education.

Our six colleges in the former U.S. trust territories are very important as sources of educated citizenry and skilled workers for their countries, and

in five of these six cases, the ACCJC accredited colleges are the only postsecondary institution of higher education in the country. The community colleges in the Pacific Islands also transfer their students to the University of Hawaii and the University of Guam in a sizable number, and this increases the proportion of baccalaureate degree holders in each of these countries.

Our commission has jurisdiction over a relatively small region, and we enjoy participation by a large proportion of our institutions' constituencies. The commission members' institutions have supported rigorous standards and innovations and accreditation over the years, and I'll just share a few examples of their support of that innovation.

The commission was the first regional accreditor to make its team reports and action letters public by requiring them to be posted on the institution's own website and before that in an accessible area of the library open to the public. We believe that public disclosure of the outcomes of



accreditation serve the public interest.

The commission's institutions helped create and supported the adoption of the new standards that require assessment of learning outcomes for courses, programs, and degrees in 2002. The career and technical education faculty and programs have led the way in this endeavor, but the academic faculty have fully engaged as well.

ACCJC has created task forces of experts from its member institutions on student learning outcomes, student achievement, distance education, and financial review to assist the colleges with accreditation practices and implementation issues. Witnessing the transformation of ACCJC member colleges over the years, particularly as accountability and matrix were increasingly emphasized, I can say that the commission standards have helped improve the institutions in our region.

In recent years, the major associations representing the California community colleges -- the Community College League of California, California

Community College Trustees Association, the Academic Senate, and, most recently, the Association of Community College Administrators -- have initiated training programs for their constituencies jointly with ACCJC in order to improve understanding and institutional performance.

Our staff are regularly invited to make presentations to many other professional associations, including the Pacific Postsecondary Education Council, the Western Collaborative of Educational Technologies, the California Association of Institutional Researchers, and many other organizations on topics such as accountability, a matrix for assessing student achievement, improving institutional planning, and assessing student learning.

I believe there is a great respect in the region for ACCJC and its standards. Almost universally, the representative of institutions that have been placed on a serious sanction and guided by ACCJC come to the commission to express appreciation for the guidance and to communicate that the ACCJC is

the only entity holding colleges to standards of quality. They also state that the expectations of ACCJC helps the institutions do the right thing.

Here are some excerpts from a few letters that the commission routinely receives illustrating this. I'm going to get some water. Imperial Valley College has become a much improved college because of the accreditation process. Our planning and budgeting processes have become aligned, thus making for understandable budget priorities. Our governance processes have improved immeasurably. We have been able to do this because of the warning status we have been on for the last two years. Through collaboration, we are simply a better institution.

Another letter. I want to take this opportunity to thank you for your support and guidance over the years at Hartnell College. While it has been a hard road in many ways, it has been extremely fruitful. And as it turned out, the fact that the college was placed on probation two days after I arrived became the wind at my back and helped to focus

the college and the community on the work that needed to be done.

I want you to know that the Long Beach City College would not have made the strides it did in moving toward a cultural of evidence without your persistence on this issue and the pressure ACCJC has put on all the colleges. I want you to know that your position has been difficult of late, but I just wanted you to know it made a difference at Long Beach City College.

You all have materials among your letters, many letters that submitted in support of ACCJC's standards and practices and some of which echo these same sentiments or experiences.

With respect to the final staff report, the commission views the accreditation group's findings and ultimate recommendations as a very positive result. Of the remaining criteria, we believe nearly all the criteria are technical and involve providing additional documentation of information to clarify compliance, which we are pleased to provide the

agency.

Let me quote from a letter recently received from a president of one of our member institutions. Peer review and accreditation is critical for academia as a quality assurance process, and we should continue to protect and nurture this mechanism against external pressures.

The commission is committed to addressing any outstanding issues and are confident we will be able to demonstrate full compliance. Thank you very much, and now I'll turn the testimony time over to President Beno.

DR. BENO: Thank you. Good afternoon. I'm Barbara Beno. Chairman Phillips and members of NACIQI, good afternoon. I'm glad it's not evening yet. I still get to say good afternoon. Thank you for this opportunity to speak with you about the ACCJC's request for renewal of recognition.

Before I begin my comments on our recognition, I would like to also thank the staff of the Department, in particular Ms. Elizabeth Daggett,

our staff analyst, and Ms. Kay Gilcher of the accreditation group. They've been responsive and helpful when we've called for information and guidance or emailed them. We appreciate their attention to detail in their work with us.

As president of the ACCJC, I've held this job for 12 years. Before coming to work at the commission, I was a community college president for 12 years at what is now called Berkeley City College in the WASC region. While there, I served for six years on the commission, this commission, as a commissioner, and I served for five years on the Senior College Commission of WASC as well.

As a community college president, I was active in many state and national work groups examining and setting quality standards for distance education and in moving forward an agenda of research evaluation planning and improvement of institutions. I served on the boards, task forces, and committees charged with those activities for the state and some at a national level.

Prior to becoming a community college president, I was Director of Research and Planning for a large urban community college district, and prior to that I taught sociology at three different four-year institutions. I was a full-time sociologist.

I think Chair Amador has correctly characterized the staff report as a positive outcome for ACCJC. Of the 15 remaining issues to be addressed, and please note as I discuss these that some of the 15 fall in more than one category, so if you add my numbers up, you'll get more than 15, but it is 15. Several items fit into more than one category, but first of all, four of these items relate to our requested expansion of scope to accredit baccalaureate programs at our institutions insofar as we need an additional year to submit documentation demonstrating that our review occurs pursuant to appropriate agency standards, policies, and processes.

On this issue we strongly support the staff accreditation group's recommendation that we be granted an expansion in scope to approve through the

substantive change process a request from our currently accredited institutions to offer a single baccalaureate program. Community colleges across the country are beginning to offer baccalaureate degrees particularly related to career education programs, and our regents institutions are doing so as well.

This staff recommendation comports with a resolution that we reached with the Department and with our sister agency, the Senior College and University Commission of WASC, regarding joint accreditation. We reached that agreement last summer, and we thank the staff of the Department for helping to achieve a resolution that keeps and protects the students' financial aid.

I do wish to point out, though, that we have been engaged in this process since 2000, and both our commissions had gone through reviews with the Department and this had been found to be, apparently found to be, an okay process, but we do appreciate the Department's reconsideration of their earlier action and their decision to ask us to make a change, and



we've made the change.

I'd like to point out also that when we were doing joint accreditation we were two divisions of one corporate WASC and that since that time we have separated into separate corporations, and that also addresses the separate and independent requirement of the Department, but that our joint accreditation was undertaken not as commissions that liked each other or respected each other but understood ourselves to be divisions of the same corporation. So that framed a little bit our initial action to do joint accreditation.

We understand the expansion of scope is limited to one degree offered by an already accredited institution and that the Department and NACIQI will consider a further expansion when the ACCJC has implemented new standards that include the components relative to review of baccalaureate degrees.

I want you to know we're currently developing new standards and so we took the standards language we had developed -- they have not yet gone to

the field for first reading, but they will shortly. We took that language and used it in our substantive change process, and the staff helped guide us to make sure that that language is adequate. So we have in place the language in our draft new standards to address the baccalaureate problem, and we will show you that in a year.

Second, nine of the findings involve requests to provide additional documentation or examples of our implementation or application of our standards and processes and policies. For example, for three of the criteria that are remaining the staff requests that we submit a commission action letter based on new procedures that clearly identify any institutional deficiencies, and we'll be pleased to provide those in a year.

Third, six findings correspond to criteria that the Department plans not to include in its review of petitions for recognition beginning in 2015. And as you know, the Department has selected a subset of criteria that it believes are the most relevant for

ensuring education quality, and six of the items on our list to follow up on are criteria that were not selected to be continued to be examined closely. So we believe they're deemed to be relatively minor, and I share this just to indicate that these are technical issues, as our chair mentioned, that we feel we can address.

Finally, there are only three remaining issues from the CFT complaint, and these have been subsumed within the recognition process and followup.

Of these three, one is to make a minor change in our definition of academics, one is to demonstrate the commission's clarification in its report and action letters of the distinction between recommendations necessary to meet the standard and recommendations for improvement, and the third is to demonstrate implementation of the two-year rule for enforcement.

Given this, we believe that these issues can be addressed and any necessary changes be implemented.

We're confident that the ACCJC can demonstrate compliance with all federal criteria in the next 12

months and are pleased to accommodate the accreditation group's request.

I'd like now to comment on Department procedures, and I'm afraid I'm going to be repeating some of what members of the committee have already raised as issues of concern. At the same time, because our commission is party to a contentious litigation over our decision to withdraw accreditation from the City College of San Francisco, which has been the subject of public and media scrutiny, I want to take an opportunity to address the approach the Department takes with respect to petitions for recognition.

It is with good reason that we view the accreditation group's findings and recommendations as a positive outcome. In recent years, the accreditation group overwhelmingly has found that agencies petitioning for renewal of recognition have issues or problems that require a 12-month extension to come into full compliance, including every regional accrediting commission in their most recent

recognition review.

And as our staff member, Ms. Daggett, told us, there are a great number of new requirements in the recognition criteria, and this is part of the reason for this. But the final staff report structure can be very confusing and even misleading if recent news articles in our region are a good measure of comprehension.

As you know, the accreditation group after initially producing a draft report with preliminary findings of noncompliance issues a final report that lists any remaining areas of concern. The final report does not even include a mention or acknowledgement of all the criteria the agency has met. This consequently results in a one-sided public document that is not representative of the full review of the agency.

With respect to the final report for the ACCJC then, there was no mention of the significant number of criteria with which the accreditation group has found ACCJC to be compliant. And we appreciate

Ms. Daggett's comments here, but again I'm speaking about the public report.

In addition, the accreditation group's ultimate conclusions, the final report still includes the Department's draft findings even though many of these concerns are resolved by the agency's response.

Indeed, that is the case for ACCJC.

By way of example, the draft staff report suggested that our request for an expansion of scope not be approved absent additional information while the final report recommends based on the information ACCJC submitted that expansion be approved to include the accreditation by means of a substantive change review of the first baccalaureate degree offered by institutions we already accredit. Nonetheless, the draft language and the findings are still included for public consumption, and this again makes the process susceptible to misinterpretation and misunderstanding by the public when they read your final reports.

We're also concerned that the accreditation group presumably inadvertently has contributed to the

politicization of ACCJC's enforcement action involving City College of San Francisco and to public misunderstandings of ACCJC's compliance with recognition criteria by publicly releasing to CFT complainants an August 13 letter with preliminary findings by staff in response to the complaint.

Those preliminary findings were made before ACCJC had an opportunity to respond or even to review the preliminary findings, and I must say I got the call from the press before I looked at my email at 1:00 and found the letter from the Department.

One of the unintended but very real consequences for our commission is that lawsuits filed by third parties have been brought against ACCJC on the basis of findings that have since been eliminated or clarified and limited in the final staff report. As a matter of simple due process, we strongly believe we should have been given an opportunity to respond to preliminary findings prior to their public release by the Department.

Finally, we wish to register with you the

fact that the electronic system used for agencies to submit their initial application and supporting documents and to respond to the preliminary staff analyses with additional narrative and additional documentation appear to be flawed.

Documents that show as uploaded on the accreditor's end of the system may not be visible on the Department staff's end of the system. The system prevents an accreditor from looking at documents once they've been uploaded, and presumably that's to keep them secure and prevent an accreditor from changing them, changing the evidence so to speak, but we cannot therefore do further checks to see if the documents really occur or are received on the Department's end.

For example, in our response to the preliminary staff analysis, the ACCJC uploaded a large document that included evaluation team rosters for the last year and also the sign-in sheets listing the names and titles of those hundreds of persons participating in ACCJC sponsored workshops and trainings, evidence of wide acceptance of our



standards, policies, and procedures that is in reference to 602.13.

These documents appeared as uploaded on our end, but regrettably staff reported when we called them that they were not showing up in the system at the Department's end. We have hard copies of those two files with us and the section of our file report showing what we understood to be images of icons of the uploaded documents we thought had been received on the Department's end. We're happy to share these documents with members of NACIQI or the staff if it would be helpful to do so.

This glitch in the system in our view may have prejudiced the final staff analysis, which is now calling for evidence to demonstrate broad acceptance, which was uploaded on our end but not found on the Department's end. And I'll talk further about 602.13 in a few moments.

Despite these issues, however, we appreciate the staff's careful review of our petition and its willingness to provide technical assistance and

guidance as they responded to our inquiries. As both Chair Amador and I have mentioned, we view nearly all of the accreditation group's findings as technical issues we can address.

I said nearly all. We must, however, register one point of contention with the Department's final report, its finding with respect to acceptance of our agency in Section 602.13. We strongly disagree with the accreditation group that the ACCJC does not enjoy wide acceptance for our standards, policies, procedures, and decisions by educators.

The first idea is this. Even the final report acknowledges that given the numerous letters of support we submitted from member institutions and districts, from other recognized accrediting agencies, state associations and organizations and a national education organization, and I quote directly from the staff report, "Department staff notes the breadth of the types of support and the number of member institutions demonstrated by the letters submitted and the overall and specific support of the agency's

standards, policies, procedures, and accrediting decisions are compelling." That was on page 12 of the staff report.

In addition to these more than 50 letters, we submitted to the Department evidence of our acceptance by educators in the form of participation on evaluation team visits, in workshops, and in training events. That's the material I said that we thought we uploaded, we could see we uploaded, but the Department did not receive.

The accreditation group based its findings that ACCJC is not widely accepted by educators on faulty reasoning we believe. First, the staff has adopted an inappropriately restrictive conception of educator to exclude institutional and district leadership, including, for example, a current chancellor and a retired long-term administrator who wrote letters of support, individual letters of support, for the ACCJC.

The final staff report does not acknowledge a letter submitted by the academic senate at Santa

Monica College, and that college is comprised of more than 1,000 faculty members, and the letter indicated that the letter represented the whole faculty of Santa Monica College. Surely that is evidence of our acceptance by educators, even if narrowly defined by the Department.

Several letters from presidents and chancellors stated that their letter represented all of the institutions' constituencies, surely evidence of acceptance by educators. Neither statute nor regulation dictates such a narrow understanding of an "educator". Rather, the criterion at issue, 602.13, identifies the following stakeholders as relevant to the Department's inquiry: educators, educational institutions, licensing bodies, practitioners, and employers.

So educator seems to apply to the individuals who work at educational institutions who are educators as opposed to other sorts of people. Chancellors, college administrators, and faculty not only are critical constituents for measuring whether

an accrediting agency enjoys broad acceptance but also certainly are educators within the conventional meaning of and the general use of the word educator in higher education.

The final staff report seems to confuse this issue with a separate issue regarding the definition of academic and the distinction between academics and administrators addressed in a separate criterion, 602.15(a)(3).

Second, the vast majority of letters of disagreement on which the accreditation group relied to reach its conclusion result from the organized efforts of a constituency affected by an enforcement action taken by the commission. The ACCJC gave due consideration to the content of those letters and has responded to the issues in the complaint that correspond to federal criteria.

The Department has reviewed these as well and found that only three issues remain, all of which are minor and none of which implicate wide acceptance of the ACCJC. The Department's continued citation of

these letters to reach its finding therefore is in our view inappropriate. It may unintentionally signal to other accreditors that they take enforcement actions at their peril if the Department is to make findings of nonacceptance of the agency based on the concerted efforts of those disaffected by an accreditor's action to question the legitimacy of the agency.

Third, federal regulations require accrediting agencies to enforce their standards and take adverse action when warranted. The Department should not rely on these letters as evidence of wide nonacceptance or disagreement with ACCJC standards, policies and procedures and decisions.

Indeed, included in the letters of support that this commission submitted were one each from the special trustee assigned to City College of San Francisco and one from the City College of San Francisco's interim chancellor. Both these leaders stated that they agreed with and supported ACCJC's standards, policies, and procedures and do not disagree with its accreditation decision, including

the decision on the accreditation of that college.

Ultimately the ACCJC should not be found in noncompliance with Section 602.13 for adhering to the legal requirements and implementing its policies and procedures with fidelity when it makes difficult decisions to withdraw accreditation from an institution that fails to meet standards, in essence, for doing the job the federal government expects it to do, and thereby eliciting complaints from stakeholders of the institution that is affected by the action.

We therefore agree with the final staff report's statement that the evidence we submitted to demonstrate our wide acceptance was compelling, and we ask that NACIQI reconsider the staff recommendation that we found to be out of compliance with this criterion and very much appreciate the committee's discussion before we came to the table.

We'd like to comment on the third-party response that you're likely to hear in a few moments, and that will wrap up our comments. I know the hour is late.

Finally, we are aware of a number of individuals that have registered with NACIQI to make oral comments about our agency and that those who registered in advance of this meeting date intend to make negative comments about the ACCJC. We anticipate that these comments largely will track the written third-party comments submitted to the Department during the petition process, and we agree with many of the fundamental conclusions that the accreditation group reached with respect to these submissions, namely:

Number one, the accreditation group found that most of the comments did not tie their claims to specific sections of the criteria for recognition and were outside the scope of a review for the continued recognition of ACCJC.

Number two, the accreditation group determined that the ACCJC enforces standards that respect the stated missions of institutions.

Number three, the accreditation group did not find evidence of any inconsistent application of



standards.

Number four, the accreditation group noted that federal regulations require an independent review by the agency of institutional compliance rather than rote reliance on the observations and recommendations of an assigned review team.

And, number five, the accreditation group disagreed that the affected institution should be able to appeal show cause since that is not considered an adverse action in federal regulations.

We've reviewed the brief summaries of principal points to be made during the oral presentations today and based on this review anticipate that the comments largely will provide redundant and inaccurate information, including claims already addressed and largely dismissed by the Department. We would be happy to address any questions you may have with respect to the comments that follow.

The decision to withdraw accreditation from any institution is not an easy one and certainly not

one that the ACCJC takes lightly. We're very conscious of and sensitive to the hardship such a decision may place on students, faculty, staff, other relevant stakeholders. We take the decision to withdraw CCSF's accreditation made pursuant to legal requirements very seriously.

At the same time, the role of accreditors is to hold higher education institutions accountable with respect to established standards of quality in order to serve as gatekeepers of federal funds. The ACCJC should not be punished here or in any forum for enforcing its standards consistent with federal regulations and agreed upon by member institutions.

This concludes my remarks, and at this point, we'd be happy to take your questions.

DR. PHILLIPS: Thank you very much.

Readers, questions for the agency? Anne Neal?

MS. NEAL: Well, thank you very much. I'm sure you have felt over the last few months that you have been in the midst of a perfect storm, and I must

say as I've been looking at thousands and thousands of pages literally I have been thinking very often of the squid defense, escape in a cloud of ink.

And so I'm going to try to wade through this, these waters, and try to get back to the general question which I think all of us on NACIQI are pledged to address, that are you a reliable guarantor of educational quality according to the Higher Education Act statutory provisions. And I'm going to try to look at this broadly, not simply in the context of the loudest participant in the room, which is obviously the Community College of San Francisco, from whom we will be hearing.

And I do note that the Department has at least two concerns regarding assessment of institutional success with respect to student achievement and whether or not you are reviewing key data in light of whether or not -- to see whether or not institutions are addressing student achievement, educational quality, two key factors for me in trying to determine if you are a reliable guarantor.

Now I've also taken a look at your own statistics based on your standards, and I want to thank you because I used your special PowerPoint, Accreditation and Trustee Roles and Responsibilities, which you use to instruct trustees. That in a moment.

One of your standards relates to leadership and governance, and by your report, 89 percent of your institutions were sanctioned because of internal governance and board matters in 2012. Ninety-one percent were sanctioned because of internal governance and board matters in 2011. Every single institution was sanctioned because of internal governance or board matters in 2010. And in 2009, 92 percent between internal governance and board matters.

So that based on your own chart here, as I understand it, in every case except one, governance matters outranked every other cause of sanction that you imposed on the universe of schools that you accredit. Now, when I go to the Higher Education Act, I do not find governance anywhere, and in fact the Department of Education agrees with me and says it has

no oversight over governance since it is not in the statute.

And so, as I am looking at the application and your application of your standards, I must say that I have profound concern that this is an issue where an accreditor is out of control, and I guess I think and I will be interested in hearing from the CFT. I think this is what they are saying.

And I am concerned as well that in your application and your interference in governance that you are intruding in the very most crucial essence of institutional autonomy and that by focusing on governance and mission, I am concerned that that is an overreach that, quite frankly, you talked about peer review. It doesn't sound like peer review to me at all.

And I'm concerned, and I'm sure we'll hear from you, that there is evidence here that as an accrediting body you are lobbying the California legislature on certain pieces of legislation in terms of how you feel about them. Again, that does not

sound like peer review to me.

And so I am profoundly concerned that you are essentially focusing on your universe of schools in an area where there is almost unfettered discretion and in a way that seems to put at a minimum concern about educational quality and educational standards, which I would presume to be central to your role as an accreditor under HEA.

Unless I'm wrong, trustees of community colleges in California are elected individuals, are they not?

DR. AMADOR: Yes.

DR. BENO: They are.

MS. NEAL: And are you, any of you on the site visit teams or the accrediting body, are you elected by anyone in the State of California?

MS. JOHNS: I'm Krista Johns. Would you care for me to begin with that question first?

MS. NEAL: Well, let me just make certain that I've raised all these issues for you to address.

MS. JOHNS: All right. Thank you.

MS. NEAL: So I am deeply concerned that what we are seeing here is an intrusion into a democratically elected political process in ways where I on NACIQI have no ability to oversee what you are doing without saying that to the extent that you're spending this much time looking at governance and mission that you have lost touch with the Higher Education Act and what Congress intended accreditors to do in their role as peer review.

MS. JOHNS: Thank you very much. Again, my name is Krista Johns. I'm Vice President for Policy and Research, and I'd like to give a first stab at your questions if I may.

Let me just say that in that one quick question about elected officials on evaluation teams, we do actually include trustees on evaluation teams, and those trustees would be elected officials. But let me begin more in the order of the issues, the questions that you raised.

You began with a question about student achievement data, and student achievement data has

been a requirement that colleges gather in our member institutions since about 2002, and that has been a requirement of standards and in addition has been a part of the requirements for inclusion in self-evaluation reports and then evaluation by teams and then consideration by the commission when it acts on the accredited status of an institution.

That data has been pretty expansive, crosses a variety of student achievement indicators. However, the format of that reporting has been we find not as great as we would like it. It has been somewhat to be in a large report related to data, and that report points back to standards. And in the last two years, what we've realized that we would rather have for purposes of evaluation is to have that data really worked into particular standards, though there may be centralized charts somewhere, but that the narrative really be addressing particular pieces of student achievement.

And so that has been a part of our practice all along. We believe we have been evaluating that



all along, but we do understand that this approach to working it into our standards is rather new, and we believe we can demonstrate that we're doing that very effectively to meet that criterion of the regulations.

Also, if I may, you asked about sanctions, and if I could clarify, I think it might help. We do note deficiencies in meeting standards that are not necessarily leading to sanction, and so there are times when colleges may have a noted deficiency and that deficiency is definitely -- could easily pertain to governance issues, but those are not necessarily leading to a sanction. When we are looking at sanctions, often our colleges have deficiencies in multiple areas. I might just touch briefly for --

DR. BENO: I need to talk.

MS. JOHNS: Okay. We're going to stop and Barbara is going to talk about governance I guess.

DR. BENO: The data charts I believe you're looking at are --

DR. PHILLIPS: Name, please? Name, please?

DR. BENO: I'm sorry. Barbara Beno.

DR. PHILLIPS: Yeah.

DR. BENO: The data charts you're looking at represent of all the sanctions -- all the colleges under sanction at the time the data is reported, so the data charts you're looking at indicate that of those 21 colleges on sanction, 89 percent of them had trouble with governance. The data do not indicate that 89 percent of all of our member institutions had trouble with governance.

So I wanted to make sure that the denominator for those data tables that I believe you were looking at in our newsletter represent of the colleges currently on sanction. And we publish that data every spring. We started publishing it because the field wanted to know why are so many colleges on sanction? What do we need to know more about in order to improve?

And so we categorized those reasons for sanction pretty broadly, but I would add then that governance problems include not misbehavior by the board only but folks interfering with the board's

authority to operate in its sphere of authority. And if you were to -- I wish I could bring people from the trustee association here because that is why the California Community College Trustees Association has now started a joint training program.

They've started training trustees in all the skills they need and have listed accreditation as one of those, and we are jointly doing that. They are awarding units for trustee training and trying to give trustees certificates showing their skill set because there have been so many ways in which other kinds of forces have interfered with their ability to do the work of trustees. And so I wanted to speak to that in particular.

MS. JOHNS: And you might want to also touch -- okay. Okay.

MR. WINNICK: Yeah. This is Steve Winnick from Education Counsel. I just wanted to note that the statute and regulations do require that there be standards for administrative and fiscal capacity of the institution, which I think pretty clearly

implicates issues of governance.

It also requires that on all decision-making bodies of the accrediting agency and review teams of the agency that there be included numbers of educational administrators, the clear implication being that you have to look at those issues.

I would also suggest that governance is sort of cross-cutting and really implicates the ability of the institution to comply with a very broad range of standards here, so I guess we would respectfully take some exception to the notion that this goes beyond the regulations.

MS. JOHNS: And also if I may, you had asked a question concerning mission.

DR. PHILLIPS: Name, please?

MS. JOHNS: My name again is Krista Johns. Thank you for the reminder. In the area of mission, we are fastidious and fierce in reviewing colleges in connection with their own established mission. However, the mission is intended to drive the action at a college. There should be resources allocated to

meet the mission, and there should be activities in support of meeting the mission.

And so, when there are issues raised with an institution's mission, it's often in the area of whether or not the behavior of the institution in terms of allocating resources or in addressing priorities in curriculum or whatever the issue, whether that is in alliance with the mission that has been stated. And so we do believe that that is important both in meeting academic quality for assurances to the public as well as for the sustainability of quality at an institution.

MS. LIPPER: And this is Kate Lipper. I would just add that in addition to the regulation that --

DR. PHILLIPS: Please state your whole name.

MS. LIPPER: Kate Lipper.

DR. PHILLIPS: Thank you.

MS. LIPPER: That there also is clearly in the regulations of the Department, attention to the mission of an institution insofar as the standard

related to student achievement is concerned, so I think mission is clearly central as a component of the accreditor's review of an institution.

MS. JOHNS: Thank you, Kate. Krista Johns again. You raised an additional question concerning characterization of some of our activities in terms of lobbying, and just may I clarify that the ACCJC is a nonprofit organization, and as a part of its charge, it is to be advocating for quality in higher education and that quality is expressed in many venues.

And our agency does support quality, and that means in terms of legislation that might include funding, special funding to help enhance completion rates or enhance retention. We do want to indicate that we support those actions in support of higher education quality.

I want to also point out that the Department actually looked at this issue and has stated in the report that we were not conducting what would be called lobbying activities in terms of supporting the campaigns of political candidates or in contributing

money or in any way like that contributing to issues.

And so we were not actually comporting with what would be considered lobbying activity, but we definitely do feel it is a part of our mission to support quality.

And then again talking about trustees and interference with trustee work, that is definitely not a direction that the ACCJC has been going. What we are looking at is the strength of an entire institution and the roles of each part of that institution to contribute towards effectiveness and student learning.

And in that arena, there are role designations for all individuals. For example, there are roles for the chief executive officers in setting the daily operations of an institution. There are roles related to policy and oversight related to trustees and governing boards. Where there is an issue, it usually connects somewhat with those roles, and of course those roles are in the context of a real need for full participation across all constituents at

a college, are standards quality in terms of that wide participation. And so we do evaluate those standards and we are quite firm in our belief that those do connect with quality and are not sort of a dalliance away from what regulation would limit us to.

And then you lastly also talked about members of evaluation teams, and I just have to touch on that a little bit because we actually did provide data and statistics related to participation on our teams, and however one defines academic in terms of the broadest sense, we consistently have 25 to 30 percent of our comprehensive evaluation teams which are faculty members, not just educators in a broader definition. And if you look at academic deans and others who are also included, that percentage goes quite high.

And so they may not be elected officials, but they are peers, and as they pertain to our various standards which deal with many, many subjects because we're institutional accreditors, each of those team members has an important role. We value each one of



those.

So, if there are any follow-ups, I'd be happy to address those. Our whole team would. But I believe I've caught all of your questions.

DR. PHILLIPS: Art Keiser?

DR. KEISER: Just to be sure, one of the concerns that the staff had was the selection of a relative of one of the staff to serve on an accrediting team.

MS. JOHNS: Yes.

DR. KEISER: Especially one as contentious as the one that they went on. What was the rationale there?

MS. JOHNS: I'm going to ask Steve Winnick --

DR. PHILLIPS: Name, please?

MS. JOHNS: Krista Johns. I'm going to ask Steve Winnick to talk with that specifically, but I also need to provide a little context.

Looking backward, now we see it's contentious. At the time, we were talking about a

college that was not contentious. It was working on issues, as many colleges are, but not that there was a contentiousness. There were commitments to continue improvement and so forth. So we're looking backwards now and saying it became contentious.

But, Steve Winnick, you may want to deal directly with the issue.

MR. WINNICK: Steve Winnick. A couple of preliminary points. First, Dr. Beno did not make the decision or participate in the decision to appoint her husband to the team. Somebody else made that decision on their own. Her husband is a dean of Career and Technical Education at a member college. He's highly regarded. He brought some expertise to the team that was very useful.

For purposes of the petition for continuing recognition, ACCJC decided it was not worth fighting over this issue and adopted a prospective policy to exclude relatives of agency officials from serving on evaluation teams, so for purposes of the petition, our feeling is that issue has been put to bed.

At the same time, the commission does not, absolutely does not concede that the service of President Beno's husband on a team reviewing the City College of San Francisco constituted either a conflict of interest or an appearance of a conflict.

I should mention that I was the ethics officer of the U.S. Department of Education for 15 years or so, during which time I was responsible for advising on and implementing federal conflicts of interest laws. I also happen to be the first recipient of the U.S. Office of Government Ethics Distinguished Service Award that's awarded to ethics officials throughout the Executive Branch, so I've had experience with these issues.

I have never seen an instance in which a circumstance like this was deemed to be a conflict of interest or appearance of a conflict. Yes, if Barbara Beno served on the board or was otherwise substantively involved in the deliberations on whether to sanction CCSF, which would have involved reviewing the report prepared by the team that included her

husband, there would have been a problem. There would have been a conflict or an appearance problem.

Yes, if the job of the review team was to second-guess or test a previous decision or deliberations by President Beno, yes, there would have been a problem. If President Beno's husband had certain affiliations with the City College of San Francisco, yes, there would have been a conflict or appearance. But none of these circumstances was presented here. Ms. Beno had no role at all in voting on or deliberating on the issue of whether to sanction the City College of San Francisco either before or after the team did its work.

Assume for a second that her husband was not involved, but Ms. Beno herself was involved on the review team or another senior official was involved on the review team or evaluated the review team's report in advising the commission. That's a common arrangement among accrediting agencies. It's clearly permissible.

If Ms. Beno herself could perform these

functions, how can it be said that her husband, one of only 17 team members and not a lead writer on the team, cannot be involved? There's nothing inappropriate in an accrediting agency relying on its staff, as well as the volunteers that comprise its review teams, in making decisions, but under the Department's logic that this was an appearance of a conflict, that would be impermissible because the board might be partial to the recommendations of its own staff.

Frankly, I don't think that makes sense, would likely render virtually every accrediting agency noncompliant. In fact, a question was raised about whether we had a response to our FOIA request, and we did, and we're perfectly satisfied with the Department's compliance with the FOIA request. After reviewing documents in that request from other accrediting agencies, we found no other accrediting agency that had a policy that defined this kind of circumstance as a conflict or appearance of a conflict.

And just to add, again, we very much appreciate the staff work on this issue, on all of these issues, but on this issue, it is our view that the Department is exceeding its authority in making up its own definition of what is a conflict of interest or an appearance problem and imposing that on an accrediting agency. It's doing so by pulling its definition out of thin air.

DR. KEISER: Well, I understand what you're saying, and I don't think --

DR. PHILLIPS: Art Keiser?

DR. KEISER: -- you were cited for this in the review.

MR. WINNICK: No, but --

DR. KEISER: I do believe, though, you know, after reading it and as a disinterested party there's an appearance, and I don't know how you're going to get around it. Obviously it was a concern of external parties that this was an issue. So I just was curious how you felt and didn't mean to make it that complicated.

MR. WINNICK: Steve Winnick again. I would submit that the test of an appearance issue is not to anybody in the public or not to anyone in the world. It is to a reasonable -- and I'm not saying you're not a reasonable person, believe me.

DR. KEISER: I think that's what it sounds like.

MR. WINNICK: But it's to a person who has all the information about how it works and what's done and what the roles of the parties are and when you look at that information that there's no appearance of a conflict in my view.

MS. LIPPER: I'd also point out that I think that the --

DR. PHILLIPS: Your name, please?

MS. LIPPER: Kate Lipper.

DR. PHILLIPS: Thank you.

MS. LIPPER: That the agency here, like many other agencies perhaps, has a policy by which an institution is able to review the roster of the team that will be reviewing it and raise objections, and I

think that this goes to Dr. Krista Johns' point that at the time that this team was comprised there was no contention about it and that it was allowed to go forward in this manner.

DR. PHILLIPS: Let me invite other members of the committee to pose any questions that they may have of the agency. Circling back to Anne Neal? You're okay?

I need to do a quick calibration time check here. One more. Is there any further staff inquiry or clarification of the agency?

FEMALE VOICE: I do now.

DR. PHILLIPS: Later?

FEMALE VOICE: Yeah.

DR. PHILLIPS: Well, just of the agency reps. Okay.

We're at exactly 5:00 right now. I'd like a sentiment from the committee, scowls or smiles, about going for another perhaps 15, perhaps 30 minutes. Our next step would be to begin the public comment period. We have roughly an hour depending on how many



questions we ask. An hour. We could expect an hour of three-minute controversies.

We could start that tomorrow morning or we could start that now. I think probably 5:15, 5:30 is probably our outside limit tonight, but give me some sense of if you can go further. Brit?

DR. KIRWAN: Yeah. One thought I have is if we maybe go for half an hour and then start at 8:30 tomorrow --

DR. PHILLIPS: Yes. Absolutely. Yes.

DR. KIRWAN: -- rather than have the doors open at 8:30.

DR. PHILLIPS: Absolutely.

DR. KIRWAN: We could more or less get caught up.

DR. PHILLIPS: Yes. Okay. I don't see anybody packing. We'll start. I'm sorry. Cam?

MR. STAPLES: I guess the only question I had, did you say a half-hour was the outside limit? Is that based on the room or something that --

DR. PHILLIPS: I was venturing to guess that

the tolerance for staying longer was going to run out probably around 5:30.

MR. STAPLES: Oh, okay. I guess all I would say is I don't know how many people were planning on staying over until tomorrow who are witnesses, but just speaking for myself, and it's not because I want to stay another hour, but if that allows everyone to testify and then go home, I would be willing to do that. I'm just concerned some might be flying back or leaving at the crack of dawn or something.

DR. PHILLIPS: I'm seeing nods out in the audience.

MR. ROTHKOPF: I agree with Cam.

DR. PHILLIPS: Yeah.

MR. ROTHKOPF: Yeah. I'd like to urge that we get all the witnesses who are here from the west coast or otherwise to appear, and then we can continue our deliberations on this matter tomorrow morning.

DR. PHILLIPS: Okay. Right. Okay. So we will not be asking any questions of the public commenters, and we will be starting early in the

morning.

DR. KIRWAN: You might ask those who are going to testify who plan to stay over anyway --

DR. PHILLIPS: Right. Right.

DR. KIRWAN: -- if they could wait until tomorrow morning.

DR. PHILLIPS: Yes. This is the procedure used on planes that are late. As a public commenter, if you're planning to stay overnight anyway, we would ask you to defer your time until tomorrow morning. Otherwise we will start the public comment period now.

As we mentioned before, three minutes is an awfully short period of time, and I hate being rude. So I'll let you know who is up. We've got our timer on. If you are somebody who can defer, please just say yes, defer.

Our order of speech here that I have, this is alphabetical. I have those who responded prior to the meeting beginning with Farrar, Gonzalez, Kaufmyn, Madrigal, Messer, Parenteau, Pechthalt, Saginor, Shatterly, Smith, Solow, Ustinov, and Williams.

As the first order of business, a couple of you I think are not in the room. So I'm going to go through that list. I'll tell you who's on deck, and we can move along quickly. Okay. So the first speaker would be Tarikhu Farrar, instructor at City College of San Francisco, and on deck would be Lalo Gonzalez. If you're able to stay over until the next day, just let me know.

MS. MESSER: Can I just say that the list that we've been handed are things that there are actually maybe four or five people could easily report if that would be --

DR. PHILLIPS: So these are the defers?  
Okay.

MS. MESSER: I had a feeling this would happen.

DR. PHILLIPS: Thank you. And you would be?

MS. MESSER: I'm Alisa Messer.

DR. PHILLIPS: Trying to get on a flight.  
Alisa Messer, let's speak with you first. Next up would be Josh Pechthalt. Alisa Messer?

MS. MESSER: Thank you. Good afternoon, and thank you, members of NACIQI, for your time. My name is Alisa Messer, and I am president of AFT 2121, representing 1,500 faculty at City College of San Francisco where I am also an English teacher teaching basic skills and transfer level composition courses.

We believe in a robust, thorough, and transparent accrediting process conducted by legitimate educators, but the ACCJC is not like other accrediting agencies and it should not be relisted. As evidenced in the staff report you have before you and as documented in the thousands of pages we have provided to the Department of Ed in our complaints, the agency you are now considering has real problems that are doing significant damage to California's community colleges and are undermining the public's trust.

Its actions, not just at CCSF, have been irregular, inappropriate, high-handed, and vindictive, and they have resulted in a culture of fear and coercion in our colleges. Well before the agency's

complex entanglement with and treatment of CCSF, there was growing concern in our colleges about the ACCJC. Its policies, procedures, and decisions are not widely accepted.

In 2011, the research and planning group for California's community colleges issued a report two years in the making titled Focusing Accreditation on Quality Improvement. The RP group was concerned at the soaring level of sanctions in California and at the discontent emerging with ACCJC's approach to the accreditation process. Their research noted that "Transparent, open, and honest opportunities for feedback without fear of retribution are critical." However, it reported, "The colleges interviewed found ACCJC generally unreceptive to construction criticism and expressed a fear of retaliation."

In a recent letter to Department of Education staff, Congresswomen Speier and Eshoo suggest that to learn truthfully from our colleges whether the ACCJC has deficiencies you should "consider keeping these comments confidential in order

to encourage college administrators and faculty to be forthcoming."

The ACCJC, they remind you, "can withdraw accreditation and effectively order the closure of colleges. We understand from more than one person that retribution is a concern should a faculty member or an administrator express concerns about the ACCJC."

Under such circumstances, given this culture of fear that has taken deeper hold following the agency's arbitrary treatment of City College, I think it can be accurately described as extraordinary that so many in our colleges and communities have made known their concerns. This includes a large number of faculty organizations and four faculty senates, one of them the statewide academic senate noted in your report. And since the September 6 deadline for comment, despite real fears of retaliation, more college academic senates, two just last week, are speaking up against the ACCJC.

The agency's willingness to ignore its own rules and act against the interests of --

DR. PHILLIPS: Thank you for your comments.

MS. MESSER: -- quality education and disregard federal accreditation policy has increased. We ask you to delist them. Thank you.

DR. KEISER: Do you want questions?

DR. PHILLIPS: Excuse me. Any committee member want to pose a question for Ms. Messer? Yes? Please.

DR. KEISER: I'm sorry. How do you suggest that delisting the accrediting agency will help your institution? Because it will remove not only your accreditation but every other accreditation in the Western Region.

MS. MESSER: I actually don't think that it is a panacea for City College of San Francisco. My concern is that the ACCJC's actions are in fact much broader and much more damaging not just at City College of San Francisco but to all of our institutions. So it won't solve all of City College's problems by any means, but it is definitely something that we need to see in the California community



colleges because it's a much broader problem. It's not just what's happening at City College.

DR. PHILLIPS: Thank you very much.

MS. MESSER: Thank you.

DR. PHILLIPS: Our next speaker is Joshua Pechthalt. Next up is Craig Smith.

MR. PECHTHALT: Thank you. Joshua Pechthalt, President of the California Federation of Teachers. Thank you for the opportunity to speak to you. We represent 25,000 community college faculty in 30 districts in California.

Your staff identifies 15 areas in which the ACCJC fails to meet the Secretary's criteria for recognition, yet the report concludes that these problems, many serious, do not rise to the level of denying ACCJC reaccreditation. We disagree.

The ACCJC has recklessly and needlessly put at risk the existence of City College of San Francisco. Tens of thousands of students have already dropped out, most with nowhere to go for their education. But this is only the most obvious example

of the agency harming the ability of California community colleges to serve their 2 million students while narrowing access to higher education for students who need it the most.

The CFT has heard from our members for years about the wrong-headed, destructive, expensive, and often vindictive actions of the ACCJC, and we have documented numerous abuses of its public trust in our third-party complaint. We understand that NACIQI, like many government regulatory bodies, is understaffed for its workload, but if you do not act now to withdraw recognition of ACCJC, it would be a terrible failure of regulatory responsibility.

Allow me a parallel. If the Environmental Protection Agency doesn't stop a corporation that systematically dumps toxic chemicals near a school or if OSHA simply issues a slap on the wrist to a construction company whose dangerous building practices causes a school building to collapse, these would be clear failures of regulatory responsibility.

The results of ACCJC's actions may not seem

as dramatic, but just as colorless chemicals in a river or building faults might initially be invisible, the ACCJC's actions occurred out of the public eye. Nonetheless, because of those actions, tens of thousands of students have lost access to affordable education. Great harm has been done, and if the ACCJC is reauthorized, great harm will continue to be done.

The ACCJC denies its problems, obstructs efforts to fix them, and misrepresents its actions continuously. Two months after the Department of Education's August 13 letter warned that ACCJC failed to send out balanced site visit teams, the ACCJC in a new violation misrepresented three nonacademic administrators on a team's academic personnel.

The ACCJC is not capable of changing its behavior because its leaders believe that they are doing nothing wrong. We ask the Department of Education to do its job. We ask you to delist the ACCJC as an authorized accrediting agency before it can do more harm. Thank you.

DR. PHILLIPS: Thank you.

Any questions by committee members?

(No response.)

DR. PHILLIPS: Thank you for joining us.

MR. PECHTHALT: Thank you.

DR. PHILLIPS: Our next speaker is Craig Smith. On deck is Shanell Williams. Greetings.

MR. SMITH: Good afternoon, committee members, and thank you for the time and for staying with us. My name is Craig Smith. I'm the Director of the Higher Education Department of the American Federation of Teachers. I'm here today on behalf of AFT President Randi Weingarten and AFT's more than 200,000 members who work in higher education, especially the thousands of AFT members who work at institutions within the authority of ACCJC.

AFT supports a robust, peer-driven higher education accreditation system. Our members and their employers welcome the opportunity for self-study and institutional improvement that comes when regional accrediting agencies do their work well. The accreditation process is vital to the quality of our

academic institutions, the ability of students to successfully meet their goals, and thereby to the health of our communities and our economy.

Unfortunately, the regional accreditation process for the institutions in ACCJC's purview is not properly managed. More to the point, as Department staff have found and as we are discussing here today, ACCJC's operations do not meet the Department's criteria for listed accreditors. ACCJC's operations lack the transparency and accountability required by the regulations and critical to the integrity of the accreditation process.

These deficiencies are of particular concern given the severe sanctions levied against the California community colleges, including the termination of accreditation for the City College of San Francisco. City College is a high quality institution that is integral to the life of the city and the educational prospects of its students.

According to data available via the California Community College Chancellor's Office, City

College outperforms most other community colleges in the state in key metrics of student success, including transfer and completion rates and rates of success in four-year degree programs. By any measure rationally considered in the determination of whether an institution should exist and be accredited, City College has succeeded, yet ACCJC judges that it has failed.

You are not here today to make a recommendation about the accreditation or the fate of City College, but the case of City College should give you pause. ACCJC's withdrawal of City College's accreditation is emblematic of a larger problem with the manner and extent to which ACCJC serves its member institutions and students. If ACCJC is allowed to continue doing business as usual, public trust in the accreditation system as a whole will be damaged.

San Mateo Community College Chancellor Ron Galatolo, the head of three fully accredited California community colleges, has said, "I believe that ACCJC is attempting to project its own academic

values and interests on all member institutions, and any departure is met with swift and unreasonably harsh derogatory action. They're accountable to no one and absolutely recognize that unrestrained freedom."

As you are hearing this afternoon, this perception of ACCJC is widespread. ACCJC's failure as a regional accreditor are serious. Your response should be proportionately serious. To that end, we urge the committee to delist ACCJC.

DR. PHILLIPS: Thank you very much.

Committee members' questions?

(No response.)

DR. PHILLIPS: Thank you for joining us.

Our next speaker is Shanell Williams. On deck is Wendy Kaufmyn. Welcome.

MS. WILLIAMS: Thank you, NACIQI members, for hearing all of our comments today. I am Shanell Williams, student trustee at City College of San Francisco. I'm the elected representative for 85,000 students in our district. CCSF has transformed my life and has given me the opportunity to complete my

requirements to transfer to a four-year university and major in Urban Studies and Public Policy.

As a youth, I was surrounded by violence and drug abuse in my family and in my community. I made contact with both the foster care and juvenile justice system by the age of 15, and with the help of counseling and mentoring services, I successfully transitioned out of both systems and began giving back to my community.

After working full-time for seven years to provide for myself and my mother, who is disabled, I knew I needed to take the next step to move forward in my life and enrolled in CCSF full-time. CCSF is the only option I have given my high school history to get into a prominent four-year university, and coming to CCSF has been the best decision of my life. I am part of the Guardian Scholars and Extended Opportunity Programs and Services, EOPS, which helps me with the support services to stay in school.

While completing my coursework I got involved in student government, and in July of 2012,



while serving as associate student president, our college received the news of the show cause sanction.

I was confused by the harshness of the sanction, especially given CCSF for 75 years has been one of the top community colleges in the nation, training hundreds of thousands of students, and has never been on sanction.

Our entire campus community committed to and invested in the process. I personally sat on four accreditation work groups, met with a visiting team, sat on governance committees, and read through hundreds of pages of documents to understand the process. I helped with our successful campaign to bring more revenue into our school through a parcel tax. I thought that it would help students, but I was wrong, because even after all the countless hours of work with only eight months to do the work, we were told that ACCJC intends to shut our college down. We want to make the necessary changes to improve our school, but ACCJC has not given CCSF a fair chance and are not following their own rules.

We have amazing academic programs and support services that are unique, and if we close, 85,000 students will have little to no options. Students have lost trust for the process, and the Student Senate for California Community Colleges, which represents all 112 community colleges in California, just passed a resolution to investigate ACCJC, which shows the level of concern that exists in terms of this body.

We have traveled 3,000 miles to this hearing because community colleges in California and the entire Western Region deserve a fair, transparent, accountable, and collegial accreditation body. We hope that your board shares these values and takes actions today to address the issues with ACCJC and protect students. Students come to me with fear that their college will close and they will not be able to complete their educational goal. Students are depending on you to protect their future. Please don't let them down. Thank you.

DR. PHILLIPS: Thank you, Ms. Williams.

Any questions for her, committee members?

Don't go away.

Anne Neal?

MS. NEAL: As a trustee, if I can ask you?

Looking at the evaluation that was done by ACCJC, some of the recommendations such as the college must use the total cost of ownership model, the college must engage the services to provide trustees with a workshop to clarify and define their roles, the college must improve the governance structure. As a trustee, do you find this intruding on your role as a trustee, and are you already as a trustee addressing these issues in your designated position?

MS. WILLIAMS: What has happened at our college is that our board has been dissolved. Because of the accreditation process that ACCJC has imposed on our school, I have lost my voice as student trustee. All of our board has been completely dissolved of their power. So I think that there's a major intrusion going on, and I think there's a major issue with democracy and us having a voice in the process.

We've been told that even if we speak up about the process that it will jeopardize our accreditation and we'll be shut down, so yes.

MS. NEAL: Thank you.

DR. PHILLIPS: Art Keiser?

DR. KEISER: As a trustee, I've heard all these glowing things. I looked up on the College Navigator, and your graduation rate at San Francisco, Community College of San Francisco, is 8 percent. I don't understand. You know, as a trustee, one of the concerns is would that not be an issue for you?

MS. WILLIAMS: Well, I think that data is misleading because as a community college, you know, often people go in for a number of reasons; like people come back to retrain. People may get a certificate or two or do other things, and that might not be reflected in the --

DR. KEISER: Yeah, but even after 200 percent of the time that would be required, it's still 38 percent, and it always drops from there. That's not outstanding performance from a graduation rate

perspective, is it?

MS. WILLIAMS: If you look at the Chancellor's Office for Community Colleges, you would see, looking at the ARC scorecard data, we're above average for the state. This is data that comes directly from the Chancellor's Office in California. We're performing above average in terms of all the metrics of the ARC scorecard data.

DR. KEISER: This is the Federal Navigator, which is what you publish, which is built out from --

MS. WILLIAMS: I'm not familiar with that.

DR. KEISER: -- that I assume.

MS. WILLIAMS: I'm not familiar with that data. I go by the Chancellor's Office of California, and they say that we're performing outstandingly. So thank you.

DR. ZARAGOZA: Just for the record, that data does not include transfers, so it's somewhat misleading.

DR. PHILLIPS: That was Federico Zaragoza. And Simon Boehme?

MR. BOEHME: Thank you. Thank you, Madam Chair. I'm just interested and intrigued by the initial conversation that you brought up about this governance and how it's not necessarily part of the equation or maybe it is. That's very unclear to me at this point and I think something we'll have to discuss tomorrow certainly.

But with your conversations with the ACCJC -- too many acronyms today -- talk to me about your conversations with them as the student trustee, the conversation around governance and student achievement and what are the conversations and what you've witnessed inside the room and in the conversations where it's mostly been going.

MS. WILLIAMS: Well, when the visiting team came and met with our student government, when they came back for the visit before we got this last sanction, they said that we were doing an outstanding job in terms of meeting the deficiencies they cited. They said that we were the most engaged student government body that they've ever seen. I believe it

was John Nixon who was on the visiting team, who literally said we were the most engaged student body he's seen in the 35 years he's been in the process. So, yeah.

MR. BOEHME: Thank you.

DR. PHILLIPS: Other committee questions?

(No response.)

DR. PHILLIPS: Thank you for joining us.

MS. WILLIAMS: Thank you.

DR. PHILLIPS: Our next speaker is Wendy Kaufmyn. On deck is Martin Madrigal. Thank you for joining us.

MS. KAUFMYN: Thank you. I'm Wendy Kaufmyn, an engineering instructor at City College of San Francisco since 1983. The goal of accreditation is to ensure that education provided by institutions meets acceptable levels of quality.

Your website indicates four priorities: access, affordability, quality, and completion. I have immense pride in teaching at City College precisely because it offers accessible, affordable,

high-quality education with high levels of student success. And this is not just my wishful thinking. It's verified by objective measures such as what Shanell was talking about, the California Community College Chancellor Student Success Scorecard.

And yet ACCJC revoked the college's accreditation. Clearly they failed to be a reliable authority as required in C.F.R. 602.1. Their ruling to terminate accreditation of a highly performing college not only undermines their legitimacy as an accrediting agency, but it undermines the public's trust in accreditation.

You've received over 100 third-party comments regarding ACCJC all in opposition. Here's a petition with over 5,000 signatures from people of all walks of life all opposing ACCJC. None of them are questioning the legitimacy of accreditation, which is vital to ensuring and improving educational quality and holding a college accountable.

However, it's also vital that the process of accreditation be held accountable. As implemented by



ACCJC, it is not. And it's not just the public that's lost trust in ACCJC. Educators across California have decried their actions, placing them in egregious violation of C.F.R. 602.13, the agency must be widely accepted by educators.

Several faculty senates have passed resolutions. An excerpt: Whereas the troubled nature of the relationship between ACCJC and many of its member institutions is manifested in widespread distrust of ACCJC, be it resolved that this academic senate urges careful scrutiny of ACCJC's work as a regional accreditor. And be it resolved that this academic senate urges ACCJC to take meaningful steps to begin developing a more collaborative spirit.

California needs a regional accreditor that is fair, transparent, and accountable. This is not ACCJC. As long as ACCJC is allowed to operate, the education of deserving students is in jeopardy and the public's faith in accreditation is lost. Thank you.

DR. PHILLIPS: Thank you very much.

Committee questions for Ms. Kaufmyn?

(No response.)

DR. PHILLIPS: Thank you for joining us.

Our next speaker is Martin Madrigal. On deck is Karen Saginor. Welcome.

MR. MADRIGAL: Distinguished members of the board, my name is Martin Trinidad Lopez Madrigal, and I served four tours of duty in Operation Iraqi Freedom as a Sergeant in the United States Army.

As an elected student representative and a first generation Mexican-American student veteran at the City College of San Francisco in pursuit of a career in mathematics education, I come before you demoralized that the hopes and dreams of 1,500 student veterans, along with my own, can be so abruptly cut short by the whims of such a rogue and indifferent board such as the ACCJC.

The trials, wounds, and ordeals that my brothers and sisters have overcome in order to rebuild productive and professional lives for our communities are a testament to the commitment to excellence instilled within all of us and to the loved ones that

have supported us along the way.

The Veterans Resource Center at City College of San Francisco has received numerous accolades and support from various Bay Area colleges and universities, along with the Student Veterans of America that declared our center was a model for others to follow because of the services and capabilities unlike any other in the United States.

Sadly, I cannot say the same story for all veterans. Not only are there over 62,000 veterans that were homeless on a single night in the United States in 2012, which accounts for 13 percent of all homeless adults, but young veterans are more than twice as likely to become homeless as nonveteran adults of a similar age according to the 2012 Annual Homeless Assessment Report.

These numbers are appalling to say the least, and at a minimum, the efforts made by educational veteran support centers found at community colleges such as CCSF contribute so much more than just academic resources. They save lives through the

help of programs specifically designed for homeless veterans such as Swords to Plowshares in San Francisco.

Whether it was trivial events such as mismanagement in the field or tragedies of comrades getting involuntarily extended to redeploy back to combat, the trauma of elusive behavior is rampant throughout the military. Such mental scars are irritated when the promise of an education borne from the sacrifices and dangers we have endured are threatened to no longer be.

Despite the sanctions by the ACCJC which have adversely affected funding, CCSF's Veterans Resource Center stands committed to its 1,500 strong.

Yet it is with the utmost respect that I urge the committee to consider the following points: No authorization should be given to the current body of the ACCJC. The new accreditation body should be unbiased and objective with accurate and open standards.

And if I may, to Ms. Barbara Beno, we are

not redundant or inaccurate. Thank you.

DR. PHILLIPS: Thank you.

Any questions for our speaker?

(No response.)

DR. PHILLIPS: Thank you for joining us.

MR. MADRIGAL: Thank you.

DR. PHILLIPS: Thank you for your service.

Our next speaker is Karen Saginor, and on deck is Lisa Garcia. Welcome.

MS. SAGINOR: Karen Saginor, librarian at City College. I was president of the Academic Senate from 2010 to 2013 and now serve as First Vice President. I fully support holding every college to high standards. Until a few months ago, I believed that to be the intent also of the agency, but it has failed to abide by regulations and failed to respect its own policies in so many ways that I no longer trust it.

Many failings are documented in the report prepared for you and in written third-party comments, but I'll briefly point out two. 602.13, The Wide

Acceptance of Agency Standards and Policies. You've heard today and you saw it in your report that it was especially noteworthy the letters of support from Dr. Agrella and Dr. Scott-Skillman at City College, along with letters from other colleges that are member institutions.

But I don't think what you probably do not know that these letters were obtained through a policy of coercion, an actual policy that each institution "complies with commission requests, directives, decisions, and policies" and that if they do not do so they may be sanctioned and accreditation may be denied.

This policy was established in June and distributed shortly before the agency made its first request to the colleges for support. In email, both Dr. Agrella and Dr. Scott-Skillman wrote to me that they had received the request for support and that they "complied with the request," which is exactly the language of this policy. Their letters and those of other member colleges were obtained under threat of

loss of accreditation if they failed to comply with the request for support.

Secondly, 602.25, Consistent Written Procedures. The agency has been inconsistent. The morning of August 13, our special trustee and the state chancellor announced very publicly that the document prepared by the college to justify our request for review would be widely shared.

Then we all learned about the Department's letter to the agency identifying deficiencies relating to our case, at which point ACCJC told City College that commission policy requires the review justification document to be kept strictly confidential, not shared publicly nor with faculty leaders. The press asked for this college document under California's public records laws, but the college said no.

Does the agency actually have such a policy?

Many people have searched through all their policies, including two ACCJC commissioners who told me that they never heard of this policy before and cannot find

it anywhere. City College has been directed to flout California state law for agency policy, a policy that is unpublished if it exists at all. This accrediting agency no longer earns trust and respect. Instead, it coerces and intimidates to the point that a college will disobey a law.

I fear retaliation for speaking to you today, but I speak with the hope that you will not allow this to continue. Thank you.

DR. PHILLIPS: Thank you.

Any questions for this speaker from the committee?

(No response.)

DR. PHILLIPS: Thank you for joining us.

Our next speaker is Lizette Garcia, and on deck is Muriel Parenteau.

FEMALE VOICE: Actually Lizette said that she'd like to defer until tomorrow. Is that okay?

DR. PHILLIPS: Okay. Next up, our next speaker would be Muriel Parenteau. Welcome.

MS. PARENTEAU: Thank you. Good evening.



My name is Muriel Parenteau, and I am the department chair of Disabled Students Programs and Services at City College of San Francisco. DSPS currently serves over 2,000 students with disabilities and assists them in participating in an accessible, affordable, quality education.

Accreditation is a necessary and important process that ensures the educational quality of an institution. We welcome it. However, it seems that the days when accreditation involved an enriching experience of self-examination and peer review are no more. The ACCJC has turned the process into a punitive, demoralizing, and confusing event.

In 2009, the California State Chancellor's Office convened an accreditation task force in response to concerns from numerous community college constituents around the state about the ACCJC and the accreditation process. Their report concluded "Although collaboration would appear to be necessary for a peer-based process to succeed, it is unclear in the case of the ACCJC how much collaboration will

actually occur."

Last year, this task force was reconvened under the new chancellor. The need to establish the accreditation task force, the number of third-party comments you received in opposition to the ACCJC, and the four lawsuits now in progress indicates that the ACCJC is not in compliance with Section 602.13, The Acceptance of Agency by Others.

The ACCJC is required to clearly identify any deficiencies so that an institution can address and correct them, Section 602.17(f), yet written documents from the ACCJC often contain conflicting information. The visiting team reports that a standard was met, and later the decision letter states that that same standard was not met. This lack of clear communication contributed to the distrust felt by many at City College. How can an institution attempt to meet standards when it seems like the ACCJC keeps moving the goalposts?

The entire sanction process carried out by the ACCJC has had a devastating effect on City College

students, especially students with disabilities. Many students with disabilities would not physically be able to travel to an alternate community college if City College of San Francisco closed. Students report that they are depressed or anxious about their future, worried that their chance at college will be taken from them.

Threats of closure and infusing fear and distrust in a college community is not the best way to bring about improvement in the quality of higher education. Please do not recertify the ACCJC until you are certain that the agency will not misuse its authority to traumatize educational institutions and the students they serve in the name of accreditation.

The California public is losing faith in the accreditation process. The ACCJC contributes to this mistrust, and I hope this committee moves to fix what is broken within the ACCJC. Thank you for your time.

DR. PHILLIPS: Thank you. Art Keiser?

DR. KEISER: I've heard a lot of comments about problems with the accrediting agency, yet you

seem to have been involved in the process. What I saw was a litany of concerns that the commission had with the inability of the college to meet the standards. Why was the institution so slow in responding to the commission's in fact long-term process in notifying you of the violation of standards, and there were many of them, and what happened in the process that the college was unable to respond appropriately?

MS. PARENTEAU: Thank you for your question, sir. I was not intricately involved in the process, and I am aware that there was lots of miscommunication going on and I am citing those points in my statement.

DR. KEISER: Well, those are miscommunications, but you mean to say the college had no problems?

MS. PARENTEAU: Oh, no, sir. No one here from City College is saying that.

DR. KEISER: Well, I haven't heard anybody identify that.

MS. PARENTEAU: What we're saying is that a show cause sanction was excessive.

DR. KEISER: But there were multiple warnings. There's a whole process that got them to that show cause situation.

MS. PARENTEAU: No. No, sir. There was no warnings. There was just show cause.

DR. KEISER: Well, there were multiple visits prior to that time and multiple reports.

MS. PARENTEAU: I'll have my colleagues respond to those specifics.

DR. PHILLIPS: Other questions for this speaker?

(No response.)

DR. PHILLIPS: Thank you for joining us.

MS. PARENTEAU: Thank you.

DR. PHILLIPS: I have next up Michael Solow. As you're making your way forward, I want to inquire about the availability tomorrow of the following individuals: Thomas Henry, Raúl Rodriguez, Cookab Hashemi, Meredith Staples, and Douglas Yoder. Are you available tomorrow?

MR. RODRIGUEZ: No.

MR. HENRY: Chair Phillips, I have a 9 a.m. flight in the morning.

DR. PHILLIPS: Your name?

MR. HENRY: Tom Henry. I have a 3 p.m. board meeting at California Community Colleges.

DR. PHILLIPS: And your name?

MR. RODRIGUEZ: Raúl Rodriguez. I have an early morning flight.

DR. PHILLIPS: Raúl Rodriguez. Are all of the others available in the morning?

MS. STAPLES: I'm not either.

DR. PHILLIPS: Your name is?

MS. STAPLES: Meredith Staples.

DR. PHILLIPS: All right. Hashemi, you're available tomorrow?

MS. HASHEMI: I'm not.

DR. PHILLIPS: Yoder?

DR. YODER: Yes.

DR. PHILLIPS: Garcia?

MS. GARCIA: No.

DR. PHILLIPS: Tomorrow just to verify.

Bonilla?

MS. BONILLA: Yes.

DR. PHILLIPS: Itzel? That's a first name.

Available tomorrow?

MS. CALVO: Yes.

DR. PHILLIPS: Shatterly? Available  
tomorrow?

MS. SHATTERLY: Yes.

DR. PHILLIPS: Okay. All right. Michael  
Solow, and we will work in those who have said that  
they're unavailable. So next up would be Thomas  
Henry.

MR. SOLOW: Thank you for the opportunity to  
speak today, Madam Chair and NACIQI members. Please  
allow me to introduce myself. My name is Mike Solow.

I grew up 20 miles west of here. In 1986, I  
graduated from South Lakes High School in Reston,  
Virginia. In 1994, I received a Ph.D. in Chemistry  
from UC-Berkeley. In 1997, I began to teach chemistry  
full-time at City College of San Francisco.

Having taught chemistry in the U.S. and

abroad, I can tell you that City College of San Francisco is a vibrant and vital institution. I love teaching chemistry at City College of San Francisco because of the fantastic students that have since 1935 come to City College of San Francisco from around the world.

In my three minutes today, I'd like to tell you about a few of my students. Hosea Nelson was a high school dropout sheetmetal worker whose boss told him he was dumb every day when he enrolled in City College of San Francisco in 1999. Hosea transferred to UC-Berkeley, received a Bachelor of Science degree in Chemistry, and went on to receive a Ph.D. in Chemistry from CalTech. Today Hosea is back at UC-Berkeley as a postdoctoral fellow with a big National Science Foundation grant.

Josh Biddle went to college straight out of high school in Marin County. A year later he dropped out and went to work on his grandmother's farm. After a few years, in 2006, Josh gave college a second try at City College of San Francisco. He did much better,



transferred to UC-Berkeley, where he got straight As, won the university medal, and got to speak at graduation. Today Josh is a third year medical student at University of California-San Francisco.

Gina Presbarn was a secretary at Genentech when she enrolled in City College of San Francisco in 1997. Gina transferred to San Francisco State University and went on to Stanford Medical School. After graduating with honors, Gina founded a clinic in New Mexico to address the unmet health needs of her fellow Native Americans.

NACIQI members, I came to speak to you today because the leadership of ACCJC is not doing what they told you they were going to do. The leadership of ACCJC told you they would conduct themselves in a way that would earn the public's trust. They have not.

Closing City College of San Francisco is wrong and will undermine the authority of NACIQI by eroding public confidence in our country's system of accreditation, but I'm optimistic that NACIQI will act to prevent ACCJC from closing City College of San

Francisco, and in two years' time, this institution that was borne of the Great Depression will celebrate its 80th anniversary as a reinvigorated survivor of the Great Recession. Thank you.

DR. PHILLIPS: Thank you very much.

Any questions for this speaker?

(No response.)

DR. PHILLIPS: Thank you for joining us.

Our next speaker is Thomas Henry. On deck, Raúl Rodriguez.

DR. FRENCH: Madam Chair, may I ask procedurally?

DR. PHILLIPS: Absolutely. George French.

DR. FRENCH: George French. Could we ask the witnesses to kind of deal with the issue that we have at hand? Because we're really not adjudicating whether or not the college will stay open. I love students. I love my students, but to have the testimony about the students, it doesn't really speak to what we're trying to deal with today.

DR. PHILLIPS: I would encourage the

speakers to address the accreditation issues at hand, the recognition of the agency. We agree that they are wonderful students.

MR. HENRY: Madam Chair, members of the committee, I'll do my best. Tom Henry. Thank you for the opportunity to express my support relative to the renewal of recognition of ACCJC.

I currently serve as Special Trustee at Compton Community College District and College -- it's a pleasure to speak in support of ACCJC and to the broad acceptance of the eligibility requirements, the commission policies, and the standards.

I am in a unique position I believe to provide an independent and external assessment of these important tenets. I have served in public education for 42 years, holding positions of superintendent, chief financial officer, associate county superintendent, and chief executive officer for the state's Fiscal Crisis and Management Assistance Team, a governmental entity that was formed after the bankruptcy of the Richmond Unified School District in

California, now West Contra Costa.

I was appointed by two separate governors -- Governor Davis, Governor Schwarzenegger -- to serve on the Education Committee of Excellence and the Master Plan for Education. I helped write legislation for the state relative to the Fiscal Crisis and Management Assistance Team, known as FCMAT, that provides fiscal crisis intervention on the emergency loan districts in the state, as well as community colleges, and management assistance on the preventative side.

About 85 percent of their work is on the preventative side, about 15 percent on the fiscal crisis intervention side, emergency loan districts. FCMAT's legal and professional standards have been applied to over 1,000 public school agencies in California.

I have also served as appointed special trustee for four California community colleges and state fiscal advisor for other California community colleges. In these positions, I've examined and monitored the community colleges' progress in adhering

to ACCJC eligibility requirements, standards, and commission policies.

Specific to the integrity and appropriate decisions of ACCJC, I have found ACCJC's findings, recommendations, and ultimate sanctions to be thorough, accurate, and significantly helpful to California Community Colleges. In examining the results of the independent external assessment of legal and professional standards of the Fiscal Crisis and Management Assistance Team, a governmental entity, and comparing those similar assessments with ACCJC, I find consistency in the two agencies.

As the state's special trustee and fiscal advisor, I have been in an excellent position to measure the effectiveness, efficiency, accuracy, and benefit of the ACCJC process. At Lassen Community College, Solano Community College, Peralta Community College, and Redwoods Community College, I can certify to you that the ACCJC assessment findings, recommendations, and ultimate sanctions were fair, they were accurate, and ultimately beneficial relative

to the institutional effectiveness.

I'd be happy to answer any questions you may have relative to my testimony.

DR. PHILLIPS: Thank you.

Committee members, questions?

(No response.)

DR. PHILLIPS: Thank you very much for joining us.

MR. HENRY: Thank you.

DR. PHILLIPS: Our next speaker is Raúl Rodriguez, and on deck is Cookab Hashemi. Welcome.

MR. RODRIGUEZ: Good afternoon. My name is Raúl Rodriguez. I'm the Chancellor of the Rancho Santiago Community College District in Orange County, California. You probably don't know much about Rancho -- I'd be surprised if you did actually -- but it's one of the four districts in Orange County. We have about a quarter of the territory of Orange County. We serve about 100,000 students on an annual basis.

I've been a CEO in the California Community Colleges for almost 19 years now. I started back in

1995, so it's almost on the anniversary. And during those years, I've seen lots of changes to accreditation. I want to talk a little bit about that in a minute, but I'm going to tell you just a bit more about myself, a little bit of biographic information if you will.

Currently I serve on the CEO board, the state-wide CEO board of the California Community Colleges. I was elected by my peers. I also was elected as the Vice President South for the community college CEOs in California. I am a member of the accrediting commission, and I came to that because I started back with accreditation in 1989 serving on a comprehensive team.

I've served on a number of other comprehensive teams since then and also been an ALO, accreditation liaison officer, co-chair of an institutional self-study. I've chaired about seven comprehensive visits and also done many followup visits, even a show cause visit. So I have this interest in accreditation, and when an opening came up

on the commission, I ran for it and was elected/  
selected for that position. So I've seen many changes  
over the years in accreditation.

I've known the last four presidents of the  
ACCJC. I've known them all pretty well actually. I  
have to say, though, that the changes I've seen since  
Dr. Beno has come aboard I think have been very  
positive for the California Community Colleges. I  
know a lot of people don't agree with that, but I can  
tell you how it was before we got to our current  
status, and really there was no accountability. This  
idea of you scratch my back, I'll scratch yours, was  
kind of the way it went in many ways. It was a good  
old boy kind of process back in the days.

So we've changed that. We've really come  
about, and it's a credit to Dr. Beno that she's  
required more accountability. The commission has  
required institutions to be more accountable. We  
focus more on quality. We focus more on institutional  
effectiveness. We focused on improvement, and I think  
you're starting to see results for that.



But it's been tough, you know. It took us 10 years -- actually more than 10 years -- to get faculty and institutions, colleges to take student learning outcomes seriously, and I think we're at a much better level now, but it took years of struggle to even get to that point.

And there are other issues like that. What bothers me, though, and one of the reasons why I'm here today is this whole process of slamming the accrediting commission because one group is not happy with the outcome of a visit. I think that's wrong, and I think it really is not what I -- I'd like to see better than that actually is what I'm saying.

We received a lot of negative publicity about this, about the CCSF issue, and I understand that -- anyway, I had much more. That's all I can give then. Glad to answer any questions.

DR. PHILLIPS: Thank you, Mr. Rodriguez.

Simon Boehme?

MR. BOEHME: Thank you, Madam Chair.

I have a question, and it's not about CCSF.

It's about 602.17(a), Mission and Objectives.

MR. RODRIGUEZ: Right.

MR. BOEHME: The Department found that they were not compliant, and I'll read it verbatim.

Although the self-studies and evaluation team reports include an institutional evaluation of its performance with respect to mission and education objectives, they do not include the agency's assessment of qualitative and quantitative program effectiveness and student outcomes measures.

You talk about, you have this experience and you seem to support them. I'm just worried about that seems fairly critical for accreditation, and if you could elaborate on that?

MR. RODRIGUEZ: By "they", you mean the ACCJC?

MR. BOEHME: Yeah.

MR. RODRIGUEZ: Well, in my experience, you know, we do -- it is part of our standard is to look at the mission and to make sure that colleges are responding to the mission in terms of their planning

processes, their program review processes, the other processes that are going on at the college like assessing student learning outcomes and so on that all should relate back to the mission. Everything should be focused on that. Your planning, your budget, everything should be tied back to the mission. So I think we scrutinize that very closely when we visit institutions.

MR. BOEHME: But is ACCJC, are they measuring it effectively, the mission and the objective?

MR. RODRIGUEZ: I believe we're getting there. I don't think we're all the way there yet, but I think we've been moving in that direction. That's what we're trying to get to, but it's a difficult concept to measure in a lot of ways and so we're trying to --

MR. BOEHME: So not yet?

MR. RODRIGUEZ: I'd say we're in progress.

MR. BOEHME: In progress. Thank you.

DR. PHILLIPS: Art Keiser?

Don't leave yet. Don't go away.

MR. RODRIGUEZ: Sorry. It's been a long day.

DR. PHILLIPS: Okay. All right. I'm sorry. The question has been withdrawn. Thank you for joining us.

MR. RODRIGUEZ: Thank you.

DR. PHILLIPS: Our next speaker is Cookab Hashemi, with on deck Meredith Staples. Welcome.

MS. HASHEMI: Thank you. Thank you, everyone. My name is Cookab Hashemi, and I am Congresswoman Jackie Speier's chief of staff, so I'll read her statement in her words.

Dear Members of the National Advisory Committee on Institutional Quality and Integrity, I am Congresswoman Jackie Speier, and I represent the communities served by City College of San Francisco, a highly valued institution that has been grossly and unfairly harmed by the ACCJC.

I must emphasize that irreparable harm has occurred and that it is my goal to see that the ACCJC

never again act in such a cavalier and destructive manner and that City College be given more time to correct deficiencies with assurances made as soon as possible that it will not lose accreditation in 2014.

The specific harm I have referenced is the plunging 2014 full-time student enrollment at City College, down 26 percent from the 2013 enrollment totals of a year ago.

The ACCJC does not work in a vacuum. News outlets in the San Francisco Bay area have made it well known that the school is in danger of being shut down in July of 2014. In this case, losing accreditation is synonymous with being shut down. In fact, ACCJC required City College to develop and release a plan to shut down the institution. Students worry, and rightfully so, that there will be no access to loan programs and that four-year schools will not recognize credits earned at City College.

Specifically I'm asking this committee to sanction the ACCJC in a manner that will require the ACCJC to provide City College with an extension of

good cause so that its accreditation will not be at risk in 2014. We all know that our democratic form of government requires a system of checks and balances to prevent political power from favoring one institution.

I believe the ACCJC violates the system by serving as a judge and jury over community colleges and in particular City College of San Francisco.

From 2003 to 2013, the ACCJC sanctioned 60 percent of California's community colleges undergoing accreditation. The national sanction average is 2 to 6 percent. This data suggests that ACCJC is on a mission not consistent with improving the learning experience in California. Unfortunately, this leads me to give you an example.

When a construction site has safety violations, federal law provides for employers to make corrective actions. The point of the law is not to shut work sites down unless there's imminent risk of death or injury. Shutting a job down causes workers to lose their jobs. Shutting a college down does not help students learn.

Clearly there were no findings by the ACCJC that students at City College were not learning. I for one don't want to wait for the outcome of a court and audit actions. Your committee has the ability to send a strong message to the Assistant Secretary for Postsecondary Education. We need an accrediting agency in California that acts in the best interests of the students and the community at large. Thank you very much.

DR. PHILLIPS: Thank you.

Committee members, questions? Anne Neal?

MS. NEAL: Appreciate your coming. As we are doing our job here today, I think it's fair to say, and some others already have, that an accreditor closing down a school is not a reason to decertify an accreditor. In fact, that is their job, to decide whether or not a school is protecting and taxpayers.

So, as a representative of a congressperson, I guess what I'm asking is that I need to understand whether or not the accreditor is abiding by what Congress intended or in fact is applying standards

that Congress did not intend, which would give reason to decertify an accreditor. So I don't know whether you can address that, but simply closing down a school is not a reason for us to say that the accreditor has not done a good job.

MS. HASHEMI: I think that what I'd like to do is I'd like to take that question back to Congresswoman Speier and then present it back to the committee if possible and go from there.

DR. PHILLIPS: Thank you for your time with us.

Our final speaker today is Meredith Staples. Up next after this I need to clarify whether the WASC Junior folks need to leave. Can you be here tomorrow? One can?

FEMALE VOICE: We're going to try and work on changing flights if necessary.

DR. PHILLIPS: Okay. All right. Thank you. Welcome.

MS. STAPLES: Well, thank you for waiting for the last comments. My name is Meredith Staples,



and I'm here representing SEIU 1021. I don't know if you know SEIU 1021. We are part of the Service Employees International Union (SEIU), and we are the local that represents workers in northern California.

We represent over 50,000 employees who work in local governments, nonprofit agencies, health care programs, and schools throughout northern California.

In particular, SEIU 1021 represents classified staff at eight community colleges and two junior colleges, but in addition to representing classified community and junior college staff, SEIU 1021 also represents many union members who rely on community and junior colleges for certifications, courses, and degrees to qualify and advance in their positions and in their fields.

Since access to local and affordable education is a necessity for many of our represented workers who are not only workers but also students, SEIU 1021 is deeply committed to high-quality public education and the success of California's community and junior colleges. We believe that shared

governance, open access, and representation of all faculty and staff in the accreditation process are critical elements to successful community colleges.

However, we believe that the ACCJC is undermining rather than supporting and guaranteeing the quality of California community colleges. We believe the manner in which the ACCJC is both interpreting and implementing accreditation standards violates California and federal law, as well as the Department of Education's basic eligibility requirements.

The ACCJC violates state and federal law with respect to union and employee rights as provided for in California's collective bargaining laws and the Education Employment Relations Act and in relation to California's commitment to open access enshrined in its constitution and reaffirmed in many statutes.

The ACCJC does not meet the U.S. Department of Education criteria for recognition in a number of critical areas. In particular, the ACCJC does not properly control for conflicts of interest or the

appearance of conflicts of interest, and its accreditation standards do not respect the stated mission of California's community colleges. It should be evaluating the schools based on the quality of education, but it rather evaluates schools based on governance structure and financial issues.

Since the ACCJC's approach to accreditation is deeply flawed and harmful to California community colleges, its staff, its faculty and their students, as well as the public, we recommend that the ACC immediately lose its status as an accrediting agency.

Thank you.

DR. PHILLIPS: Thank you.

Any committee questions for this speaker?

DR. FRENCH: Yes, ma'am. Madam Chair?

DR. PHILLIPS: Yes?

DR. FRENCH: Thank you.

DR. PHILLIPS: George French.

DR. FRENCH: George French. So your organization posits that regional accrediting agencies on a normal basis don't consider finances or

governance issues within --

MS. STAPLES: Not at an expense for the other accrediting criteria, especially shared governance. ACCJC has attacked shared governance, oftentimes calling it oh, the board should act in harmony, no trustee should speak out against a vote, and so it's really creating this climate of fear, climate of not feeling welcome to speak.

And these trustees are elected officials. They should be able to speak to whomever they want about the accreditation process or the schools that they represent, and the ACCJC is telling trustees and other elected officials they should not be talking to the public and to students.

DR. FRENCH: And what was the point on finance?

MS. STAPLES: And on finance, as you know, California has undergone extensive cuts, budgetary cuts to our schools, and I feel that the ACCJC does not take that into consideration when it's evaluating schools. You know, so much was cut and that has to

be -- you have to look at schools in light of those budget cuts and not expect them to operate at the full level that they were before the budget cuts. Thank you.

DR. PHILLIPS: Other committee questions?

(No response.)

DR. PHILLIPS: Okay. This is our 6:00 pause. Here's where we are. Tomorrow morning we have on deck the following third-party commenters:

Bonilla, Calvo, Medina, Farrar, Gonzalez, Shatterly, Yoder, and Garcia. Anybody who's a third-party commenter that I haven't mentioned?

(No response.)

DR. PHILLIPS: We'll also have an opportunity for the agency to respond at that point and for the staff to respond before we take up the next step of the committee deliberations.

DR. FRENCH: Madam Chair? George French. We don't accept additional signees in the morning though, correct?

DR. PHILLIPS: No. That's it.

DR. FRENCH: Thank you. Okay.

DR. PHILLIPS: Yes.

MALE VOICE: Are we going to start at 8:30?

DR. PHILLIPS: Tomorrow we will start at 8:30 instead of the published 9. We'll get underway fresh and on our way.

We thank the agency for working out ways to stay over. We really appreciate that, and we will see you all in the morning.

(Whereupon, at 6:04 p.m., the meeting in the above-entitled matter was adjourned, to reconvene at 8:30 a.m. the following day, Friday, December 13, 2013.)

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