During the first days of my presidency, it was not difficult to sense the air of frustration and apprehension that existed within the organization.

It was 1983 and the economic situation was bad. The number of dentists graduating was considered excessive, and a distinct pattern of "doom and gloom" existed. It was important to communicate and motivate the membership as they cried to the AAE for help. Fortunately, I was surrounded by a strong Board. I felt prepared. To reach out to the members of the AAE, the President's Message was initiated as a regular feature in the Journal of Endodontics, and to further close the information gap, the Communiqué was established.

The early articles called for input. The response was instantaneous, critical, and exhibited an air of apprehension, fear, bitterness and frustration. Five truly constructive letters stood out, and prompted me to change the Dental Care Committee to the Dental Care and Clinical Practice Committee. This was a perfect example of your Association responding to the membership. These additional five individuals were appointed to the Committee. I listened to their advice and counsel. All have served on the Board of Directors and two have gone on to become presidents, one will soon be president and another is assuming the role of his state's presidency. I urge you to voice your opinion. Feed the parent organization sound proposals. Your perception can become reality. It will not fall upon deaf ears. The AAE exists for the benefit of its members.

To personally hear the message of the members, I visited different areas of the country and listened. One late snowy night in Rochester, New York, I realized that effort must be made to enhance the unity of the organization and to establish a truly geographic representation of members' needs. Past presidents and present officers were called upon to organize state and district affiliates into a governing body. The AAE nominating process for directors was studied and restructuring was proposed. True membership representation was later adopted. Today, formal caucuses are held at the Annual Session and the president visits the affiliates to monitor that pulse.

Throughout the year, messages continued to focus on strengthening the image of the endodontist. Jerry Dietz was asked to organize a public and professional awareness campaign. The strength of that program was first evidenced by a 1986 survey indicating endodontic awareness had risen nationally from 9% to 12% in just three short years. Its profoundness was also demonstrated by the enormous response to the PPA Committee's program at the 1992 Annual Session in San Francisco.

One of the most frustrating problems we faced was the lack of respect given to the AAE by the ADA. In a July, 1983 Presidential Message I questioned the intentions of the ADA councils when they stated, "It is not in the public interest for the profession to be fragmented by the recognition of a multiplicity of specialties." I was appalled by the fact that a 50 page ADA publication on current concepts distributed at the ADA Annual Session contained one short article on endodontics and the quotes used were those of general dentists and ADA staff members. I was granted a hearing by ADA President Burt Press to plead our case before the Board of Trustees. Dr. Mike Heuer, Irina Kudo and I were cordially but dealy heard. When Ashur Chavoor finally said, "You don't represent endodontists; your group is made up of general dentists," it was time...

On the evening before the Board of Directors meeting, the Executive Committee and a few selected past presidents were called together to make a bold and daring move. I remember saying "If anyone does not wish to take the heat and the risk of severe criticism and revenue loss, leave now." The organization is deeply indebted to their courage and integrity. The plan was not to disenfranchise generalists or foreign members, but to have endodontists assume the role of specialty leadership within the profession. I dare say this played a major role in the recent re-recognition fight. Non-voting associate membership was established and the opportunity to maintain regular voting membership was offered and grandfathered. However, future voting rights would be reserved for those who were educationally qualified.

The one area that needs constant addressing is the AAE's ever changing posture with the ADA. The first denial for re-recognition by the Council of Dental Education and continued recognition of the AES certainly predisposes a positive relationship with the ADA hierarchy. A President's Message addressed that issue in 1983, stating, "Only 1% of AAE members are delegates or alternate delegates to the ADA. It is not a very secure feeling to realize how few votes represent endodontics." Although this ratio has increased somewhat, we must continue to be diligent in becoming involved with the ADA through our local dental societies. If we do not, we may face a more serious challenge when the re-recognition issue is resurrected.

See Arens, next page
Presidential Profile

Harry J. Healey
Past-President, 1955-56

Harry J. Healey was born in Indianapolis, Indiana. He received a Bachelor of Arts from Butler University before receiving his DDS from Indiana University in 1931 and his Masters in 1938. After completion of his undergraduate studies he served a one year teaching internship at his alma mater. He then continued his career in dental education and was elevated through the academic ranks to the position of Professor and Chairman of the Department of Endodontics at Indiana University.

Dr. Healey served as president of the Indianapolis District Dental Society, the Indiana University School of Dentistry Alumni Association and the Indiana State Dental Association. He was elected to two three-year terms on the Board of Trustees of the Indiana State Dental Association and to three two-year terms as delegate to the American Dental Association, during which he was most instrumental in establishing endodontics as a recognized specialty of the ADA.

Before serving as president of the AAE in 1955-56, Dr. Healey was chairman of the Publications Committee which was responsible for the preparation and publication of the Association's newsletter. He was also a Diplomate of the American Board of Endodontics.

A Fellow of the American College of Dentists, Dr. Healey served on active duty in the Dental Corps of the United States Navy, where he served 16 months in the Pacific Theater and was promoted from lieutenant to commander.

Dr. Healey was the author of the textbook, Endodontics, several chapters in other text books, and numerous articles in leading dental journals. He also lectured extensively to dental societies in all parts of the United States, Canada, Puerto Rico and other areas abroad.

N. Weir Burkman
Past-President, 1954-55

N. Weir Burkman was born March 13, 1905 in Redridge, Michigan, son of Conrad J. and Winifred Burkman. After attending Wayne State University and the University of Michigan for his predental education, Dr. Burkman entered the School of Dentistry of the University of Michigan, where he received his dental degree in 1929. In 1936, he returned to his alma mater as a director of a research group on "Physiology of Bone."

Active in organized dentistry throughout his career, Dr. Burkman was president of the Oakland Dental Society, served on the Board of Trustees of the Michigan State Dental Association and as treasurer of that Association for five years. He also represented his State Association in the House of Delegates of the American Dental Association and was president of the R.F. Sommer Endodontic Study Club. Dr. Burkman took great interest in practice administration and served through all the chairs of the American Academy of Practice Administration.

A frequent presenter before dental society meetings and study groups, Dr. Burkman travelled throughout the country presenting clinics and essays on such topics as endodontics, research, practice administration and physiology of bone.

A charter member of the American Association of Endodontists, Dr. Burkman held the offices of secretary and vice-president before serving as president in 1953-54. Dr. Burkman maintained a private practice in Birmingham, Michigan while teaching part time at the University of Michigan in Ann Arbor. He passed away in March, 1979.