Good afternoon! I am so glad to see all of you. It has been too long since we have been together. We need to be together. The essence and strength of an association is dependent upon personal relationships. Those relationships lead to better decisions. Welcome back...we have some important decisions to make this week.

When I addressed the House of Delegates in 2019, I focused on issues that have concerned dentists for decades and yet remained unresolved: Commercial and public dental benefit programs, licensure, workforce, student debt...and the list goes on and on. You know them all by heart.

At that time, it was my intent to support the ADA’s very effective councils, committees and commissions in their persistent efforts to address those ongoing issues. Initiatives like digital transformation started by Dr. Gehani would continue. Legislative efforts like reform of McCarran Ferguson would continue. Personally I hoped to raise the bar by enhancing the culture of safety in dentistry.

The ADA had many important priorities that deserved our continued attention.

After reflection... we succeeded! We made progress in all of those areas.

But...it was NOT as straight forward as it sounds.

The ADA was confronted with a number of unexpected additions to our agenda.

- Covid-19 and its significant effect on dentistry and all of society
- Dentistry as essential healthcare
- Political divisions that spawned questions about the ADA’s involvement in the political process.
- A focus on health equity was spurred by social inequities exposed during the pandemic
- The potential for a dental benefit in Medicare turned serious
- Transition to a new executive director

How did we do...and what remains to be done?

One obligation of serving as the ADA’s president is the need to see our professional environment panoramically—a bird’s eye view of all the pieces that make us who we are, the landscape we inhabit, and the potential impacts that a single action, decision, or occurrence can have on our daily work. What is the president supposed to do with everything gained from that perspective?

The Bylaws duties of the ADA President are very limited. Serving as the official representative in advancing the objectives and policies of the Association is the primary duty. The president also submits an annual report to the House of Delegates. I believe an unspoken duty of leadership is to have difficult discussions. To recognize threats to our members as well as opportunities to improve our association and dentistry’s position in healthcare. Instead of generating thoughtful analysis of the future and consideration of how we as a profession move forward, some previous commentaries have been interpreted as “lectures.” Today, I want to talk about some easy and some difficult subjects, not to lecture, but instead to encourage conversation.

Let’s consider some important areas where we have done well, and where work still remains.

When it came to COVID-19, we responded in a manner that protected our patients, protected our members and their teams, and enabled our profession to rebound faster, and better than most. Our history of infection control, our strength in advocacy, and our service to ADA members illustrated overwhelmingly the member value we provide.
Yet, near the tail end of this crisis, I recognize its finite nature. It’s clear and concise directives. Its ability to place the most essential tasks into focus and spur within us attentiveness and action. By these measurements, this challenge has been less complex than others. In organized dentistry, we are quite familiar with complex issues, and our efforts to address them have been decades-long endeavors.

COVID-19 is not over but what we have learned will prepare us for future challenges. Here’s what I believe: If we apply the same sharp focus, clear intention, and group action that propelled us through COVID-19, then yes, we can solve many more of our most pressing concerns.

Every step forward contributes to our progress. Two years ago, the House’s passage of a resolution on the culture of safety in dentistry helped shape our infection control recommendations during COVID. And in a future health crisis or disaster, patients will likely have access to the full scope of dental care because last year’s House resolved that dentistry is essential health care.

We proclaimed it….now we must own it. We must treat the diseases that define the essential nature of dentistry. If we do so successfully, we will also be able to treat the desires that drive many of our patients. Our place in healthcare is solidified. We have an obligation to address the healthcare needs of all patients—those who have and those who have-not.

“Essential” ties us more tightly to the social contract that binds us together as healthcare professionals. Ultimately, as essential health care professionals, dentists must assume and honor this real and implicit social contract to care for the oral health care needs of all people. The level of respect and trust given to us by the public—along with our profession’s ability to self-regulate—directly correlates with our fulfillment of this social contract, and our ability to call ourselves a profession. That designation is a critical part of my success.

I worry because some of our colleagues question that concept. How would you respond to a volunteer leader in all seriousness proclaiming “Perhaps we should be a trade!”? What about “We have to understand that the ADA is a professional trade association…We cannot expect them to represent the public or other interests…” I hope you share my concern.

At the ADA, our professionalism is bolstered by our constitutional commitment to, in part, “encourage the health of the public.” Where opportunities exist to do so, it’s vital that we do our best to adhere to this obligation.

I see the advancement of public health as an endeavor that goes beyond its clinical and scientific concerns. Oral health, as an essential component of one’s general wellbeing, is certainly our area of expertise, but should not be our sole consideration as we work to improve population health. Just as a patient’s oral health status may be affected by systemic ailments, a person’s overall health—whether they even have access to a dentist, physician, or another provider—can be greatly influenced by exogenous factors like economic stability, education levels, and discrimination. As the ADA strives to strengthen oral health equity in our nation, I believe that we have a clear imperative to account for the inequitable social determinants that can sway oral health outcomes.

Some may contend that doing so takes us out of our so-called swim lane. But any barrier to public health is a barrier to fulfilling our codified obligation to encourage it.

Healthcare is not easy. It does not exist in a vacuum. Societal controversies, inequities and debates diffuse through the practice of dentistry and professional associations as well. We are not isolated from the greater environment we function in.
In the last two years, civil unrest exemplified by George Floyd’s death, the events of January 6th, and violence directed at the Asian community in Atlanta generated requests by members for response. My response to the Atlanta violence generated appreciation from some communities and disdain from others. I was asked by those appalled by my comments how this could possibly relate to dentistry. Personally, I think that violence generates a need for healthcare. As an oral and maxillofacial surgeon, I am called to treat injuries caused by gun violence, just as dental injuries would be treated by a dentist. I hold prevention out as a hallmark of the management of oral disease. I consider the prevention of violence to be similar.

Dentistry does not exist in a single swim lane. We share a pool with our medical colleagues, our patients, and the social realities that may hinder their ability to live with health and vitality. Solving the matter of oral health equity will require some sophistication—but I believe that if dentistry does its part to the best of its abilities, it can be solved, and in so doing…dentists will succeed.

When it comes to the ADA membership, there remain many opportunities for progress. We’ve recently begun the critical work of studying the evolving needs of our members. The ADA wants to better understand what dentists value the most—personally, professionally, and in their membership here. The goal is not only to enhance our offerings and to determine how best to serve them; the ADA also wants to live at the intersection of member value and members’ values. In August, the Board of Trustees had the chance to preview some of the qualitative results of our member research, and it has so far yielded actionable insights that will inform our service for years to come.

I also see a chance for us to move forward in embracing diversity, equity, and inclusion in support of our members. I’ve had some tough conversations on this subject this year—some healthy dialogue, some critical feedback, and I’ve been on the receiving end of a few choice words. But our stated mission is clear: The ADA exists to help dentists succeed. An ADA policy, passed by the House of Delegates in 1995, notes our commitment to promoting an inclusive environment that values and embraces the diversity of our membership.

I steadfastly believe that all dentists—no matter their age, race, gender, or practice style—should have an equitable opportunity to thrive, both within our Association and in their communities. In my opinion, living our core values of diversity and inclusion—showing and not just telling—is simply the right thing to do. If we don’t, we not only risk our integrity, but the Association’s long-term relevance and sustainability.

The next generation of dentists is currently in dental school and is more diverse than its predecessors. And although women, racially and ethnically diverse dentists, and those who practice in large-group settings represent the fastest growing populations of the dental workforce, ADA membership and leadership does not currently reflect the changing face of the profession. I think it is time for us to catch up.

Today, the ADA represents the majority of dentists in the United States. This may not be the case tomorrow if we fail to attract and retain members from all backgrounds. Promoting a culture of belonging where everyone is represented—to the exclusion of no one—is what’s right, what’s fair, and what will sustain the ADA’s influence as the nation’s leading advocate for oral health.

The ADA’s political advocacy is another way that we sustain our influence. We know what it takes to provide care to those who need it and seek it. It is up to us to communicate that story to those who advocate, legislate, and make rules that affect our profession. Our only influence is through political engagement. That means developing relationships, supporting candidates and pushing agendas that benefit our profession, our members, and the public we serve. We can, and will, do that in a manner that respects our mission, vision, and core values.
This summer, the Board of Trustees recognized an opportunity to reaffirm that our political action should also reflect our values, ideals, and priorities. And although courage is not officially among the ADA’s listed core values, I will echo poet Dr. Maya Angelou on the belief that courage is the most important of all the virtues. Without courage, it’s impossible to practice any other virtue consistently. In this case, the ADA’s declaration that our political activities should be conducted in alignment with our stated beliefs is a courageous demonstration of integrity.

We must always have the courage to stand firm on the principles we hold dear.

We have seen what can happen when we do.

It’s a great time for the American Dental Association, although we are met with a moment of transition. Transitions are always difficult. Rarely has the transition of the executive director at the ADA been smooth. This year, we change that. Dr. Kathy O’Loughlin’s tenure at the ADA began in a tumultuous time. It ends during the waning moments of a pandemic that we successfully traversed. Our accomplishments in the interim speak for themselves. Thank you Dr. O’Loughlin.

Dr. Raymond Cohlmia, I look forward to watching you apply the skills you so aptly used as a private practitioner, educator, and visionary to this great association.

I cannot believe that in three days another chapter in my career will end. Fortunately, I don’t see an end to this book. I told many this year that I am “just a temp.” My real job, as an oral and maxillofacial surgeon continues. As much as I appreciated the opportunity to look at our profession from 30,000 feet and influence its future, the surgery I perform next Wednesday for my cleft lip and palate patient will be more meaningful…and tangible.

I would like to recognize some of those who made this journey possible…. I am grateful to have attended the University of Southern California School of Dentistry. In 1980, they honored me with an award that recognized “potential for professional leadership.” I didn’t recognize it then, but am grateful that they did. Both partners in my original practice, Dr. Edward Schneider and Dr. Ted Kiersch showed me the value of active participation in both the ADA and AAOMS. The Arizona Dental Association, ADA District 14 and AAOMS allowed me to learn and hone my skills. The Council on Dental Benefit Programs at the ADA opened my eyes to the importance of public policy and political engagement on clinical practice. We remain family today. I would like to thank you, the ADA House of Delegates. You are the engine that moves this association. You take the concerns of dentists, and their patients, develop policy and solve problems. The Board of Trustees responded to all challenges big and small, and worked together like a championship team. The ADA’s professional team in Chicago and Washington, DC make all of us look good. Everyone from Dr. O’Loughlin at the top of 211 E. Chicago to Sylvia who greets us all when we enter the building contributed. We can not do what we do without them.

Most critical in my professional journey was my partner in life….Adaline. Always supportive, she was also smart. After prolonging my education with dental school, residency and medical school she finally intervened. She asked “Do you like what you do?” I replied Yes! She said “Get a Job!” She coaxed an introvert to open up. She taught me the essence of participation. Give your time, your talent, and your treasure. I could not have done it without her.

In my address to the virtual House last year, I offered the idea that a return to normal should not be our goal—that better and stronger was within our reach. Better and stronger are no longer within our reach; they are firmly in our grasp. We are better and stronger than ever before, and we’ve unveiled a keen ability to organize and orchestrate our way out of a crucial situation. Let’s keep it up.

What makes me think that we can and we will be the ones to make a real impact? Because in so many ways, we’ve already have.
Let’s continue to work together in common purpose
Let’s get comfortable with what’s uncomfortable
And let’s work toward our highest ideals and ultimate vision
It’s possible. Thank you.