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ADA News®

AMERICAN DENTAL ASSOCIATION

NOVEMBER 20, 2000

www.ada.org

VOLUME 31, NO. 21

BRIEFS

Prepayment survey currently under way

The ADA Survey Center has begun to conduct the 2000 Survey of Prepayment Arrangements.

This survey will gather data on the prevalence of prepayment in various parts of the United States as well as the fees dentists charge for various procedures. The levels of reimbursement they receive from various types of dental plans will also be examined.

Dentists receiving the survey (which is printed on blue paper) are encouraged to return it with as much information as they can provide.

Since the sample for this survey is small, each dentist's answer is very important. Dentists with questions about the survey can contact the Survey Center by calling 1-312-440-2568. ■

AADGP schedules Orlando meeting

Orlando, Fla.—The American Academy of Dental Group Practice's Annual Conference and Exhibition will meet here Feb. 7-10, 2001, at Disney's Contemporary Resort.

Highlights include a panel discussion on the future of dental benefits and presentations on understanding behavioral styles, managing Generation X, work place ethics and fraud prevention.

For more information, contact the AADGP office at 1-602-381-1185. ■

INSIDE



Leadership

Starting Out looks at new dentist leader Dr. Wyckoff (above) and more. **Story, page 23.**

Fluoridation victories

Ballot measures win broad support from public

BY CLAYTON LUZ

Shawano, Wis.—The state of Florida is not the only place to undergo a recount of voter ballots.

In this small town known for its Indian heritage and casinos, the city clerk at press time was coordinating

a recount of the city's fluoride referendum votes.

Shawano was one of 23 communities nationwide whose citizens voted on fluoridation initiatives on Election Day Nov. 7, including residents of San Antonio and

Fluoridation ballot results, page 22

Leavenworth, Kan., who showed that the third time can be a charm for flu-

oridation supporters.

In all, nine communities with a total population of about 4 million residents now will have access to fluoridated water, a measure proclaimed as one of the 10 great public health *See FLUORIDATION, page 22*



Photo by Judy Jakush

More from session: Dr. Edwin K. McDonald (at right, above) of Gary, Ind., considers a purchase during the ADA annual session last month in Chicago. Living legend Aretha Franklin performs Oct. 15 at the ADA Health Foundation benefit, co-sponsored by Citibank and ADA Business Enterprises, Inc. More from annual session inside, starting on page 12.



Photo by P.R.D. Photography

Health care at the polls

Not a make or break issue for fall voters

BY CRAIG PALMER

Washington—A funny thing happened to health care issues in the national elections.

It wasn't that health policy wasn't an issue, it just wasn't that big an issue in determining winners and losers in congressional and presidential elections, according to bipartisan post-election survey results announced Nov. 9.

To the extent issues determined votes, rather than character and other personal issues, a decline in moral values, social security and aid to older Americans, and education outranked health care policy and prescription drug costs.

Health care costs in general and prescription drug costs in particular were considered the most important issue facing the country among seven percent of voters.

"Voters tell us that while health care-related issues are important, they were not the most important issues in this election," the pollsters reported.

Even the issue of HMO reform, which played in several congressional races after year-long congressional debate, took a different *See VOTERS, page eight*

The search is on

ADA executive director applications due Jan. 15

BY JUDY JAKUSH

Following the announcement last month that Dr. John S. Zapp will retire March 31, 2001, as ADA executive director, the Board of Trustees is actively seeking applicants for the job.

ADA President Robert M. Anderton, who leads the Executive Director Search Committee, said the group set a Jan. 15 deadline for applications. "We're moving fast," he explained, "We felt it was in the best interests of the Association that the position of executive director be filled as soon as possible."

Official notice, page 11 and in December JADA

Of course, he added, what's important is to find the right person. "If it takes longer, we'll take that course."

The Search Committee consists of Dr. Anderton as chair; President-elect D. Gregory Chadwick; Speaker of the House James T. Fanno and four trustees: Dr. John W. Staubach, 3rd District; Dr. Steven M. Bruce, 11th District; Dr. Richard Haight, 12th District; and Dr. T. Carroll Player,



Dr. Anderton: Board aims to name new executive director before Dr. Zapp retires March 31.

16th District.

Noted Dr. Anderton, "The Search Committee will be looking for a very special individual to serve as the next *See SEARCH, page 11*

Proposed animal research regulation spurs debate

BY CRAIG PALMER

Washington—New animal research rules could impose “unnecessary regulatory burdens” on dental materials research, the ADA told the U.S. Department of Agriculture Nov. 7.

The USDA is considering changing animal welfare rules to promote the humane treatment of live animals used in research, testing and teaching, including possible replacement or modification of a system used to classify animal pain and distress. The American Dental Association has no animal facilities, but ADA scientists have used animals in testing the biocom-

patibility and functionality of new dental materials.

“It is critical that the USDA first determine whether a newly proposed documentation system will, in fact, enhance the welfare and humane treatment of laboratory animals,” the ADA said in comments on the potential regulatory changes. Association policy favors all reasonable efforts to ensure humane treatment of laboratory animals without unnecessarily impeding the progress of research.

“Unnecessary regulatory adjustments could result in creating a financial burden on research

facilities, diminishing scarce resources needed for performing actual research activities,” said the statement signed by ADA President Robert M. Anderton. “The ADA, for example, is concerned about potential adverse effects unnecessary regulatory burdens may have on research funding for dental materials research.”

The Agriculture Department said the potential regulatory redirection responds to requests from animal advocacy groups and the biomedical research community for guidance, in part, on how to recognize and report “animal distress” in procedures involving research animals.

Under the Animal Welfare Act, the Secretary of Agriculture is authorized to promulgate standards for the humane handling, care, treatment and transportation of certain animals by dealers, research facilities, exhibitors, carriers and intermediate handlers. ■



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AT PRESSTIME

Researchers target links between gum disease, systemic health problems

The search for links between periodontal disease and systemic health ailments gained momentum in recent weeks with the release of two new studies.

In October, researchers from the State University of New York at Buffalo reported findings from a study showing that people with severe gum disease ran twice the risk of suffering a stroke as those with good oral health. Their study appeared in the Archives of Internal Medicine.

The research team said bacteria from periodontal disease appear to enter the blood, possibly spurring the body to produce more clotting factors and causing blocked arteries, the most common cause of stroke.

They said the link between periodontal disease and stroke appeared even stronger than the reported link between severe gum disease and heart attack.

In November, researchers at the University of North Carolina, Chapel Hill, said heart attack survivors with periodontitis may have an increased risk of suffering a second heart attack.

They said heart patients with advanced gum disease have higher levels of a substance called C-reactive protein, or CRP, in their blood than heart patients without gum disease.

Efthymios N. Deliargyris, M.D., a lead researcher on the study, said heart patients with periodontal disease not only had higher levels of CRP than those without gum disease, "but the CRP levels were directly related to the severity of the gum disease."

He added, "The more severe the gum disease, the more the CRP levels."

The North Carolina researchers presented their findings at a Nov. 12 news conference in New Orleans during the annual meeting of the American Heart Association. ■

Want to work at the White House?

One evening about 75 years ago, President Calvin Coolidge was standing on the sidewalk outside the White House when he was approached by a homeless man who obviously didn't know the neighborhood.

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A White House news release on the program says fellows "are selected for their demonstrated leadership, character, professional contributions and commitment to community service."

There are no age restrictions, though the average age of fellows has been 31 to 33 years. Distinguished alumni of the fellowship program include Gen. Colin Powell, CNN President Tom Johnson and historian Doris Kearns Goodwin.

For more information and to receive an application, contact the President's Commission on White House Fellowships, 712 Jackson Place, N.W., Washington, D.C. 20503; 1-202-395-4522. Information and applications also can be found online at "www.whitehousefellows.gov". ■

—Compiled by James Berry



Poster session: Thanking Sullivan-Schein Dental Oct. 14 for its support of the ADA Health Foundation oral cancer poster are Dr. Richard F. Mascola (second from right), then ADA president; Dr. John S. Zapp (far right), ADA Executive Director. Jim Breslawski (far left), Sullivan-Schein Dental president, and Angela Mancuso, the company's business director, join in. Posters are still available through the ADA Health Foundation at Ext. 2547.

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Health & Science

CDC urges voluntary HIV testing

New policy stresses awareness in nontraditional settings

BY CRAIG PALMER

Atlanta, Ga.—Proposed guidelines from the Centers for Disease Control and Prevention urge expansion of voluntary HIV testing, counseling and referral services to bars, parks, hospital delivery and emergency rooms and other nontraditional clinical and community settings to reduce the risk of disease transmission and improve the health and quality of life of HIV-infected people.

The proposed redirection of national HIV management policy “underscore(s) the importance of making counseling, testing and referral services more accessible and available and the need to increase the numbers of infected persons who know their HIV status,” said a CDC summary of draft documents issued Oct. 31 for public comment.

The revised draft guidelines advise counseling for health care workers exposed occupationally to HIV but propose no changes to 1998 CDC guidance on management of occupational exposures. However, the CDC is reevaluating the 1998 recommendations, according to agency representatives.

Recommendations in the newly proposed guidelines reflect improvements in HIV-testing technology, new knowledge and other advances during the last six years, said the CDC.

“Important scientific and programmatic advances in HIV counseling, testing and referral, as well as advances in prevention and treatment and care of HIV-infected persons, have prompted this revision,” the CDC said. “With these advances, the need for early detection of HIV infection has become even more compelling, as early detection can benefit infected persons as well as reduce risk of transmission to others.”

Although many aspects of earlier CDC guidelines remain unchanged, such as encouragement of confidential and anonymous testing and informed consent, the revised guidelines extend beyond the public sector “to all current and potential providers of voluntary HIV counseling, testing and referral services,” including hospitals, managed care organizations and other private service providers.

The guidelines may also be useful in insurance, military, blood donation and other public, private, urban and rural settings with high and low rates of HIV infection, the CDC said.

But the extension of testing, counseling and referral services to nontraditional venues must be accompanied by appropriate outreach protocols protecting patients and staff, the CDC said. “Providing services in outreach settings such as bars and parks may compromise staff safety, which must be considered in development of outreach protocols.

“Appropriate training and precautions, such as working in teams, should be developed in planning for services in nontraditional settings.”

A second set of revised draft guidelines urges HIV testing and treatment services for all pregnant women, even during labor and delivery if that is the first opportunity to “interrupt mother-to-child transmission,” although women should have the right to refuse testing “if they do not think it is in their best interests.”

The substantial benefits of HIV testing must be weighed against the possible risks, the draft guidelines said. “Potential negative consequences of a diagnosis of HIV infection

can include loss of confidentiality, job- or healthcare-related discrimination and stigmatization, loss of relationships, domestic violence and adverse psychological reactions,”

said the CDC guidelines.

The draft guidelines and Federal Register announcement are posted at the CDC Web site at “<http://www.cdc.gov/hiv/dhap.htm>”. ■

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Government

Needle safety legislation signed

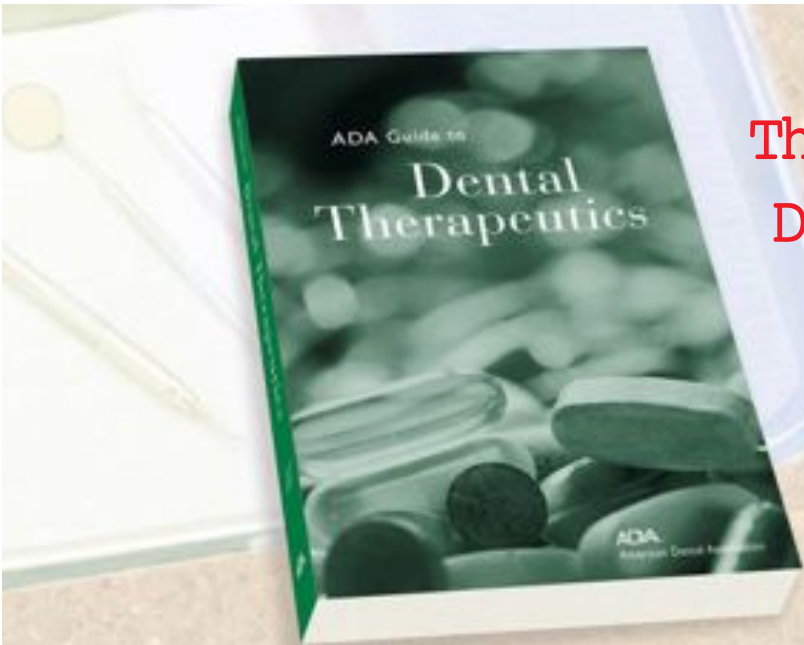
Washington—President Clinton Nov. 6 signed the Needlestick Safety and Prevention Act passed by Congress last month. Now Public Law 106-430, the legislation was approved Oct. 26 in the Senate by voice vote. Rep. Cass Ballenger's (R-NC) needle safety bill received House approval earlier in October. The measure reinforces the current Occupa-

tional Safety and Health Administration compliance directive that instructs employers, including dentists, to evaluate and implement appropriate, commercially available, effective medical devices designed to eliminate or minimize occupational exposure to bloodborne pathogens. Based on the ADA's analysis of the legisla-

tive language, this bill will not mandate that dentists adopt new injection technologies until they decide, based on their professional judgment, that a new device is safe, effective and appropriate for their practices. As such, it should have minimal impact on private dental practices. The Association will monitor OSHA's actions closely to ensure that this is the case.

The bill states that employers should document in the annual review of their exposure control plans that the employer has considered potentially useful safety devices and sought input from any employees who are potentially exposed to accidental, on-the-job infection by bloodborne pathogens. Existing OSHA rules already required dentists to maintain and update the plans at least annually.

The ADA succeeded in convincing the bill's authors to alter language that might have been interpreted as allowing OSHA to require more frequent updates. The only additional requirement is that employers with 10 or more employees who are currently required to maintain the OSHA 200 log will also be required to maintain a sharps injury log. Rather than establishing a new statute, the Ballenger bill inserts language into the OSHA bloodborne pathogens regulation itself. Accordingly, OSHA is not expected to initiate any new rulemaking in this area. In a letter to the ADA, Rep. Ballenger stated that the bill is not intended to put employers in any different position regarding the use of safer needles than they are currently under OSHA's compliance directive. Because the major organized labor groups endorsed this bill, the Association does not anticipate any further legislative action on this issue in the near future. ■



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Voters

Continued from page one

shape in the elections and in forming voter opinion, said Republican and Democratic pollsters who conducted national surveys Oct. 16-19 and Nov. 7 by telephone of 800 election day voters.

The polling was conducted by Public Opinion Strategies of Alexandria, Va., and the Mellman Group of Washington, D.C. The post-election survey has a margin of error of plus 3.46 percent.

During the last several weeks of the campaign, 48 percent of voters remembered candidates running for Congress talking about, or sponsoring commercials about, HMO reform, the survey found.

"I think patient rights morphed from an issue about HMOs (health maintenance organizations) to the use of the issue in campaigns," said Bill McInturff, a leading Republican pollster and partner and co-founder of Public Opinion Strategies, one of the nation's largest political polling organizations. "In this election, health care battle lines were drawn around the role of government."

"The issue agenda has changed significantly in the 1990s," said Mark Mellman, one of the Democratic Party's leading political strategists and chief executive officer of the Mellman Group, a polling and consulting firm. "Health care is a significant part of the agenda but there is very little clarity on what to do or who should do it."

There is, however, clarity on the role of government and "very little public trust in the gov-

ernment's ability to run the nation's health care system," the voter surveys concluded.

While the private sector doesn't receive universal acclaim for its handling of the health care system, it is vastly better perceived than the federal government, and attitudes in that regard have changed little through the last decade, the pollsters said.

According to the poll, 32 percent of voters believe that the private sector is doing or would do an excellent or very good job of running the health care system while 18 percent believe the same of the federal government.

The surveys were conducted for the Health Insurance Association of America, which has conducted bipartisan, post-election surveys since 1991. Copies and a summary of the survey are available through a link at the HIAA Web site, "www.hiaa.org". ■

STATESWATCH

Dr. McCallum elected mayor

Vestavia Hills, Ala.—This quiet suburb of Birmingham has a new mayor, Dr. Charles "Scotty" McCallum, who defeated a 12-year incumbent in his first go at politics.

But Dr. McCallum is no stranger to leadership. He was the first ADA commissioner to the Joint Commission on Accreditation of Healthcare Organizations, spending two of those 12 years as chair.

He also was president of the University of Alabama at Birmingham, dean of its dental school and president of the American Association of Oral and Maxillofacial Surgeons.

After earning his D.M.D., Dr. McCallum returned to UAB for an M.D. degree. Later, as a faculty member, he was instrumental in convincing the UAB board to grant the double degree in six rather than eight years.

As mayor of Vestavia Hills, "I'm trying to develop long-term strategies, with emphasis on education, helping senior citizens pursue independent lives and economic development to support infrastructure," he says.

"We want the community to point the way—to work from the community upward, not the government down by way of mandate." ■

Dentist surrenders suspended license

Union City, N.J.—Pediatric dentist Dr. Kevin P. Ward has ended months of legal battles and media publicity by agreeing to surrender his dental license, sell his private practice and pay more than \$70,000 in fees and fines.

The New Jersey Board of Dentistry, which found Dr. Ward a "clear and imminent danger to the public," had suspended his license since April, pending allegations by the state attorney general that children suffered injuries during dental treatment.

"The publicity surrounding this matter tainted the decision-making capacity of members of the board of dentistry," countered John Dizzia, Dr. Ward's attorney.

Dr. Ward can apply for reinstatement of his dental license in three years, provided he takes 60 hours of continuing credit, half of which must be on patient management and restraint techniques. He must also undergo psychiatric evaluations and seek therapy, if recommended. ■

Michigan opposes school-soda deals

Grand Rapids, Mich.—The Michigan Dental Association has taken a strong stand against the marketing of soft drinks in elementary and secondary schools, saying it jeopardizes the educational integrity of schools and student health.

"We already have a problem [with teens' heavy consumption of soft drinks] that is getting worse," says MDA president Dr. Gary Asano. "The MDA is taking an educational approach for everyone concerned so schools entering into such contracts do so with an open eye and understanding of what they're getting into."

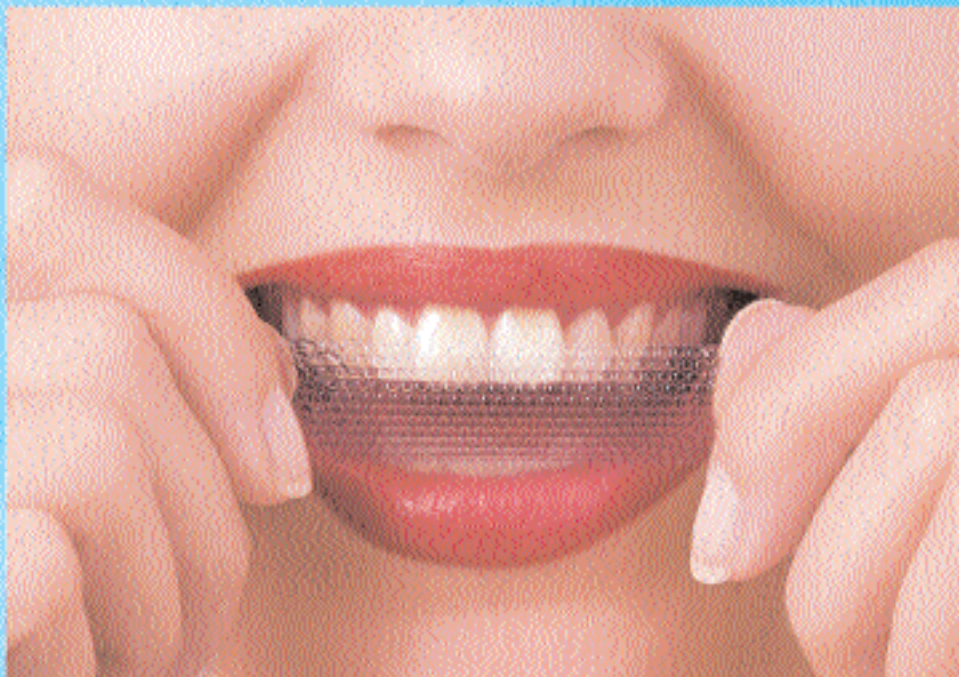
Since the mid-1970s, soft-drink consumption has tripled among teenagers, whereas milk consumption has dropped more than 40 percent. Soft drinks account for the single biggest source of refined sugars in the American diet.

In late 1999, 34 school districts in the Lansing, Mich., area alone signed exclusive pouring-rights contracts with soft-drink manufacturers. ■

—Compiled by Mark Berthold

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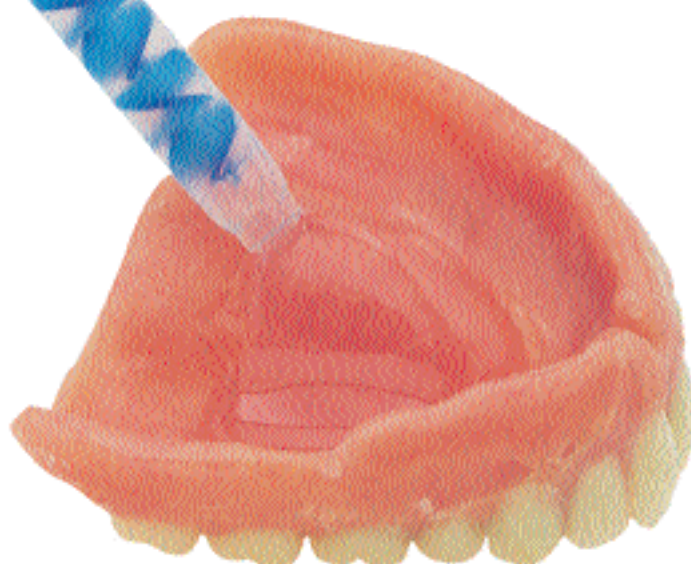
Unlike acrylic-based soft relines, MucoSoft's silicone elastomer won't stiffen with age, so the denture retains its cushioning resilience. Its hydrophobic formula reduces water absorption (less discoloration and odor) and includes special resin additives for tear-resistance.

The proprietary MucoSoft bonding liner is built around a new molecule we synthesized in our Farmingdale lab (patent pending). It chemically grafts the soft reline material to the old acrylic denture base to resist peeling and leakage. (MucoSoft does not adhere to nylon Flexite® or Valplast® dentures.)

Restore comfort and stability in just 20 minutes

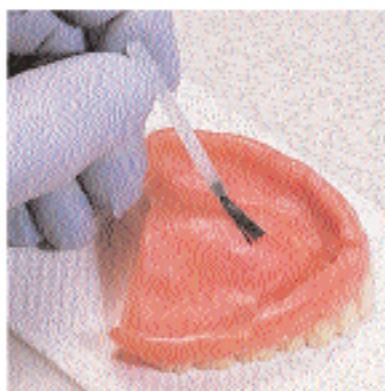
Relining a denture with MucoSoft is almost as easy as taking an impression. After relieving the old denture base to create some room, apply the MucoSoft Bonding Liner and let it set for a couple of minutes.

Using your impression gun, express MucoSoft into the prosthesis and seat it in the mouth. After border-molding, have the patient hold centric while the reline sets. There's no heat. No taste. And the reline is out of the mouth in just 5 minutes.

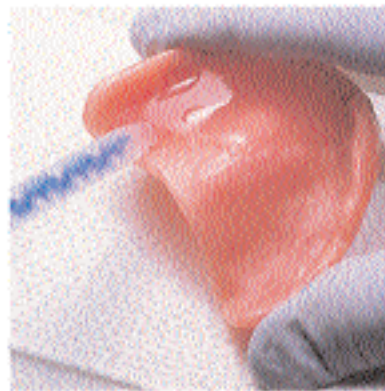


Then trim the excess material. The brush-on glaze included in the kit lets you seal the trimmed surfaces. The translucent silicone assumes the shade of the denture base.

By the way, all MucoSoft components are completely interchangeable with those of Mollosil Plus and Tokuyama Soft. (Their adhesive works with our silicone. Our adhesive works with their silicone.) So you won't waste the leftovers when you switch to MucoSoft.



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2. Express MucoSoft Silicone



3. Insert Until Set



4. Trim & Glaze

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ADA executive director's position detailed

The American Dental Association seeks applications for the position of executive director of the ADA. The executive director is the principal agent of the ADA Board of Trustees and elected officers. As agent and under the direction of the Board of Trustees and elected officers, the executive director acts as the chief operating officer of the organization and all its branches.

In this capacity the executive director has day-to-day responsibility for the management and supervision of the ADA staff and the administrative functions of the Association's councils, commissions and committees.

Eligible candidates must meet the following requirements: advanced degree in relevant field (for example, D.D.S., J.D., M.B.A., M.D. or Ph.D.); extensive knowledge of the profession of dentistry and the issues confronting dentists; working knowledge of and experience with strategic planning concepts; strong conceptual and analytical skills; excellent verbal and interpersonal skills to build and maintain productive relationships with the House of Delegates, the Board of Trustees and its councils and commissions; excellent communication skills to interact with all levels of ADA management and staff, the members of the Board of Trustees, and the state

and local dental societies; significant public speaking experience; demonstrated professionalism to enhance the integrity and ethics of the profession of dentistry; exceptional organization and prioritization skills; experience at independent decision making and using exceptional judgment; extensive travel (domestic and international); extensive weekend meetings and other work related obligations; demonstrated administrative management expertise, sound analytical skills, proven leadership qualities and excellent communications skills, both written and oral; a minimum of 10-plus years of extensive, broad, and in-depth senior level management experience in

the professional health association field.

The following are highly desirable: a D.D.S. or D.M.D. degree; working knowledge of ADA operations and association relationships; and a thorough understanding of ADA policy development processes, including the nature of the relationships between the House of Delegates, the Board of Trustees and its councils and commissions, and ADA senior management. To be considered, your resume must be received at ADA Headquarters no later than Jan. 15, 2001. Salary is commensurate with qualifications and experience. If you qualify, send your resume to: the American Dental Association, 211 E. Chicago Ave., Dept. KB/HRED, Chicago 60611. ■

Equal Opportunity Employer

Search

Continued from page one

ADA executive director. Dr. Zapp's service has certainly raised the bar for the position."

The official position notice is published on this page (above) and will also appear in the December issue of The Journal of the American Dental Association.

As for all positions at the Association, there is a written position description questionnaire (PDQ) which describes the requirements of the job.

"The individual essentially is not only required to be an excellent administrator," said Dr. Anderton in referring to the PDQ, "but must also have extensive knowledge of the profession of dentistry and the issues confronting dentists."

"The candidate must be an excellent public speaker and communicator, have experience with strategic planning concepts, be an organizer and have demonstrated professionalism to enhance the integrity and ethics of the profession."

"Additionally," concluded Dr. Anderton, "the person must show exceptional judgment, and it would be highly desirable for the candidate to have a working knowledge of the dental profession, our Association and our tripartite system."

Acknowledging that "it's a tall order" to find a dentist who meets all those requirements, Dr. Anderton noted that the person is not required to be a dentist. "He or she must have an advanced degree—for example a D.D.S., D.M.D., J.D., M.B.A., Ph.D., or M.D., with a D.D.S. or D.M.D. highly desirable."

Once resumes come in to the ADA, they will be reviewed first by the Human Resources Department to make sure they meet the minimum job requirements. A screening committee consisting of the Executive Director Search Committee, a past president, a past trustee, one constituent society executive director and three members of the ADA House of Delegates will undertake the next step: interviewing the top applicants.

"The committee will then recommend names of individuals for the Board of Trustees to interview, a process we hope to conclude during our Feb. 18-20 meeting," said Dr. Anderton.

"Our goal is to name the new executive director before Dr. Zapp retires on March 31 in order to maintain continuity and to avoid as much confusion in the transition process as possible," commented the ADA president.

In the event that the new executive director is not selected before Dr. Zapp retires at the end of next March, the succession plan calls for the duties of the executive director to be carried out by the president, the president-elect and senior staff under the direction of the president.

"Our staff is efficient and capable," said Dr. Anderton, "and we are confident that the Association will function very well in the interim."

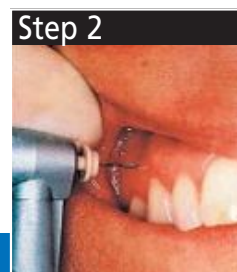
When Dr. Zapp retires on March 31, he will have served eight years as the Association's executive director. ■

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Bevel of injection-needle is slid beneath the surface of the attached gingiva at a point mid-way between two adjacent teeth and about 2 mm. apical to the gingival margin. Blanched area appears after one or two drops of anesthetic have been injected



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The 27G injection-needle ("modified" or "regular") is used. A surgical suction tip can be employed to reduce to tiny size the blood spot appearing on the gingiva or alternatively use **Gentian-violet dye** (see Tips Section on our website). Not more than one carpule of anesthetic with or without epinephrine should be used per patient per visit. Inject slowly and gently.

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FFD10-ADA0009-I

Annual Session

Chicago 2000

Summaries list policy changes

This is the second and final installment of a summary of actions taken by the 2000 House of Delegates last month in Chicago.

The first installment appeared in the Nov. 6 ADA News.

Budget and Business Matters

Editor's note: Expanded details about resolutions 25H, 26H, 40H and 41H appeared in the Nov. 6 ADA News.

Res. 6H: Directs the Council on Insurance to study its Bylaws duties with respect to the management of the members' retirement and insurance programs and report to the 2001 House of Delegates.

Res. 25H: Sets the dues for active members in 2001 at \$401.

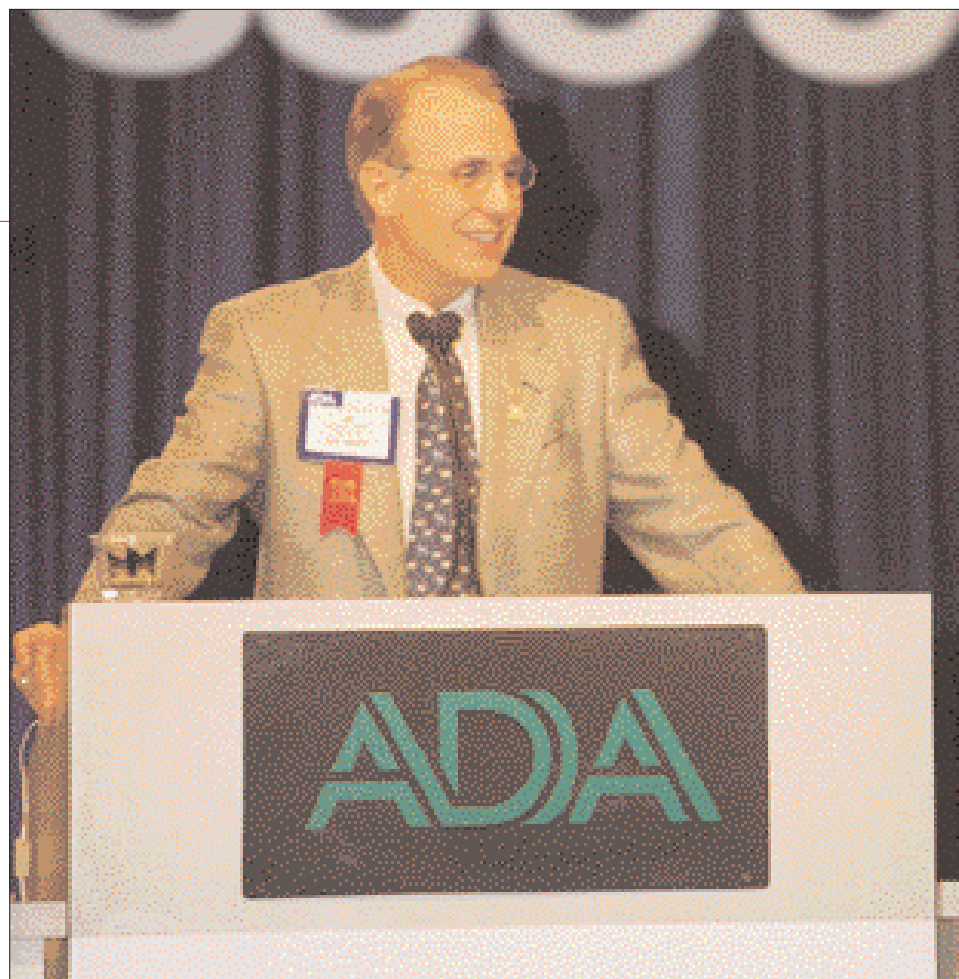
Res. 26H: Approves the 2001 Annual Budget of the ADA (\$71,795,550 in operating expenses and \$71,790,405 in anticipated revenues).

Res. 40H: Approves a special dues assessment of \$30 each year for six years (2001 through 2006) to fund the renovation of the

Association-occupied floors in the Chicago headquarters building. Also urges the Board to use these additional funding sources: the surplus money from the current tenant redevelopment project, anticipated at \$2.5 million; \$1.5 million from the Building Fund Account; and \$1 million annually for six years from the yearly funded depreciation allocation to this same account.

Res. 41H: Urges the Board to allocate all money from the renovation special assessment and other funds designated by the Board for 2001-2006 to the ADA Renovation Program. The Board was also urged to create an ADA Renovation Program restricted fund to be used only for the renovation/asbestos abatement of the Chicago building and calls for annual reports to the House on how these monies are used.

Res. 80H: Urges the Board of Trustees to establish a Funded Technology Account for the purpose of supporting technology acquisitions, implementations and upgrades in a separate account and for an annual report to be made to the House beginning in 2001 summarizing current and planned information tech-



Democratic process: Dr. James T. Fanno, ADA Speaker of the House, leads delegates at the 141st annual session in Chicago.

nology expenditures and projects.

Res. 101H: Urges the Board, beginning with the 2002 budget, to include a statement in Board Report 2 of all known reserve commitments for current and future years and to express the reserves as a percentage of the current year's operating budget.

Res. 109H: Beginning in 2001, directs that an annual report on TAMS (Tripartite Association Management System) be provided to the House of Delegates. The report is to include information on expenditures and the level of participation by constituents and component dental societies.

Res. 110H: Urges the Board to study whether an existing or new council should be assigned the duty to evaluate existing and proposed activities relating to information technology, with a report due to the 2001 House of Delegates.

Dental Benefits, Practice and Health

Res. 7H: Notes the Association's support of the conviction that the health interests of patients are best protected when facilities for the delivery of dental care are owned and controlled by a dentist licensed in the same jurisdiction. Seeks to protect the interests and oral health of patients in the case of a deceased or incapacitated dentist by supporting ownership of the dental practice by the dentist's non-dentist spouse, heir or legal representative for two years to maintain continuity of care. Urges all constituent dental societies to seek such legislation and supports legislation that would allow the non-dentist legal representative to employ or contract with entities to conduct the business of the practice as defined in the dental practice act.

Res. 9H: Calls for the appropriate Association agencies to study the issue of medical errors and present results and possible policy recommendations to the 2001 House of Delegates.

Res. 10H: Urges the Association to communicate with health care organizations developing health literacy awareness and advocacy programs its concerns that limited health literacy affects all aspects of health care, including oral health care. Calls for the Association to encourage patient advocacy and government agency efforts to develop

patient resources and educational programs that can assist providers in communicating with patients who have limited health literacy skills. Directs appropriate Association agencies to offer technical advice and assistance for such resources and programs.

Res. 20H: Amends the Standards for Dental Benefit Plans by stating: reimbursement schedules and claim documentation requirements should be based on procedures performed by the dentist and not on the specialty status of the provider; the methodology used by plan administrators to set reimbursement schedules or percentiles or for usual, customary and reasonable and/or maximum allowable benefit determinations should rely on current, geographical and other relevant data and be readily available to patients, plan purchasers and dentists; profiling to establish a different rate of reimbursement for the provider should not be used as a means of cost control by plan administrators; and the data calculations and methodology used for practice profiling of individual dentists should be made available to dentists upon request.

Res. 21H: Amends the Requirements for Managed Care Programs by adding to Legislative/Regulatory issues the following section: "All plans shall collect accurate data from the dental care providers for all its enrollees and include all treatment rendered to each patient in that plan. These data should be made available to enrollees, plan purchasers, appropriate regulatory agencies and any other entity that is responsible for evaluating the plan."

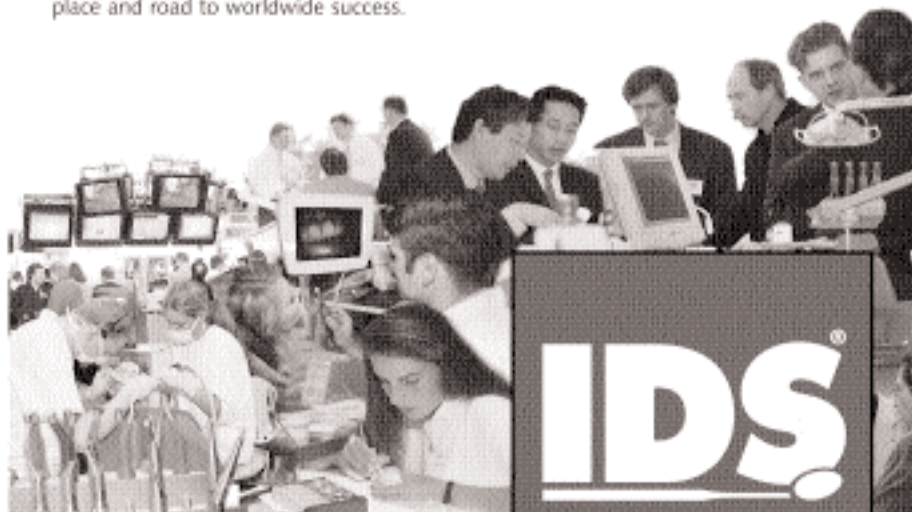
Res. 22H: Directs the ADA Seminar Series to give constituent and component societies scheduling preference over non-ADA groups and to reserve the ADA's right to cancel non-ADA groups' events, without penalty, up to 18 months prior to the scheduled date of the event. Notes that because the ADA Seminar Series is a member benefit, non-ADA members who wish to sponsor seminars shall be charged a cost differential.

Res. 51H: Directs the appropriate agencies of the ADA to continue efforts to secure possession of electronic claims data and SNODENT data when available for warehousing with the Association and its subsidiaries. Directs the appropriate agency to

See RESOLUTIONS, page 15

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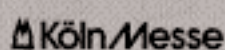
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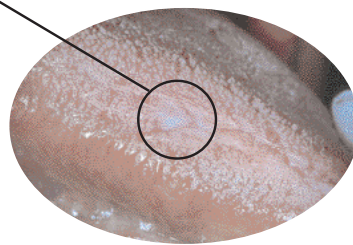
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Council on Scientific Affairs, American Dental Association

Annual Session

Resolutions

Continued from page 12

develop a business plan to engage the use of data collection and its dissemination and report to the February 2001 Board of Trustees.

Res. 55H: Amends the section of the Statement on Prosthetic Care and Dental Laboratories on Shade Selection by Laboratory Personnel by adding: "When taking the shade in the laboratory, the dental technician should follow the appropriate clinical infection control protocol as outlined in the ADA's infection control guidelines when dealing with the patient."

Res. 57H: Expands the 1997 Statement on Early Childhood Caries.

Res. 65H: Directs the Association through its appropriate agencies to commission a study to examine the practices of collection, analyses and resale of dental health care-related data by national organizations that collect these data. A report of findings will be presented to the 2001 House of Delegates.

Res. 67: Referred to the appropriate ADA agency for further study and report to the 2001 House of delegates, it calls for the Association to support the concept of "need" or "evidence-based" dental care using credible scientific data. It further declares that the

■ Res. 92H: Directs the ADA to support the use of digital signatures for transmitting health care-related information and educate members about their use. Calls for the ADA to research an acceptable standard for the digital signature to serve as verification of a member's identity and provide such verification for the assignment of digital signature as a member benefit.

determination of care must remain within the purview of the treating dentist and that statistical averages cannot replace the determination of treatment made between the dentist and the patient.

Res. 69H: Calls for the ADA to take steps to stop the insurance industry and other entities from unauthorized and inappropriate use of the Drug Enforcement Administration Registration Numbers. Urges health care insurance providers to discontinue use of the DEA numbers as a means of identification and switch to a more secure method of identifying health care providers who prescribe medications, such as the National Provider Identifier under development by the Health Care Financing Administration. The ADA will contact the HCFA and the DEA by the end of 2000 to offer input to induce timely

See RESOLUTIONS, page 16



Agenda planning: (From left) Reference committee members Drs. Ray F. Gist, Richard A. Berryman and Richard P. Herman prepare for the Reference Committee on Dental Benefits, Practice and Health at annual session 2000.

Photo by P.R.D. Photography

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Resolutions

Continued from page 15

implementation of the NPI.

Res. 70: Referred for further study, it calls for the ADA to pursue a change in federal requirements so that the National Health Service Corps program allows part-time participation by private practicing dentists.

Res. 73H: Directs the Association through its appropriate agencies to gather scientific facts about the oral health effects of increasing soft drink consumption. Urges the Association to develop educational materials on the health implications of soft drink consumption for education by component and constituent dental societies of school districts and the public. Calls for the Association to encourage component and constituent dental societies to work with all interested parties to increase awareness of maintaining healthy vending choices in schools and to promote nutritional beverages. Declares the Association's opposition to contractual arrangements that influence consumption patterns that promote increased access to soft drinks for children. Directs the Association to develop a white paper to support this decision.

Res. 78: Referred to the Board of Trustees, it calls for the creation of a special task force of eight members to be appointed by the ADA president to study the past and current financial status of the ADA Relief Fund and its administration.

Res. 92H: Directs the ADA to support the use of digital signatures for transmitting health care-related information and educate members about their use. Calls for the ADA to research an acceptable standard for the digital signature to serve as verification of a member's identity and provide such verification for the assignment of digital signature as a member benefit.

Res. 93: Referred to the appropriate ADA agencies for further study and to report to the 2001 House of Delegates, it calls for the ADA to encourage equipment manufacturers and suppliers to develop and implement guidelines to avert the sale or transfer of new and used dental equipment and supplies to illegal practitioners of dentistry.

President's Address and Administrative Matters

Res. 91H-1999(2000): Carried over from 1999, this resolution creates an ADA 17th trustee district consisting of the state of Florida, which had been part of the 5th district. (Expanded details about this resolution appeared in the Nov. 6 ADA News.)

Res. 24: Referred for study, this resolution proposes several amendments to the Guidelines Governing the Conduct of Campaigns for ADA Offices, including the appointment of an election commission, setting a percentage limit on spending for campaigns; requiring candidates to negotiate a mutually agreeable travel schedule; directing the ADA to provide each candidate with a Web site that may be developed at the candidate's expense; and a debate among president-elect candidates.

Res. 43H: Terminates publication of the Index to Dental Literature after the volumes for 1999 and amends the Bylaws to reflect this change.

Res. 56: Referred for further study and report to the 2001 House, this resolution proposes establishing a new duty for the House—to conduct a debate between the candidates nominated for the office of president-elect when more than one candidate has been nominated—and proposes requiring those candidates to participate in a debate.

Res. 83H: Directs the Board to query all

Photo by P.R.D. Photography



Testimonial: Dr. Anthea Grogono speaks at the hearing on President's Address and Administrative Matters.

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councils and commissions to determine and report in 2001 on whether Res. 112H-1998 (which allows direct communication among ADA councils, commission and staff on issues of importance in multiple areas) has been implemented to their satisfaction. Responses from council and commission chairs are to be included as well as specifics on how the resolution was implemented and, in cases where it was not, how the situation will be corrected.

Res. 89H: Authorizes the continuation of the study of ADA governance through 2001 so that the Task Force on Governance may attain input from the communities of interest on issues, including the use of task forces to develop fast-track responses on emerging issues; expansion and/or creation of the role of immediate past president and the vice presidents; investigation of the proportionate representation of members on councils, committees and the Board. Also directs that specific recommendations go to the House in 2001 for implement in 2003 to assure proper Bylaws changes. Increases the task force by six members.

Res. 98H: Amends the Bylaws for trustee districts consisting of a single constituent dental society so that these constituents shall establish their trustee-nominating procedures and shall present to the House a single nominee for trustee. The trustee district can reconsider the nominee up until the time the Speaker declares the nominee elected and if the House rejects the nominee, the district must select a different nominee.

New Business

Res. 106H: Urges the Board to mail a revised budget summary indicating the budgetary changes made during the House of Delegates as part of the summary of House actions.

Res. 111H: Amends the Manual of the House of Delegates so that registration of delegates and alternates, which takes place on the Friday prior to the opening session of the House of Delegates, is held between 8 a.m. and 5 p.m. ■

Soft drinks under scrutiny

House calls for health studies, opposes 'pouring rights' contracts with schools

BY KAREN FOX

Consumption of soft drinks in schools through "pouring rights" contracts came under scrutiny in this year's ADA House of Delegates.

The debate identified numerous questions about potential general and oral health risks from heavy consumption of soft drinks by children and teenagers.

In the end, the House of Delegates approved Res. 73H, a five-part resolution that calls for the

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ADA to gather scientific data on the oral health effects of soft drink consumption. Res. 73H also declares the Association's opposition to contracts that influence consumption and promote increased access to soft drinks in schools.

The House of Delegates action allows the ADA to take a proactive, data-driven stance

related to heavy soft drink consumption by children.

According to published reports, in exchange for money to the school, pouring rights contracts give soft drink companies the right to place their vending machines on school property. Some contracts allow soft drink vendors to proceed with other measures to increase the exposure of soft drinks to children.

The ADA has several policies that encourage nutrition and good oral health in schools, however no existing policy addresses the issue of pouring rights.

Res. 73H calls for the ADA to:

- through its appropriate agencies, gather the scientific facts and supporting data concerning the oral health effects of the increasing consumption of beverages containing sugars and/or carbonation and/or acidic products com-

monly known as "soft drinks";


- develop educational materials (for example, a pamphlet) for use by constituent and component societies to educate school districts and the public on the health implications of consuming "soft drinks";

- encourage constituent and component dental societies to work with education officials, pediatric and family practice physicians, dietetic professionals, parent groups and all other interested parties to increase awareness of the importance of maintaining healthy vending choices in schools and encourage the promotion of beverages of high nutritional value;

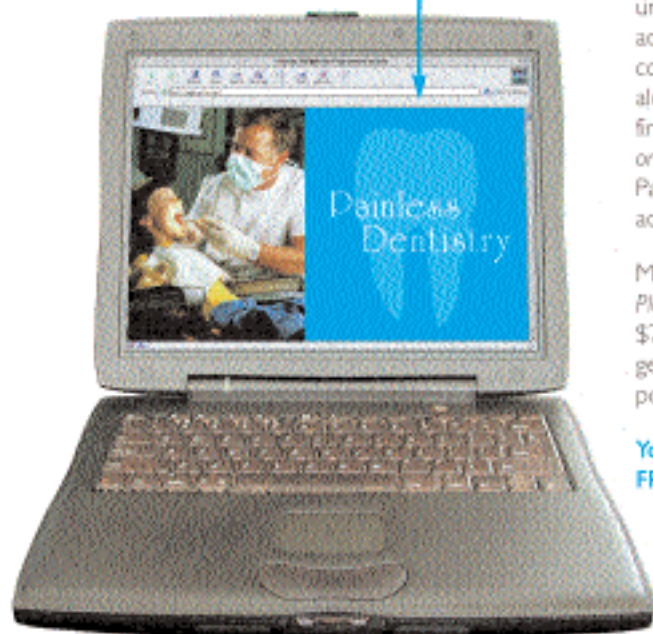
- oppose contractual arrangements that influence consumption patterns that promote increased access to "soft drinks" for children;

- develop a white paper supporting this position. ■

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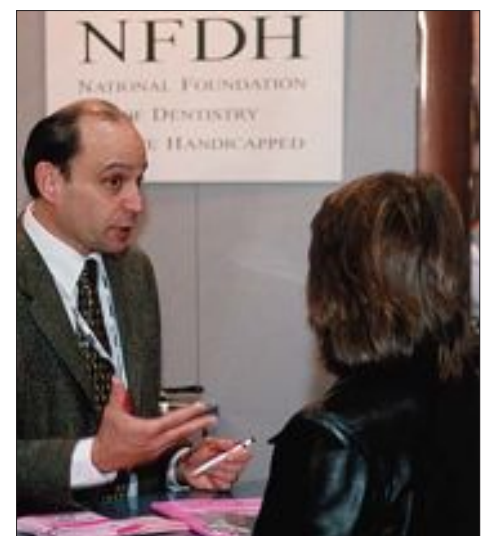
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DentaCheques: At annual session, Dr. Larry Coffee, executive director of the National Foundation of Dentistry for the Handicapped, explains how DentaCheques work.

No more human subjects in dental licensure exams, ADA House urges

BY JAMES BERRY

The ADA House of Delegates Oct. 17 adopted a resolution calling for an end to the use of human subjects in dentistry's clinical licensure examinations by the year 2005.

The new policy, spelled out in Res. 64H, is to be transmitted to all clinical testing agencies. The measure originated with the American Student Dental Association, which hailed the House vote as a positive step toward improving dentistry's licensure process.

ASDA President Michael Pickard, part of the student group's five-member delegation to the ADA House, said passage of the resolution showed how "working through the established system" could yield favorable results.

A dental student at the University of California, Los Angeles, Mr. Pickard said he hoped the future would bring other reforms in the licensure process but acknowledged that "this is a step forward" toward a "fair, reasonable and consistent evaluation of dental competency."

ASDA's original resolution called for the use of live patients to be eliminated by 2003. The House reference committee on Dental Education and Related Matters questioned the feasibility of meeting such a tight deadline and recommended extending it two years, a timeline reflected in the House-adopted measure. ■

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Information sought on dental office wastewater

House authorizes amalgam separator testing, task force

BY MARK BERTHOLD

The 2000 House of Delegates last month adopted resolutions 33H and 86H, which are designed to address the scientific and regulatory aspects of dental office wastewater.

In its comment to the House, the Board of Trustees noted there is no convincing evidence that dental wastewater is a significant

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source of mercury. However, because dental amalgam contains mercury, dental wastewater is drawing regulatory attention. Dental offices in some areas have faced scrutiny and poten-



Photo by P.R.D. Photography

ADA visited: Members and their families find out firsthand about the Association's testing laboratories during annual session in Chicago.

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tial regulation, primarily at the state and local levels.

Constituent and component societies in those areas have usually been successful in negotiating voluntary measures (called "best management practices") to address the regulators' concerns.

The Massachusetts Water Resources Authority is one agency that has actively sought to reduce amalgam discharge in wastewater and is considering whether dental offices should be equipped with amalgam separators. This would go beyond the best management practices adopted elsewhere in this country.

The Massachusetts Dental Society has formed a task force with MWRA to address, among other issues, the efficacy of amalgam separators.

Resolution 33H directs the ADA to develop laboratory protocols and capabilities to replicate International Standards Organization standard for amalgam separators (ISO 11143) and evaluate that standard for its applicability and appropriateness.

The Association will also develop protocols to test the performance of amalgam separators as wastewater amalgam/mercury reduction devices. The House allocated \$90,000 to support this effort.

Another resolution, 88H, calls for a task force—made up of two trustees, two members of the Council on Scientific Affairs and one member each from the councils on Government Affairs and Dental Practice—to develop a comprehensive action plan for further scientific research of issues related to amalgam in dental office wastewater. The Association will retain an environmental consultant to assist in developing the action plan.

The ADA will also commission a study of the regulatory environment at the federal, state and local levels to help the tripartite develop effective advocacy strategies as well as remind constituents of the criteria and process to apply for ADA grants in matters of national significance.

Res. 88H authorizes expenditures up to \$220,800 for implementation.

As early as 1990, the former ADA Council on Dental Materials, Instruments and Equipment (now the Council on Scientific Affairs) reported to the House of Delegates on its efforts to assist constituents on waste-related issues and evaluated technology to deal with the problem.

During that time, the Association commissioned two environmental consulting firms to study the contribution of dental offices to mercury in wastewater, the effects of amalgam discharge and removal technologies.

The current resolutions continue the tripartite's efforts to ensure that any regulations affecting the discharge of amalgam to wastewater are based upon sound science. ■

Fluoridation

Continued from page one
achievements of the 20th century by the Centers for Disease Control and Prevention. Defeated fluoridation proposals in 14 other communities will affect a total of about 360,000 residents.

For Shawano, the third time may be a charm, depending on the recount. The Election Day tally saw the city's fluoridation referendum fail by only 18 votes, 1,507 to 1,489. Two previous referendums were defeated, the last in 1988.

Fluoridation supporter Jan Lewellyn, health officer of the Shawano County Health Department, filed the recount petition in the hope of bringing community water fluoridation to Shawano's 9,000 citizens. Without it, cautions Ms. Lewellyn, "we are looking at another gen-

eration of preventable dental disease in Shawano and that's kind of sad."

Unlike unsuccessful ballots in 1966 and 1985, residents in San Antonio and some surrounding communities now will have access to fluoridated drinking water.

According to Dr. Maria Lopez Howell, a grassroots effort was the key to securing voter approval. "Although the city council approved fluoridation," said Dr. Howell, "it still went to a referendum Nov. 7." Strategically, she says, that was "a good thing" for increasing voter awareness of the issue because of the election's high profile.

"The voting numbers [in favor of fluoridation] were important. Organized dentistry was very helpful in getting the vote out," she adds, referring to the contributions and support of the Texas Dental Association.

A key moment in her city's successful effort

occurred in September, said Dr. Howell, when members of the Fluoride Education Task Force, composed of citizens, the San Antonio District Dental Society, public health officials, dental schools, local businesses and statewide corporations, "got together and presented the fact that everyone needed to be more involved."

What followed was a textbook example of community activism: conducting house-to-house block walks; placing phone calls that challenged area dental professionals to contribute matching funds; holding informational meetings on fluoridation at local forums; implementing media strategies donated by local public relations and advertising firms; and conducting fundraising events.

The result?

About 1.2 million residents of San Antonio and surrounding communities will have access to fluoridated drinking water.

For this Sun Belt City, says Dr. Howell, passage "of the measure was really significant because we suffer twice the national rate of tooth decay. We have a lot of need for this benefit."

In Kansas, Leavenworth voters approved a proposal to fluoridate their drinking water, 60 percent to 40 percent. Two previous fluoridation initiatives had failed before November's Election Day victory.

Dr. Paul Kittle, a local pediatric dentist, says the fluoridation campaign was a "nice marriage of dentists, dental assistants, dental hygienists," local medical professionals such as pediatrician Dr. Rod Revard and some political savvy, courtesy of former city mayor Joel Grodberg.

"Joel knew the politics of how to get our vote," says Dr. Kittle. "He was able to tell us who to approach."

For example, Dr. Kittle says, he, Dr. Revard and Mr. Grodberg approached the city's commissioners to get the fluoridation proposal put on the city ballot.

"Each one of us personally called and spoke with a commissioner," Dr. Kittle recalls. "The commission had erroneously presumed fluoridation was already present in our community water supply." When

Fluoridation vote tallies nationwide

Voters in 24 communities nationwide Nov. 7 cast their ballots on fluoridation initiatives.

The following communities, including their population count, approved their fluoridation initiative:

Abilene, Texas, 108,995; Clark County (Las Vegas), 1,321,319; Davis County, Utah, 239,364; Gilbert, Ariz., 97, 590; Leavenworth, Kan., 39,123; North Attleboro, Maine, 25,908; Salt Lake County, Utah, 850,243; San Antonio, 1,147,213; and Sunnyvale, Calif., 127,324.

The following communities voted against their fluoridation initiative:

Ozark, Miss. 9,787; Pequannock, N.J., 12,218; Ithaca, N.Y., 29,401; Wooster, Ohio, 24,308; Logan, Utah, 40,778; Hyrum, Utah, 5,631; Nibley, Utah, 1,849; Providence, Utah, 4,513; River Heights, Utah, 1,492; Smithfield, Utah, 6,979; Brattleboro, Vermont, 12,136; Spokane, Wash., 184,323; Wenatchee, Wash., 24,733; and Shawano, Wisc., 8,199. ■

informed that fluoride wasn't present at a level significant enough to provide oral health benefits, "the commissioners drafted an emergency ordinance that put the issue on the ballot," says Dr. Kittle.

Cost to the community's 40,000 residents will average about 50 cents per person annually, a figure that recalls the words of Surgeon General David Satcher, who in his June Report on Oral Health in America, called fluoridation "an inexpensive means of improving oral health that benefits all residents of a community, young and old, rich and poor alike." ■

ADA removed from lawsuit Seal challenge fails in Iowa

BY MARK BERTHOLD

Des Moines, Iowa—The American Dental Association has been dropped as a co-defendant in a lawsuit against Colgate-Palmolive/Colgate Oral Pharmaceuticals.

Fifth Judicial District of Iowa Judge Joel D. Novak granted the ADA's motion for summary judgment Nov. 7, dismissing Patricia J. Hart's allegation that the Seal of Acceptance had misrepresented Colgate's Platinum Professional Toothwhitening System and that she relied on the Seal in choosing this product.

"It was very clear from the deposition testimony that the plaintiff did not rely on the ADA Seal of Acceptance when her dentist dispensed the tooth-whitening product," says ADA general counsel Peter M. Sfikas. "The dentist testified that when he discussed the tooth-whitening product, he did not discuss the Seal. As a result, the court was correct in ruling in favor of the ADA."

According to court proceedings, the plaintiff had discussed bleaching options with her dentist and chose the Colgate product. Package directions stated the product was to be used for 30 minutes to one hour; however, the plaintiff contended she followed the instructions of her dentist and wore the product overnight.

After minimal use, the plaintiff alleged she developed painful problems with her teeth, gums and face, which led to root canal treatment.

The plaintiff filed the lawsuit on Feb. 12, 1999, naming as defendants Colgate-Palmolive/Colgate Oral Pharmaceuticals and the American

Dental Association.

The five charges against the ADA—misleading, misrepresentation, negligent misrepresentation, gross misrepresentation and fraud—stemmed from the plaintiff's allegation that the ADA misrepresented the Colgate product as safe and effective when it gave its Seal of Acceptance.

The ADA disputed the plaintiff's contention that she always relies on the Seal and had relied on the Seal with this particular Colgate product.

The Association filed for summary judgment on the grounds the plaintiff did not have enough facts to back her claims. In summary judgment, the plaintiff must produce enough evidence to sustain each claim in order to take the entire case to trial.

During court proceedings, the plaintiff did not adequately state or infer a reliance on the Seal. Furthermore, prior to choosing the whitening product, she did not discuss the Seal with her dentist or see the actual product packaging. Because of this, the court dismissed the plaintiff's theory, Mr. Sfikas explained.

The plaintiff also claimed an indirect reliance through her dentist's reliance on the Seal. The court found that, under Iowa law, the plaintiff had no support for this argument. The court ruled that a trial on the plaintiff's claims was not necessary and granted the ADA's motion for summary judgment.

On Nov. 6, Ms. Hart proceeded on her claims against Colgate. The ongoing trial is expected to continue until around Thanksgiving. ■

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Starting Out

Mentoring, leadership honored

New dentist committee presents two with Golden Apples

BY KAREN FOX

When the ADA Committee on the New Dentist met earlier this year to evaluate candidates for the new "Outstanding Leadership in Mentoring Golden Apple Award," they found all the nominations well presented.

But one nominee stood out for the quantity and quality of letters of support. The name was Dr. W. Baxter Perkinson Jr., a Richmond, Va., general dentist.

Dr. Perkinson is well known to his colleagues as a distinguished teacher, clinician, lecturer, author and mentor for dental students at his alma mater, the Medical College of Virginia/Virginia Commonwealth University School of Dentistry.

Accolades praising Dr. Perkinson's 30-year career poured in, leading one committee member, Dr. Mark Holifield, to say: "I have never met him, but what I read was unbelievable. I would like to shake his hand."

Dr. Perkinson is the first recipient of this Golden Apple Award, which recognizes individual members who exhibit leadership qualities, professional and ethical conduct, and volunteer activities as a mentor.

The Committee on the New Dentist also selected the winner of the Golden Apple New Dentist Leadership Award. This year, the leadership award went to Dr. Douglas A. Wyckoff of the Northwest Missouri Dental Society for his leadership initiatives in organized dentistry and his community.

Drs. Wyckoff and Perkinson received their awards during a special recognition ceremony Oct. 14 in Chicago.

Mentoring

A part-time faculty member of the MCV/VCU dental school and private practitioner, Dr. Perkinson was cited for the various groups of students and dentists he has mentored over the years. Some include college students who are undecided about pursuing a career in

dentistry, dental students who have difficulty adapting to the dental curriculum, recent graduates serving a year's internship in his office and dentists facing career burnout.

Nomination letters underscored Dr. Perkinson's worthy honor.

Having just completed his first year at Creighton University, a young medical student began to question his medical career. One day at the local gym, he met a colleague of Dr. Perkinson's who recommended he stop by Dr. Perkinson's office for a chat.

The meeting led the medical student to do some volunteer work at Dr. Perkinson's clinic; shortly thereafter he was hired as a dental assistant/pre-dental intern.

"From this first exposure to dentistry, my fascination and eagerness to learn has grown every single day," writes the former med student in a nomination letter. "I soon realized I had found what I was looking for with my life, feeling uplifted and positive about my future, which was in dentistry, not medicine."

That young man was recently accepted to the MCV/VCU dental school, class of 2004.

Dr. Perkinson's colleagues are quick to note that in the course of his own career, he frequently sacrifices his time to help others further their dental careers.

While a dental student, a 1979 MCV/VCU graduate who would later become one of Dr. Perkinson's associates attended Dr. Perkinson's weekly lectures in restorative dentistry.



Dr. Perkinson



Dr. Wyckoff



"Over time, I became aware that he gave these informal but intensive three-hour lectures each week without pay mainly because he is driven to help people learn excellence in dentistry," the student explained. "I found the volume and detail of the information fascinating, entertaining and of immense practical value to myself as a novice in the field of dentistry."

Dr. Bruce R. DeGinder, one of Dr. Perkinson's former students, agreed.

Having the opportunity to work with Dr. Perkinson made him appreciate his mentor's creative approach to treatment.

"He really would think outside the box and make suggestions about what treatment plans to consider," said Dr. DeGinder, who is now a general dentist in Williamsburg, Va. "He was a wonderful teacher in that sense, by allowing me to expand my treatment options."

Dr. F.B. Wiebusch, professor emeritus, MCV/VCU dental school, summed up Dr. Perkinson's dedication to the profession by saying: "His mentoring of students and graduate dentists is one way he is able to give back to the profession all that the profession has given him."

Leadership

Fortunately for the University of Missouri-Kansas City School of Dentistry, Dr. Douglas A. Wyckoff never cut ties with his alma mater.

Eight years before winning the ADA New Dentist Leadership Award, Dr. Wyckoff began serving as the Northwest Missouri Dental Society's representative to the Missouri Dental Association New Dentist Committee. In 1997, he was elected the committee's chairperson.

During his tenure with the MDA New Dentist Committee, Dr. Wyckoff—a 1992 UMKC dental school graduate—led and participated in many diverse activities with Missouri's new dentists and dental students at UMKC, including:

- giving presentations at the annual UMKC dental school freshman orientation;
- an annual two-day program where MDA members provide support to students taking board examinations, along with distribution of a packet that promotes organized dentistry's benefits;
- the "Suite of Dreams" tours, which enable MDA student members to tour dental offices in Kansas City;
- the development of "On the Right Track," the new dentist's guide to starting a dental practice in Missouri;
- "A Day at the Game," an annual event where new dentists attend a continuing education program followed by tailgate party and football game at the University of Missouri-Kansas City.

Dr. Wyckoff maintains a private practice of general dentistry in Cameron, Mo., where in 1998-99 he served as Chamber of Commerce president.

"While there are obvious tangible benefits to his community by having a member with the leadership abilities and spirit of volunteerism that Doug has, we believe the intangible benefits to the entire dental community should not be ignored either," Dr. Steven R. Southard, past president of the Northwest Missouri Dental Society, wrote in a nomination letter.

"Doug is well known in his community not only as a dentist, but a tremendous leader," added Dr. Southard. ■



Breaking ground: Officials gathered in Milwaukee Oct. 31 for the ceremonial ground-breaking of the new state-of-the-art dental school facility at Marquette University. Actual construction of the \$30-million facility begins in 2001, with the three-story, 120,000-square-foot building slated to open in August 2002. Pictured from left are Dr. William Lobb, Marquette University School of Dentistry dean; Dr. Kathleen Roth, former Wisconsin Dental Association president; Dr. Timothy Rose, a Wisconsin dentist and former ADA president; Rev. Robert Wild, Marquette University president; Dr. Robert M. Anderton, ADA president; and Dr. Richard Valachovic, American Dental Education Association executive director.

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