

AP Newsletter

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Presidential Greetings

By Ed Plekavich

Greeting from beautiful downtown Philomont, population 207. I make my home in a place where the loudest noise comes from a chirping bird or a discontented cow. Looking up, Orion appears from the southeast while the Big Dipper disappears over the northern horizon. These celestial observations are telling me that a full six months have passed since the meeting in Calgary. It also means that the next Academy meeting is quickly approaching.

As I think back to Calgary I am reminded of how great of a meeting it was! We inducted an impressive group of new Associates. They have already made significant contributions to prosthodontics. Over the course of their careers,

they will surely have a profound impact on the specialty. Howard Landesman and his committee deserve long and loud applause for putting together a dynamic and informative scientific program. The enthusiasm for the program was demonstrated by the packed lecture hall and lively discussions.

Brock Love and his committee more than lived up to Academy tradition by arranging superb social events. These were highlighted by the trip to Banff. Unfortunately, the hot springs were located by only two attendees. The "lucky two" found themselves sitting in a hot pool being showered by snow flakes. It was so delightful that the bus schedule was almost ignored.

The Executive Council met in New York following the ACP meeting. Since many of the council members were already in New York this saved the expense of a meeting in Chicago. Members of the Council agreed that the meeting in Calgary was a success on all fronts: social, scientific and economic. Given this solid foundation for optimism, the plans for Quebec City were then discussed. We can be certain of another outstanding meeting. Dick Grisius and his committee, in conjunction with the Educa-



President Plekavich at the annual session in Calgary

tion and Research Committees, have put together an exciting program. Perhaps the best information is that the guest fee has been kept at just two hundred ninety five dollars (U.S.) making it one of the best bargains in dentistry today. This meeting promises to be great so get those guest lists organized.

Quebec City is so full of wonderful activities that it will be difficult to decide which ones to leave out. Our time in this city will be too short to see everything but this gives the Academy a reason for a return in the future. One thing is certain, the cuisine is exquisite. We promise a great time but remember, no dieting!

I want to thank all you for giving me the opportunity to be President of this fine organization. On va se voir a Quebec.

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The Future of Prosthodontics

It seems like this is a good time to tackle a light subject like the future of Prosthodontics. After all, it is a new millennium and we are all supposed to have our thinking caps, or is it our full veneer cerebral crowns, firmly in place so that we can move the specialty forward. This is not to say that we previously have been asleep at the wheel. Nothing could be further from the truth. Organized Prosthodontics has been thinking and planning for the future for quite

The prosthodontist of 2000 and beyond is no longer a future member of the “old boys club,” because the club is now filled with women and men practicing our favored specialty

a while and we are all reaping benefits from this history of forward thinking.

Maybe we need to review where we have been, what we have done and how the future might be addressed. Historically the specialty of Prosthodontics was taught as a mentor/student process. The mentor described techniques that worked and the student learned these techniques and adapted them to his own practice. Well, here we have a major

point of departure since it is no longer “his” practice that is being developed. Today we have a developing process of gender equity in Prosthodontics. The prosthodontist of 2000 and beyond is no longer a future member of the “old boys club,” because the club is now filled with women and men practicing our favored specialty. As billionaire Martha Stewart might say, “it’s a good thing” and it’s about time.

A movement towards an evidence based approach to specialty education is replacing the mentor/student approach. This Academy is leading the way in that regard with a scientific session that provides many publications and programs that devote time to evidence based methodology. We aren’t there yet but the path is paved and the direction is set. The future prosthodontist will practice based upon evidence, not perception, of performance.

Years ago our meetings had lively discussions of materials, techniques and treatment plans. These discussions continue but the tools that we use today have changed. Today we have endosseous implants that have biologic advantages over compromised teeth. We have methods of investigation that help us arrive at diagnoses before we plan solutions. We even have a developing consensus that the specialty need not be the “Beta Tester” for every new material that comes along; today there is a recognition that research should be done before products make it to the marketplace rather than after, as has been the case in the past.


Prosthodontics is the only specialty in dentistry that had the vision to increase program length in direct response to the educational demands in the field of dental implants. Prosthodontics stands alone in the recognition that it could not be a

recognized expert in a developing field without providing dedicated time to the investigation of this field. How other specialties rationalize their expertise without this devoted time is unclear. What is clear is that Prosthodontics stands on firm ground when the ADA considers “Implantology” as a new specialty, something that will undoubtedly resurface in the future. We can tell the ADA that this “new” specialty is not new since it is already part of our expanded training.

President-elect Howard Landesman has suggested that the specialty recognize its unique position as leaders in implant den-

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Secretary-Treasurer Notes

by Gary Rogoff

Moral Exemplars: An Award Winning Essay

Recently, as I was browsing through my copy of the Journal of the Massachusetts Dental Society, I came across an essay entitled Moral Exemplars: The Concept and the Consciousness authored by Polly Sprague, DDS. I began to read this article simply as a matter of curiosity, when much to my surprise (and pleasure), I discovered that one of the sources of the author's inspiration was our Life Fellow, Dr. Kenneth Wical. Delighted to have found this tribute to Dr. Wical, I brought this publication to the attention of the Executive Council, and it was unanimously agreed to share it with all of you. It is reprinted here, beginning on page __, with permission of the Massachusetts Dental Society.

Quebec City Preview

Local Arrangements Chair Izchak Barzilay, President Ed Plekavich, and I

have been fine-tuning plans for May 2000 with the staff of the Chateau Frontenac in Quebec City. I think it is fair to say that if you enjoyed the quality and level of service of the Palliser Hotel in Calgary last May, you will be even more impressed by the Chateau Frontenac in Quebec City. The location of the Chateau is ideal and within walking distance of a multitude of historic, cultural, entertainment, and shopping opportunities. When you arrive this May, you will likely recognize the setting, as it has been described as the "most photographed hotel in the world".

Social events to please all will include an optional evening of exceptional French Cuisine. Although this is scheduled for our traditional "free night" on Friday, it is one event you will not want to miss! Unstructured time on Saturday afternoon will replace the group "bus journey" we have taken for a number of years now, and allow for individual exploration of Quebec City. On Saturday evening, for our group outing, Academy Fellows and

guests will be invited to attend "Les Folie's de Paris", a spectacular dinner theater/entertainment extravaganza a short ride from the hotel. (Note: President Ed has previewed this show, and rated it "excellent", with something to please everyone.)

Dues Statements and Guest Invitation Requests

If you have not yet received your annual dues statement by the time you receive this newsletter, please be patient. The dues records and collection system is being computerized this year, and as usual, this takes some extra effort. It is never too soon to start inviting your guests however, and the dues mailing will also contain a form for guest names and addresses. Your guest list can of course be sent to me at any time, and all guests will receive official Academy invitations.

Best Wishes for the New Year!

Looking Ahead to Quebec City 2000

By Dick Grisius

What city in North America makes you think of a visit to France? Why it's Quebec City, of course! And this year the Academy will begin the next century in this charming, European city located in Eastern Canada.

Such a beautiful location demands an impressive program and that is just what Dick Grisius and his committee have planned. The list of speakers mirrors our international locale by giving us presenters from the U.S., Canada and Europe. In addition, we have invited members of the Association of Prosthodontists of Canada to the meeting to share in our fellowship.

Speakers will cover a broad spectrum of topics from the link between periodontal and heart disease to the accuracy of laser welded frames, from computerized analysis of occlusion to the ergonomic use of a surgical microscope in prosthetics, and from implant supported restorations to the histologic effects of our treatment on the oral mucosa. Because it garnered so much interest last year, we will look further into the area of evidence based learning when Professors Jacob and Fenton lead us through a guided tour of the "McMaster Minds."

So you better mark your schedules now, this meeting is sure to be another huge success. See you in Quebec!

AP Foundation

Contributions and Memorials
should be made to the
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Foundation**
and sent to:

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Moral Exemplars: The Concept and the Consciousness

By Polly S. Sprague, D.D.S.

The following paper originally appeared in the Fall 1999 issue of the Journal of Massachusetts Dental Society and is reprinted with the permission of this journal.

Introduction

Dentistry has a story that needs to be told for the profession to retain awareness of its particular role in history, as well as a keen direction for its future. Most often the story revolves around people-people who stepped forward from the canvas of history bringing new skills, heightened compassion, and social awareness to those whom they served. These “dental ancestors” have shaped a legacy of ethical professionalism that today’s practitioners must continue to guard and to build. Guarding the legacy involves learning about the profession’s history. Building the legacy requires something more personal. It requires that the meaning of the term “moral exemplar” be understood, recognized, and emulated by individuals.

What constitutes a moral exemplar?

What makes certain individuals moral exemplars? Certainly it is something beyond their pure notoriety. It would be ludicrous to imagine that Mother Teresa would have accomplished what she did for the sake of mere publicity. There are qualities within some people which would cast them in the role of moral exemplar even if the spotlight of history had never turned on them. Their names would simply not be recognized, along with the multitude of moral exemplars known only to the families and communities in which they live and serve.

The first stage in discussing the meaning of the phrase is to clearly define the terms involved. What is meant by “moral,” by “exemplar,” and especially by “moral exemplar”? Certain parameters must be assigned to these units of meaning.

The most that Webster is able to help in the quest for the meaning of, “moral” as relating to a person is “conforming to a standard of right behavior.”¹ The meaning of “right behavior” has monopolized many minds over the centuries, but I will draw from the writings of the eighteenth-century philosopher

Immanuel Kant to assist in clarifying the concept. Kant wrote that “morality and humanity, insofar as it is capable of morality, alone have dignity. Skill and diligence in work have a market price; wit, lively imagination, and humor have an effective price; but fidelity to promises and benevolence based on principles (not on instinct) have intrinsic worth. Neither nature nor art contain anything which in default of these could be put in their place; for their worth consists, not in the effects which arise from them, nor in the advantage and profit which they provide, but in mental dispositions, i.e., in the maxims of the will which are ready in this way to manifest themselves in action, even if they are not favored with success.”²

Kant believed that dignified humanity should act on principles for the principles’ sake, not because of a particular outcome that might be achieved. His famous “categorical imperative” has been summarized by Wick so that “morality demands that we act on the sort of principles which, if adopted by everyone, would generate a community of free and equal members, each of whom would in the process of realizing his own purposes also further the aims of his fellows.”³

Kant’s thinking closely parallels Christianity’s “Golden Rule,” which says, “Do to others as you would have them do to you.”⁴ Consequently, for the purposes of this discussion, let “moral” mean conforming to a standard of right behavior, and right behavior be defined in the context of the Golden Rule within a reasonable and civilized society.

The term “exemplar,” once again appealing to Webster, is “one that serves as a model or example.”¹ An example is something which is to be copied or emulated. The preparations done in patients’ teeth are patterned after examples that were diligently followed in preclinical labs. Similarly, lives (often unconsciously) are fashioned after particular examples-people admired either for one special achievement or for an entire range of positive qualities. For people to become aware of who these examples are in their professional and personal lives is to take a large step in moral development.

To combine the terms “moral” and “exemplar” breeds a unique set of requirements. We are surrounded by people of admirable qualities, but what would cause a select few persons to be “moral exemplars”? I believe that it is in the seamless continuity of a mor-

ally motivated mind and the resulting positive actions that the seeds of a moral exemplar are found. The difficulty is in admitting that it cannot be known what another person’s motives are, except in the transparency of their activities and relationships. So we often know the “what” of a person’s existence, but have a much harder time identifying the “why.”

Recognizing moral exemplars

Various genres of literature attempt to unravel the “why” of individual lives. Anne Colby and William Damon, in their book *Some Do Care: Contemporary Lives of Moral Commitment*, have developed a set of criteria for choosing their subjects that would be helpful to adopt as a summary of this discussion. According to their criteria, a moral exemplar will demonstrate:

1. A sustained commitment to moral ideals or principles that include a generalized respect for humanity, or a sustained evidence of moral virtue.
2. A disposition to act in accordance with one’s moral ideals or principles, implying also a consistency between one’s actions and intentions and between the means and ends of one’s actions.
3. A willingness to risk one’s self-interest for the sake of one’s moral values.
4. A tendency to be inspiring to others and thereby move them to moral action.
5. A sense of realistic humility about one’s own importance relative to the world at large, implying a relative lack of concern for one’s own ego.⁵

The dental profession must recognize moral exemplars for the same reasons that individuals need role models and heroes. They create history and lend a sense of purpose and identity that can mold the consciousness of the individual and the profession. This is particularly necessary today as managed care is threatening to reshape the profession’s consciousness. Now, more than ever, there need to be dentists willing to set positive precedents in patient-centered care who will challenge those around them.

Dentistry needs moral exemplars; because they help to elevate the profession’s sense of responsibility toward the community. Moral heroes are well known for having an increased sense of duty toward their fellow men, or women, which carries them beyond the realms of normal duty. Kant sets out the primary, expected duty of man to love his fellow humans as follows: “The maxim of benevolence (practical love of mankind) is a

Moral Exemplars

duty of all men toward one another.”²

However, the level at which this is exercised can vary a great deal. Kant continues: “Benevolence in the form of general love of mankind is extensively, to be sure, The greatest possible benevolence, but intensively (in degree), the smallest possible... One soon sees that what is meant here is not a mere well-wishing, which is, strictly speaking, a mere complaisant regard for the welfare of every other person without one’s having to contribute anything to it (every man for himself, God for us all), but, rather, an active practical benevolence, which makes the welfare and happiness of others one’s end (beneficence). For in the wishing, I may be benevolent to everyone alike; but nevertheless, in the doing, the degree may be very different according to the differences in the persons loved (of whom one may concern me more than another), without violating the universality of the maxim.”²

Moral exemplars assume different roles

There appears to be room for interpretation regarding the exact applications of the duty of practical love, depending on the relationships between people. I believe that moral exemplars are people who remove the “depending on the relationship” clause and place themselves in a position from which they choose to be more equally benevolent with all humans. For example, rather than treating only those who are able to bring themselves into a relationship with a dentist based on ability to pay for services, the dentist opens his or her practice to those who are brought into a relationship based on need.

The technical term for such actions which rise above the call of duty is “supererogatory.” Supererogatory activities may be thought of as the opposite of “rock-bottom duties.” David Little has described them as: “acts of extreme beneficence ... are understood, by definition, not to be determined or sanctionable by other people. They are, in the deepest sense, gifts of self-sacrifice, and, like all true gifts, must (logically) be left up to the agent to give or withhold. It makes no sense to demand that someone else give a gift or to censure another person for not offering one.”⁶

So, while supererogatory behavior is not required, it is desirable and moral exemplars can serve an important role in inspiring it.

A further reason that moral exemplars are vital to both personal and professional de-

velopment is that in learning about the internal struggles that they faced, one can evaluate his or her own motivations more accurately. A classic analysis of the inner turmoil that may accompany decisions to make sacrifices or to act in an intentionally benevolent manner is provided by T. S. Eliot in *Murder in the Cathedral*, the story of the slaying of Thomas Becket, the archbishop of Canterbury, in 1170. At odds with the king on matters of religious principle, Becket knew that his life expectancy was short if he maintained his stance. Four tempters came to him, offering various compromises. But the fourth was the most subtle, appealing to his pride.

“Tempter:

*What can compare with glory of saints
Dwelling forever in the presence of God?
What earthly glory, of king or emperor;
What earthly pride that is not poverty
Compared with riches of heavenly grandeur?
Seek the way of martyrdom, make yourself the
lowest on earth, to be high in heaven...*

Becket:

*Is there no way, in my soul’s sickness,
Does not lead to damnation in pride?
I well know that these temptations
Mean present vanity and future torment.
Can sinful pride be driven out
Only by more sinful? Can I neither act nor
Suffer without perdition?”⁷*

Later, reflecting on the temptations that he faced, Becket realizes “The last temptation is the greatest treason: To do the right deed for the wrong reason.”⁷

Eliot has addressed the tension with which so many of life’s decisions are fraught. Becket, the Archbishop of Canterbury, while acting on principle at the cost of his own life, yet struggled with his motives. The intentionality involved in being a moral person is more than an act; it is a distinct frame of mind based on the decision to live by principles because they are right, not because they will serve self-interest in any way.

A moral exemplar example

The phrase “moral exemplar” wears many faces. One in particular, Dr. Kenneth Wical, is an individual I first met in removable prosthodontics as a sophomore dental student. When he learned my name, he immediately connected me with my father, whom he had taught this same subject to 32 years earlier. Dr. Wical’s acute memory is only one of the numerous tools that he has employed throughout his career of service. Other tools include a lively verbal articulateness, the ability to fix virtually any piece of equipment, an administrative ability, a pilot’s license, and above all, an unswerving commitment to be



of service in whatever circumstances he and his family encounter.

The primary reason that I have chosen to identify Dr. Wical as a moral exemplar is his willingness to set aside his own interests and to do

what needs to be done. Dr. Wical’s years of service to the Navajos have demonstrated a “sustained commitment to moral ideals or principles that include a generalized respect for humanity.”⁵ His desire to be a missionary pilot as a young man and his continued commitment to the welfare of those in his care imply a “consistency between one’s actions and intentions and between the means and ends of one’s actions.”⁵ Dr. Wical’s willingness to teach college math and science full-time for a year and a half, even though he wanted to start his own dental practice, demonstrates a “willingness to risk one’s self-interest for the sake of one’s moral values.”⁵

His unfailing kindness to students and patients in lab and on clinic is a continual motivation to learn and an inspiration to treat colleagues and patients with the utmost respect and understanding. His gentle authority, humility, and exceptional ability to teach have earned him the devotion and respect of students and faculty alike.

One evening I sat on an orange afghan-covered couch in the homey Wical living room, trying to uncover the “whys” of Dr. Wical’s path of service. He sat opposite me, his tall lean frame resting easily in the personalized black and gold rocking ‘chair given to him by the dental school at his official retirement. (I say “official” because he still teaches one, day a week.) His blue jeans, red plaid shirt, and large, capable hands betray a man of practical tastes and abilities.

While slow to discuss his many, academic achievements, Dr. Wical’s, face lights up and he speaks with warmth and animation about the years he spent with the Navajo Indians as an expanded duties dentist (responsible for all associated: mechanical, plumbing, and technical; tasks), pilot, and family man. As a

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Future

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tistry. In a presentation before the American College of Prosthodontists, Landesman suggested that Prosthodontics consider a name change to incorporate implant dentistry into its title. Perhaps we will soon be specialists in “Prosthetic and Implant Dentistry.” Although nothing is etched in stone, the proposal is one that is already generating considerable interest.

It sounds pretty good for Prosthodontics, doesn't it? Well, there are always a few dark clouds on every horizon. Academy Fellow Gary Goldstein describes his concerns about the number of applicants to training programs. In contrast to Oral Surgery and Orthodontics, the number of applicants to Prosthodontics has been shrinking. The fear is that fewer applicants to graduate programs results in less qualified graduate students. Since many programs accept a high number of foreign-trained residents and most of these residents ultimately return to their home, a lower number of prosthodontists will be available to train the next generation.

Many opinions exist regarding the applicant problem. Program length, income potential, perception of complexity of specialty, lack of understanding of the prosthodontic practice and the low number of prosthodontist role models have all been implicated as reasons for the difficulty in attracting graduate students. This is undoubtedly a multifaceted problem that demands ongoing consideration since the future of the specialty depends on a steady stream of highly qualified prosthodontists.

Where do we go from here? Probably our best plan is to make good use of our current leaders while we groom new ones for the future. The future is neither so bright that we have to wear shades nor is it so dim that we need infrared goggles. Instead it is somewhere in between. With diligent nurturing the specialty will continue to help our patients and provide rewarding careers for its practitioners.

Moral Exemplar

Continued from page 5

new 1956 University of Southern, California graduate, Dr. Wical spent two years fulfilling his Korean War draft obligation in the United States Public Health Service (USPHS) as dentist to the Indians of northern Utah and Nevada. He speaks of those two years spent flying between clinics as the fulfillment of his boyhood dream to be a missionary pilot. The next call that Dr. Wical answered came from the fledgling dental school in Loma Linda, California, where he spent three years as a restorative instructor. While there, he augmented his \$5,000-a-year salary with \$30 a month for taking 24-hour emergency calls for the school. An opportunity to serve the Native Americans in the village of Barrow, Alaska, drew the Wical family to the land of the midnight sun for a year. Next Dr. Wical was asked to migrate to Southwestern Adventist College in Texas to set up a dental assisting curriculum. Again: he set aside plans for a private practice and moved his family to prepare for the school year. After spending the summer developing an assisting program, Dr. Wical was asked to substitute for the college science teacher who was to arrive a few days late in the term. That substitution turned into one and a half years of teaching college and high school general science, biology, and chemistry.

Reflecting on these varied experiences, Dr. Wical believes that they were carefully orchestrated by the hand of Providence to prepare him for one of the most fulfilling periods of his career. Loma Linda University had received a federal grant to open Monument Valley Medical Center in Utah to serve the Navajos. The grant stipulated that the clinic directors meet very specific previous experience requirements. Dr. Wical was the only dentist available to Loma Linda University who met all of the criteria, including previous teaching experience, appropriate state licensure, and prior USPHS duty. So from 1966 to 1970, Dr. Wical oversaw the construction and running of the dental clinic, which served the Indians of southern Utah and northern Arizona. Senior students at Loma Linda University School of Dentistry (LLUSD) had the opportunity of spending six weeks at the clinic, and Dr. Wical was responsible for supervising their work in addition to operating the clinic.

One year of private practice in Moab, Utah, was followed by another call from LLUSD, this time to teach removable prosthodontics.

Before teaching the subject, Dr. Wical requested additional training in the specialty and was sponsored to attend the University of Washington, where he earned his MS in prosthodontics. Since that time, he has served LLUSD in many capacities, ranging from clinic director to didactic instructor.

Dr. Wical's career has brought him into contact with a wide variety of people and circumstances, but his aim has remained the same throughout: to treat patients, students, and colleagues with respect and as children of God. Dr. Wical does not consider any of what he has done to be noble or sacrificial. During a personal interview in 1996, he stated: “I never thought that I was making a sacrifice at the time; I was doing what I enjoyed.”⁸

Conclusion

People like Dr. Wical do not decide to be moral exemplars. In fact, the designation would surprise and embarrass them. But such people do choose to be honest, caring, and principled. They often set aside personal aspirations to fulfill better their larger commitments to their communities. As dental professionals we must recognize these moral exemplars and incorporate their experiences into our concept of the dental profession. Then we must each decide to reflect the light of principled compassion and professionalism into the dark places of human experience that surround us. Only in this way can the legacy of dentistry as a Patient-centered service profession be assured for the future.

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Outreach

by Jim Chandler

OUTREACH PROGRAM TO PINE RIDGE

This August, an Academy of Prosthodontics Outreach Team returned to the Pine Ridge Reservation in southwestern South Dakota. This reservation is home of the Lakota Sioux people. With an unemployment rate of 80%, it is one of the poorest areas in the United States.

Several theories exist concerning the origin of the great Sioux Nation. Many creation stories trace the nation's birth back to the Black Hills of South Dakota. Others say that the people migrated from Minnesota. Seven original bands of the Great Sioux Nation formed an alliance called the "Ocet Sakowin" or "Seven Council Fires". This confederation spoke three dialects, Dakota, Nakota, or Lakota. The Teton spoke Lakota. The people of the Great Sioux

Nation prefer to be called Dakota, Nakota or Lakota according to their language group. The term Sioux is a derogatory name used by the Chippewa and now widely accepted.

This year's team includes four Academy Fellows John Agar, Jerry Andres, Dave Brown, and Jim DeBoer who provided clinical treatment. Laboratory support was provided by technicians Ted Medina, Donna Morin and Charles Meneguzzo. Three residents from the University of Indiana;



Jim DeBoer, Jerry Andres, IU Resident Patchanee Ruguanganunt, Indian Health Service Dental Clinic Director Michawl Cangnri at Mount Rushmore

Patrick Vanderhei, Patchanee

Ruguanganunt and Wenona Burks and two residents from the University of Connecticut; Aiman Johar and Dimitri Perdikis assisted in both the clinic laboratory phases of treatment. During the week, the team delivered 47 den-

tures, relined 3 dentures and consulted with the clinic staff concerning several patients. The team would like to thank the Academy of Prosthodontics Foundation for its support at this outreach site.

If you are interested in participating at an Academy Outreach Site, please contact an outreach committee member.



Academy Outreach programs often require creative problem solving such as this outdoor boilout facility

One on One

By Donna Dixon

... with Dr. Jane Brewer

Dr. Jane Brewer, daughter of late Academy Fellow Dr. Allen Brewer and first female member of the Academy of Prosthodontics, was born in Rockford, Illinois. When only six months old, the family moved to Florida where her father was stationed. Over the next eighteen years, the Brewers moved several times. They lived in England, Southern California, Texas, and Germany before moving to Washington DC where Jane finished high school.

When she began college at the University of California at Berkeley, Jane had no particular goals in mind for her career although she related a consistent interest in health care that eventually brought her closer to dentistry. This happened when she rejoined her family in Rochester, New York to complete a degree in dental hygiene at Monroe Community College. Jane subsequently moved back to California where she practiced dental hygiene while completing pre-dentistry courses as Sonoma State College. Another return to New York allowed her to attain a dental degree from the State University of New York at Buffalo in 1978. After graduation, she worked for the Indian Health Service for one year at the Sells Indian Hospital near Tucson, Arizona. It was during

this year that she attended her first Academy meeting in Scottsdale. Perhaps it was genetic, or maybe it was the Academy meeting, either way, Dr. Brewer's interest in prosthodontics was piqued. She completed her postgraduate program in Fixed Prosthodontics at Buffalo where she continues to main-



Gary Alexander and Jane Brewer at the Academy reception in Halifax

tain a half-time faculty position. Dr. Brewer received her Masters Degree in Oral Science from Buffalo in 1985 and continues her research in differential colorimetric evaluation of ceramic restorative materials.

In 1994 she joined the practice of her husband Dr. Gary Alexander (also a prosthodontist), and continues to split her work week 50:50 between practicing and teaching. She stated that she

is more comfortable in her professional life now than she has ever been, and feels that practicing in the private sector has made her a better teacher.

Dr. Brewer fondly remembers her first Academy presentation given at the meeting in Corpus Christi, Texas. She notes many positive changes occurring within the Academy and is very pleased that the Academy is willing to embrace and encourage young prosthodontists who contribute significantly to the specialty. She is encouraged that many new members are both scientists and excellent clinicians. Dr. Brewer feels that dentists must be in a position to justify what we do for patients. With this in mind, the movement towards evidence-based dentistry is particularly encouraging to her. She believes that the Academy

can continue to play a major role in development of consensus on scientific topics and that this should continue to be part of our mission.

She and Gary have three children: a sixteen year old daughter and twelve year old twin boys. They enjoy family ski trips to the western part of the country and in their own local ski country of western New York.