REED'S INTERNATIONAL LETTER
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The old adage"*happiness is something that happens when you're not looking for it and occurs unpursued*" perhaps this among other things leads us to want to put it out of mind.

## HAPPINESS

In dentistry, the intensity of the involvement is, I believe, enhanced exponentially when the celebration of happiness achieved is added to our other "rituals" in life. To put more happiness in life, intentionally, is supported by the research reports on the immune system. Recognized physicians include Bernie Siegel. When we review those who admonish us to be a *whole person in a broken world* (via Paul Tournier). . .to *hang loose in an uptight world* (via Ken Olson). . . to indeed celebrate happiness when we do have it occur in our lives, or to even focus on putting more (happiness) in there.

Keep this resolution in your life and your immune system will improve, resulting in a healthier, more prosperous experience.

Viktor Frankl is the "attitude man". . . we can't be victims when we have choices, and we can choose what attitude we bring to every situation. So, change your attitude about your tasks, your chosen professional involvement and your colleagues.

If you find yourself stuck in a job you dislike, change where you do it, or to change it altogether is not a bad idea.

There is a n observed checklist in those who enjoy success and I see happiness in them. That checklist is passion for what we do, a belief in who we are, strategy in the game we play, clarity in our values, energy by choice, bonding power with people in the game, and an absolute mastery of communication.

The new world is for the articulate.

This seven point checklist helps to enhance the happiness in life. Mary Anderson, a recent "escapee" from dentistry, when reviewing this remarkable "traits for success" checklist said, "I simply flunked out on the first one and that was enough." So she made an effort to switch out and, as fortune has it, sold her practice and is now on a five-year sabbatical, intentionally using the principle to rediscover.

Frankl would say, definitely, "if you can't manage this transition, select a different attitude toward your tasks and the people with whom you work." I believe one of the givens is that we listen to tapes, we read uplifting books, we talk to and spend time with inspiring people and we begin to behave like the person we'd like to be. The more we practice the happiness of our attitudinal choices, the better we will become in reversing the conscious moods and the unhealthy feelings that come with them.

I believe it's important also to manage time. When we choose to invest ourselves in projects and hobbies we enjoy, our blood chemistry is altered almost immediately in a positive way.

Carl Hammerschlag's comment about Mother Teresa and the study done on college students,

their salivary immune globulin count after an hour and a half of watching love in action in a movie commemorating Mother Teresa, with no other changes. . . a remarkable leap in the positive immune system responses of a cross-sectional group of students.

Happiness is bound to increase our resistance to infections and life-threatening diseases at a time when we need all the help we can get. I believe it is very important to engage in activities that help us lose track of time and I notice, on my off-time, everything from washing the car to working in the yard, painting the house, riding the Harley, tinkering with the Mooney, exploring internet and having time be of great value as I don't specifically track it.

I believe failure is a state of mind. When you fail to live up to your expectations, or those that others have of you, to dwell on that and to feel terrible about yourself is a choice. I find that you and I can choose to never feel this way again by thinking of failure as a new direction . . . a small opportunity that leads to good things. Convert the "f" in failure to an "f" that stands for feedback. That's what it's all about.

We learn from upsetting events and then move on and it makes us happier and healthier than if we do not. If you catch yourself in a failure, remember you can always serve as a bad example. There's a use in this life for everything, even failure.

Moderation in all things. . . even abstinence.

We can derive good from everything and as Frankl says, see humor, even in unhappy life events. This all means, of course, that we must be in touch with our feelings. We are extremely adept and adaptable and often repress issues with which we'd rather not deal.

In the morning when you get out of bed, take out all your fears, pick a big one intentionally, and deal with it. We need fear to move us in life. It is a prime mover and it can be extremely positive and useful. Rather than distracting ourselves by cramming busyness into our schedules that precludes our getting at the root of what makes us unhappy or anxious, we now use fear as the fuel and the energy and burn-out becomes the after-burner of success. I believe we have the power, personally, to get in touch with our feelings in sufficient quantity to discover and heal the source of our psychological pain.

Many of my friends keep a journal as a way of keeping in touch with their feelings. To record privately for themselves how they feel. Jot down anything that moves you as the day progresses, whether the events are happy or negatively upsetting. At the end of each day, as you do the inventory, you can remember how you felt at specific times and what may have caused those feelings and add also that to your notes.

The next time you want to feel happiness, go where you were, be with the people, do what you did the last time you were happy.

This has been shown to provide less stress and improve the immune system of those who do it. Morris Massey, in his studies of **Who You Are is Where You Were When** mentions that people treat their children as if they were Pets. They clean them up, put them in a cage, take them out

of the cage, feed them, clean them up and put them back in the cage. . . and do so with a loving touch. Many of us have trouble treating ourselves that well. We don't forgive ourselves, easily, for the mistakes we make and we seldom give ourselves permission to be really happy and enjoy life. I guess there are several questions that could be asked. Would you allow your pet to smoke? Or hit the sauce too hard? Become obese? Or ignore exercise, good food, occasional treats, and enjoyable "toys?" Or would you give your pet lots of hugs and express your love and concern and fully and deeply, warmly enjoy the presence of the pet.

I believe it's wise to set aside the fear of dying and get exercise, eat properly, enjoy life because you care enough about happiness in life and yourself to do it.

Enjoy the beautiful things in life, pause for a sunset, enjoy a sunrise and love yourself enough in life to set aside guilt. A positive way to express to yourself the power you have is to take a day off from work, unexpectedly, because you're in charge of you. Go to the movies. Lighten up. Spend some time playing.

It's also true that people who help others several times a week seem to live longer healthier lives. So, when you volunteer to help, it improves your emotional physical well-being and gives you a natural high.

Take a look at your children or grandchildren as they play. They are able to see the silly side in almost everything in life. Frankl's seeing humor in standing nude in a blowing snowstorm in the middle of the night in the courtyard of Auschwitz, not much, but enough to keep thinking is my ultimate example. I certainly see enough humor to get through the ordinary hassles and crises that I face and I choose to enjoy entertaining movies and programs with the full appreciation and belief that they boost my physical immunity.

We spend a seventh of our lives on Monday and if hatred and pain are part of our experience, our bodies will release stress-provoking chemicals before we can even get where we're going. I strongly believe that this reaction can be neutralized by choice and on the way to the office, put on a humorous tape and continue to look for the humor in life, particularly in the first person you meet when you get to the office. I believe it is critically important for us to decide which "labor" pains we're willing to experience in order to give birth to self.

Some people have coronary attacks!

The fun that we have in life can be accelerated as we continue to horizontalize" the old pyramidal power structure of the industrial scheme.

Bring the doctor off the power point of the pyramid and intentionally putting everyone on the same plane, letting leadership emerge, situationally. I believe that, as a team, we recognize our mutual strengths to be derived from individual strengths, particularly when we deal with each other in an open, honest and fair manner, based on respect and understanding. This helps each other to know that the tasks each of us spends most of our the in doing are important contributions to the whole. Happiness comes when we seek to expand our potential

and our skills, learn grow and change. To sit back is a set back. Flexibility is important if we're going to support and complement each other in our efforts. We do need to take risks and the possibility of failure is always present. Enjoy it. . . with humor and learn from it.

In this horizontal structure it's's much easier for everyone to motivate, lead and coach, so each of us can do our best. When we have a clear understanding of the expectations, we can find happiness in meeting or exceeding those expectations. One of the most contagious things in life is a positive attitude, second only to a negative one. As the old saying goes, "clean minds, clean bodies, take your choice." Identify and use the one of choice as reasonably that's what's happening anyway. Might as well consciously move toward the positive.

When conflict is recognized, conflict resolution is in order. With the people coming for care, or with the team. . . work at it. In a recent experience in Toronto at the Marriott, I observed a very large farmed document on the wall of the lobby and it had to do with how they saw the people coming to their hotel for the services and products provided by that institution.. Much like the book, **The Customer Comes Second,** philosophy, Bill Marriott Jr. has adopted this *team first* attitude.

We as a dental team can't provide five -star service unless we have each of the members of the team known and recognized and dealt with as a partner, not only in identifying issues, but in creating resolutions. We must understand and support our varied values and visions in order to complementarily provide the initiative for five-star service. In this large signed by everyone on the team document under glass in the lobby was the large word "vision" followed by these words:

We the Associates of the Toronto Airport Marriott Hotel commit to an environment that will result in. . .

- Total Associate Satisfaction (you see, they deal with each other not as employees of a company in a pyramidal understanding, but as horizontal individuals and they use the word associate to describe that position.)
- Ultimate Guest Service, and third
- Maximum Profitability.

How would you like to have those three things displayed in the reception area of your dental office. Is that really what your vision is all about? Why not let people know? Wouldn't you like t o visit a physician who was economically independent because then, as Harold Wirth used to say, you can be assured that he's going to be technically excellent. Yes, I believe it's supportably true that technical excellence is preceded by economic independence. The track, the attitude, is indeed that an "in the black business" is able to provide quality and excellence far in excess of the stranded, strapped out of scarcity mode.

After those three bullets the documents went on to say, we will achieve this by:

- Respecting all associates as equal partners and ensuring that the guaranteed of fair treatment works for all.

- Opening lines of communications to have a better understanding of the roles and responsibilities of all associates and departments, creating 1005 teamwork.

- Providing all associates with the proper resources and equipment to perform a quality job.

- Providing continuous training and cross-training for personal growth and team development of all associates.

- Using empowerment and problem-solving techniques in the quality process to set ourselves above the competition.

- Providing continuous feedback and constant follow-up to measure our performance and achievements.

- Recognizing and appreciating a job well done.

- Identifying and exceeding our guests' expectations with aggressive hospitality.

Notice that only the last one has to do with the guests coming to the institution. Isn't that remarkable?

I went out and talked to the door man. I said, "what is this associate business?" "Oh sir," he said, "that is how we see each other." "Does it make a difference over being just an employee in an organization?" He said, "You bet! We see it with enthusiasm and it makes a tremendous difference."

I got the same answer from the doorman at the Marriott in London. I find everywhere I go the front deskless concept that Bill Marriott has provided creates a sustainable competitive advantage for Marriott, In my opinion, in personal services. Others may catch on, but they'll never catch up. I walked in that night in Toronto and a casually attired, attractive young woman walked up to me and said, "May I help you, sir? Are you checking in?" I said, "Yes." "May I have your last name?" I gave her my name, she reached over to a rack well away from the front desk where one would ordinarily queue up for registration and she said, "You're all set, sir. Your key is here, would you like help with your baggage." I didn't even get a chance to queue up and officially wait at the front desk, which has traditionally served as the barrier to traffic in most hotels. **WOW!**

I whisked off and on departure pushed "enter" on the room computer screen and left, smiling, with a new key for my collection.

What I want to prescribe for you is to again read the reader-friendly text by Faith Popcorn, the Popcorn Report. She's coming out with a new text called "Clicking" and I would recommend you don't miss it. It has to do with what you do with the mouse when you decide to move from one place to the other in Internet which also most of the time takes a person into a world that's new and unique. She has a way with her message. I believe in this happiness game we're talking about it's easier to get forgiveness than it is to get permission. (Take a look at that one.) I have a word for your vocabulary. . . *havitude*. Defined as a heartfelt mind set one can choose to embrace that channels the power to achieve

health, wealth, wisdom, happiness and peace of mind. . .higher self-esteem and a sharpened charisma. Does that put a smile on your face? I'd like to have that happen. I have a quick ten-point checklist that will relieve guilt, hone intent and in many produce a tweak of happiness. Put an affirmative answer to these questions by arranging to positively create an answer to these wants.

1. Do you have a ten-year plan? Mathematical progression and taxwise lifestyling. . .profitless prosperity demands this simplistic.

2. Do you have, therefore, a business plan and budget for 1996?

3. Have you a clearly defined independence day?

4. What is your gross cost per net per day per chair? If you have switched over to the new language and thought process of the non piecework fee schedule. . . fixed and variable per unit time.

5. Have you taken a look at team retention. Who's the next person to leave? Could you manage by attrition and not replace that person? And still accelerate your productivity per unit time.

6. Do you have a baseline new person experience that expresses thoroughness?

7. Do you have a wellness quality and excellence standard of care which precludes some people because it's not for them?

8. Have you done your top one hundred profile? To understand the quality and personality of your target market. . . the things that make you happy.

9. Do you consider yourself the painless, on-time dentist? Both at the office and at the home.

Sort those out. Take a good look at the long-range, it helps the short-range. Focus. Long-range planning, as you know, does not deal with future decisions, but rather the future present decisions. Dwell on that for a minute. In moving toward happiness, another checklist comes to mind. It's a how to, tactical checklist, so it will appeal to those of us in dentistry who insist on tactics, reward as a repeat cycle where we disengage.

1. Define the desired result.
2. Set the guidelines to achieve this result and model the result.
3. Identify your resources.
4. Identify the deficiencies in resources necessary for this pilgrimage. Hopefully, it's a package of objectives, the means to which you must generate because they're not presently at hand.
5. Identify the tasks necessary to achieve the desired result.
6. Identify the people who are willing and able to succeed at these tasks.
7. Define the consequences that delay failure and the modifiers of success so they are anticipated.
8. Review. What are we trying to do?
9. Are we getting the job done?
10. Does it produce the desired result.

Sure, it's tactical, but man! Does it work!

There's a price values ratio in life. We get the things we want for a price we choose to afford. This is totally applicable to happiness. Some always know the price but never know the value. Isn't that so? I think that, in this life, we must remember that not everyone needs everything. We can do anything we want. . . we can't do

everything we want. So lets, as Frankl says, choose. We do have choices. **People who fear the future can listen but they can't hear.**

I guess happiness for me is to forgive, forget and move! And to remember that less is more in lifestyle simplification.

The philosophy and structure of light-heartedness is the health of happiness in dentistry. . . or life. A conscious choice of attitudes, situationally. . . recognize that stress is essential to make things go. . . so transfer distress into eustress. Intentionalize peace of mind in the presence of crisis. Flush administrivia!

Time is a great teacher, but it kills all its students.

How about a new challenge as a team. . . we have the desire to serve, the ability to perform and the courage to act. . . wow!

So, remember that even a dead fish can float down stream and get on with it. Problems precede change so I'm not at all surprised when they appear. They're merely opportunities and I'm happy when I find them.

A recent tape cut by Viktor Frankl makes an excellent benediction to this blurb. "God exists on a plane above us. . . a higher plane. . . above biology.

"I cannot know this, but I can choose to believe it."

I'm reminded here "If you cease to struggle to understand, you can know without understanding." Frankl goes on to say that religion is not man's search for meaning, but man's search for ultimate meaning. To believe in something or someone, does not simply mean "I do not know that something or someone." Believing is not knowing without the reality of what is known. Believing always includes the known, but believing also means a reality of what is thought of.

According to my own definition of believing. . . of faith. . . all possibilities are possible.

I adopt as reality the position I'm inclined to believe rather than other choices. This decides whether I go beyond knowing into the realm of believing.

To me believing means "thinking plus the existentiality of the thinker."

Any comments?

# NEWS & Views

If you missed the People w/o Perio meeting in Phoenix in March, there's another in September, 26-28. If you've participated in the past, two or more years ago, it's time for an update and a renewal of excitement for the challenge of better caring for those people who trust you with their oral health and wellness.

And if you've been having a rejected feeling by those who come to you for care not accepting that which they want/need, join us for an opportunity to increase your skills in treatment planning, consultation, presentation . . .and acceptance, March 28-30.

The New Zealand experience: August 22-8 September. (Dental Conference September 4-8) We'll leave Los Angeles on an overnight flight, we'll spend the night in Auckland, travel to Christchurch for three days, then downward to Queenstown for skiing, fly fishing, hiking, rapids running, etc., then upward to Rotorua for the Dental conference. Tax deductible! (A side trip will be offered to Sydney and Melbourne.) Final details, including tuition, are being confirmed.

We're definitely going to South Africa in 1997. The Congress is 17-22 August in Sun City. No terms have been arranged except that we'll travel to exotic places either before the Congress or afterward. So watch your mail and mark your calendar!

It's rewarding to have young dentists, male and female, in togetherness with Napili. We all learn. . .even those of us who have been "practicing" (when will we get it?!) for lo! these many years. Napili is 35 years old! Hooray! And we're still learning. . . you and your friends add to our challenges and opportunities. Never too young/old for communication, motivation in the People Game - Dentistry. Join us for Napili 101, April 18-20!

## We Love These Letters. . .

Peter Island, BVI

Dearest Kary,

"This is the first opportunity I've had. . .to write to express my gratitude for your generous birthday present. . . clean, sparkling teeth! All of them!

Thank you so much for being such a dear. I count my blessings over and over when I think how lucky I am to have found you and your father. Besides your professionalism, your knowledge, and your expertise, which are insignificant compared to what a delight and a joy you truly are; I'm pleased just to know you.

I was at the point, until I met you and your father, where I felt totally lost. My family physician had retired a few years before and I hadn't found anyone I liked; my gynecologist and my dentist retired; and now my father is retired! Every new doctor I saw was impersonal, impolite, and the first office visits were unpleasant. . . not like we treated our patients, not like my "old" doctors treated their patients. I was at a precipice where I thought all of medicine and dentistry and the health services were just in it for the money. I was darn close to the truth, too. Ta da! Then I came into your office and received a more than royal greeting that morning, met lovely people, was treated like a person. . . and have consistently received excellent care. Thank you, sweet Kary. That's just one of the reasons I think you are so spectacular.

Love, Tia"

"P.S. Skippy's cough is worse, I'm lost without Dr. McEuen. I feel the same way about the specialist vet we saw as I do about most of the health care providers. Got any ideas?"

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## Restructuring of American Health Care

In regard to American health care, prior to rambling into some of the ideas that I find appropriate, after having spent considerable time these past two years in the UK watching as the personal, private care dentist emerges from the National Health Service, I'm ever more reminded of the power of personal care in any of the health care industries.

Since dentistry has been declared, by our Congress, as a non-essential health service and we're cloistered monastically in our funny little offices about the country, we're much less subject to "organizationalisms" than our medical brethren, for whom it's already too late.

In brief review, in the revolution in health care, it's obvious that this is the *golden age* in medicine in diagnosis and treatment. . .the crisis is in its economics which is near the medieval. The traditional hospital/physician relationship will not stand the pressure of the marketplace. The need for change is real.

Politics is the accelerator, economics is the engine.

The magnitude of the crisis is clear when we realize that hyper inflation in health care and the demographic "graying" of America focuses on the 3,000% of change that we've experienced in the last 40 years of medicine.

In 1954, of diseases that were fatal, some 60% are now completely either curable or out of the picture. This has a great deal to do with the *seed in the soil* or the specific diagnosis position that we've taken. We recognize that Coke's postulates and the scientific method are somewhat flawed and that psycho-neuro-immunology plays a remarkable role.

We must, and obviously do, recognize the immune system and its fluctuant state, the psycho-neuro-immunology of life as being major factors, however unpredictable.

Who is responsible in this magnitude of crisis? The doctor? The hospitals? The people coming for care? Or the insurance companies? That quadrangle is indeed a remarkable one, is it not? Test cases for malpractice, unrealistic right of expectation from the people coming for care, the technical responsibilities of the tools available for diagnosis, the effects on American business in a global economy where economic cuts in research and development are threatening near break-throughs we have in the technology. . . this all rattles our brains.

The economics lessons of the 80s certainly might be a reminder, if not a model for change. When we have a cost-shifting as a result of our growing elderly, the question is, Who will pay? We talk about cost efficiency and cost-shifting and I wonder if these aren't synonyms in our society for rationing of the care that can be made available. I have a serious question as to whether or not *managed competition* is a catalyst for change through legislation. *Managed competition* seems to be one of the propositions we're hearing from the politicians. It doesn't

promote a positive tactics/reward equation over time in the people playing the game. . . too bad!

I believe the outstanding question is, "Can the physician/patient relationship be preserved when we see integrated health care systems forming as a result of economic competition and/or compression.?" **I believe not!**

Merging of medical professional corporations and the integration and partnerships of hospitals where groups of medical doctors numbering three to four hundred merge to co-labor in providing services is not uncommon. Hospitals are merging as partners, not competitors, in an effort to capture major health contracts. Incentive plans come from funding the philosophy of volume which is somewhat a question. If indeed value is more important than volume and piecework focuses on volume, perhaps it's true that ownership on the part of the physicians is an attractive force in this co-laboring period.

I hope it's not too late.

If indeed medical service organizations were to insist on economics based on value not on process, then the question is What tests or treatment should be accomplished? And what tests or treatment should **not** be accomplished at all? Are we going to place the initial care in the hands of primary care physicians where value-oriented practices have been the focus? Where proven rather than assumed necessity and quality in care are the competitive edge? Or will the buying pools of service/care flex their "volume"muscles and indeed overshadow any values based program?

Capital is a great equalizer. National health care standards, from a political point of view, are influenced by a president who says I will veto any bill that does not give universal coverage of at least limited benefits. Indeed economics will rule. Changes are real. Changes are coming and incentives load the changes. We hope that value in health care will rule, however, the muscle of the marketplace and the almighty dollar may continue to overwhelm the personal nature of care.

It is mandatory, in my opinion, to maintain a person-related model where private, fee for service and for care are real. When one separates the transition of power (money) from the person who receives the care, the impersonal nature of the care is bound to abide.

The question in medical care in the U. S. is. . . "Are we a *Switzerland* holding out for private personal services or are we going to be a *Poland* between Russia and Germany in regard to the compression we experience in our medical care fields." This, of course, brings a real focus on the American Dental Association and who we are as dentists, and what the ADA does (or does not) for us. I'm enclosing, as an addenda, the August 1 memo to the state society presidents, executive directors and executive secretaries from the council on dental benefit programs. The subject is the changing dental benefit marketplace. Please read it carefully. Each of you will, because of the nature of your own background, understand and read in to it something different. For me and my house, it does tell me what the ADA is NOT doing in regard to personal care, private care and the economics of our society.

I am historically a part of significant transition in dentistry in regard to preventive interception, the process of continuing education in dentistry and feel that I have been at least on the cutting edge of change and growth in this game we play. The last 40 years have been good to me and I love the profession.

I do, however, at this point feel totally overwhelmed in regard to any interest I might have had at any point in my career in regard to changing the multi-faceted bureaucracy that is the American Dental Association. I am frightened and appalled at the way we have seen "our" organization handle the amalgam/mercury situation, how it's handled, the AIDS situation and its willingness (or unwillingness) to support its membership in a number of areas where socio-politically an organization would be expected to at least speak. Suffice it to say I don't expect a great deal of help in regard to the private care situation coming from our the American Dental Association.

All these years we have not had dental insurance. Insurance is a risk pool for catastrophic events. Dentistry is not a catastrophic event, never has been, never will be. . . but a discretionary event, a choice on the part of the person we call the patient.

We as dentists don't have anything that people need; they buy from us what they want, whether or not they need it. (And often *in spite of us.*)

Studies have been accomplished on people in the workplace with some teeth, all of their teeth and with no teeth. UK dock workers, when studied conclusively, showed no difference in work ability, wellness and/or social position in this range of dental possession. So is it in America. . . except for social position. We don't have insurance in American dentistry. We have co-payment programs that allow the "middle man" to take money from both the person coming for care and from the dental team. . . and we think they're doing us a favor! I'm reminded of Burt Press's comments about the great salvation the insurance game brought to the average dentist. Hmmm!

A platform of respectability has been provided this middleman monetary scheme by our national, state and local dental societies. Has any one of them suggested a report on the increase of cost of delivery as a result of insurance companies doing the treatment plans for our people while we do their paperwork? Or how diagnosis and treatment parallel allowances programs provide?

How about insurance companies buying dental practices, lock, stock and barrel? Any one talk to the dentist in New Prague, Minnesota who is a former Delta board person, why he quit or how he feels about Delta after having been "inside?" What's the ADA "connection" with providers?

Since most dental schools do not provide either *Economics 101* or *Behavioral Sciences 101*. We are unaware, insensitive in these areas. We could live nicely on the "float" enjoyed by insurance companies. . . at the expense of the persons coming for care and their dental teams.

Land of ~~the free~~? Home of the brave? Free enterprise, anyone?

Omer

# NEWS & Views

Doctors with sons/daughters now practicing with you and/or new team persons, including an associate: Napili is offering the "101". . . a basic philosophic workshop which is the application of the behavioral tools of communication, motivation, felt needs orientation, values-led lifestyling, active listening, accelerated practice (the *controversial* counter-clockwise crown prep, inlays/onlays at the amalgam fee plus the lab fee to double your net), auxiliary delegation, front desklessness concept. Whew! All in three days, April 18-20, in Phoenix. AGD approved for 22 hours of CE, Tuition is $990/doctor, $220/additional person.

Did you read the article in **Forbes** magazine about Michael Jordan et al on the subject of *Charisma*? It boldly stated that dentists don't need it. Balderdash! Join us and our guest clinician, Carl Hammerschlag, to discover the importance of charisma and why/how you can identify and enhance your charismatic skills. The date is 16-18 May, here in Phoenix.

Watch for news about the summer meetings. Team First, Microscopy and then in September, after school is underway and life has settled down on the home front, we're offering the People without Perio workshop here in Phoenix. (26-28 September)

Meantime, the Napili/Pentegra team is busily doing on-sites in North Carolina, Iowa, Texas and the Uk. The team symposium featuring a unique team selection instrument and two exciting speakers in regard to ergonomics, carpal tunnel, etc. Great time to be alive, and a great profession in which to be involved.

**Some Random Thoughts on Taxation**

Americans everywhere are now in a daze from *intaxication.*

Every year around April 15 Americans have a rendezvous with *debt.*

Ours is a democracy where the rich and the poor are alike; both complain about taxes.

A fool and his money are soon parted. The rest of us wait until income-tax time.

It's a mistake to believe that government can give things to some people without first taking it away from others.

Don't you long for the "gold old days" when Uncle Sam lived within his income and without most of yours/

When making out your income-tax returns, "it's better to give than to deceive."

Income tax is the fine you pay for *thriving* so fast.

We may need a tax reform, but it seems we need a lot of spending reform, too.

Taxation is based on supply and demand. The government demands, we supply.

You really can't beat the game. If you win anything, it's minus taxes. If you buy anything, it's plus taxes.

We all get excited these days about paying taxes because we never know which country our money is going to.

E. C. McK, via NVZ, thanks!

Dental News
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Dr Reed - "FYI"

Kevin Norige

# Delta Changes Inlay Processing Policy

Delta's Professional Review Department is responsible for determining coverage for a number of procedures, including periodontal surgery, prosthodontics, and major restorative services. While we were in the process of updating the guidelines our consultants use to govern our benefit determinations, we found several things:

• We found that dental research and the practice patterns of the dental profession clearly demonstrated that the proven material for posterior restorations is amalgam, or silver fillings. That makes amalgam, rather than inlays, the standard of care in those cases.

• We also found that amalgam restorations are less expensive than inlays, and our groups' programs specify that benefits are provided for the least expensive treatment that is dentally acceptable.

• And although some people prefer inlays for cosmetic or personal reasons, cosmetic dentistry is clearly excluded under our programs.

"BLANKET" ⇒ NO INLAY BENEFIT

So, effective November 1, 1995, Delta Dental Plan of New Jersey is revising our policy to reflect these findings; and metallic, porcelain, or composite inlays will receive a benefit of the appropriate amalgam allowance rather than a benefit for the inlay itself.

As always, our payment toward an amalgam can be applied toward an inlay if a subscriber chooses that more expensive alternative. In those cases, he or she is responsible for any difference between the cost of the amalgam restoration and the cost of an inlay.

When teeth are extensively decayed or fractured, cast metal onlays and crowns and porcelain fused to metal crowns remain the standard of care and continue to be covered.

From time to time policy revisions such as this are necessary to ensure that covered treatment continues to meet current standards of care. If you have any questions, please contact our Professional Relations Department at (203) 878-9474.

# Routine Radiographs Not Recommended

With the increasing concern over x-ray exposure, Delta Dental Plan of New Jersey does not recommend taking radiographs on a pre-scheduled basis. Instead, they should be taken according to the individual patient's needs, according to a 1988 FDA publication on guidelines for the frequency of dental radiographs.

Under unusual circumstances, such as high caries rate or other high risk factors for caries, more frequent x-rays may be necessary. However, under most circumstances the following recommendations will apply to many of your patients:

• Bitewing radiographs - children, to age 18 provided as required by the dentist, but not more than once every six months.

• Bitewing radiographs - adults, over age 18 provided as required by the dentist, but not more than once every 12 months.

• Complete mouth radiographs - as required by the dentist, but not more than once every five years.

Delta is asking the dental community to voluntarily comply with these parameters, guided by their

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DELTA DENTAL®
Delta Dental of Rhode Island

September 25, 1995

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Are these people you can trust?

# Important Notice to Dentists

We wanted to let you know that **Delta Dental of Rhode Island has filed an antitrust action against Blue Cross & Blue Shield of Rhode Island.** Filed September 21 in Providence County Superior Court, our suit contends that **Blue Cross is violating the Rhode Island Antitrust Act by engaging in predatory conduct in the dental benefits marketplace with the intent to eliminate competition in that marketplace.** The suit seeks injunctive relief against Blue Cross' anti-competitive activities, together with triple damages, a remedy provided for under the Antitrust Act.

The suit charges that **Blue Cross has reaped windfall profits** in excess of $30 million each year for the past five years **on the company's medical and surgical lines of business** and that the funds the company holds in reserve have swelled to $137 million. The thrust of our antitrust claim is that **Blue Cross is using these windfall profits from its medical and surgical lines of business to illegally subsidize deliberate, planned losses amounting to millions of dollars on its dental line of business instead of reducing rates to Blue Cross' medical subscribers.** Our suit contends that this illegal cross-subsidy is used to underwrite a predatory pricing scheme whereby **Blue Cross prices its dental product below the actual cost of that product with the intention of eliminating competition in the dental benefits market** over a period of time. We believe that this conduct by Blue Cross constitutes an attempt **to establish a monopoly for the purpose of excluding competition or controlling, fixing or maintaining prices.**

Our purpose in filing this lawsuit is to preserve competition in the dental benefits marketplace by blocking Blue Cross' attempt to abuse its extraordinary market power and reserves through predatory pricing. We have requested a trial by jury and have simultaneously filed a formal complaint with Attorney General Jeffrey B. Pine and Barry G. Hittner, Director of the Department Business Regulation. We are preparing a similar complaint to the United States Department of Justice.

We will keep you apprised of further developments on this case as it progresses through the judicial system.

REED'S INTERNATIONAL LETTER
2999 North 44th Street ❖ Suite 650 ❖ Phoenix ❖ Arizona ❖ 85018 ❖ 602/852-0956

## The Message. . . Dr. Hal Meador

"On the way to the seminar on Saturday morning, I told Omer about an incident that occurred at home (in San Antonio) after a long-time good friend/dentist of mine had taken a course in soft tissue management and had become very zealous in his efforts to stamp out plaque.

"One of my octogenarian patients of record (about eight years) who had been very stable since original treatment, was in his office and he found plaque on her teeth. . . a considerable amount of plaque, more than I would like to see at any time, for sure.

"But, he made a really big deal about it and so impressed her and her daughter that the daughter came to my office and made a big scene. She told the "whole world" how bad I was for having neglected her mother in such a shameful way. It was a rather unnecessary incident.

"Needless to say. That type of thing is always bothersome. When Omer related the story at the seminar, it kind of stayed with me. I woke up very early the next morning with it on my mind. I guess it was guilt for having a paradigm that accepts grossly detectable plaque levels on patients.

"I have another patient, a female pathologist, octogenarian on whom we score plaque in millimeters because it's been 100% dirty for the 35 years I've known her, but x-rays back to 1935 have shown no bone loss.

"I guess the combination of the desire to be accepted by peers whom you admire and the natural, basic *over-achiever* drives caused me to go back to some significant emotional events that have shaped my paradigm regarding plaque.

"When Tim O'Leary was president of the Academy of Periodontology, about 1977, he appointed a special committee to develop parameters to determine the success of periodontal therapy. Other members of that committee that I remember were Sig Ramfjord, Bob Gottsegen, Jim Tobias and Jerry Bowers.

"The initial list of parameters included probing depth, recession, smooth roots, plaque scores, bleeding on probing, gingival index, purulence, mobility, bone levels on x-ray, etc.

"At that time I was about 25 years out of school and 17 years into perio and had long been aware of the difference between private practitioners and academicians. There's just not a *right or wring* issue; it's simply a fact.

"But I was first surprised, shocked and amazed, degraded and. . . accepting (Kubler-Ross was yet to come) of how the academics seemed to regard this list with a seemingly uniformitarian value system.

"I say this because some five years before, which was 12 years in perio, I had seriously questioned the therapeutic laundry list that had been passed down to us as perio graduate students. It was as a result of that self-evaluation that I developed and adopted a conservative surgical procedure, which I later called the Widman Flap, but retained radical surgery, flap and osseous surgery. Ten years later, I purged the list again and radical surgery was completed eliminated.

"Ten years after that, I seriously began to question the disease model on which the house was built. . .and that shake-out is still going on. (I often wish to know what I want to be when I grow up!)

"In 12 years of practicing as a periodontist, therapeutic results were not looking as I had expected, but in order to move out of *paradigm paralysis* I had to do some things I had never heard of having been done in periodontics (or dentistry). I developed a formal re-

evaluation procedure so I could grade my therapeutic efforts at least semi-objectively. . . and this entire thing became a paradigm earthquake.

"It has been said that man is only happy when he's in the throes of accomplishment, and I was immensely happy in structuring a system that would allow me to evaluate, at least semi-accurately, every patient in the practice in an estimated 15 minutes, ongoingly and forever. (It turned out to be an eleven minute procedure.)

"In my ruminations, with much soul-searching and wisdom showering, I had opined that parameters fall into two major categories. . . **predictors and indicators.**

"Predictors say what *could* happen, and indicators say what *has* happened. Laundry lists of predictors include plaque scores, bleeding on probing, rough roots, gingival index, gingival sulcus fluids. . . lots of stuff. Indicators include recession, significant probing depths, mobility, bone loss on x-ray, purulence and tooth loss.

"The goal of economy, the time accuracy equation (or to say it a different way. . . time is money) resolved it to the objective of doing the best job, satisfying the standard of care, in the least amount of time.

"Probing depths, mobility and bone loss on x-ray seemed to be the core group and were chosen. If all parameters were chosen, it would theoretically have been a more accurate measuring device, but the time/money equation demanded serious major surgery for that list.

"After choosing parameters, it took several months to arrange on the dentition charts so that currently accurate data could be discerned and quickly analyzed in the analysis section. Eventually a line was added for diagnosis.

"Once we had more than two classification choices (which at that time was gingivitis and periodontitis) after re-classification, provisions for treatment recommendations were necessary, both for perio and for restorative needs. This necessitated room for a perio treatment plan, fee schedule and doctor's clearance in medically-compromised people.

"The sheet, stapled to the permanent record,became the current road map for that patient. Subsequent re-evaluations simply added to the record and all was kept in order. This procedure, along with full mouth x-rays has been standard operational procedure every two years for almost a quarter of a century.

"The doctor is ultimately responsible for the diagnosis of all people in his practice at all times. Conditions change and times change. Diagnosis should change accordingly. When the doctor thoroughly updates the records in an acceptable time frame, the hygienist, in routine recall prophylaxis, does not have to re-chart each time, a big time-saver. She needs only to probe and compare measurements to the last record and report all 2mm changes to the doctor immediately.

"For almost a quarter of a century, I have very pragmatically measured the status of all people of record with this paradigm and have not been disappointed. Predictors have not been shown to be of great importance in long-term monitoring.

"Meanwhile, my long-time friend/dentist who had made such a fuss about plaque on the first lady was not aware of the highly structured monitoring system that has been standard procedure in my office for many years. He still lives in a black-and-white world where plaque is bad and no plaque is good. . . and I agree with that.

"But there are shades of gray in this paradigm that are forced on one in time. It's best to maintain a high standard, especially with the new patient. In time, I

say, the predictors become less important, but never do the indicators become less important.

"At this point, I call this section, the co/pro-discovery team. We build on the idea of co-examination, co-diagnosis with the patient, and I think we need a co/pro-diagnosis among thedoctors because we need to be aware of each other and the impression we give to patients about each other.

"A case in point, Bob Barkley popularized Personal Oral Hygiene instructions and most dental offices began offering a program. We had always instructed patients in POH before and after treatment. I made it a point with the many patients who had just paid for POH instruction who still had plaque on their teeth. I did not point out their plaque levels initially so as not to degrade the referring dentist and then worked extra hard at the necessary skill transfer to the patient after treatment was completed.

"When Omer related the story to the group, it kind of triggered my guilt button because the importance of plaque control had been a large part of the program that day.

"So here I was. . . a periodontist with a patient with plaque on her teeth. How humiliating! This was on my mind all night and I wakened very early the next day and reviewed the genesis of my plaque paradigm.

"It really starts back when I heard Dr. C. C. Bass and Sumter Arnim in the 40s and 50s. But I didn't really hear them. I didn't hear anyone until Bob Barkley spoke up. He was the one who showed how much could be accomplished with the right approach. So, in the late 60s, I began to seriously teach plaque control when I believed that people truly wanted to learn it.

"We all succumb to the "new toy" syndrome and at that time plaque control was the *in thing.* I completed my graduate training in 1960 and joined Claude Nabers in San Antonio in the practice of periodontics.

"By 1970 or so, I had begun to question the therapeutic laundry list that we had been given graduate students. The result of that first self-examination was the development and adoption of a conservative surgical procedure,

"I was so pleased with my ability to compile data that I ambitiously attempted an analysis of my entire practice in 1974. It proved impossible, but I was able to present a paper in 1975 on a ten-year study of autogenous bone grafts at the Academy meeting.

"The re-evaluation procedure was such an integral part of my practice that recurrent disease was usually detected in its early stages and avoided the patient's discovering and telling us about the problem, which in today's world is paramount to suicide.

"In 1982, 720 patients were evaluated in a six-month study and a paper was published, entitled, *The Long-Term Effectiveness of Periodontal Therapy in a Clinical Practice.* It was a significant paper because very few clinical practitioners ever have the opportunity to publish something of that nature.

"The only reason I was able to do it was because I had this very simple, quick and fairly accurate re-evaluation monitoring system. The reason I mention this is that the 1975 paper in Minneapolis on bone grafts and this longitudinal study, or so-called longitudinal study, was possible because of that little re-evaluation procedure.

"Predictors have not been shown to be of great importance in long-term monitoring, but indicators never lose their significance in long-term monitoring.

"As a matter of fact, most (if not all) doctors would be amazed at the amount of work that needs to be done in their record files if they had access to those files. Many dentists rely on their hygienist to discover work and that's not a bad system.

"But the advantages of re-evaluation procedures are manifold. One is that when the patient is told that s/he will be evaluated by the doctor, the appointment is made and x-rays are taken for the purpose, the patient views the event with attention. And if the doctor recommends some treatment, there's rarely a question other than `When can we do it?'

"The important thing that needs to be pointed out is the fact that a specific appointment for re-evaluation means *decision time.* In a repetitive relationship, the recall practice where the patient is seen every three, four or six months, it's easy, when the doctor's busy, to run in and look at something that the hygienist points out and say,"Clean it out, flush it out, and let's check it next time." And next time never really comes.

"That's kind of like going east and west on the globe. They never meet, but north and south literally change directions. And you change your direction and your patient changes his direction when you set a specific appointment for this reason.

"And decision- time means the doctor makes a decision, first of all, that the patient accepts or not. And my experience has been an extremely high percentage of acceptance on the part of the patient., because if the person's been on the records a long time, there's a trust bond, so when you're re-evaluating well-known patients, it's a very wonderful experience. If there's no problem, it's a tremendous marketing opportunity. All you have to say is `My goodness, it's been x number of years since we did this treatment' and they remember all the good things that have happened. It's really a unique thing in many ways.

"In the initial relationship with the new patient, it is an excellent tool for communicating and impressing patients with their responsibility to their mouth.

"I subscribe to that. I do it. I think we all vary in our intensity from time to time. After a meeting, I'm more intense for awhile than I will be just before the next meeting. But that's human nature.

"Well, I feel better about the situation now that I've had a chance to explain why I'm a bad guy. There are some other things that I think are of great importance.

"First, the re-evaluation procedure and concept has great economic benefit. In times of economic downturn, when things were getting thing, I found that the backlog of recurrent problems in the practice provided a substantial part of my income that would not have been there if I'd been waiting for new patients to come in.

"Second, another long time good friend/dentist had one of our mutual patients come to his office who had been a long-time patient and when he had his "soft tissue management' program in place, they had diagnosed the case, recommended treatment and scheduled her when he found out she was a mutual patient. Upon hearing that, he said, `Send her to Meador, so he can treat her.' It was an obvious conclusion that this lady needed treatment.

"When I saw her, the first thing we did was a re-evaluation to substantiate her last re-evaluation chart which was probably three or four years old, since I'd had some time off to have cancer and things like that. So a lot of time was lost.

"But after I re-evaluated her mouth, her vital signs (probing depths, bone loss, mobility, etc.) were about the same as it had been for many years, so I told her that about all we needed to do was a thorough prophy and get her on regular recall. And this is an example of the benefit to the patient that was much in her favor. Our records were clear enough that her condition was not a departure from what was her new normal.

"Third, this is total nonsense and unless you have a couple of minutes that you want to lavish on nonsense, I suggest that you consider it chow time and move on.

"But if you want to bear with me and share this early morning pilgrimage, you're welcome. I call it the pilgrimage, it's a metaphor to epitomize the predictor/indicator equation.

"The young pilgrim, upon graduation, enters the professional career, or crucible, with full confidence in the paradigm of life that has been forged from numerous literature reviews and based on positive thinking as a main predictor and guide to success.

"The pilgrim's song at this time might be something like this:

*Oh Lord it's hard to be humble when you're perfect in every way. I love to look in the mirror. I get better looking each day. To know me is to love me. I must be a helluva man. Oh Lord, it's hard to be humble, but I'm doing the best that I can.*

"After several years of life in the big city, the maturing pilgrim may begin to suspect that things aren't going as he hoped. Expectations of success had been buried in the ruins where positive thoughts alone had not been able to deliver as predicted. Hence the pilgrim's song might be:

*Oh Lord, it's hard to be cocky when you've failed in about every way. I dread to look in the mirror, just holding my own on good days. To know me is to loathe me. I'm a pompous and self-centered man. Oh Lord, it's hard to be cocky, but I'm doing the best that I can.*

"The mature pilgrim realizes that positive thinking needs reality thinking to supplement lofty predictors with pragmatic factors that indicate what is truly happening. Therefore the tools become serious planning with logistic economic and people skills for practice management, using daily work plans and efficient regular monitoring systems. Consequently, the pilgrim's song, verse three, gradually emerges:

*"Oh Lord, we all need forgiveness so we can have hope on the way. A man can look in the mirror with hope comes relief every day. To know me is to see me, an humbled and Thanksgiving man. O Lord here's my thanks for forgiveness. I'm praying the best that I can.*

For those fortunate enough to have the **Pentegra experience**, while there's still time, the pilgrim's song becomes 99 verses of *"Oh Thank you Lord!"*

*Thanks to Hal Meador for sharing this vital and educational message.*

# NEWS & Views

Napili "101". . . Dentistry, the People Game, the communication, motivation, perspiration, aggravation, acceleration, celebration, preparation workshop which was offered mid-April and introduced to us some new-to-Napili folks: Leann and Terry Truesdale from Las Vegas, Ron Gaitros, Kathy Wilson and Lynn Hobbs from Wilmington, North Carolina, Beth Vander Schaaf, Lois Harmon and Doug Beischel from Scottsdale. . . Kathy and David Henderson, Kim Monaghan, Heather Mitchell, Char Warburton, and Barb Kroeger from Mesa, and Mack and Gina Greder from Omaha.

Pentegra's Spring Symposium, with 70 participants welcomed Susan and Jim Peterson who spent five or six hours talking with and demonstrating important health and fitness concepts and exercises. . . including some anti-mything that was mind-boggling. They came to speak with the group at the recommendation of Geoff and Janey Pratt, to whom we're most grateful. Ken Kasner spent an afternoon with us regarding an instrument for recognizing skills (or need-to-be-coached) attributes for team persons. The Jackson team from San Antonio were kind enough to spend valuable time for Ken to explain, administer and report on the results of their efforts.

The next *wow* meeting will be the workshop, Charisma, 16-18 May, featuring Carl Hammerschlag, who has more charisma than anyone I know.

Team First. . . where charisma, team instrument analysis, and all the characteristics of Napili 101 will be enhanced and utilized . . . June 27-29 in Phoenix.

Come, join us!

## Can't

Edgar A. Guest

Can't is the worst word that's written or spoken;
doing more harm here than slander and lies;
On it is many a strong spirit broken,
and with it many a good purpose dies.
It springs from the lips of the thoughtless each morning
And robs us of courage we need through the day:
It rings in our ears like a timely sent warning
and laughs when we falter and fall by the way.

*Can't* is the father of feeble endeavor,
The parent of terror and half-hearted work;
It weakens the efforts of artisans clever,
and makes of the toiler an indolent shirk.
It poisons the soul of the man with a vision,
It stifles in infancy many a plan;
It greets honest toiling with open derision
And mocks at the hopes and the dreams of a man.

*Can't* is a word none should speak without blushing;
To utter it should be a symbol of shame;
Ambition and courage it daily is crushing;
It blights a man's purpose and shortens his aim.
Despise it with all of your hatred of error;
Refuse it the lodgement it seeks in your brain;
Arm against it as a creature of terror,
And all that you dream of you someday will gain.

*Can't* is the word that is foe to ambition,
An enemy ambushed to shatter your will;
Its prey is forever the man with a mission
and bows but to courage and patience and skill.
Hate it, with hatred that's's deep and undying,
For once it is welcomed twill break any man;
Whatever the goal you are seeking, keep trying
and answer this demon by saying: "I *can.*"

REED'S INTERNATIONAL LETTER
2999 North 44th Street ❖ Suite 650 ❖ Phoenix ❖ Arizona ❖ 85018 ❖ 602/852-0956

It might be said that the king has a personal dentist. Having been in Sweden many times in the past years, I know there is a dentist in Sweden who is recognized as the King's personal dentist. Personal dentistry may take on such a meaning.

## Personal Dentistry -- by Diogenes

Recognize dentistry as it ultimately rightly is. . . one person, professionally skilled and trained, caring for another. Intensely personal. The work of Viktor Frankl, **Man's Search for Meaning,** if not read recently, my prescription is: Read it.

We talk about managed care (HMOs, PPOs, IPAs, capitation programs, public health, group programs) in dentistry. The ultimate end point of the entire game ends up being one person connected to another, however briefly, however sincerely or insincerely, with or without relationship, in a caring, or pseudo-caring position.

In **Man's Search for Meaning** words are remarkably handy as tools, but they mean only what the receiver (or reader) chooses to have them mean. The transfer of meaning between us will be "you talking to you" unless I'm exceptionally skilled in defining my words, as I speak.

Lewis Carroll, the author, said, "When I use a word, it means just what I choose it to mean, neither more nor less." Humpty Dumpty, in Carroll's work, said so in a scornful tone. J. D. Adams made the comment that nothing is surely more alive than a word. We only read what we know, and we only hear what we know, so for the fun of it, let's define as we go with the hope of *meaning* transfer.

Vision is the art of seeing things invisible, according to Jonathan Swift. I would like to share with you a bit of vision, for weaving a net is better than praying for fish and it's time that we, as dentists, get off the dead backside and move toward a positive action instead of being asleep with a compass in our hand. If we don't change our direction we're likely to end up where we're headed. Is it time to take the practice back from the marketplace? From the consumer? From the team?

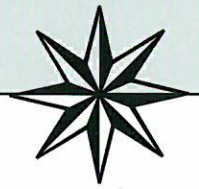
Corporates don't need to be dentists when they can buy them so cheaply. Our insecurity stemming from the lack of "economics 101" and "behavioral sciences 101" doesn't help this issue. Ever hear of a dentist going on strike? Of course not.

What do we know about consumer attitudes toward dentistry? Most industry professionals are familiar with the American Dental Association/Gallup survey research project that was undertaken between August 89 and October 90. A huge project, which eventually polled 15,000 people. It provides a rich source of information on consumer attitudes about dentistry and dental insurance. The survey revealed that by 1990, 82% of adults acknowledged that they had a *personal* dentist. This is up from 62% in the 1962 study. Eighty-seven percent of the respondents said they were satisfied, or highly satisfied with their *personal* dentist. Only 1% said they were highly dissatisfied. Ninety-one percent of the respondents said they would recommend their *personal* dentist to friends and family, and 71% said they had learned about their *personal* dentist by word of mouth referral.

Respondents were generally very satisfied with the quality of care received. Some of the negative aspects, although far lesser in degree and number, were also noted. Sixty-one percent of the sample thought the dental profession was only doing a fair to poor job in terms of cost-related fee structuring; 48% of the consumers ranked dentists as fair or poor in keeping appointments on time, and 27% ranked them fair or poor in categories of listening to the people coming for care, or explaining what they were doing. Only 14% said they would consider leaving their current dentist under any circumstance. Ninety percent of those who were dissatisfied said they would tell other people about their experience.

I believe this says that consumers want appropriate treatment from technically competent providers and they seek this care with a minimum of hassle in a safe and convenient surrounding.

I believe it's time to define personal care as compared to the generic understanding of private practice and to clarify the terms before we continue. Private practice has been commonly used to define the cottage industry for which we are noted.



Data shows that we still have primarily a cottage industry in fact. Perhaps a new word could be coined that we spell "hoffice" because our businesses are really set up in our "homes". . . the cottage still serves irrespective of its strip mall location.

Private practice traditionally means not affiliated with an HMO, PPO, IPA or a cap program but usually includes dentists who have been born in the generation that believes that playing the insurance game is a part of serving the public properly. I choose to narrow and clarify *personal* dental care, or personal practice as a direct relationship between the person coming for care and the person providing the service in a free enterprise economy without a middle man of any sort. I care for you. You take care of me and we're related as two business entities doing direct business with each other.

The misnomer, dental insurance, needs to be corrected as well. Insurance, as we've discussed it in the past, is the risk pool for catastrophic events and boy! Does this leave dentistry out. Dentistry is not a catastrophic event in any family situation or personal situation and it certainly doesn't rate a risk pool to care for it's economic side. Dental insurance as we know it today is a somewhat sloppily assembled *co-payment* business where the middle man takes a major share of the profit out of the equation. The four corners of that quilt include the consumer coming for care, the provider dentist, the insurance company that usually assembles the program, and the employer who usually pays the lion's share of the premium. (Interesting to note how the premiums have gone up consistently since the first introduced but the benefits never have.)

I believe personal care, clearly defined, is a one-on-one relationship between the consumer and the provider enhanced by the free enterprise system we know so well in America. When one isolates the receiver of care from the payment, it's constipating, cerebrally, to value the care in any denomination commonly understood. The "care-ee" is stripped of the "valuing" mechanism.

This missal is meant to provide the definition of personal care as one of the many answers to the managed care programs, and I use managed care programs as a multiple descriptive of all of those things out there. I even use it to include direct reimbursement, presently heavily promulgated by the American Dental Association. An individual can contractually relate to me, a personal dentist, and still be reimbursed by any number of other systems. Note it is the person coming for care that receives this stipend. Not the dentist. It's still a provider/consumer relationship. Have you ever stopped to read the laundry tag billing that your company pays for to see the $4.50 for some of the shirts and $5.50 for some of the slacks in a marketplace where half of that is common in most markets? Personal care and provider/consumer relationships quickly allow both to work on the fair fee concept Pankey introduced 50 years ago. A fair fee is that which the consumer is willing to pay and the provider is willing to receive without either of them losing their gratitude.

Personal dentistry must be conceived and achieved in a marketplace where cost related fees, production per unit time against cost and cost containment mentalities are on the surface and clearly used in business planning and scheduling. The amortization in dentistry of true cost is critical. The return of and return on invested capital formulas have been ignored. It's time for us to wake up, get into "Economics 101" and believe and understand, **in our monopoly**, the private, personal care for people who value and are willing to pay for such care.

People who only want to see the dental provider when something is clearly broken or sick with their oral health rarely have any focus on relationship with the dentist and due to cost, fear, ignorance, apathy have not interest in developing any relationship. I have just described the average person in the marketplace as they relate to an endodontist. Even the physical plant and the attitude of the dental team in endodontic offices portrays this lack of interest in inter-relationship. The person will only return to the endodontist when pain forces him to seek treatment and the wants to get immediate care to relieve his pain and then he wants to resume his previous tenuous relationship with the dental care delivery system. In general dentistry, 80% of the population who have regular dental providers and who receive treatment periodically seek long-term relationships with technically competent dentists, usually in casually-elegant environments. These consumers seek skilled diagnosticians and, in our time, fully appreciate

the "bleeding edge" technologies in initial exam, diagnosis and treatment planning.

Current techniques have changed quickly, have been well popularized and the leading edge generalist is deeply appreciated. The current oral health that is base-lined at the initial visit, much like the Mayo Clinic, is developed into a long-range treatment plan and it is highly personal. The ADA study showed that a majority of consumers are not satisfied with dental delivery systems when the consumer sees a new hygienist or a new dentist virtually every time they seek care.

The consumer also highly appreciates an effective chairside communicator who's capable of, and willing to, clearly describe the choices available to the person, once the diagnosis is accomplished. Treatment planning is a co-discovery and a co-relationship process. Dental team members who fail to listen to the person coming for care and the concerns that s/he has, or are unable to explain choices, were cited by the many respondents in the ADA/Gallup survey. **It has been shown to be true that the failure to discuss treatment plans . . . case presentation. . . as a stand alone at a different time in a different place from examination** is a major point of contention between the person coming for care and the provider.

Most difficult, but also appreciated by the consumer, is the dentist who is a talented craftsman. The consumer really looks for restorations that last a lifetime, root canals that never fail, orthodontic treatment that's quick and invisible and that will succeed even without cooperation. Without question, this is the best of all worlds, yet the long-term co-therapeutic relationship between the person coming for care and the provider, in large part, comes very close to providing this very end point.

Another way to say all this is to say that the person coming for care is delighted to be able to deal with intelligent, polite, concerned, articulate professionals when they relate to the people on the dental team. We live in an entirely too stressful environment and this person coming for care fully appreciates obtaining this care from providers who without question listen and feed back. . . the person *who feels understood* by the provider/team person is highly appreciative. Unquestionably, people seek out safe, clean attractive facilities with *painless, on time service*. These days, to spend any time sitting in a reception area is totally inexcusable. The person coming for care wants choices, flexible time, he has a thermostat within that clearly valuates choices provided by the dentist and/or his team and will pay what is comprehended to be a fair fee. I find that s/he does not want to fuss with red tape, but appreciates a no-nonsense fulfillment of his/her vision. People buy what they want, not what is imposed, provided or proposed to them by the dentist's values;i.e, the dentist's perceived need treatment plan. . .a moot issue that is seriously in need of discussion.

**Fee for service** is often understood to mean no HMO, PPO, IPA. But let's take a look at the words. If there is a fee for service rendered, it has to fit the values and the vision of the person expected to pay. We might have a new meaning for fee for service dentistry. There is a fee that fits from the point of view of the individual coming for care, the value as s/he perceives it, for the service you provide, and a fee for service rendered is truly a perception of the buyer, *not a scheduled piecework thing* that exists in the practice administration manual of the provider, **but a fee for a service or product that is fair as valuated by the buyer**.

What is personal care? It is a communicative loop that is closed between two people, the consumer and the provider and it depends very heavily on the position, the articulateness, the awareness the education and the valuation of the consumer. I understand that now, in many states, there are provisions being proposed to legislators that churches would not be tax exempt. Pay for the service that you receive as a church goer, the church pays a tax on its receipts for the profit made over cost, and then you send your missionaries overseas. Fee for service, again, being defined in a new and unique way in the American society.

Is it too late for dentistry to see itself in a new way? I think not. Most of us are too busy to reflect on our long-term goal patterns and the objectives that drive them. Personal care is truly a philosophy that has a vision, a mission, a governance package that is unique, a strategy and a structure that in our time comprises a completely different delivery system that is available currently. At this point, I encourage you to buy Faith

Popcorn's newest book, **Clicking.** ***Sixteen trends to future fit your life and your business.*** A remarkably opportune tool for the furthering of the communication between you and me on this subject.

In personal care, the relationship between the dentist, the person on the team with the dentist and the person coming for care becomes the key for successful treatment. Without question, to establish this relationship for dental purposes **does not** take a great deal of time. This is a *conceive, believe and achieve* situation that is nearly non-existent in the mind of the dentist. We, as dentists, shy on the behavioral sciences, have fear and doubt that we are trusted and that people come to us with more faith than fear. This "love affair" is a "now" event if you can conceive and believe. Referral, reputation, the environment and the personal skills in human communication can create this "love affair" in a very brief period of time. High trust/low fear relationships will move the dental care forward with people who are active in their own treatment programs and are responsible for the long-term success of those programs. These persons will recognize that the best dentistry is no dentistry. . . and if they don't care, we can't afford to care.

The model I speak of has been monitored for four years, closely, here in Phoenix using Tom Peters' observations of the Florida hospital "care pair" studies, single-chair scheduling, front deskless procedure and a "brailling" of the culture that is a monitoring for a trend pulse. I recommend you choose to participate. (We have watched closely the career regression, or going down the ladder of success, of many of the dentists, particularly as their chronological age increases their inflexibility). We've added to this model "techno-preneurial" skills, new free-wheeling computer "whiz biz" stuff that has altered dentistry forever. I'm talking about Halimeters, TekScans, automatic blood pressure cuffs, the PerioTemp, radiovisiography, the digitalization of information, voice-activated record acquisition . . . a fun time for people who have been able to "un-FUD" their future. (FUD = Fear. Uncertainty-Doubt). Choices.

Being a good technician is critically important, but no longer enough. I have, some time back, a report from my friend, Chris Sager, at the Pankey Institute. . . concern for the economic gain made by those attending the continua. A private, and I'm certain incomplete, survey of those returning did not show an increase of productivity that would pay for their round-trip air fare, tuition and the lack of productivity experienced during their attending the course and an observation that, in some part at least, the introverted were attending with the belief that if they made a better mousetrap the world would beat a pathway to their door, and it wasn't happening. Hopefully this has been corrected, but if not, and unsurprisingly, I believe, it fits dentistry in general. This is not a negative accusation of the great skills and teaching abilities of the Pankey Institute, it's just that good technology is not longer enough. It's long into the relationship before people understand the integrity of your margins.

In the 50s under Zander and Ratcliff and the cell biologists, and certainly in the 60s when Barkley landed running, it was clear that it wasn't enough to be a good technician, we must also alter the behavior of those coming to us for care. Most dentists acknowledged that to be impossible, they were much too busy to do that. And, of course, as Henry Ford said, there are two kinds of people. . . those who believe they can, and those who believe they cannot. . . and they're both right.

To practice personal care, it is imperative that the view and the behavior of the person coming to us is altered measurably. Even the motor skills with which they apply themselves are enhanced. This means *fewer* people are going to be buying *different* services and the numbers changed dramatically over general dentistry's schedule in America today. The so-called managed care programs are so often just the opposite of all of this. To keep the profit level at the same place, in a preferred provider organization, or one of the other managed care programs, you have to increase the volume of people coming per unit time and I know of few who believe that this increases quality or accelerates relationship, as most dentists are not skilled in establishing trust and/or building it and with an increase in person contact in a reduced time frame, although completely possible with new vision and skill, the worst is expected.

Without people who are high trust/low fear, the commitment they make to treatment programs is remarkably down-graded. The traditional "only doing what the insurance will pay for"

person is the end result. This kind of loading *changes the dentist*, not the person coming for care. Who benefits from personal, private care? First and foremost, it's the person coming for care. Education, motivation, the personal support, the *relationship* is what they come for, more than the "tooth fix."

In a video tape cut some 15 years ago in our office called **Caring** this point was made with emphasis. This video is available for loan, if you wish. People on a dental team enjoy working with a dentist who is not stressed from a schedule that's running the dentist. The team enjoys the atmosphere in the office, they have time to teach, develop relationship, encourage people and monitor the behavior of those people and to share in the joy of achievement. And there's no "third party" input (When it comes to true contract understanding and relationship, the dentist is the third party. There is a contract that exists legally in the state between the consumer and the insurance company/employer. These contracts are enforced by the Attorney General of the state. There is no formal written contract, as such, between the dentist in personal care and the employer or insurance carrier, making the dentist, really, the third party.) A new defnition for "third party."

It's very rewarding for the dental team to see the person receiving complete care *at their rate*, on their calendar. Not to have to have them coming back with recurrent disease or new disease under our recent restorations. In practices such as the one described, emergencies are extremely rare. The people coming for care are healthy, the best dentistry, truly, is no dentistry.

How do you get to a personal care position from here? It's a numbers game. You certainly must confess that overhead is increased when you increase the volume of the people coming to the practice. It's far more expensive to deal with the new person than it is to deal with one already of record in the practice. If you double your volume to maintain the same income, you certainly are headed in the wrong direction. I believe the major change must come in the thinking of the person of the dentist and that quite likely this is a Significant Emotional Event. . . a paradigm shift. . . and it happens *revolutionarily*. I do not believe this is an *evolution*, but one where all of a sudden the dentist "sees the light" and immediately begins to move by stopping doing some things, starting doing other things and keeping on with the things that lend to the new end point.

Remember than when a paradigm shifts, every body goes back to zero. (Joel Barker's videos: **Paradigm, Vision** and **Paradigm Pioneers**) None of the skills that worked in the old game are going to serve in the new. Philosophy, vision, mission, and governance of the dentist are critically important and s/he must recognize the deficit s/he has in the skills of communication, administration and relationship and probably hire these skills in others, immediately, if s/he indeed doesn't have them. These changes will provide for a perceived value in the system by the person coming for care. Quite likely its revolution will require a few team meetings in a very brief period of time (perhaps a week or ten days) where the office is closed , the phone is off the hook. Probably best to have every one resign or be fired and start over with those fitting the new roles carefully understanding the chaos that will come as this change is instituted.

Chaos is necessary. . . to go from one congruence to another requires a pilgrimage through an incongruent time and environment.

Re-engineering, re-structuring often requires outside counsel. Consulting firms in dentistry which are familiar with this move best be retained to help you through it. This requires **unconditional commitment** on the part of every person, **enthusiasm**, and each person on this new team comes to work in the morning to do what s/he does with a **passion**. If this is indeed not true, s/he simply does not belong on the team. We must *change the way we care for people* in order to get the personal care result in the practice. . . and that includes how we care for and about each other.

# NEWS & Views

Those who missed the Charisma workshop . . . really **did** miss it. What a WOW experience. We began the day with a surprise appearance by Naomi Rhode who, with her exceptional charisma, set the scene for the remaining days. Her remarks were appropriate, optimistic, charming. . . and charismatic. Clinicians enhancing the charisma (truly) workshop were Dwight Erlick, Carl Hammerschlag and Jim Peterson.

Dentists who require clinical hours for c. e. credits. . . the workshop called "The **Wednesday Special**" fulfills the needs. . . inlay and onlays at the amalgam fee plus the lab fee and doubling your net. This is a hands on, wet-glove workshop, two days (14 c.e. hours) toward FAGD and MAGD credits. Post-perio rehab, the not-so-controversial counter-clockwise crown prep, appropriate and accurate impression-taking. This letter will not arrive in time for you to consider this workshop in Rochester, New York, June 7-8, but think about the next one, **October 11-12**, in Phoenix.

Our team, including Perry Ratcliff and Donna Frederick, will present another clinical workshop on **Microscopy**, in Phoenix, **August 9-10.**

We're pleased and excited to have wonderful folks coming from London to **Team First, June 27-28-29**. We also have terrific teams coming from Tennessee, Texas, Florida, Colorado and North Carolina. Because we now have a newly assembled team (I've been asked not to call it a "dream team"), we are doubly excited about format and participants. Come, join us. . . there's space for two or three more teams.

## Somethings to Think About

**Change**. . .Some people change jobs, mates, and friends. . . but never think of changing themselves.

Many people hate any change that doesn't jingle in their pockets.

Most people are willing to change, not because they see the light, but because they feel the heat.

What we want is progress. . . if we can have it without change.

**Cooperation**. . .You will find that if you share another's burden, both of you will walk a little straighter.

Everybody likes friendly attention and cooperation. We always get it when we give it.

If you don't think cooperation is necessary, watch what happens to a wagon if one wheel comes off.

No one can whistle a symphony. It takes an orchestra to play it.

**Encouragement**. . .Encouragement is like premium gasoline. It helps to take the knock out of living.

A pat on the back, though only a few vertebrae removed from a kick in the pants, is miles ahead in results.

A friend will strengthen you with his/her prayers, bless you with his/her love, and encourage you with his/her hope.

The best thing to do behind a person's back is to pat it.

Thanks, NVZ

# REED'S INTERNATIONAL LETTER

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Okay, Diogenes, this is Socrates talking. I am ready with the philosophical applications to action . . . the how to's! Let's get tactical.

## The Challenge - Part C - Socrates

One: Dr. Ed Zinman, genius/lawyer/periodontist from San Francisco (UCSF), has provided us a video checklist on the standard of care in the form of informed consent checklists . . . wow!

Let's use it and this genius to help us get a national "standard of care" working.

Speaking of attorneys, and Ed is a great one, the only time a dentist is confronted with a Standard of Care is at the negative experience of State Board exposure or the court room in civil suit. Then it's made very clear. The Standard of Care is far from usual and ordinary.

Two: The white papers of the American Academy of Perio provide a national Standard in the form of an opinion of collective experts; i.e., the Standard of Care.

The new person experience and the applications of therapy included, again, a remarkable source if we choose to use it.

Three: The "virtual record" now available on a multitude of commercial computer management programs.

Take the top four and merge/purge. Get it down, perfect it later. Submit it as a potential Standard and give the profession a reasonable Mayo Clinic type checklist for record keeping.

A reasonable dental charting system is close to being available. World Health Organization has given us the PRSO (perio screening system) and it works. It's internationally recognized and at least step one in standardization of care.

Four: A sequence of care . . .

a) pain, swelling and bleeding must be eliminated; i.e., emergency care must be rendered.

b) co-interview, co-discovery, co-diagnosis, co-treatment planning and the interception of etiology seems like it would practically come next.

Endo certainly comes before perio with the perio/endo lesion being a serious concern and then comes perio, myofacial pain dysfunction, neuro-muscular and the associated cell biologies. After that the occlusal/post perio rehab with cosmetics and function.

This type of sequence is rare in dentistry in that we need to take the practice back from the person coming for care. This person comes to us and diagnoses and treatment plans and we succumb. And/or it happens in the hygiene chair on recall, which is not much better.

c) Quality assurance management systems. (QAMS) To do diligence . . . somehow.

(ADA anyone?) Other industries enjoy them. Dentistry?

Dentists "enjoy" the privilege of the profession in this global village of ours and I believe we must have credentials. Requirements with monitored results for the practitioners.

Re-examination or process recognition of some sort.

Site auditing. We had to wait for OSHA for this one, didn't we? Some offices are not only unsafe, but they're not even clean enough to eat in. Standard of Care, anyone?

d) A consumer survey, feedback from a consumer in dentistry is not standardized and it is the life blood of care, skill and judgement improvement.

e) A profile of office standards in reference to internationally-accepted sequence of process. This point has a great deal to do with whether we are a sickness model where we repair things or a wellness model and we have a standard of what a well person is all about.

In the case types of severity in the American Academy of Perio differentiation, the first one is the differentiation of what a well person is and in seven categories, this is determined and defined. How many general dentists are aware of this? Or use it?

f) Grievance tracking, plan administers on initial entry to managed care have been of the belief that the consumer is always right. On experience, they reflect and discover that sometimes the dentist is right. And sometimes after two, three or four opinions, it's impossible to determine who is right and the only thing to do is move on.

Until tort form takes place effectively, the dentist is the "new young ruler" and how to successfully sue the dentist and/or his insurance company is a new indoor sport.

Some peer review form of early and firm interception required to monitor the consumer grievance and to mid-course correct those energies.

Given the highly personal fear ridden and potentially painful game that dentistry is, it is an international tribute to the profession that the volume of unresolved quality issues are as low as they are. And that dentist-trust remains at the top of the sociological list.

g) Efficacy documentation. On the record, established treatment protocols relate to the co-diagnosis and the co-treatment plan must be stated and used as **outcome monitors.**

h) And when care, skill and judgment provide quality, the cost related fee must be documented on the record.

Fee = cost + profit must replace fee - cost = profit or the economic independence of the provider will not be achieved.

As Pankey said 50 years ago, economic independence precedes technical excellence. He who is preoccupied with survival provides poorer personal service or product than his capacity allows.

The basic issue here is money. Dentistry has become a bottom-line industry when most of us went into it thinking it was a ministry.

Bad management care plans cheat the consumer and the dentist, maximize the profits of the plans in an industry that's piecework priced out of heresy rather than cost related.

We've a long way to go to unravel the true economy of the game and to achieve a win/win end.

Let's realize that no monitor shows that the "fringe benefit": of dental care has ever increased the productivity or quality of the product or service an employee has given an employer.

Dentistry is being used for phony reasons. Personal care precludes this by dealing carefully with the individual and with the values of the individual relating to the values of the care-giver.

Dealing individually with the values of the care-giver and the care-receiver . . . a near fail-safe procedure that although conforming to the Standard of Care will produce highly personal outcomes.

People have choices. As long as they do, they are not victims. Cookie cutter, one size fits all treatment formulas are not acceptable.

So, Diogenes, thanks for your lantern and your indefatigable journey throughout the world in search of truth.

My comments are not perfect, but this is not a perfect world. Please note.

Therefore, I strive to get things down and then to get things good.

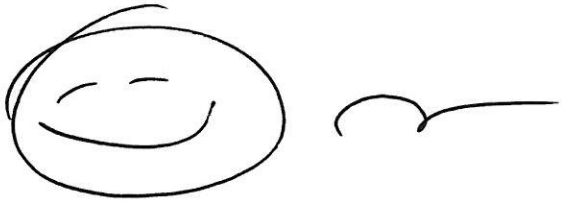
Man thinks, speaks and acts in a consistent pattern. Change one and the other two will change quickly.

It's time for a significant emotional event . . . a paradigm shift.

We can have any two, but not all three when we look at quality, service and price. Choose quality and service, the price goes up.

Reduce a fair fee that is cost related and quality and/or service goes down.

Clean minds, clean bodies . . . take your pick.



# NEWS & Views

**Team First, June 27-29**. . . fun (and great dialogue) with Shirley, Laura, Sue, Patti, Nancy, Ruthie, Geneva, Pam, Elaine, Mirna, Larie, Chrissy, Carol, Deseree, Rhonda, Lois, Debi, Teela, Suzi, Lana, Andrea, Mary, Arlene, Tonya, Tina, Evelyn, Rochelle, Betty Clair, Jim, Beth, Doug, Penn, Ed, Andy, Mervyn. Penn Jr., Michael, Steve, Patty D., Lisa, Allyson, Tanya, Donna, Kay, Irma and Alan!

We're excited about five new Pentegra members. . . the schedule is full with on-sites and reports and then the three-day *triad* experience at the Napili/Pentegra headquarters. We continue to believe that Pentegra is an idea in its time and that we're all reaping a bountiful harvest of learning, growth and change, and the networking opportunities are extremely powerful and meaningful. The Fall Symposium for doctor and spouse will be membered by many new faces and another time of caring and sharing.

Omer and I leave for New Zealand on the 28th of July and will spend time with Pentegrans Mary and Alan Baker, Sean and Andrea Shepperson (they're expecting their first baby in the Fall). . . Nadine and Ian Lindsay will join us from Canberra, Australia, and we'll be hosted by our good friends, Jill and Ed Alcock.

**Microscopy workshop, August 8-10**, note the enclosed, with Hal Meador, Perry Ratcliff, along with Tim Rector and the Paradigm Group team. **People without Perio**, September 26-28. These two workshops are somewhat hand-in-hand; mark your calendar now and join us for each. . . or come for one and start (or renew) the perio program in your practice.

## After a While

After a while you learn the subtle difference between holding a hand and chaining a soul,

And you learn that love doesn't mean leaning and company doesn't mean security,

And you begin to learn that kisses aren't contracts and presents aren't promises,

And you begin to accept your defeats with your head up and your eyes open, with the grace of an adult, not the grief of a child,

And you learn to build all your roads on today because tomorrow's ground is too uncertain for plans.

After a while you learn that even sunshine burns if you get too much.

So plant your own garden and decorate your own soul, instead of waiting for someone to bring you flowers.

And you learn that you really can endure. . .

That you really are strong,

And you really do have worth.

REED'S INTERNATIONAL LETTER
2999 North 44th Street ❖ Suite 650 ❖ Phoenix ❖ Arizona ❖ 85018 ❖ 602/852-0956

Although it's early in this new intrusion into our dental lives, most of us have quickly made a decision (either pro or con) on dental water lines and biofilms.

## "Slime Line. . ."

This is an extension of the handpiece "back suck" *controversy* that has obviously created great change in interceptive sterilization procedures. Our literature is beginning to fill with the thesis and antithetical in regard to biofilms composed of microorganisms that attach to suitable surfaces inside dental apparat, including the water lines of the unit, the air water syringes, the ultrasonics used in hygiene and so on.

Research shows (from a contamination point of view), as given us by Rella Christensen, that the separation of the water and the air syringe, rather than using the combination, is far superior (when tested) to what most of us are using.

I would hazard a guess that you have casually observed the growing stack of publication on both sides of this issue, and have perhaps even cut and pasted a folder of information that represents the profession's current position on this issue.

I have.

**Nevertheless**. . .

To resolve this quickly, inexpensively, and in a way that is extremely creative, I propose that you focus carefully on what is becoming known as the *Barber/Rowpar* system. Merritt and Manning Barber in San Diego (long-term Napili/Pentegra friends) have, over the last nearly 40 years, been extremely creative in everything from the *Barber Hauler* in sailboat racing to the floor plan of their office and innovations too numerous to mention.

Contamination can be totally eliminated by using a closed fluid delivery system to the operator. Cross-contamination is a thing of the past if you accomplish this simplistic, inexpensive process.

An 18-gallon stainless steel-lined beer keg, or a five-gallon Coca Cola concentrate container. . . these under the bar "tap" sources. . . can be procured and used to discontinue the city water supply to your unit. In almost every architectural plan there is a main line going into each treatment room, or going to the operatories, and in our new mini-Mayo perio floor plan here at Napili/Pentegra our three treatment rooms have such a line. We simply had a plumber come in and intercept that line, cap off the water supply to the operatories and on the lead to the operatories place a connector that goes to either the keg or the Coca cola container. On the top of these containers is (easily connected by any dental supply person) a quick disconnect for a plastic line running to the inlet water service to your rooms.

Another quick disconnect at the top of the container is rigged with a similar plastic line which is connected to a pressure valve that will hold the compressor source to which you hook this quick disconnect at 45 pounds.

This pressure valve with its dial indicator is also a dental supply item, not difficult to come by.

The keg or container is now filled with water from your reverse osmosis machine, water from your still, water sterilized from boiling if you wish and/or distilled water which can be purchased. I prefer to use the reverse osmosis as it is inexpensive, easily installed and provides good supply of sterile water. As you know from the literature, sterile water isn't enough because although you can purge the lines and run the sterile water through the lines with this pressure system now providing you with the impetus, it is the back flow and reverse contamination, for whatever reason, that is being accused. And this can happen momentarily and needs to be constantly dealt with.

Sterile water running through the lines is not enough. It won't solve the problem being brought by those who choose to mentor us in the "slime line" process.

So, what we've done is taken Rowpar's (Perry Ratcliff's) $ClO_2$ at pH 6.5 and consistently supplied our operatories with bactericidal solution in the cup for rinsing, in the water/air spray, in the handpieces ( and in the cuspidor if you have one).

This is inexpensive, quick, certain, reduces the aerosol the person in the chair provides when rinsing now with a bactericide prior to and during his/her procedure and, without question, even surface decontamination is accomplished by taking your water air spray; spraying your hoses, handles, and surfaces; wiping them down after ten seconds.

Some may choose to have two containers, one with tap water which is used episodically and one with the $ClO_2$. Some may choose to use distilled water or reverse osmosis water in the one and switch back and forth to the $ClO_2$ to purge the line and to provide the sterilization when you feel it's appropriate.

Some may feel that this is all *hogwash* and not bother with it at all because the kitchen-clean operatory, for the last hundred years, has no evidential problem and, as Deming said, "In God we trust, everyone else has to have data". . . and there is none to speak of.

Nevertheless, if you want to have a real *fun game* read through the November 28, 1995 WISN-TV (ABC) Channel 12 News as Jerry Taff, co-anchor, gives it to you over a three-night procedure.

The accusations are awesome and appalling and for me and my house it would be nice to be on the bleeding edge of change at a point where, when this is raised by the person coming for care, we have a smile and an easy-hanging gut ensuring him of that which we've already accomplished.

It also produces "good belly" to send a letter such as the one from Drs. Cal Evans, LeAnn and Terry Truesdale (see back page) to all your people to let them know *before the fact* that you are on the cutting edge of change in that you're already way ahead of what's happening.

Maybe a copy of the TV program script?

I find it extremely fascinating to explain and show each person as s/he comes in what we've done. Each is astounded and, frankly, quite pleased even though they'd never heard of it before. I've even

had people come to look at the system because they've heard about the "buzz" and they're interested in seeing what's happening.

We've not going to the trouble of going to the local television or the news to create a high profile in our community. At one time in my career I'm sure that would have happened. As you know, we are driving this entire system with a Luckman Compressor, which takes all the particulate matter (down to .014) out of the air line, so we have sterile air, sterile water. I don't want to hear it.

Two years ago at the University of Minnesota during one of my lectures, my host was Dr. Les Martens. Les has been struggling with the contamination situation for quite some time. For nearly 15 years, as a matter of fact, he has sounded the warnings of the potential risks of the dirty water line and, of course, finds many skeptics. The people at risk are the persons not only working on the team because of the aerosol effect, but also the person who sits in the chair who potentially gets the "bugs" washed into the mouth and in a time of weakened immune systems (AIDS, hepatitis, herpes, tuberculosis) Les probably has some concern. He got "religion" when he found his own water lines contaminated, teeming with microbes which favored the nutrition-rich slime layer of most dental tubing. Strep, staff, legionellal were all cultured out of his lines. Since then he's been developing systems and testing others to prevent microorganisms from making their way into the mouth of the person coming for care.

At the University of Minnesota clinic, he's tested systems which completely heat sterilize the process, tubing and all, and systems without tubing, systems which purify the water after it passes through the dental lines and as you'll note in the **Dental Products** Report, there are systems beginning to emerge that you can hook onto your operatory unit.

Les believes that people coming for care will *demand* . . .possibly, he says, we should provide people with a "dirty water discount" if we don't proceed with waterline care. But our patients don't come in and say "Wait a minute. Instead of sterilizing all this stuff, how much would it be for that filling if you just used the stuff you used on that last patient?"

Ed Zinman, on this issue, has said that unless the public demands, then nothing is going to be done about this. Zinman has won significant settlements for clients who've become sick from dental water. It has been quoted that one suffered a brain abscess, another needed open heart surgery. Zinman believes more law suits will be necessary to spur dentistry to clean up its water. And he says most know about the problem but are "too cheap and uneducated" to recognize that it will make people sick. He says, "It's all the assurance and all the confidence of the Captain of the Titanic who thought he had an unsinkable ship, but when he went into the icy waters, found out otherwise."

And, of course, there are those who profoundly believe that there are no bacteria in the water line to pose health risks.

Quite a game, huh?

Les Martens doesn't want to wait for "dead bodies". . . he says, "I'm a dentist and none of us

are that stupid." He wants to get on with it. What I propose for you in this newsletter is simply economically feasible. It takes about 20 minutes and allows you to prophylactically use a disinfectant all the time, one that is well-researched, efficacious, colorless, odorless, tasteless, bactericidal and, I might add, that if you're wanting to culture bacteria (for whatever reason) in the reservoirs or lines of your unit, intercepting your water source with this $ClO_2$ chemistry would not contribute to your success as it would be extremely difficult to depend on good cultures being available if you keep douching them with what I have found to be an extremely therapeutic disinfectant solution.

Michele and Jim Kaylor (Long Island), powerful Pentegra partners, forwarded this brief message to me recently, and it's so appropriate to this subject and the mentality with which we're likely to deal that I'm including it for your review. If you seriously consider what's happened with bottled water and the salesmanship that's put a plastic quart container of it into the hand of everybody that you see walking down the street, you'll realize that something's up. Whether it's bottled water or eternal life to sell, just know the customers and meet their needs. . . amen.

*A few years ago, **the** Harvard Business School gave its blessing to the Willow Creek Community Church. In a distinctly flattering case study, the School explained why this particular interdenominational evangelical church was booming. In less than 15 years, Willow Creek has grown from a hole in the Illinois wheat field into the largest church in America. Each week 20,000 people attend its services. Each year they get $15,000,000 to cover the salaries of the 192 full-time employees. And now 1400 other churches in North America have joined the newly formed Willow Creek Association to learn how, and to adapt to, what is already being called the Willow Creek Principles.*

(This is much akin to what happened 25 years ago with Bob Schuller and the Crystal Cathedral, isn't it? Can you imagine an hour's broadcast to 58 foreign countries every Sunday morning? including the Armed Services Radio and Russia before the wall came down?)

Marketing is everything. Everything is marketing. *The **secret is in the packaging**, the 1991 Harvard Study hinted. Before he built Willow Creek, Reverend Bill Hybels went door-to-door in the Chicago suburbs and asked those who said they didn't attend church why they stayed home. They offered him a few general answers. . . boredom, cost, a desire to avoid guilt. . . and a lot of specific suggestions, such as "ditch the organ," "pad the seats," "drop the cross and all the other aggressive, threatening symbols and images."*

*Hybels took these suggestions and built what was, in effect, God's answer to Walmart. The low-slung brick building extends over 350,000 square feet on a 140 landscaped acres and looks so much like a corporate campus, it has occasionally confused the congregation. Not long ago, a local family was driving home after a service and as they passed Motorola's corporate campus a few miles down the road, the four-year-old daughter in the back seat said, "Look, Daddy, another church."*

*The Harvard Study concluded that Willow Creek was a tribute to "knowing your customer and meeting their needs." And it certainly is. It's also a tribute to how deeply entrepreneurial values have seeped into the religious life of the community. Willow Creek's services were designed for men, for example, after market studies showed that if you sold men, women would follow.* (Deming: "In God we trust. . . everyone else must have data.")

(What do you know about your practice and its profile? Data, anyone?)

*Services were also designed for "seekers," a huge growth market rather than the tiny saturated market of "true believers." Hybels taught his first congregants the fine art of selling Jesus Christ. Selling him softly, and thus created, in essence, a highly effective pyramidal sales business. These earliest worshipers sold to their friends, who in turn sold to their friends. "When someone you don't know or trust tries to sell you a product or service, you don't want to know about it," says Mark Mittleberg, the Associate Director of Willow Creek Association. "But you might listen to a friend."*

*If the fantastic success of Willow Creek means that across America evangelical pastors are brimming with the "good news" about things like market segmentation at the same time they reject the notion that they function much like other businesses. "It's different from business," protests Reverend Jim Johnson, of the Suburban Life Community Church, Darien, Illinois, one of hundreds of tiny start-up churches that have opened with one eye on Willow Creek. In the next breath he explains why he decided to go after 25-40 year-old white collar suburbanites and started out with a 50,000 piece mailing and a 15,000 call telemarketing follow-up.*

(Do you know your segmented target market? Does this give you any idea about practice building?)

*The author goes on to say that even though he was 20 minutes early to the church, there were already a thousand cars parked in the lot by the time he arrived for a Wednesday night service at Willow Creek. Everything about Willow Creek suggests that the worshiper is engaged in something new and, by implication, improved.*

(If you really want to have a dynamite move, take "new and improved" as words and apply them to the existing product, so say the down liners. . . with glee. . . because it works.)

*The building looks new, of course, and the Bibles in the hands of the worshipers are new. The new International Version. Under the letter "a" the index lists entries for anxiety, addiction and anger in addition to the old standbys such as Adam and anti-Christ. One of the miracles of modern capitalism is its ability to stimulate demand for the most banal products, such as bottled water, simply by crafting a new image. This is undoubtedly what's behind the revival and demand for Jesus Christ.*

(For my Jewish friends, the word "Messiah" could be used here, in that you're still expecting yours. Everything I know about the faith that I've chosen has been given to me by Jewish people for whom I have an ultimate respect, even the Book I read.)

*As the service starts, when you visit, it becomes clear that even the tone of the worship is new. When the Rock Band on the stage stops playing and the crowd of 4,000 erupts into a loud football cheer, the minister takes the stage to explain the "applause that took place just now wasn't for any particular performer, it was for God." And everyone agrees, "and so," says the pastor, "let's thank the performers."*

*"We're in the transformation business," explains the pastor as he begins his sermon on how to identify the presence of demonic spirits and/or the evil one.*

*Emerging as the latest business thinking and the "business speak" with the oldest religious doctrine says a lot about modern American Christianity and a lot about business, too. For example, it shows that business now prefers prestige upon whatever it touches, even when it touches lives in the depths of the human spirit.*

(Hardly anything short of the spiritual is as emotionally loaded as the oral cavity and the subconscious attachment to the dental structures. As Hal Gold at Harvard/Boston/Brookline says, "teeth are emotional." Dentists are much too proper and prim, however, to see it that way and so we go along trying to be excellent technicians and margin salesmen. )

*The important point to the people at Willow Creek is that they have enjoyed their astonishing success without altering in any way the core Christian beliefs. They may shade the sermons away from hellfire and brimstone and toward the inspirational passages useful in everyday life, but when presenting the "good news" the pastors don't shy away from the bad news.*

*"We merely create a safe place to hear a dangerous message," says Pastor Lee Strobel, the former atheist who himself was "born again" at Willow Creek.*

(With the personality, the care, the communication and the "relationship" that the dentist has with the people who overcome fear to present themselves on his "altar" in his offertory, it seems only fitting that we, for the best interest of this person coming for care, take advantage of that and **create a safe place to hear a dangerous message**, including the market segmentation energies such as "slime line" presented for us, at no cost, by the media.)

***Any good salesman could tell you that the message is the one aspect of this product that is most clearly not responsible for the demand since the message is the only thing that hasn't changed.*** *If the boom in the church-going following immediately upon scrapping the organ for an electronic guitar, it stands to reason that the electronic guitar is what's responsible. The author goes on to say that God may not be dead, but he isn't what he used to be.* (What a profundity. And my comment is, as it boils down to my observation of these issues, those who seek God will ultimately find out that he's not lost, they are and when we can confess, climb, communicate and comply with the "energy"out there, we can even capitalize on "slime line."

Yes, I personally feel the water line "gig" to be an overkill. But simple, inexpensive, easy, innovative and fun it is .

My question to you is, why not?

I have not worked up a picture series or diagram on this because I believe the mental image that is created here is easily seen . . . if you shut your eyes and stare at it.

If, however, you're in a quandary, I'm about to draw up a spec sheet (or have someone who knows how to do that proceed to do it) so you could hand it to the dental supply man and say, "Here, do it."

It'll be your job to get the kegs or containers. The rest is a snap. These containers already have attachment areas, it's just not a big deal.

Okay, so this is too subtle! What I'm saying is. . . capitalize! **Be unique.** Surf the crest of this wave of market segmentation provided for us by those powerful enough to target us. Use the negative aspects of this "curious" issue as the evangelicals have so successfully done.

**Thus sayeth Harvard.**

I want to overtly and particularly thank Merritt Barber for his absolute genius in dealing with this, providing us with the peace of mind switch that is delightful. This man is a friend and is so powerful that he actually flew over from San Diego with two of the containers, already rigged with a pressure valve, to walk my dental man through cutting off our water supply and hooking everything up.

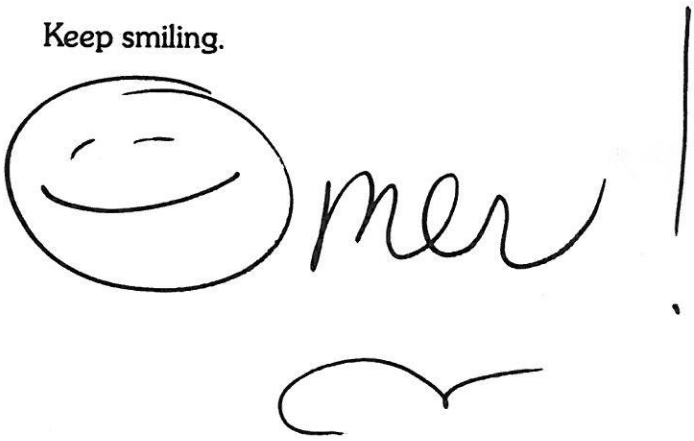
God has given me a gift of a friend in Merritt that is indescribable, wouldn't you agree?

And Perry Ratcliff, in the last 15 years, to have toiled "sweat to the bone" with his wife, Bobbie, CEO-ing the Rowpar Company to provide us with perhaps one of the most innovative therapeutics in the form of the $ClO_2$ chemistry. They also have my deep debt of gratitude.

At any rate, that's the newsletter for this month. Call me. Suit yourself. Or whatever, but I don't' believe we cannot be at least aware.

I'm told, by the dental supply people here in Phoenix, because of the nature of the water, mineral content, or whatever, that 90% of the unit and equipment problems come from the water supply. This is certainly going to eliminate that, as well, and may be another good reason to do it. . . or maybe the only good reason.

Keep smiling.



# NEWS & Views

We've been mesmerized by the Olympics in Atlanta. . . it's the first time I've really understood what a "couch potato" is! Also, don't miss reading **Where Peachtree Meets Sweet Auburn** by Gary Pomerantz. It's a terrific "read" about Atlanta as told through the histories of two Georgia families. I'm not a history buff, but this story is remarkably readable and timely.

Omer will be speaking in Toronto on the 23rd of August (Contact Annette MacLean at 519-884-1444) just before we leave for Rotorua on the 28th.

After New Zealand, we'll be in Charlotte, NC (13 September) and then northward to Duluth, Minnesota (19 September).

**People Without Perio**, 26-28 September, has an ever-growing list of participants. The networking is fierce and since none of us is smarter than all of us. . . it's going to be a better-than-ever session.

You know what the **File Cabinet Millionaire** is all about. . . join us and start collecting on your past, as well as your future productivity: 7-9 November.

Additionally, he'll be in Aberdeen, North Carolina on 15-16 November, and 19-20 December in Eugene, Oregon.

Watch for the announcement of speakers for the **Skunk Works** meeting, December 12-14. . . you can be in Phoenix in time to do your last minute shopping!

The Napili 6 Foreign Travel Experience in 1997, mid-August till the 31st, will again be the South African Dental Congress meeting in Sun City with a stay at a game park and other unforgettable excitements.

Excellence in Dentistry
James C. Evans, DDS
LeAnn Truesdale, DDS
Terry Truesdale, DDA

"In the near future you will be reading and seeing information concerning contaminated water being used by your dentist.

"It's been called *an intimate kiss with a stranger* and scientists say it may make you sick.

"We are pleased to inform you that our office is the first in Las Vegas to install a contamination control system.

"This new system will purge and then flush a disinfectant through our water lines preventing the possibility of between-patient contamination.

"We want you to know that nothing is too good for our patients and loved ones."

# REED'S INTERNATIONAL LETTER

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A recently released Joel Barker program, Number Four in the series on Paradigm and Vision, is in the Pentegra "Members Only" library and deserves a generic review for those who have tracked the first three programs and to stimulate curiosity and interest in those who have not.

## The Paradigm Curve. . . and more

We all know about, and are experiencing, fundamental change in our profession, which causes us and those adjacent to us in the profession to re-examine how we do business.

I needn't reiterate the numbers of organized forces that would chose to change us and I'm certain you've discovered, along with me, that "why be a dentist when you can buy one so cheap": seems to be everyone's motto.

To help us focus on our attitudes toward change and how we can remain identified, happy, healthy, wealthy and wise in our competition for the discretionary energy of the public, I believe some of the thoughts in this provocative 34-minute video program must be shared.

The topics that are in the video are succinct, well-organized and pointed.

What is a paradigm? What is the paradigm curve?

What does it mean to go back to zero?

What is the "impossibility" question? When does the new paradigm show up?

Who discovers new paradigms? When must one look for new paradigms?

And what happens when we go through a paradigm shift?

Each of these points could well carry a half day of full discussion and in many cases, since January when we first studied this package, it has, indeed.

Paradigm is a pattern, a set of rules, how we play the game. It's certainly a window through which we see reality and truth, much like the Franklin model, a paradigm is indeed how we view the world.

It's easy to define as the boundaries within which we think, which, of course, includes our truth and reality as we perceive, inter-cranially.

A paradigm curve is carefully outlined in the video program to show that when a paradigm shift takes place, the new rules or the new perceptions that come from outside of our original reality, helps us to solve problems extremely rapidly and toward the end of the life of that paradigm is a flat plateau where it no longer continues to be an answer as creatively as when initially applied.

The curve is indeed a fascinating piece of information as the rate at which problems are solved is on one vector and time on the other.

Quite simply, new rules and new answers help us immensely during their initial application and as paradigms shift all the time, when the plateau is recognized, it seems the obvious time for us to recognize that no longer is the existing paradigm as effective or efficient as when first used.

Obviously the resolution it has provided is a high plateau of resolution and it may well be temptingly comfortable to those who are experiencing it, much as the earlier paradigms that we've experienced have brought us to expertise and comfort as we've really learned how to play the game.

There's a saying that been with us some eight years now, since Joel Barker first gave us the information about paradigms.

When a paradigm shifts, we all go back to zero.

The rules of the new game do not apply to the old.

The skills, the attitudes, the perceptions and the reservoirs of resource that we've generated to play the game are no longer appropriate.

I suspect it's as easily portrayed as some of the examples in Eric Berne's book, **Games People Play**, for those of you who are familiar.

For those who are not, quite simply, it's difficult to believe that the back swing in tennis is going to once mastered, be of great value to you when you're shooting pool.

Obviously as a metaphor, this is over-simplistic. When applied to the complexities of managed care versus personal care in the dental regimen, from a business point of view, there are a multitude of complexities.

Paradigm pliancy is a term that Barker uses and then describes it as the purposeful and regular questioning of our paradigms.

Much as we keep the hamstrings flexible, as they are a part of our "second heart," cardiovascularly, (and are involved with the flexibility of the body in its muscle tone and its ability to perform painlessly and without fatigue those regular tasks in our every day life) pliantly is the flexibility in the philosophy of seeing the world in its constant transition.

When one chooses to ask paradigm pliancy questions, the "impossibility" question comes to the fore.

It is the tool that brings us to periphery of our current paradigms, our current state of reality, to the current edge of the rules of the games we're playing, by asking us "What, though impossible, if we did it would make us happy, healthy, wealthy and wise and give us peace of mind?"

Or, what, though impossible, if you did it would unalterably change your life. . . indicating, obviously, a paradigm shift.

This would lead you, perhaps, even over the wall, like a *spy in a basket* being lowered into a new city to ferret out the strengths and weaknesses of new opportunities.

What, though impossible, if you did it, would assist you in being consisted in the mathematic progression of saving money?

What, though impossible, would change your behavior to always carry your planner?

When does the new paradigm show up?

One would think, when the plateau exists in the paradigm curve, it would seem that all the awareness would then focus on looking around for a new paradigm.

Barker succinctly points out that during the middle phase of the up-swing that takes place when new paradigm patterns are being applied, and we're feeling the flush of success in solving problems and being creative, and achieving, is the best time to look for new paradigms.

We'd best look for and find new paradigms earlier than they're needed, and much, much earlier than they're even **wanted** because this is when the new paradigms primarily occur. Another good reason for paradigm pliancy to be constantly in use.

Who discovers new paradigms?

Usually an outsider. The person who has less to lose and more to gain is most likely to shift your paradigm.

We cannot know who this is going to be, this person who brings our future. We can't qualify them in advance by looking at their degrees, their gender, their race, color or creed.

Unless you know what to listen for as you attempt to perceive the new paradigm and intuitively know to whom to listen, all your rationality will tell you to reject the person and the idea.

Practitioners of the current paradigm have tied their time, their reputation their success in life to the old paradigm. This, of course, makes them feel that they have everything to lose and almost nothing to gain by shifting.

This is a fundamental weakness. No wonder the outsider has a natural advantage.

Remember, paradigm shifters have nothing to lose and everything to gain by changing the paradigm because they're not invested in the present paradigm and this is their fundamental strength.

What can we do to see the world this way?

It is interesting to note that in 1982, Dr. Barry Marshall, at the Royal Perth Hospital in gastroenterology, a field in which he was not a specialist became excited about some research that was being accomplished by Dr. Robin Warren, a pathologist who had found some bacteria where they weren't supposed to be. . . in the high acid area of the stomach.

Dr. Marshall did some research on those bacteria. His research broke two dominant paradigms in the old ulcer game. Number one, that nothing could live in the stomach because it was extremely acid, and two, that ulcers are caused by stress.

In 1984, Dr. Marshall began going to medical meetings to tell experts in the field that their paradigm was wrong and that based on the evidence of 200 cases they could affect permanent cures by taking care of the organism, h.pylori, with some bismuth and some tetracycline. Four weeks of therapy with simple, inexpensive medication would wipe out the organisms and the ulcers would go.

He was ignored until a full ten years later when he received endorsement by a major health organization.

Why did this lapse in the trenches take place? Because Dr. Marshall was not trained in the field, he was revolutionizing. The experts said, "What does he know? We've been studying this for 30 years, he's only been studying it for two years.?"

As a result, he had no credibility. He was an outsider.

Since the outsider doesn't know anything about my paradigm, why should I listen? He has no credibility. Isn't that interesting?

What's even more fascinating than this is that some 15 or so years earlier than that, here in America, an organism was isolated in the gastro intestinal areas, that was afflicting large and small animals.

Now in America, small animals are loved by their owners who have money and the large animals produce money for their owners, who are farmers. So big bucks were pumped into creating answers for curing gastro-intestinal ulcers.

In the acid portion of stomachs, both large and small animals, there was discovered an organism. Strangely enough, it was called h.pylori. Remember this is back in the 60s. Not the 80s.

It was discovered, at that time, that a small amount of bismuth and some tetracycline could cure this in a very brief period of time and the animals would go on gaining weight, remaining healthy.

This simply means that if you had a gastro intestinal ulcer between 1960 and 1982, you'd be better off in the hands of a veterinarian in the United States than if you'd been cared for by an gastroenterologist.

Paradigm shift takes place very slowly because outsiders are not recognized and anything outside the paradigm is thoroughly discarded.

Hopefully this general philosophical process is making sense and that you will scurry to your local library to obtain a copy of Barker's video, *Paradigm Principles*, to further study the package of ideas that come with it.

You don't have to be a paradigm shifter to get the advantages of the paradigm.

When a paradigm shifts, there are a lot of people who can capitalize on it if they recognize it. They don't have to be the ones who create it.

This is clearly portrayed in the video and is a point that I want to make as clearly as I can. It will stand on its own without metaphor.

To see the world anew, we must indeed **not** look through the window of the old paradigm. It will prevent us from seeing the new.

Change is the only constant we have. I strongly believe that much attention in an easy, happy way, if appropriately invested in paradigm transition will pay, multitudinously.

In closing this newsletter, though it may seem somewhat unrelated, I chose to quote an old mentor with whom you're familiar, Viktor Frankl.

Frankl, as you know from his own paradigms, was able to see outside and beyond the reality and truth of his then existing world. And in an audio tape that he did relatively recently, he mentally ruminates on a very complex point.

I sense that if anyone has put anger on a leash for me, it's Frankl. In dealing with his Judaism, his philosophical view of man and without forgetting his experiences in Auschwitz, decided to comment on his view of God.

I quote:

"God exists on a plane above us. . . a higher plane. A plane above biology. I cannot know this, but I chose to believe it.

"Religion is not man's search for meaning, but man's search for ultimate meaning.

"To believe in something or someone does not simply mean I do not know something or someone. Believing is not knowing without the reality of what is known, but believing means a reality of which I think.

"According to my own definition of believing. . . of faith. . . all things are possible.

"I adopt as reality the position I'm inclined to believe, rather than other choices. This decides whether I go beyond knowing into the realm of believing.

"Believing means thinking plus the existentialism of the thinker. I believe this is an interesting parable of man's attempt to shift from the conscious objective, known things of reality to the subjective existential part of life where man feels."

This is worth consideration as we further our study of paradigms and paradigm shift.

# NEWS & Views

We've just returned from an exhilarating experience in New Zealand. It was great fun to be with Nadine and Ian Lindsay, Andrea and Sean Shepperson, and Mary and Allen Baker (with Jules and Pearl). We were also happy to be with Jill and Ed Alcock who have also been special people in our lives. Lindsays and Alcocks were with us on our first foray into the white waters of the Colorado River way back when. . . (actually, it was before Jill and Ed had children, and now they have three who are about half grown-up. . . dates us!).

We arrived in Phoenix on Sunday, then Omer left for Wichita, Kansas on Monday to be with professionals in the heartland of America.

**People Without Perio**, coming up this month, 26-28, here in Phoenix. It's not temperature hot in the Napili/Pentegra headquarters, so bring a sweater to ward off the air-conditioning. . . and get ready for another YES experience with Drs. Meador, Ratcliff, Reed and all the ancillary persons who make this such a rewarding three days, including participant/attendees as their dialogue is engrossing, thought-provoking, thought-inspiring, challenging. . . and. . . lively and entertaining.

**November 7-9**, Case Presentation. . . and **December 12-14**, Skunk Works, the Million Dollar Roundtable. These workshops are confirmed. We've had many requests for a model-building workshop in Grand Cayman. There is a proposed, but not confirmed, option for **November 22-23.**

We're keeping a "will call" list of those doctors who would like to participate in a technical workshop called the Inlay Special. Call us if you'd like to add your name.

**Somewhat (?) "paradigm shifts"** . . .
(Swiped from Harold Pebbles' latest **Smile Times** newsletter)

- In 1971, only 1 in 27 girls participated in school sports. In 1994, that number had jumped to 1 in 3.
- 43% of fatal vehicle deaths on U. S. Roads are still alcohol related, although alcohol related traffic deaths have declined nearly 21% in the past decade.
- 42% of recent medical school graduates are women. For men and women, the average educational debt is $50,000 for public schools and $75,000 for private schools.
- The average U. S. Credit card holder carries a balance of $3900. Only 1/3 pay their credit card bills in full each month.
- When no one's looking (Omer doesn't care) 40% of men and 22% of women drink milk straight from the carton; 54% of men and 37% of women drink fruit juice straight from the carton.
- Only 54% of Americans say they wash their hands with soap and water after using the bathroom.
- Prison inmates are the only group in America who have a constitutionally guaranteed right to health care. In the 1970s, the U. S. Supreme Court ruled that denying rretment to prisoners constituted "cruel and unusual punishment."

# REED'S INTERNATIONAL LETTER

2999 North 44th Street ❖ Suite 650 ❖ Phoenix ❖ Arizona ❖ 85018 ❖ 602/852-0956


With a heavy travel schedule and the privilege and opportunity of being with diversified groups, globally, one reviews the opportunity and privilege of the exposure provided by a portion of society, and reflects on how we as individuals see truth and reality. (the now familiar reality model by Hyram Smith).

## Technology. . .A Review

Each of us believes we see things as they are, that we are objective! The truth is, we see things **as we are**. We have a problem. . .the way we see the problem **is** the problem. We are strapped by the principles written on our "belief window" through which we see the world. We are truly enjoying our own paradigm.

I know you believe you understand what you think I said, but what you heard isn't what I meant.

In dentistry, we are remarkably provided with people, opportunities and a exceptionally transitioning profession. Our profession is transitioning socio-intellectually, spiritually, technically and financially. Each of us views this through a particular window that is privately our own. Only through dialogue with each other do we broaden the view and enhance our relatively personal *solo flight* position.

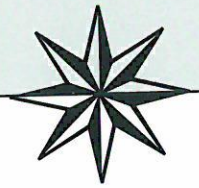
In today's interactive diagnostic technology era, treatment programming with a co-interview, co-discovery, co-diagnosis and co-treatment program provided by our past, we find that what *was, isn't* and what *is, won't be.* Change is the only constant we have. As Tom Peters says, "Change. . . Eat it for breakfast every morning."

It's not having the technology *per se*, it's the strategy around using the technology. It's the integration of the technology that remains critical. It's the practice of changing the "m" word (management) into the leadership! . . .and then marketing our entire delivery system. This does not begin with running out to buy equipment. It begins in our minds and how we see our role, our team and the people coming to us for care.

What you buy isn't as important as how you use it. It's certainly an important solution to use technology to improve productivity and the truth is that we can only grow wealth the old fashioned way, by earning it. . . with productivity gains. We then must retain it through mathematical progression and accumulating assets. This is true of the dental office as well as of the nation in which we live. Even a small percentage point gain in productivity can slowly make a major shift in wealth.

In modern dentistry the engine of productivity is the computer. If you've had a dental management system for more than six months, it should be paying its own way. If you had an advance system in place for at least a year, you should be receiving massive improvements in productivity, And if you aren't, you need to invest in some training and consultation for the proper implementation of this hardware and software.

The purchase of technology must be values driven. Whose digital imaging system can be most cost effective? How can it be used most productively?



What computer system is most price-reduced and yet totally effective for my practice? The market is shifting away from the technology leader in the high-end niche to the vendor with the basic proven low-priced system. It turns out that it isn't as important what you buy but how you use it. The real financial investment in your system is not in having it but in learning how to use it. Continue to develop your business strategies for the implementation of technology.

The solution? Every significant breakthrough (in our personal lives as well as in the world at large) begins with a paradigm shift,. . . a change in how we view the world, the erasure of the principles on our belief window and the re-writing of those principles.

A paradigm doesn't shift without a significant emotional event occurring. Think about that one for a minute. Without a significant emotional event (S.E.E., isn't that interesting?), we will

1) think what we've thought
2) do what we know. . .
3) and do what we've done.

Our paradigms are a source of our attitudes, behaviors and ultimately govern our ability to succeed.

When a paradigm shifts, everything goes back to zero. Jordan found that out when he shifted to baseball (don't miss Joel Barker's *Paradigm, Vision, Paradigm Pioneers and Paradigm Principles*. . .four remarkably important videos). Our high tech world has incredibly complicated our situation because it's no longer enough to develop a workable set of paradigms and stay with them. We live in a world that's experiencing social, political and scientific change at a rate five times as fast as the world of our parents only a generation ago.

The big paradigm shift is to realize that the managerial forces have shifted to the realm of human values. This is the values decade. For dentists who don't understand it, it's going to be brutal.

The tools of the paradigm pioneer are faith, trust and courage. Faith is *belief without proof*, and *trust without reservation*, trust is *voluntary vulnerability* and courage is *fleeing forward*.

Are you a paradigm pioneer? The guy with the most arrows in his back?

Job security comes from the team winning. We have not a lifetime of employment promised to us, but a lifetime of employability when we manage paradigm shift. Your team needs to know that you can't guarantee lifetime employment, but must guarantee lifetime employability. If they will take the initiative to benefit from the training and experience provided. They will indeed have this remarkable gift.

It turns out that to put your practice on track, to have a sustainable competitive advantage, you must have a values added philosophy. You must put quality and satisfaction first and never cut the energy necessary to delivery quality and satisfaction to the person coming for care. You have to run a lean, serene green machine focused on business. Three polarities exist: price, quality

and service. You can have any two, you cannot (nor can the market) have all three.

Fee equals cost plus profit. Not fee minus cost equals profit. Quality and service are high. . . so is price. Think about it.

Maximize your productivity and be organizationally and culturally flexible to meet the mass of change that's coming at us. Your sustainable competitive advantage is to be the highest *value* supplier of private, personal dental care in your entire marketplace.

In the 90s and well into the next century, a successful dental practice is going to have to break down the barriers that divide "employees." In fact, we won't even call them "employees" anymore because it's no longer acceptable for your people to be "grunts" or "twits." I would much rather work with intelligent, mature adults who are my partners, my colleagues, my associates. We definitely understand now the effectiveness and efficiency of the *open book* system of administration, the front deskless process, where it isn't only the "front desk person" who works with the computer. We certainly want to have single-point of service with the computer and everyone technologically able.

The practice is going to have to lessen the distance between people coming for care and the people on the team. Rosenbluth and Marriott, with their massive paradigm shift to *team first*, the consumer comes second, is part of this new revolution. We want to look hard at the satisfaction of the person coming for care and then look again, harder. To satisfy this person, we must have a five-star team. Therein lies the power of the team first situation.

In a Marriott hotel recently, I was met in the lobby by a young woman in fine "civilian" attire who said, "May I have your name, please, sir?" I gave her my name, of course. She said, "Oh, king-size bed, no smoking." and she pulled my key from a small file cabinet was set up in the middle of the lobby. The front deskless operation at the Marriott Hotel scheme is absolutely remarkable.

Losing our boundaries means that the people who work on the team need to have a sense of the "whole" not just keeping an eye on dentistry. This means that if they're going to help us with effective and efficient scheduling, cost containment and profitable fee structuring against cost, they must understand and be able to know the books, read the balance sheets and be partners, colleagues and associates.

The value is that we expose people to ideas from every where and it adds tremendous creative capital to the practice. A creative capital of people is much harder to find than financial capital. I believe it's imperative for us to alter our sense of what's possible, to suspend our disbelief and set aside all boundaries. A new mind set. . . a new paradigm is certainly essential in the business of dentistry.

We need to "re-synapse". . .ignore subjective traditions, do numbers runs, pay attention to objective data. As Deming said, "In God we trust, all others must have data."

From data comes information, from information comes knowledge, from knowledge comes wisdom. If we think we can have knowledge and wisdom without data, think again.

My pappy's old five-point checklist. . . "Do the right thing at the right time in the right place with the right people **for the right reason**." The last point is really critical.

National approval of the virtual dental record is eminent. The electronic storage of all information, including radiographs and chart notes will end the need for paper charts. Dental practices will be chart-free, leading to the freeing of space for more cost-effective uses. Through electronic storage of information will soon allow a practice to store an optical disc drive no larger than an old-fashioned bread box, a complete chart, information including all visualized radiographs of over 5000 individual records. The ease of letter generation and communication through word-processing and mail merge functions leads to an enormously increased correspondence, leaving the practice. The paperless concept actually relates to a change in the way paper is used by the practice. There'll be a total reduction in the storage of paper and the only paper will be the stream out-going.

Marci slaps my wrist when I want to take a letter that I'm sending and put it through the copy machine so I can share it with the team. He says, "Hey, the seven workstations that are networked all have it and it's on the disc. . . any one can read it any time. Back off."

The "Pentegration" (or the integration, with integrity) of diverse information systems is critically important. As dental technology evolves, dentists will find not only is different equipment capable of sharing information (telephone, FAX, @.com, www.\. computers, intra-oral cameras, digitalized radiographs, Tek-scans, microscopes, PerioTemps) but the sharing of information between practices is becoming more practical.

I often speak electronically with my mentors and those to whom I refer. The result of the integration of diverse information systems is the achievement of new levels of knowledge and productivity. I recently reviewed for **Dental Economics** an article being written regarding the top 40 of the 300 Pentegrans we've worked with over the last eight years. It was a real eye-opener. Each of these persons is replacing the old paradigm with vision, leadership, inter-dependence, a total belief that competition will be replaced by cooperation. To up hold and direct instead of push and direct and the bottom line really shows it.

The semantics of the profession has changed remarkably. As Tom Peters has told us, we will drop the words "patient" and "client" and "staff" and refer to the people as team members who are colleagues, or partners and associates. The person coming for care will be called ":friends, neighbors, visitors and guests and we will have re-synapsed our entire communicative attitude. The paradigms that serve us well with the new word handles will be a part of our sustainable competitive advantage.

The true mission statement of the productive dental team includes the five point checklist of happiness, health, wealth, wisdom and peace of mind. Strange and unusual philosophies in the

economic world such as *decimation* and *net-tracking* give us a completely different widow through which to see the objectivity of the economics of our practices. (Call Kelly at 602-952-1200)

We have learned to define stress as Hans Selye has given it to us, as distress and eustress and learned to deal intelligently with each, by choice. We have learned, through psycho-neuro-immunology, that we can accelerate wellness and that psychosomatic medicine, which has been around a long time, can now be our friend. The immune system is nothing more than a circulating nervous system and Erickson, Maslow and Rogers are now fuel for our fire in regard to our understanding each other. Fear and greed are the primary movers of (wo)man and we can use them intentionally and intelligently in good faith. We realize that chaos and ambiguity are the partners of change, growth and learning and we can't leave one congruity and go to another without chaos. This creates a friendship between our dispositions and chaos itself.

The messages of great mentors and heroes in life (such as Frankl and John McCain) let us use intentional choice to survive. The General Adaptation Syndrome (G.A.S.), being well-recognized, lets us use our finiteness intentionally. We realize when we have an alarm reaction, when the stage of resistance is engaged, we learn to avoid the stage of exhaustion at the adrenal level that follows. We model-build, we plantrol, we alter our sense of what's possible. We listen to the power of Paul Tournier reflect on the *Meaning of Persons, The Meaning of Gifts, The Whole Person in a Broken world, Guilt and Grace* . . . his authorship has become a powerful adjunct to our success.

We realize that health care reform (whether it's called managed care or whatever) can never take the place of **personal** (private) care and the free enterprise system where people who value that which they procure. . . and pay for it. . . survive.

We believe in reaching outside of self through prayer to find that peace that passes all understanding and we realize that wherever we go, the implication is that we must *be there.*

To be *present* with those we love and care for is critical and it is a choice that allows us to shift into the world of those we serve and stay there, but also to shift back and to proceed with those strengths and assets we must use to collectively grow, change and learn for self.

The function of the minute vacation, where we anticipate with joy and peace a future event and return immediately to continue to deal with an "opportunity" keeps our batteries charged.

I realize that these ideas are bunches of other people's petals and flowers. . . my only contribution is the string that ties them, loosely, together.

# NEWS & Views

I'm deluged with calls from doctors who are interested in participating in the technical workshop called the Wednesday Special. . . a two-day session dealing with the concept of honing your skills in prepping (each participant will prep cement-seated real teeth, using the 90-second crown prep technique. . . curious?); seating by primary intent; impressive impressions; inlays/onlays at the amalgam fee plus the lab fee and doubling your net; and sharpening your consultation/presentation skill in discussing this option with the person coming for care. Call if you're interested in being on a "will call" list for confirming a date.

Welcome to our international friends who will be with us for the **Case Presentation** Seminar in **November, 7 through 9**, and for ***Skunk Works: the Million Dollar Roundtable, December 12-14.***

Omer will be in Pinehurst, North Carolina on the 15th and 16th of November. . . a two-day, five-point discussion at the Hampton Inn in Southern Pines. Come early, stay late. . . great golfing country, and a change from the heat of Phoenix. $549/first person; $99/additional. . .lunch included. Call or FAX to register.

Same discussion format in Eugene, Oregon, December 20-21. Great opportunity to see how the beautiful Northwest decorates and celebrates the Holidays.

We had a fantastic time with the 80+ persons who were here for People Without Perio last month! We're looking for a repeat performance in February, 1997.

Come, join us. Phoenix is delightfully cool (at night).

*October 8, 1996. . .Hi, Omer and Marci. . .*
*See what kind of havoc manhole covers can do!*
*Farouk and Noreen Wang*

**Downtown Rocked by Underground Explosions**

Shortly before 11 a.m. today, a series of underground explosions in the heart of downtown Honolulu blew manhole covers more than 30 feet into the air, knocking out power over a 12 block area and injuring at least two pedestrians.

According to Hawaiian Electric officials, the explosions were caused when gases created by the burning of heavy duty wire insulation ignited. Police, fire and civil defense officials mobilized after the first 911 call.

The major explosions were loud and strong enough to shake the ground and many witnesses said they thought a bomb had been set off. Smoke and flames billowed out of three open manholes along Richard Street and city traffic was thrown into chaos as downtown workers flooded out of their darkened buildings and collected on sidewalks.

One 47-year-old woman who was standing near one of the manhole covers when it was blown into the air suffered minor injuries, and another woman had to be treated for smoke inhalation.

Though this incident left many people shaken, safety officials acknowledge that similar things have happened before. . .Fire Battalion Chief Matthew said, over the course of the last ten years he's seen at least two or three other times when manhole covers have popped. Less than a week ago, the same three manhole covers listed in today's incident were found dislodged.

# REED'S INTERNATIONAL LETTER

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*Isn't it strange that princes and kings and clowns that caper in sawdust rings and common folks like you and me are builders toward eternity. Each is given a book of rules, a block of stone and a bag of tools and each must make, ere life has flown, a stumbling block or a stepping stone.*

## The Four Questions

To whom do we owe what?
Compared to what?
Who owns the problem?
How much is enough?

(And the fifth question: Why? Or Why not?)

In following the thoughts of my friend, Mark Skousen, I find that the subject of money is ofttimes germane. And I love the insight and definition Mark gives to this attractive and exciting topic. I guess we could even ask the question Mark implies: "Does money exist?"

Most people would answer "yes" as we use it as a means of exchange, we receive it for labor, we pay our bills, we save it for retirement. It's a store of value, a medium of exchange. In our time, however, money is an information carrier that monitors the value in a unique way.

Mark points out that in the *good old days* a silver or gold coin was truly a store of values. It had duration. It was recognizable, portable, divisible and not reproducible. It could be used to store well, as was done by our friend, Silas Marner, in George Eliot's famous miser tale. Money is certainly better than bartering in economics, isn't it? Money became a measurement rather than a store of value when the government moved from the precious metal to the paper. Paper was more convenient and governments could back a large amount of it with a small amount of gold since people didn't try to convert into the metal all at the same time. Since that day, the promise to convert has been eliminated by governments and money is now stored in the satellite as a computer transaction, every night. If you want to ask where the money is, it's in the satellite.

Where does the money come from? It comes from wherever it is at the moment. If you attract it with a measure that is meaningful to others. We really choose to store our wealth in the form of stocks and bonds and instruments that derive value from supposed underlying assets. Certainly a mutual fund is not backed by a government with full credit, but by the publicly traded stock. These stocks in turn derive their value from corporate assets that they represent and the opinions of financial analysts as they review these companies, reducing moneys use as a medium of exchange remarkably.

So, instead of a measurement it's a way of communicating value in a common language. In this electronic age, we create financial instruments in the form of debentures, options and even a thing called plastic. Governments are really losing control of the monetary system as relative values of the day are set by the market rather than by government policy. Private institutions create new forms of money, such as stored values, even time is swapped and much of his to avoid the transactional tax placed on the marketplace by the governments.

I'm quite prepared for a time in this world where old money doesn't exist as we know it today. In fact, we live in that day already since money, as defined by Skousen, is anything but what we use to measure those things we negotiate, barter and treasure.

How much gold do you have stored in its raw form available for your use? Well, in regard to how much enough is, we have a number of questions that arise. And, as Yogi Berra said, you can observe a lot by just watching.

We all agree that work is uninspiring, unappreciated, and underpaying. . . unless you're out of it. If we make money our god, it will plague us like the devil. Of all the incentives for work, money is the most popular and the most unreliable. Most of the incentive for work is fear.

Don't forget the four questions.

It has been said by those who are wise that you should do the thing you fear. And that decision is the alternative to fear. Something to think about. I've seen in my agricultural days, a crow sitting on a scarecrow's shoulder and it's quite obvious that some crows don't believe in scarecrows. . . and some do. What do you believe in?

Fear. . . the most powerful of all man's motivators (not money) is a positive limiting and directing force in most people's lives. How much is enough? Do you know how much enough is?

I could wax philosophic/spiritual with you and go back to the family. Did you have a fear of your father? Do you have a fear of God? Do you so fear and love God that. . .? Perfect love casts out fear. Something to think about.

To whom do we owe what? America's first successful heart transplant person committed suicide. It seems that without emotional, spiritual, mental fitness we can't chose courage. We can't "flee forward."

Pankey said that economic independence precedes technical excellence. What he's really saying is that the fear of being economically dependent precludes our becoming what we're capable of being. Then, do we have an "independence day" on our calendar and are

we moving toward it? Does every decision we make move it forward. . .toward us or away from us?

This point in time that we call economic independence. . . when you have enough money working for you as hard as you work for it so you don't have to work at all. . . is preceded by a state of mind that comes from proper economic planning. If you have a financial plan, even though you're in the red, and you are living the plan, you are achieving your independence day, one day at a time, and you have the peace of mind of knowing that you're on time and on track.

This economic independence is a schedule and there's a pilgrimage between here and there that is a lot of fun. Take a good look at the debt structure, re-structure your debt to positively and incrementally assist in achieving your economic independence. . . and you're on your way.

There are four steps for successfully planning and managing this process. First of all, I would like to see that you manage your cash. Automatic bill-paying systems that cover your loan payments, your overdraft protection is in place and it's a clean sweep mechanism that helps you take care of the basics. This is a planning tool that keeps you in focus. Next you cover your risks with insurance. A risk pool for catastrophic events. . . auto, home owners, umbrella, life, disability. . . don't forget those. The third point is the planned savings. Have an emergency fund in cash proportionate to your need (and that varies with each of us). Be certain that educational savings are being properly placed for your self and your family. Have your long-term mathematical progression plan be properly funded on a regular basis and then, fourth. . .track your progress. Review, on a consistent basis, your net worth, your balances, your performance criteria. . . all compared to plan. Make a clear decision as to what is debt and what isn't.

Your mortgage is a contract in that the house is worth more than you owe on it and you could sell it and not have anything but an asset in your hand. That's a constructive use of money. A destructive debt is making car payments or paying on the remodeling of your kitchen, things that can't amortize themselves. (An intra-oral camera that's in the closet. . .) Properly restructured debt can be continuously reduced with the simultaneity of savings and investment. Unless these things are in balance, life could be difficult in the future.

Worry is interest you pay on a debt you don't owe. . . and a properly restructured debt position is not a burden to active people who are thinking and working. If one has a plan that's properly reducing debt on an appropriate payment schedule where there's a specific time in the future where we will no longer be in debt, we will even consider self-insuring our position, will we not?

Here at Pentegra we have a computer grid that we use for restructuring debt and with simultaneity assembling a savings and an investment program.

To whom do we owe what? Once this is all in order, it requires monitoring. If we measure against plan, we are indeed wise and effective in growth, change and learning. Anything that is to be achieved must be scheduled and anything that is to be improved must be monitored. . . against plan.

Compared to what?

A bad plan is better than no plan at all and monitoring against plan is a real wake-up call, a reality check. With all the incentive for work, money is the most popular, but the most unreliable. You are financially secure when you can afford anything you want, and you don't want anything. Or as Mae West said, "too much of a good thing can be wonderful."

It's certainly appropriate for us to realize who owns the problem. Life is a very personal thing, isn't it? The simplistics of the monitoring exercise are as old as "economics 101." Take a total look at your net position today. All the things you own, minus the total value of what you owe on them and be certain that you're conservative and honest about their current value. What is the total income? What is the total expenditure in the last "x" period. . . the last five years? And how much of it have we had the presence to put to work for us. It takes 10% of 40 years of income to have 13 years total of your last year's assets. Oftentimes this is used as the definition for economic independence. The average American doesn't save 10% for 40 years, but saves less than 5% per year. We know what kind of position we're in, don't we?

Those who are familiar with the Kodak study will be *reminiscent* of the sin.

So how are we going to proceed toward our objectives which include not being old and poor at the same time? How close in percentage points are we to tracking our plan? When is our economic independence day, on the calendar? When will I be able to have as much working for me as I need so I don't have to work?

Money's funny. If you haven't got some, get some.

How do you use money? Is it your measure of success? Does it provide security? Safety? Freedom? Power?

What did your parents leave in your mind in regard to these definitions? What are you leaving in the minds of your children?

This isn't a dress rehearsal, it's the real thing. So it's wise that we plan our work and work our plan.

What is the driving force made in the decisions you make in regard to money? Is it your head, your heart, your gut? Is it the history and tradition of your experience?

What's the best financial decision you've ever made? What's the worst? And what was the impact of these two extremes in regard to the emotional, as well as the financial?

What stands between you and doing what it is you want to do?

What is it that stands between you and being old and poor at the same time? Is it a lack of money? Lack of planning? Lack of courage? Lack of team support? Fear?

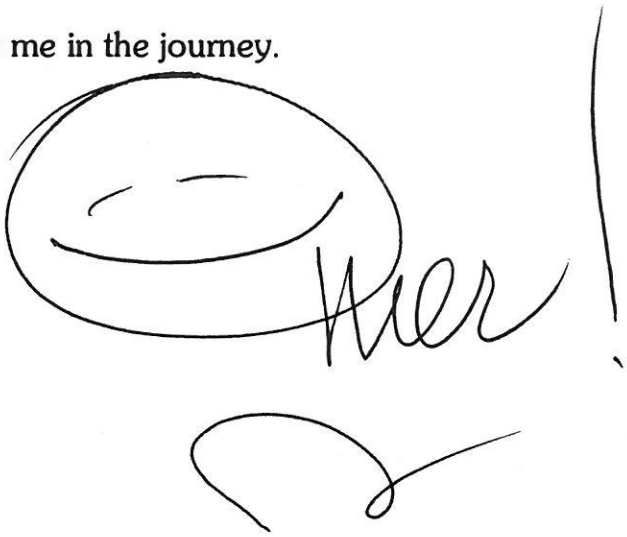
Difficult questions. As Bob Schuller says, "tough times don't last, but tough people do."

I've just finished reading the book, **Skiis Against the Atom**, a history of the Norwegion underground during World War II. If you want a wake-up call, if you want to cheer yourself and re-visit your values, pick up this two-hours of philosophy, vision, mission, strategy and structure and re-measure what you see your life to be.

Bertram Russell said, "One could say that man's due is measured by his services to the community, but I cannot imagine how these services are to be estimated. If you compare a baker to an opera singer, for example, you could live without the opera singer, but not without the services of the baker. On this ground you might say that the baker performs a greater service, but no lover of music would agree.

*To each is given a book of rules, a block of stone and a bag of tools and each must make, ere life has flown, a stumbling block or a stepping stone.*

Join me in the journey.



# NEWS & Views

**Charisma:** all people have some. It goes unrecognized and unacknowledged, and is not used intentionally or cultured to growth. Join us and some "charismatics" in **January (23-25)** and discuss the how to's of the intentional use of your unrecognized skills, what to do with personality and motivation, mastering the "tug of war" between courage and fear. . . and more. We like to have no more than 12 participants, each "seat" is an investment of $1270 and counts for 21-hours of AGD approved continuing education.

Team people are urging me to design and mail a "year-at-a-glance" calendar for 1997. I'll have to see the wood on my desktop before I can make a clear decision! We have the calendar, the first six months has been published. We'll go to the Caymans in Mid-July. (We tried to book a rafting trip, but we were too late; all the raft dates are taken.)

**People Without Perio** is confirmed for **13-15 February** in Phoenix and again **17-19 March** in the UK (York). In fact, we're working on a "tour" to the UK, a non-tuition, tax deductible opportunity to be in London for the Alpha Omega Commemorative meeting on the 16th of March, and then onward to York for the Perio meeting, and/or traveling onward (on your own) to Glasgow, Edinburgh, and then back to London for two or three days of meaningful meandering before we fly home on the 23rd. I have no costs at the moment, but expect to have a preliminary cost/itinerary by next week. Good for C.E., good for fun, good for fellowship, good for you. Join us.

**South Africa, August,** is a *go.* The itinerary and cost is near confirmation. The game camps are not large, so we can only have 22 persons, maximum, traveling with us. Victoria Falls, two or three game parks, Cape Town, Port Elizabeth. . . we plan to present a panoramic view of South Africa, post-apartheid. Want to go? Call me.

## I Salute You

A Letter Written by Fra. Giovanni, A.D. 1513

I am your friend, and my love for you goes deep. There is nothing I can give you which you have not; but there is much, very much, that, while I cannot give it, you can take. No heaven can come to us unless our hearts find rest in it today. Take heaven! No peace lies in the future which is not hidden in this present little instant. Take peace! The gloom of the world is but a shadow. Behind it yet within our reach, is joy. There is radiance and glory in the darkness, could we but see; and to see, we have only to look. I beseech you to look.

Life is so generous a giver, but we, judging its gifts by their covering, cast them away as ugly or heavy or hard. Remove the covering and you will find beneath it a living splendor, woven of love, by wisdom, with power. Welcome it, grasp it, and you touch the Angel's hand that brings it to you Everything we call a trial, a sorrow, or a duty; believe me, that Angel's hand is there; the gift is there and the wonder of an overshadowing presence. Our joy, too; be not content with them as joys. They, too, conceal diviner gifts.

Life is so full of meaning and purpose, so full of beauty beneath its covering, that you will find earth but cloaks your heaven. Courage then, to claim it; that is all. But courage you have: and the knowledge that we are pilgrims together, wending through unknown country home.

And so, at this time, I greet you: not quite as the world sends greetings, but with profound esteem, and with the prayer that for you, now and forever, the day breaks, and the shadows flee away.

❄ ❄ ❄ ❄ ❄

From a Lou & Evie Grubb Christmas greeting. . . Thanks!