

A Year of Continuing Introspection, 1972-73

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A year ago at the Annual Meeting of this Association, President John W. Curtin summarized in capsule form the pertinent facets of our organizational evolution, flavored them with personal observations of the significance of craniofacial anomalies, and admonished the membership to get at the task of encouraging more recognition and participation of those scientists and professionals whose interests embrace all craniofacial congenital aberrations; not just cleft lip and palate. His remarks highlighted a rather active, and sometimes controversial three year period of Association introspection concerning our objectives and need for soliciting new interest bloodlines.

Approaching the presidency last year, I felt that the Association was adrift, to some extent, unsettled. To be certain, our annual meeting programs had lapsed into a patterned production which has been described as unimaginative, sterile, and redundant. Perhaps, the scientific sessions were reflecting a plateau of research accomplishments and improved clinical management, which had been reached through the generous infusion of federal support, both philosophical and financial. As the governmental stimulus for basic research and clinical investigation has waned, abstracts of papers submitted for presentation at our annual sessions have decreased in number and oftentimes lacked originality, sophistication, diversity, and depth. Without a good number, variety, and quality of papers, or sufficient funds to regularly seek guest speakers, program chairmen have been limited in their efforts to arrange attractive scientific programs utilizing the format which had evolved of late. This year 39 papers provided the abstract response for the program committee's deliberations and 29 of these have been, or will be, presented as a part of the 1973 program. Total meeting attendance in recent years has ranged from 200-300, reflecting an approximate 20-25% membership participation. With few exceptions, committee rosters had reached status quo, decisions were made by a proportional few, and new member prospects were not inundating the membership committee with applications. With these few rather obvious observations as background, do we see a need for new interests, expansion of the

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membership base, reorganization of the Association's administrative structure, and new objectives? Perhaps so—but for a variety of reasons; some yet to be identified.

Shortly after assuming the office of President, I concluded that we must make a concerted effort to bring more people into "the action"; to reach a majority of the membership and persistently seek new input for determining the course a rededicated, and perhaps newly directed, organization should pursue. Change for the sake of change would not provide meaningful direction. To hopefully provide some continuity of idea and activity, a Task Force for Association Development was conceived, and President-Elect Morris was asked to coordinate the activities of three separate, but purpose related ad hoc committees; namely, Interdisciplinary Relations, Governmental Affairs, and Future Scientific Program Planning. Specific charges were issued to each so as to initiate interdisciplinary communication and stimulate thought. To say that all of our problems have been solved, or even identified, is folly, but you as members, and your Council have heard directly or indirectly from the Task Force, as well as from our other hard working committees. One common thread of response runs through the entire committee fabric; more individuals who are members now, want to be involved. We must find ways.

This year other exciting projects have provided the impetus for Association discussion and involvement. The 2nd International Congress on Cleft Palate has attracted our attention and stimulated interest, as what promises to be an event rivalling the very successful 1st Congress, begins to unfold. A substantial undertaking started last year, an Educational Foundation of the ACPA, has been nurtured and matured to reality, through the dedicated and persistent efforts of Dr. Vern Lindgren and his committee. This single enterprise could be the most significant effort the Association has ever embarked upon, as it has unlimited potential for the development and expansion of educational programs for the professions, the lay public, and above all, our patients. My hope is that an over-zealous Congress won't close all the "loop-holes" which would encourage wide support for the Foundation.

The 2nd International Congress, an open invitation by mail to members encouraging new member solicitation, and a potential new member interest sign-up at the registration desk, have stimulated a very significant increase in membership this year. To those new members who are with us for the first time, on behalf of the entire Association, I extend a very cordial welcome, and in so doing, urge you to come aboard as participants, not as spectators. You will be pleased to know that you are part of a group of 167 new members, which brings our current total roster to 1326.

The Cleft Palate Journal under the very able leadership of our Editor, Dr. Robert Harding, continues to be an outstanding international publication with the stated purpose: quote, "to reflect clinical and research activities in the field of plastic surgery, dentistry, speech pathology and other

specialties concerned with cleft lip and palate and related problems." This year three new sections were added to the Journal with appropriate related members to the Editorial Board. For Teratology—Dr. Joseph Warkany; Anatomy—Dr. Alphonse Burdi; and Pediatrics—Dr. Jack Paradise. Also under consideration are sections of Genetics, Behavioral Sciences, and Otology or Otolaryngology. If you haven't already noticed, the next time you pick up a copy of the Journal, please note that a cover subtitle has been added, "An International Journal for Craniofacial Anomalies." An Association Newsletter has been approved by Council and will begin circulation this year.

At the 1972 Annual Meeting, Dr. Peter Randall presented the report of the Committee on Exploration of Changing Interests of the Association. Among the recommendations of the Committee was the suggestion that further polling of the membership be conducted to ascertain the level of interest with regards to expanding Association interests, change in name, and organizational policy. In my charges to the Task Force Interdisciplinary Relations Committee, I asked that they design the blueprint for identifying the current posture of the entire Association membership with regards to present and future professional interests, organizational structure, and programming.

Those who attended the 1973 Business Meeting heard the thorough report of Dr. Clifford and his Committee. We are all indebted to these people for their extraordinary effort. The survey project was well conceived, structured in as unbiased a manner as possible, and whether you sanction them or not, the results provide us with food for thought. This report should be read by the entire membership and it is my hope that provision for its distribution through the Journal auspices or the Secretary's office will be forthcoming. Summarily, the report notes several trends from the membership responses. Listed number one, and perhaps the most important, is the following: quote, "The desire for a change, at least in terms of the Association's name or objectives, is not great. There is little ground swell for such change. Respondents would prefer to keep the Association approximately what it is today, while at the same time they would include other disciplines, particularly as they relate to clinical practice. This can be seen in the clear desire for more input from Pediatrics, Psychology, and Child Psychiatry." unquote. Another trend suggests a desire for separate interest sections to meet in simultaneous sessions at the annual meetings, and as the membership continues to grow, this idea seems most worthy of consideration. However, a word caution would seem to be in order; that the Association does not become fragmented and solely self-interest oriented.

Still another response could have been predicted; quote, "the data are unequivocal when it comes to the desire of most members to increase their participation in the Association. . . . Further opportunities will have to be developed for the involvement of more members." unquote. And to this

I can only respond, Amen. From the survey results, it appears that the rotation of elective offices among the three major special interest groups, Dentistry, Medicine, and Speech should receive further study before any Constitutional changes are offered. While the need for immediate action in this regard does not seem urgent, the survey responses do suggest some interesting possibilities for future consideration.

Time does not permit a review of all the pertinent data obtained from the survey. However, I would urge all members to review the complete report and make your opinions and proposals known to the Officers and Council, that they may make appropriate judgments and decisions.

It would appear that the cleft palate anomaly is still the common meeting ground for this Association, since it brings together those health care professionals whose responsibility it is to serve the debilitated and orofacially deformed. However, our interest perimeter can and should expand in an orderly fashion but without organizational upheaval. Many years ago, I became a member to increase my knowledge as to what the cleft lip and palate are, how and in what situations they are likely to occur . . . yes . . . but the overriding desire to learn how to better provide treatment planning, definitive care, and habilitation for the unfortunately afflicted, I believe, is still foremost in the minds and hearts of the majority of the membership of this organization. To this end may we continue to assemble each year in the special atmosphere of learning and fellowship which is so very unique to the American Cleft Palate Association. To summarize the Association year 1972-73; it has been one of continuing introspection, and I sincerely thank you for the opportunity to have been involved.