

## Proposed Testing in Japan to I.D. Qualified DCs

### DIZZING ARRAY OF ACRONYMS ADD CONFUSION TO THE CHAOS

*Editor's note:* The Dec. 14, 1998 DC noted that the Japanese chiropractic associations had united. That announcement should have read "seek" to unite. The situation in Japan, as you will read, is considerably more complicated and convoluted. You may recall a number of years ago when five chiropractic associations were vying for power in Michigan. In Japan, there have been as many as a dozen chiropractic associations operating simultaneously.

During the World Federation of Chiropractic's sponsored conference on the internationalizing chiropractic education in Tokyo (Sept. 29-Oct. 1), the WFC advised the four "major" chiropractic associations to merge into one national association. The associations in question are:

- Chiropractic Council of Japan (CCJ)
- Doctors of Chiropractic Liaison Council (DCLC)
- Japanese Association of Chiropractors (JAC)
- Japanese Chiropractors Association (JCA)

The CCJ has been the symbol of unity among Japanese DCs for nearly a decade, but it had its WFC membership suspended, primarily the result of CCJ executives mishandling of the Chiropractic Foundation (more on that later).

The proposed association is called the Chiropractors' Association of Japan (CAJ), and the proposed president is Hirofumi Nakatsuka, DC. The merger, however, has not been accomplished; the negotiations still continue. The CAJ will eventually be formed and is expected to replace the CCJ, which is a recognized member of the World Federation of Chiropractic.

The Japanese chiropractic profession has struggled for unification over the last two score years, and thus everyone involved in the merger is anxious to see the formation of one national association. Unification of our major associations is ideal and highly desirable. But the realities surrounding the 40 years of chiropractic in Japan is not so simple.

The Chiropractic Council of Japan (CCJ) has 60 Japanese DCs, and the Doctors of Chiropractic Liaison Council (DCLC) has 35 DCs. These are the only associations consisting solely of U.S. educated DCs or the international equivalent. (*Editor's note:* Beyond these two associations, there are at least seven other chiropractic associations currently in Japan: JAC; JCA; ANKS; JCRA; NCA; PAAC; JDCA.) The JAC, for example, gives full membership in its association to students at the Chiropractic Unit-Japan at the Royal Melbourne Institute of Technology. The other associations consist of many non-DC members of varying degrees and qualifications.

There are said to be 15-20 thousand self-proclaimed chiropractors counted as members of Japanese chiropractic associations. These are uneducated, unqualified individuals who proliferate the weekend technique seminars or who attend a short, part-time proprietary school that operates

without accreditation. This is not true of RMIT-Japan, which is the first internationally recognized university-level chiropractic program in Japan. The RMIT and the JCA deserve credit for their efforts.

Chiropractic has remained unlegislated and unregulated in Japan, hence the chaotic condition that we see today. Readers interested in how chiropractic came to Japan and how it has evolved may wish to acquire a copy of the "Brief History of Chiropractic in Japan" in the CCJ's 1996 *Phoenix Report*. This report is available from the WFC or the National Chiropractic College Library.

In Japan, chiropractors, regardless of their qualifications, are exempt from prosecution by virtue of the "freedom of choice of occupation" which the Japanese constitution guarantees. This does not mean, however, that chiropractic in Japan is free of opposition by traditional medicine and other alternative care professions.

A reliable source says the legislative house is expected to pass a bill concerning all manual therapists in favor of the care provided by medical doctors.

#### The Chiropractic Research Foundation of Japan

The so-called 12 "major" Japanese associations gathered nearly 10 years ago to form the Chiropractic Federation of Japan (CFJ). The sole purpose was to establish the Chiropractic Research Foundation of Japan as a possible means toward chiropractic legislation under the guidance of the Japanese Department of Health and Welfare (DHW). Unfortunately, former leaders of the CCJ and DCLC (Drs. Mitsumasa Endo and Yoshihiro Suzuki) continued not to disclose their deep involvement in the Chiropractic Research Foundation that was led by non-DCs. The list of the foundation's promoters included the same names of those who were involved 18 years ago in the Chiropractic Corporate, which gained no chiropractic legislation and lost a reported 200 million yen in a political and financial scandal.

In the case of the DCLC, its former president, Dr. Yoshihiro Suzuki, delegated the entire power of authority (without any discussion by the executive members) to the non-DC led foundation. The WFC investigated the involvement by those former CCJ and DCLC leaders and told the CCJ it would have to reform its constitution and organizational structure to keep its membership in the WFC. Both the CCJ and the DCLC decided to only endorse a DC-led foundation. Contrary to what a Jan. 13, 1999 WFC memo says, the DCLC and the JCA have kept their membership in the Chiropractic-Federation of Japan to show their opposition against the establishment of a non-DC led foundation.

In 1991, the JCA and JUCA formed the CCJ. A segment of the CCJ in turn decided to form yet another association (JAC), despite the warning from the WFC that a new group would annihilate the already poor unity of Japanese DCs. Nevertheless, that new organization was the self-nominated representative association from Japan at the WFC's 1998 Capetown council meeting.

The WFC asked the CCJ to reorganize and revise its constitution, which the CCJ did to the WFC's satisfaction. Each year, executive positions have been offered to JCA members in the CCJ, but all have declined to accept.

Japanese are mostly inexperienced in debate or parliamentary procedures. The Japanese sense of democracy seems to prefer having every voice heard, yet the CCJ and DCLC executives intervened with the Japanese Department of Health and Welfare to successfully postpone the approval of a non-DC led foundation. Yet, promoter of a non-DC led foundation continue their endeavors and have tried to influence the JCA by offering five million yen annually to the RMIT Japan-Unit (which is run by the JCA enterprise).

The WFC still insists the CCJ merge with the JAC (which has left the CCJ), and with the JCA and the DCLC (the CCJ's major constituent) into one association. With due respect, the WFC scenario appears backward: trying to unite two DC groups (JAC and JCA) which represent only a small segment of our profession. In spite of a sincere concern shown by the WFC, it seems to be acting as a marriage counselor for a socially dysfunctional couple while leaving the fundamentally important issues unattended and unresolved.

The WFC has been advised to first clearly show its stance on the non-DC led foundation to the Japanese Department of Health and Welfare (DHW). This will help all Japanese associations find a direction to proceed. The WFC has been advised to assist in installing national board exams, or the like, as an effective means to identify qualified practitioners. Those certifiably qualified, regardless of association affiliation, could be registered under one independent testing agency which would report to the DHW.

Automatically accomplished will be the unification by only the qualified. This would be an immediate safety benefit to the public.

While the WFC prepares to respond to this proposal, we would appreciate any helpful hints or constructive criticisms from our international colleagues.

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