TELEGRAM

RCA ALASKA COMMUNICATIONS, INC.
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02281 NL ANCHORAGE ALASKA 91 04-25 120P AST

PMS REP BILL MILES

HOUSE HESS COMMITTEE

JUNEAU AK

WE ARE AMAZED THAT NONE OF THE MATERIAL SENT YOU ON THE MOBILE DENTAL UNIT HAS FOUND ITS WAY TO THE FILES OF THE HESS COMMITTEE. WE ARE AGAIN SENDING A WHOLE PACKAGE WHICH WILL BRING EVERYONE FAIRLY AND HONESTLY UP TO DATE. PLEASE AT LEAST GIVE US THE BENEFIT OF SUBMITTING DOCUMENTATIONS TO THE COMMITTEE MEMBERS NO WONDER IT HASNT MOVED OUT OF YOUR COMMITTEE. FRIDAY WOULD BE A GOOD DATE FOR A PRESENTATION TO THE COMMITTEE BY OUR PEOPLE.

PATRICK PLETNIKOFF EXECUTIVE DIRECTOR ALEUTIAN PRIBILOF ISLANDS ASSN 1689 C ST ANCHORAGE AK 99501

TELEGRAM

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PMS REP BILL MILES, HOUSE HESS COMMITTEE

JUN

WHEN SOLOMON AS LEADER OF HIS PEOPLE HAD TO MAKE DECISIONS HE OFTEN LOOKED BEYOND HIS OWN PERSONAL TASTE, BEYOND HIS ENEMIES AND THE DEVISIVE INFLUENCES THAT PLAGUED HIM TO VIEW THE TRUE RECIPEINTS OF HIS ACTIONS, THE LITTLE PEOPLE WHO WOULD BARE THE BRUNT OF HIS DECISIONS. WE HAVE KIDS IN BUSH ALASKA WHO HAVE TOOTHACHES, WHO SUFFER ALL THE TIME WITH SYSTEMIC POSIONING AND MALNUTRITION BECAUSE OF DENTAL HEALTH PROBLEMS. LOOK BEYOND ALL THE RHETORIC OF THE PROFESSIONALS WHO HAVE MADE NO UNPAID EFFORT TO BRING RELIEF TO THESE PEOPLE. WHO BELIEVES THEM NOW WHEN THEY SAY THEY ARE READY TO GO TO WORK FIXING TEETH IN BUSH ELASKA, NOT I AND SURELY NOT YOU. OURS IS A VOICE CRYING OUT OF THE WILDERNESS BUT NOT BY ANY MEANS A LONE VOICE. EVERY SINGLE RURAL COMMUNITY WANTS DENTAL CARE NOW. THEY DONT CARE ABOUT OIL TAXES, FISH TAXES, D-2 OR PORK BARREL LEGISLATION WHEN THEY SUFFER WITH A TOOTH ACHE THEY WANT HELP NOW. WE HAVE A DLRS200,000 MOBILE CLINIC READY TO GO, PAID FOR WITH STATE TAX DOLLARS. IT IS INCONCEIVABLE THAT A SPECIAL INTEREST GROUP COULD BE SUCCESSFUL IN PREVENTING VOLUNTEERS FROM DELIVERING RELIEF TO THE SUFFERING SIMPLY BECAUSE THEY HAVE MONEY AND POWER. IT IS OURHOPE THT EVERY LEGISLATOR WHO VOTES OR ACTS IN OPPOSITION TO THIS EFFORT SUFFERS FROM S SEVERE TOOTH ACHE OR BREAKS HIS BRIDGE IF THE DENTISTS HAVE ALREADY GOTTEN HIS TEETH. OUR BILL IS TIED UP IN THELMA BUCKHOLDTS HESS COMMITTEE. HELP US GET IT OUT FOR A VOTE. THANKS.

PATRICK PLETNIKOFF, EXECUTIVE DIRECTOR, ALEUTIAN PRIBILOF ISLANDS ASSOCIATION 1689 C STREET ANCHORAGE ALASKA 99501

New views for Alaska television

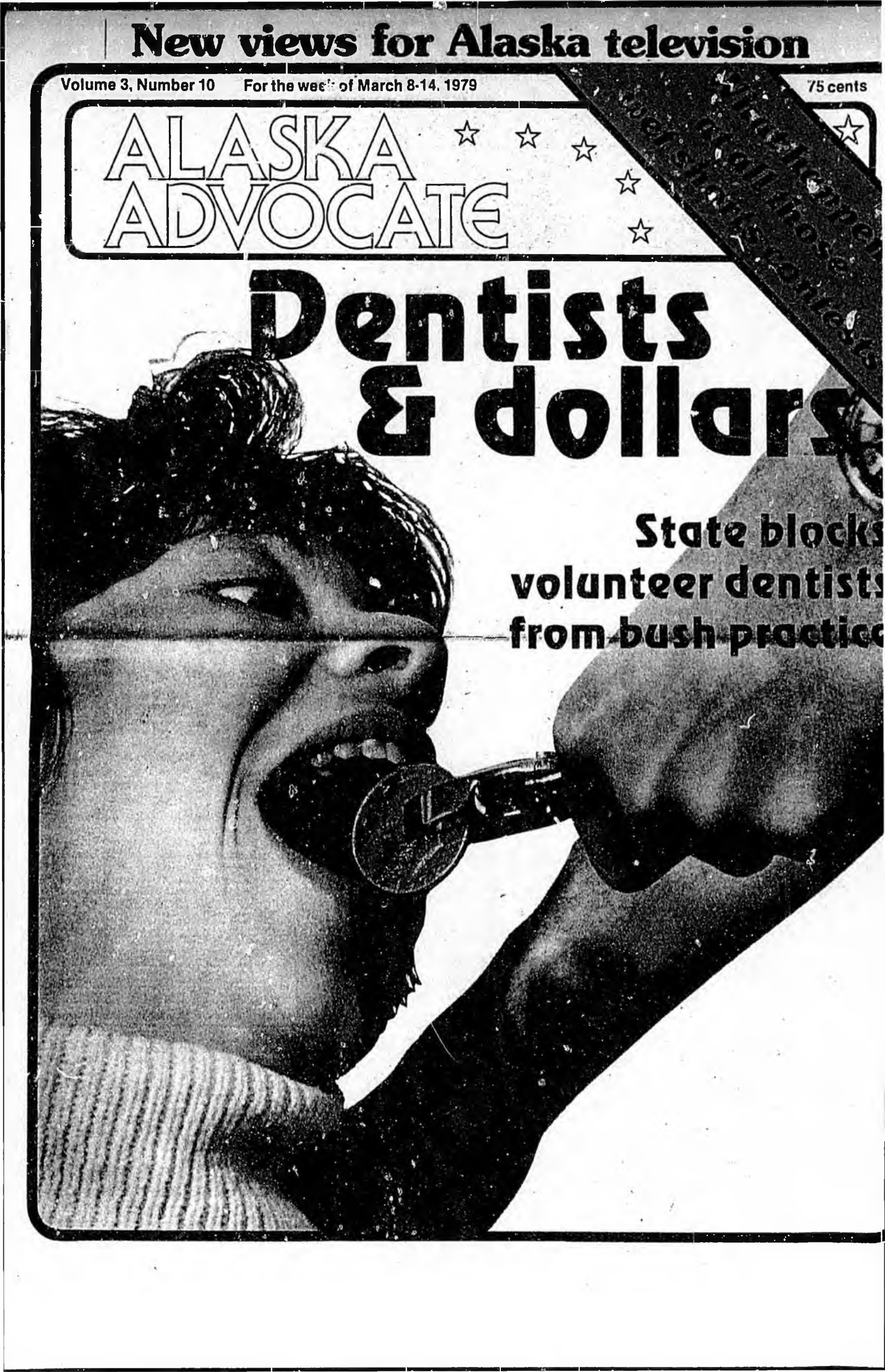
Volume 3, Number 10 For the week of March 8-14, 1979 75 cents

ALASKA ADVOCATE

Alaska's consumer newspaper

Dentists & dollars

State blocks volunteer dentists from bush practice



Examining dollars & dentists

Volunteer dentists who try to help in the bush have been blocked by rules that keep them out

by Bill Lazarus

Anchorage

While Aleuts suffer from a lack of basic dental care, state laws and the state dental board are blocking volunteer efforts to provide needed services.

Professors from reputable dental schools have volunteered to work on the Aleutian Chain for free. Fourth-year dentistry students working with the professors also have offered services, under a program developed by the Aleutian/Pribilof Islands Association.

But the program is floundering because the professors and students apparently can't get permits to practice from the Alaska Board of Dental Examiners. The dentist-dominated board is responsible for licensing dentists to work in the state.

"Professors aren't necessarily competent dentists," says Arthur Hansen, president of the dental board. He says the board is trying to protect Alaskans by insuring that only capable dentists practice in Alaska.

Officials at the Aleutian/Pribilof Islands Association, however, suspect an additional motivation: greed. They say the state board may view volunteer dentistry as undercutting private practice in the Bush.

Many private Alaska dentists contract with the U.S. Public Health Service to work in villages across Alaska. The work days tend to be long, but the pay is excellent. According to a small, random sample of 1978 health service data, individual earnings vary greatly, but on the average a dentist makes more than $1,000 a day while working in the Bush.

One health service official says that on a 10-day stay in Ft. Wainwright five years ago, Dr. Hansen earned some $22,000. Another official suggests the stay was probably 12 days.

Hansen says he doesn't recall how much he made, but he defends the figures. He says that since he worked double time in the village, he really worked about 20 normal days. That's a working month, he adds, pointing out that he makes more money in a month at his Fairbanks office. Generally, "I probably earn 25 percent less when I go to the villages than when I go to my own office," he says.

Public Health Service officials say that Bush fees are essentially the same as the office fees, except that at times money is provided to pay travel and lodging expenses.

The Public Health Service also employs its own dentists to work in the Bush. Between this and the private contracting, health service officials say, most dental needs of Bush children are met. They admit, however, that in many villages basic care for adults is not provided, because the service does not have the money.

"All we're trying to do is to get dental care out to rural Alaska where it's not being provided," says Pat Pletnikoff, executive director of the Aleutian/Pribilof Islands Association. "Right now we're just right in the middle of a pissing match. We have two people who want to come up now (the chairman and assistant chairman of the children's dentistry department at the University of California Dental School at San Francisco) ...but we can't get the permits issued for them to come and practice in Alaska."

"There is no provision in the Alaska statutes to do what they are trying to do," says Hansen. He points out that only dentists licensed in other states—and not students—are legally able to obtain special, one-year permits to work in Bush Alaska without going through the licensing procedure. (In states with dental schools, senior students are able to practice dentistry under supervision of a licensed dentist. But Alaska has no dental school and no such provision).

Besides, Hansen says, the Aleuts and their volunteers "haven't even made an attempt to apply for a permit."

The catch is that in December 1977 the board decided not to issue any more Bush permits. The one person holding a permit "had abused it," says board member John Beard. "He was practicing in an area that he wasn't supposed to be practicing in and he was doing bad work."

Other than obtaining a special permit, there are only two ways a dentist can legally practice in Alaska: he can pass an exam and gain a license from the dental board, or he can work for the Public Health Service. Federally employed dentists do not need to be licensed by the state, but they only earn $30,000 a year.

Passing the licensing exam is no easy task. Although the test is supposed to be simple, 13 of 25 people who took it last year flunked. Eighteen of the would-be Alaska dentists were already licensed in other states, but nearly half of those practicing dentists failed the clinical portion of the exam, which is judged by the dental board. This test is given only once a year.

Hansen says it's "hard to answer" questions about why so many established dentists failed. He suggests that "we have far fewer (malpractice) problems in Alaska...I think this quality has come about because our standards may be a bit higher."

A legislative audit completed earlier this year looks at the situation differently.

"Presently there is a dental manpower shortage noted in several areas of Alaska. Board policies are restricting the entry of qualified dentists and are not in the public's best interests...

"The Board's clinical examination has several deficiencies...first noted several years ago...(which) have not been corrected," the audit report says.

The report also says no instances of "deliberate grading bias" were found. It notes, however, that "a potential conflict of interest...exists when Alaska Board members who are practicing dentists grade the performance of applicants who represent potential competition."

In a written response to the audit, Hansen maintains, "There is no conflict of interest in the grading system. This is a serious charge to make especially by a lay person regarding a profession he knows little or nothing about."

He also says no shortage of dentists exists and "adequate numbers" of dentists are willing to travel to the Bush.

Only four dentists live in Alaska rural areas with a total population approaching 60,000. Alaska has 260 dentists: 200 private practitioners, 28 military dentists and 32 with the Public Health Service. Although very few dentists live in the Bush, the dentist population ratio in Alaska beats the national average of one dentist for every 2,186 people.

In its own response to the legislative audit, the House Commerce Committee voted recently to put the dental board on two years probation and urged the board to make it easier for dentists to practice in the state. The committee opted to dismantle several professional boards under Alaska's "sunset" law, but a final decision awaits a full vote of the legislature.

Despite the legislative recommendation, Hansen says he is not certain he would support legislation allowing student dentists to work under their professors in Alaska. He also says he is not sure he would support issuing permits to the

[continued on page 16]

Dentists

[continued from page 5]

dentistry professors who want to work with the Aleuts.

"I don't know whether we feel that we would have enough control over the situation...to insure quality work. In remote areas anything can go on and nobody's going to see it," he says. He adds that he is speaking for himself, not the board.

The predicament facing the Aleuts is not new. Last spring their association applied for a $200,000 state grant to buy a mobile dental clinic and to pay for the transportation and housing of volunteer dental students and professors. Representatives of the Alaska Dental Association unsuccessfully lobbied against the proposal.

Then last summer, in conjunction with the proposal, a group of four professors, six dental students and four dental hygienists came from California to work on the Pribilof Islands. But because of licensing problems, the group spent about 10 days in Anchorage doing nothing.

"They forced (the volunteer program) on people...They never cleared it through normal channels," says Hansen.

Jim Milne, a consultant through the Public Health Service after learning that the board had decided not to issue any permits. As volunteers for the federal government, the professors and students would not need approval from the state board.

Milne says the Public Health Service earlier agreed to take the volunteers under its wing, but later balked. Only after pressure was applied in Washington, D.C., he says, did the service agree to accept the volunteers, who then left Anchorage and spend about two and a half weeks treating 220 islanders.

Dr. John Stolpe, chief of dentistry for Public Health Service in Alaska, says the service did not flip-flop on the matter. He says the Aleuts approached the service about the matter only shortly before the volunteers arrived in Alaska.

Whatever the case, the health service now says it won't accept the dental volunteers.

According to Stolpe, who worked with the volunteers last summer, the problem is not the quality of the service. "From a technical standpoint, I found their services to be totally satisfactory...They are a young, enthusiastic group of people. They established a very good rapport with people in the (Pribilof) Public Health Service takes the volunteers, it will be in charge of the program. Instead, he says, it's better for the Aleutian/Pribilof Islands Association to keep control of the program and to obtain permits from the dental board.

Stolpe also says some paperwork requirements have not been met by the association and that, despite the volunteer help, the program cost more than the services provided.

Milne says the volunteer program saved money. He charges that the Public Health Service is just responding to pressures from Alaska dentists not to take the volunteers.

In light of the recent legislative recommendations, Milne says the association now will apply to the dental board for a temporary Bush permit for the volunteer dentists. He says it doesn't make sense for a dentist who might work here for only part of one summer, to go through the cost and burden of taking the licensing examination.

Even if application is made, the outlook doesn't look good for issuance of the permits.

The legislative audit itself criticizes the "double standard" of allowing unlicensed dentists to work under special permit in the Bush but not in urban areas. It recommends that either Hansen says the board is studying the possibility of reciprocal license agreements with other states but suggests it is likely to recommend that it judge some applicants on the basis of their credentials. This would "allow for close Board scrutiny of an applicant, thus assuring the same degree of quality," he says.

Board member John F. Kobylarz, a Soldotna dentist, disagrees with the primary recommendation of the audit. "Nowhere in (Alaska law)...is the Board charged with encouraging dentists to practice in Alaska. I think the State in its powers should protect the consumer, not try to coddle the citizen from birth to death," he writes.

The dental board is made up of five dentists, one dental hygienist and one person not associated with the dental profession, a mix Hansen claims "adequately represents the public interest."

John Beard, the one public member of the board, says licensing is "protectionist" and the board ought to be dismantled. An Anchorage lawyer with Libertarian leanings, Beard suggests that judging of dentists should be left to the marketplace and that even graduation more traditional point of view. She says she understands why the public might view the dental board as protecting the state's dentists from competition. But, she insists, the state exam is necessary. "Come to the next clinical dental examination. I think you would have your eyes opened. Just having a certificate from a dental school does not mean that you are competent," she says.

Varrati questions the wisdom of allowing students and professors to practice in Alaska. "Let them come up and take the board (exam)," she says. "I don't think we have remarkably high standards...We have one of the simpler exams...I wouldn't like to see someone who fail[ed] practice in the state."

"Either something is wrong with the dental schools or we have the best dental program in the entire world. I have the feeling that (the high failure rate) is related to the economics of competition," says Bob Worl, who served as health director of the North Slope Borough for three years.

Alaska dentists, he says, have volunteered work in the Bush and "it's very tough to say it's all black or white in terms of altruism or the economics involved. It's a real mixed bag."

New views for Alaska television

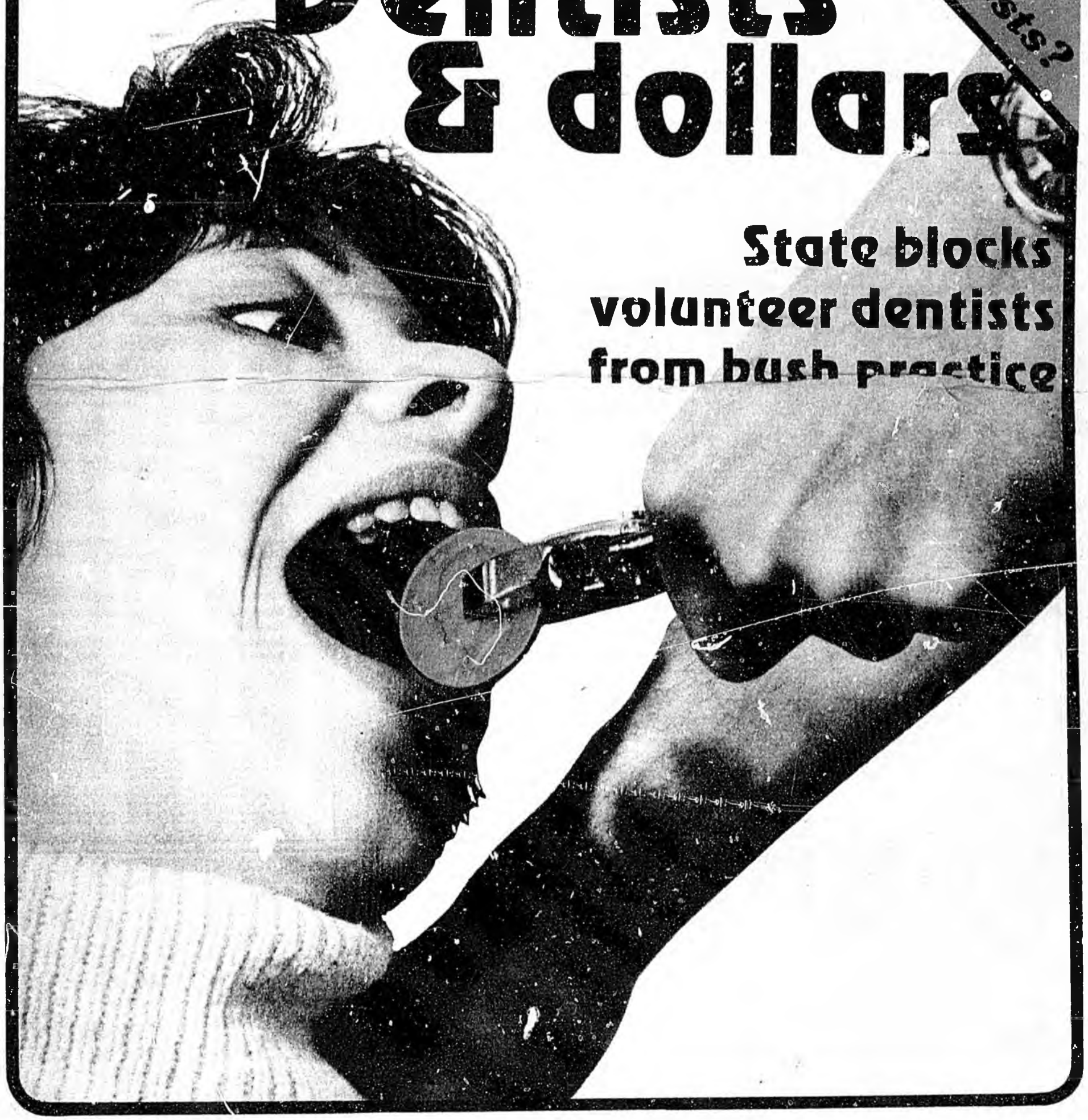
Volume 3, Number 10 For the week of March 8-14, 1979

75 cents

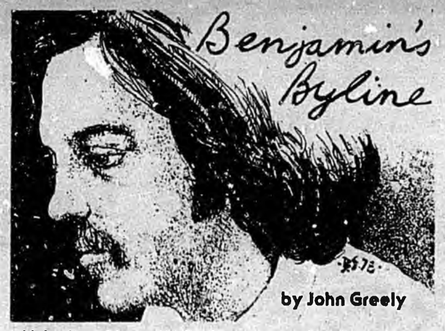
ALASKA ADVOCATE

What happens at all those wet shorts contests?

Dentists & dollars



State blocks volunteer dentists from bush practice



Juneau

Perhaps it's cabin fever. Maybe it's just a hangover from the eclipse. But a lot of people have been getting unset lately over Alaska's image.

If you've been reading Vogue Business Week or any number of newspaper reports from Washington, D.C., you might get the idea that the composite Alaskan in 1979 drives a bulldozer to work, climbs glaciers in the nude, slays multinational oil companies in the morning and shoots wolves in the afternoon.

Now that's one hell of an image. If my folks didn't know me better, they might think their son had gone out with the sun.

So for the sake of the image-conscious (if not the relatives) let's take a few lines to examine this composite:

Bulldozers—I've always been fascinated by bulldozers, ever since they came through my childhood neighborhood to build the freeway. They returned a few years ago to make the freeway bigger and the old neighborhood smaller, but now I live in Juneau and there isn't a freeway in sight.

However, as we've been told by Ron. Morris Udall of Arizona and others, bulldozers are "poised on the border" waiting to invade the state.

Udall's right, of course, but for Alaskans living 100 miles from the nearest road, it's nothing to get hysterical about. In fact, most of the bulldozers on the border are really pointed the other way, waiting to build the gas pipeline through Canada. So, if there's anybody who should be concerned about bulldozers in Alaska, it's the Canadians.

Beating Big Oil—An image dredged up by developers to counteract the bulldozer hysteria portrays the oil industry as Alaska's whipping boy. *Business Week* magazine (Feb. 26) is the latest organ to grind out this tune.

Business Week even went so far as to suggest that because of state tax increases in recent years, the oil industry might be cool to taking on our government as a partner in some ventures. Of course, the magazine could find no one from Northwest Alaska Pipeline Co. or the Alaska Petrochemical Corp. to back up that notion.

Northwest, for example, wants the state to cough up a bundle to help build the gas pipeline. The consortium might have found a willing partner, except state officials are holding back while they study the feasibility of the project. In turn, the feasibility of the project hinges on decisions by the gas owners, who aren't budging.

So, the question seems to be, who is whipping whom? Alaskans may take a lash to the big boys now and then, but the beating is certainly returned. Any bets that the first $1 gallon of gasoline was sold in Alaska five years ago?

Sex on Ice—A $150,000 ad placed in *Vogue Magazine* last month raised some ire because it attempted to entice tourists to Alaska with full-color shots of lots of female skin displayed in such unlikely places as Ruth Glacier ("Lovely name for an icedream.")

For state officials pondering the Northwest partnership, the Vogue ad might have been pause for thought; it was the product of another deal jointly financed by industry (the Alaska Visitors Association) and government.

Instead, the protests generally revolved around the idea of using sex to sell Alaska.

What those protests ignore, of course, is that the tourist industry has been using sex to sell Alaskans for years now. No, not to take off our clothes at home, but in some place like Tahiti.

So, the Vogue ad might be viewed as something of a boost for Alaskans to spend their vacation money in Alaska. If not, we at least will have another way to tell who the tourists are this season—they'll be the ones with no clothes on.

Wolf Killers—So much has been written about this image in the last few years that I hesitate to add any more. So whenever somebody asks me about the state's plan to knock off another 170 wolves to save the moose of Western Alaska, I just point to Gov. Jay Hammond (a veteran wolf hunter in those areas in the 1950s) and say, "Oh, that's just the start of the 1998 campaign."

To... joke, a lot of people nod knowingly because, somehow, that's the only image that makes sense.

Contents

ALASKA ADVOCATE

STAFF

EDITORIAL

Howard Weaver, Editor — John Greely, Reporter, Juneau
Ken Roberts, Art Director — Clifford John Groh, Reporter, Anchorage
W.P. Dougherty, Managing Editor — Bill Lazarus, Reporter, Anchorage

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SACRAE BOVES HAMBURGERAS OPTIMAS FIANT

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'Mikado'

[continued from page 10]

quarterfinalist competition and will be teaching music, opera specifically, when he returns to Anchorage in June to settle permanently.

Only when you have a large enough skilled musical population can you skim off a cream experienced enough to produce a good show. But enthusiasm does not automatically make quality, a fact Lee Salisbury knows. He calls it a luxury to be able to choose from many qualified singers here rather than having to work with whatever you've got.

During their own time Gilbert & Sullivan were so popular that they were always fighting "pirated" versions of their works produced without royalty or permission. To avoid this happening in the U.S., they spirited the company here secretly, complete with aliases, a midnight ship boarding, and concealment of their destination from family and friends. To prevent the rival producer from furnishing his production, they pursuaded Liberty's store not to sell Japanese silks to him, and Carte himself bought all the Japanese costumes in Paris. They succeeded in opening two days before the "pirate" and ran for 430 performances in New York City.

Gilbert and Sullivan were sometimes a reluctant team. Separately they were failures—Sullivan eternally yearning for recognition in the "serious" musical world and Gilbert never finding another partner as stimulating (or as difficult) as Sullivan. Gilbert wrote the lyrics first, giving them to Sullivan only a few months before opening date. The collaborative tradition in light operas has continued, with bread-and-butter teams like Rogers and Hammerstein, and Lerner and Lowe carrying on.

Operetta is a diminutive term and Gilbert and Sullivan light operas are not diminutive forms. They are exciting as music, captivating as social commentary, enthralling in their humanistic themes. Better yet they are simply fun. Gilbert might have been talking seriously about himself when Pooh-Bah says, "I am a particularly haughty and exclusive person, of pre-Adamite ancestral descent...I can trace my ancestry back to a protoplasmal primordial atomic globule. Consequently, my family pride is something inconceivable."

The production plays in Anchorage March 8 through 11.

If you're going to be in Haines April 25-28, take a look at what's happening at ASCTA's festival. It's a great way to see nine Alaska theater performances in short order. Since the theater holds only 200 people, I recommend contacting Mimi Gregg, Box 75, Haines 99827, phone 766-2116 (work) or 766-2425 (home) about tickets.

If you can't get to Haines, check out the local performances. But don't stop at being part of the audience...see what it's like to participate in community theater.

Virtu

[continued from page 9]

competition will be Ella Gerber of New York. She has considerable theater experience as an actress, director and playwright, and is listed in *Who's Who in the American Theatre*.

The first festival competition in 1973 was won by the Juneau-Douglas Little Theatre for its performance of Edward Albee's "In A Chicago Abyss." The Fairbanks Drama Association won in 1975 with cuttings from a James Thurber production. In 1977 "The Audition," a play written and directed by Gerry Wilson, brought winning honors to the Kodiak Community Theatre.

Winner of the Alaska festival competition goes on to regional competition in Portland, Ore., against Washington and Oregon. Alaska has always come in second in regional competition. The regional winner goes on to Memphis, Tenn., for national competition. Both regional and national competitions are sponsored by American Community Theatre.

Each group has only two hours stage rehearsal time in Haines. This year, ASCTA requires that the competing productions be performed at least once before a local audience prior to the festival. Local arts calendars for recent months indicate the nine community theater groups are doing just that.

Only eight persons from each group are funded to participate in the festival. Half is paid by ASCA, half by theater match. Additionally, each group must sell at least a full page of advertising for the festival program.

During the festival, ASCTA's board of directors meets and elects a seven-member executive board. The 11-member general board has delegates from each of the ASCTA community theater organizations. Any adult amateur community theater, or a university or college theater with a community governing board, is eligible to join ASCTA. Actors and actresses who are active members of Actors Equity, or who receive more than half their income from acting may not participate in the festival.

Cable

[continued from page 4]

many people assume that cable's pay-to-watch status makes advertising unnecessary, commercials will be included on at least four of the 14 channels initially planned for the Fairbanks system. A similar proportion probably will be included in the Anchorage system selected by the APUC.

By law, over-the-air commercial stations distributed by cable will run with advertising spots intact. As for programming generated specifically for cable TV, industry sources say first-run movies and entertainment specials offered as parts of extra-cost, premium packages are inviolate and will run uninterrupted.

On the basic service, cable industry sources say advertising in addition to the commercials already on the regular over-the-air stations will be light and unobtrusive.

John McCaw, vice-president of Frontier ColorCable, Inc., winner of an APUC certificate to build a Fairbanks cable system, says his company will reserve one channel for advertising that it will sell itself. Some of the prospective Anchorage operators expect to put commercials on more than one channel, but all predict the ads will be few because of little demand by advertisers.

Dark clouds have peeked over the horizon for those who oppose commercials on cable, however. A widely quoted study predicts advertisers "will start becoming interested on a broad scale" when cable reaches 30 percent of all American homes with television sets. The report says the benchmark will occur within two years (the medium already reaches 20 percent of all TV homes, or more than 18 percent of all homes).

Perhaps an ominous portent is found in the experience of actor Dan Aykroyd, who as a cast member on NBC's "Saturday Night Live" regularly parodies the hard-sell electronic huckster. Aykroyd learned his pitchman act as a real-life salesman for a cable TV station in his native Canada.

Over-the-air commercial broadcasters are concerned as well. A recent report by their national association claims cable will transmit "deceptive and irresponsible advertising" as well as "borderline pornography...subversive propaganda...the outpourings of the lunatic fringe." Broadcasters clearly are worried about loss of advertising dollars.

Recently the management of Juneau's KINY-TV, the capital city's lone commercial broadcast television station, cut back programming by 40 hours a week. KINY management cited ad revenue competition from the local cable operation as a reason for the reduction.

In Anchorage, commercial broadcasters formally opposed a 1973 bid to bring cable to town. They claimed the proposed system would duplicate their services and jeopardize free TV; the plan later died after a newspaper investigation revealed its ties to a reputed organized crime figure.

The three local TV stations also have been reluctant to sell advertising to Visions, the local pay-TV station, after it began over-the-air service in late 1977.

The local broadcasters have not come out against the new round of Anchorage cable proposals, opting instead to wait and see.

Cable industry sources insist that the new service will tend to increase all kinds of TV viewing. One local observer says the mass appeal of over-the-air broadcasting will continue to hold a large market share: "People will watch 'Laverne and Shirley' no matter what else is on." However, this experienced Anchorage broadcaster also predicts the competition provided by cable will force the commercial telecasters to improve, and in the long run could force one of the three Anchorage stations out of business.

The record shows that competition does spur the improvement of the commercial broadcasters' performance. Improvements last year in the programming and operations of the Anchorage TV stations coincided with the arrival of Visions, although several other factors probably had more impact.

Broadcasters agree that the introduction of cable TV likely will produce an intensified scramble for viewers that will further the trend toward beefed-up local programming and generally tightened operations.

Anchorage movie theaters also have been upgraded in recent months. Their traditionally poor treatment of customers seems to have run headlong into Visions' widely praised efforts in programming first-run movies.

The dominant Wometco-Lathrop chain frequently waited six months or longer after a film's initial release before putting it—sometimes in a very poor-quality copy—on one of its nine Anchorage screens. Although the company still receives complaints about its selection of films, the lag on several major releases has been eliminated.

Wometco-Lathrop vice-president Hugh McCauley of Anchorage denies that the arrival of Visions has speeded up the chain's film-buying process, saying he ordered the switch 18 months ago without knowing the pay-TV station soon would begin operations.

McCauley also dismissed as "far-fetched" any predictions that cable TV will make theaters unprofitable. A well-known study concludes that by 1985 cable and other innovations will combine to do just that. Other observers say the neighborhood movie house will survive, if only to give teenagers a place to meet and neck.

What worries broadcasters and theater operators is cable TV's capacity to entertain, but the medium is able to do much more than that. McCaw says the Fairbanks system will be capable of bi-directional cable or "two-way television." The intense competition for the right to build the Anchorage system virtually insures that the winner will boast even more state-of-the-art features.

Subscribers can use a bi-directionally equipped television to protect their residences with security systems, to purchase commodities from their living rooms and even to vote from their easy chairs—in short, to talk back to their TV sets.

An experimental system boasting all these features now operates in Columbus, Ohio.

Although the capacity for such futuristic services will be engineered into both Anchorage and Fairbanks systems, they still are at least a few years away from operation. Still farther down the road—perhaps 10 or 15 years—is direct satellite-to-home transmission by use of special antennas, which could threaten cable the way cable threatens over-the-air broadcasting.

Whatever the next stage in this technological revolution, TV's role in American life is expected to grow. The average household operates its set six hours, 17 minutes a day, the latest Nielsen survey shows, and that figure is sure to rise. Not only will people watch more television, but the expanded choice of programming probably will have them watching it alone as each viewer finds a congenial show. This implies a continuing growth in sales of TV sets as typical households buy two or three rather than one.

The future of cable TV is uncertain for more reasons than the impending advances of satellite transmission. Capital-intensive and heavily regulated, the industry is likely to be affected greatly by turns in the economy and the outcome of current congressional consideration of communications legislation. However, one bet is sure: Alaskans interested in money could do worse than to jump into the tube business.

Examining dollars & dentists

Volunteer dentists who try to help in the bush have been blocked by rules that keep them out

by Bill Lazarus

Anchorage

While Aleuts suffer from a lack of basic dental care, state laws and the state dental board are blocking volunteer efforts to provide needed services.

Professors from reputable dental schools have volunteered to work on the Aleutian Chain for free. Fourth-year dentistry students working with the professors also have offered services, under a program developed by the Aleutian/Pribilof Islands Association.

But the program is floundering because the professors and students apparently can't get permits to practice from the Alaska Board of Dental Examiners. The dentist-dominated board is responsible for licensing dentists to work in the state.

"Professors aren't necessarily competent dentists," says Arthur Hansen, president of the dental board. He says the board is trying to protect Alaskans by insuring that only capable dentists practice in Alaska.

Officials at the Aleutian/Pribilof Islands Association, however, suspect an additional motivation: greed. They say the state board may view volunteer dentistry as undercutting private practice in the Bush.

Many private Alaska dentists contract with the U.S. Public Health Service to work in villages across Alaska. The work days tend to be long, but the pay is excellent. According to a small, random sample of 1978 health service data, individual earnings vary greatly, but on the average a dentist makes more than $1,00[illegible] a day while working in the Bush.

One health service official says that on a 10-day stay in Ft. Wainwright five years ago, Dr. Hansen earned some $22,000. Another official suggests the stay was probably 12 days.

Hansen says he doesn't recall how much he made, but he defends the figures. He says that since he worked double time in the village, he really worked about 20 normal days. That's a working month, he adds, pointing out that he makes more money in a month at his Fairbanks office. Generally, "I probably earn 25 percent le s when I go to the villages than when I go to my own office," he says.

Public Health Service officials say that Bush fees are essentially the same as the office fees, except that at times money is provided to pay travel and lodging expenses.

The Public Health Service also employs its own dentists to work in the Bush. Between this and the private contracting, health service officials say, most dental needs of Bush children are met. They admit, however, that in many villages basic care for adults is not provided, because the service does not have the money.

"All we're trying to do is to get dental care out to rural Alaska where it's not being provided," says Pat Pletnikoff, executive director of the Aleutian/Pribilof Islands Association. "Right now we're just right in the middle of a pissing match. We have two people who want to come up now (the chairman and assistant chairman of the children's dentistry department at the University of California Dental School at San Francisco) ...but we can't get the permits issued for them to come and practice in Alaska."

"There is no provision in the Alaska statutes to do what they are trying to do," says Hansen. He points out that only dentists licensed in other states—and not students—are legally able to o[illegible] in special, one-year permits t[illegible] work in Bush Alaska [illegible]ithout going through the licensing procedure. (In states with dental schools, senior students are able to practice dentistry under supervision of a licensed dentist. But Alaska has no dental school and no such provision).

Besides, Hansen says, the Aleuts and their volunteers "haven't even made an attempt to apply for a permit."

The catch is that in December 1977 the board decided not to issue any more Bush permits. The one person holding a permit "had abused it," says board member John Beard. "He was practicing in an area that he wasn't supposed to be practicing in and he was doing bad work."

Other than obtaining a special permit, there are only two ways a dentist can legally practice in Alaska: he can pass an exam and gain a license from the dental board, or he can work for the Public Health Service. Federally employed dentists do not need to be lic[illegible]sed by the state, but they c[illegible]y earn $30,000 a year.

Passing the licensing exam is no easy task. Although the test is supposed to be simple, 13 of 25 people who took it last year flunked. Eighteen of the would-be Alaska dentists were already licensed in other states, but nearly half of those practicing dentists failed the clinical portion of the exam, which is judged by the dental board. This test is given only once a year.

Hansen says it's "hard to answer" questions about why so many established dentists failed. He suggests that "we have far fewer (malpractice) problems in Alaska...I think this quality has come about because our standards may be a bit higher."

A legislative audit completed earlier this year looks at the situation differently.

"Presently there is a dental manpower shortage noted in several areas of Alaska. Board policies are restricting the entry of qualified dentists and are not in the public's best interests...

"The Board's clinical examination has several deficiencies...first noted several years ago...(which) have not been corrected," the audit report says.

The report also says no instances of "deliberate grading bias" were found. It notes, however, that "a potential conflict of interest...exists when Alaska Board members who are practicing dentists grade the performance of applicants who represent potential competition."

In a written response to the audit, Hansen maintains, "There is no conflict of interest in the grading system. This is a serious charge to make especially by a lay person regarding a profession he knows little or nothing about."

He also says no shortage of dentists exists and "adequate numbers" of dentists are willing to travel to the Bush.

Only four dentists live in Alaska rural areas with a total population approaching 60,000. Alaska has 260 dentists: 200 private practitioners, 20 military dentists and 32 with the Public Health Service. Although very few dentists live in the Bush, the dentist population ratio in Alaska beats the national average of one dentist for every 2,186 people.

In its own response to the legislative audit, the House Commerce Committee voted recently to put the dental board on two years probation and urged the board to make it easier for dentists to practice in the state. The committee opted to dismantle several professional boards under Alaska's "sunset" law, but a final decision awaits a full vote of the legislature.

Despite the legislative recommendation, Hansen says he is not certain he would support legislation allowing student dentists to work under their professors in Alaska. He also says he is not sure he would support issuing permits to the

[continued on page 16]

for the record

Alaska news and tidbits from across the state

by Clifford John Groh, with staff reports

Anchorage:

Educational executives from Missoula, Miami and Buffalo are among the five finalists for the presidency of the University of Alaska.

The five were chosen from a list of 90 original candidates for a job that has turned over twice in the past two years.

Named as finalists by the university's Board of Regents were Jay Barton, vice-president and provost for academic affairs at West Virginia University; William Carlson, president of the University of Wyoming; Lawrence Pettit, former commissioner of higher education with the Montana University system; Albert Somit, executive vice-president and president of political science at State University of New York at Buffalo; and Clyde Wingfield, executive vice-president for academic affairs and provost, University of Miami.

The regents voted at a special meeting in Anchorage to bring the finalists to Alaska soon for a six-day look at the system.

UA President Foster Diebold will end his term by previous agreement early this summer.

Fairbanks:

The Fairbanks police union is suing to force reinstatement of six employees laid off by the city in an economy drive.

The Fairbanks Police Department Employees Association lawsuit charges that the layoffs of five patrolmen and a secretary violated the union's contract. The suit, filed in state superior court, also complains that the city took the action without consulting the union or attempting to find another cost-cutting move that would avoid layoffs.

City Manager Bob Wolting said the layoffs were necessary to cut the police department's budget by $245,000, a move mandated by an ordinance passed last May that requires this year's city spending be held to last year's levels.

Wolting told the *Fairbanks Daily News-Miner* that nothing in the contract prevents reducing the police force.

Ketchikan:

The second of three unions striking the First City's pulp mill has settled on a contract and returned to work.

Members of the International Brotherhood of Electrical Workers have accepted a three-year pact with the Louisiana-Pacific mill. The new pact provides 15 members of the IBEW with terms similar to those earlier approved by the 40-member Union of Operating Engineers.

The IBEW contract provides for a 10 percent wage hike during the first year, retroactive to June 1, 1978, a 9 percent increase in the second year, and 8 percent in the third year.

Meanwhile, members of the Association of Western Pulp and Paper Workers, the 400-member union that has been striking since Sept. 15, said talks would not take place until later this month. The union said its representatives were tied up in other negotiations in Washington.

Shorts

[continued from page 8]

it all off while playing bagpipes, most participants at this Amateur Night forego any elaborate talent show. Constant cries of "Fluff that muff" from a juiced-up cross-section of GIs, tourists and run-of-the-mill locals appears to deter the nudeniks from doing much more than jiggling their flesh.

The crowds overlap at the "Wet Shorts" contest held at the other end of town, but the atmosphere is decidedly less sadistic than the scene at PJ's. Instead of a jeering, pressure-filled degradation ritual, every Monday night the Roadhouse puts on a raunchy version of a high-school popularity contest. In this "Splash for Cash" competition, well-formed young men go offstage to strip down to baby blue trunks with "WET SHORTS" imprinted on the back. (Women get their own chance for the $101 prize the next night, when the Muldoon tavern sponsors a "Wet T-Shirt" contest.)

When the men return to the dance floor that doubles as a stage, eager women with bottles of cold water spray the stretchy material until it clings tightly to the contestants' genitals.

The guys then do their stuff, dancing to the repetitive disco lyric, "Push, push in the bush." The most popular entrants are obvious—they garner not only cheers and applause, but also ice cubes and dollar bills stuffed down their flimsy undies by admiring women who approach from the audience.

Roadhouse manager Dennis Smith says the contest is judged by the announcer's reading of crowd reaction. No independent evaluators are used, he said, because, "They'd kill the judges."

Dentists

[continued from page 5]

dentistry professors who want to work with the Aleuts.

"I don't know whether we feel that we would have enough control over the situation...to insure quality work. In remote areas anything can go on and nobody's going to see it," he says. He adds that he is speaking for himself, not the board.

The predicament facing the Aleuts is not new. Last spring their association applied for a $200,000 state grant to buy a mobile dental clinic and to pay for the transportation and housing of volunteer dental students and professors. Representatives of the Alaska Dental Association unsuccessfully lobbied against the proposal.

Then last summer, in conjunction with the proposal, a group of four professors, six dental students and four dental hygienists came from California to work on the Pribilof Islands. But because of licensing problems, the group spent about 10 days in Anchorage doing nothing.

"They forced (the volunteer program) on people...They never cleared it through normal channels," says Hansen.

Jim Milne, a consultant for the Aleuts, admits the association had not applied to the dental board for special permits for the volunteers. He says the association decided to work through the Public Health Service after learning that the board had decided not to issue any permits. As volunteers for the federal government, the professors and students would not need approval from the state board.

Milne says the Public Health Service earlier agreed to take the volunteers under its wing, but later balked. Only after pressure was applied in Washington, D.C., he says, did the service agree to accept the volunteers, who then left Anchorage and spend about two and a half weeks treating 220 islanders.

Dr. John Stolpe, chief of dentistry for Public Health Service in Alaska, says the service did not flip-flop on the matter. He says the Aleuts approached the service about the matter only shortly before the volunteers arrived in Alaska.

Whatever the case, the health service now says it won't accept the dental volunteers.

According to Stolpe, who worked with the volunteers last summer, the problem is not the quality of the service. "From a technical standpoint, I found their services to be totally satisfactory...They are a young, enthusiastic group of people. They established a very good rapport with people in the (Pribilof) community...I enjoyed working with them. I thought they were sincere and worked quite hard," he says.

But Stolpe says if the Public Health Service takes the volunteers, it will be in charge of the program. Instead, he says, it's better for the Aleutian/Pribilof Islands Association to keep control of the program and to obtain permits from the dental board.

Stolpe also says some paperwork requirements have not been met by the association and that, despite the volunteer help, the program cost more than the services provided.

Milne says the volunteer program saved money. He charges that the Public Health Service is just responding to pressures from Alaska dentists not to take the volunteers.

In light of the recent legislative recommendations, Milne says the association now will apply to the dental board for a temporary Bush permit for the volunteer dentists. He says it doesn't make sense for a dentist who might work here for only part of one summer, to go through the cost and burden of taking the licensing examination.

Even if application is made, the outlook doesn't look good for issuance of the permits.

The legislative audit itself criticizes the "double standard" of allowing unlicensed dentists to work under special permit in the Bush but not in urban areas. It recommends that either the permit system be done away with (and licensing made easier) or that it be applied statewide.

In his audit response, Hansen says the dental board recommends the permit system be eliminated. He says the board is studying the possibility of reciprocal license agreements with other states but suggests it is likely to recommend that it judge some applicants on the basis of their credentials. This would "allow for close Board scrutiny of an applicant, thus assuring the same degree of quality," he says.

Board member John F. Kobylarz, a Soldotna dentist, disagrees with the primary recommendation of the audit. "Nowhere in (Alaska law)...is the Board charged with encouraging dentists to practice in Alaska. I think the State in its powers should protect the consumer, not try to coddle the citizen from birth to death," he writes.

The dental board is made up of five dentists, one dental hygienist and one person not associated with the dental profession, a mix Hansen claims "adequately represents the public interest."

John Beard, the one public member of the board, says licensing is "protectionist" and the board ought to be dismantled. An Anchorage lawyer with Libertarian leanings, Beard suggests that judging of dentists should be left to the marketplace and that even graduation from dental school should not be required to practice dentistry in Alaska.

Jana Varrati, a dental hygienist on the board, has a more traditional point of view. She says she understands why the public might view the dental board as protecting the state's dentists from competition. But, she insists, the state exam is necessary. "Come to the next clinical dental examination. I think you would have your eyes opened. Just having a certificate from a dental school does not mean that you are competent," she says.

Varrati questions the wisdom of allowing students and professors to practice in Alaska. "Let them come up and take the board (exam)," she says. "I don't think we have remarkably high standards...We have one of the simpler exams...I wouldn't like to see someone who failed practice in the state."

"Either something is wrong with the dental schools or we have the best dental program in the entire world. I have the feeling that (the high failure rate) is related to the economics of competition," says Bob Worl, who served as health director of the North Slope Borough for three years.

Alaska dentists, he says, have volunteered work in the Bush and "it's very tough to say it's all black or white in terms of altruism or the economics involved. It's a real mixed bag."

However, taking a broad perspective, he says, "The problem is that the system is set up so that a guy is a fool if he doesn't make a killing."

ALASKA STATE LEGISLATURE

Legislative Affairs Agency

Pouch Y - State Capitol
Juneau, Alaska 99811

REGIONAL INFORMATION OFFICE
1024 West 6th Avenue
Anchorage, Alaska
99501
(907) 278-3668

Enclosed for your information and files are materials relating to the teleconference on HB 401 held March 29, 1979, including a copy of the witness and observer list.

Judy Hopkins
Anchorage Moderator

LAA 11
(Rev. 4-29-77 M)

TELECONFERENCE HEARINGS

TOPIC: HB 401 - exempting certain persons practicing dentistry and dental hygiene from licensing requirements

COMMITTEE: House HESS (Buchholdt)

DATE: Thursday, March 29, 1979 (DATE SCHEDULED: 3/28/79)

TIME: 11 - 12:30 A.S.T.

SITES PARTICIPATING: Anchorage, Fairbanks, Ketchikan, Nome

CONFERENCE MODE: audio LOCATION: LIO MODERATOR: Hopkins

NOTES:

expect: Josh Wright - Jnu
Dr. Hanson - Fbk
Dr. Redmond - Jnu

How about Jana? Claudia will advise.
Jana will be in Juneau.

PUBLICITY:

x INVITATIONAL

x Committee making contacts

__ PSAs ___ (date) ___ (quantity)

__ News release ___ (date) ___ (quantity)

__ Summary to be provided
__ Text to be provided
__ Quotes to be provided

__ Direct mail ___ (date) ___ (quantity)

__ Phone ___ (date) ___ (quantity)

x Posted at Information Office

TELECONFERENCE STARTED 11:10 am
TELECONFERENCE ENDED 1:00 pm

ATTENDANCE
WITNESSES ___
OBSERVERS 7
TOTAL 7

(2 [illegible])

Legislative Information Office . 1024 West Sixth Avenue . Anchorage . phone 278-3668

Name Ralph Elusha Here to TESTIFY ____

Representing API A Inc

Mailing Address 1689 C St Zip 99504 Here to OBSERVE V

Phone 276-2700

BROADCAST CONSENT: This proceeding may be broadcast live or recorded for later broadcast by radio or television stations. Please indicate your consent by signing below:

Ralph I Elusha
(signature)

PLEASE PRINT

Name Mike Dolimont Here to TESTIFY ____

Representing A.P.I.A.

Mailing Address 1689 'C' Street Zip 99501 Here to OBSERVE X

Phone 276-2700

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(signature)

Have you participated in other legislative teleconferences? No How many? ____ Would you have participated in this hearing if the network were not available? No

How did you learn about this hearing? If yes, did you use the network: ____

PLEASE PRINT

Name Dorothy E. Morrison Here to TESTIFY ____

Representing ____

Mailing Address 1306 S Zip 99503 Here to OBSERVE ____

Phone ____

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(signature)

PLEASE PRINT

Name GERALD M. STRANIK DDS. Here to TESTIFY V

Representing SELF

Mailing Address 2601 BONIFACE PKWY Zip 99504 Here to OBSERVE

Phone 337-9474

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(signature)

Have you participated in other legislative teleconferences? How many? Would you have participated in this hearing if the network were not available?

PLEASE PRINT

Name Michael A. Martin Here to TESTIFY

Representing Aleutian/Pribilof Islands Assoc.

Mailing Address 1689C St. Anch. Zip 99501 Here to OBSERVE X

Phone 276-2700

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(signature)

Have you participated in other legislative teleconferences? No How many? Would you have participated in this hearing if the network were not available?

PLEASE PRINT

Name Anthony Philemonoff Here to TESTIFY

Representing API A

Mailing Address St. Paul ISLAND, AK Zip 99660 Here to OBSERVE V

Phone 546-8001

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(signature)

Have you participated in other legislative Would you have participated in this hearing

PLEASE PRINT

Name N. Fredenberg — Here to TESTIFY X

Representing self

Mailing Address 121 W. Fireweed Zip 99505 — Here to OBSERVE ____

Phone 278-4665

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N. Fredenberg
(signature)

Have you participated in other legislative teleconferences? ____ How many? ____

Would you have participated in this hearing if the network were not available? ____

How did you learn about this hearing?

If yes, did you use the network:
- X instead of travel
- ___ instead of phone conversations
- ___ instead of mailed testimony

Date: 3/29/79 Subject: HB 401 Location: Anchorage

Name	Address	Organization	Bill No.
Pat Pietnikoff	1689 'C' St. Anch. AK	Aleutian/Pribilof Islands Assoc.	401
Roseann Reeder	SEA, Box 49-D, Anchorage 99507	Alaska State Dental Hygienists Assn.	401
Irene Vassati	7030 Foothill Dr Anchorage 99504	Alaska Health Coalition	401
Wayne Putman	RR5 Box 5107 Juneau	Alaskan Board of Dental Examiners	401
Elizabeth Nickerson	POUCH 1105	Department of Health & Social Servs	130
David O. Osterbach	Box 144 Saint Paul, Ak	Ak Comm. Marketing assoc.	401
Thomas. S. Redmind	3606 Rhone Cir. Anch. AK.	AK. Dental Society	401
Joshua J. Wright	3401 Denali, Anch, AK	" " "	401

Pat Pletnikoff - Ex. Director

Says the program was working last summer in Pribilof Island - was very cost effective. They took care of everyones teeth.

Problem: they're trying to modify the regulations - change the statutes so that they can bring practitioners from out-of-State. These people are volunteers. Pat says this program has been implemented in California, Isreal & Greece. People donate their services. The Board of Examiners (dental) & local practitioners aren't going for it. They feel threatened economically.

Aleut Corp. wants 1 yr. temporary permits (would rather have permanent) So that they can convince the program.

Spec. Approp. DHSS
Mobile Dental Clinic
HB-728 — SB-466

Was funded. Client Corp. received funds. Was put in Free Conference Committee.
Pat Pletnikoff - asked for funds.
278-3567
Dept. Health & S.S. 6-2700
Dr. Robert Fraser - Div. Public Health (3090)
Sam Granato - Div. S.S. - 3170

Lowell Swartz - 3015 acct.

$200,000 - last year.
Supposed to be down Friday.
Dick Reniger — discussed duties of Changes in Contractual Agreement Auditor problems.
Made Recom. & Commissioners deals w/ how to apply grant.
Intended for Capital Construction only. Used for operational activities Negotiated contract Aug. '78 allowed only for purchase ; Equipping - Want alteration of agreement.
Have equipment.

Pat
- No scheduled meetings - modifications of regulations 16th Jan. Emery Johnson
- Problem - bringing practitioners from out of State. Volunteers not being paid.
- DH. has no reciprocal agreement
- 1 yr. temporary permits.

Aleutian Pribilof Island Assoc.

Tim Milne
APIA 1689 'C' St.
Anch 99501

Al. Island Assoc.

APIE

3 Anch. dentists

Call Dr. McGinnis —
Dept H & SS All

Ralph Pluska

Alaska State Legislature

House of Representatives

Committee on

Health, Education & Social Services

Official Business

Pouch V
State Capitol
Juneau, Alaska 99811

March 22, 1979

Dr. Jim Milme
APIA
1689 "C" Street
Anchorage, Alaska 99501

Dear Jim:

Enclosed you will find two copies of Rep. Osterback's bill on dentistry.

I have just spoken with Rep. Osterback and he was wondering if you were planning to come down to testify on this bill, or planning to send down any written information as back up. I told him I did not know. You might want to call him at his office: 465-3715.

Thanks for calling.

Sincerely,

Cynthia L. Hill

CYNTHIA L. HILL for
THELMA BUCHHOLDT
Chairman
House HESS Committee

Enclosure

3/8/80

HB 40

CHESTER VALLEY ANIMAL HOSPITAL

1571 MULDOON ROAD
ANCHORAGE, ALASKA 99504
(907) 333-6591

Dear Member of House HESS;

I would like to express my support for the Dental Board in their endorsement of the concept of "licensure by endorsement."

I am familiar with this type of licensure thru the veterinary licensure system. We have a similar provision in our practice act whereby a veterinarian can become licensed by providing proof of licensure in another state of the US having licensure requirements substantially similar to the Alaska requirements, and also providing proof of having been an active practitioner for at least 5 of the last 7 years.

To me this is an effective method allowing experienced candidates to be readily licensed. To my knowledge this provision has not been abused in the veterinary field.

I think it is important that the law read "has practiced for 5 of the last 7 years." This avoids blanket licensure of candidates who have 5 years of practice time but who may not have practiced in the last 10 years and thus would be out of date.

Please let me know if I can be of service.

Sincerely,

Jon Thomas, DVM

1D

MEDIOCRITY A SUBSTITUTE FOR QUALITY?*

Gentlemen, here in my hands I hold some recent news releases and editorials referring to the current problem of defective, substandard merchandise and services as well as the prevalent trend of ignoring the basic fundamental requirements for character.

Let me take time to read one or two.

Under the headline, "Apparel Industry Feeling Pinch of Defective Goods," we read that "Industry officials attribute the problem to a chain of failures that stretches from the fabric mill at one end through the dyeing and finishing industry and the garment maker to the retail shop."

Here is another. The U. S. Chamber of Commerce Chief, Winton M. Blount, warns of "A rising tide of consumer dissatisfaction with shoddy merchandise and services and with advertising and merchandising techniques will result in increasing government restraints unless businesses learn to police themselves."

From an editorial in the Texaco Star, I read the following: "Those suspected of violating the basic tenets of loyalty, honesty and ethics have been prosecuted to the fullest extent of the law." "There have been those who have criticized such a policy on the basis that 'permissiveness' is rampant in our society, and that such wrongdoing should be dismissed or treated lightly as simply a sign of the times."

We are all aware of the number of new model automobiles with defective parts that had to be recalled by the factories in the last two or three years.

Now, let me read you the conclusion of a survey made by D. L. Moore and J. L. Stewart and published in the Journal of Prosthetic Dentistry, April, 1967, under the title "Prevalence of Defective Dental Restorations."

"More than one-third of the operative effort was consumed in replacing defective restorations."

What does this mean? It means that no business today is immune to the philosophical disease of "Acceptable Mediocrity" which has us all writhing with the fear and fever of a full scale epidemic. It means that dentistry too has been caught up in the fearful tide.

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*Presented by Roy A. Fetterman, D. D. S. at the Eighty-fifth Annual Meeting of the American Association of Dental Examiners, October 25-26, 1968, Miami Beach, Florida.

It means that we, the public, which is complaining about the defective goods and below-standard services, is that same public producing the defective goods and below-standard services. It is time we the public start the cure for this debilitating disease before we become so weak we cannot stand. The prevention for this disease is no mystery. It is a three part vaccine called "Basic tenets of Loyalty, Honesty and Ethics." For some strange reason, man has, over the centuries, fought the use of this vaccine with more vigor than he has the use of fluorine in his water.

Because of the public complaints of the misuse of the fee scale by many of our profession in conjunction with a flagrant lack of ethics and poor services, the affairs of our profession and its services are gradually slipping from the hands of those most qualified with dental knowledge to handle them and into the hands and control of political arsonists. Unfortunately, the public hears little of the ethical sincere members of our profession.

"The evil that men do lives afterthem;
The good is oft interred with their bones;"
So said Anthony at the funeral of Caesar.

It behooves these sincere and loyal members of the profession to seriously start a cure for those among us who are affected by the disease of "Acceptable or Permissive Mediocrity." In addition, we need the development of some sound preventive program aimed at those not yet infected as well as the students soon to join our ranks.

But first, we must each put our own professional house in order lest we be not qualified to judge another.

With all honesty and sincerity, I wish to say that I consider this opportunity to speak to you today as a singular honor, for you gentlemen are looked upon by the rest of the members of the profession, as well as by a large segment of the balance of the populace, as the ultimate in dental wisdom, dental ability and dental ethics. You are the supreme court of the Dental Profession.

Upon your shoulders rests the responsibility of judging whether or not our dental schools have properly prepared a man to represent our profession. Upon your shoulders rests the responsibility of deciding whether or not these graduates will be of service to the public. You, gentlemen, are the highest tribunal of a fairly new and very necessary profession.

If I should tread upon the toes of an individual or a school, I say "If the shoe fits, put it on." I have nothing to gain politically nor financially by this appearance before you. I seek only help from the members of our profession to restrengthen the foundations upon which our profession has been based; to shore up the walls which have been weakened by the philosophies of speed and mediocrity; and restore the roof of dedication to dentistry and its service to mankind.

I feel it is reasonable to expect to find all the categories of dental education amalgamed into a harmonious and efficient medium of services offered the public by honest and enthusiastic men loyal to their profession as well as to their patients, offering the best services their ability and dental training can produce. This is our Ideal. The target is perfection which seems always just a little out of range. We must keep our sights upon it lest it slip from view over the horizon. We must keep this idea on the horizon and encourage our young people, as part of their training, to push on towards it. Enthusiasm and hope for the future will be their motivation and only we, by our example, can give them this.

I have many thoughts on the subject of our young people as who does not, so many ideas for improvements I feel could be beneficial in the teaching programs for those we are preparing to send out to practice dentistry, but of course time today does not permit me to say all I wish to say on this subject. Sufficient time will be used if I do as it was suggested that I do and give you my evaluation of the average Dental graduate in Operative Dentistry; his attitude, ability and training as based upon my experiences teaching failing senior students and men who have been unable to pass the California State Board.

Several years ago, I had the responsibility and rewarding experience of diagnosing and correcting the problems of seniors of U.S.C. Dental School who were in danger of not graduating because of their weaknesses in Operative Dentistry. It was here with my "Goon Squads" as the members affectionately called themselves, that I acquired the nickname, "Whispering Roy."

This experience became the foundation upon which I later based my instruction for the refresher course I have taught for the last nine years. This course, which is offered by the University of California Extension Division, is held twice a year for nine weeks in the spring and nine weeks in the fall, and the classes average from 10 to 20 students.

Over the last nine years, I have instructed 285 men. These men have ranged in age from 24 to 68 years and their graduating dates have ranged from 1924 to 1967. They represent 44 schools of the United States, Canada and Europe. Among them are OKU men, members of the Dean's list and of the specialities. Some have failed the California Board once, some twice, or even more. Some come for help before even attempting to take the Board.

All of these men and women, including those of my goon squads, suffered from the same thing, the lack of knowledge of the Basic Fundamental Principles of Cavity Preparation.

Those who fail the board have a long list of reasons why they failed the operative portion but not one of which even suggests that it was because of their lack of knowledge on this subject.

In 1961, I had the honor of being asked to audit the California Board and I can honestly say that the complaints of discrimination of school or race can be dismissed. I agree that a man who has been practicing one of the specialties for years and then attempts to take an operative exam is going to have difficulties and a man unaccustomed to doing foils is going to have a tough time putting in a foil, and I'll not argue that it is possible to have a bad break, a bad patient or a bad cavity, etc. on any examination, but these are the exceptions.

After observing silently, by request, for a whole day, I agree wholeheartedly with the board member who said to me, "We do not fail these men, they fail themselves." It was obvious here. So many lacking the knowledge of these important Basic Fundamentals and the ability to apply them properly.

Nine years ago, with no other magic than the desire to share the best of what I had learned in school and, in subsequent years, from men such as Ernie Jones, George Hollenbeck and Dave Shoeshone; as charter members and director of the Jones Gold Foil Study Club of U.S.C.; 25 of the last 33 years on the staff at U.S.C.; many years of association with Dr. Rex Ingraham; many years of practical experience and Rex Ingraham's Atlas of Gold Foil and Rubber Dam Procecures, I set to work. I know I had my work cut out for me because I was expected to teach these men in nine days of instruction what they had missed along the road of four years in dental school or had forgotten in years of practice. Teach them enough to enable them to pass the board.

To me, however, just trying to teach them enough to pass the board seemed as futile an effort as that made by the hunter just shooting at the spot on the

hill where the four point buck stood before he vanished over the horizon.

I'm not "Whispering Roy" any more. I'm now the "Ogre," but at the end of the course they almost all tell me they learned more in nine weeks about Operative Procedures than they did in four years of dental school. I sincerely hope I have sent each on his way with the word Operative Dentistry wrapped and tied securely with enthusiasm and quality.

Of the 17 classes, only two have passed 100% on the first try. The remaining classes have averaged about 85% passage of the board on the first try following the refresher course. Most pass it on the second try. I say most because there are some I never hear from after their completion of the course.

My first class was rather a flub since I had no one with whom to confer on a course of teaching, but it was not long before I was quite aware of the needs of these men. At the end of the class, some of the men said they did not think they had improved too much, in fact they did not think they were too bad to start with. I had to find some way to measure their improvement, so I started a procedure with the fourth class which I have continued to this time.

Each student is asked to prepare a Cl. II on the distal of the upper right second bicuspid on his typodont and bring it to class the first evening. Before I start to lecture, I collect and keep these prepared teeth until the end of the course, at which time each man makes another preparation and turns it in.

The operative shortcomings of these men I feel can pretty well represent those of many others as well and help to explain why so many of us spend a large percentage of our operative time doing over work at the expense and comfort of the patient, to say nothing of the time wasted for both dentist and patient.

No doubt you wonder why I teach only the Cl. II in a bicuspid. Nine teaching days is not enough time to make finished operators on all types of preparations. With minor modifications, the Gold Foil preparation becomes an alloy preparation. Then, too, I must remember that most of these men are primarily interested, when they come, in learning just enough to pass the board. Concentrating on one preparation seems to be the answer.

Before I show you my slides of these prepared teeth, let us refresh our memories on the definition of a cavity preparation from the book entitled

"Operative Dentistry" by G. V. Black, the acknowledged "granddad" of Operative Procedures.

> "The mechanical treatment of the injuries to the teeth produced by dental caries as will best fit the remaining part of the tooth to receive a filling, restoring original form, giving it strength, and preventing recurrence of decay in the same surface."

Now let us have a little review of the seven fundamental principles that are general to the "mechanical treatment of the injuries of teeth produced by dental caries."

1. Outline Form. This may be defined as the form of the area of the tooth surface to be included within the outline or enamel margins of the finished cavity. This would include all pits and fissures on the occlusal surface.

   On proximal cavities, this means that the whole of the habitually unclean areas should be included within the outline of the cavity. This will often require that sound enamel and dentine be cut away to obtain correct outline form and is known as extension for prevention of the recurrence of the decay.

2. Resistance Form. This is that shape given to a cavity intended to afford such a seat for the filling as will best enable it to withstand the stress brought upon it by mastication. The resistance form consists of a flat seat for the filling, cut at right angles with the long axis of the tooth. In proximo-occlusal cavities the gingival wall of the proximal portion is cut flat and in the horizontal plane with definite angles. The step is also given a flat horizontal seat.

3. Retention Form. This is the provision for preventing the filling from being displaced. A large part of this is provided for by the Resistance Form, but it is further required that provision be made that will prevent the filling from being thrown out of the cavity by such lateral or tipping force as may be brought against it. This is accomplished by making the occlusal step in the form of a dove tail, and by shaping certain of the opposing walls that they will be strictly parallel or slightly undercut.

4. Convenience Form. This may require certain modifications in the general form of the cavity to render the form more convenient for placing the filling material.

   A second order of convenience form consists of sharpening the internal line and point angles. These are necessary for starting gold foil and assist in starting and securing the first portions of an alloy filling.

5. Remove remaining carious decay.

6. Finish the enamel wall.

7. Make the toilet of the cavity.

Now, let us look at the "before and after" pictures and see if you agree with me when I say the men who made the preparations did not understand the rules we just finished reviewing.

First, I will show slides of my class of November 1961 and those teeth with red dots represent the work of students who graduated from dental school in June, 1961.

(show slides)

By 1967, the California State Board approved the Cl. V restoration as an acceptable Gold Foil procedure, so now I have them cut a Cl. V as well as a Cl. II before class starts. In the fall of 1967 and the spring of 1968, I had 31 students in my two classes and there were 12 1967 graduates in this group. I would like to show you slides of the work of these 1967 graduates and see if you agree with me in my contention that they are no better operators than the 1961 students.

(show slides)

Some of you gentlemen passed these men when they took the board in your state.

Just for emphasis, let me enumerate a few of the major problems which beset these men:

1. Cutting the cavity square in the tooth.

2. Getting the gingival seats flat and at right angles to the long axis of the tooth.

3. Recognizing the proper buccal and lingual extension.

4. Recognizing decay.

5. Recognizing the difference between dentine and enamel.

6. Visualizing the finished preparation in advance.

There are other problems too, some of which are particular to individuals and others general to all.

1. Do not know how to sharpen hand instruments.

2. Lack complete knowledge of Finger Rest Position.

3. Have no understanding of the names of the hand instruments as they relate to their use.

4. One 1962 graduate had never prepared a MOD alloy. (It took him five hours to prepare and fill his first cavity for my course.)

5. Lack of knowledge of the use of and practice of using rubber dam.

6. Double jointed men have great difficulty holding and controlling handpiece and hand instruments.

7. One student had been practicing for 23 years and had never used a hand instrument.

8. One student was using the palm thumb grasp on his contra-angle trying to prepare an upper tooth.

At the opening of this paper, I made mention of a report on a survey made by D. L. Moore and J. L. Stewart on the "Prevalence of Defective Dental Restorations." In the same article was also the result of a similar survey made in 1936 by P. J. Brekhus and printed under the title, "Your Teeth" and published by the University of Minnesota Press. These two reports suggest that there has been no improvement in the failure rate of restorations in the last thirty years.

In other words, the percentage of poor operators has remained about static be they past or recent graduates in spite of the high speed handpieces, visual aids, closed circuit T. V., four-handed dentistry, etc.

I believe that my findings from teaching my refresher course might well be used to contribute evidence to this fact.

Now I submit to you my evaluation of the recent graduates, as well as all the others whom I have taught the operative portion of the Refresher Course in Dentistry offered by the University of California Extension Division during the 1960-1968 period.

They are inadequately prepared with an understanding of the basic Fundamental Principles of Operative Dentistry and insufficiently trained in the application of these principles. In addition, I feel that the lack of demonstrative pride in the profession made manifest by many instructors in addition to their permissive attitude toward the students have combined with the weak training to produce too many dentists who substitute Mediocrity for Quality either by accident or intent.

Before I move on to suggested teaching procedures which I feel could help to take better advantage of the potential of each student, I wish to enumerate a few complaints of recent graduates.

1. Some schools issue hand instruments which are too large and cumbersome.

2. Students resent smart and irrelevant remarks made by instructors.

3. Several said they had received the lectures on the basic principles but no one had insisted they produce them on the clinic floor.

4. One student had been an instructor in the operative department of an Eastern school for two years and was told by the head of the department that they do not use Rex Ingraham's book because it just can't be done the way Rex says it should be done.

5. All recent graduates complain they do not get enough help from the instructors.

6. Lack of interest in the student, especially in the freshman and sophomore years. Seem to resent interruptions by students.

Would you care to guess what pertinent question is often asked me? "Can the State Board examiners do what they ask of the students?" Can you, gentlemen? Are you qualified to judge whether or not a man knows the basic principles of Operative Dentistry or are you just someone's political favorite for the appointment? These are the frank questions asked by our young people and, in many cases, for good reason.

Now that we have aired the shortcomings and complaints of the members of our profession and those about to become a part of the profession, let us turn our thoughts to how we can begin to correct these problems. How are we going to improve our service to our students so that they, upon graduation, can more efficiently fulfill their social obligations to the public?

I believe that our dental education, like the garment industry, will often find that the cause of the defective merchandise, in this case the poor dentist, began back at the "fabric mill" so to speak. Inasmuch as we cannot return the poor graduate for a refund, we are stuck with him and, only too often, his practicing of the 8th Fundamental of Cavity Preparation or the "Stickum Form" as this technique is so aptly named by my good friend and fellow teacher, Dr. Rene Eidson. In case some of you are not familiar with this form, here is the recipe. Take one large burr, use it sparingly and stickum full of filling material.

It would seem, then, that we should be more critical of our selection of students.

Right now, I wish to make it clear that I am not overlooking the fact that there are two branches of dentistry - the medical and the mechanical. In spite of the current practice of de-emphasizing the mechanics of dentistry even to the point of speaking of us as "dental physicians" just as though there is some kind of stigma connected with being a mechanic or engineer, I still say that dentistry is primarily a mechanical profession. In the same breath, I might add that I feel that a fine surgeon doing transplants is a mechanic also.

However, regardless of the present philosophy, the fact remains that most dental practitioners spend the greatest amount of their time doing Restorative Dentistry. If you remember Black says, in his definition of a Cavity Preparation, "The mechanical treatment of...." etc.

So, since we now know that the graduate dentist is going to spend most of his time doing operative, which is a mechanical procedure, then logically the candidate for dental school should be selected on his mechanical interests

and experience as well as scholastic standing. Did he ever have a Hot Rod to keep running? Has he had any art, mechanical drawing, machine shop or wood shop? I would choose a man with a lower grade average but who had enthusiasm for the profession and a background in some mechanical skills over a man with high academic scholastic record but no background of any mechanical training.

Only one man in my last class of twenty knew what I was talking about when I suggested that each one should look upon his hand and the handpiece it holds as a "milling machine."

Another point which I wish to make on the selection of these students is a closer check on the useability of the hands. Some of my students seemed to be having great difficulty in developing good control of their instruments and I discovered that these men are double jointed. Their knowledge of the subject was adequate but their attempts at applying this knowledge was very frustrating to them. I have devised a very simple test to determine whether or not this condition is present in a candidate. If it is, I feel he should be advised of it and warned of the difficulties which lie ahead. Perhaps consultation as to entering one of the less mechanical specialty fields after graduation might be considered as beneficial to the man as well as the public and the profession.

What good is the theory if you cannot put it into practice?

Another point I feel very strongly about is that teachers should have that long lost "right" to "flunk" a student restored to them. The instructor working with the student is the one most likely to know his strengths and weaknesses, not the head of the department nor the Dean. There is nothing but good to be gained by repetition of an operation, a course, a semester or a year.

The new concept of teaching operative by preparing an area in a tooth in the typodont once and then going right to the mouth of a patient is a frightening thought to me. One of the schools which teaches this theory graduated its first class this year. I have one of the students enrolled in my fall class at this moment. It will be most interesting to observe this graduate work. How will he compare with the 1963 graduate who had never put in a MOD alloy? It took him five hours to make and fill his first preparation in my class.

I feel there should be a national re-evaluation of the teaching staffs of our dental schools. True, the dental education program is also suffering from

a shortage of teachers so it is than all the more important that each one be performing to his or her maximum performance. This then means teaching the teacher to teach. Faculty study groups taught by someone from another section of the nation, such as UCLA is now doing, could be a great help in standardizing the instruction in our dental schools throughout the nation.

With few exceptions, in my opinion, the average graduate student is not qualified to go right into teaching on the operative floor. He lacks the experience of solving problems that arise that do not look like those pictured in the book. An instructor should be able to quickly appraise a preparation or filling, or whatever, and aid the student in making any corrections necessary. If the instructor is a recent graduate, he is likely to teach students the same mistakes he is making, as indeed of course any other instructor is likely to do.

A teacher must be flexible, creative and enthusiastic and be aware that the methods to teach some students will not work on others. The trick is to find out why some are not doing well and correct the cause. This takes time, of course, but results are usually gratifying to student, teacher, educational institution and the public.

Too often, I have found that my students do not see or understand the relationship of an instrument to its use. For instance - the pulling action of the hoe or the chopping action of the hatchet, etc. So often we who know these things so well forget to pass these seemingly unimportant bits of information on to our students. A recent letter from my nephew who is a sophomore at one of the dental schools advises me, "the amount you taught me really put me ahead. We received an instrument case this year chucked full of stuff. They (the other students) have no idea what that stuff is. Here we are rolling into the third week and they are really having a time of it."

During the ADA meeting in Dallas, I had about a dozen senior students ask me what I mean by hollow grinding a gold knife. I reciprocated with a question. How many of them knew the difference between a splitting axe and a chopping axe. Not one did. The difference between these two axes are mechanical necessities for improving the ease and efficiency of their use for a specific job.

To know terms but not their meanings is like reciting the Lord's Prayer and not understanding the meaning of the words.

Almost all of my students have been unable to sharpen their hand instruments. If a man cannot sharpen his own insturments, I feel he is truly handicapped. How often as I work I step into my lab to sharpen up the edge of a chisel or a hoe or of what have you. You can't work with dull instruments - which brings up a point. I have found that many of my operators do not know that part of their difficulties in cavity preparation are the result of dull instruments. Some have told me they used the same instruments for the two years in school without having to sharpen them.

A real puzzler is the lack of understanding of the Finger Rest Position. Recently, I asked instructors from U.S.C., U.C.L.A. and Loma Linda if they teach Finger Rest Position, per se, and their answers were all the same. No. They say they assume that anyone who can hold a pen or a pencil can hold a handpiece. I feel that in teaching there is no room for assumption except for the assumption that the student knows nothing about the subject or portion of the subject you plan to teach him.

One day, I observed a student using the palm thumb grasp on his contra-angle handpiece preparing an upper tooth. When I suggested he try the pen grasp he said he never had. Before he completed the course, he made the change and commented on how much easier it was to use a handpiece properly. An alert and interested instructor should have corrected this for him years ago.

Unfamiliarity with the use of the rubber dam is a very serious problem. I found one of my students, a recent graduate, struggling with a rubber dam which kept buckling over the tooth he was trying to work on. He could not recognize his problem which was simply that he had put the dam to place and then turned it a quarter of a turn, thus placing the top and bottom of the dam to the sides. Try it some time. You'll have a hell-of-a-time working on the tooth.

I have been told by many of my students that they were never made to use the rubber dam.. My experiences with these students does much to substantiate a report by Dr. Robert E. Going entitled "Study Finds GP's Avoid Rubber Dam Technique." This report in turn confirms an earlier observation by Dr. Leon Ireland that "probably no other technique, treatment or instrument used in dentistry is so universally accepted and advocated by the recognized authorities and so universally ignored by the practicing dentists."

From the same article just referred to, Dr. Going states "Frequently,

the student's concepts relate entirely to the instructor's enthusiasm for or against the procedure. The quantity and quality of teaching the technique varies greatly among schools and among individual instructors within schools."

On these findings, then, we might surmise that in spite of all their weak excuses for not using rubber dam, the real reason so many men to not is becuase they were never thoroughly convinced by their instructors of the true importance of its use. This, then, brings us to one of the complaints of many of my students. They would like to have had more explanation and help from the instructors. They feel they waste time having to find out too many things by themselves. At one school, it is assumed that the seniors know all there is to know and that the instructor's role is only to act as a checker.

There is nothing that irritates an elder more than a smart-aleckyounster. If you are one of these irritated elders, just don't forget that that smart-aleck youngster learned his "smartness" from some smart - aleckadult. I find that many of my students have remarked about senseless smart - remarks made by an instructor on a serious subject. The student in question asked the instructor to check his cavity preparation which the instructor did, punctuating his observation with the remark, "It looks like a chicken with its head cut off." The student said this left no doubt in his mind that the cavity was bad but he was not told how to correct it.

All I have said this afternoon adds up to a need. A need for more carefully selected students and better prepared instructors with a more uniform teaching program on a national basis. A staunch stand by our state boards against the lowering of their standards, no matter how much the political pressure piles up, is needed.

When I was going to dental school 36 years ago, all that was required for entrance was a "C" average and $300.00. In fact, the $300.00 was of more importance than the "C." U.S.C. Dental School had "Little Caesar" as we called Dean Louie Ford. We feared him, made snide remarks about him behind his back, but held him in awe and respected him as being the man at the helm. On the scene as part of his crew, either full time or part time, to prod us, coerce us and inspire us were men like Ernie Jones, George Hollenbeck, Don Smith, Jim Hickson, Doug Dyer, and others. These men were our idols and they were all men of experience and able to practice what they preached. They were unwavering in their belief in the truth of the importance of the fundamentals as the foundation for future improvements in techniques.

Most of you know I am a member of The American Academy of Gold Foil Operators and, naturally, a great advocate of foils. I am aware that the subject of Gold Foils is treated very lightly by many of the dental schools and this grieves me. I am in firm agreement with the philosophy of Ernie Jones which is that doing Gold Foil work is one of the best dental exercises there is for a dentist.

For foil to be a success, strict attention to the application of the fundamentals is an absolute must. This is not so of many other filling materials we use. It was his contention that the good habits formed in doing foil work would carry over into all other fields of the profession.

One of the currently stressed concepts of education today is that of "Continuing Education." Of course, this is nothing new but just being stressed anew. G. V. Black once said, "The professional man has no right to be other than a continuous student." Percy T. Phillips also made a similar statement when he said, "To protect the quality of dental service, the professional man must be a lifelong student of dental science and dental technology. His education must never stop."

Unfortunately, the type of continuing education in which the average dentist is most interested today is some new technique - a way to do it faster, easier, so he can make more money at it. Often the glamour of a new slant on an old subject influences us at the expense of attention to the underlying principles upon which these new concepts are based. I am in favor of continuing education 100%, but I feel we are terribly in need for some Continuing Review as a part of the program.

No matter how many new concepts there may be on the subject of castings, alloys, endontia, etc., the basic principles remain the same. For the new alloys or the improved castings to be successful, the underlying preparation of the tooth must be right. The basic concept of root canals has not changed; the opening of the canal, its reaming out, sterilization and the filling clear to the apex. The new medicaments have undoubtedly been a wonderful aid, especially to the careless operator. Without a thorough understanding of the old and proven knowledge, one cannot well understand and apply the new.

Many of these courses in new techniques in Operative presuppose that the operator knows how to make a proper cavity preparation, but from my observation of the recent graduates as well as men who have been in practice and I have taught in my refresher course, this is far from being a fact. Ask a lab man about the quality of the preparations sent to him - the finish

lines and tapers - the quality of impressions.

It grieves me greatly to see the pressures, political and otherwise, our boards are currently experiencing on the subjects of Reciprocity, changing of the Dental Practice Act, and licensing of Lesser Trained Personnel.

I feel that total reciprocity would be disastrous. No serious thought is needed to foresee what would happen if this were to take place. There would be a mad move of practitioners into the western states - the supposed land of "milk and honey," where the action and the money is, leaving less desirable areas devoid of dental care. Soon, some other kind of control or distribution of practitioners would be initiated and my guess is it would be Federal control. That would be one more step down the road away from the control of our own lives and of that of our profession.

California has been plagued with requests for Reciprocity time and time again. One of the members of the California Board recently told me that they require only the minimum to pass the board now. How far down are we supposed to go with our standards to meet those less qualified? How much better it would be to help those unqualified ones to either climb up and join the rest or be eliminated.

I see no wrong with dental teams as long as they function within the Dental Practice Act, but the suggestions that there be a change in this Act is the most frightening threat we have had yet. I fear that once we have opened the lid and released the "plagues" from the "Pandora's Box" we will close the lid and shut away forever the "hope" for quality. If we cannot turn out uniformly trained quality operators in four years of schooling, what hope do we have for those turned out in two or less?

Once again I say if a greater effort were made to properly select, train and motivate our men to produce quality restorations of maximum serviceability, we could better serve society by reducing the necessity of having to do over work improperly done and thus reduce the seeming need for Lesser Trained Personnel.

I, as a representative of the majority of the ethical Dental Practitioners of this glorious country, urge you to hold firmly to a positive line and do not let yourselves become "Permissive," taking the easy way out by allowing the few weak, incapable and incompatible ones to control the majority who are hard-working and dedicated.

While on the subject of relaxing standards, I wish to read you two letters.

One is addressed to a Dr. Rengstorff, a former student of one of my classes. It is from the House of Representatives, Alaska State Legislature. The second is Dr. Rengstorff's reply.

"Dr. P. V. Rengstorff
2321 West Lawn Avenue
Madison, Wisconsin 53711

Dear Doctor Rengstorff:

I am making a study of Professional Licensing Board procedures in support of my legislation to liberalize and simplify licensure in this state. I hope you will assist me.

It appears from the skimpy files available in the newly established central licensing section of our Department of Commerce (1966 legislation) that you applied for licensure in this state and were denied.

Please tell me your side of the story. It is my contention that the Board is limiting the number of dentists permitted to enter the state on an arbitrary basis, rather than for substantial cause. The law authorizes the Board to determine qualifications of the applicants and to pass everyone who is qualified, who in effect would not endanger the public. Under the cloak of high quality many are refused licensure we believe.

Therefore we wish to make a test case, in the courts if necessary, and to simplify and liberalize the licensing procedures. For example, the practical examination could be given by any American Dental Association approved dental school, etc.

The State Legislative Council is also studying this area. Further, more, the Department of Commerce is in the process of completing a study of its own, coupled with an audit by the Legislative Audit Committee, the results of this becoming available in January of this coming year.

Trusting you can be helpful to us in this most important work, I am

Sincerely yours,

Dr. Mike Beirne, Member
House of Representatives
Alaska State Legislature"

"Alaska State Legislature
Representative
Michael F. Beirne, M. D.
P. O. Box 4-1539
Anchorage, Alaska

Dear Doctor Beirne:

Upon graduating from Marquette School of Dentistry in 1964 I drove to Anchorage for the purpose of taking the dental board. I failed the dental board held in July of that year. In September of 1964 I joined the United States Public Health Service with which organization I served until September of 1966. In July of 1965 I failed the board for a second time. The Board advised me to take a refresher course in operative dentistry as the quality of my work fell below that of the other applicants. Many of the applicants each year come from the West Coast dental schools, e.g. Oregon, Washington, and the California dental schools. It is generally acknowledged in dentistry that the most proficient dental operators in the country are graduates of West Coast dental schools. These dental schools work with good equipment, hire excellent instructors, and demand their students to produce a high quality restoration. Because I was committed to PHS duties I did not at that time take the Board's advice concerning a refresher course. I took the dental board in Alaska for the third time in 1966, and again failed. In the Spring of 1967 I enrolled in a nine-week postgraduate, dental refresher course given by the University of California at Los Angeles. This course is given to help the non-West Coast dental school graduate pass the California Dental Board. In July of 1967 I took the Alaskan Dental Board for the fourth time. This time I earned by Alaskan license.

I have prefaced my remarks about the Alaskan dental board by tracing my board experiences because if anyone has a right to harbor bitterness towards the Alaskan Board it is I. But, on the contrary, I feel a deep gratitude towards the Alaskan Dental Board. They indirectly compelled me to become a competent dental operator. The nine weeks at U. C. L. A. taught me things that four years at Marquette never did.

At the beginning of the U. C. L. A. course each dentist was asked to prepare two dentiform teeth, one for placement of a gold foil and another for an amalgam. These were collected and held by the instructor. At the termination of the course we were asked to prepare two dentiform teeth again, one for a foil and one for an amalgam. We were then presented with both sets. The results of nine weeks training were remarkable. The first attempts might have been done with my pocket knife. The second preparations were beautiful.

My contention is that Marquette failed in teaching me the basic rules of operative dentistry. I don't understand why the Alaskan Dental Board should be punished for the failings of the applicant's school. Through four Alaskan dental boards I was able to compare my work with the work of graduates of other dental schools. Only this year was I able to point with pride at my gold foil, or gold inlay, or silver amalgam when a graduate of, say, Southern California or Oregon asked to see it.

The statement that the Alaskan Board limits the number of licenses on an arbitrary basis, rather than for substantial cause, simply is not true. As I recall, each year perhaps 70% of the applicants received licenses. This percentage of success compares favorably with other Western state dental boards. In fact, this year three applicants were allowed to take another one-half day to recast their faulty gold inlays, as their first casting just didn't fit. If anything, the Alaskan Board is more than fair in their examination. If the applicant can do the work he will receive a license.

Alaska is unique in that it is able to profit by the past [illegible] of other states. This is true in conservation, commercial fishing, and forestry as well as in dentistry. In Wisconsin and in California, both states which I have lived in and am licensed in, I have seen some horrible examples of dentistry. The people of Alaska deserve high quality dentistry. I am in full agreement with the Alaskan Board of Dental Examiner's licensing procedures. They are doing the people of Alaska a fine service. It is not the fault of the Board that Nome or Big Delta cannot retain a full time resident dentist.

The burning college liberal too often defends the status quo once he is out of school and enjoying financial solvency. Lest you might think my success in this year's board has blunted any previous crusading spirit, let me assure you this is not the case. Never after my three failures did I blame the Alaskan Board. Marquette was unable to teach me the principles of sound dentistry. Only after I was drilled in these principles last Spring was I able to pass the Alaskan Board.

In your letter you say that you are "making a study," yet as I read further it seems like your conclusions have already been established. You state in your letter you are out to abolish the Alaskan Dental Boards. I hope the time I have taken to write this letter has not been wasted, and that is used in your study, rather than dismissed. Perhaps because you lead me to doubt your objectiveness I have taken the liberty to send courtesy copies of this letter to the State Legislative Council and to the Alaskan

Board of Dental Examiners.

I thank you for allowing an expert in the field of recent Alaskan dental boards the opportunity to tell his side of the story.

Sincerely

Peter V. Rengstorff, D.D.S."

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With the support of strong young men such as Dr. Rengstorff to back me up, I say that Mediocrity is not a substitute for Quality any time nor anywhere. As the pendulum begins its swing away from the current philosophies, I would like to see dentistry as the first island of Quality rising from the modern sea of Mediocrity. I, as an individual, am trying hard to do all I can to help this come about. When the going is made difficult by those with attitudes such as that advanced by one of my students who stated that if he were to do dentistry the way I teach it he would have to double his prices or live lower on the hog. I re-read letters such as this one from Dr. Hashimoto, one of my students,

> "We really received a good stimulus to reviewing our concept of operative dentistry. I think it should be done periodically to keep us humble and alert. In this era of ultra high-speed, stress on the fundamentals is especially important and valuable before we go 'hogwild' zipping out mediocre preparations and restorations. I think your efforts were particularly meaningful to those of us going into general practice and I am sure we will pay even more attention to quality, particularly after receiving a clear insight on how to do it."

To those who have escaped that insidious disease "Acceptable Mediocrity," I say "cheers." Keep up your small preventive booster doses of that all important vaccine, the Basic Tenets of Loyalty, Honesty and Ethics, combined with continuous learning or reviewing.

To those who have willingly or unwillingly succumbed to the disease, I say "we pit you" but there is still hope for you providing you want to be healed. We need you, too, to help us shore up the sagging walls of our dental "houses."

It is never too late and it is not later than you think. Today, everyone has almost twice as much time in a lifetime to attempt to realize his desires than did those of not too long ago. For most, the drudgeries of life have been erased, sickness reduced to a minimum, and we have been given an opportunity to pick and choose from an endless number of topics about which to learn, things to do and places to go that we have become, as F. Scott Fitzgerald once said, "That most limited of all specialists, the 'well rounded man.'"

However, if you look at the philosophies on time there is much truth in these words I read some place recently:

> "If you don't have time to do it right,
> When will you have time to do it over?"

Thank you, gentlemen, for your time and respectful attention. I wish to leave you with these words of wisdom entitled "Horse Sense." This has nothing to do with dentistry but might well be applied by many of our dissenters of today; those who would willfully destroy the basic tenets of Loyalty, Honesty and Ethics rather than build upon them.

Horse Sense

A horse can't pull while kicking.
This fact I merely mention.
And he can't kick while pulling,
Which is my chief contention.

Let's imitate the good old horse
And lead a life that's fitting
Just pull an honest load, and then
There'll be no time for kicking.

MEDIOCRITY A SUBSTITUTE FOR QUALITY?

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FAILURES ON CLINICAL EXAMINATIONS - REMEDIATION

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Ten years ago I had the pleasure of addressing those attending the Eighty-Fifth Annual Meeting of the American Association of Dental Examiners in Miami, Florida. The title of my paper at that time was "Mediocrity, a Substitute for Quality." I have granted your association permission to re-print that paper and copies will be available at the conclusion of this session.

The substance of that paper was based on my experiences years ago while helping to correct the problems of senior students of U.S.C. Dental School who were in danger of not graduating because of their weakness in Operative Dentistry, subsequent years on the Operative Department Staff of U.S.C., and my more current experiences teaching the Operative Dentistry portion of a refresher course offered by the University of California Extension Division.

I doubt that many of you were present in the audience that day ten years ago but if you were, will you please raise your hand? I just wish to congratulate you on your continued contribution of time and energy in the interest of our profession.

This past July I addressed the meeting of the Western Conference of Dental Examiners and Dental School Deans on the subject of whether or not specialists should be required to submit to a General Dental State Board Examination for Licensure. Believe me when I say that the study involved for that paper increased my respect for, and understanding of, the problems of state boards tenfold.

I have now been teaching the Refresher Course for 18 years and in addition have tutored dentists for the states of Alaska, Nevada, and Arizona. All of these dentists were prospective clinical failures or had already achieved that status. I was once invited to audit the California State Board after which the President remarked to me, "We do not fail these men. They fail themselves."

Presented at 95th Annual Meeting of the American Association of Dental Examiners. October 19, 1978 aboard the Queen Mary Hyatt Hotel in Long Beach, California.

Since my last appearance before you, I have had the very special experience of having been a guest of the South African Prosthedontics Society with the opportunity to lecture on Operative Dentistry for a week at each of the three Dental Schools of that country. I also demonstrated the preparation and completion of a Gold Foil at two of the schools. Delivering the Fifth Fred Hossack Lecture on "Principles and Problems of Dentistry" was one of the greatest honors I have ever received. Professor Hossack has been associated with the South African Dental Schools for close to sixty years.

Speaking of honoring men from our profession, many of you have by now received your new ADA Journal and read the article which reminds us that 1978 marks the 60th year since the dedication of a statue to G. V. Black in Lincoln Park, Chicago. In South Africa I was pleasantly surprised to see Dr. Black honored with his name over the door to the Operative Clinic of the University of Witwatersrand in Johannesburg.

Last, but far from the least of my credits, is my association with the Jones Gold Foil Study Club. I am proud to remind you that I am the only remaining active Charter Member, my membership years now totaling 42. With Rex Ingraham and Jack Seymour I share the honor of teaching the club.

As you can gather from my varied experiences, I have had the opportunity to see and analyze many clinical failures.

In my 41 years as a General Practitioner and Instructor of Operative Dentistry, I note that the problems of the dentist remain the same. Namely, people still get holes in their teeth and still develop periodontal diseases. No new permanent or everlasting filling materials have as yet been developed and those materials we have are still only as good or equal to the ability and the workmanship of the dentist who prepares the cavity and places the restoration, plus the degree of care the Oral Cavity receives from the patient.

Working in close association with state boards, I am aware that the majority of the failures on the clinical examinations are those Operative procedures performed upon patients. These failing dentists often become the students I have to teach and, without exception, be they newly graduated, members of the armed forces, foreign educated, out of state educated or instructors in a dental school, they have one common problem. That is their lack of knowledge and understanding of the Basic Fundamentals of Cavity Preparation as outlined by G. V. Black.

In a few minutes I shall show you slides of Class II preparations, made by students before they had received my first lecture, and those prepared at the conclusion of the

refresher course. You will note that improvement is commensurate to each man's ability to learn and perform.

The subject of clinical failure is one of concern to many people. The failing dentist, the public, the school, the instructors, the profession, the state board and the Government. Since this is a national meeting, I assume the topic of this paper, which was suggested by B. J. Crawford, your Secretary Treasurer, is one of national concern. Articles on this subject may be found throughout the various publications of our profession but as yet no writer has printed a solution to the problem of Failures on Clinical Examinations.

I have already stated that I believe the major cause of clinical failures to be the operator's lack of knowledge of the Basic Fundamentals as well as his inability to demonstrate and use these principles. There is no doubt that there are other contributing causes for these failures as well as for the weak performances of the "near" failures.

I list six catagories which I believe are more or less contributory to failures on clinical examinations and which we might reasonably expect to alter and thus reduce the incidence of these failures.

1. Government Involvement
2. School Attitude
3. Student Selection
4. Student Attitude
5. State Boards
6. Public Attitude

Please note that I place Government Involvement in the number one position, for in recent years the dictates of the Government have really determined the attitude of the schools and the students as well as the selection of freshmen students and the performance of the State Board. The Public knows little about our profession and its problems but demands a finger in the pie because it is the Public's money which is used to educate and examine dentists. However, the Public is more concerned with possible racial discrimination and the "rights" of the candidates than with their ability or the quality of their work, thus interfering with the educational process and the true purpose of the State Board, which is to protect the people from unethical and unqualified dentists by means of "admission to licensure, renewal of licensure, and discipline."[1]

Let us just briefly study these catagories.

Government Involvement is based on money. Both State and Federal funds provide a significant portion of typical dental school finances today but with this financial aid comes a long

list of attached "strings" or controls. True, the Federal funds do aid with research grants and numerous other special programs common to dental schools, but there has also been an establishment of dictatorial "goals such as shorter (three year) programs, increased production of new dentists (larger classes), and the creation of more socially sensitive dentists (off campus training programs)." [2] These are all priorities which have been established by the Federal Government and pursued through its agencies.

There are many less obvious pressures such as affirmative action policies, the 1974 Federal "open records law," etc. No doubt many of these changes have improved the performance of some schools but they have also added administrative burdens to schools, consuming important money and time resources which I feel could be better used to improve educational programs.

Federal Legislation requires curriculum changes in all schools seeking basic grants and the selection of faculty too may be influenced by the Government, but unfortunately funds for salaries to attract experienced and qualified instructors seems not forthcoming, forcing the schools to use recent graduates or prevail upon unpaid part time instructors such as members of study clubs, etc. Just this summer members of the Jones Gold Foil Study Club gave time teaching at U.S.C.

Dental education has become so sophisticated compared to the days when I was taking my training that the schools can seemingly no longer survive on tuition and clinical income and are forced to accept the State and Federal funds with all the strings. It is very understandable that the schools often find themselves literally in "bondage" to the Government.

"As the scope of the modern dental practice changes, so does that of the schools. In recent years, schools have added time to their programs for Oral Medicine, Behavioral Sciences, Patient (and Auxiliary) Management, Hospital Dentistry, Physical Diagnosis, Periodontology, Community Dentistry, Clinical Orthodontics, Oral Biology, and many other disciplines which were not taught at all nor as extensively in the past. Naturally, these additions have almost universally produced a concomitant decrease in the percentage of time and effort allocated to the traditional dental courses." [3] Operative Dentistry and its Basic Fundamentals in particular have suffered.

In an attempt to up-grade the "image" of dentistry and remove it from the "cottage industry" catagory, some schools are stressing the medical aspect of the curriculum, also at the expense of the mechanical aspect. I think this very shortsighted philosophy on the part of those schools.

Let me quote from my paper which I delivered in South Africa. "We always have been a very important segment of the medical field entrusted with the responsibility of caring for a rather small area of the body called the Oral Cavity. We are learned in the art of prevention, healing and the relationship of the health of this cavity to the health of the whole body. We are engineers with the technical knowledge of a Civil Engineer and the Mechanical Skills of a fine Watch Maker. We are Artists able to sculpt in wax, cast in metals, and create functional appliances to replace lost natural dentition. We are salesmen teachers, educating our patients in their roll of prevention. We are researchers constantly looking for new ways to eradicate the problems of caries and periodontal involvement so as to spare man the painful dental experience."

We have truly come a great distance since powdered bones, hoofs, crabs and eggshells were mixed with honey and used as a dentifrice.

One very, very important fact to be considered in explaining clinical failures is the method of selecting freshmen students.

"Due to the lack of any better means of ranking applicants, many schools still rely far too heavily upon pre-dental grade point averages and Dental Admissions Test scores."[4] These high grade point averages may indicate that the student concentrated upon intellectual development, which is important, but dentistry is a mechanical procedure whether or not one likes the term mechanical, so, in addition to a high I.Q. and 4.0 grade point average, the dental student absolutely must have considerable mechanical skill and problem solving ability.

Regardless of what the Government says, we are not all equal in learning ability or speed or mechanical ability. How can we be when we do not even all walk, talk, or cut our teeth at the same age? A patient recently expressed "equality" in this manner: "We are all born with an equal opportunity to prove our inequality."

From an article by Dr. Robert Barkley entitled "The Dilemma of Dental School Admissions," come the following revelations. "Early indications from testing senior dental students from several schools with the new selection vehicle reveal that a sizeable percentage is below average and probably should never have been selected to study dentistry, regardless of how high their GPA was."[5] Once more from the same article: "With all of the people they have tested, four years of teachers college has never yet made an effective teacher from a freshman whose 'profile' was that of an ineffective teacher."[6]

It is reasonable to believe this would be true in the case of dental freshmen, too.

How well I remember the oft' repeated remark one of my instructors used to make: "We spoil a lot of shoe salesmen trying to make dentists of them" There is no doubt that student attitude is a contributing factor in clinical failures. However, I dislike placing the blame for this entirely upon the shoulders of the student. I recently read the following quote some place: "Members of the younger generation are alike in many disrespects."

We have been hearing complaints for many years regarding student open criticism of authority, insistance on determining curriculum, complaints about quality of instructors, lack of respect for peers, etc.

What else would one expect from a product of a permissive society which advocates base and violent entertainment, refuses to obey such a simple law as a proven safer speed limit, expects the medical profession to keep it alive for free, preserve its teeth for free, has little respect for others, lacks refinement and good manners, and generally feels that any discipline of its so-called "freedoms" is a violation of its human rights?

While lecturing on Operative Dentistry before a senior class at UCLA a few years ago, I felt that the time I took from my office to give to these students was wasted. Not only did the students show their disrespect by just sauntering in during my lecture, but they brought with them coffee and doughnuts to eat and drink while I lectured. Evidence that they really thought there was nothing more they needed to learn. Reminded me of the man who once said, "Don't bother me with the facts. My mind is already made up."

In recent years, the seniors at U.S.C. decided they had had all of the Prosthetics instruction they needed and rebelled against the remainder of the course. The sequel to this action was the failure of the Prosthetics portion of the state examination by a number of them.

Continued attitudes such as these are certainly not conducive to a professional image or production of quality clinical dentistry on either a board examination or within a practice.

No doubt you wonder why I have included the State Board in the listed categories. I feel that the boards, too, must shoulder their share of the responsibility for clinical failures.

We expect a graduate to have "gained knowledge, clinical skills, a level of professional judgment, an appreciation of the role of the dentist in the community, a concern for the oral health of all people and a level of professional maturity."[7] The only subject from this list on which the dentist will be judged by the board is Clinical Skills, and this without benefit of ever seeing the candidate at work.

Unfortunately, at this date, there has been no standardization for the teaching of clinical skills among the dental schools or for the judging on state board examinations. In other words, no agreement has ever been made within these bodies as to just what specifically constitutes a good or just acceptable preparation and completed procedure. Without a relatively standard model of the ideal to refer to either mentally or in actuality, how can one man make a fair assessment of another man's work? Only a grade of 75%, a very average grade, is required to pass a board examination, but the question is - 75% of what?

Almost all of the dentists I have worked with have passed a board examination in some state prior to their trying the California, Arizona, Nevada or Alaska examination and may take two of the western boards, thus assuring themselves more than one place to practice. These men and women, you can understand, are well qualified to make the statement that there is a difference in the quality of work accepted by the various state boards. If this is so, then this lack of standardization causes unjust criticism of the boards.

I repeatedly hear it argued that it is the responsibility of the state board to keep the incompetent out of the profession but I disagree with this thinking. Keeping the incompetent out of the profession is the duty of the schools. It is they who decide who may graduate and receive that DDS or DMD degree. A state board can only, hopefully, keep the incompetent out of its own state.

Let me cite an example of what can happen under the present system. Several years ago, a middle-aged, out-of-state dentist took the refresher course after having failed the California board several times. He made little improvement during the course and continued to fail the board until his total was twelve. The cause of his failure was mechanical exposure. You wonder what happened to this man? I have been told he returned to the state from which he had come and continued on in practice. Are not the people of his state entitled to the same protection from practitioners such as he as are the people of California?

Actually, the responsibility of the state board today is two-fold. As already mentioned, the protection of the Public

from the incompetent and unreputable dentist, and now the protection of the dentist from the public.

I refer you to the top of the cover of the October 9th issue of People Magazine where you will read these words: "Malpractice: When and How to Sue Your Doctor."

Now, board members must be concerned about what the dentist can be held accountable for by the public. In other words, what can he be sued for? Certainly not on his knowledge of the use of Auxiliaries nor his knowledge of Patient Management, Community Dentistry and other such programs but - on his Oral Diagnosis, Treatment Planning and Clinical Skills. All the more reason why you board members must be very sure of those you pass.

In listing the six catagories referred to earlier, I had great difficulty deciding whether Government Involvement or Public Attitude should be in the #1 position. To be a "Public," and I use the word facetiously, is very confusing because each of us is a seller as well as a buyer, a plaintiff as well as a defendant, and a voter who influences the Government Policies. Are we then the cause of our own ills and seeking a cure?

Incongruous as it is, it is the Government-Public which pressures the schools to admit lesser qualified students, while in the same breath saying we are all equal; which pressures you gentlemen to drop the minimum passing grade for all of those so-called "equal" dentists and license some of them, regardless of the quality of their work, thus flooding the market and reducing dental costs. It is this same Government-Public which is so quick to accuse members of the medical profession for neglect, poor judgment, poor workmanship, and high costs yet it, itself, produces all manner of inferior services and materials under the philosophy or attitude of "It's good enough."

As the number of malpractice suits increase, there has been a corresponding increase in the use of Peer Review board effort trying to mediate between dissatisfied patients and those members of our profession who are being accused, thus reducing the number of cases reaching the courts. The malpractice lawyer responsible for the article in the October 9th issue of People Magazine states, "They (the Drs.) should police themselves."[9] We might say in return, Plumbers, mechanics, etc. police yourselves.

The public has advocated the lowering of entrance requirements to accommodate below average freshmen who graduate as below average dentists and who, more often than not, fail the state clinical examination. Eventually, these poorer students will pass a board and then the public will complain about his inferior quality of dentistry and sue him for malpractice.

The same public who joyously accepts the prepaid dental programs with its impersonal and assembly-line approach to dental programs may also be affecting clinical failures in a sense since fewer patients visit the dental school clinics and thus each student finds it more and more difficult to find patients and perfect his clinical skills.

SHOW SLIDES HERE

In remediation, I cannot pretend to give you solutions to the various influencing causes of Failures on Clinical examinations and I doubt that anyone else can either or it would have been done before now. Through lack of personal experience within the schools and boards, most of us must depend upon reading the published papers and reports of those closely involved.

I am most qualified from experience to discuss the inadequacies of clinical skills as the major cause of failures, but I have done considerable reading and given much thought to bringing you what I hope you find acceptable discussion on the six contributing catagories I have listed.

The following information from the July 1978 issue of the Journal of American College of Dentists indicates that schools, like so many businesses, seem no longer able to survive without either State of Federal financial aid.

"We have found that neither the N.Y.U. dental school nor the one at Columbia - the two under private auspices in the State - can attract adequate amounts of gifts and grants to cover operating deficits, meaning special treatment must be accorded to those institutions by the State."[10]

As we read the report on N.Y.U., etc.,we learn that U.S.C. dental school is going to receive over a million dollars less aid in the coming year. I assume this unequal distribution of funds is happening across the country. Time will soon show just how capable the administrators are at the schools which are to receive less.

It seems that less aid from the Government with a corresponding reduction of attached "strings" is our only hope to bring about the return of more of the responsibility of administration of the schools to those members of the profession, educators, state board, etc. who are familiar with the needs of the profession and the needs of dental education. These people must not compromise their principles and they must continue to try to hold the line against any increased encroachment by the Government into the territory of Dental Education.

Certainly, it is time to reverse the trend of the "permissive" attitude in all schools and the philosophy of "It's good enough." I believe that people in general yearn to be able to say "It is good" and I am sure that in their hearts most of the students wish to excel, be they able or not. The opposite of permissive is dictatorial, I am told, but there must be a workable and happy medium some place in-between where the transfer of that wonderful, indestructible and never-ending supply of knowledge from instructor to student can be accomplished with a minimum of stress and resentment.

To achieve this is, to my thinking, a mark of a good teacher.

In 1975 Dr Rex Ingraham circulated among deans, representatives of the restorative disciplies of the west coast dental schools, as well as state board members of the western states, an Opinion survey regarding clinical failures. Many of us here today have had for years the same complaints as those listed in the survey. Now that the shortcomings of the clinical training of dental students is a reality, recognized by the deans, heads of departments, etc., perhaps constructive action to correct some of the obvious problems will finally be taken.

From the Ingraham report we read the following: "Inadequate inservice training of the technique and clinical teaching staffs is probably one of the greatest failures of the undergraduate educational system." "To this date, a truly successful approach to this universal problem has not been developed by dental education."[11]

Since most instructors in the dental schools have not had any teaching training and only a DDS or DMD degree is required, I feel they should all belong to participating study clubs relative to their particular fields. G. V. Black believed that "no man has a right to be other than a continuous student."

From my paper delivered in South Africa three years ago, I quote the following taken from a report by C. C. Alpert entitled, "A Dental Examiner's View of Dental Education." "...new and very logical concepts in teaching are taking place at the University of Kentucky College of Dentistry. It is now required that all courses be reviewed periodically and that all faculty members submit to some form of evaluation."[12]

Dr. Ingraham has personally told me of the inservice training meetings he is having with his faculty members, an obvious indication of the desire of Dr. Ingraham and the faculty to provide the students of U.S.C. Dental School with the best training possible.

The schools keep trying. This phrase reminds me of my admonition to my students during their struggle to master a procedure. "Keep stirring." This refers to the story of our first astronaut to land on the moon where he was met by the beautiful Moon Maiden, etc., etc.

Since time does not allow me to read the whole report by Dr. Ingraham, I shall only read you a small portion and recommend that each of you make an effort to read the entire article which may be found in the April 1977 issue of the Journal of The American College of Dentists and is entitled "Is Clinical Preparation Adequate?"

One of the questions of this important survey asks -

"According to your observation, have there been changes between the years 1960 and 1975 in the level of competency of dental graduates in those clinical skills traditionally evaluated by state board examiners?" 83% agreed there have been changes.

Also, according to the survey, 76% agree the highest standard of performance was in the early 1960's and the lowest in 1972 to 1974. An uptrend was noted, starting in 1974, continuing into 1975.

65% of the educators polled agree there is a correlation between levels demonstrated by undergraduate students and performance of the graduates on the state boards.

In 1960 and 1962, 100% of the class from U.S.C. passed the California State Board. By the years 1972 and 1973, those passing the board totaled 90% of the classes. By 1974 an uptrend was observed and in 1975, 96% passed.

Dr. Ingraham lists the following factors which he considers to be contributory to the decline over the 15 year period just referred to, and includes the percentage of those questioned who agree.

1.	General administrative leniency	81%
2.	Lenient attitude of clinical teachers	81%
3.	Poor student attitude	90%
4.	Less clinical demonstration by highly skilled staff	63%
5.	Accelerated three year program	89%

In an article entitled, "Responsibility of Educators," S. P.Hazen questions: "Today, educators are told that our graduates are not as competent as those in the past. What standards of comparison are being used? What perspective is being taken on what a graduate should be today as compared to that of the past?"[13]

Dr. Hazen's question regarding the standard of comparison is a good one and one that I doubt anyone can answer. However, Dr. Ingraham's report certainly substantiates the current feeling that many of our graduates are not as competent as they should be and he now has statistics to prove this point.

The following is another small portion from the same survey listed under Open-ended Comments, etc. and lists reasons for clinical failures.

1. Lack of attention to detail by the daily clinical staff.
2. Lack of sufficient competent clinical staff members.
3. Younger, inexperienced clinical staff members.
4. Use of high speed; less use of hand instrumentation.
5. Lack of clinical judgment by the student.
6. Student's time divided into too many sub-requirements: team preventive dentistry, mini clinics, DAU, etc.
7. Too much emphasis on biological;not enough on clinical applications.
8. All schools seem to be in a trend to put less emphasis on clinical teaching; end result is an inferior clinical operator.
9. Lowering the student grade point admission level to accept the minority and then the faculty are requested to bring these students up to the average of the class which is next to impossible. End result - inferior training of students all the way through school and inferior practitioners after graduation.

I have a number of my own ideas for suggested changes in the school attitude within the realm of instruction, discipline having been mentioned already. That every student should have to achieve a certain level of proficiency before being allowed to graduate is, in my mind, very important. Regardless of the amount of extra time required, if the student needs it let him have it, and this does not infer that the slow learner cannot achieve. It takes him a little longer,

Two very successful dentists who were my freshmen classmates did not graduate with me. One repeated his Junior year and the other repeated every year with the exception of the senior one.

Entry to dental school at the time of my schooling required a "C" GPA and $300.00 plus one year of pre-dental training. The failure rate between the freshman and senior years was 50%. Today, the entering freshman more often than not has four years of pre-dental. He has been seasoned in the learning process, has maturity, travel experience, and a great diversity of knowledge to his credit. Note that I say knowledge and not education. I like the following quote from Ralph Waldo

Emerson: "The things taught in colleges and schools are not an education but the means of education."

Among my students I have found evidence of an abundant amount of enriching knowledge but a lack of very important information pertinent to their chosen profession, such as Finger Rest Position, Instrument and Handpiece Grasp, all of which I must correct. When inquiring of local dental schools if they teach these techniques per se, the answer has generally been "no." The men whom I questioned say they assume anyone who can hold a pen can hold a handpiece correctly, and yet we all know that the handpiece and hand instruments are not held in the same manner in which we hold a pen or pencil to write. No instructor has a right to assume anything where the student is concerned except that he comes to the school knowing nothing about dentistry.

Most of those I have taught do not understand when I say they should learn to think of their hand and handpiece as a "milling machine" as I explain the proper movement of the handpiece. They do not understand the significance of the names of their hand instruments nor the meaning of the identifying numbers of the hand instrument nor how to sharpen these instruments. In fact, most state that they were not taught how to sharpen their hand instruments and some even say they never sharpened them during four years of dental school. Some have told me they never use a hand instrument! Rather appalling revelations,don't you think? Why did these dentists fail the clinical portion of the state board? Not hard to understand.

To see Gold Foil becoming an endangered species makes me very sad as you may guess. This is due almost directly to the attitude of schools since someone decided that Gold Foil should be replaced with the easier to master and cheaper composite with its cosmetic beauty.

Dr. Ernest Jones, the first Dean of the University of Washington Dental School and former head of the Operative Department at U.S.C., was a Foil man and he made Foil men of many students during his teaching years. It was his opinion that the mastery of that procedure is the greatest disciplinary training for the dentist and he could prove that to the student. There is no cement nor any other crutch upon which to rely for the successful Foil. It all depends upon the skill of the operator.

I would like to see the Gold Foil restored to its rightful place in the dental school curriculum in place of some of the extraneous courses which might be moved to the Continuing Education Program.

Unfortunately, students are now told that the Foil is no longer a practical restoration, is too time consuming, and too difficult a procedure. It is a fact that the prepaid dental plans refuse to pay for Gold Foils because of the cost, unaware, apparently, that the properly placed and cared for Foil will outlast the alternate composite filling many times, preserve the tooth and save money. Isn't that what dentistry is all about?

Ten years ago, I made use of the following comment from a Gold Foil survey made by the Medical University of South Carolina. "The time needed to develop the necessary clinical skills and the asset of good judgment simply rules out the waste of the clinical hours required to develop a competent skill in the use of the 'least' useful of dental materials."[14]

At the death of my mother, age 88, two anterior teeth held Gold Foils placed there by a traveling dentist when she was 18 years of age. My wife has 8 clearly visible Foils in her anterior teeth, ranging in age from 12-39 years. Can you beat that for economy and service?

I have a question for you. If a traveling practitioner of so long ago with, at most, one year of dental training, could master the Basics and the use of the compacted gold filling, why should we ask any less of the student of today with his very superior pre-dental education and four times as much dental education?

Other than the reinstatement of the Gold Foil in the dental education program throughout the United States, nothing would make me happier to hear that the schools were adapting a standard of quality for a good, not just acceptable, cavity preparation and completed filling. How much easier this would make the student's lot, the instructor's teaching, and the state board's judging.

Ten years ago, I stated my thought on student selection and I have not changed my thinking on that subject. Dr. G. V. Black's definition of a Cavity Preparation begins with these words: "The mechanical treatment of ...., etc." Since the Generalist will spend most of his time doing Operative Dentistry which is a mechanical procedure, then logically the selection of the freshman should be partially predicated on his mechanical interests and experiences as well as his scholastic standing. Has he ever had a Hot Rod to keep running, or has he had any mechanical drawing, machine shop, wood shop, or art courses would be questions asked of him.

I have noticed some of my students having great difficulty developing good control of their instruments and I discovered that in some cases these men are double jointed. Usability of

the hands is vital in the selection of a freshman student. A very simple test will reveal if this condition is present and I think it should be a part of the freshman selection criteria.

Yesterday and today's dissatisfaction with the present admissions test is finally leading to new and elaborate experiments in seeking a better way of screening freshmen for entry to dental school. Dr. Ingraham tells me that U.S.C. has returned to the use of the carving test as part of the selection criteria.

If you have not read Dr. Robert Barkley's paper entitled, "The Dilemma of Dental School Admissions," you should. It may be found in the April 1976 issue of the Journal of the American College of Dentists.[15] The following quote is from that article:

> "A major breakthrough may be approaching. A handful of innovative U.S. Dental Schools are currently evaluating a revolutionary new selection process that may not only help solve the admissions dilemma, but may actually take a major step toward remaking the dental profession."

All good news and action which should in time reduce the incidence of Failures on Clinical examinations.

Every time I prepare a new paper from a requested Topic I rediscover my "inadequacies" and this paper has been no exception. As usual, my wife and I have spent many hours in discussion and analyzation of the subject matter, but this category of Student Attitude has proven to be the most demanding in thought and the most illusive in "remediation."

Just a page or two ago I read from the Ingraham report that 90% of those polled felt that Student Attitude was a contributing factor in the decline of clinical competency. Whenever, and wherever, dentists involved with education or state boards gather sooner or later the subject of student attitude and selection comes up and much time is spent in discussion and general complaints of these "misguided and mis-selected folk." These discussions so often infer that every student is obnoxious and unwilling to accept discipline, etc. This cannot be so for even in a barrel of apples there are only a very few "rotten" ones.

I asked Dr. Ingraham if he could give me an estimate of the number of disturbing students in a class. He gave an answer of 15-20%. The importance of his answer is that more than 80% are really trying to "receive" the knowledge they came to get.

Earlier, I quoted from a report on a new method for selecting students which mentioned that it had been determined

that a large number of students of a senior class tested were way below the average and should never have been selected for dental school. Could this group be part of those who cause the inharmony? Are their own inadequacies and frustrations the cause of their rebellion?

Dr. Ingraham now thinks so. He feels that the reinstating of the carving test added to other new ideas for selection of freshmen may reduce the number of poor performers and thus decrease the number of students with the so-called poor attitude.

A resentful and rebellious attitude is not the exclusive property of the undergraduate student. Many of my refresher students are lax in attendance and some are very resentful as they do not understand why, since a school did grant them degrees and a state board did issue them licenses, they cannot pass the California board examination. It is my unpleasant duty to tell them the painful truth, which is that the quality of their work does not meet the standards set by the boards of the western states. Many argue with me about the techniques I teach, telling how they were previously taught and how they would do the procedure, etc. I have a stock answer. "You have already tried your way and failed." One older man told me that if he had to practice dentistry the way I advocate he would have to double his prices or live lower on the "hog." I must add that most of those I have tutored on a private basis are usually receptive and hard working.

Over the years, my students, too, have complained of instructors they have had. So what's new? They complain about incompetent instructors, obnoxious instructors, unavailability of instructors when they are needed to help on the clinic floor plus the fact that a lecturer may advocate a certain procedure in the classroom but the same procedure may not be followed in the clinic. Now, hold onto your hats. I have even had complaints in reverse about discipline with the comment that they had heard about certain procedures but were never "made" to use them!

To my point of view, the proper "first day" could make all the difference in the world in the future attitude of a student. I asked Dr. Ingraham if U.S.C. has an orientation period for the entering freshmen and he says they do. I assume that this then is the practice of most dental schools.

My first day in dental school so many years ago is just a blur with the exception of the following statement made by Dean Ford: "Gentlemen, take a look at your neighbor because next year one of you will not be here." Attitudes were certainly formed at that moment.

Judging by the problems with students just reviewed and

the new and positive steps being taken to correct these problems, 1979 should bear witness to tremendous strides made by students in the field of clinical skills and the harmonious giving and taking of knowledge between competent instructors and eager students.

Board members will not believe how many times I have been asked if the members of the boards can produce the same quality work expected of the candidates taking the boards. How would you men and women answer that question?

Once again we come up against the Government, for, of course, members of the state board are appointed by the Governor. As in the case of one of my colleagues who is an Orthodontist, members who have not actually practiced any Operative Dentistry for years may be appointed to the board. Unfortunately, few are as conscientious as my neighbor, willing to admit their inadequacies and ask for aid. My neighbor asked me to give him some "refreshing" and I did. Now I understand that there are complaints that he is too tough a grader.

Some of the boards are taking interesting steps to improve the system of evaluating the candidates. The Nevada and Hawaii boards are considering having me give their members a participating review course in Operative Dentistry. If this comes about, the students will not have to wonder if board members can produce what they require from the board candidates.

The California Board and the Central Regional Boards have held workshops and each member has been asked to evaluate pre-prepared teeth and defend his reasoning.

It is tragic that no way has ever been devised to test a man on his ethics. One of my students once asked me, "How do you give a man a conscience?" If any of you have an answer to that question, I shall be glad to hear it.

"The measure of a man's character is what he would do if he knew he would never be found out." (Thomas MacCaulay)

From an article in the September-October CDS Newsletter comes the following: "Mr. Gilbert Laws of the United Rubber Workers stated that essentially labor wants quality dental treatment at a fair price."[16]

There is nothing new nor profound in the statement from United Rubber Workers. The desire for quality service in all realms has ever been the sentiment of us all and there is no good reason why we should not expect quality service for our money. If each of us gave quality service while earning our wages, this philosophy would travel the proverbial "full circle" and in time return quality to each of us.

It is my personal opinion that quality dentistry cannot be found in the prepaid clinic and never will be as long as "speed" is the rule and the operator required to produce 10.8 surfaces of alloy per hour and rewarded with a bonus if he does more than that. If this be the desire of the people, then perhaps we should train dentists for quality private practice and others for the prepaid clinic.

To be assured the possibility of quality dentistry, the Government-Public must learn to accept the judgment of those who are knowledgeable of and involved with the dental education process and return to them and the schools the responsibility of training dentists whom the state boards can reasonably expect to pass and license. This means, then, that the schools must be allowed to set the admissions criteria, graduation standards, etc. without public interference.

In addition, this same Government-Public must believe that the responsibility of the state board is to protect the public. It must give the boards free reign to once again pass or fail board candidates on the merit of their skill, without public intervention such as they have now.

To this date, the Government-Public's forcing of the admittance of unqualified freshmen to the schools and the school policy of "all pass" has not been a success. Once again, I refer to Dr. Ingraham's report and the statement concerning the lowering of the student GPA level to accommodate the minority student and the futile request that the faculty bring these students up to class average. "End result - inferior training of students all the way through school and inferior practitioners after graduation."[17]

These inferior practitioners have no doubt been among those who have failed the clinical examinations and their failing is due directly to the current philosophy of the public that changes the rules to accommodate everyone.

CONCLUSION

Now, in conclusion we agree that clinical failures on the state board are still an unpalatable reality. Whether or not the incidence of these failures will diminish in the future remains to be seen.

As this paper goes to print, I have received calls from two out-of-state students wishing to be tutored. One tells me that eleven graduates of one school took the California and Arizona boards and all failed but one.

It is still my opinion that the main cause of these failures is the lack of proficiency in the clinical skills. The student does not know nor does he understand the application of the Basic Fundamental Principles of Cavity Preparation.

In this paper we have explored six factors which I feel are contributory to the above stated main cause of the clinical failures, namely, Government Involvement, School Attitude, Student Selection, Student Attitude, State Board and Public Attitude, and discussed their relationship to the problem.

I think the future looks promising in its relationship to the reduction of failures on the dental state board examinations. We have learned much from our involvement with the Government. We enjoyed the money to spend but not the string attached and we found that the Government way is not the better way.

We now see some of our schools with a new attitude enthusiastically accepting the challenge of creating a better learning institution with less money to spend; the selection of students based upon their abilities as related to the needs of the dental profession in addition to their GPA; new philosophies developing pertaining to the control of students attitudes and training of instructors; state board members searching out ways to make their judging fair and protection of public and dentists effective.

Hopefully, the attitude of the Public will mellow to a less accusing, more receptive and understanding one.

May there be less need for Malpractice suits or even the enforcing of the "ordinance in South Foster, Rhode Island which provides that a dentist who extracts the wrong tooth must have a corresponding tooth pulled by the village blacksmith, or pay a fine."[17]

When all is said and done, let us remember ".... the truth is that more and better medical care is available for the sick in the United States than anywhere else in the world."[18]

And, "The fact is that for two hundred years we have had for the most part a unified profession. We have achieved the finest dental health care for most people at the most reasonable cost. The American people have the finest oral health in the world."[19]

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RURAL ALASKA COMMUNITY ACTION PROGRAM, INC.

Partners for Progress with Alaska's Communities

ROUTE SLIP

TO: JANA VERATI
AK Health Coalition

- ____ ACTION
- ____ APPROVAL
- ____ AS REQUESTED
- ____ CONTACT ME
- ____ DISCUSSION
- ____ DISTRIBUTE TO
- ____ FILE — PER REMARKS
- ____ NOTE & RETURN
- ____ PREPARE COPIES
- ____ PREPARE DOCUMENTS
- ____ PREPARE REPLY
- ____ SIGNATURE REQUIRED
- ____ SUBMIT TO
- X FOR YOUR INFORMATION

FROM: PHIL SMITH
RurAL CAP

REMARKS ____________

Thelma – This is a copy of the grant Aleutian-Pris I.A. got to lobby HB 401 through the legislature. (There is some question about the legality of Rural CAP doing this.) Irregardless, we are in favor of amending the dental statute to allow students to work outside their school setting. If this bill (401) doesn't →

12/22/78

Grant/Contract Documents:

Approval & Routing Sheet

Funding Source CSA - '79 "221" grant

Brief description of attached document HESS Dental Advocacy Contract with Aleutian/Pribilof Is. Association for $15,060

Grant/Contract # (if any) _____
Grant/Contract period Mar. 12, 1979 to June 30, 1979

Approval Required:

Department Head [signature] Date 3/19/79

Controller/Ch Acct [signature] Date 3/19/79

Executive Director [signature] Date 7-19-79

This form shall be completed prior to final approval by the Executive Director.

The completed form will be released to the Chief Accountant by the Dept. Head after all signatures are affixed by the Executive Director.

OBJECTIVE: Have legislation enacted which will allow for volunteer dental service in Alaska.

STRATEGY:

1. Compile and distribute at least 100 informational kits explaining the concept and advantages of the Mobile Dental Unit and utilization of qualified volunteer services. Kit to consist of pertinent documents, articles, pamphlets, photographs, etc.
2. Draft and distribute press releases based on (1) above.
3. Organize and conduct at least 8 meetings with groups involved with rural health services, i.e. - educators in health training, Native organization staffs, state employees. Show "Open Your Mouth" film and provide information on the advantages of the Mobile Dental Unit and utilization of qualified volunteers.
4. Make contact with legislators and explain need for amendments to Alaska Statutes which will enable volunteers to practice in Alaska. Testify as appropriate.

OBJECTIVE: Complete preparations for resumption of services this summer utilizing Mobile Dental Unit.

STRATEGY:

1. Travel twice to San Francisco and meet with representatives of the Stark Foundation; negotiate '79 schedule, etc. Also meet with at least one other volunteer group during these trips to ascertain if they can provide help.
2. Make detailed plans for volunteer manpower during summer '79. Seek additional private foundation funds for transportation and for per diem support of volunteers traveling to the Aleutians.
3. Coordinate plans with PHS/IHS, to include:
   a) Travel once to Washington DC to explain the program and elicit support.
   b) Advise the Anchorage IHS service unit of the ongoing status of the project.
   c) Arrange with Anchorage IHS service unit appropriate format for gathering data -- undergo orientation with PHS on forms, records, documentation so as to generate data which will facilitate proper tracking of clients.

4. The APIA shall organize at least one meeting involving representatives of State of Alaska-DHSS, Indian Health Service, Dental Examiners Board, and other appropriate individuals in order to refine the strategy and logistics of resuming services this summer.

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DENTAL SERVICES ADVOCACY PROGRAM

CONTRACT FOR SERVICES

THIS AGREEMENT made and executed the day and year hereinafter last written, by and between the RURAL ALASKA COMMUNITY ACTION PROGRAM, INC., an Alaska corporation, hereinafter called "Grantee," and Aleutian/Pribilof Islands Association, hereinafter called "Contractor," consistent with RurAL CAP Grant 00919-T-79/02 effective January 1, 1979, as modified.

W I T N E S S E T H:

The parties come in consideration of the mutual covenants herein contained agree as follows:

1. Contractor Responsibilities. The Contractor shall perform all duties and liablilties under this agreement in a satisfactory and proper manner as determined by the Grantee.

2. Board of Directors. Contractor shall maintain a Board of Directors whose members shall represent the respective communities or subregional areas from which they are elected or designated by a representative community body. The Board of Directors shall speak for and communicate with the respective communities or subregional areas they represent. Contractor agrees that it will conduct at least one full board meeting during program year 1979 (January 1, 1979 to September 30, 1979) and at least three additional meetings of either the full Board of Directors, or the Executive Board, or any combination thereof. Contractor agrees to notify Grantee in writing of all meetings of Contractors full Board of Directors at least fourteen (14) days prior to such Board meeting. Contractor further agrees to notify Grantee in writing of any and all Executive Committee meetings with said notification being provided to Grantee

at the same time as notice is provided to Executive Committee members. Minutes of all meetings of Contractor's Board and/or Executive Committee shall be submitted to Grantee not later than twenty-one (21) days after adjournment of such meeting.

3. Target Area Reports and Representation to the Grantee.

(a) Where the Bylaws of the Grantee provide for the Contractor to fill one seat on the Grantee's Board of Directors then, pursuant to Grantee's Bylaws, the Contractor shall ensure that one person (local to the region, and preferably a member of the Contractor's Board) will be designated to serve on Grantee's Board and attend Grantee's Board meetings. The Contractor shall also designate one alternate (also local to the region and preferably a member of the Contractor's Board) to fill said seat on the Grantee Board when the regular representative is unable to do so. At any regular meeting of the Grantee's Board the Contractor's representative to that Board shall be prepared to present a Target Area Report which shall, at a minimum, explain the following:

(i) The progress the Contractor is making and problems encountered in fulfilling the goals of the work program as outlined in Appendix A attached.

(ii) The progress the Contractor is making and problems encountered in fulfilling the goals of any other program Contractor is operating with Grantee funds.

(iii) Public issues which significantly affect the low-income population in the region.

The report shall be specific and shall convey a clear understanding to the Grantee's Board of the status of the Contractor's program,

with associated accomplishments and problems.

(b) The Contractor's designee to the Grantee's Board of Directors shall submit a subsequent report to the Contractor's Board of Directors and Executive Committee at the earliest available time after any meeting of the Grantee's Board of Directors. The report shall inform Contractor's Board and Executive Committee members of issues discussed and actions taken by the Grantee Board.

4. Approved Work Program and Period of Performance. Contractor shall perform all activities described in the approved work program and budget which are attached hereto and made a part hereof as Appendix A (Work Program) and Appendix B (Budget). Such activities are embodied in RurAL CAP Grant 00919-T-79/02, as modified, and shall be performed between March 12, 1979 and June 30, 1979, according to the timetable in Appendix A.

5. Payment and Reimbursement Procedure. Of the funds available for Contractor's program, Grantee shall advance to Contractor the sum of Nine thousand three hundred and xx/100 _____ DOLLARS ($ 9,300.00 _____), within 5 days of contract execution, which amount shall be used by Contractor to initiate the program described herein. All subsequent sums payable to Contractor shall be paid on the reimbursement method and must be substantiated by submitting the following documents:

(a) Copies of all checks disbursed for reimbursable expenses;

(b) Copies of all invoices, time sheets and other supporting documents substantiating each disbursement.

(c) Other documentation required by the Grantee or specified in the "Rural Cap/CSA Contractors Notebook.

Contractor agrees to furnish Grantee with copies of all such documents supportive of a reimbursement request on or before the 10th calendar day of each month, which documents shall reflect all costs incurred by Contractor during the preceding calendar month. Grantee shall reimburse Contractor for all allowable expenditures substantiated by the foregoing documentation within ten (10) days after receipt of such documentation from Contractor, but in no event shall Grantee pay to Contractor, during any single calendar month an amount greater than N/A DOLLARS ($_____), (or _____%) of the total sum designated for Contractor's budget, unless expressly approved by Grantee's Controller.

The Grantee is not liable for Contractor incurred costs which conflict with CSA or Grantee regulations or policies. It is the responsibility of the Contractor to make obligations and spend funds consistent with such regulations and policies.

The Contractor will in no case exceed in expenditure or in commitment the total obligation dollar amount agreed upon with the Grantee, as outlined in Appendix B. The Contractor is fully responsible for any and all overexpenditures and for any disallowable and disallowed costs which it may incur.

6. Progress Reports. Contractor shall be required to prepare and submit two (2) written work program progress reports. Such reports shall detail Contractor's progress toward accomplishing the goals stated in the work program. All information contained in such reports shall be specific and will quantify data wherever possible. Reports shall be submitted according to the following schedule:

1) First Report - due May 4, 1979	Covering period March 12 through May 4.
2) Second Report - due July 6, 1979	Covering period May 7 through June 30.

Grantee may provide report forms to the Contractor in advance of each report due date, and if this occurs the report shall be submitted on such forms. Contractor shall maintain a filing system which contains documentation of progress made toward the accomplishment of goals stated in the work program.

7. Monitoring. It is agreed that Grantee, its agents and employees shall have the right to enter program areas and offices of Contractor at any reasonable time for the purpose of examining work in progress and administrative records in order to conduct such monitoring as is necessary for providing technical and administrative assistance and to insure compliance with this agreement. Where such monitoring by the Grantee necessitates the active involvement of the Contractor's staff, Grantee shall provide reasonable notice to the Contractor in order that the Contractor may fully participate in the monitoring activities.

8. Non-Federal Share. Contractor, its agents, or employees shall provide One thousand six hundred seventy three and xx/100 DOLLARS ($1,673) or the equivalent thereto, as its non-federal share requirement and shall document such contributions on forms approved by the Grantee. For purposes of this agreement, this non-federal share requirement shall be provided in accordance with the non-federal share budget attached hereto and incorporated herein as Appendix B.

9. Modification of Work Program and Budget.

(a) Work Program. A modification of the Contractor's work program (Appendix A) requiring written amendment is defined as any major change, including additions, deletions, or substantive rewriting of one or more goal statements. A work program amendment shall require approval by Contractor's Board or Executive Committee and submission in writing of an amended work program form to Grantee with attached narrative justification. Grantee retains the right to approve or disapprove any modification of the work program. Grantee Executive Director shall review and process any proposed work program amendment within 14 days of receipt and shall notify Contractor of said approval or disapproval. If Grantee disapproves a work program amendment, Grantee shall provide written justification for such disapproval.

(b) Budget. A budget change requiring written amendment is defined as any change which increases or decreases the amount in any cost category, as outlined in Appendix B, by an amount greater than $1,000. Grantee specifically reserves the right to render final approval of all proposed budget modifications. Grantee Executive Director shall review and process any proposed budget amendment within 14 days of receipt of such and shall notify Contractor of approval or disapproval. In the event Grantee disapproves a budget amendment, Contractor shall be provided written justification from Grantee.

(c) Fixed Budget Total. The total amount of federal funding available under this agreement is Fifteen thousand sixty and xx/100 Dollars ($15, 060). The parties to this contract understand and agree that in no case shall Contractor increase the approved total federal share, or decrease the approved total non-federal share for the budget year.

10. Delegate Agency Status. For purposes of CSA statutes, regulations, and directives the Contractor shall be considered a Delegate Agency of the Grantee as defined in CSA regulation.

11. Compliance with Approved Program and Laws. Contractor and Grantee agree to comply with all laws, rules, and regulations, federal, state and municipal, which are now, or in the future may be applicable to their businesses, equipment and employees engaged in or in any manner connected with Contractor's performance hereunder. All activities authorized by this contract shall be performed by Contractor in accordance with the approved work program (Appendix A) and approved budget (Appendix B), the Grant conditions and relevant Community Services Administration (CSA) directives.

12. Nondiscrimination. Contractor and Grantee hereby agree that no person shall, on the ground of race, color, religion, sex, age, handicap or national origin by excluded from pa ticipation in, be denied the benefits of, or be otherwise subject to discrimination in determining eligibility to participate in the program, as required by General Conditions Governing Grants under Titles II, III - B and VII of the Economic Opportunity Act of 1964, as amended.

13. Assignment or Subleasing. Contractor may not assign or sublease its interest hereunder to any other party without the prior written consent of Grantee, and Contractor agrees that any violation of this covenant will, at the option of Grantee, work immediate forfeiture of Contractor's interest hereunder.

14. Default or Termination. The Grantee may, by giving at least fifteen (15) days written notice specifying the effective date, terminate this contract in whole or in part for cause, which shall include: (1) failure, for any reason, of the Contractor to fulfill in a timely and proper manner its obligations under this contract,

including compliance with the approved program and attached conditions, and such statutes, Executive Orders, and CSA directives as may become generally applicable at any time; (2) submission by the Contractor to CSA or to the Grantee of reports that are incorrect or incomplete in any material respect; (3) ineffective because of inadequate program activity, or improper use of funds provided under this contract; and (4) suspension or termination by CSA of the grant to the Grantee under which this contract is made, or the portion thereof delegated by this contract when required by CSA direction. If the Contractor is unable or unwilling to comply with such additional conditions as may be lawfully applied by CSA to the grant or to the Grantee, the Contractor shall terminate the contract by giving reasonable written notice notice to the Grantee, signifying the effective date thereof. In such event the Grantee may require the Contractor to ensure that adequate arrangements have been made for the transfer of the delegated activities to another Contractor or to the Grantee. In the event of any termination, all property and finished or unfinished documents, data, studies, and reports purchased or prepared by the Contractor under this contract shall be disposed of according to CSA directives, and the Contractor shall be entitled to compensation for any unreimbursed expenses reasonable and necessarily incurred in satisfactory performance of the contract. Notwithstanding above, the Contractor shall not be relieved of liability to the Grantee for damages sustained by the Grantee by virtue of any breach of the contract by the Contractor and the Grantee may withhold any reimbursement to the Contractor for the purpose of set-off until such time as the exact amount of damages due the Grantee from the Contractor is agreed upon or otherwise determined.

It is further understood by the parties to this agreement that when written notification of termination for cause is given by the Grantee's Board, the Contractor shall have the opportunity, within the 15-day time limit, to take such corrective action as may be necessary. If such action that Contractor may take is deemed adequate by the Grantee for correcting the cause of termination, then the Grantee shall not terminate the agreement. It is the policy of the Grantee to terminate an agreement only as a last resort.

In the case where action to terminate this agreement occurs, the Contractor reserves the right to appeal such action, consistent with CSA Notice 6441-1.

15. Covenant Against Contingent Fees. The Contractor warrants that no person or selling agency or other organization has been employed or retained to solicit or secure this contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee. For breach or violation of this warrant the Grantee shall have the right to annul this contract without liability or, in its discretion, to deduct from the contract or otherwise recover full amount of such commission, percentage, brokerage, or contingent fee, or seek such other remedies as legally may be available.

16. Waiver. The failure of either party in one or more instances to insist upon strict performance of any of the covenants or conditions of this agreement, or to exercise any privilege conferred, shall not be construed as a waiver or relinquishment of the effect of any such covenant, conditions or privilege, but the same shall be and remain in full force and effect.

17. Prior Agreement. This agreement supercedes all contracts arrangements, commitments and offers of every kind or nature, oral or written, at any time heretofore made by the parties.

18. Modification. No modification or amendment hereto shall be binding upon either of the parties unless in writing, signed by both parties.

19. Indemnification. Contractor agrees that it will save harmless and indemnify the Grantee from and against all liability and claims for damages and/or suits arising out of Contractor's performance of this agreement.

20. Applicable Laws. This agreement and the relationship of the parties hereto shall be governed by and interpreted in accordance with the laws of the State of Alaska and of the United States.

21. Status of Contractor. Contractor represents that it is a duly registered non-profit corporation incorporated under the laws of the State of Alaska and in all ways is in good standing in accordance with State law.

22. Independent Contractor. It is expressly understood that Contractor is an independent Contractor and neither it nor its agents or employees are employees of the Grantee. The actual performance and supervision of performance hereunder shall be under the control and direction of the Contractor; provided, however, that Grantee being interested in results to be obtained, is to be kept at all times fully informed of Contractor's activities in this regard. Contractor warrants that Contractor is an employer, as that term is defined in the Federal Insurance Contributions Act and the Unemployment Compensation laws of the state or states in which the work is to be performed and Contractor's identification account numbers are as follows:

Federal_____ State_____

23. Insurance Requirement. Contractor agrees to carry and maintain at all times during the time of this contract, general