Learning From a Lifetime of Leading Effective Change

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Abstract

Objective: The purpose of this article is to report on the opening plenary session of the Association of Chiropractic Colleges Educational Conference—Research Agenda Conference (ACC-RAC) 2014, “Aiming for Effective Change: Leadership in Chiropractic Education, Research and Clinical Practice.”

Discussion: Speakers with extensive backgrounds with implementing substantial change on a broad level shared personal examples from their experiences in education, research, political organizations, and clinical practice. They described efforts, challenges, and opportunities that are encountered in order to implement effective change and shared their personal thoughts on leadership.

Conclusion: Each of the speakers shared their diverse, unique insights and personal experiences to convey the process and meaning of leadership.

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Introduction

Leadership may be defined by one's actions and ability to direct others towards a common goal.¹

Successful leaders establish direction and vision, communicate goals, and are able to develop coalitions and alliances. Although leadership seems to be an elusive concept, it is one that most people agree is necessary to promote effective change.

Being a strong leader does not necessarily imply that change is always for good. The world has seen leaders, such as Adolph Hitler or Jim Jones,² who were able to

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motivate people into action; but their actions were devastating. As well, just because someone is popular enough to be voted into a position of leadership does not make that person a good leader. Therefore, a leadership position itself is not enough for us to aspire to. We must look beyond the title or position and understand the qualities that are necessary to implement change and, through good leadership, for us to improve the chiropractic profession.

Historically, chiropractic has had its share of good and bad leaders. How can one recognize good from bad? If a person is in a “leader” position but is focused on himself, group efforts aim to satisfy his self-aggrandizement instead of what is best for the group. Unfortunately, a position of power is a magnet to those who use others for their own gain. To be an effective leader, one must focus on the destination that is best for the group. A good leader focuses on moving the group towards a better future and is willing to endure difficult times to get there. By focusing on the best interest of the group, a good leader becomes selfless. As history has shown, sometimes it is not until years have passed that we can truly distinguish the good from bad leaders. Fortunately, each of us can make the choice as to what type of leaders we follow or what type of leaders we wish to be.

I have participated in a variety of research, educational, leadership, and agenda conferences over the past 20 years. From these meetings, I have noticed several themes emerge. Dedicated people have met and developed lists of action steps, great ideas, and potential plans; but few of these are fully carried out. Once the meeting has concluded and the documents have been published, somehow the group expects that the “leaders” will magically implement them. Certainly we have limited resources, but the lack of follow through may be caused by not engaging others in the call to take action. We need more people to participate in the leadership process. A good friend once told me that “after the meeting someone must do the work” and that is where leadership begins.

I often hear that the chiropractic profession needs to have better, stronger, or more effective leaders. I hear, “*They* need to do something about the problems that our profession is facing.” I wonder who is the “*they*” that everyone is talking about? Have we forgotten that each of us is a participant in the profession and it is our responsibility, not the responsibility of others, to move our profession forward? Each of us must commit to being a part of the solution if the chiropractic profession is going to thrive.

We need others to see what we are seeing in order to create the path to achieve a better future. We need to

reach out and expand our leadership potential and inspire all doctors of chiropractic to lead from where they currently are. This may mean that each of us begins with leading ourselves, and then we can move on to leading others by expanding our circles of influence. We need to encourage our chiropractic practitioners, educators, and researchers, who are supportive in spirit, to engage and be part of the solution through personal leadership.

The chiropractic profession is made up of a small but mighty group of people. We have courage and determination. We have grit and tenacity. We have accomplished much in the past 120 years, and yet we still have a long way to go. Even though we see problems that we think someone else should solve, we must remind ourselves that each one of us has the potential to be a part of the solution. Therefore, the purpose of this session was to assemble a panel of good and effective leaders to discuss main issues in leadership from their point of view, describe what it takes to make effective change, and discuss what can be done to develop new leaders, especially for the chiropractic profession.

Panel Discussion

In preparation for the Association of Chiropractic Colleges Educational Conference—Research Agenda Conference (ACCRAC) 2014, we sought speakers who had been influential in various areas of leadership. We considered those with positions of power; those with national and international influence; and those with academic, business, and research backgrounds. The speakers were selected based upon their breadth and depth of experience and being change agents in multiple areas over many years. Much of the change that they have been responsible for has been done without others being aware of their actions, which is one of the signs of a selfless leader. They have sought to make changes for the better: not to improve themselves, but to help others. It is this selfless type of leadership that has set them apart. When invited to speak on leadership, each one responded in a very similar manner: humble and contrite.

It is not often that we have the opportunity to listen to wisdom from 1, let alone 4, outstanding leaders. Therefore, we asked their permission to audiotape the session so that others may gain from this presentation. The following is a transcription of the opening plenary session, “Learning From a Lifetime of Leading Effective Change,” of the ACCRAC 2014. The audio

recordings were transcribed, and the text has been edited for length and clarity purposes.

Dr Claire Johnson:

This ACCRAC panel session is about leadership. This raises the question, “Does chiropractic need leadership?” At last year’s ACCRAC, futurist Clem Bezold challenged us by asking, “Where are we going as a profession? What will become of chiropractic’s future?” Although we may think we know the answer, one thing is for certain, we cannot get to wherever we are going without *leadership*.

How can one describe a leader? It is challenging at best. Leaders are like rainbows. They are inspiring, yet difficult to define. They are brilliant, yet impossible to capture. One must witness them to truly know them. Like rainbows, leaders can leave their dazzling picture in our mind’s eye. And, although they may no longer be with us, we continue to be inspired by them. Like rainbows, leaders are often unaware of themselves, their glory, or their greatness.

Before you is a panel of speakers that represents decades of experience. Each of these distinguished leaders has challenged and inspired thousands of people over the years. The aim of this session is to challenge and inspire you. Each speaker will make a short presentation, and Mr Jim Hunter will follow with his comments.

Our first speaker is Dr Gerard (“Gerry”) Clum. Dr Clum is a 1973 Palmer graduate, founding faculty member of Life University, and first president of Life Chiropractic College West, holding that office for 30 years. Dr Clum served on the board of directors or as an officer of the Association of Chiropractic Colleges, the Council on Chiropractic Education, the International Chiropractors Association, the Foundation for Chiropractic Progress, the Chiropractic Summit, and the World Federation of Chiropractic. He presently serves on the Executive Committee and Board of Directors of the Foundation for Chiropractic Progress as Treasurer and serves a member of the Board of Directors of the Integrated Healthcare Policy Consortium.

Dr Gerry Clum:

I would like to begin by thanking Life University for sponsoring my participation this morning and for the opportunity to be here with you. I have to tell you that I have approached this challenge, or this opportunity, with a great deal of trepidation and a great deal of anticipation as well. Thank you.

I think it is remarkably difficult to speak personally on leadership. I have never perceived myself as a

leader. I have had leadership roles; I have been involved in different organizations. But when you speak about leadership, to me it is similar to Judge Potter Stewart’s definition of pornography: “I know it when I see it.”^{3,4} I do not know how to define leadership, but I do know it when I see it. And leadership falls into that category for me.

I would also like to thank the ACCRAC for the remarkable timing of this presentation. It is at the same hour that Fortune magazine released its top 50 leaders in the world. And, I would like to ask you to think about 4 of them that have applicability to us in our circumstance.

The first leader on this list is Pope Francis. I was born and raised in a Catholic tradition. I rejected that tradition as a teenager for all sorts of reasons that I held as valid and true until a few months ago, when Pope Francis was asked about the behavior of a Vatican monsignor who was alleged to be involved in a sexual relationship with a priest. The Pope’s response was “Who am I to judge?” In that one phrase, it changed decades of antipathy, anger, and angst that I had toward the faith that I was raised in. In that one moment of giving up the power and asserting the authority that he did in that statement, it changed the deal for me in that relationship.

The second leader for us to consider is the fifth person on the list: President Clinton. I am an unabashed friend of Bill. I liked him as a candidate. I liked him as a president. And I am thrilled with him as a past president. To be pilloried to a level that few of us can imagine, let alone withstand and to continue on; this is an unbelievable perspective in that consideration.

The third person, the ninth on the list, is the Dalai Lama. If you have had the good fortune to read his book “Beyond Religion: Ethics for a Whole World,” you have the leader of the entire Buddhist community worldwide suggesting that what we need to do is take a step back from our faith and into our humanity.⁵ He put forward in his concept of secular ethics; that secular ethics, based upon our humanness first, becomes consistent with every religious tradition there is. But in reverse, we have problems assimilating those perspectives depending upon faith and where we want to go.

The 11th person on the list is Derek Jeeter. I put him on our list because I do not know how the hell he got there. This is a really good illustration that one person’s leader is not the next person’s leader. And where the Pope’s perspective and authority may have value to me, Derek Jeeter’s does not matter much to me. And in this room, and in our profession, we have that reality.

I was brought up in chiropractic in an era where one was a student of Dr Joseph Janse or a student of Dr

Ernest Napolitano or a student of Dr Sid Williams—but God forbid anyone ever saw value in the other. Thankfully, we have moved past that point.

Our current reality, in terms of our leadership as a discipline, is that we are going through a very difficult phase where we have transitioned from a personality-driven profession to a profession that is content driven. However, I am not sure we know what content we are driven by at this moment. But we are not being driven by the personalities, the great personalities, that were so instrumental at a very important time in our history.

What we have right now is the opportunity for us to do something very different than our predecessors have done. When the keynote speaker, Mr Jim Hunter, talked about influence, I thought about Archimedes. Archimedes said that if you give me a fulcrum and a lever long enough, I can move the world. Our fulcrum in this moment is our values. The lever is the commitment to those values. To the degree that we can commit to more powerful values, we increase the size of the fulcrum, we increase the length of the lever, and we increase the ability to move the world.

Our original goal as chiropractors was to change the whole health care system, to change the whole thing by turning it upside down, to completely reverse it, to make it be about health rather than disease. I think the moment in time is here for us to come closer to realizing this potential than ever before in our history. The need for leadership in health care, the need for leadership in health politics, and the need for leadership in health education have never been greater.

One of the things that we were asked to address was the relevance, the action, and the development of leadership. My start in chiropractic was under Dr Sid Williams who founded Life University, Life Chiropractic College at the time. Leadership development in me came very simply from somebody looking at me, my mentor looking at me, and saying that I can do it. I had such faith and such confidence in him that if he said I could, then I could. That is all that was needed. I do not know that there are many of us, myself included, that have dealt with people within our institutions and our organizations and our groups with the generosity that I was given by him as a young man. I am embarrassed that there has not been more effort and action on my part committed to that in others. There may be a person on your campus or someone you are going to cross paths with today or tomorrow. You never know who it could be. It could be our next Einstein or a Mother Theresa, the person that leads us into the future if given a moment of encouragement, inspiration, and support in the process.

The opportunity that we all have as leaders and as followers is to use that influence for good. Sid taught me that the ethic we wanted to conduct our institution and our lives by was to love, to serve, to give, and to do so out of abundance. I am thrilled to have had the opportunity to be exposed to that ethic and perspective throughout my entire career.

Dr Claire Johnson:

Dr Wright Lassiter is a broadly experienced educational leader. He has served as a university chief financial officer and served as president of 3 institutions. Most recently, he served as Chancellor of the Dallas County Community College, a system consisting of 7 colleges that enrolled over 105,000 students and is the largest community college system in Texas. He is a trustee of Dallas Baptist University and is a past chairman of the board. He is currently serving as the chairman of the board of trustees of Parker University and Chiropractic College in Dallas. He is a Distinguished Adjunct Professor of graduate studies at Dallas Baptist University. He is an ordained Baptist minister and has written 11 books, including *The Friday Messages: Food for Thought: Perspectives on Leadership From a Leading Educator* and *The Power of Thought: A Series of Messages Celebrating the Life of Dr Martin Luther King, Jr.*

Dr Wright Lassiter:

Good morning. When I was asked to be a part of this panel, I did not know that I would follow Jim Hunter. As you heard, I served as the chancellor of the Dallas county community college for 28 years. I retired on the 25th of last month. Prior to my retirement, the board of trustees asked me to write a little paper entitled “The Academic Administrator as a Leader”, including what might be some critical principals, roles, and responsibilities. When you hear these, you are going to think that I am Jim Hunter, Jr, because much of what I am going to say, he said. I will just say it a little different.

The board of trustees had some questions: “What is leadership?” To answer this, perhaps it can be expressed this way. Leadership is an invisible strand that is as mysterious as it is powerful. Leadership pulls. Leadership bonds. It is a catalyst that creates unity out of disorder. Yet, it defies definition. No combination of talents can guarantee it. No process or training can create it where the spot does not exist.

The qualities of leadership are universal. They are found in the poor, the rich, the humbled, the proud, the common man, and the brilliant thinker. They are qualities that suggest paradox rather than pattern. But

wherever they are found, leadership makes things happen. And the most precious and intangible quality of good leadership is trust. Trust provides the confidence that the one who leads will act in the best interest of those who follow. This is the assurance that he or she will serve the group without sacrificing the rights of the individual.

Leadership's imperative is a sense of rightness. Knowing when to advance, when to pause, when to criticize, when to praise, and how to encourage others to excel. From the leader's reserves of energy and optimism, followers draw their strength. Drawing from a leader's determination and his or her self-confidence, followers will find inspiration.

In its very highest sense, leadership is integrity. This command by conscience asserts itself more from commitment and example than by directive. At the level of practice and action, leadership can be described as you heard: as influence.

If we had to pick out 5 or 6 qualities that are essential to good leadership, they would be the following: Firstly, you must have a vision, have a dream. Secondly, faith to try. To that little point "faith to try" I will add these words. "Faith to try" means that when you walk to the edge all of the light that we have and we take that step into the darkness of the unknown, we must believe that 1 of 2 things will happen. One, there will be something solid for us to stand on; or 2, God will teach us how to fly. Other qualities include enthusiasm, energy to work, skill to motivate, and determination.

Someone asked if they were to write a profile of an outstanding leader what it would look like. I would start by saying leadership is an elusive quality. That it is an asset with great potential for stimulating productivity in higher education. The outstanding academic leader is unusually competent, dynamic, and very confident, and somehow seems to have it all together.

There are 4 major qualities I believe for the effective academic leader. One, the outstanding academic leader sets a particularly positive example as a person. That individual brings out the best in people. That individual demonstrates great skill in directing day-to-day activities and takes a dynamic approach to activities.

You heard reference made to Jim Collins by Jim Hunter about why some companies make the leap and others do not. As I looked at his book several times, I distilled these points. If you are going to be a good academic leader, you want to strive very hard to become the best at something. And becoming the best at something is not about being a charismatic leader. It is critical to bring the right team together first. Collins calls that "first who, then what." And in a disciplined

culture like the chiropractic profession, I suggest that the "stop doing" lists may be more important than the "to do" lists. If anything, higher education is an industry that is infected with the view of all things to all people, which leads to trouble. Great organizations with academic leaders use technology to advance their plan, their strategy, and their momentum where they do not create it.

And finally, I was asked to talk about what might be some of the "dos and don'ts" of effective leadership. Far too many leaders believe that what they do and why they do it must be obvious to everybody in the organization. However, that is always not the case. Too many people believe that when they announce things as a leader, everybody understands. Unfortunately, that is not the case. Effective leaders must learn to spend enough time with those that they are leading. They need to be able to communicate to their team. We have a challenge. What are we going to do? And these are the ideas that I have and now I need your ideas. And this is a very important "don't." As a leader, "don't" hog all the credit yourself. And "don't" knock your subordinates.

There is also what I would call the duty of a leader. The first duty of a leader in an academic arena is to have and value followers. Leadership is always accountable for our results, and you need a team to accomplish that.

I had the privilege of teaching at the Army Command and General Staff College and the Army war college. The class was filled with 1-star generals. I asked them this question: what makes a good leader? Their uniform responses were these: The good leader keeps cool under pressure. A good leader clearly explains the mission and sets priorities. A good leader sees the big picture, provides context, and provides perspective. A good leader makes sound discipline decisions on time.

And finally, today is my birthday. One of my brothers sent me a book by Bill Farrel. The book is entitled *The 10 Best Decisions a Leader Can Make*.⁶ And these are some of those 10 things.

One, decide to be a leader. Two, decide to pursue your personal vision. Three, decide to be ready. Four, decide to be real. Five, decide to team up. Six, decide to identify the influencers in your organization. Next, decide to rally to risk. Next, decide to supernatural support and then pursue your dream.

You see, every leader counts. Everything that God does on earth he does with the help of leaders. Every great movement in history has been headed up by a leader. Even the most fundamental element of society, the family, has leaders in the husband and the wife. Every local expression of God's love and truth is

guided by the church leaders. Every higher-education institution is headed by those at the top with skills.

Leaders are everywhere. And the need for them cannot be overestimated. Half the books in the Bible use the word *leader* somewhere in it. Everyone in the church is called to remember your leaders as it is in our colleges, our universities: those leaders who speak the words of truth. And so I say to you as my other colleagues would, welcome to the challenge and the privilege of leadership. It is a wonderful arena to work in.

Dr Claire Johnson:

Our next speaker is Dr Reed B. Phillips. Dr Phillips graduated from National College of Chiropractic in 1973, followed with a Masters in Science in Community Medicine and a PhD in Sociology both from the University of Utah. He was president of the Los Angeles College of Chiropractic, which he transitioned into the multidisciplinary Southern California University of Health Sciences. He has served as president of the ACC, the Council on Chiropractic Education (CCE), and CCE-International. He serves on 6 editorial boards, has served as the editor-in-chief of the *Journal for Chiropractic Education*, and currently serves as the Executive Editor for American Chiropractic Association (ACA) publications. He was instrumental in the inclusion of chiropractic in the Veterans Affairs (VA) and military through his roles as the chair of the Chiropractic Advisory Committee for the Veteran's Health Affairs and participation on the Oversight Advisory Committee for the Department of Defense Demonstration Project. Dr Phillips has published numerous articles; and as a social historian, he has published 4 books on various aspects of chiropractic history. Currently, he serves as the Executive Director of the NCMIC Foundation and the Executive Director for the Councils on Chiropractic Education International. Please welcome Dr Phillips.

Dr Reed Phillips:

I want to share with you an experience that will help demonstrate some examples of leadership rather than giving an academic lecture. Everybody knows I wear a Mickey Mouse tie. I look to Mickey Mouse as one of the great leaders of the world for 2 reasons: he is always smiling, and he has influenced this world for good more than most people. He is my hero. I would like to thank Southern California University of Health Sciences for sponsoring my travel to this conference.

I would like to discuss the Veterans Affairs Chiropractic Oversight Committee. This committee was organized to advise Anthony Joseph Principi, Secretary of Veterans Affairs, how best to incorporate

chiropractic services into the VA Health Care facilities. The Veteran's Millennium Health Care Act of 1999 had already been passed.⁷ So it was not an issue of whether it was going to happen or not; it was an issue of how best to do it.

As a profession, we are continually faced with a series of great opportunities that are disguised as insoluble problems. This committee had been dubbed, not in print but off the record, as a committee that was "designed to fail."

The "medical side" of the committee included Paul Shekelle, MD, PhD, a well-known name amongst chiropractors for the work he did with RAND in the 1990s. Warren Jones, MD, a medical doctor in the navy and then retired into family medicine, chaired the department of Family Practice at the University of Mississippi. Mike Murphy, DO, was a doctor of osteopathy. He and Dr Jones served on the Department of Defense committee as well as the VA committee. He was a faculty member at Pike Osteopathic School in Kentucky. Brian Murphy, PT, was a physical therapist from the VA facility at Salt Lake City, UT. Michael O'Rourke was a physician's assistant but was an active lobbyist for the Veterans of Foreign Wars and a representative of several other VA organizations. Sarah McVikar, RN, was the VA staff person who managed this committee. If ever there was a leader that was key to our success, it was Sarah McVikar.

On the "chiropractic" side of the committee, I was picked as the chair. I did not want to accept that responsibility. But my good friend Terry Yochum, DC, DACBR, leaned on me quite heavily. He said, "If you do not do it, who will?" I started giving him a list of people who could do a better job than I could; and he stopped me and said, "What would Dr Janse have done?" So I accepted the position.

Rick McMichael, DC, who later served as president of the ACA, was an ACA representative. Cynthia Vaughn, DC, also represented the ACA. Dr Michael McLean, DC, was the International Chiropractors Association representative. Leona Fisher, DC, represented the World Chiropractic Association; and Charles Duvall, Jr, DC, represented the National Association of Chiropractic Medicine. This was quite a disparate group of chiropractors. At the end of our service, Jay Cook, DC, a practicing chiropractor from California, joined the committee. Not on the list and not a member of the committee but in constant attendance in giving service to the committee was ACC Executive Director Mr David O'Bryon. Someone suggested it was the "luck of the Irish" that brought us through to a successful completion, meeting the requirement of a

federal advisory committee, that is, to have a representation of all interested parties who have a stake in the purpose of the committee.

The charge of this committee was to meet the requirement of Public Law 107: to provide direct assistance and advice to the Secretary in the development and implementation of chiropractic health program in the VA Health Care system.⁷ We had our mission set for us; we did not have to come up with one. We had to decide how the VA could endorse and embrace chiropractic services.

We started in 2002 meeting 3 or 4 times each year for a period of 3 years. At the end, we came up with 58 recommendations to the Secretary. The committee agreed upon those 58 recommendations, 57 unanimously. That was an achievement nobody had expected would ever happen. The only one we did not all agree on was related to the scope of practice. Two on the committee felt chiropractic should have direct access to patient care. Those familiar with the VA system said that would never work in the VA system. The system required a patient to go through a primary care manager. That was the only issue we had disagreement on. That is not to suggest we did not have discussions. Over the course of 3 years, we had a lot of disagreement. However, we eventually came to accept the recommendation unanimously except for one.

Over the years I have asked myself, how did success like this happen? Was it my leadership as chair? Was it the makeup of the committee? Was it the mission we were assigned to complete? Reflecting back, I think there was a commonality shared by all: a desire to provide a service for our Veterans, those men and women who had put their life on the line to preserve our freedom, and our love for our country and what it represents. We all had different opinions on what chiropractic was, how it could be applied, and how it could be inserted into the system. But those 2 driving forces, service and love, held us together and allowed us to reach success.

Success did not come easy. Every time we gathered, we would have our formal meetings and then we would have our informal meetings during breaks, when we went to lunch and when we met after hours. There was a lot of interaction going on all the time. It was not just the chiropractic side against the medical side. Instead, interactions integrated across that barrier as well as across differences of opinions within both sides of the group.

So I attribute the success to what this committee accomplished to the members of the committee and to the diligence, the work, and the effort they put forth to

achieve our mission and to fulfill our goal. As a leader, my job was to suggest “let’s go this way a little bit; let’s go that way a little bit.” But if I did not have the quality of people on that committee on both sides of the aisle, we would have never achieved what we accomplished.

When we finished our recommendations, the committee was sunset and we disbanded. They created an internal chiropractic advisory committee, which Dr Anthony Lisi now chairs. It was a great opportunity and a great experience.

To conclude, success is not measured in achievement of goals, but in the stress and strain of meeting those goals. This had been an opportunity for stress and strain. It was a highlight of my career, and I thank all of you for the opportunity to make this presentation.

Dr Claire Johnson:

The last speaker on the panel before Dr Hunter has a chance to give us his comments is Dr Lou Sportelli. Dr Lou Sportelli received his Doctor of Chiropractic degree from Palmer in December of 1962 and has been in private practice since 1963 in Palmerton, PA. He has served in many capacities throughout his 50-year career in chiropractic. He has been active in his state, national, and international associations. He served as Chairman of the Board of the ACA and as president of the World Federation of Chiropractic. Dr Sportelli currently serves as president of the NCMIC Group, an insurance and financial services company. NCMIC Insurance Company is the largest chiropractic malpractice insurance company in the nation, insuring more than 40,000 doctors of chiropractic in the United States. Please join me in welcoming Dr Sportelli.

Dr Lou Sportelli:

Ladies and gentlemen, each of us at one time or another will have the opportunity to accept or decline the potential to rise to leadership roles in our lifetime. Many times that opportunity to be a leader is not revealed until long after the occasion has passed. And only later when the opportunity to reflect on what transpired in the previous experience is manifest in some other circumstance are the lessons learned and the skills developed in the previous challenge used again, only this time with less effort and sort of a “knowing” of the value of the prior lessons truly realized.

Today we talk about the era of the *information age*; and interestingly enough, if you notice, it is not called the *knowledge age* because there is a huge difference between information and knowledge. Leadership is often misunderstood in the same way. The biggest issue in defining leadership is mistaking a position or a title

to automatically transfer leadership ability. Before I go any further, the way a leader handles failure reveals more about the leader than how the leader handles success. I have been blessed in my 50-plus years in chiropractic to have had a mentor very early on in my career. I was a young little snot-nosed kid coming out of chiropractic college. You need to remember that when I went to chiropractic school, students could go right out of high school; and that is exactly what I did. I had to wait until I was 21 years old to get my license in Pennsylvania. Therefore, to have a mentor was critically important in my life. Unfortunately, I did not realize it at the time; but upon reflection, its significance has become crystal clear.

I have been blessed with several mentors.

My earliest mentor was an attorney, a malpractice attorney. He is 89 years old, and I visit him every year since he moved away from my area. I owe him an awful lot for what I have become today, largely because of his early mentoring. His keen insight into the weaknesses of a young, enthusiastic, but novice chiropractor armed with nothing to fight the opposition with but a “gun” filled with “philosophical bullets,” which I did not know at the time were only lethal to me as the carrier of a questionable message regarding a new health profession. The message about chiropractic and the lack of scientific evidence has in the 21st century been exposed; but back in the 1960s, the profession had little to use as evidence to support the professional positions we took and the public messages we espoused. Mr Mackson, I thank you.

Another important mentor was a public relations consultant, Mr Irv Davis, who painfully taught me the skill sets necessary to successfully and diplomatically convey our message with confidence and credibility. For his tutoring, I am eternally grateful.

So here are my lessons learned about leadership. Thought number 1: Find a mentor. Find a mentor early on. Ask him or her to be your mentor. Or simply borrow them without their knowledge if you are shy about asking. Find your mentors in books and in biographies. They are yours for the taking. And then, when valuable lessons are learned—be a mentor to others the first opportunity you have.

My early involvement in chiropractic advocacy and the world of media controversy I owe, strangely enough, to a medical doctor, a gentleman by the name of Stephen Barrett, who still to this day operates and manipulates a Web site called *Quack Busters*. I met him in 1969 and through his actions launched my career because he subversively formed a group called the *Lehigh Valley Committee Against Health Fraud*. I

was against health fraud. Who would not be against health fraud? It is like saying you support motherhood and apple pie. So, I showed up to attend the initial meeting of this group, but they would not let me in. So the truth was the meeting was not about being against health fraud. The meeting was about being against chiropractic. So obviously, he angered me to a point which launched my advocacy career; and the rest, as they say, is history.

Before I knew it, things evolved rapidly and soon we were faced with the *Wilk v American Medical Association (AMA)* suit. I was practicing in 1963 which was long before I or anybody in my era knew that there was the AMA Committee on Quackery.⁸ This clandestine activity went on long before we knew the AMA had devised a plan to “contain and eliminate” the chiropractic profession. So that experience of being denied access to a group opposed to health fraud catapulted me into a leadership role whether I wanted it or not.

I became my state association president; lobbyist; media spokesperson; and, for those of you in this largely academic room, a “black lung coordinator”. You can laugh. You heard me right. What could chiropractic do for pneumoconiosis, known as *black lung disease*? It was a question that I was asked by the Governor of the State of Pennsylvania, and this very serendipitous path led me to the ability and the opportunity to have a state-funded black lung conference in the mid-1970s.⁹ Funded by the state! Imagine the contrast. Our state chiropractic association did not have enough money to buy dinner, however the State of Pennsylvania wanted to fund a Black Lung Conference!

The interesting part about the black lung conference was the names of some people who you may be familiar with when I name them. Of course, I called upon Dr Joseph Janse. He did not at any time ever say to me, “Are you nuts?” He may have thought it, but never said it. Energetic and supportive individuals like Scott Haldeman, Jim Winterstein, and Al Adams were invited. Other giants such as Joseph Howe, Earnest Napolitano, and many whom I have forgotten had the opportunity to ask me if I was nuts. And of course, there were others who did not share in my enthusiasm you can be sure; but they were always negative. But you know what was striking? It was the selfless desire in everyone who did participate to do something to support that conference and advance the entire profession. I am glad today that I got to know the researchers and, as we clinicians like to say, those “pointy-headed academics” early on in my career; they helped mold and expand my broad view of the chiropractic world we as clinicians are forced to function in.

Unquestionably, the world of chiropractic politics, education, and research was indeed blurry. The mixing and cooperation of all those arenas did not happen very often. The black lung conference was a success; but more importantly, that was a unique opportunity given to our profession when we had limited resources. Many of those individuals who participated had never met each other. And because of the black lung conference, we had the opportunity to get to meet each other long before another very serendipitous event occurred in our profession called the *National Institute of Neurological and Communicative Disorders and Stroke*, otherwise known as the *NINCDS Conference*.¹⁰ Those of you with gray hair may remember that seminal event back in 1975; look at the roster of participants, and it will look uncannily similar.

Leadership thought number 2: Coincidence is God's way of remaining anonymous. Everything that happens during your career is adding to your cumulative experiences. If you are tuned to the lessons learned, your leadership path will be richer. Some of you may know that I traveled as state association president with a myriad of challenges, to then become chair of the ACA with challenges, then to be president of the World Federation of Chiropractic with challenges, and then to be president of NCMIC with challenges. All of these unexpected and unforeseen challenges were essential to mold my thinking of today. Fundamentally, as you evolve in your career and life, not much is really different. Basically, leadership is about taking on challenges. Each challenge may be on a different day, with different players; but fundamentally, the leadership issues are the same. There will always be similar problems no matter where or what stage of development you are in.

In each of these roles, I had the good fortune to have a mentor who guided me. I am indeed grateful for the mentorship along the way.

I am in my current leadership role as NCMIC president. I do not want to embarrass the tall Irishman in the room; but Mr Patrick McNerney, who is the CEO of NCMIC organization, has turned NCMIC from a "Mom and Pop" organization into an incredibly viable corporate entity in this profession, one that is needed so badly. He has also been a mentor to me, teaching me the nuances of business and finance; but more importantly, he has created an incredibly viable and successful organization in NCMIC that has benefitted the entire chiropractic profession in ways that our profession will never be able to measure; only history will reveal its true relevance. That kind of large footprint left on the profession is leadership in action.

I learned early on from my dear friend Charlie "Tremendous" Jones.¹¹ In his famous line when he ended all his talks, he said, "You're the same today as you'll be in 5 years except for 2 things: the people you meet and the books you read." He also said, "Readers are not always leaders, but leaders are always readers." And from those hundreds and hundreds of books that I read since first meeting Charlie Jones back in 1969, several pearls of wisdom have emerged.

Leadership thought number 3: Know your strengths and know them well. Know your weaknesses and know them well. Do not waste time on your weaknesses. Always surround yourself with people brighter than yourself. You do not have to know everything; you just have to know where to get the information. Brains are the cheapest commodity in the world to buy. However, applying what that intelligence tells you to do is leadership.

A lot can get done when you are not concerned about who gets the credit. Take time to thank those who help you. And, if possible, learn the lessons that Keith Ferrazzi writes about in his book *Never Eat Alone* (and have dinner without your iPhone).¹² When the stakes are high and the risks are great, when the outcome is in jeopardy, that is when you have to earn the right to be an exceptional leader.

In conclusion, my message about leadership is really simple. Every day is the first day of the future of your organization or your project. Your vision must be in a constant state of dynamic change. Many leaders have to be replaced when their vision becomes ridged and inflexible. Just remember, only 1 of the hundred US companies in the Fortune 500 from 1900 is still in business today. The other 99 no longer exist. So leadership is an ongoing process; and in the words of futurist Eric Hoffer, "In a time of drastic change it is the learners who inherit the future. The learned usually find themselves equipped to live in a world that no longer exists."¹³ Leaders can help us see that vision. Thank you.

Dr Claire Johnson:

Mr Jim Hunter, the keynote speaker who you heard earlier, is the author of 2 internationally best-selling books: *The Servant: A Simple Story About the True Essence of Leadership*¹⁴ and *The World's Most Powerful Leadership Principle: How to Become a Servant Leader*.¹⁵ His books are the texts used in many MBA and other higher-education curricula, have been translated into 2 dozen languages, and have sold over 4.5 million copies worldwide. Mr Hunter speaks on Servant Leadership to audiences around the world and

has personally coached over 2300 executives in developing the skills of Servant Leadership.

Mr Jim Hunter:

As each panelist spoke, one of things that captured me was how different each person is. Leadership is not about style. One can go to the bookstore and find a lot of books on leadership style, but I do not think they are worth the paper they are written on. Look at history and you will see leaders with very different styles. You look at WWII and you look at a General Patton versus a General Eisenhower. How more different styles could 2 men possibly have? A John Wooden or a Bobby Knight, a Lee Iacocca or a Mary Kay; each has a completely different style.

But leadership is not about style. Leadership is much deeper. Leadership is about your substance, your character. Some of the great leaders I know are introverted, which allows them to listen well. They ponder decisions. Extroverts have to work at some other things, listening and thinking through their decisions. Leadership is not about your personality. It is not about your style. You are free to be you. Your people want you to be you.

One's personality is pretty well fixed by age 6. Your IQ is pretty well fixed by age 15. But not your character. Hence, the term *maturity*. Moral maturity. Doing the right thing even when you do not feel like it. So you are free to be you. And as I look at the speakers, I see very different people; and it is just a wonderful, wonderful thing the diversity in God's creation. So do not think you have to be a certain type of person to be a leader.

Jim Collins describes this in his book.¹⁶ You want data on certain leadership? He went out and collected the data. He studied the greatest leaders on planet earth. And he said in terms of style, in terms of personality, they were very different. He said some were tall, some were short, some were heavy, some were thin, some were dressed for success, and some were dressed for failure. Some were articulate, but many were inarticulate. And he said a couple were charismatic. Most of them were pretty boring. He said the quality they all had in common is what we just saw in these 4 speakers. He said that all good leaders had 2 qualities.

Number 1: They were humble. In other words, they were "other" focused. They did not lay awake at night wondering when they were going to get a corner office or get some perk out of serving on a committee. You know what kept them awake at night? Do my people have everything they need to win? Are my people being served? That is what kept them up at night. They were humble.

The second quality Collins found in all the great leaders was a strong will to do the right thing for their people and for their organization. We have an old-fashioned word for that; it is called *character*. Doing the right thing even when you do not feel like it. And I think that is what we have just seen here. Very different people, but each one has character; each stepped up at a time when someone needed to step up and fill a need. There are very different personalities represented up here. So thank you for reminding me of that today.

Figure 1. Dr Claire Johnson, Mr Jim Hunter, Drs Louis Sportelli, Gerard ("Gerry") Clum, Wright Lassiter, and Reed Phillips. (Color version of figure is available online.)

Conclusion

We hope that this session motivates you to reflect upon your thoughts of leadership. Perhaps you will be inspired to look within yourself and recognize these traits and offer your own personal leadership to help move the chiropractic profession forward (Figure 1).

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References

1. Kotter JP. *Leading change*. Boston, Mass: Harvard Business School Press; 1996 [x, 187 p. p.].
2. Barker E. Religious movements: cult and anticult since Jonestown. *Ann Rev Soc* 1986;12:329–46.
3. Reichel PL, Albanese JS. *Handbook of transnational crime and justice*. 2nd ed. Thousand Oaks: SAGE Publications; 2013.
4. Concurring opinion in *Jacobellis v. Ohio* 378 U.S. 184 regarding possible obscenity. *The Lovers*; 1964.
5. DalaiLama H. *Beyond religion: ethics for a whole world*. New York: Houghton Mifflin Harcourt; 2011.
6. Farrel B. *The 10 best decisions a leader can make*. Eugene: Harvest House Publishers; 2013.
7. Green BN, Johnson CD, Dunn AS. Chiropractic in veterans' healthcare. In: Miller T, editor. *Veterans health resource guide*. Santa Barbara: Praeger Publ; 2012.
8. Wardwell WI. Chiropractic: history and evolution of a new profession. St. Louis: Mosby-Year Book; 1992 [xv, 358 p. p.].
9. Pennsylvania governor cites chiropractic research need. *Am Chiropr Assoc J Chiropr* 1974;11(12):23.
10. Goldstein M. National Institute of Neurological and Communicative Disorders and Stroke. The research status of spinal manipulative therapy: a workshop held at the National Institutes of Health; 1975 [Bethesda, Md]. Washington: U.S. Dept. of Health, Education, and Welfare; 1975 [viii, 310 p. p.].
11. Jones CT. *Being tremendous: the life, lessons, and legacy of Charlie Tremendous Jones*. Mechanicsburg: Executive Books; 2012.
12. Ferrazzi K, Raz T. *Never eat alone: and other secrets to success, one relationship at a time*. Expanded and updated edition; 2014.
13. Hoffer E. *Between the devil and the dragon: the best essays and aphorisms of Eric Hoffer*. 1st ed. New York: Harper & Row; 1982 [vii, 486 p. p.].
14. Hunter JC. *The servant: a simple story about the true essence of leadership*. Rocklin, Calif: Prima Pub; 1998 [x, 187 p. p.].
15. Hunter JC. *The world's most powerful leadership principle: how to become a servant leader*. 1st ed. New York: Crown Business; 2004 [224 p. p.].
16. Collins JC. *Good to great: why some companies make the leap—and others don't*. 1st ed. New York, NY: HarperBusiness; 2001 [xii, 300 p. p.].