

1

REPORT OF PRESIDENT

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

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

9
10 At that time, it was my intent to support the ADA's very effective councils, committees and commissions in
11 their persistent efforts to address those ongoing issues. Initiatives like digital transformation started by Dr.
12 Gehani would continue. Legislative efforts like reform of McCarran Ferguson would continue. Personally I
13 hoped to raise the bar by enhancing the culture of safety in dentistry.

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

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

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

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

- 18
- 19 • Covid-19 and its significant effect on dentistry and all of society
 - 20 • Dentistry as essential healthcare
 - 21 • Political divisions that spawned questions about the ADA's involvement in the political process.
 - 22 • A focus on health equity was spurred by social inequities exposed during the pandemic
 - 23 • The potential for a dental benefit in Medicare turned serious
 - 24 • Transition to a new executive director

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

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

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

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

39 When it came to COVID-19, we responded in a manner that protected our patients, protected our
40 members and their teams, and enabled our profession to rebound faster, and better than most. Our
41 history of infection control, our strength in advocacy, and our service to ADA members illustrated
42 overwhelmingly the member value we provide.

1 Yet, near the tail end of this crisis, I recognize its finite nature. It's clear and concise directives. Its ability
2 to place the most essential tasks into focus and spur within us attentiveness and action. By these
3 measurements, this challenge has been less complex than others. In organized dentistry, we are quite
4 familiar with complex issues, and our efforts to address them have been decades-long endeavors.

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

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

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

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

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

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

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

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

39 Healthcare is not easy. It does not exist in a vacuum. Societal controversies, inequities and debates
40 diffuse through the practice of dentistry and professional associations as well. We are not isolated from
41 the greater environment we function in.

1 In the last two years, civil unrest exemplified by George Floyd's death, the events of January 6th, and
2 violence directed at the Asian community in Atlanta generated requests by members for response. My
3 response to the Atlanta violence generated appreciation from some communities and disdain from others.
4 I was asked by those appalled by my comments how this could possibly relate to dentistry. Personally, I
5 think that violence generates a need for healthcare. As an oral and maxillofacial surgeon, I am called to
6 treat injuries caused by gun violence, just as dental injuries would be treated by a dentist. I hold
7 prevention out as a hallmark of the management of oral disease. I consider the prevention of violence to
8 be similar.

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

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

20 I also see a chance for us to move forward in embracing diversity, equity, and inclusion in support of our
21 members. I've had some tough conversations on this subject this year—some healthy dialogue, some
22 critical feedback, and I've been on the receiving end of a few choice words. But our stated mission is
23 clear: The ADA exists to help dentists succeed. An ADA policy, passed by the House of Delegates in
24 1995, notes our commitment to promoting an inclusive environment that values and embraces the
25 diversity of our membership.

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

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

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

39 The ADA's political advocacy is another way that we sustain our influence. We know what it takes to
40 provide care to those who need it and seek it. It is up to us to communicate that story to those who
41 advocate, legislate, and make rules that affect our profession. Our only influence is through political
42 engagement. That means developing relationships, supporting candidates and pushing agendas that
43 benefit our profession, our members, and the public we serve. We can, and will, do that in a manner that
44 respects our mission, vision, and core values.

1 This summer, the Board of Trustees recognized an opportunity to reaffirm that our political action should
2 also reflect our values, ideals, and priorities. And although courage is not officially among the ADA's listed
3 core values, I will echo poet Dr. Maya Angelou on the belief that courage is the most important of all the
4 virtues. Without courage, it's impossible to practice any other virtue consistently. In this case, the ADA's
5 declaration that our political activities should be conducted in alignment with our stated beliefs is a
6 courageous demonstration of integrity.

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

8 We have seen what can happen when we do.

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

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

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

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

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

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

43 What makes me think that we can and we will be the ones to make a real impact?
44 Because in so many ways, we've already have.

- 1 Let's continue to work together in common purpose
- 2 Let's get comfortable with what's uncomfortable
- 3 And let's work toward our highest ideals and ultimate vision
- 4 It's possible. Thank you.