A strong national presence and unity among doctors of chiropractic have long been goals of the chiropractic profession. Never were they more vividly realized, however, than with the birth of today’s American Chiropractic Association (ACA), which took place 50 years ago, in 1963. A gestational period in the 1950s, marked by a renewed interest in unifying DCs, preceded the establishment of ACA and culminated with the death of B.J. Palmer in 1961. Many DCs at the time believed—or perhaps hoped—that unity within the profession was finally imminent.¹

The contemporary effort to form a unified national organization began in October 1961, when five top executives of the International Chiropractors Association (ICA) and five from the National Chiropractic Association (NCA)—a descendant of the Universal Chiropractors Association (UCA), one of the earliest and most enduring national membership societies—met in Chicago as an Executive Committee. The two groups unanimously decided that their primary goal should be a merger of NCA and ICA. The NCA Executive Board approved the Executive Committee’s report on Nov. 2, 1961. The ICA Board of Control requested a delay until its February 1962 meeting; however, no decision was ever reported back to the Executive Committee.

ACA Action Committee
Despite setbacks, NCA continued to embrace and pursue organizational unity. When ICA’s Board of Control refused to accept NCA’s official invitation to its June 1962 “Unity Convention” in Detroit, five ICA leaders from the original Unity Committee and one additional leader resigned from the ICA in frustration and joined the five NCA leaders to form an ACA Action Committee. Their task involved forming and coordinating the activities of a variety of subcommittees, which would draft articles of incorporation and bylaws, arrange for the transition of NCA membership and assets to the new society, and provide interim governance until the first annual convention of the new association, scheduled for the summer of 1964 in Denver. By December 1963, the new group had created an emblem, had drawn up a preliminary organizational plan and bylaws, and had adopted a new logo.²

1. Dr. Hug is the past president of the Association for the History of Chiropractic and the past ACA governor of District 5.

2. Accomplishment YEARS OF

YEARS OF Accomplishment
The American Chiropractic Association Celebrates Its 50th Anniversary in 2013

By P. Reginald Hug, DC

Dr. Hug is the past president of the Association for the History of Chiropractic and the past ACA governor of District 5.
According to the plan, the new association, named the American Chiropractic Association (ACA), would be founded at NCA’s 1964 annual convention in Denver. NCA would be phased out of existence and its members transferred into the new ACA. These NCA members, along with some ICA members—and perhaps many DCs who did not belong to any association—would become ACA charter members.

The Denver Convention

Several significant structural and policy decisions were made at the Denver convention, which convened June 28-July 3, 1964, at the Denver Hilton. A rewrite of the bylaws resulted in the elimination of a controversial scope-of-practice clause, which was replaced by a “states’ rights” policy that granted DCs the prerogative to practice in whatever capacity their state licensing statute permitted.

A Committee of the Whole also approved a redistricting of states into seven regions. Each region was entitled to a seat on the Board of Governors, and election to the board would be by vote of state delegates from that particular region only (a system that continues today).

ACA maintained many of the old NCA policies and established several new components, which were aimed at bolstering chiropractic education.
Recognizing that a unity stalemate had been reached in negotiations, six leaders of the NCA met with six leaders of the ICA and joined hands in resolving the profession’s greatest need—total organization by developing a “Master Plan for Chiropractic Survival and Advancement.” They are (left to right): Dr. H.W. Pruitt, Director of Professional Relations of NCA, Iowa; Dr. L.M. Rogers, Executive Secretary of NCA, Iowa; Dr. A.M. Schierholz, Chairman of NCA Executive Board of Directors, ICA; Dr. Harold F. Russell, Member of ICA Board of Control, Alberta, Canada, Dr. L.K Griffin, Member of ICA Board of Control, Texas; Dr. A.A. Adams, First Vice-President of ICA, Washington; Dr. Clair W. O’Dell, Chairman of World Posture Pageant, Michigan; Dr. Devere E. Biser, Second Vice-President of ICA; Dr. Cecil L. Martin, Member of NCA Executive Board of Directors, New Jersey; Alty. James E. Bunker, General Counsel of NCA, Iowa; Dr. R.T. Leter, Immediate Past President of NCA, Georgia; Dr. Richard W. Tyer, Member of ICA Board of Control, Mississippi (Formation, 1963).

and its institutions. For example, shortly after its formation in 1963, ACA made a commitment to improve education by allocating part of its membership fees to the colleges.4 Then, among the funding choices made in 1964 by early members was a historic decision to direct 40 percent of

GENEALOGY

Several Vital Chiropractic Groups Born From ACA

The Universal Chiropractors Association (UCA) was established in Davenport, Iowa, in 1906 by B.J. Palmer and associates. The American Chiropractic Association (ACA), the second organization to bear that name, was organized in opposition to Palmer's UCA in 1922.

In 1926, following his unsuccessful bid for re-election as UCA secretary, Dr. Palmer founded the Chiropractic Health Bureau (CHB). In 1930, UCA and ACA merged to form the National Chiropractic Association (NCA). The CHB was renamed the International Chiropractors’ Association (ICA) in 1941, and continues to bear that name today.

As World War II drew to a close, NCA established a number of allied agencies. The Chiropractic Research Foundation (CRF) was incorporated in 1944. Two years later, the NCA spun off its legal protective services when the National Chiropractic Insurance Co. (NCIC) was chartered. NCA established its Council on Education (CoE) in 1947. The CRF was re-organized as the Foundation for Accredited Chiropractic Education (FACE) in 1959.

With the emergence of the present-day American Chiropractic Association (ACA) in 1963 from NCA and a splinter group from the ICA, the NCA-CoE became the ACA-CoE. FACE was renamed the Foundation for Chiropractic Education and Research (FCER) in 1967, and supported the work of the Council on Education. The ACA-CoE was independently incorporated as the Council on Chiropractic Education (CCE) in 1971. NCIC was renamed the National Chiropractic Mutual Insurance Co. (NCMIC) in 1974.


member dues (approximately $300,000 per year) to the ACA Council on Education—a predecessor of today's Council on Chiropractic Education (CCE).

In his historic address to the House of Delegates during the Denver sessions, J. M. Roger, DC, executive director of the NCA, reported that “the new ACA had 8,000 members with $1 million in assets, including the American Building in Webster City, Iowa.”

Over the next 50 years, ACA used its financial strength and new legislative position to advance the profession. The early decision to financially support chiropractic education laid the groundwork for many future successes.

Investment in Research

ACA set out to establish an infrastructure for the young profession—furthering its policies and expanding its services in the process. The association understood that, in addition to strong educational institutions, the profession would require research to advance. To this end, in 1967 ACA established the Foundation for Chiropractic Education and Research (FCER), a non-profit, philanthropic agency. Scott Haldeman, DC, PhD, MD, and Reed Phillips, DC, MSCM, PhD, DACBR, were the first and second recipients, respectively, of ACA's research funding through FCER.

ACA's investment in FCER also contributed directly to the Index to Chiropractic Literature (ICL), a core resource for chiro-
practic research. ICL was developed and published in 1980 by the Chiropractic Library Consortium (CLIBCON). Recognizing that lack of indexes for chiropractic journals left chiropractic students and faculty without access to such journals, chiropractic librarians united to fill this void. Using funds from the ACA-supported FCER, librarians from nine chiropractic colleges were able to form the CLIBCON in 1979. CLIBCON in turn created a Systematic Subject Index (ICL) to the major chiropractic journals that was free to all users.6

Likewise, from 1945 to 1946, ACA was responsible for the creation of the National Chiropractic Insurance Company (NCIC)—predecessor of today’s National Chiropractic Mutual Insurance Group (NCMIC)—a malpractice mutual insurance company whose profits were intended to fund worthy research projects; and the CCE, founded in 1971 to provide accreditation to chiropractic educational institutions.

ACAs support and nurturing of various educational institutions and research programs led eventually to the 1987 publication of the profession’s pre-eminent scientific periodical, the Journal of Manipulative and Physiological Therapeutics (JMPT).

**Federal Representation**

The wisdom of those early decisions to strengthen the profession was confirmed in 1974 when chiropractic coverage was included in two federally supported health care programs: the Federal Employees’ Compensation Act (making any federal employee injured on the job eligible for chiropractic manipulative services) and the Federal Employee Health Benefits Plan. Through 1992, chiropractic coverage was incorporated into nine federally supported health care plans.7

Besides expanding access to chiropractic services through federal programs, ACA strived throughout its history to increase representation of DCS on federal health care decision-making panels. In 1993, the association was successful in getting ACA board member Jerilynn Kaibel, DC, of San Bernardino, Calif., appointed as the only DC on the Health Professional Review Group, a 47-member multi-disciplinary health panel tasked with reviewing the Clinton administration’s health care reform package.

ACA was also instrumental in the 2001 passage of the Department of Veterans Affairs (VA) Heath Care Programs Enhancement Act. The federal law required the Veterans Health Administration (VHA) to provide chiropractic treatment at selected VA medical centers. Dr. Reed Phillips was appointed chair of the Oversight Advisory Committee of the VHA, which by 2008 was providing chiropractic services at 33 VA medical centers across the United States.

Today, ACA member Anthony J. Lisi, DC, an associate professor of clinical sciences at the University of Bridgeport College of Chiropractic, oversees chiropractic care at the VHA, which serves more than 7.8 million enrolled veterans and is the nation’s largest health care system. Thanks to ACA, chiropractic is also available to active-duty service members at more than 60 military facilities.8

**Be a Part of the Story**

No profession can succeed without acknowledging its history. With support and annual funding from ACA, as well as a generous multi-year gift from NCMIC, the Association for the History of Chiropractic (AHC) accepted the challenge “to gather, preserve and disseminate the creditable history of the chiropractic profession.” The mission of its publication, Chiropractic History: The Archives and Journal of the AHC, is to publish factual scholarly papers pertaining to the history of chiropractic.9

“ACA’s 50th Anniversary celebration this year gives us all a chance to pause and reflect on the impressive accomplishments of this mighty organization over the past half-century. We can credit our founders with forward-thinking plans that gave this great profession the tools it needed to thrive—strong education, credible research and a tradition of passionate activism,” notes ACA President Keith Overland, DC. “I hope our members today realize that, through their support of ACA, they are a part of this remarkable story, too.”

**References**

4. Wardwell, Chiropractic History & Evolution of a New Profession, p 149.