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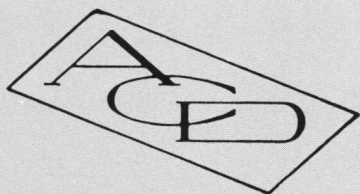
The Challenge Is Now!
External and Internal Factors
Challenging the Professional Concept
of Dentistry



**MEMBER PUBLICATION
AMERICAN ASSOCIATION OF DENTAL EDITORS**

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NEWS AND COMMENT

BOARD ACTIONS

At the October meeting of the Board of Regents held in conjunction with the Annual Meeting and Convocation in Dallas, Texas, the Board took the following actions:

- Accepted the report of the Executive Director who indicated that sets of Project Library were still available.
- Accepted the report of the Editor who has tendered his resignation to take effect at the 1980 meeting.
- Appointed a Search Committee to nominate a new Editor.
- Extended the employment of Executive Director Robert J. Nelsen to January 1, 1981.
- Reappointed the Search Committee to nominate a new Executive Director.
- Approved the appointment of Dr. Harold Fullmer as the American College of Dentists' representative to Section R Committee (Dentistry) of the American Association for the Advancement of Science.
- Accepted the recommendation that the Financial Advisory Committee study a program for the prepayment of annual dues.
- Discussed the format and time of the meeting with Section representatives and approved appropriate charges.
- Adopted a tentative budget for 1979-1980.
- Heard the report of the Select Committee regarding advertising, participation in commercial journalism or commercial enterprises by Fellows and discussed in depth the position the College should take. The Board approved the position statement and ordered its dissemination to the Fellowship by publication in the Journal.
- Accepted reports of the Officers, Regents, Awards Committee, Committee on Conduct, Commissions on Research, Education, Journalism and Delivery of Service, and the report of the Oral History Committee.

- Appointed a committee to review the bylaws for the purpose of expanding committees by the inclusion of Fellows not on the Board as committee members.
- Presented certificates of appreciation to retiring regents Arnol R. Neely and Joseph B. Zielinski, to vice president William C. Draffin who now becomes president-elect, to president-elect Gordon H. Rovelstad who assumes the presidency, and to Dale A. Hills, retiring president.

SECTION NEWS

New York Section

The New York Section of the American College of Dentists held its Fall meeting at the New York University Club on Sept. 18, 1979 under the chairmanship of Irving Naidorf. There were 46 fellows in attendance.

The minutes of the previous meeting were accepted. They are to be posted at subsequent meetings.

Andrew Cannistraci, chairman of the Nominating Committee presented the following slate:

Joseph A. Gibson Jr. — Chairman

Henry I. Nahoum — Vice-Chairman

George L. O'Grady — Secretary/Treasurer

Arthur Resnick — Historian

Lillian Bachman — Executive Committee

Joseph Fiasconaro — Executive Committee

Elections will be held in November.

The Guest Speaker was Dr. Stanley Lesse, Assistant Clinical Professor of Neurology at Columbia University College of Physicians and Surgeons. Dr. Lesse spoke on "Atypical Facial Pain; a study of 600 patients". He discussed the syndrome of "Faciopsychomyalgia". Dr. Lesse discussed the type of patient in detail and the underlying depression that is associated with this pain. His presentation was well received and there were numerous questions from the audience.

Maryland Section Holds American College of Dentist Day

The seventh annual American College of Dentists Day was held on Wednesday, October 31, in the Terrace Room, Baltimore Union, University of Maryland at Baltimore.

Approximately 140 senior dental and senior dental hygiene students responded to our invitation. There were 26 Fellows of the Maryland section in attendance, the 16 Fellows conducting the table discussions. There were 14 discussion tables, each consisting of nine students and the Fellow discussion leader.

After luncheon, Dean Errol L. Reese and Section Chairman Joe N. Price brought greetings. The round table discussions on various phases of dentistry then took place. The clinicians who participated were Fellows Harry W. F. Dressel, William R. Patteson, William B. Strahan, Frank A. Dolle, Marvin Graham, Joe N. Price, Lloyd E. Church, Joseph H. Seipp, Jr., Saul M. Blumenthal, Lawrence F. Halpert, R. Berton McCauley, Gerson A. Freedman, Charles T. Pridgeon, Irving I. Abramson, William Schunick, Marvin P. Sheldon and Walter Granruth, Jr.

The students and clinicians who took part all agreed that it was a stimulating and interesting program. The members of the planning committee were Charles T. Pridgeon, John F. Hasler, Marvin P. Sheldon, Douglas Sanders and Lawrence E. Johns.

Section officers are Chairman Joe N. Price; Vice-chairman Conrad Inman, Jr., Secretary Bernard Gordon and Treasurer Frank A. Dolle.



Charles T. Pridgeon's discussion group

Metropolitan Washington Section

The fall meeting of the Section was held on Wednesday, September 26, 1979, at the National Naval Medical Center in Bethesda, Maryland. Chairman Robert W. Elliot Jr. presided and over 60 were in attendance.

Among the committee reports Stanley Milobsky announced that Hugh Sidey, the Washington contributing editor of Time Magazine, would be the speaker at the Biennial Breakfast during the Spring Postgraduate Meeting of the D. C. Dental Society in April, 1980.

Robert Nelsen discussed the status of the American Colleges' position on advertising. The new slate of officers elected by acclamation were Irving Rothstein, chairman; Jeanne Sinkford, vice-chairman; and Edmund Travaglini, member at large to the executive committee. Dr. Rothstein presented a plaque of appreciation to Dr. Elliot for his devoted and outstanding service as chairman.

Jeanne Sinkford introduced the principal speaker Dr. Charles R. Jerge, director of the Winston-Salem Dental Care Plan, Inc. who discussed "New Concepts in the Delivery of Dental Services". His presentation described the dental program utilized by over 80% of the employees of the R. J. Reynolds Industries in Winston-Salem and drew many provocative comments and questions from those present.

NEWS OF FELLOWS

Professor **Louis J. Baume**, head of the department of dental medicine at the Medical Faculty of the University of Geneva, Switzerland was recently installed as president of the Federation Dentaire Internationale at its meeting in Paris.

Alvin L. Morris, of the University of Pennsylvania, delivered the 1979 Lister Hill Lecture during the convocation honoring the graduating class of the University of Alabama School of Dentistry.

Daniel M. Laskin of Chicago, professor and head of the department of oral and maxillofacial surgery at the University of Illinois College of Dentistry was awarded the William J. Gies Foundation Award in Oral and Maxillofacial Surgery at the recent meeting of the American Association of Oral and Maxillofacial Surgeons in New Orleans.
(continued on page 62)

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AQUARTERLY PRESENTING IDEAS IN DENTISTRY

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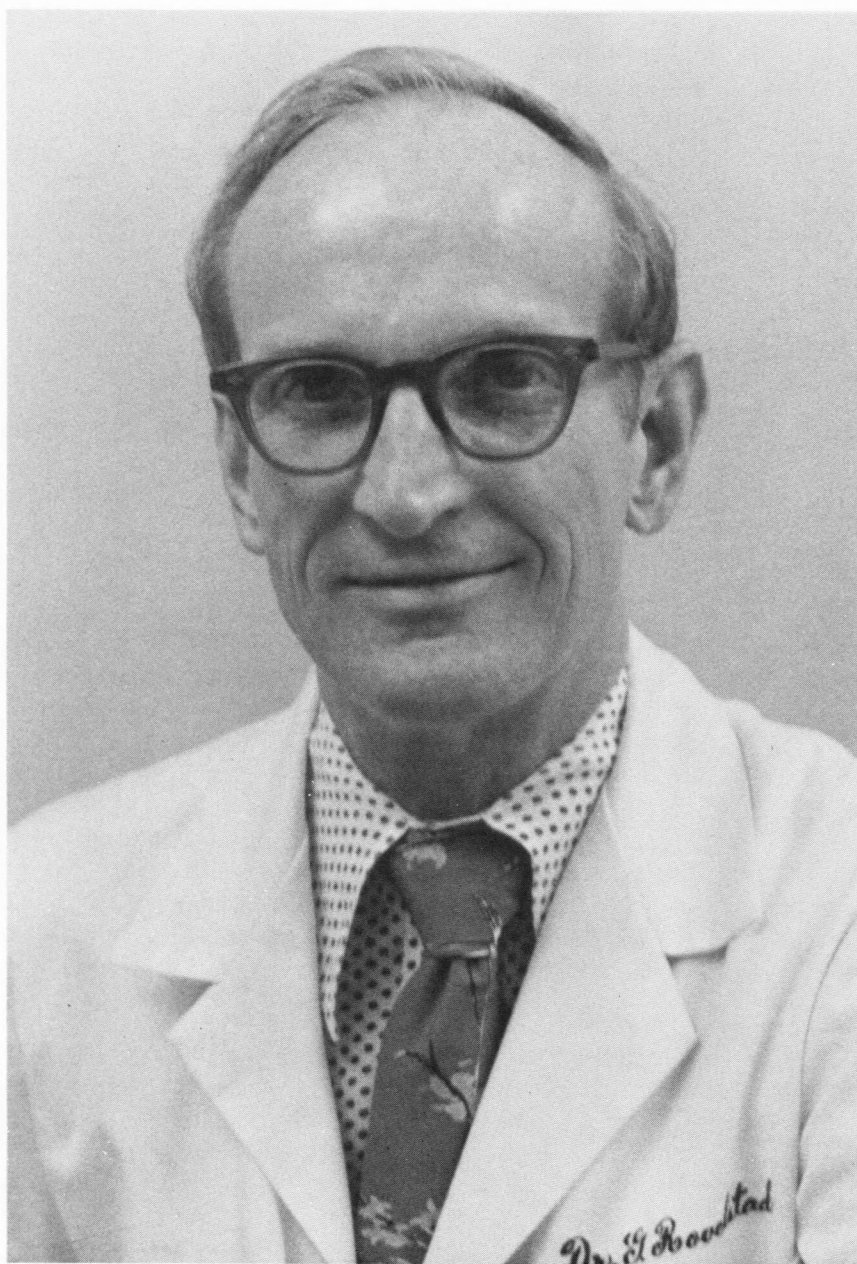
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Gordon H. Rovelstad
President 1979-1980

THE PRESIDENT OF THE COLLEGE

Gordon H. Rovelstad of Jackson, Mississippi, a pedodontist who has had a long and distinguished career as a teacher, clinician, author, researcher, administrator and academician is the 1979-80 president of the College. Born in Elgin, Illinois, the son of a prominent dentist, he took his pre-dental studies at St. Olaf College and studied dentistry at Northwestern University where he received successively his D.D.S. degree, a Master of Science degree in pedodontics and his Ph. D. in dental pathology.

After an internship at Passavant Hospital in Chicago, he practiced in Elgin and later Chicago. Entering military service with the United States Navy, he saw active duty as a dental officer with the First Marine Division in Korea. His efforts were recognized with a Commendation Ribbon and he later received the Meritorious Service Medal and the Legion of Merit upon retirement from the service.

During his Naval career he headed the Research and Sciences Division of the Naval Graduate Dental School, Bethesda, Maryland, was Director of the Dental Research Faculty of the Naval Training Center, Great Lakes, Illinois, and was officer-in-charge of the Naval Dental Research Institute at Great Lakes.

In academic activities, Dr. Rovelstad has taught anatomy, oral surgery and pedodontics at Northwestern University, physiology at Georgetown University Dental School and physiology and biophysics at the University of Mississippi Medical Center. He is currently professor of pediatric dentistry and assistant dean for educational programs at the University of Mississippi School of Dentistry. He is also attending pediatric dentist at the University Hospital.

He is a past-president of the American Academy of Pedodontics, a diplomate of the American Board of Pedodontics and former president of its examining board, past-president of the International Association for Dental Research, a fellow and former councillor of the dental section of the American Association for the Advancement of Science and chairman of the graduate section of the American Association of Dental Schools. He is a member of the educational board of the American Society of Dentistry for Children and serves as a consultant to the Advisory Committee of the National Caries Program.

Dr. Rovelstad's research activity has been in salivary gland physiology, dental caries etiology and epidemiology, and oral biology.

He has been awarded the honorary degree of Doctor of Science by Georgetown University and holds membership in Sigma Xi, Omicron Kappa Upsilon honorary dental fraternity, and the New York Academy of Science. He is a recipient of the Thomas P. Hinman Memorial Medallion and the Northwestern University Alumni Merit Award.

He is the author or co-author of some seventy five publications and research reports and has presented sixty papers before scientific organizations in all parts of the world.

In the various communities in which he and his family have lived over the past thirty five years, Dr. Rovelstad has been active in YMCA, the Boy Scouts and church work. He is a past president of the Elgin Chapter of Rotary International and is currently a member of the board of directors of the Kiwanis Club of Jackson, Mississippi. While living in Bethesda, he was president of the board of trustees of Christ Lutheran Church.

His hobbies are music, the arts, golf, fishing and woodworking and he serves on the board of directors of the Jackson Symphony. He is married to the former Barbara Johnson, a well-known artist. The Rovelstads have two sons and a daughter.

The College is privileged to have as its president for the coming year so competent and versatile a leader as Dr. Gordon H. Rovelstad. We wish him much success in his administration.



Report Of The President

DALE HILLS, D.D.S.

This has been a very interesting, informative and rewarding year in my life. As I review the progress the College has made since its meeting in Anaheim, I personally believe that it can be considered a successful year.

The image of the College has certainly changed. Apathy was starting to strangle us and a stimulus was needed to rejuvenate the College. The development of position statements was objectively designed to have the College respond to issues and problems confronting the dental profession. This has been done. We have also derived some secondary benefits as well. This is the first time that all Fellows have been asked to take an active part in the development of policies. The opportunity for each individual to express his personal opinion has had a profound effect. They now realize that Fellowship is more than just an honor and they have an obligation to the College to participate in its affairs. Many individuals have commented that it certainly is invigorating to be a Fellow of an active organization.

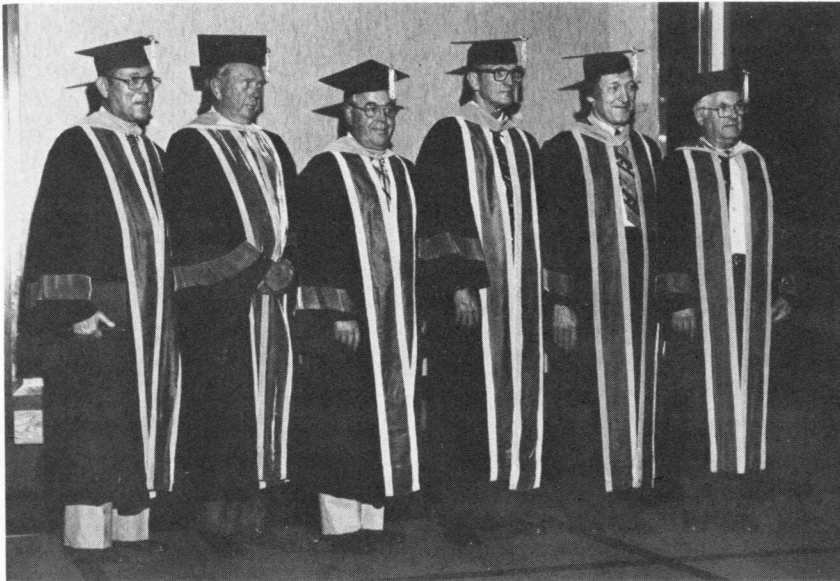
For many years, we have discussed ways of making the Sections become more active and our attempts to motivate their meetings have not been successful. Asking the Sections to hold a special forum to discuss the topics which were designated by the Board of Regents for the development of position statements, incited many.

Now that we have initiated the development of statements, and many Fellows and Sections are anxious to actively participate, I would strongly suggest that the Board of Regents consider continuation of the project by assigning other topics for evaluation, even though the mechanics and design certainly needs further development and refining.

I have had the privilege of attending three Section meetings; Minnesota, Texas and Virginia. The reception and hospitality given to me, as President, was greatly appreciated. After visiting these three Sections, I was able to determine that there is a great need for the President and other Officers of the College to attend as many Section meetings as possible. I was told many times that they could not believe a President would take the time to attend their meeting and that they

were greatly honored to have me there. They were very eager to hear everything about the College and asked many questions collectively and individually. Personally, I believe that this is an excellent way to close any communication gap that might exist between the Sections and the Board of Regents. I suggest that the President and other Officers attend as many Section meetings as possible and that the Sections be notified that the President and other Officers are willing to attend their meetings, at no costs to the Sections, but they must have sufficient time on the program to make an up-to-date report on the College's affairs.

After thirty-two years of continuous service to our profession, by actively participating in dental association affairs, it is difficult to realize that I have reached the pinnacle. Serving as President of the American College of Dentists is one of the highest honors that a dentist can receive. I am humbly grateful to have had the opportunity to serve in this position.



Officers of the College, left to right: Robert I. Kaplan, editor; George E. Mullen, treasurer; Dale A. Hills, outgoing president; Gordon H. Rovelstad, new president; William C. Draffin, president-elect; and Robert J. Nelsen, executive director.

President-Elect's Address

GORDON H. ROVELSTAD

Fellows of the College and candidates for Fellowship and guests, it is with hesitancy and considerable concern that I step to the podium this morning. The only qualification that was required for my being here is that I am your President-Elect. The mere fact that you elected me to that office provided the credentials for my presentation this morning as has been done for years before.

More than a year has elapsed since this was made known to me. Many of my friends have even reminded me of this event with either announced plans to attend or excuses for absence. Yet preparation for this address has given me great difficulty. According to Murphy Givens, a columnist in the Jackson Clarion Ledger, every governmental aide knows exactly what to say when facing an audience. He refers to a little book entitled "What to Say". Depending upon the situation, instructions are given. For example, on page 62 says Givens, in the chapter called "Returning from Abroad; What to Say." you first say whatever you were doing was "grueling"; second, if you want to really emphasize a point, say that it was "very grueling"; third, you should describe the trip as being "meaningful". And again, if you want to be sure that it is particularly well accepted you say "very meaningful". The little booklet doesn't say anything about President-Elect's remarks however.

Upon reviewing previous comments of President-Elects before this astute body, I found some common themes. For example, there are many suggestions for re-organization, programs for revitalization, suggestions for moving ahead while moving back to basics to bring us all together. Above all we should do our best. So with these guides you should expect comments about what we expect to accomplish in this next year. Recognizing that I don't have a guide book, perhaps you will accept comments related to what I anticipate will be some of the experiences we will share during the next twelve months.

Presented at the annual meeting of the American College of Dentists in Dallas, Texas, October 20, 1979.

Times have changed significantly since 1956 when I stood as a candidate for Fellowship in the College. Dentistry and thus the American College of Dentists faces a different environment today. The goals of the College are printed in the same language but there appear to be different interpretations. Since 1920 when the College was formed the change has been even greater. The problems faced by the dentist are greater and his responsibility has significantly expanded. The predoctoral educational program has grown and post-doctoral programs have developed. Public awareness is different. People have been convinced that they need dental care and are going about the business of getting it. People are called consumers because we have convinced them that they have a need for dental care and have believed us when we said good dental health was important. Now there is greater interest in making good dental care available to more people and in so doing planners and efficiency experts are being called upon to make that possible. I am having a terrible time adjusting to this. For years dentists have set standards for how a dentist should act, what a dentist should do, and what should be expected for a patient, and the American College has had a major role in this effort. Now others are getting involved. I am reminded of something that came up recently in a lecture Mrs. Rovelstad gave on color before the Art Association. She reported that the color wheel, a system arbitrarily imposed, is no longer a limiting factor in the artist's world. There are many new combinations of color, she said, that have been introduced in violation of the rules taught in the art classes of the past. If you don't believe this, view the current exhibits in art galleries and some of the home furnishings. Look at some of the photographic reversals and the colors of modern fabrics. A whole new world of art has resulted. A new freedom has been introduced affecting sight and interior design. Psychologists have identified certain colors as affecting different moods. Heaven help the speaker who finds himself in an auditorium with purple walls and brown drapes which is associated with depression. What about orange and green? Such colors that are clashing provide challenges. So it is with dentistry and the College. We are used to a well-organized type of practice which follows those standards of practice that we have developed. Now there is confusion because we are being challenged by outsiders on certain issues which we think are our responsibility. We are proud of our heritage. We are proud of our professionalism. We became enthusiastic about health care programs and we expend a great deal of effort trying to develop them. Then we find ourselves frustrated by one regulation after another that some neophyte has developed which prevent us from doing those things.

What is our defense? Withdrawal and apathy!

Several years ago the American College of Dentists was re-organized into well defined Regencies with the election process for Regents being placed at the local level. Additionally, there was introduced by a very fore-sighted President and Executive Director, a Commission System which was to provide a means for the responsible development of programs for the College and ultimately the dental profession. This of itself was a significant change from the past. It has taken several years for that process to become fully realized now affecting all Regents. Still, we are in a state of transition.

There are some problems and I think we should recognize them. These problems are varied. Some of my best friends and closest associates have become quite upset about activities within the College in recent years. Some have even resigned. Others have been upset about lack of activities, outlining what we should be doing as a College. I would like to say however, that the role of the College is quite unique. It is not just another society, it is not in competition with other professional groups focusing on specialty areas of practice. The College is not a political power for lobbying or legislative matters. It is not an organization for pursuing scientific matters. It is not an accrediting body for education nor a licensure body for supervision of modes of practice. It is not a school for teaching dental students (although there is a continuing education program that has been extremely effective in the form of the self-assessment program and the mini-self-assessment program of the College). It is not a philanthropic group (although the American College of Dentists Foundation has some very specific goals that make philanthropy possible). What is the College? What is this organization which represents 4% of American dentists, and what is its goal? I would have to say we are all of the above and yet none of them. We are one of a kind. Individuals have been selected to become a candidate for fellowship because they have demonstrated all of those qualities necessary for leadership in the profession at all levels. The College becomes involved in defining the role of the dentist in society and elaborating the standards of conduct expected of a dentist. We characterize professional behavior and question change.

Unselfish service has never changed as a goal for Fellows of the College. The College honors those demonstrating the highest standards of personal conduct while serving their profession in an outstanding manner in the many areas listed above. The College likes to inspire dentists to become leaders in their communities and recognizes those demonstrating outstanding achievement in or for

dentistry whether they be dentists, laymen or other professionals. The College seeks to inspire students to integrity in dental education and planning. The words of Dr. William Vann last year remind us that all is not well even within this area of our professional family. Each Fellow must individually be involved in some kind of activity that carries out the primary goals of the College.

I promised some thoughts about what our experiences would be this coming year. In view of the challenge to the code of ethics and the standards of practice in the United States, it is necessary for the College to study and reassess its position. This has been started this year. It is necessary for the College to strengthen its resources and to look carefully at its management. It must determine what is needed so the College can make its contribution felt in dentistry. We, as Officers and Regents, need to re-establish communication, bringing together the many different positions of Fellows in different Regions who are now concerned, confused, and doubtful about their role in American dentistry in view of this changing status. We need to look carefully at the Fellowship of the College as it relates to age and service. It is rather disturbing to me that outstanding individuals lose identification with the College upon retirement and withdrawal from active dental practice. I find this to be of growing importance and one that should be of great importance to all of us.

At the core of all of this concern for the future is the need for good communication, healthy respect for each other's professionalism, and concern for the future of dentistry. We expect this to be a grueling year with the change in move of office and change of Staff. We will look to the Sections for addressing the problems affecting dentistry and the College of the future. From this we expect a very meaningful experience for all of us.

In concluding these remarks I would like to encourage your enthusiastic participation in the events of the day. Contrary to popular opinion, we are living at the greatest time in history for dentistry. The profession that was born in 1840 has reached full maturity and we are proud of it. We have become so successful that now everyone, even non-dentists, wants to get into our act. Now let's work with them and create the best dental health possible for the American public. Never have dentists had such attention in the public eye! Never has the College been at the peak of such interest.

Honors and Awards

CITATION FOR THE AWARD OF MERIT TO LEONARD P. WHEAT

Presented by Regent Charles W. Fain, Jr.

The Award of Merit of the American College of Dentists was established by the Board of Regents to recognize unusual contributions made toward the advancement of the profession of dentistry and its service to humanity by persons other than Fellows of the college. Our 1979 recipient, Leonard P. Wheat, exemplifies the purposes of this award.

Mr. Wheat is the Special Assistant for Government Affairs and Secretary of the Council on Federal Dental Services of the American Dental Association.

Though not a dentist, Mr. Wheat has been intimately involved with the dental profession since 1964 in the Department of Health, Education and Welfare. At that time his primary responsibility was to assist health educational institutions in the development of projects requesting Federal support. Later, as Deputy Chief of the dental component for the Division of Physician and Health Professions Education, he played a major role in the support of professional dental education by the Federal government.

Since joining the American Dental Association in 1973, his responsibilities have encompassed a broad spectrum of Congressional and Executive Branch activities, directly associated with dentistry's legislative and federal agency efforts in the areas of health manpower education, dental research, health planning, national health insurance and appropriations for federal dental programs. As Secretary of the Council on Federal Dental Services, he serves as a liaison for the Association with those federal departments which employ dental personnel in direct health care delivery programs. This includes active involvement in efforts to advance the professional status of dentists in the military, Veterans Administration and U. S. Public Health Service.

At present, as a special assistant for government affairs in the Washington office of the American Dental Association he has daily contact with members of Congress and their staffs who are responsible for drafting and enacting legislation affecting the dental profession. In large measure, through his efforts many modifications to such bills have been made, with benefit to the profession and the public.

Through his unflagging devotion to our profession, Mr. Wheat has contributed immeasurably to the improvement of the quality of dental education and of the dental health of the public.

In presenting this award, the American College of Dentists makes public acknowledgement of his service to the profession of dentistry.

Mr. President, I present to you, Mr. Leonard P. Wheat, as the recipient of the 1979 Award of Merit of the American College of Dentists.

CITATION FOR HONORARY FELLOWSHIP TO WALTER E. BROWN

Presented by President elect Gordon H. Rovelstad

Fellows of the American College of Dentists, Honored Guests, Ladies and Gentlemen. It is an honor for me to present Walter E. Brown to you for Honorary Fellowship in the American College of Dentists.

It has been a unique series of educational and research experiences that has brought Walter Brown to this platform today for honor. Walter is the Director of the American Dental Association Health Foundation Research Unit of the National Bureau of Standards in Gaithersburg, Maryland. He was appointed to that position in 1967 succeeding the eminent Dr. George C. Paffenbarger who was the 1965 Gies awardee of the American College of Dentists.

Walter Brown was born in Butte, Montana and grew up in the far West graduating from high school in Aberdeen, Washington. He went on to Gray's Harbor Junior College and then on to the University of Washington where he received a Bachelor of Science degree and a Master of Science degree with a major in chemistry. He then joined the B. F. Goodrich Company in Akron, Ohio as a research physicist. However, Walter Brown was not through with his education and returned to graduate school in 1945. He entered Harvard University as a teaching fellow in physical chemistry and also became a tutor in

Leverett House. He received the Ph. D. degree in chemical physics from Harvard University in 1949 after which he then joined the Tennessee Valley Authority as a research chemist studying phosphates. It's most interesting that Dr. Brown's expertise in the physical chemistry of calcium phosphate and crystallography that brought him into professional interface with scientists at the National Bureau of Standards working with dental enamel. In 1962 Dr. Brown joined the staff of the American Dental Association at the National Bureau of Standards and directed the research program on the crystal structure of mineralized tissues and calculus. He also focused his studies on topical fluorides and dental caries as it affected these mineralized tissues. He inevitably became one of the world authorities in this field of physical chemistry and thus he was subsequently selected to become the Director of the American Dental Association Health Foundation Research Unit at the Bureau.

Dr. Brown's honors have included a Rockefeller Foundation Special Research Fellowship to the University of Amsterdam and membership in Phi Theta Kappa. He is a member of the American Chemical Society and was chairman and secretary-treasurer of the Wilson Dam Section of that organization; member of the Nominating Committee and former member of the Council and organizer of the Symposium on Models for Transport in Biological Systems in 1972 of the American Association for the Advancement of Science, associate member of the American Dental Association, past secretary-treasurer and president of the Washington D. C. Section and secretary-treasurer of the Mineralized Tissue Group of the International Association for Dental Research, co-chairman of the Gordon Research Conference on Dissolution and Crystallization of Calcium Phosphates and co-chairman of the International Symposium on Structural Properties of Hydroxyapatite and Related Compounds. Dr. Brown served as chairman of the Planning Committee and editor of the Workshop on Physiochemical Mechanisms of Dental Caries as planned and supervised by the National Institutes of Health and as chairman of the Planning Committee and editor of Workshop on Cariostatic Mechanisms of Fluorides as identified for this. He has served as a member of the Dental Study Section for the National Institutes of Health.

Dr. Brown has published numerous scientific papers, over 60 of them in significant refereed journals, and has made an outstanding contribution to the body of literature serving the dental profession. He has always carried himself with dignity in his associations with scientific groups.

Dr. Brown is married and lives with his family in Rockville, Maryland. He finds time for sailing and azalea growing. He is very active in his church and community, and has recently been honored by his peers within the National Bureau of Standards with The Outstanding Scientific Achievement and Leadership award of the National Bureau of Standards. The dental profession has benefited greatly from this man's research and for this we are proud to honor him with Honorary Fellowship in the American College of Dentists.

CITATION FOR THE WILLIAM J. GIES AWARD TO ALFRED A. LANZA

Presented by Treasurer George E. Mullen

The criteria instituted by the Board of Regents in establishing the William John Gies award states in part, "the purpose of the Award is to encourage and recognize unusual services in dentistry and to encourage Fellows of the College who have or are contributing to the advancement of the profession or in service to the public in an unusual and significant manner."

Dr. Alfred A. Lanza's entire professional life, has been an example of those criteria. He was born in New York City, one of five sons, of an immigrant family concerned about the future of their country and the welfare of their family. The fact that education was paramount in their lives was evident when two sons became attorneys, one a physician, another a teacher and Dr. Lanza a dentist; a rather unusual accomplishment today and probably unheard of in the first part of the century.

Education and the pursuit of excellence therefore became the trademarks of Dr. Lanza.

A graduate of New York University School of Dentistry, he conducted a most successful practice in general dentistry in New York City for forty five years.

As we view the attainments of this devoted member of our profession it is difficult to determine where he gave the most of himself or how he had the time.

His teaching credits include ten years as a member of the Prosthetic Department at New York University plus fourteen years on the Dental

Education Committee, Board of Education, City of New York. During these latter years he served as Chairman of the Committee on Clinical Dentistry.

The hospitals of New York were also recipients of his professional generosity. For a number of years he was staff member at Queens General, Gouverneur and Hillcrest Hospitals; at the latter he served for a time as a member of the Board of Directors.

Perhaps however, his greatest contributions have been his service to American Dentistry where he has held important positions on local, state and national levels.

He served as a delegate from the Second Trustee District to the House of Delegates for twenty years and as a Trustee of the American Dental Association for six years. For twelve years he was an effective member of the Board of Governors of the Dental Society of the State of New York.

If we could highlight two specific areas where he made great contributions to our profession it would be in the field of dental meeting management and finance.

For forty years he served as a member of the Greater New York Dental Meeting, holding at some time all administrative positions including that of General Chairman. He continues to this day as an important member of the Advisory Committee. He also served eight years as a member of the Council on Annual Sessions of the Dental Society of the State of New York, the last year as Chairman. For the American Dental Association, he completed last year a term of six years as a member of the Council on Annual Sessions, the final year as Chairman.

Truly Dr. Lanza's belief in continuing education has been manifested, by the profession's continuing call to him to help organize beneficial scientific meetings.

In finance he served as Chairman of the Finance and Investment Committee of the American Dental Association for three years, as treasurer of the American Dental Political Action Committee for eight years, treasurer of the Psi Omega Foundation for six years, as well as Chairman of their Finance and Investment Committee, and very early in his career he served as Chairman of the Finance Committee of the First District Dental Society, the largest component Society in the American Dental Association.

He has served as president of the American Dental Inter-fraternity Council and this year completed a three year term as president of the New York State Association of the Professions. Dr. Lanza has been awarded Fellowships in five organizations and has been an Honorary

member of two others. However among the many honors conferred on Dr. Lanza over the past fifty years the one that he has cherished the most is the Jarvie - Burkhardt Award, the highest honor the Dental Society of the State of New York can bestow on a member of the Dental Profession.

It has been stated that a man's accomplishments in his professional life can be measured by the number of true friends he has made - by those who speak highly of his record - by the number of colleagues who wish to emulate the services he has so generously given to our profession. If this is so then our Fellow is a worthy recipient of this high award.

Modest and humble in his relationships, but forceful if necessary, his one ideal has been the betterment of our profession - to make those who hold our degree, better professionals through education.

If the true sign of a professional is his primary concern for those he serves, not for self aggrandizement, then Dr. Lanza eminently qualifies as a true professional and a worthy recipient of this High Award of the American College.

Mr. President it is a privilege and honor to present Dr. Alfred A. Lanza for the William J. Gies Award.



Left to Right: Leonard P. Wheat, recipient of the Award of Merit; Walter E. Brown, recipient of Honorary Fellowship; Alfred A. Lanza, recipient of the William J. Gies Award and Reed Irvine; Convocation speaker.

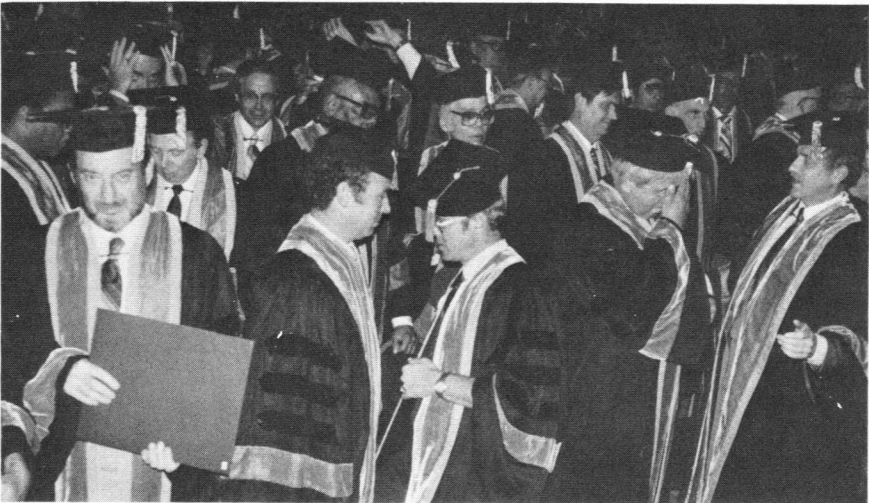
Fellowships Conferred

Fellowship in the American College of Dentists was conferred upon the following persons at the Annual Convocation in Dallas, Texas on October 20, 1979.

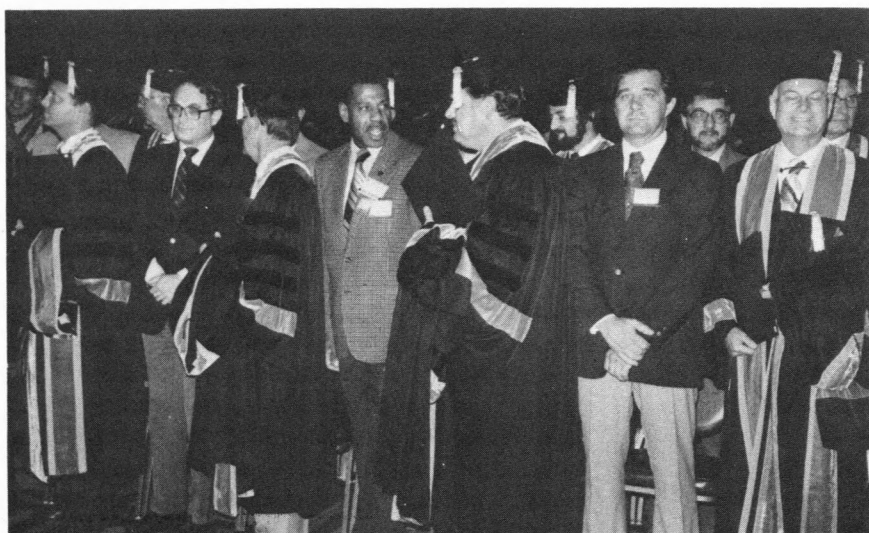
Arthur K. Adamo, Glen Cove, NY	Robert B. Cotner, Columbia Falls, MT
Donald F. Adams, Apple Valley, CA	Edward B. Cowan, Riverside, CA
Donald A. Amaro, Norwich, CT	E. Brady Cox, Abilene, TX
Arthur R. Anderson, Warrenton, VA	James T. Cunningham, Mountain View, CA
J. Martin Anderson, Kent, WA	Duane E. Cutright, Army
Martin H. Baker, Hattiesburg, MS	Ronald R. Davis, Wichita, KS
Walter W. Ballard, Pueblo, CO	Kenneth C. Deesen, Flushing, NY
Murray Balsam, West Orange, NJ	Byard S. Deputy, Charlottesville, VA
Paul R. Barkin, Sacramento, CA	Cosmo V. DeSteno, Ridgewood, NJ
Ronald H. Bell, Cleveland, OH	Ronald G. DeVincenzi, Monterey, CA
Marvin H. Berman, Chicago, IL	Anthony E. Dietz, Bloomfield Hills, MI
John W. Berry, San Diego, CA	Laurence E. Dietz, Beaver, PA
Robert D. Bills, LaVerne, CA	James R. Dow, Goleta, CA
Edward L. Bonk, Park Ridge, IL	Edward J. Downes, Albany, NY
Malcolm E. Boone, Indianapolis, IN	G. Wells Drumwright, Washington, DC
Toof A. Boone, Jr., Macon, GA	John G. Durham, St. Louis, MO
Charles H. Boozer, Metairie, LA	Marvin B. Dvorak, St. Louis, MS
John B. Boyd, Annapolis, MD	Charles G. Eller, La Mesa, CA
Brendan J. Boylan, New York, NY	Charles L. Eubank, Richmond, VA
Thomas E. Bradel, Tucson, AZ	Robert E. Fadal, Waco, TX
Hunter A. Brinker, Orlando, FL	Floyd E. Farlow, Atlanta, GA
Jeff B. Bruton, Dallas, TX	Richard G. Fischl, Evanston, IL
Taylor D. Buntin, Jr., West Memphis, AR	Norton Fishman, Norwood, MA
William J. Burnham, Bennington, VT	Thomas S. Fleming, Tarboro, NC
John A. Butler, New Orleans, LA	Llewellyn T. Flippen, Richmond, VA
Michele Cagidiaco, Pisa, Italy	Kenneth E. Follmar, Los Gatos, CA
Robert B. Caldwell, Ann Arbor, MI	Lionel J. French, Wickliffe, OH
Kenneth R. Callahan, Cleveland, OH	Samuel E. Furman, Tinton Falls, NJ
Clinton Canady, Jr., Lansing, MI	Stanley J. Galuszewski, Anoka, MN
Lon D. Carroll, Portland, OR	Stacy A. Garner, Pulaski, TN
R. Jack Cassingham, New Orleans, LA	Richard M. Garrick, Belvedere, CA
William A. Chapman, Miami, FL	Harold M. Gaynor, Farmington, CT
Leslie E. Christensen, Fullerton, CA	Richard J. Geyer, Yuma, AZ
Carl L. Clapp, Harwich Port, MA	Charles P. Godwin, Rocky Mount, NC
Lonnie O. Clark, Virginia Beach, VA	Richard F. Graham, Jefferson City, MS
William L. Cloud, Little Rock, AR	Warren K. Graham, Albuquerque, NM
Charles I. Cohen, New York, NY	Evangeline G. Greer, Oklahoma City, OK
Donald J. Conlon, Iowa City, IA	Jack L. Haden, Kansas City, KS
James H. Cooper, Atlanta, GA	
Horace F. Corder, Nashville, TN	

- Ray Hailey, Jr., Denver, CO
 Frederick J. Halik, Rochester, NY
 David W. Heese, Baltimore, MD
 William G. Henderson, Danville, IL
 Robert E. Hess, Oklahoma City, OK
 William F. Hudelson, Hibbing, MN
 Ronald Bob Hufford, West Des Moines, IA
 Robert E. Huntington, Pomona, CA
 William F. Ingwersen, South Gate, CA
 Robert M. Jackson, Findlay, OH
 Alvin A. Janklow, Palo Alto, CA
 Theodore L. Jerrold, Hempstead, NY
 Donald W. Johnson, Minneapolis, MN
 Charles E. Jurka, Ossining, NY
 Samuel P. Kayne, Richmond, VA
 Dennis W. Kelly, Spokane, WA
 H. Raymond Klein, Jacksonville, FL
 Burton J. Kunik, Houston, TX
 Arthur L. Labelle, Fairfield, CA
 Joao Bacao Leal, Lisbon, Portugal
 LeRoy D. Levey, Chicago, IL
 Mayer G. Levy, Newport News, VA
 Stanley S. Levy, Lake Charles, LA
 George A. Lopez, Corona, NY
 Jerry Lucas, Oklahoma City, OK
 Gordon L. Lundholm, St. Paul, MN
 Nicholas P. Mandanis, Columbia, SC
 Victor J. Matukas, Birmingham, AL
 Perry M. Matz, Shillington, PA
 Charles E. McDermott, Pittsburgh, PA
 John R. McFarland, Topeka, KS
 John B. McVeigh, Oakland, CA
 George E. Meinig, Ojai, CA
 Robert A. Meyers, Ann Arbor, MI
 John P. Michanowicz, Pittsburgh, PA
 Richard L. Miller, Louisville, KY
 Osamu Miyamoto, San Gabriel, CA
 William M. Morlang, II, Air Force
 William A. Mynatt, Asheville, NC
 Leo L. Nassimbene, Colorado Springs, CO
 Edward R. Noble, Haddonfield, NJ
 George F. North, Allison, IA
 Hugh Emmett O'Keeffe, Florissant, MS
 Durl W. O'Neil, Kansas City, MO
 Kenneth D. Owen, Charlotte, NC
 Salvatore J. Pagano, St. Louis, MO
 Frank B. Parise, Flushing, NY
 John W. Parler, Batesburg, SC
 Jack R. Parrish, Worthington, OH
 Lackey B. Peeler, Charlotte, NC
 Philip B. Peters, Richmond, VA
 Daniel L. Pierron, Warren, MI
 Herbert Pinsley, Yonkers, NY
 Raymond A. Podwika, Chicago, IL
 Frederick G. Preis, Bel Air, MD
 Kenneth W. Prentice, Silver Spring, MD
 D. Vincent Provenza, Baltimore, MD
 Herbert Quick, Brooklyn, NY
 Robert T. Ragan, Cleveland, MS
 Colden D. Raines, Newark, NJ
 L. D. Redden, Jr., Little Rock, AR
 Raymond M. Ripp, Garden City, NY
 Julian R. Rogers, SR., Greensboro, NC
 Murray Ross, Brooklyn, NY
 James A. Saddoris, Tulsa, OK
 Ralph F. Sagebiel, Seguin, TX
 Leonard M. Sakrais, Miami Beach, FL
 Jack M. Saroyan, San Francisco, CA
 Joseph G. Schneider, Laredo, TX
 George J. Schuette, East Point, GA
 William R. Scott, Vancouver, B. C.
 Warren M. Shaddock, Fairport, NY
 Norman S. Snyder, Jr., San Mateo, CA
 Theodore S. Sobkov, Baltimore, MD
 Herbert F. Spasser, New York, NY
 Donald E. Spengler, Saginaw, MI
 Raymond T. Stewart, La Jolla, CA
 Ronald P. Stifter, Milwaukee, WI
 Walter B. Stillwell, Jr., Savannah, GA
 Stanley J. Strimling, Encino, CA
 E. Leonard Suhadolnik, Pasco, WA
 Harvey G. Thomas, Muncie, IN
 William Elt Thornton, San Antonio, TX
 Roger W. Triftshauser, Batavia, NY
 Norman J. Valliere, Westbrook, ME
 Arnold D. Vetstein, Framingham, MA
 Louis S. Vodzak, Oakland, CA
 Wayne G. Watson, La Jolla, CA
 Robert C. Westcott, Glens Falls, NY
 David A. Whiston, Falls Church, VA
 J. Clifford Willcox, Pasadena, CA
 (continued on page 61)

ANNUAL MEETING AND



CONVOCATION SCENES 1979



photos courtesy of Jack D. Carr

ANNUAL MEETING AND



CONVOCATION SCENES 1979



photos courtesy of Jack D. Carr

The People Will Not Act Unless They Know

REED IRVINE

I appear before this distinguished body today not as a representative of AIM a toothpaste, but as a representative of AIM, a large and growing body of Americans who are concerned about the way in which information is disseminated in our society through the mass media.

Your esteemed executive director, Dr. Nelsen, sensed quite rightly that my knowledge of the dental profession and its problems did not go much beyond what I might have gleaned from my twice-yearly visits to my dentist over my lifetime. He provided me with a thick package of orientation material to make up for that deficiency in some degree.

However, I am sure that Dr. Nelsen did not intend to make me into an instant expert in your field. And if I had any idea of trying to stray from my own turf in talking to you today, that idea was stifled when I read Dr. Nelsen's 1975 Swanson Memorial Lecture, where I came across these words:

"One would expect a speaker, if he is going to be worth the time to hear him, to have had some personal experience with what he advocates, and further, to be able to accomplish the procedures that he presents so that he can show positive results with some case histories that prove his point. He should present information useful to his listener. Otherwise he is engaged in entertainment."

That passage jumped out at me. I got the message. I read on to see what other clues I might find as to what I should discuss today. I found several. I knew that I would be addressing a select group, men and women who had been recognized as leaders in their profession and communities. As leaders, you might be interested, as I was, in one of Dr. Nelsen's editorials entitled, "Are Leaders an Endangered Species?"

Presented at the Annual Convocation of the American College of Dentists, Dallas, Texas, October 20, 1979. Mr. Irvine is founder and Chairman of the Board of Accuracy in Media Inc., Washington, D. C.

It was written four years ago, but the question is even more timely today. There has been a precipitous decline in confidence in the political leadership of the nation. The President of the United States himself has recently passed through what appeared to be a crisis of self-confidence. It was interesting to me, and it may be of some significance to the dentists of this country, that when President Carter came down from the mountain to demonstrate that he had learned how to lead this country, the most notable change he made was to quit exhibiting his teeth, the most famous set of presidential ivories since Theodore Roosevelt. No longer did he appear to be a man who was constantly auditioning for an Ultra-Brite commercial. It seemed to have been decided at Camp David that the people wanted to see teeth in our policies more than teeth in the President's mouth.

Dr. Nelsen posed a good question about the seeming difficulty that we were having in producing leaders, even back in 1975. He said: "Perhaps the fault is not in leadership *per se* but in the unfriendly environment in which leaders attempt to lead. Who would attempt to lead when it is now popular to deride leadership, to bark and chase anyone who moves to select a standard or raise a banner to bring a better order into being."

I have the feeling that a lot of the barkers and deriders that he had in mind were those in the profession of journalism. There seems to be a growing consensus in this country that our mass media have become an important contributory factor in some of our most serious problems, including the weakness of our political leaders.

The other day a Texan visited me in my office in Washington. He said that he had turned his business over to his son and was taking a year off to devote his efforts to trying to wake up the American people. He was convinced that this country is in the gravest danger in its entire history and that we might well see the extinction of our independence and freedom in a matter of a few years.

A week before that the noted syndicated columnist, Robert Novak of the Evans and Novak team, had given a talk in Washington in which he sounded a similar note of genuine alarm. He outlined in stark terms the meaning of Soviet superiority in strategic nuclear weapons. He also pointed out our great vulnerability to a cut-off of oil supplies. He noted that while there had been some talk in this country of our mounting a mobile force to seize the Middle Eastern oil fields in the event of a threatened cut-off, that realistically the only country that could successfully occupy those fields today is the Soviet Union.

All of us are interested in threats to our survival, and it would be unfair of me to flash before you these grave fears, which are shared by

a large number of very well-informed people, without giving you some idea of the grounds for them. I will do that. But first I want to urge that you not take any comfort from the fact that you may not have heard of these grave dangers from Walter Cronkite, John Chancellor or Frank Reynolds on the television evening news. Nor should you discount these fears because they have not made the headlines in your local newspapers.

Years ago Harry Truman said that he took pity on the people who thought that because they read the daily papers they had some idea of what was going on in the world. That is something of an exaggeration. But it is rather easy to demonstrate through case histories that our mass media are distorting or withholding information from the American people that is not only interesting but important. Indeed, it may be information that is vital to our survival. If I convince you of nothing else today, I hope that I will be able to undermine the notion that all of us tend to harbor that if something really important happens it is bound to make the news.

I will try to show you that important stories are often suppressed, and I will try to explain why this is so.

Let's first consider a relatively simple, uncomplicated example of an important story that was deliberately suppressed by the major media in this country. In September 1976, there was an assassination in Washington. The victim was one Orlando Letelier, a former ambassador and later cabinet officer in the government of Chile under the Marxist president, Salvador Allende. Letelier was a well-known figure in Washington, and his assassination was big news all over the country. He was portrayed as a noble figure, a man who was struggling to restore democracy and freedom to his native country. Chile then, and now, was under the rule of a military junta which had ousted the Allende government in a coup. Allende had committed suicide, and Letelier, after a period of imprisonment, had been exiled, thanks to the intervention of influential foreign friends.

Three months after Letelier's car was blown up by a bomb in Washington, word began to leak out that the briefcase which he was carrying at the time had contained some very interesting documents. Among other things, these documents revealed that the "human rights" campaign which Letelier was carrying on in this country, was being financed out of Cuba. And far from being intent upon restoring freedom and democracy to Chile, Letelier's goal, according to these documents, was to establish in Chile a regime similar to Castro's dictatorship in Cuba. The documents also showed that Letelier was manipulating U. S. Congressmen and others, but that he was taking

care to conceal his true objectives and his Cuban connections and financing from them.

Here was a great news story. A man who had been lionized and eulogized as a great liberal fighter for human rights and democracy was suddenly revealed by his own correspondence to have been a paid agent of the worst police state in the Western Hemisphere, and his goal was revealed to be the duplication of that police state in his native land, Chile. The actual documents showing this were available to the press through leaks.

Not one word of this has ever appeared on a network television news program, even though those programs have devoted much time to the Letelier assassination. NBC even broadcast a special program on the Letelier case without mentioning anything about the Cuban connection. A movie about the case is now being made, and that too is guaranteed to ignore the important fact that Letelier was in the pay of Cuba. And what of the press? In December 1976, Jack Anderson mentioned the briefcase documents in his column. His brief mention excited no interest on the part of news reporters. Two months later, columnists Evans and Novak, devoted two columns to the matter, going into greater detail than Anderson had. Only one of these columns appeared in *The Washington Post*. It resulted in a news story—but a very peculiar news story. The *Post* said that the documents that Evans and Novak discussed in their column had been opened to the press by Letelier's friends. The story suggested that the *Post* reporter who saw these documents found that Evans and Novak had exaggerated their significance. This story did not contain a single quotation from the documents.

Accuracy in Media checked this out. Our investigation revealed that the documents had not been opened to the press. They had been shown only to Lee Lescaze of the *Washington Post*, who had the handicap of not being able to read Spanish, the language in which the documents were written. Other reporters who asked to see them were refused access. When Accuracy in Media wrote to the *Post* to expose the false claim that the documents had been shown to the press and to point out that the article was nothing but a whitewash, the *Washington Post* refused to publish the statement. When we tried to buy space to have the statement printed, the *Post* interposed so many objections, that we abandoned the effort.

We tried to buy space in *The Washington Star* to run our statement, together with a charge that it had been censored by the *Post*. The ad was accepted, but then canceled without explanation just before it was to appear. We next tried the *New York Times*, but they imposed an

unacceptable condition. We finally published the statement in *The Wall Street Journal*, with the note that it had been censored by *The Washington Post*, *The Washington Star* and *The New York Times*.

I should point out that the great *New York Times* steadfastly refused to print anything at all about the revelations that came from the Letelier briefcase. When I asked Arthur Ochs Sulzberger, the chairman of *The Times* why, he said, "I don't know. They tell me it isn't a story."

Finally in April 1978, a year and a half after the assassination, the briefcase papers were mentioned in a story in the *Times* by Wendell Rawls, a Pulitzer Prize winning reporter who had moved to *The Times* from the *Philadelphia Inquirer*.

I called Mr. Rawls to compliment him for finally getting this story into *The New York Times*. His response was most revealing. He said that in the absence of the reporter who had been handling the Letelier matter, he had been asked to do a story about a suspect in the case. Looking into the file, he found the material about the briefcase, thought it was interesting, and included it in his story as background material. What this shows is that a single reporter had been able to keep this story out of *The New York Times* by telling his superiors that it was a non-story. It got into the paper only because he happened to be on vacation when something happened that rekindled interest in the case.

And what of the wire services on which most papers around the country depend for this kind of news? The Associated Press refused to do a story about the briefcase papers. A North Carolina editor who had read about the papers in the AIM Report, put pressure on the AP to get them to turn out a story. AP headquarters in New York were unhappy about this and actually sent a complaint about this editor to his publisher. The publisher backed up the editor, and the editor persisted, and AP finally put a story on the wire, but it was a half-hearted effort that did not do justice to the documents. The only major paper that did do justice to the documents was the *Washington Star*.

I said that I would try to indicate why important stories of this type have been suppressed. The Letelier story is a particularly good example, because we can make a very good guess as to why the story was treated as it was by *The Washington Post*. Letelier's personal address book was found in his briefcase. It contained the names and phone numbers of several journalists. The most important of these was Laurence Stern, national news editor of *The Washington Post*. Letelier had both Stern's home and office number. The handling of the Letelier story by the *Post* came under Stern's jurisdiction as national news editor.

What manner of man was Larry Stern? We know a great deal about

him now, since he died a few months ago. At the memorial service for him, one of those who eulogized him and praised him as a "good friend" was Teofilo Acosta. Mr. Acosta has been identified by the London Daily Telegraph—but not by the Washington Post—as Fidel Castro's top intelligence agent in Washington. Mrs. Acosta told me that they regarded Larry Stern not only as a close personal friend, but also as a good friend of Cuba's. The veteran leftwing journalist, I. F. Stone, said at the Memorial Service that Stern "hated those huge mindless institutions that devour our substance and corrupt our fundamental ideals, like the Pentagon and the CIA." Another close friend, Alexander Cockburn, has noted that Stern's "heart and head lay on the left side of the political bed." Observing that Stern had been a follower of Leon Trotsky in his "hot youth," he said: "Larry knew what the facts were going to tell him long before he discovered what they actually were." He said he was not "one of those pallidly objective souls...who feel incapable of making up his mind until all the facts are in and until all the evidence has been judiciously assessed." Cockburn said Stern was very influential with other Washington journalists, and foreign journalists as well.

It is not at all surprising that this good friend of Cuba's should have used his key position at The Washington Post to try to whitewash rather than expose Orlando Letelier, a paid Cuban agent.

Nor is it at all surprising that with Larry Stern tending the national news desk at The Washington Post, deciding what national news stories would be covered, what stories would be written, and which would get into the paper, stories about the decline in our defense capabilities tended not to get into The Washington Post. In the past year the American Security Council and the Coalition for Peace Through Strength sponsored some half dozen news conferences in Washington featuring top-flight experts on defense to explain why in their view, our national survival was in doubt because of the neglect of our national defense. These experts made the case that SALT II would increase our danger. Not a single one of those news conferences was reported by the Washington Post as long as Larry Stern was in charge of the national news desk of that paper.

The suppression of the evidence that Orlando Letelier was a Cuban agent was serious, but not fatal. Suppression of the evidence needed by the American people to make an intelligent decision about a matter so vital to our national survival borders on the criminal.

Recently a New York Times/CBS News poll revealed that out of more than 1500 persons questioned, only 4 individuals said they regarded the SALT agreement as the most serious problem facing this

country. That is less than three-tenths of one percent.

Like Britain in the 1930s, when Winston Churchill vainly warned of the need to re-arm to counter Hitler's growing military might, America is asleep. We are enjoying the pleasant dream that nothing really bad can happen to us. That is a dream that has been nurtured by our news media—by editors like Larry Stern, who have viewed the danger to America as coming not from the gigantic Soviet military build-up, but from our own Pentagon and CIA.

In one of his candid moments several years ago, Walter Cronkite of CBS News said that there were always people in Washington who wanted to increase defense spending. "We don't report that," he said. "The story is those who want to cut defense spending." With the encouragement of the Cronkites and the David Brinkleys and the rest, we did cut defense spending as a percentage of our Gross National Product, to the point where that ratio is back to where it was before the Korean War. In the meantime the Soviet Union greatly increased its defense spending as a percentage of GNP, embarking on the most massive military and naval build-up in history in time of peace.

Those who have been warning that this spelled danger for the United States have been ignored and even ridiculed by our media—much as Winston Churchill was in the 1930s. The result is that today, for the first time in our history, we are confronted with an enemy who has not only the will to defeat and enslave us, but also the military might to do so.

And according to that New York Times/CBS News poll, less than three-tenths of one percent of our people seem to be sufficiently aware of this danger to have reached the conclusion that the whole issue of SALT II is our most important problem. We have heard for so many years that we are the most powerful nation on earth that we still believe it when it is no longer true. It is now almost universally agreed in military circles that the decade ahead will be a period of the gravest danger for our country. This is because the Soviet Union will have achieved the ability to destroy virtually all of our land-based inter-continental ballistic missiles in a first strike.

It is agreed that it will be six or seven years, at least, before we will be able to deploy mobile ICBMs that will not be vulnerable to a Soviet attack. This period is known as "the window"—a period in which we will be vulnerable because of the Soviet superiority in strategic nuclear weapons.

Our military experts, in and out of uniform, are deeply worried about this "window." They have tried, with almost no success, to awaken the people to the danger. One reason they have not succeeded is because of the lack of cooperation from the news media.

Let me give you an illustration. Early this year, some of the best of these experts came out with a book which described the danger posed by the "window" and suggested some ingenious measures that would reduce our vulnerability if they were implemented quickly. They presented their proposals to the press at a luncheon in Washington, recognizing the importance of mobilizing public support for the measures they were suggesting. The following day not a single story about the problem or the proposed solutions appeared in the papers or on television.

I had warned them that this would be the likely outcome. If they had collectively marched down to the White House and picketed with placards they might have made the papers and gotten thirty seconds on the evening news. The media were not interested in the message. They might have been interested in some form of outlandish action by these brilliant and distinguished men.

I don't want to give the impression that the media alone are at fault, however. The president and his obedient servants on the Joint Chiefs of Staff bear a heavy responsibility for our dangerous national complacency. This is reflected in the incredible emphasis the Carter Administration is placing on ratification of SALT II, which gives the impression that this agreement is somehow going to reduce the danger and solve our problems.

There is very good reason to believe that the opposite is true—that SALT II will actually increase our vulnerability, not reduce it. This explains why, unlike our generals and admirals on active duty, our retired generals and admirals have almost unanimously urged the Senate not to ratify SALT II. Over 1,700 retired generals and admirals have signed a letter to the Senate urging defeat of the treaty. Only four refused to sign that letter because they supported SALT II. That interesting fact may not have come to your attention, because it has not been widely reported by the news media. The Washington Post, for one, ignored it completely.

The incredible complacency of the White House, the media and the great majority of our people in face of this awesome danger can be explained in large part, I believe, by the theory of nuclear warfare to which we have been committed since the days when Robert S. McNamara was our Secretary of Defense. This surfaced in the press not long ago when it was reported that President Carter had said that all we really needed to deter a Soviet nuclear attack was one Polaris submarine. The idea is that a single submarine armed with nuclear missiles would be able to destroy all the major Soviet cities.

The only trouble is that the Soviets don't see it that way. They have

an entirely different theory of nuclear war, and it is now clear that what they have been doing is preparing for a nuclear war that they intend to win.

We, on the other hand, have assumed that neither side could win such a war and that all we had to do was maintain enough force to destroy the major Soviet cities and they would not dare to attack us. This is what is known as the theory of Mutual Assured Destruction, MAD.

The Soviets don't believe in MAD. Their plan is this. They are developing an ICBM force that will be capable of knocking out virtually all of our land-based ICBMs in a first strike. They will have enough missiles left to also knock out all of our major cities if we should attack their cities with our submarine-based missiles. Our submarine-based missiles are not sufficiently powerful or accurate to destroy those remaining Soviet ICBMs. They can only be targeted on cities, on people.

The Soviets have a well-developed civil defense program, including comprehensive evacuation plans. Putting those plans into operation when they launch their strike against our missiles, they will be able to minimize the loss of life that will result if we should retaliate by attacking their population centers.

But we have no civil defense or evacuation plans worthy of the name. Our president will be informed after that first strike that if he launches an attack against their cities, our cities will be utterly destroyed, at a cost of 140 to 160 million lives. They will lose perhaps 20 million, the same number they lost in World War II. Under those conditions, what will our president do? The chances are he will not order the attack. That was what Dr. Kissinger warned the Europeans several weeks ago when he spoke in Brussels causing a great furor.

This is a grim picture for us. But experts have been telling us for years that the Soviets were perfecting their civil defense while we were letting our deteriorate. We have known that the Soviets were building mammoth missiles capable of destroying our missiles in their hardened silos. We have permitted them to build enough of these that they can destroy our missiles and still have enough power left over to take out our cities. The experts who know these things are frightened. They know we are in trouble. They know that the most dangerous period for us begins next year and will last until we can deploy a large force of mobile missiles, which will take several years.

Have the media been told this? Yes, by well-qualified experts. Have they passed this on to the public. No. At least, not adequately.

In one of his fine editorials, Dr. Nelsen said: "The people will not act
(continued on page 41)

SYMPOSIUM

The Challenge is Now!

INTRODUCTION

WILLIAM C. DRAFFIN D.D.S.

In the choice of our subject, "The Challenge Is Now" as the title for today's program, the Board of Regents recognizes the severe problems and insidious attacks that plague the dental profession at this time. The assailants are not unique to our time except the names have changed. Indeed, a review of the prevalent conditions that concerned the founders of the American College of Dentists will show a strange similarity to affairs within and about the profession as existed nearly sixty years ago.

In "A History of the American College of Dentists: The First Fifty Years" it is noted that the prominent problems in the minds of the founders were advertising, the academic curriculum, that commercialism was deeply entrenched in both dental journalism and dental education; there was enormously increased responsibility of the dental profession to humanity and the opportunity for exploitation of the public produced a wave of mercenary practices. Would you agree that these same problems are a growing concern today?

In order to keep the presentations and discussions in perspective, it is important to set certain ground rules. Dr. Kerr will address his remarks to internal factors affecting the professional orientation of dentistry and Dr. Besch will consider the external factors.

The profession, the professional individual, and professional organization will be considered as internal factors. Ancillary personnel, the government, research and education will be considered external because they are under the influence of factors beyond the direct control of the profession. Both essayists will of course be free to anticipate influences and affects of these various factors and suggest preventive actions or remedial reactions for the intrusive forces or those factors created by individual and collective apathy.

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Professionalism is that quality of conduct which accompanies the use of superior knowledge, skill and judgment toward the benefit of another person or to society, prior to any consideration of self interest by the professional person or professional organization. In effect, it is a moral determination affecting the welfare of another.

For years, professions have enjoyed certain privileges granted by the public. These were almost sacred grants but now are being assaulted by government under legalistic fabrications. The profession's statement of its ethical position and the voluntary adherence of members of the profession to these high ideals are in the best interest of the public. Regardless of the attack of government on legalistic grounds, professionals are obliged to embellish the aims and objectives of the profession.

Public doubts are being cultivated and encouraged by these intrusions and by the loss of stature incurred by the position change from professional care to provider. The language change seems harmless enough until critically examined. Professional care by our definition is a singular consideration, personally tailored to meet the needs of one individual and, therefore, one unique situation. A provider offers routine service, often pre-prepared, with no individual concern or compassion. Such a situation if carried to extreme could allow the individual to place his symptoms into a machine and select his own treatment plan minus any superior skill, judgment or consideration characteristic of professional care. This coupled with the ever present mistrust of professions on the part of the public produces the environment in which the profession might lose its charter entirely, to the ultimate detriment of the patient.

This is one side of the danger. The other is self destruction. The profession is judged by behavior of individuals within the profession. Certain recent actions have created public distrust. Actually, some few professionals have turned on their own kind. This is not to imply that a profession or a professional is above criticism. The patient has every right to expect quality treatment and accountability. The public, unfortunately, becomes less able to assess necessity or quality as the profession becomes more and more advanced. The recent vote legalizing direct service of patient by technician was due in part to the public demand for freedom of choice. Who would deny this right to anyone? Yet it is done every day. By the simple line of reasoning should one not have the right to choose the use of cocaine or other drugs at any time? Who could deny that dentists have far more knowledge to make an informed decision than those who would be treated for denture service by a non-professional technician? You and

I are held liable for failure to give a patient sufficient information to make an informed decision. It would seem that regulatory bodies should act to protect the public from making uninformed decisions themselves about their own well being.

The profession does not exist to serve its own interest. The difficulty of attaining a desired treatment result is increased because health care is not a pure science as is mathematics. The human element with variables attendant to each patient rules out the concept of routine treatment. One does not make the patient fit the disease. It will be fatal to the profession and sometimes lethal to the patient if this situation or attitude is allowed to exist. To quote Jacques Barzun's "Professions Under Siege" — "Routine relieves the mind of the effort of thought and it is protected by the secret and the monopoly of the art."

All of these circumstances are contributing to the public concern and outcry. Adding to the dilemma is the breakdown of moral values within the non-professional community. Doubt and distrust are rampant but not without reason. How then can the public trust that which it does not fully understand when that with which it is intimately acquainted often disappoints?

It should be clear to us here with a background of service to the profession and to the community that the profession of dentistry as we know it stands on the threshold of destruction. This is a system that has produced the finest dental care in the world at a very reasonable cost. It has shown consideration and concern for the patient and has sought to aid the indigent. It is not perfect certainly for, as a whole, every profession is only average when judged by its weakness as well as its strengths. In times of public accountability, the demand is for the best not the average. In the light of present knowledge, we do the best we can. Time is not on our side. We urge your attention to the thoughts of Dr. Besch and Dr. Kerr and invite your questions and comments when they are through.

*Summary remarks by Dr. Draffin following
the presentations of Drs. Besch and Kerr*

In summary, Fellows of the American College of Dentists and Fellows soon to be, the stated purposes and aims of the founders of this organization were philosophic and morally idealistic in nature. Their aim was to enhance professionalism in an established true profession. If we are to continue these objectives on the highest plane then we are required to make extra efforts and take additional precautions to demonstrate our dedication to these ideals and objectives.

Protestations of our beliefs are not sufficient especially if we by our actions give even a slight hint that we do not practice our beliefs when it is to our advantage to do otherwise. Should we associate ourselves with commercial enterprise closely connected with dentistry by serving on boards of directors and in other capacities? Does this in effect lend credence to the value and quality of materials or items which these commercial houses produce? This may not be the intent of the person so serving, but might at least a tacit endorsement be implied. It does deserve consideration.

The purpose of Professional Journalism is to protect and maintain truth in patient care, research and, indeed, every phase of dentistry. The position of the College is not to censor or limit scientific presentation but it feels that professional journalism assures that that which is presented is factual and is scientific in the finest sense of the word.

By a similar action education under the auspices of commercial enterprise is subject to suspicion. The objective of the program may well be educational. However, that which is produced is often a far cry from this respected objective. Certainly we are all aware of what happened when government invaded the area of education in the guise of benevolent support. Each dollar is hamstrung with bureaucratic restriction. An experience of like characteristics can well be expected when commercial entities subsidize rather than endow. Certainly, though no endorsement of product is intended, failure to mention other producers of products of equal or superior value could be construed as implied endorsement. How much better the idea and the action is if a contribution were made to a school or organization and the professional organization compiles the content of the program. Such contribution deserves acknowledgement but is also free of constraints.

How often we are our own worst enemy? By our very acts and by our lack of action we create problems or forfeit a right or privilege through failure to exercise it. Then we are forced to react and compromise. We are at a time and in a position when we must act and cease to compromise. We as individuals must assert what the FTC seeks to prevent us from proclaiming collectively. As dentists we know from experience what advertising was doing to the profession in 1920, what inroads of destruction commercialism was making on education and journalism. Will we sit here sixty years later and let some bureaucratic department operating in the disguise of consumer interest destroy what we have labored to produce. I think not. My faith in the moral fiber of the Fellows of the American College of Dentists prods me to believe

that we will persevere to overcome what is a flagrant and unwarranted attack on the ethics of a profession that has produced the finest quality of patient care in the world.

I ask each of you to proclaim your belief and announce for all to hear that you believe advertising to be unprofessional and not in the best interest of the public. Also, that you will support professional journalism and that you are willing to support the cost of dental education and continuing education in order to prevent the invasion and perversion of these areas by commercial and proprietary enterprises.

To paraphrase an historical quotation, I know not what others may do, as for me, I will uphold the long established and time proven ethics of the American College of Dentists.

Let us go forward together.

Reed Irvine

(continued from page 36)

unless they know. They must be told."

Perhaps some will say that this grim message is not exactly appropriate for a gathering of this kind, where you have met to pay honor to your colleagues who are to be inducted into Fellowship. But if this hotel were on fire, we would not want the management to wait until our meeting was over to inform us of the danger.

Knowing what I know of the danger that confronts us, a danger that in a few years time could mean life or death, freedom or slavery for all of us, I would be derelict in my duty if I did not come here to ask you to help bring the kind of pressure to bear on the news media to tell the people the facts they need if they are to act to insure our survival.

It is to aroused leaders such as you that this nation must look to accomplish this vital task. But this imposes upon you the weighty and often difficult task of becoming informed. It imposes the even more difficult task of being willing to speak out in what may seem to be an unpopular cause in some cases.

I have great faith in the American people. They won't act if they don't know the facts. But if we give them the facts and provide them with leadership, with your help and God willing, we can and we will overcome the dangers in the decade ahead.

Man's mind, stretched to a new idea, never goes back to its original dimension.

—Oliver Wendell Holmes—

SYMPOSIUM

The Challenge Is Now!

External Factors Challenging the Professional Concept of Dentistry

ERNEST H. BESCH, D.D.S.

The general topic for today's program, "The Challenge is Now" is indeed most timely and appropriate. It is readily evident that dentistry, the dental profession and the professional orientation of dentistry are being challenged by forces that are many and complex. Many of the factors producing these forces are so intertwined and interrelated as to make it almost impossible to isolate and separate them. In the short time we have today, it is not possible to go into great detail, but we will try to examine some of the factors external to the profession which challenge the professional concept of dentistry.

One of the first things we must recognize is that dentistry and the dental profession are now being affected by much of the same processes and stresses that have overtaken and involved the other health professions in our nation. The challenges we face in meeting the potential changes brought on by these processes are, and will be, formidable. And, it is not a question of whether or not to meet these challenges, for meet them we must or they will be decided for us by those outside the profession. We all know that decisions affecting the dental profession and the professional orientation of dentistry have been made, in some areas of our nation, outside the profession and are in the process of being carried out. It is imperative that we fight to preserve the professional concept of dentistry, the professional orientation of dentistry, for it is clear that if we do not, the very survival of dentistry as a profession might well be at stake.

We are entering the decade of the 1980's and it will be, truly, a decade of decision for the dental profession. The winds of change are blowing and change is in the air. What directions these changes will take depends largely upon a majority of our profession, for dentistry can still help guide its future. Whether the members of our profession

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recognize the danger of dentistry being reduced to the level of a trade or craft, and allow it to happen, only time will tell. The times cry out for leadership from the profession and for the continuing active involvement and support from each member of the profession to maintain our professional orientation and concepts. Without this we will be pawns to be manipulated by external forces, as we have been and even allowed ourselves to be in the past. We must propose positive action plans and programs to put our profession on the initiative rather than being on the defensive or just reacting to situations as we have done so often in the past. Some of the things we can and must do, will be discussed later in this presentation.

Now, let us turn our attention to some of the forces external to the professions that are changing the nature of the dental profession and challenge the professional concept of dentistry.

Obviously, the first factor we must consider is the pervasive involvement of various agencies of the federal government in creating the environment in which the dental profession exists in today. The two principal, and most active, agencies in this regard are the Department of Health, Education and Welfare and the Federal Trade Commission.

It is through the Dept. of HEW that the federal government has made its broad intrusion into all areas of the health care field. It was through this agency that the federal government entered the dental educational process through various support programs in the education and production of dentists. This came about when the political system declared a crisis in health care and the opportunistic politician rushed in to fill this need. This has resulted in a greatly expanded production of dentists, which is now conceded to be an over-production, and problems resulting from this over-production. Education in the specialties of dentistry was also encouraged and, now, there are clear signs there is over-production in this area. Unless this is changed it appears we are on the road to making the same mistake our sister profession of medicine made in this respect. What effect the over-production of either generalist or specialist in dentistry will have on the delivery system related to oral health care, or whether it will produce distortions in this delivery system, we have yet to learn.

And, as Jacques Barzun points out in his excellent article "The Professions Under Siege", when "the great force of government money (enters) the bureaucracy follows the funds and while directing their use is bound to control the user in the process." This is particularly true in dental education, where federal pressures related to curriculum priorities is upsetting the professional orientation of the educational process.

By no means have dental educators followed blindly or without resistance, and this has resulted in problems between these two groups. Thus, deans of dental schools, once invited to give their advice on the future of dentistry are now chided for the unresponsiveness of their institutions to the problems of national concern. On the other hand, where government was once viewed as supportive, it is now regarded by academicians as increasingly hostile and primitive and determined to put a straight jacket on dental education. The dental educators who are resisting the efforts that pose a challenge to the professional concept of dentistry or the professional orientation of dentistry should be supported and lauded for their efforts. The primary purpose of dental education, and it is still largely a state supported function, is to train dentists for the private practice of dentistry. Any deviation from this concept will make that educational process something it was never intended to be.

At this point it might be well to mention the role of the large foundations in dental health care. These foundations have been involved for a long time, and this involvement is increasing, in all matters related to dental care. Whether it is intended or not, their participation in these areas generally appear to be adversarial and antagonistic in nature. Add to this mix the possibility that large corporations, such as the R. J. Reynolds experiment, may be looking into the area of dental health care delivery with a profit-oriented motive. From all this, it appears there is a possibility that many of the programs of study or experimentation in the delivery of dental care funded by the federal government or by the large foundations or corporations could have a direct or indirect effect upon the professional mode or concept of health care delivery by the gradual movement of the delivery system from the private sector to federal or industrial sponsorship and control. Most of us will, and should, reject this theoretical projection for several basic reasons: It flies in the face of our concepts of professionalism in that it is not a "moral determination affecting the welfare of another—made prior to any consideration of self interest." This is the concept we all know and support and is the basis for our status as a profession. Because of the importance of this general area, it is respectfully suggested a more expansive study be undertaken to determine the influences mitigating against the professional orientation of oral health care delivery.

Returning to dental education, there have been many changes in the dental educational process that are commendable. Unfortunately, some processes continue that should be de-emphasized. One such process is the emphasis on the "piece-work" concept of dental education. This emphasis on breaking down the various functions to

individual or separate units has been a part of dental education for many years, and it is possible we were all trained this way. What should be stressed instead is the holistic concept, the concept of oral health care treated as a total function and not something to be broken down into neat little individual units.

The piece-work concept was seized by the third party carriers, it was ready made for them, and has produced tremendous problems for the profession. Add the computer to this, professionalism leaves and the trade or craft enters. Along with this enters the questions, the demands, dictation and control through economic coercion.

The piece-work concept also gives rise to the increasing demands to allow many functions to be taken over by expanded duty personnel. The idea is to reduce everything to its lowest common denominator so it can be accomplished by those of less training and educational background. This concept, carried to some of the extremes that are being advocated, would reduce dentistry to a stratified layer of participants. The reason most of us oppose, or are not comfortable with this concept is because it lacks the element of a moral determination affecting the welfare of another. This element of moral determination or making moral value judgements affecting the welfare of another is a basic principal of professionalism and is one we must never surrender or compromise. We must never apologize for it, be intimidated because of it or rationalize it away, for it is the foundation for our profession. Also, as a profession we must do all in our power to see that this concept is retained, strengthened and encouraged in the educational process of dentists-to-be.

Another thing we must do is to encourage the dental educational process to develop practitioners who have a high regard for themselves as individuals and as emerging members of one of the great health professions in this nation. It is impossible to instill in students the high moral values and precepts upon which our profession rests if, at the same time, they are engaged in an educational process that is systematically "dehumanizing" them or assaulting their self-esteem. We must do all we can to aid and prepare these emerging members of our profession to meet the many challenges that will be facing them, in their chosen profession, when they enter the ranks as our professional colleagues.

Now, to return to the Department of Health, Education and Welfare, another area of federal involvement is in health care, principally through the enactment of medicade and medicare legislation. Dentistry has been involved minimally in these programs, but is being affected by events resulting from these programs. It is beyond dispute that these programs have produced the tremendous, spiraling increases in

the cost of health care in our nation, which has given rise to the frenzy of "cost-containment" proposals and its attendant publicity. It is documented that dentistry has not contributed to the problem of increased health care costs, but we get painted with the same brush and this fuels questions and doubts in the minds of our patients and the public. It also gives rise to proposals from various groups—private and governmental—to adopt programs that would, ostensibly, reduce the costs of dental care and push vigorously for their adoption. Materialistic values are given first priority and this is combined with legalisms or attempted legal means to force the issue. Here, again, we run into the "expanded-duty" proposals and to the proposals for traditional auxiliaries of the dental profession to be allowed to practice independently and deal with the public directly. This has led to very aggressive actions by some members of these auxiliary groups, and some of their organizations, in pursuit of this objective. This effort is being aided, in no small part, by another agency of the federal government. There are no simple answers or solutions to these problems, but, whatever is done, the first consideration must be the protection of the welfare of the public and it must be in accord with our precepts of professionalism.

THE FEDERAL TRADE COMMISSION

There are few members of the profession that are neutral about the next agency: the Federal Trade Commission. No other federal agency has been able to attract the attention of our profession, or of all professions, for that matter, more quickly and completely than has this one. And for good reason, for here we see an arrogant and autocratic federal agency that has truly run amuck. It has made the whole commercial universe its business, and everything it sees is classed as a "trade" or a "trade association", and this includes the dental profession and dental associations. There are some very disturbing, serious legal questions of whether it has the authority to intrude or assume jurisdiction over some of the areas that it has. For instance, there is valid doubt that the FTC has any jurisdiction over a "non-profit" corporation or the authority to override validly enacted state laws under its self-proclaimed "quasi-legislative" functions with its rule-making authority. The problem posed here has serious implications for all of us and our nation. Here we have un-elected civil servants in a federal agency proposing to effect social-change, in accordance with its independent determination for the need for such social change, and try to accomplish its purposes through its rule making authority which has the full force and effect of law. This bureaucratic arrogance, usurpation and assumption of power is frightening and should be a

matter of concern to everyone. Nor is the FTC the only bureaucratic agency guilty of this type of conduct—it is just the worst case so far. Mr. Justice Brandeis once observed: “. . . The greatest dangers to liberty lurk in encroachment by men of zeal, well meaning but without understanding.” It is time for us all to understand the consequences of public policies advanced by these men and women of zeal. Once we understand we can resist, or take appropriate action. One remedy, in theory, to this abuse of power is judicial review. But, judicial review takes forever and costs the litigants a fortune, and some rules and regulations may evade review altogether. There are judicial challenges to the authority of the FTC in certain areas winding their way through the courts at present, that hopefully, will help clarify this state of affairs in the future. The ultimate solution, of course, rests in the Congress for it delegated the authority in the first place and is now the body that must now redefine and restrict that authority. I hope all of you will petition your members of the Congress, early and often, to do this as quickly as possible.

Involved in the judicial review process is the complaint filed by the FTC against the American Dental Association related to our Principles of Ethics. I doubt very much that the FTC has the basic authority to tell us what is ethical and what is unethical. If, indeed, they know the difference. But, that is precisely what the FTC was undertaking to do when it entered a decree against the ADA recently. Who gave the FTC power to rewrite the code of ethics of the dental profession? Here we see legalisms carried to the extreme and it goes against our grain because it strikes down a moral code which is voluntarily self-imposed and followed. Moral codes preceded legal codes and are of a higher value because of the fact that they are self-imposed and the individual complies with them voluntarily.

The FTC, along with other government agencies and private groups, have added “buzz-words” to our language: the health care “industry”, the patient is a “consumer”, the all-inclusive term “provider”, dental care “market” and “trade” groups and “trade” associations. All these are terms or language of the market place, equally applicable to trades, industry and commerce. Whatever the intent in the introduction of these terms, devious or otherwise, they are for the most part contemptuous, demeaning and anti-professional and have no redeeming justification for use by us nor should we accept them within our concepts of professionalism, which would then legitimize them.

ADVERTISING

The reverberations from the shock of lifting the ban on advertising are still being felt within our profession. Whatever our personal view on

the matter, it is now the law of the land. But, the law does not say we must advertise or that we cannot support ethical forms of advertising. Here we have an opportunity, if we will but take it, to turn this to our advantage rather than view it as a threat. Efforts in this regard should be actively explored and evaluated.

Another area to consider is the public, which we serve, and which, in the last analysis, is the final arbiter of our rights to be a profession. Our professional rights and privileges have been granted to us in return for our duty to serve the public to the best of our ability, in any given circumstances, in strict accordance with high moral principles or values. This we must do in our essentially one-to-one relationship in the treatment of our patients. If the public does not think we are doing this as a group, or have betrayed its trust, it will demand accountability and, probably, regulation of our profession.

It was announced recently that a congressional survey of the public indicated the public wanted more regulation from the government. What type of regulation or in what area was not explained. It may be, as Jacques Barzun points out, "that we are witnessing the evolution some have predicted—the drive towards a society collectivized through and through, that is, in which groups interlock in mutual control; the theory being that no individual or group can be trusted. That would mean the death of the very idea of a profession, which so far has been synonymous with a blend of individual and group self-governance. The message today (for the professions) is that their hope of survival with anything like their present freedoms is the recovery of mental and moral force. No profession can live and flourish on just one of the two." I think each of us must note and take heed of these very important observations.

It is obvious our profession, as well as our nation, is in a period of change. These changes, and the stress by them, are due in large part to a decline in moral values in our nation and greater emphasis on materialistic or legalistic standards. Understanding this we should not fear change, but we do. We fear it because of the unknown, the uncertainty of dealing with things that are unfamiliar to us. Often this fear incapacitates us, prevents us from reacting to change with decision, competence, integrity and unified effort. The 19th century Prime Minister Benjamin Disraeli gave this advice: "In a progressive country change is constant; and the great question is not whether you should resist change, which is inevitable, but whether that change should be carried out in deference to the manners, the customs, the laws and traditions of a people."

We must face the future, knowing there will be change, but let us take the initiative in the process. We must if we hope to prevent

violation of either our professional ideals or the welfare of the public. The hour is late, but dentistry still has the opportunity to guide its future, if we will but just take it. There will be no simple answers, the demands in time and effort will be great for those who are involved. And, in the process, we must contend with and overcome the apathy, complacency and indifference so evident in our profession. There remains in dentistry deep and continuing support for the essence of professionalism. But, while there is this great support, there is little effort to openly defend or communicate it. This we must change, and it must be done by the individual, by each member of the profession. There is great need for professionals to speak out and state the case for professionalism in our society. The practitioner is the chief spokesman for dentistry, the patient is his responsibility, regardless of what anyone or any group says. Each of us becomes the best ambassador the dental profession has by establishing and maintaining a professional relationship with our patients. This we must do not only because it is our obligation, but to establish, or re-establish, to the highest possible level, the confidence the public has in our profession. In this we must have the support of the public if we hope to retain the privileges that historically have been recognized as belonging to our profession.

There is a great need for us to speak out, individually and as a profession on other issues. Some of these are: the great value of preventing oral disease; the responsibility of the individual in the prevention of oral disease; the need for greatly expanded preventive oral health educational programs in the primary school grades; the role and great worth of the profession to the individual and society. These are a few of the issues; obviously there are more.

CONCLUSION

In the preceding discussion, some of the external forces and factors which challenge the professional concept of dentistry and other matters have been discussed. Because of time and space limitation, many areas were not explored. But, problem areas do remain that need to be addressed and analyzed, and answers or solutions proposed.

In conclusion I would like to read the following quotation by Albert Einstein: "Times such as ours have always bred defeatism and despair. But there remain, nonetheless, some few among us who believe man has within him the capacity to meet and overcome even the greatest challenges of this time. If we want to avoid defeat, we must wish to know the truth and be courageous enough to act upon it. If we get to know the truth and have the courage, we need not despair."

SYMPOSIUM

The Challenge is Now!

Internal Factors Challenging the Professional Concept of Dentistry

I. LAWRENCE KERR, D.D.S.

In accepting this invitation to address you, I should state at the outset that I am a realist, a pragmatist and an idealist. I have done a lot of reading and soul-searching and research. My mission is to discuss the internal factors that are challenging the professional concept of Dentistry, challenging us as individuals, our organizations, our communications, our research and our delivery systems.

You are certainly aware of the internal influences with which we are confronted in the modern world, but as we look forward to the eighties we will have to accept and understand a set of challenges that are greater than any we have encountered in the past. We shall need the leadership, which we can certainly find within this organization, to maintain in the face of the many challenges, the professional concept of Dentistry.

As I look about the world of Dentistry, I am certain that many of our colleagues fail to grasp what is going on. I am not by nature a pessimist, but I believe that for the first time in the great history of our profession, the challenges that we face concern our very survival. It is difficult to understand, after one hundred and twenty years of service to the public, why we would now be subjected to such pressures. We search our archives and records of our association, examine our policies introspectively and ask how these things could occur. We must avoid paranoia and self-flagellation, but we must take a longer, harder look than ever before.

But how do we convey these challenges to a profession that is made up primarily of individuals, and what do we say to the thousands of young people who right now are preparing themselves to enter our profession?

I recall sitting in the beautiful Riverside Church in New York City a

Dr. Kerr is president of the American Dental Association. He practices oral surgery in Endicott, New York.

number of years ago and reading this little paragraph written by Jane Addams:

"It requires an unfaltering courage to act year after year upon the belief that the hoary abominations of society can only be done away with through the steady impinging of fact upon fact, of interest upon interest and of will upon will. It requires skill as well as loving kindness to be able to say this to an ardent young person so that the statement, although it contains the implications that these hideous conditions will at last be changed, shall not come as a dash of cold water to his ardent hopes. It requires tact and training to make it clear that because each of us can do so little in the great task of regenerating society, it is therefore more necessary that each shall dedicate his powers and add his individual will to the undertaking, for the undertaking is tremendous."

This afternoon there will be an addition to the Fellowship of the College. I would challenge them as I challenge the Fellows of the College present today and the College itself, that they and it must find a larger reason for being. If the College is to exist in the midst of a profession in distress, then what should its role really be? Has the College retreated from its original purposes? Do we adhere to its goals and objectives? Do we truly understand that in this College is a corps of people who must assume the responsibility for the preservation of our profession and more importantly, our concept of professionalism?

OUR PROFESSIONAL BACKGROUND

Let us look at our profession for a little bit. We come from a background that was purely mechanical. We developed through an evolutionary process along the pathway from mechanical to biomechanical to the highly skilled basic and clinical sciences of today. We have developed a system of ethics, which today is under attack from all sides. We see around us what appears to be a return to the days of Painless Parker, to the days when commercialism was rampant. With the Gies report, with the evolution of dentistry into a truly learned profession, commercialism was cast aside. Now the pendulum of commercialism appears to be swinging in the opposite direction, given impetus by our own government.

If you have been following the dental scene, you recognize that we are not part of any health insurance program, that the Division of Dentistry of the Department of Health, Education and Welfare has been decimated in manpower and funding, that there are bureaucrats still trying to change things for us. They were put there by us and should be monitored by us.

What we are seeing today is the impingement of a dark materialistic philosophy by members of the profession on the profession. And this is what I believe we have to correct.

DENTAL EDUCATION

Let us consider the individual. Why are we what we are? Where did we come from? Most of us are from the middle class; some perhaps from the poor. We are here because of a desire to be of service, with the privilege of making our own decisions. We have been educated in what has been considered the finest educational system in the world. But we are concerned because we have been educated to be piece-workers. Our problems are therefore the direct result of the teaching process that prepared us for this service. This must change and many deans and faculty members agree.

How do we prepare a dental student for a state board examination where he will be asked to do a Class II amalgam or a gold foil or a denture set-up? How do we know, if we change the present method we follow, that he will be able to pass? As a result, most of us think, act and work not too much better than the piece-worker in a factory. I do not wish to denigrate the profession or our 59 excellent dental schools or faculties, but I submit to you that unless we develop a methodology of preparing these thousands of young people to create a service that is "soulistic", that truly represents a service to the people that is soul-to-soul as much as it is material-to-tooth, the ultimate end to the profession is in sight.

The American Dental Association received a letter recently from the Federal Trade Commission that discussed the rule-making authority of the FTC relative to the independent practice of dental hygiene. For twenty years we have maintained that dentistry is not a cottage industry, to no avail. And now they want to create another hundred thousand cottages. The logic of the decision makers of the FTC escapes me. They are not unintelligent people—and that is what concerns me. These are people who believe that what they are doing is in the best interests of the public. They have an interesting axiom at the Federal Trade Commission and it goes like this. "Equity is doing that which should be done." With that belief, they can break the profession into five parts and destroy it, as well as every single enterprise in this nation.

What have we in the dental profession done to bring about this challenge? Have we forgotten that we have a responsibility to provide services not only to our patients but for the entire population of our land? The House of Delegates in its meetings next week will adopt a

major implementation of a new philosophy. It is called the Access Program and it contains thirty three initiatives for acceptance of our social responsibility to provide dental care for the poor, the working poor, the aged and the handicapped.

Each time I am privileged to represent the ADA on television and I describe our projected program, I am asked by some keen and sophisticated interviewers or reporters, "Do you mean to tell us that your profession is going to provide care for the poor, for blacks, for the handicapped and for those who do not perceive the need for dentistry? Do you really believe you can do that?" And my answer is, "I believe we can." I know the House of Delegate believes it, but it will take time and effort and resources. I am confident that it can be done, because we see it as our one last chance.

I plead with the individuals of the profession for unity and a sense of dedication. We need to become a part of a total profession, wherever we are, whether in West Texas, in upstate New York, or in Western Pennsylvania, we must be more than piece-workers in our private offices, insulated from the world around us. Those in the profession who have reached some degree of success have done so because they have transmitted their skills into a service to their communities. No one knows this better, perhaps, than the Fellows of the College.

THE SPECIALIST AND THE GENERAL PRACTITIONER

We are going to have to stop the age-old conflict between some segments of our profession. I refer to the dissension and argumentation between the specialists and the general practitioners. This profession is made up of general practitioners, and those of us who are specialists are their right arm. May this never change. The medical profession has almost destroyed itself and its public image because of the piecemeal care given the patient, with 80% of their numbers specialists and only 16-17% general practitioners. We have always had the right formula and I trust we always will.

We have witnessed a change in the concept of practice management. I am concerned about some of the things taking place in dentistry today. We are creating a materialistic philosophy in our young people, for in our zeal for greater affluence, we sometimes forget that we are still dealing with people. We must never forget that the body sitting in the chair is a fellow human being.

OUR ORGANIZATIONS

Another challenge relates to our professional organization—the American Dental Association and its constituent and component groups. What should their goals be? This year I believe the ADA has made a turn-around; it has stopped looking to the past and now faces the future. It must gear up to be active, to meet its challenges and responsibilities, to consider the interests of its individual members and assist them in every way possible. Our present system of vertical membership is under challenge, and I pray that the unity and strength that we now possess will not be destroyed. Many people ask today, are the organizations in dentistry valid in this new atmosphere? My answer is, yes, more so than ever before.

ETHICAL CODES

We face another challenge to our ethical codes. When the Attorney General of Ohio says that the Ohio Dental Association must drop its entire code of ethics, in the best interests of the people of Ohio, then its time for the members of the profession to band together and fight back to our last ounce of blood. There appears to be a group of highly intelligent people in this country whose mission seems to be directed toward destroying the trust and confidence that society has always had in professionalism. Ethics came before laws and laws are just the result of ethics.

With the changing laws and the relaxation of ethical codes, advertising techniques are being used which make me cringe. We see group practices doing what is called “discount dentistry”. Department store clinics, fourth-party franchise clinics, HMO’s, closed panels, are rapidly increasing in number. What can we do to compete? For years many of us have waved the banner of the private enterprise system. But we have forgotten that the bulwark of the private enterprise system is competition. We are going to have to develop within our organization a competitive voice if we expect to meet these challenges.

These new phenomena are attracting patients who may never have been in dental offices before. I am confident that the newly developed Access Program of the Association will achieve the same goal. The ultimate objective must lie in the one-to-one relationship with our patients. We must develop our own unique system of the delivery of dental care, involving freedom of choice and the treatment of the whole patient, not merely a “case” or a number or a tooth.

COMMUNICATIONS

The American Dental Association is about to embark on an Institutional Advertising Campaign to tell the public who and what we are, and what we believe in, to communicate with the public by various means. This will be a competitive force, and you will be hearing more about it as time goes on.

We must recognize the national spirit of our nation and our people is presently at a low ebb. We are struggling through bad economic times, in a depression that is as bad as most of us can remember. There exists in this country a broad sense of mistrust of our government. The problem abroad, the late war in Vietnam, the Watergate episode have undermined the trust in the greatest free republic in the history of the world. As we consider the internal and external forces that challenge our profession, we must raise our sights and consider what our roles will be in saving this nation from the destructive forces that are greater than any of us. The challenges which we are discussing in this session are really nothing more than the reflection of the symptoms of a great nation under stress.

Why do these challenges exist? Is it our affluence? Is it our lack of understanding? Is it our inability to see the world change about us? A philosopher hundreds of years ago said, "You never step in the same river twice." Change is with us.

Here is something I wrote thirty years ago, which turned up as I was preparing this speech. I really believe that I can still live by it for the rest of my days.

"Finally it would seem to me that all of these ideals can be best exemplified in service to our fellow man. Individual attainments are small indeed when compared to the value of service to others. There are many opportunities for all of us, regardless of background, profession, education or personality, to be of service in some capacity. I've never met the individual who didn't have something to offer to his fellows. I firmly believe in the credo—He who serves his fellow men, is of all his fellows, the greatest. The challenge is extended to all that through our faith in His spirit, we may bring forth the Kingdom of God on earth and plant the love of God in the heart of all men."

I would remind you of a wonderful hymn, which I suggest to you might be the answer to these challenges:

"Rise up, O men of God
Have done with lesser things
Give heart and soul and mind and strength
To serve the King of Kings."

Professionalism — Today's Challenge

NORMAN H. OLSEN, D.D.S.

The thoughts I wish to share with you this evening are my own strongly-held views on the most important aspect of your futures, and indeed, the future of dentistry. I refer, of course, to the indispensable attribute of professionalism.

What is it — this thing called 'professionalism'? And why is it so dear, so sacred to me and to my colleagues in dentistry, as it was to generations of dentists before us? Why? Because professionalism is nothing less than the very essence of dentistry.

Professionalism is an individual thing; it is something that cannot be legislated. The dental profession enjoys a very rich legacy and it is our challenge today and in the future to insure to our successors that the ideals and principles so priceless to our predecessors will not be lost or compromised in the future. The noted philosopher, Jacques Barzun states in his essay, "The Professions Under Siege" that "What the professions need today are critics from inside, men who know what the conditions are, and also the arguments and excuses, and in a full sweep over the field can offer their fellow practitioners a new vision of the profession as an institution."

Each of you is taking the final steps on your path to the profession of dentistry. Keep firmly in mind that which I told you just a moment ago, namely, that professionalism is the very essence of dentistry. Your intended destination is in that profession. Back in 1953, the same year I completed my graduate work at Northwestern University Dental School, the late Prime Minister Nehru of India said something that has always struck me as significant. When asked by a magazine editor, "What is the most important thing you have learned in your life," Nehru reflected for a moment and then said. "The most useful thing I've learned is that, when you start out on a road moving towards a certain destination, you tend to discover that there are all sorts of forkings in

From an address to the Student Clinicians of the American Dental Association, October 22, 1979, Dallas, Texas. Doctor Olsen is a Regent of the American College of Dentists and Dean of the Northwestern University Dental School, 211 East Chicago Avenue, Chicago, Illinois 60611.

that road and that, if you ever allow your destination to recede in your mind, you'll never get there. You always have to know exactly where it is you want to go and keep coming back to your main course."

Our main course and your main course must be the high road of professionalism. But don't go looking for it in a textbook or a lecture hall. Don't go looking for it in a technic laboratory or in the clinic. Professionalism isn't something that can be weighed or calculated, or sealed in a jar, or locked in your instrument case. Professionalism is a quality that lives and thrives in the unique character of each individual person. It seeks its nourishment in the moral integrity and commitment of each of us.

When presenting a paper on this subject before a meeting of the Illinois State Dental Society in the year 1907, my illustrious predecessor at Northwestern, Dr. G. V. Black, said this: "If we can admit that there are differences in the degree of moral obligation among men, the moral obligation of the professional man must be greater than that which rests upon any other. For those whom he serves are dependent upon his moral integrity and his skill to a degree that is greater than the obligation of any other."

This theme that Dr. Black expounded back at the turn of the century is every bit as timely today as it was then and even earlier. Professionalism carries with it certain obligations and responsibilities to principle, as well as certain expectations about a code of behavior and ethics. For those of us in the dental profession, these responsibilities and expectations are set forth in the Code of Ethics of the American Dental Association and in the similar Codes of such groups as the American College of Dentists.

It is neither inconsequential nor coincidental that the House of Delegates of the American Dental Association will be scrutinizing certain sections of its Code of Ethics during sessions this week. For some time now, certain political factions have been chipping away at the foundation of the professional concept and some of these forays into the private domain of professional ethics have now been sustained in the courts. It is for this reason primarily that the delegates to the ADA and the governing boards of other professional societies are under pressure to reassess and realign our Code of Ethics — the fulcrum of our profession.

One fundamental issue concerns the rights of dentists to advertise their services in commercial fashion. Unfortunately, it seems to me that a good deal of the discussion about this issue has been sparked more by emotion than by reason. There is and has been considerable misunderstanding, misconception and misconstruction of the princi-

ples involved in the matter of advertising, both by dentists who do not fully know or understand the law and the interpretation of Constitutional rights, and on the other hand, by lawyers who do not fully know or understand the traditions of the dental profession. It seems to be of little difference that we are on the same path as the legal profession, although at an earlier milepost. Lawyers themselves are divided on the issue of advertising as it relates to the profession of law and legal ethics.

I should like to quote again from the writings of Dr. G. V. Black, who was as eloquent as he was brilliant. He wrote: "The persons who enter upon a profession as their life's work are supposed to devote themselves to the welfare of man and to the communities in which they live. The professional man sells no goods. In general terms, his equipment is his mental endowment supplemented by his training, which has become an *integral* part of himself. The professional man doesn't advertise or sell; he *serves*; he uses his mental endowment and special training to relieve the difficulties and distresses of men, and for the benefit of society or of the state."

As far as I am concerned, and this is my personal, strongly-held opinion, those principles of professional life—the integrity of those principles—are still valid and still viable today, even as the principles of cavity preparation that Dr. Black postulated back in the same era. Certain things are fundamental; and fundamentals should not be tampered with by mavericks within a profession, nor dare I say even by the strict constructionists on the benches of our courts. To be blunt, ladies and gentlemen, I think that advertising by a professional individual is unprofessional any way you look at it. It is my sincere hope that the best and most effective form of professional advertising will continue to be the satisfied, healthy patient or client. And I sincerely hope that the distinguished House of Delegates will proudly reaffirm this fundamental tenet of our Code of Ethics.

Disciplining ourselves to do only what is correct and acceptable is another aspect of professionalism. And what is wonderful in our profession is that we have the freedom to govern ourselves—to make ourselves do that which is right. President Dwight D. Eisenhower said, "Freedom has been defined as the opportunity for self discipline. Should we persistently fail to discipline ourselves, eventually there will be increasing pressure in government to redress the failure. By that process, freedom will disappear."

That is a rather sobering thought because it is so close at hand. We can hear the public cries for the government to take over. No longer is the doctor regarded with the same affection, esteem and respect as in the past. Malpractice suits are being filed at an unprecedented,

exponential rate. The public today feels that health care is no longer a privilege, but rather a right of the members of society. The need for an unreserved commitment to quality care and to the highest standards of professionalism has never been greater, nor will it lessen—nor should it.

The reputation of the entire profession is in the hands of every individual practitioner. The relationship between the practicing dentist and his or her patient is a uniquely personal one. And let us never forget that it also is a uniquely human one. Dentists, after all, are human beings, too; and as such we possess and exhibit the same frailties as our patients. None of us is able to solve every problem or treat every condition. None of us is all-knowing, for members of the dental profession have no right to be anything but lifetime students. None of us left dental schools with much training to handle the emotions of our patients; it is something we learned through experience. There are other shortcomings we also have to keep in check—notably, perhaps, that we exercise patience and learn to be good listeners.

Actor Alan Alda, who is known to millions of television viewers as surgeon Hawkeye Pierce in the *M*A*S*H* series, was invited to speak at the commencement exercises this year at the Columbia University Medical School. In his remarks to the new physicians, Mr. Alda offered a challenge that is every bit as relevant to the dental students here this evening, and to all of us. He said, "Be skilled, be learned, be aware of the dignity of your calling. But please don't ever lose sight of your own simple humanity. Put people first. You can read my x-rays like a telegram. But can you read by involuntary muscles? Can you see the fear and uncertainty in my face? There is one more thing you can learn about the body that only a non-doctor would tell you—and I hope you'll always remember this: The head bone is connected to the heart bone. Don't let them apart." As a postscript-in-kind to Mr. Alda's poignant remarks I might add—Behind every tooth there is a human being.

Let me put a challenge before you. Just as society entrusts to the young the responsibility of bearing our culture into the next generation, so also we hope and expect that you will protect, preserve and perpetuate the high ideals and traditions of the dental profession and forever cherish the essence of professionalism in your lives and in your practices. You have already distinguished yourselves among your peers in dental school, and thereby, among other men and women your own age. You, then, will be the leaders in a generation of culture-bearers. And it is to you that we who have gone before you in dentistry pass on the rich legacy of professionalism.

Deceased Fellows

The deaths of the following Fellows have been reported to the office of the College between October 1978 and October 1979.

- *Aiguier, James E., Bala-Cynwyd, Pa.
- Anderson, John, Miami, Fla.
- Aull, Arthur E., Jr., Los Angeles, Calif.
- *Baird, John S., Australia
- *Becker, Walter H., Highland Pk, Ill.
- Bird, Victor E., Morgantown, West Va.
- *Blake, Reuben L., San Francisco, Calif.
- *Boyden, Carl H., McAllen, Tex.
- *Bramer, Max L., Wayne, Ill.
- *Bredall, George H., Perryville, Mo.
- *Bumgardner, Amos, Charlotte, N.C.
- *Burgess, Leroy A., O'Neill, Neb.
- *Burkman, N. Weir, Birmingham, Mich.
- *Butler, Edward T., Pinellas Park, Fla.
- Casey, Gerard J., Wilmetter, Ill.
- Cedar, Warren R., Chicago, Ill.
- *Cleek, Laurence D., Rocky Gap, Va.
- *Cline, Harold M., Canada
- *Corrigan, James J., Pittsburgh, Pa.
- Coxwell, Alvin B., Louisville, Ky.
- *Cunningham, William P., Houston, Tex.
- Cuthbertson, Walter L., Hayward, Calif.
- Davis, Carl O., Augusta, Ga.
- *Denton, Fred J., Knoxville, Tenn.
- *Dierdorff, H. Beecher, Kailua, Hawaii
- *Dittmer, Cedric K., Skokie, Ill.
- Eckardt, Walter L., St. Louis, Mo.
- *Finn, Sidney B., Birmingham, Ala.
- Fitch, Henry B., Reno, Nev.
- *Fowkes, William C., Inglewood, Calif.
- Frank, Harry J., W. Palm Beach, Fla.
- *Gallie, Donald M., Jr., Northbrook, Ill.
- *Gilbert, Howard I., Seattle, Wash.
- *Gregory, William A., Bethel Park, Pa.
- *Griswold, Joseph H., Richmond, Ind.
- *Hake, Homer, Des Moines, Iowa
- *Harding, J. C. Almy, San Diego, Calif.
- *Harlowe, Julian C., Louisville, Ky.
- *Heintz, Karl P., Cumberland, Md.
- *Henry, Raymond R., Minneapolis, Minn.
- *Hill, Thomas J., Brecksville, Ohio
- *Holt, Robert T., Memphis, Tenn.
- *Hughes, George A., Oakland, Calif.
- *Jordan, John R., Stockton, Calif.
- *Jordan, Luzerne G., Washington, D.C.
- *Jostes, Benedict H., Chicago, Ill.
- *Kellner, Arthur W., Hollywood, Fla.
- *Kerr, Donald A., Ann Arbor, Mich.
- *Kiefer, John B., Lacey, Wash.
- *Kubacki, W. Howard, Dallas, Tex.
- *Langstroth, Robert S., New Brunswick, Canada
- Lawrence, Kenneth E., Prairie Village, Kan.
- *Leggett, Thomas F., Laurel, Miss.
- *Loveall, Benjamin F., San Luis Obispo, Calif.
- *Lowery, Percy C., Detroit, Mich.
- *Lunsford, E. C., Coral Gables, Fla.

- *MacKay, Donald R., St. Paul, Minn.
- *Martin, Frank, Ontario, Calif.
- *Maxey, Frank S., Nashville, Tenn.
- *McClure, Frank, Washington, D.C.
- *Metz, Herbert H., Southfield, Mich.
- *Miller, Ellis H., W. Reading, Pa.
- *Munro, Donald H., Vancouver, B.C.
- *Neeb, Austin S., Grosse Point, Mich.
- *O'Brien, Paul F., Chesterfield, Mo.
- *Paul, Forest K., Indianapolis, Ind.
- *Pearce, James H., Amarillo, Tex.
- *Pernell, W. Earl, Chandler, Ariz.
- Petty, Claude V., Jr., Magnolia, Miss.
- *Phillips, Percy T., New York, N.Y.
- Richards, Robert D., Grand Rapids, Mich.
- *Robinson, Saul C., Portland, Ore.
- *Rohde, Arthur C., Milwaukee, Wis.
- *Rounds, Jack S., Laguna Hills, Calif.
- Samaha, Emile A., Concord, N.H.
- *Sauer, Norman T., Allenhurst, N.J.
- *Schantz, Curtis W., Virginia Beach, Va.
- *Schmid, Sylvester A., Cincinnati, Ohio
- *Schuyler, Clyde H. Montclair, N.J.
- Schireson, Sylvan S., Los Angeles, Calif.
- *Seligson, David, Cincinnati, Ohio
- *Shanley, Leo M., St. Louis, Mo.
- *Shehan, Harlow L., Jackson, Miss.
- Shimokawa, Francis G., Wailuku, Hawaii
- Shupe, Gordon W., Wayne, Neb.
- *Smith, Gilbert P., Sussex, N.J.
- *Sorensen, Hans W., San Jose, Calif.
- *Speer, Wayne H., Houston, Tex.
- Spencer, Adna L. Washington, D.C.
- *Stewart, Eaton, Houston, Tex.
- *Stork, Jack, Netherlands
- *Stransky, Irving M., Woodstock, Ill.
- Sweet, Joe G., II, Oakland, Calif.
- Toomey, Lewis C., Jr., Silver Spring, Md.
- Vaughn, William, J. H., Dallas, Tex.
- Whitaker, John H., Baltimore, Md.
- *Wynn, Percy A., Houston, Tex.
- *Zeisz, Robert C., San Francisco, Calif.

*Life Fellow

New Fellows

(continued from page 23)

James E. Williams, Augusta, GA
 George H. Winn, New Prague, MN
 David A. Woolweaver, Harlingen, TX
 George M. Yamamoto, San Leandro, CA

James H. Zinck, San Antonio, TX
 Ira D. Zinner, New York, NY
 Gerald N. Zoot, Chicago, IL

In Absentia

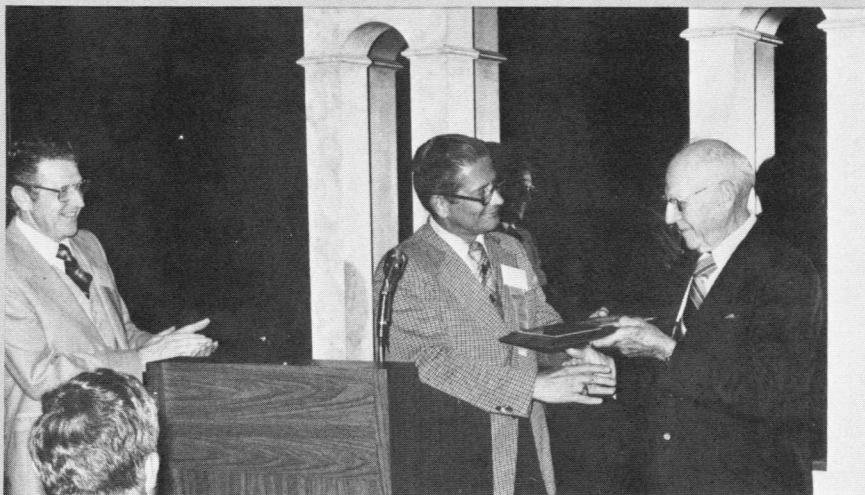
Robert F. Streelman, Wyoming, MI
 Robert H. Watson, Charlotte, NC

NEWS OF FELLOWS

Past Regent Ralph A. Boelsche Honored

On October 18, 1979, during the annual meeting of the American Academy of Gold Foil Operators in Dallas, Texas, the first Distinguished Member award in recognition of outstanding contributions and service to the Academy was presented to Dr. Ralph A. Boelsche of Houston, Texas.

In addition to being one of the Academy's charter members, Dr. Boelsche has served faithfully in many capacities including the assumption of the presidency in 1957 and being the Business Manager of the Academy Journal for eleven years. His motivating influence on those with whom he came in contact and his true and sincere desire to be always available and willing to serve his fellow man have made him deserving of this high recognition.



Chester Gibson, Academy President, looks on while Jose E. Medina presents the Distinguished Member Award to Ralph A. Boelsche.

The Northeastern Society of Periodontists awarded the Isadore Hirschfeld Memorial Medal to **Dr. Howard L. Ward** at its fall meeting recently. This medal is bestowed on men of dental science who have made outstanding contributions to the advancement of periodontology through dental research, dental education, contributions to the periodontal literature and outstanding service to the society. Dr. Ward, a nationally recognized clinician, is also professor of Periodontics and Assistant Dean of Clinical Affairs at New York University College of Dentistry.

The College notes with regret the passing of Fellow **Clarence W. Koch** of Little Rock, Arkansas. Dr. Koch, one of the pioneers in orthodontics, was the designer of the Torch and the Mace, ceremonial objects carried each year at the head of the Convocation procession.

S. Elmer Bear, professor and chairman of the department of oral and maxillofacial surgery at the Medical College of Virginia was recently installed as president of the Southeastern Society of Oral and Maxillofacial Surgeons.

Philip Blackerby, retired president of the W.K. Kellogg Foundation and past president of the American College of Dentists, was awarded an honorary doctorate ("Doutor Honoris Causa") by the federal University of Rio Grande do Sul, in Porto Alegre, Brazil recently. In 1964 he received the Order of the Southern Cross from the government of Brazil.

Terry W. Slaughter, 1978 President of the American Association of Oral and Maxillofacial Surgeons, was honored with the Arnold K. Maislen Award in early December at a banquet in his honor here in New York. Sponsored jointly by the Bellevue Hospital Oral and Maxillofacial Surgery Alumni Association and the New York University College of Dentistry, the award is given annually to the oral and maxillofacial surgeon considered to have made the greatest contributions to the specialty in a given year.

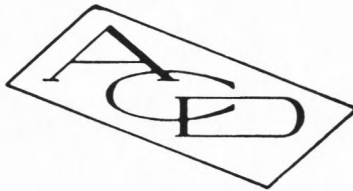
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Contributing Editors

Contributing editors for this issue are Bernard Gordon of Baltimore, Bernard Yanowitz of Washington and Henry I. Nahoum of New York.



The Objectives of the American College of Dentists

The American College of Dentists in order to promote the highest ideals in health care, advance the standards and efficiency of dentistry, develop good human relations and understanding and extend the benefits of dental health to the greatest number, declares and adopts the following principles and ideals as ways and means for the attainment of these goals.

(a) To urge the extension and improvement of measures for the control and prevention of oral disorders;

(b) To encourage qualified persons to consider a career in dentistry so that dental health services will be available to all and to urge broad preparation for such a career at all educational levels;

(d) To encourage, stimulate and promote research;

(e) Through sound public health education, to improve the public understanding and appreciation of oral health service and its importance to the optimum health of the patient;

(f) To encourage the free exchange of ideas and experiences in the interest of better service to the patient;

(g) To cooperate with other groups for the advancement of interprofessional relationships in the interest of the public; and

(h) To make visible to the professional man the extent of his responsibilities to the community as well as to the field of health service and to urge his acceptance of them;

(i) In order to give encouragement to individuals to further these objectives, and to recognize meritorious achievements and potentials for contributions in dental science, art, education, literature, human relations and other areas that contribute to the human welfare and the promotion of these objectives — by conferring Fellowship in the College on such persons properly selected to receive such honor.

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