

President’s Message



R DEAN LANG DDS

YIKES!

In 1976 TV show reruns like batman were popular. Words like BANG! WHAM! and POW! were used to cover up poorly thrown punches in already weak fight scenes. I was a senior in high school. We decided to drive to Inglewood and watch a Lakers game. Kareem Abdul-Jabbar was the center at the time.

When we arrived at the Fabulous Forum I parked on a nearby side street. Being high

school students we wanted to avoid the cost of paying for parking.

As we all piled out of my 1970 ‘souped-up’ Dodge Challenger a young boy, 12 or 13 years of age approached me and said, “Twenty bucks and I’ll make sure nobody keys your car.” For those who are unfamiliar with this form of vandalism, keying a car involves using a key to scratch the paint off; usually in a line that extends along the full length of the car.

My first thought was *Right, you’re just a kid and a not very big one at that. You wouldn’t be able to stop anyone from keying my car.* Then it hit me: YIKES! Why YIKES? No reason. I could’ve just as easily said BANG! WHAM! or POW! After all, they all convey the same feeling of surprise. This kid wasn’t offering to protect my car from some unknown vandal. Instead he was subtly letting me know that if I didn’t pay him he was going to key my car.

I got back in my car and

moved it several blocks away, out of this little extortionist’s territory.

Several months ago, a few days before the holidays I saw a 14-year-old patient for a consultation. The patient’s mother was clearly out of sorts from the moment they entered our office. I guess the hustle and bustle of the season does that to some people. Anyway, my staff alerted me prior to my walking into the consultation room. I was confident that I could smooth things out. This mother was under the impression that we would be doing her son’s surgery at this same appointment stating “My son is simply too busy to come back twice to your office.” “No problem,” I said. She then insisted that the consultation be free. “No problem,” I replied.

I left the consultation room satisfied I had discovered her complaint (time and money) and diffused the situation. Unfortunately I couldn’t have been more wrong. As I stood basking in the calm aftermath of my expert diffusing

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SPRING SCIENTIFIC MEETING

April 17 to April 19 in San Diego
 9 CE/CEU Category 1 Credits
 Edmond Bedrossian DDS
 Audrey Boros MSc DDS
 James Hupp DMD MD JD MBA
 Joseph Kan DDS MS
 Jay Malmquist DMD
 Frank Pavel DMD
**Meeting Brochure Insert
 with Registration Form**

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The Southern California Orofacial Academy is not affiliated with the Oral and Facial Surgeons of California or the American Association of Oral and Maxillofacial Surgeons; is not politically motivated; includes oral and maxillofacial surgeons, other specialties and general dentists in California and the western states; offers increased options for continuing education, camaraderie and Southern California locations for two scientific meetings each year; is registered with the Dental Board of California as a Dental Society and a CE Provider.

SCOA 13TH ANNUAL SPRING SCIENTIFIC MEETING APRIL 17 TO APRIL 19, 2015



BAHIA RESORT HOTEL On Mission Bay in San Diego Friday • Saturday • Sunday 9 CE/CME Category 1 Credits

Saturday Dinner Cruise on the
Historic William D Evans Sternwheeler
Cocktails, Dinner and Dancing
While Cruising on Mission Bay

PRESENTERS

- Edmond Bedrossian DDS (OMS)**
*Is There Evidence for Immediate Loading
the Fully Edentulous Patients?*
- Audrey Boros MSc DDS (OMS Pathologist)**
Update on HPV-Related Disease
- James Hupp DMD MD JD MBA (OMS)**
*Managing Infections of the Maxillofacial
Region & How to Maximize the Value
of the Scientific Literature*
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and Socket Shield*
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- Frank Pavel DMD (OMS)**
*Sinus Augmentation via Physiolt
(Controlled Hydraulic Pressure)*



Dr Lang, Continued from Page 1

of a potential patient-relations bomb, what I had failed to realize was that I was in reality merely and only momentarily standing in the “eye of the storm.” You know that eerily quiet zone in the middle of a dark, raging, and devastating storm. Where the full force of the winds and the worst destruction is felt miles away on the leading edge.

This woman sat down at the front desk and insisted that our fees were too high. She demanded that we accept what her general dentist would have charged. She was loud and disrespectful to my front office personnel. In addition she made it clear that if we didn’t do as she wanted then she would write about us on a popular social media site.

When we couldn’t or wouldn’t meet her demands she showered my receptionist with profanities and stormed out of the office. When the staff told me what had happened all I could say was, “WOW! We really dodged a bullet.”

Unlike a category 4 hurricane, where there are all kinds of warnings and time to board up your windows, I didn’t see this one coming. (Side note: Ever wonder why the national weather service names hurricanes after women?) Me neither, at least not after this experience when she stormed out of our office because she couldn’t get our services either for free or at a drastically reduced rate.

Can you imagine what happened next? Yep, you guessed it. Later that night, apparently not feeling enough satisfaction from her emotional dumping on my staff, she proceeded to write a scathing review on a social media site. The very same social media site that will for a quarterly ‘maintenance fee’ scrutinize more closely this type of trashing and ‘protect your reputation’.

“YIKES!” I suddenly had the same sick feeling as I had had all those years before when the young boy offered me his services, “Twenty dollars and I’ll make sure no one scratches your car.” Then it occurred to me, I wonder if the developers of social media sites like the one I’ve only alluded to, without directly using their name, started out as prepubescent thugs and wannabe extortionists or if they have just devolved into them.

Ever heard the statement “There’s no such thing as bad press, even negative publicity is better than none at all?” Well maybe that’s true in the world of crazed starlets and aspiring actors, where the fear of never seeing your name in print or hearing it trashed on a talk show is your worst nightmare. But in the real world, my world, bad press is still bad press.

Social media is trending up, and the anonymity afforded by the Internet will surely enable more and more people to commit acts of what I call ‘reputation vandalism’ and even extortion in the way of demands for discounts and free services.

Fortunately patients like the one I just described are few and far between. Remember the Golden Rule - to treat others as you would like to be treated. This for some is good enough. Today’s cutting-edge practice managers talk about the platinum rule - to treat others like they would like to be treated.

No matter what, I still believe that good old fashioned patient care and caring will win over most patients. However, in the world we live in, social media can be used to vandalize your practice, the vehicle that drives your professional livelihood. With all you have invested into your practices it seems prudent that reputation management, in all of its various forms, should be an ever increasing part of good practice management and merits your diligent attention.

In closing I want to tell you about our 13th Annual Spring Scientific Meeting in San Diego. This year we will be staying at the Bahia Resort right on Mission Bay. The hotel has recently been completely remodeled. Once again Bach Le has put together a star studded cast of presenters covering an array of timely topics. We have reserved the spacious penthouse conference room overlooking the bay. I have no doubt this will be one of the year’s best meetings, both academically and socially. Please strongly consider bringing your family for a fun weekend in the sun. We have also made arrangements to do the dinner cruise again with a live band and dancing on board. ■

RDL DDS

EDITOR'S CORNER**THEODORE A TANABE DDS****How Do You Handle Difficult Patients in Your Office?**

I think one of the things we learn from experience is how to effectively manage the patients that create problems in our practices. Admittedly, in my earlier years I cared much more about retention of patients than I do now. No matter how annoying or demanding or volatile, my goal was to weather that storm and complete treatment. Now I understand that it was usually my staff that was forced to deal with the brunt of the problems those rare problem patients created, and the entire office lost some stomach lining and strained our heart musculature. So nowadays I'm much more likely to tell a patient or parent that I'm not the best surgeon for their situation and send them on their way before committing to treatment. My tolerance for the problem patient has decreased over time, and my hunger for production is tempered greatly by my aversion to pains in my posterior. That being said, I do understand that the vast majority of patients would rather be in many other places than my office. And we absolutely do our best to take that into account when we have patients who may be anxious and upset. But there is definitely a real percentage of folks that raise red flags, and the faster you learn to weed them out effectively, the easier practice – and life – becomes.

Another difficult situation that arises on occasion is the patient who is unhappy with treatment by someone else. My approach is to try to give them a

chance to talk but keep them from straying too far from their issue, because I want to get as much pertinent information to process as possible. And then I assess a few important things: Is this a frivolous complaint? Was the patient actually mistreated, and if so, can I fix or improve their situation? Does it smell like a lawsuit, and if so, do I want to get involved? Depending on the situation, making contact with the treating surgeon can help make up my mind whether to get involved further or not. I know that I have been the initial surgeon in this scenario in the past, and I certainly appreciated a phone call from the OMS who was seen for a second opinion. And last, practicing prudence by limiting judgmental or inflammatory comments certainly seems like a good plan of action until all the facts are known.

Here is one situation that is outside of surgical issues: What happens in your office if you have completed surgical treatment on a patient, but after insurance reimbursement there is a balance owed to you by the patient and they don't pay it? My office manager bends over backward to get accurate insurance information prior to surgery, and I believe that I have as small a percentage of accounts with outstanding balances as anyone out there. But once in a while, things do not go as planned. Our protocol is to try to call and speak with the responsible party in person after the first statement goes unpaid, and then again after three cycles of unpaid statements. If there is still no response then we send them to collections. There has been a recent uptick in the number of reimbursement issues, both on the insurance side and also on the patient side. One company has started to send us a fax on each and every claim, offering a cut rate of reimbursement in exchange for faster claim processing, without guarantee of payment if we refuse the discounted payment. I know of some offices that collect their entire surgical fee prior to surgery, and then they bill the insurance company on behalf of the patient so that the patient is reimbursed directly – that way there is no accounts receivable on the books. Another colleague asks the responsible party

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Dr Tanabe, Continued from Page 4

for a credit card to be authorized for use as a backup to cover any balance remaining after the insurance company pays. If anyone has any suggestions for our membership, please reach out to me and I'll make sure it gets into the next edition of our newsletter.

Despite the occasional hassle, I still have high hopes that private practice will continue to be interesting and fulfilling for years to come. Experience goes hand in hand with knowledge, and I certainly work hard to apply these professional and life lessons moving forward. I certainly believe that I am a calmer and more peaceful person now than when I started my career, and with any luck, that will continue to be the case. ■

TT DDS



Hilton Pasadena October 29, 2014
See more Fall 2014 meeting photos on pages 9, 10, 11, 12



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Frank Pavel DMD (OMS)
*Sinus Augmentation via Physiolift
(Controlled Hydraulic Pressure)*





JOHN J LYTLE DDS MD

“Membership Pledge”

Sixty-six years ago when the Southern California Society of Oral Surgeons (SCSOS) was the oldest and very prestigious dental surgical organization, members were required to learn and recite at initiation the “Membership Pledge.” Somewhere with the passage of time and the ever changing landscape of practice, the “Membership Pledge” lost its prominence in the initiation of new members into the ‘Oral and Facial Surgeons of California’ and our own ‘Southern California Orofacial Academy’.

It seems to me that despite these organizational changes, the increasing competition in practice due to greatly increased numbers of oral surgeons and others performing implant and dental alveolar procedures in a variety of office and institutional settings, our guiding principles should remain true to the spirit of the “Membership Pledge.”

Ethical violations of the principle of the Golden Rule and the Precepts of the Oath of Hippocrates are rampant in our profession. The rapid changes in technology and our diagnostic capabilities with the introduction of cone beam radiology has required that current practitioners use these new modalities to provide patients with care that meets current standards.

A great example of this problem involves placement of implants in the posterior maxilla. Placement here requires knowledge of the anatomy and pathology of the maxillary sinus that can and does impact the success of dental implants

placed in that region. The problems are magnified when the quantity and quality of bone are insufficient to provide initial implant stability. Bone grafting is required. Should the bone simply be placed through the socket or should a lateral antrostomy approach be utilized? Current fully trained oral and maxillofacial surgeons have the knowledge and experience to approach the sinus from either approach depending on their preference and the patient’s individual anatomical and physiological presentation.

On the other hand general dentists and other specialists placing implants often do not possess the training and ability to enter the sinus from the lateral approach and attempt to place quantities of bone through the socket into an area that may or may not prove to be beneath a healthy sinus. If the membrane is carefully elevated and the bone is well contained, the procedure succeeds. However, if the sinus is sick with a weak, inflamed, or worse, an infected membrane, serious complications may occur. The implant will fail to integrate. If the surgeon delegates postoperative patient care to staff, a loose implant may not be detected and the implant may be displaced into the sinus. This does not pose a great problem for the fully trained oral surgeon who can retrieve the implant through a lateral antrostomy. For the general dentist facing this problem, displacement of an implant into the maxillary sinus poses a possible professional and financial disaster. What if the surgeon who removes the implant does not recognize the need for a nasal antrostomy? What if a serious sinus infection occurs in a patient with pre-existing sinus pathology that was not identified? What will happen if the sinus infection results in hospitalization or the worst possible outcome results in a debilitated patient’s demise?

Adhering to the principles of the “Membership Pledge” will prevent general dentists and oral surgeons from falling into the situation outlined above. “When in doubt of my own judgment, to refer to those more competent any case in which I do not feel qualified.”

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Dr Lytle, Continued From Page 6

As I continue to see rapidly changing technology and standards for patient care, I am struck by the fact that the principles set forth in the “Membership Pledge” of the SCSOS are still the same as they were 66 years ago when oral surgery was far less sophisticated than it is today. ■

JJL DDS MD

SCSOS Membership Pledge

Believing that the Southern California Society of Oral Surgeons has been created to foster the noblest principles and traditions of our profession, and having accepted membership therein, I pledge that I will live in conformity with its ideals and regulations to the best of my ability.

Therefore, I pledge myself to practice oral surgery following the Golden Rule and the Precepts of the Oath of Hippocrates; to place the welfare of my patients above all else, to scrupulously regard the interest of my professional brothers and seek their counsel when in doubt of my own judgement, to refer to those more competent any case in which I do not feel qualified, to render help willingly to my colleagues and to give freely of my services to the needy, to constantly advance my knowledge and the ethical advancement of this Society.

I further pledge myself, so far as I am able, to avoid being a party to unnecessary surgery, to shun unwarranted publicity and commercialism as disgraceful to our profession, to refuse fee-splitting, to inform the patient, when necessary, of his obligation in the doctor-patient relationship, to make my fees commensurate with the service rendered and to avoid discrediting my profession.

Should I willfully fail in the fulfillment of this pledge, I agree to relinquish my membership.

Historical Perspective FYI

This is an excerpt from the first of Dr Bob Huntington’s three President’s Messages on Past, Present and Future published in SCOA Proceedings 2009-2010. If you are interested in complete copies of these three articles I will send you the back issues. Susan Smith

The following outline puts the founding dates and names of some of our societies in historical perspective for new members:

Southern California Society of
1921 Exodontists
1949 Oral Surgeons (SCSOS)
1977 Oral and Maxillofacial Surgeons
(SCSOMS)

American Society of
1918 Exodontists
1940s Oral Surgeons (ASOS)
1977 Oral and Maxillofacial Surgeons (AAOMS)

American Board of Oral and Maxillofacial Surgery
1946 Incorporated as offshoot of Society
(ABOMS)

Other OMS Societies
1929 Connecticut Society of OMS
1930 Northern California Society of OMS
1950 New York Society of OMS

Recent History
1986 California Association of OMS
(CALAOMS)
1998 Unification of SCSOMS and NCSOMS
2001 Southern California Orofacial Academy
2014 Oral and Facial Surgeons of California

To Our Members: Let us know of your colleagues, referring doctors or residents who would like to join SCOA. We will contact them, send information with past publications for them to learn about us, and invite them to our April meeting.

David Gilbert DDS MS MBA Membership Chair
Kevin Lew DDS MD Residents Chair

SCOA BOARD TRANSITIONS

Thank You Dr Berrios and Dr Goodsell
Welcome Dr Aghaloo and Dr Marchack

RETIRING



Rick Berrios DDS

RETIRING



Joseph Goodsell DDS

JOINING



Tara Aghaloo DDS MS PhD
Oral and Maxillofacial Surgeon

Dr Aghaloo received her DDS at the University of Missouri in Kansas City; OMS and MD at UCLA; followed by her PhD in Oral Biology at UCLA, She is Associate Professor in OMS at the UCLA School of Dentistry and a Diplomate of the American Board of Oral and Maxillofacial Surgery. Her clinical practice focuses on bone and soft tissue regeneration and dental implants with research in bone biology and regeneration strategies at the translational levels.

JOINING



Baldwin Marchack DDS MBA
Prosthodontist

Dr Marchack received his DDS from the USC School of Dentistry and MBA from UCLA. He is Adjunct Professor of Clinical Dentistry at the Herman Ostrow School of Dentistry of USC; chair of the Editorial Council for the Journal of Prosthetic Dentistry; course director for the USC-Hong Kong Comprehensive Surgical and Restorative Implant Training Program. His private practice in Pasadena emphasizes esthetic, restorative and implant dentistry.

NEW MEMBERS

Simona Arcan DMD MD
OMS in Huntington Beach

Jeffrey Caputo DDS
OMS in Mission Viejo

Kieran Kuklok DDS MD
OMS in San Diego

Parish Sedghizadeh DDS MS
OMS Pathologist UCLA of Dentistry

SCOA 2014 ANNUAL FALL IMPLANT SYMPOSIUM REPORT



BACH LE DDS MD
Program Chairman

Our 2014 Annual Fall Implant Symposium at the Hilton Pasadena was our largest meeting to date thanks to our seven presenters, 25 exhibitors and over 100 attendees. Here's an overview of the presentations:

SCOA retired member Dr Howard Davis presented a retrospective on *The Wonders of Oral and Maxillofacial Surgery*. Dr Chandur Wadhvani,

prosthodontist from Bellevue Washington on the faculty at University of Washington School of Dentistry discussed *Restoratively Driven Implant Failure: 2014 Update*. Dr Parish Sedghizadeh, OMS Pathologist on the faculty at the Ostrow School of Dentistry of USC presented *Osteonecrosis of the Jaw Associated with Anti-Resorptive Therapy*. SCOA member Dr Howard Park presented *Doing Less to Get More - Implant Esthetics*. Dr Kanyon Keeney from Virginia presented *The Art and Science Business Model of Implant Surgery*. SCOA member Dr David Cummings presented *Surgical Uprighting of Malpositioned Second Molars*. Dr Tara Aghaloo, associate professor in OMS at the UCLA School of Dentistry presented *Peri-Implantitis Updates for the Practicing Clinician*. One of our attendees came from Wien, Austria to hear Dr Aghaloo. She heard Dr Aghaloo present in Europe and wanted to hear her again.

Thanks to our Fall presenters and all of the attendees. We appreciated the participation of loyal exhibitors with special recognition for Diamond Sponsor BioHorizons. ■
BL DDS MD



SCOA President Dr Dean Lang with Fall 2014 Presenters Drs Chandur Wadhvani, David Cummings, Howard Davis, Tara Aghaloo, Kanyon Keeney, Howard Park, Parish Sedghizadeh



2014 FALL IMPLANT SYMPOSIUM
Photography by
Ron Stewart Pictures





2014 FALL IMPLANT SYMPOSIUM

Photography by Ron Stewart Pictures





2014 FALL IMPLANT SYMPOSIUM

Photography by
Ron Stewart Pictures



RALPH WAUGH DDS MD**In His Own Words**

Foreword by Susan Smith

As most of you know Dr Jack Lytle and I interview our members for this newsletter and sometimes publish their first-person narratives. Jack has told me for many years about Dr Ralph Waugh's interesting life. Jack and I visited Ralph recently at his home in Palmdale. We decided that Ralph could tell it best and as it turned out, he is an excellent writer. You will enjoy his story.



Ralph Waugh, Susan Smith, Jack Lytle

My parents moved from the Midwest to California in 1928 when I was four years old, with my brother who was five and a half years older than I. They started a small farm in San Bernardino consisting mostly of chickens. The great depression began in 1929. Needless to say, my parents had a difficult time during the great depression. When I became older, I realized how little we had.

I decided at an early age that the only way to improve my status was to obtain an education. I certainly did not want to raise chickens all my life. Therefore I studied arduously and determined that I would obtain a college degree somehow. Later I became interested in chemistry and thought it would be great if I became a chemical engineer.

On December 7, 1941 I was finishing a high school homework assignment for English when I learned that Japan had bombed Pearl Harbor and we were thrust into World War II. A month later my left leg was injured in gym with development of cellulitis. On crutches after hospitalization and recovery, I attended San Bernardino Valley Community College for a semester. While there, I

was recruited to work as a draftsman. I now was fully recovered from the cellulitis. I took a job at Lockheed because I thought that I would need all the money I could earn for college.

When the draft age was lowered to 18, I decided to apply for flight training as a fighter pilot as the requirement for joining was also lowered to 18. I expected to be taken immediately. It took a while to enlist because I was employed by Lockheed which was doing defense work and management did not want to release me. I finally was able to enlist on December 15, 1942. I expected to be assigned as a cadet immediately. However, I was not called for duty until August 1, 1943.

Cadet training began at Monmouth Illinois, then Walla Walla Washington, St Mary California, Livermore California, Corpus Christi Texas; with operational training at Opa-Locka Florida and carrier landings on the Great Lakes. During training at Livermore, I was involved in one plane crash with minor injuries when my instructor was unable to clear the roof of a barn. I was trained to fly TBM Avengers. They are torpedo bombers.



GRUMMAN S2F-2 SUB KILLER

I was assigned to fleet duty in preparation for the final battle of World War II against Japan, known as Operation Downfall. However, two atomic bombs were exploded over Japan ending the war. I was discharged as a civilian on November 14, 1945.

I worked for the State of California as part of a surveying crew for several months; took a year of education at San Bernardino Valley Community College; then transferred to the University of

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Dr Waugh, Continued from Page 13

California Berkeley for completion of a B.S. in chemical engineering.

During my three years at Berkeley, I was able to room with a close friend of mine who also had gone through training at the same time that I had. We joined a naval reserve squadron stationed in Oakland and continued flying torpedo bombers at the same time that we continued our education until we graduated. We flew one weekend per month and two weeks during the summer. After graduation we returned to Southern California and joined a squadron at Los Alamitos. We flew torpedo bombers and later S2F twin engine anti-submarine planes.



WW II TBM

I met my first wife at UC Berkeley and married her a few months before graduation. After graduating, I worked at Aerojet in Azusa for four years. During that time I was working with liquid high energy experimental rocket fuel for about two years before transferring to the section of Aerojet that was under contract to produce solid propellants commercially.

During my last two years at Aerojet I split my time between the Azusa plant and the Sacramento production plant. During that time I initiated two key processes which I think saved Aerojet from bankruptcy. However, Aerojet management did not acknowledge my contribution. Accordingly, I re-evaluated my status as a chemical engineer and decided to change my profession. My father-in-law was a general dentist and was doing well. I was married with one small daughter. My wife was a successful school teacher. I had nearly all of the prerequisites needed. After discussing our situation with my wife, she encouraged me to

make a change in my career.

During my four years in dental school I continued flying with the Naval Reserve. When I finished, I had to resign because a dentist could not be a line officer and fly for the navy.

When I finished dental school and began practicing general dentistry, my patients did not want gold foil or gold inlays. They came with pain and wanted surgery. It was the one aspect of dentistry about which I felt uncomfortable. I visited USC to see about augmenting my surgical skills. Dr Marsh Robinson welcomed me with open arms. Before I knew it, I was enrolled in the three-year residency program at USC. At that time, about 1960, it appeared that having a MD degree was a big advantage. I applied and was accepted by UCLA after finishing the OMFS residency. I went to Orange County Medical Center for my internship.

In January 1967 my first wife died suddenly within a few minutes at school. All of my plans were again in turmoil. She had planned to write and illustrate children's books when I finished my internship. She probably would have been very successful, as she had a photographic memory, an IQ of 180 and was unusually talented in art and music. For months I felt distraught. She never had an opportunity to try for success. She probably would have been famous.

I eventually formed an oral-maxillary practice in Lancaster, an area where there was considerable trauma. I was elected twice as medical chief of staff at Antelope Valley Hospital. I remarried in December 1969 to my second wife Bonny. She had two children at the time. We had one son who is now a pharmacist. He is a lieutenant commander in the Navy with a wife, four boys, and one girl. Bonny died on April 25, 2010. I became a widower for the second time.

I was and still am involved in local, state, and federal politics to a certain extent. One year I was elected president of the California Republican Assembly, a statewide volunteer organization. My feelings, however, are that no matter what I did, the nation became more socialistic and less responsive to the citizens' desires.

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Dr Waugh Continued from Page 14

I was quite happy with my practice and my decision to change my career. I retired on October 31, 2013. Most people feel that routine existence is normal and one day is much like another. I have found that change, instead, appears to be the normal. Each day, week, month, or year often can be quite different than the previous one. For example, look at the changes in dentistry, medicine and technology compared to when you began your training and career. Since I retired, I wondered when I had time to work. ■

Addendum

I never met my grandparents. My maternal grandfather was a farmer and my maternal grandmother a housewife. My paternal grandfather supervised gold mines in South Dakota. My paternal grandmother was a school teacher just as my mother. My father was reared in South Dakota and became proficient in the use of dynamite and guns. When I asked him if he ever knew Wild Bill Hickok, he said no but he had met Calamity Jane, his alleged girlfriend. When he was a boy, he was walking home one day when Calamity Jane came riding by. On horseback. "Do you want a ride, kid?" she said and picked him up like a big eagle would. They rode for some distance. One of his recollections follows. One of the miners routinely drank and gambled his paycheck away before he went home. Calamity Jane rode her horse through the double swinging doors of the bar, flicked the miner on the butt with her black whip and told the miner to go home. She then followed him home on horseback, flicking him with her whip as needed. She then told him that if she ever heard that he had gone to the bar before giving his check to his wife she would kill him. Living in the Wild West was certainly different than it is now.

During WWII my father obtained a job as a guard in order to augment the money from the farm which they owned. One day his supervisor had all the guards tested at the firing range. My father always shot from the hip. The supervisor admonished him for not aiming the way most people did. The man recording the results yelled

"You had better look at the target before you chastise him."

My first father-in-law was a USC dentist. He was very proud of USC and went to all the football games he could. He was the only dentist in a commercial building in downtown Los Angeles. At that time the use of inside information for buying or selling stock was not illegal. He did very well with the tips obtained from the stock brokers; and was able to buy a beach house on the waterfront of Sunset Beach. We all enjoyed it immensely. He worked all of his life practicing dentistry. He died during my junior year in dental school. His wife was a novice at the stock market and lost heavily as any novice would. My wife was very concerned that she would no longer be able to enjoy a beach house on the waterfront. After hearing her complaint for years, I finally told her that the only way she was going to get a beach house was to buy one. I was a junior in medical school then. I felt secure that I had heard the last of her complaints, but I was wrong. One of our neighbors had just received her realtor's license and assured Jean that she would find one for us, come hell or high water. She did. It was a beautiful two-story house, built on a cliff in 1928 at Laguna Beach, with a 100-foot ocean frontage. How we ever paid for it, I shall never know, but we did.

Another interesting event occurred with Jean approximately 14 years after we were married. I was reading an article on synesthesia in a medical journal when Jean kept hovering over me. Finally I put the journal down and asked "What is going on?" She replied that the sequence of colors when she heard sounds was different than those delineated in the article. She said that when she was a girl, her aunt took her to San Diego to see a kaleidoscope. She did not think it was so great because the colors she saw in the kaleidoscope were not as vibrant as the colors she saw in her head. She said that she stopped talking about it because either no one understood her or thought she was crazy. For 14 years of marriage, she never mentioned synesthesia. ■

RBW DDS MD



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