

## Charting a Course for the Profession: An Interview With NUHS President Dr. James Winterstein

Editorial Staff

As Dr. James Winterstein, president of National University of Health Sciences, approaches [retirement in 2013](#) after 26 years of service to the university and the chiropractic profession, he looks back at his remarkable tenure at National while sharing his thoughts on the current state of chiropractic education and the profession. What challenges have already been overcome and which still lie ahead for doctors of chiropractic in the coming years? Dr. Winterstein shares his insights on where the chiropractic profession has been and where it's going in this exclusive interview.

*In your opinion, what are the most important developments (good and bad) within the chiropractic profession and health care overall during your tenure at National? The Good:* 1) The influence of the Council on Chiropractic Education has been significant and positive for the education of chiropractic physicians. 2) The profession has developed a modest cadre of credentialed researchers who have added to the body of conservative health care knowledge. 3) The *Wilk v AMA* lawsuit was won, and while this win did not confer a "scientific" status on the chiropractic profession, it did put a damper on the ability of the American Medical Association to contain and eliminate the chiropractic profession. 4) Educational standards for entry into chiropractic doctoral programs have improved. 5) More members of the chiropractic profession are understanding, appreciating and employing "evidence-based practice."

The Bad: 1) The chiropractic profession has not listened to the call of the American public in regard to its needs - primary care. 2) The profession continues to listen to itself rather than those it is supposed to serve. 3) The profession has been divided for more than a century and despite this knowledge, continues to turn a blind eye to this reality. 4) The profession has failed to engage in legitimate strategic planning. Instead, it engages in a planning charade, knowing full well that nothing can come of it, because part of the profession wants to move toward [evidence-based / science-based practice](#) and part of it wants to continue to promote ideas that are unsupported by science. There is no true common ground.

*What do you see as the biggest challenges facing the profession in the next 5-10 years?* First, the chiropractic profession is in a state of decline, and that is worrisome. I think this trend will continue if the profession does not face the fact that it is composed of two diametrically opposed factions. Science and dogma cannot co-exist. Some will suggest that I am too caustic when I use the term *dogma*, but the definition of that word is clear - "a principle or set of principles laid down by an authority as incontrovertibly true."

That definition describes those who insist chiropractic can only be practiced by chiropractors as it was originally proposed and described by the founder and more particularly his son, B. J. Palmer. As long as this tenet continues within the profession, we cannot move forward and failure of forward motion portends stagnation and eventual entropy.

With this perspective, for me one of the greatest challenges facing the chiropractic profession is

finding a way to move into the future with clear professional tiering. This will happen regardless of whether some hold the determination that it should not happen. It would be far more beneficial to the profession if we had the discipline and maturity to make it happen as a process of strategic planning, rather than what is already taking place with some states opening the scope of practice, some gaining additional education, etc., but without clear standards for a tiering process.

To make matters worse, some members of the profession are attempting to involve the federal government in the internal affairs of a profession. Actually, a true profession would not have allowed any of this to happen, but unfortunately, as I stated above, we apparently lack the discipline and maturity to recognize this and act accordingly.

Second, when we look at health care delivery in the United States today, we all know it is problematic, to say the least, but one thing is very clear: With estimates of anywhere from 50,000 to as high as 150,000 additional [primary care physicians](#) required to meet the health care needs of society within the next two decades, it is abundantly clear to me that our profession should be working to assist in filling this need. But unless issue #1 above is addressed, our ability to make a significant impact on this desperate social need will be minimal.

Third, the profession must come to the realization that it has been a "one trick pony" for a century and others have learned the "trick." I speak, of course, of spinal manipulation. Some in the profession say they are not worried because others can only "manipulate," while only a chiropractor can "adjust." Unfortunately, this means little or nothing to the rest of society.

Instead of spending the past decade trying to stop others from getting the right to manipulate the spine, we should have been spending that time and money working to expand our own rights into the field of the use of pharmaceuticals when and where they are appropriate. This is a challenge we have faced and upon which we have failed to act. Now it becomes much more difficult.

*What do you feel are your most important accomplishments (personally and professionally) during your 26 years as president of NUHS?* I have been blessed by a number of people in my life including Arno Winterstein, my "biological father," a lifelong educator; my mother, Ada, who helped me in countless ways; my "academic father," Jacob Fisher, PhD, who was an outstanding academician and who taught me the "ropes of academe"; and finally Joseph Janse, DC, ND, who was my "professional father." Furthermore, I have been blessed to have worked with some outstanding professional colleagues and together we have enjoyed some accomplishments:

- We mandated a baccalaureate degree for entrance into the first- professional doctoral programs at National. When we did this, we joined the ranks of others who obtain first professional degrees, such as MDs, DOs, ODs, DPMs, etc.
- We took a fine chiropractic college with a strong academic tradition, and we changed its structure and its name. It became a fine *university* in the true sense of the word, encompassing three colleges and offering eight academic degree programs - from the AAS to the first professional doctorates, a prerequisite program and two certificate programs, plus many post-professional certificate programs.
- We developed an academic system that is truly integrated. We purposely did not structure our university with the traditional academic "silos" in the form of "profession-related colleges," but put our students together in our College of Professional Studies with the express purpose of helping them develop themselves as colleagues rather than competitors.
- We developed a chiropractic medicine program in Florida within a state-supported college ([St. Petersburg College](#)), which is fully accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools, as well as the Council on Chiropractic Education.
- We took a young, Spartan campus in Lombard, Illinois, enlarged it from 20 acres to 37 acres

and developed it into a true university campus.

- We were successful in obtaining the same level of state funding provided to other private medical schools in Illinois for a period of 20 years.
- I was privileged to serve in each office of the Council on Chiropractic Education over a period of eight years.

*How has your time at National helped define what the university has become, both internally and compared to other chiropractic educational institutions?* My background was a little different than some, perhaps. From a family perspective, education as a profession extends back to my great grandfather, my grandfather, my father and his two brothers, and two of my own brothers; and included elementary, high school and college/university education and administration.

I began, however in a dual role as instructor at National in the late '60s, while opening my own practice. I did a residency in radiology and became a diplomate in 1970 and chair of radiology in 1971. Immediately following my graduation, however, I opened my private chiropractic practice and continued full-time practice when I moved to Florida in 1973. In 1985, I moved back to Lombard to head the National Clinic system and became president in 1986.

During my practice years, I enjoyed [hospital admitting privileges](#) and worked closely with allopaths, osteopaths, dentists, optometrists and others. The result is that I have a sense of the educational process as well as the practice environment into which we graduate our students. I think because of some of my background experiences, I hoped to influence National University toward a broader educational perspective. This orientation and National's own heritage from the '20s and '30s gave me the reason to go to the Board of Trustees in 1992 and suggest an expansion of program offerings. Our profession had a rock-solid history of opposition to and from the allopathic profession, and I had a different experience - one that I hoped to spread.

My perspectives were buttressed when, in 1990 or so, I read a book by J. Warren Salmon, PhD, published in 1984 and titled *Alternative Medicines*, that contained a chapter by Ron Caplan, PhD on the chiropractic profession and the potential for development of the chiropractic profession along with other alternative professions. These people made good sense to me and they promoted the idea of interprofessional collegiality, something I had already sensed when, in 1988, I went, by invitation to Durban, in the Republic of South Africa, to help the DCs and academicians there develop a chiropractic / homeopathy curriculum at Teknikon Natal.

It was their intention in 1988 to put chiropractic students and students of homeopathy, a regulated profession in South Africa, in the same classrooms. What a great idea, I thought - and it stuck with me.

So, while Dr. Janse led the way toward programmatic and institutional accreditation, I'm honored that it has been my privilege to help expand the college into the university that it is today.

*What should future generations of chiropractic students know about this profession?* Future students should know that chiropractic medicine, in its broadest sense, embraces a conservative practice of health care delivery that emphasizes thorough diagnostic evaluation of a patient and assists the patient toward optimal health through the use of the most noninvasive forms of care that will accomplish the goal.

Future students should know that there is great value in what chiropractic physicians can do, and that they should learn how to bring their knowledge and ability into a collegial relationship with other health care providers. They should know there is no panacea when it comes to healing the sick and that their ability is best utilized when they bring their value to an integrated setting for

the benefit of the patient.

Future students should learn from the beginning that their responsibility is first to the patient, not the profession. But secure in that knowledge, they should also recognize their responsibility to move the chiropractic profession into a true health care discipline, rather than a splintered, dogmatic group of people who fail to see and address the needs of society.

*What's next for you? Are you retiring from the profession altogether or do you see yourself participating on campus and/or in a professional capacity?* Joseph Stiefel, MS, DC, has been chosen to succeed me as president of NUHS. By the end of this year, he will have earned his doctoral degree in education (EdD), thus bringing his professional credentials, as well as those more characteristic of university presidents, to bear on his leadership position at National.

I look to Dr. Stiefel as a new leader who will bring new ideas and who will take the next step in bringing National University and its various degree programs into our modern and rapidly changing society with all of its technological advances. Educational delivery methods will change, but the tradition that has characterized National University of Health Sciences for 107 years will continue under his leadership.

How will I fit? I will have the opportunity to function as president emeritus under the direction of Dr. Stiefel. My wife, Cynthia, and I will move to our home in Southern Illinois, and I will assist Dr. Stiefel as he wishes. Yes, I will continue to be part of National and the chiropractic profession, and will support those who concentrate on the needs of the public we all serve.

*Is there anything else you'd like to add?* "Esse Quam Videri" - to BE rather than to SEEM to be, is the century-old motto of National University of Health Sciences. It will always be my personal and professional goal to live up to that motto.

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We conducted similar interviews with [Dr. Gerry Clum](#) when he announced his retirement from Life Chiropractic College West in 2010 and [Dr. Fabrizio Mancini](#), who announced his retirement from Parker University just weeks ago. Read "Looking Back, Looking Forward With Dr. Gerry Clum" in the Dec. 2, 2010 issue and "Dr. Mancini Retires From Parker" in the Oct. 7, 2012 issue.

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