2-5-2001

ADA News - 02/05/2001

American Dental Association, Publishing Division

Help for depression, page 20 ◆ ADAHF's Harris Fund, page 24

AMERICAN DENTAL ASSOCIATION
ADA News®
FEBRUARY 5, 2001 www.ada.org VOLUME 32, NO. 3

BRIEFS

JADA available online this month

The full text and graphics from The Journal of the American Dental Association and a host of other health-related publications will be available online starting this month.

Internet access to JADA and more than 400 other health care journals—including 22 international dental journals—will be provided at no charge to members and nonmembers alike for one year. Thereafter, the service will remain free to ADA members, while nonmembers will be charged a per-article access fee.

THE JOURNAL OF THE AMERICAN DENTAL ASSOCIATION
JADA

"We're offering this new online service in response to feedback from our Web-savvy viewers," said Laura A. Kosden, publisher and chief operating officer of the ADA Publishing Division, ADA Business Enterprises, Inc.

Through an alliance with ingenta inc., the complete text and graphics of JADA cover stories, clinical and research articles, columns and commentaries, letters to the editor and other features are available online, dating from January 1998 to the present and beyond.

Visitors can explore JADA through the Association's Web site, ADA.org, using a keyword search engine. They also can travel seamlessly to the ingenta platform where they can search other journals as well as JADA, down-

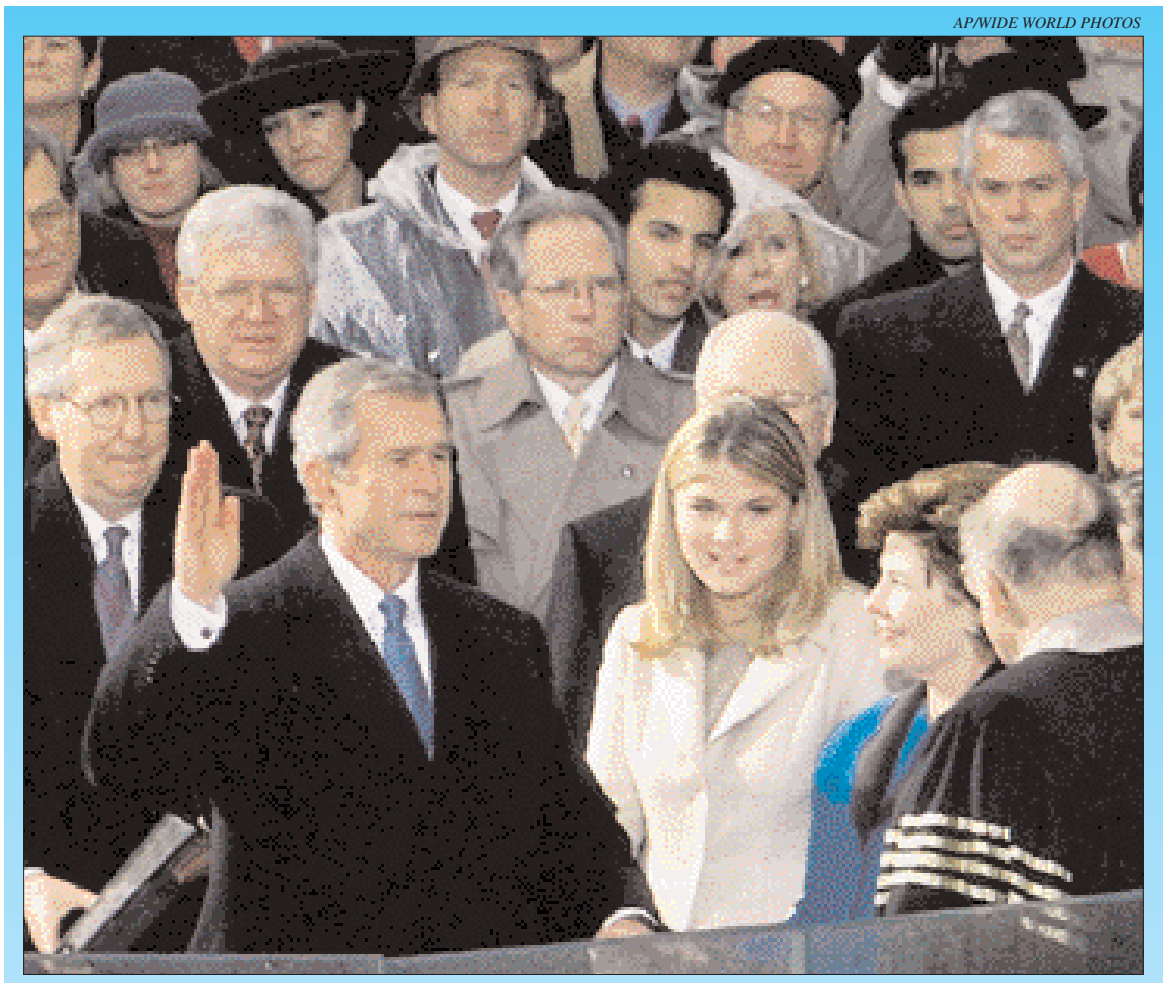
See JADA, page 26

INSIDE

Fountain of knowledge

This year's annual session in Kansas City previewed. **Story, page 10.**

AP/WIDE WORLD PHOTOS



New administration: George W. Bush takes the oath of office Jan. 20 from Chief Justice William Rehnquist to become the 43rd U.S. president.

Priority: children

ADA targets access issues as President Bush offers national policy vision

By Craig Palmer

Washington—New Association policy begins with children.

The journey from policy to chairside partners profession and government in an emerging but still uncertain social contract to improve access to dental care for underserved, indigent and special needs children and adults.

■ OSHA needle safety, page 12

President George W. Bush in his Jan. 20 inaugural address offered a vision for vulnerable children that

See ACCESS, page 17

Privacy policy nets ADA, federal action

By Craig Palmer

Washington—Dentists are shaping a new era of patient privacy.

It's a brave new world of national standards converging at the nexus of Association policy, legislative mandate and regulatory framework.

When fully effective in two years for dentists, physicians, hospitals and other custodians of personal health information, new privacy rules will require a typical dental practice to:

- post "plain language" notices describing office privacy practices;
- designate an office privacy official, who may have other duties as well;
- provide privacy training for employees;
- establish privacy agreements with "business associates";
- obtain patient consent for disclosure of health information except for treatment by other providers and specified public policy.

Privacy kits

The Association offered to work with government regulators to assure the privacy of patient health information and help dentists meet the new requirements by developing "privacy kits" for dental offices (Association letter, Feb. 17, 2000). "The ADA has

See PRIVACY, page 14

Dr. Anderton's idea catches on

By Karen Fox

During his installation before the House of Delegates last fall, ADA President Robert M. Anderton launched the Grassroots Membership Awareness Initiative with the lofty goal of returning ADA membership to the 75th percentile.

It can be attained, he said, through programs run by volunteer leaders who extend to nonmembers peer-to-peer invitations to join organized dentistry.

"It seems that each time the Association has been faced with finding a resolution to a serious problem, we have turned to our grassroots," said Dr. Anderton. "I believe this is one of those times, and we will increase our market share of members only through appropriate personal contacts."

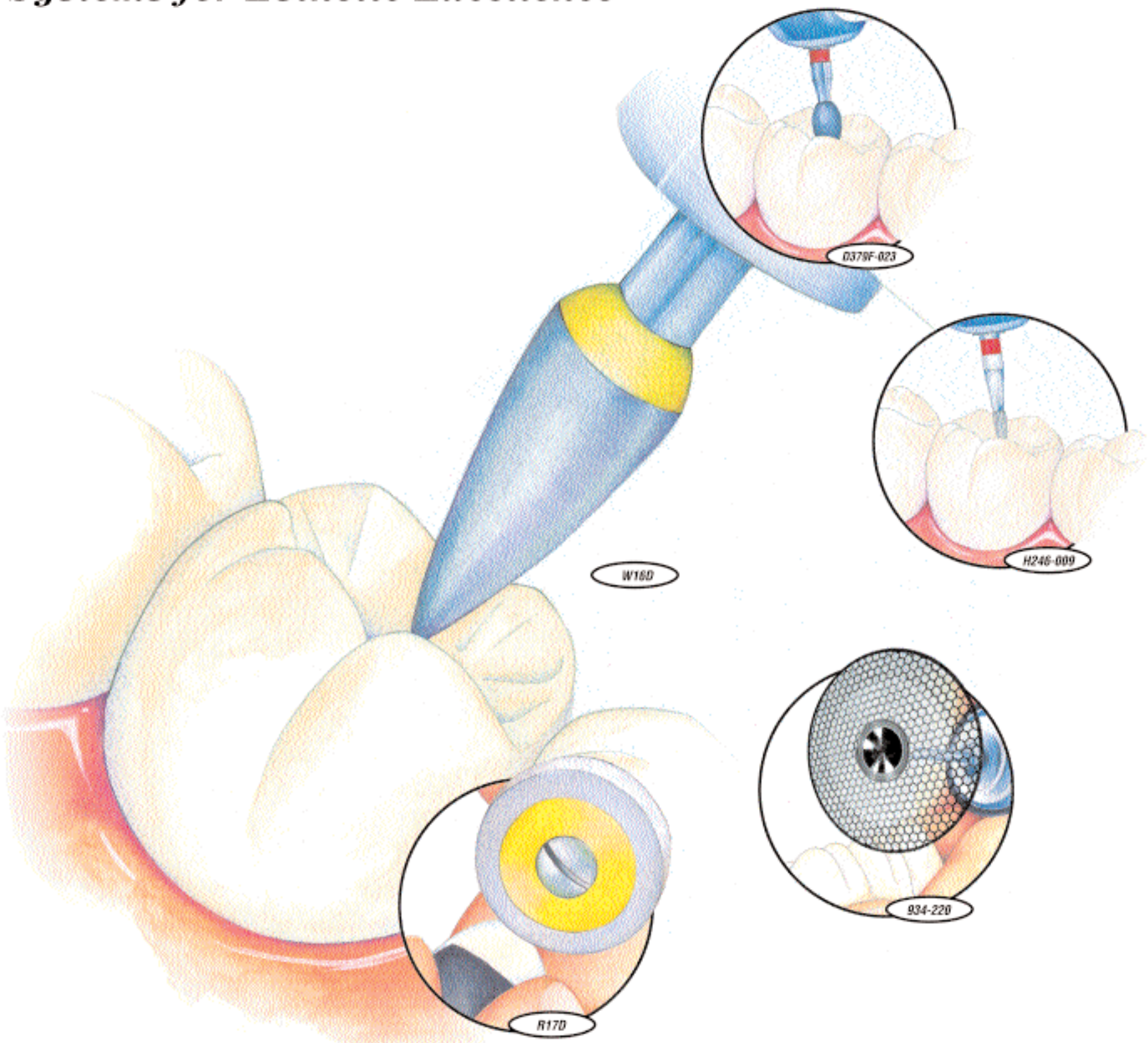
Dr. Anderton

Many constituent and component societies seized this opportunity to launch new campaigns to raise membership rates, while others combined Dr. Anderton's initiative with ongoing membership campaigns.

Two societies—the Connecticut State Dental Association and the Lincoln District Dental Association in Nebraska—undertook ambitious programs that have already proven successful.

See MEMBERSHIP, page 23

Systems for Esthetic Excellence



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AMERICAN DENTAL ASSOCIATION
ADA News

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When the icon at left appears with an ADA News article, turn to our counterpart on the World Wide Web—the ADA News Daily—for related news and information via ADA.org.

Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.

Leading: From right above, Drs. Myron Bromberg, Kim Harms, Carlos Interian, Cynthia Hodge, Kenneth Kalkwarf and Karl Lange enjoy a light moment during the Future of Dentistry Oversight Committee meeting at ADA headquarters. Dr. Leslie Seldin, (left) committee chair, observes the project's progress during breakout sessions.

You're invited: Public Conference on Future of Dentistry March 1

All communities of interest related to dentistry are invited to participate in an open forum to share their thoughts about the Association's Future of Dentistry Project at a Public Conference on Thursday, March 1, 8 a.m.-3:30 p.m. at ADA headquarters.

"Come and help us. Take this opportunity to participate," said Dr. Leslie Seldin, Oversight Committee chair. "This is an opportunity for all members and interested parties to offer their insight about what the future of dentistry is and what it should be." ■

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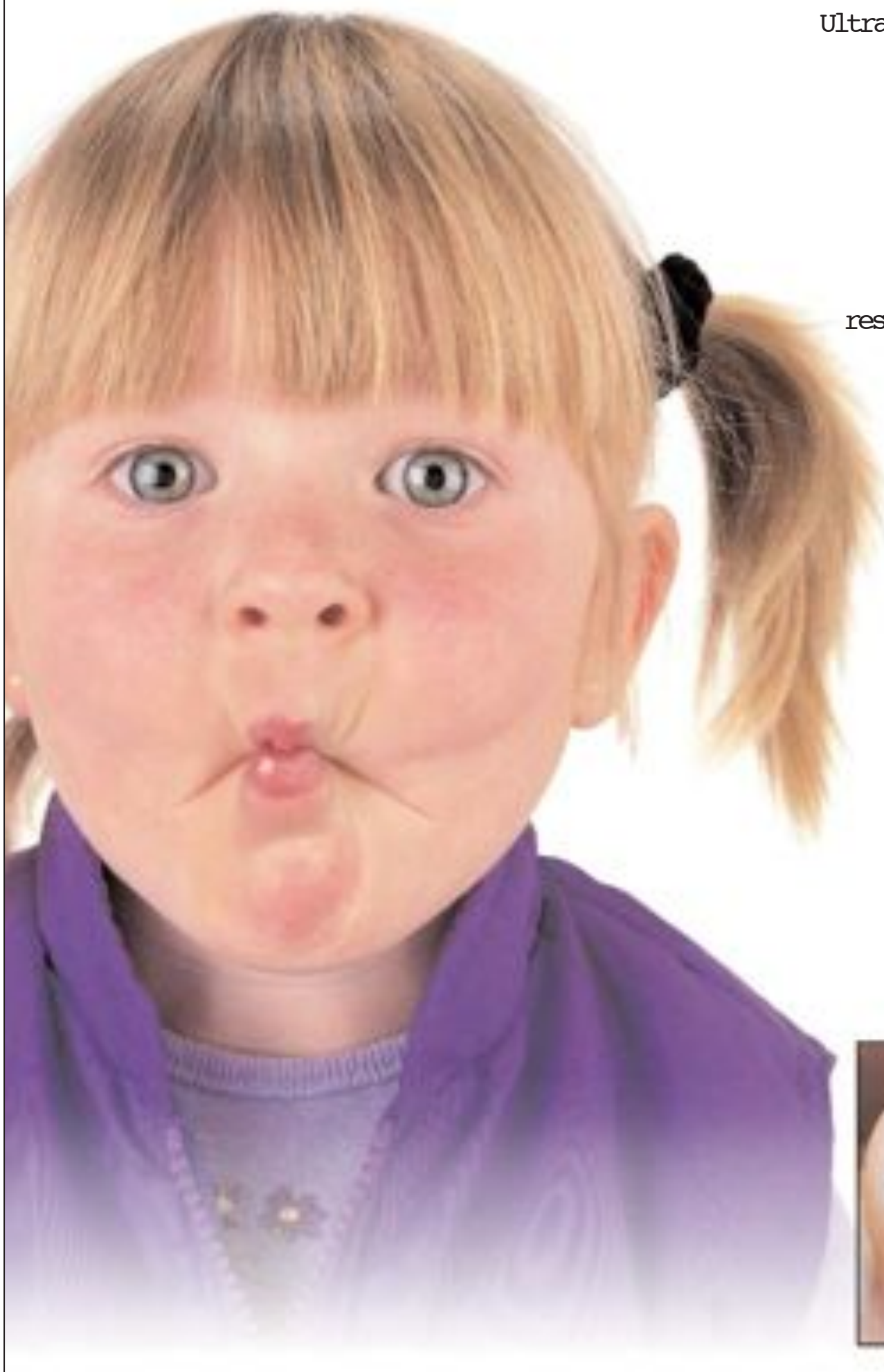

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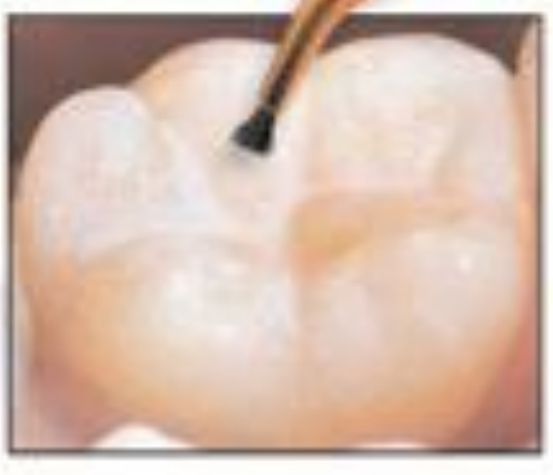

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WebWatch

3.2 million visit ADA.org in 2000

Data from year 2000 tallied more than 3.2 million visitors to ADA.org, with an average of 9,000 visitors a day.

ADA members made use of many online resources with more than 30,000 registering for access to member-only areas, which account for about 45 percent of the online resources. More than 700 members linked their practice Web sites to ADA.org's Membership Directory.

Online annual session registration also proved to be popular with 37 percent of all advance registrations made online. Oral health topics and the Membership Directory were popular destinations in the ADA.org public areas.

New features and recently updated content on ADA.org include the following:

- The ADA Council on Insurance offers a broad selection of articles in the newly redesigned Risk Management Article Database in the Law, Ethics and Risk Management content area.

The information is culled from risk management newsletters distributed by insurance companies to their policyholders and includes some 300 articles grouped in 58 topical areas. Recently added articles address topics including parasthesia, prosthodontics, fraud, guarantees and dental service management organizations (ADA.org search keywords: risk management).

- A summary of the Occupational Health and Safety Organization's ergonomics standard released last November to address work-related musculoskeletal disorders and hazards throughout the workplace is available in the Government and Advocacy content area under Legislative and Regulatory Issues.

This summary provides information on the key provisions of the standard including employer reporting obligations, managing reported musculoskeletal disorders and recordkeeping obligations. The complete standard and supplemental compliance material are available on the OSHA Web site at "www.osha.gov" (ADA.org search keyword: ergonomics).

- The ADA 2001 Media Kit is online in the Publications area under Advertising. The media kit offers complete advertising rate information for JADA and ADA News as well as advertising and publication deadlines, the JADA editorial calendar and key contacts. Rates for online advertising on ADA.org are also available (ADA.org search keyword: advertising).
- February is National Children's Dental Health Month. A downloadable order form can be used to order the 2001 NCDHM Kit of products to hand out to young patients as well as a selection of posters, videos and coloring books. Coloring sheets, in PDF format, and videos are also available to download.

For more NCDHM resources, visit the Public content area and look for National Children's Dental Health Month in the Oral Health Topics listing (ADA.org search keyword: children).

- Presentation videos and audio tapes from last year's annual session are available for purchase in the Meetings and Events content area. Shoppers can browse the complete catalog of 298 audio tapes and eight videos from the 141st annual session and make purchases by credit card online.

Audio tapes and videos are also available from the 1998 and 1999 annual sessions (ADA.org search keyword: annual session).

- Details of this year's annual session post-convention cruise down the Mississippi River are posted in the Meetings and Events content area. Among the information available online is the complete cruise itinerary as well as tour prices and a downloadable reservation application (ADA.org search keyword: events). ■

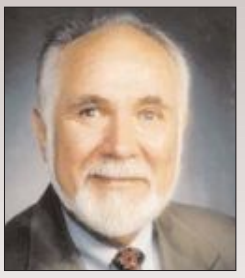
—Reported by Joe Hoyle

Special care organizations plan March 30-April 1 conference

Dr. Harold C. Slavkin to speak

The Federation of Special Care Organizations in Dentistry will convene its 13th Annual National Conference on Special Care Issues in Dentistry March 30-April 1 in Chicago.

The conference, devoted to improving dental care for patients with special needs, will feature Dr. Harold C. Slavkin, former director of the National Institute for Dental and Craniofacial Research. Currently dean of the University of Southern California School of Dentistry, Dr. Slavkin will present "The Surgeon General's Report and the Special Needs Patient: A Framework for Action."



Dr. Slavkin

Other conference presentation topics will include perspectives of oral health and its importance to overall health, forming broad-based coalitions, an historical and current overview of the federation with open discussion, current issues in postdoctoral general dentistry and current concepts in the treatment of patients with disabilities.

For more information, contact the federation office by phone, 1-312-440-2660 or by fax, 1-312-440-2824.

The Federation of Special Care Organizations in Dentistry comprises the American Association of Hospital Dentists, Academy of Dentistry for Persons with Disabilities and American Society for Geriatric Dentistry. ■

Annual Session

What's new in KC?

Esthetics forum Oct. 15-16

City of fountains: The Nichols Memorial Fountain, one of Kansas City's signature fountains, features four equestrian figures, each of which represents a famous river.

BY CLAYTON LUZ

Kansas City, Mo.—The City of Fountains here will be a "fount" of scientific and technological information Oct. 13-17 that will enhance your dental practice.

That's when the 142nd meeting of the 2001 American Dental Association annual session convenes, with Pre-Session beginning Oct. 12.

"Annual session in Kansas City offers something a little different from previous years," says Dr. David Fulton, 2001 chair, Council on ADA Sessions and International Programs. "One striking difference is that more workshops will be offered than ever before. This makes for an incredible variety that will offer something for everyone who attends."

Dr. Steven Tonelli, 2001 program chair, adds the scientific program "will focus on esthetics, staff and auxiliary programs, and the biggest hands-on program we've ever had."

"You'll have the opportunity to participate in a unique learning experience with clinicians we have all come to know and respect," says Dr. Tonelli. "This will be your chance to receive an invaluable educational experience for both you and your staff at an incredible value."

True to their words, the 2001 meeting's scientific program debuts something new—yet another cutting-edge program—a two-day Esthetics Forum (PW19) on Oct. 15-16.

Drs. Paul Belvedere, Roger Levin, Jacinthe Paquette and Cherilyn Sheets will each present strategies designed to optimize your practice without increasing your stress level.

Below is a partial list of clinicians to be featured at the 2001 ADA annual session:

Dental materials: Drs. Alan Boghosian, Gordon Christensen, Harald Heymann, John Kanca III, John McManama; ***Endodontics:*** Drs. L. Stephen Buchanan, Joe Camp, Clifford Ruddle, John West, Donald Yu; ***Esthetic dentistry:*** Drs. Jeffrey Brucia, William Dickerson, Mark Friedman, David A. Garber, Jeff Morley, Larry Rosenthal, Cherilyn Sheets; ***Esthetics Forum:*** Drs. Paul Belvedere, Roger Levin, Cherilyn Sheets, Jacinthe Paquette; ***General health:*** Drs. Herb Benson, Marjorie Jeffcoat, Lee Lipsenthal, Michelle Burris, Fred and Florence Littauer; ***Implant dentistry:*** Drs. Sascha Jovanovic, Carl Misch; ***Preventive dentistry:*** Drs. Kenneth Backman and Robert Faiella, Tom Holbrook, Judy Bendit, Cynthia Fong, Annette Ashley Linder; ***Pediatric dentistry:*** Drs. Marvin Berman, Jeffrey Camm, Greg Psaltis, Jane Soxman; ***Periodontics:*** Drs. Paul Fugazzotto, Samuel Low, James Mellonig, Preston D. Miller, Thomas Wilson Jr.; ***Prosthodontics:*** Drs. Irwin Becker, Ronald Goldstein, Larry Lopez, Joseph Massad, Lloyd Miller, Arun Nayyar, Barry Segal; ***Auxiliary programs:*** Drs. George Freedman, Jack Hadley and Thomas Schift, Tom McDonald, Mary Costello, Barbara Dawidjan and Donis Tatro, Ellen Gambardella and Rita Johnson, Mary Govoni, Risa Pollack-Simon; ***Practice management:*** Drs. Robert Frazer, Roger Levin, Randolph Shoup, Jennifer de St. Georges, Sally McKenzie; ***Technology Day:*** Drs. David Dodell, Larry Emmott, John Flucke, Barry Freydberg, Claudio Levato, Robert Pick, Lester Quan, Michael Unthank.

For more information, contact the CASIP office, 211 E. Chicago Ave., Suite 200, Chicago 60611-2658; or call 1-800-232-1432 or 1-312-440-2388; or e-mail "annualsession@ada.org".

Regular updates on annual session events will also be posted on ADA.org, the Association's Web page, at "http:www.ada.org/session". ■

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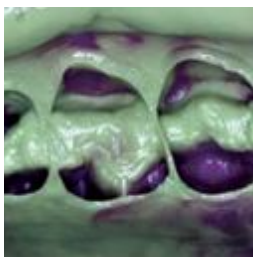

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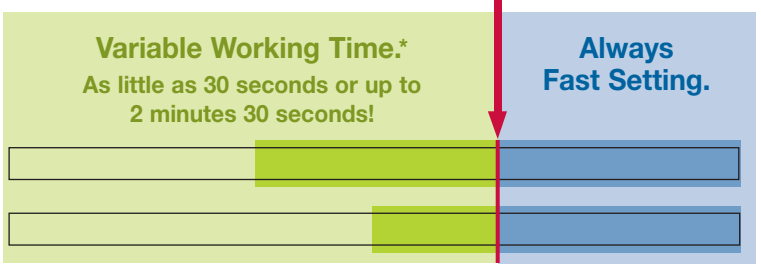

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Government

New needle safety regulations set

OSHA issues recordkeeping rules as agency chief leaves

BY CRAIG PALMER

Washington—Departing OSHA Administrator Charles Jeffress Jan. 18 announced new needle safety and recordkeeping regulations scheduled to take effect during the first year of the George W. Bush administration alongside new ergonomics rules.

The ergonomics regulations, which have come under sharp legal and political fire while gaining new science-based support, took effect Jan. 16 although affected employers have until Oct. 15 to comply. The needle safety and recordkeeping regulations take effect April 18 and Jan. 1, 2002, respectively.

Dentists, physicians and other employers with 10 or fewer employees are exempt from the new recordkeeping rules, including requirements that employers record needlestick and sharps injuries and work-related musculoskeletal disorders, Mr. Jeffress said in a farewell news conference. Employers exempt from recordkeeping may be subject to other provisions of the ergonomics and needle safety rules, he said.

Employers with 11 or more employees who are currently required to maintain the OSHA Form 200 log also will be required to maintain a sharps injury log.

The new needle safety rules implement legislation enacted last Nov. 6 and reinforce an Occupational Safety and Health Administration compliance directive that instructs employers, including dentists, to evaluate and implement appropriate, commercially available and effective medical devices designed to eliminate or minimize occupational exposure to bloodborne pathogens.

Based on an ADA analysis of the Needlestick Safety and Prevention Act, it will not require dentists to adopt new injection technologies until they decide, based on their professional judgment, that a new device is safe, effective and appropriate for their practices. The needle safety law should have minimal impact on private dental practices, according to the ADA analysis.

One possible effect on some practices is a requirement by law and, now, by regulation taking effect April 18, that dentists considering or using appropriate commercially available and effective needle safety devices "shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries" and document employee involvement in the process. However, the law does not require use of any particular device.

"A dental office employing two hygienists, for example, may choose to conduct periodic conversations to discuss identification, evaluation and selection of (devices and safety measures)," the OSHA notice said. "A large hospital, on the other hand, would likely find that an effective process for soliciting employee input requires the implementation of more formal procedures." A large hospital also would be subject to new sharps-injury recording requirements.

The needle safety notice, published in the Jan 18 Federal Register as a final regulation, is available on the World Wide Web at the National Archives and Records Administration Web site ("www.access.gpo.gov/nara"). The recordkeeping notice is available at the OSHA Web site ("www.osha.gov").

Mr. Jeffress told reporters he leaves the federal government pleased with having put in place a regulatory framework for reducing repetitive-stress injury in the workplace and having gained the support of a new National Academy of Sciences study based on "good sound science." But he said he expects continued business opposition and some concerns about the new rules in the 107th Congress. And "the next administration clearly could choose to do something different than this administration has."

The Jan. 17 NAS report, Musculoskeletal Disorders and the Workplace, concluded in part that "the weight of the evidence justifies the introduction of appropriate and selected interventions to reduce the risk of musculoskeletal disorders of the low back and upper extremities." ■

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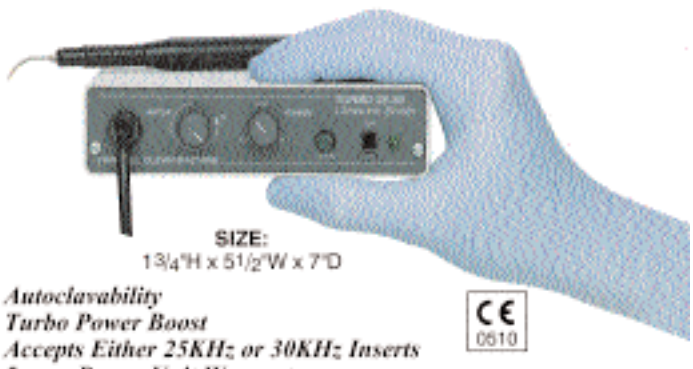

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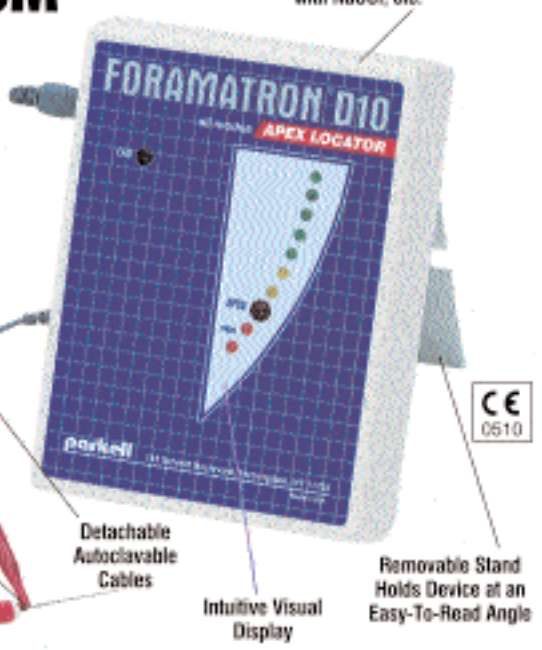

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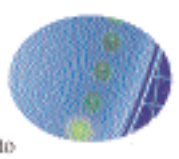
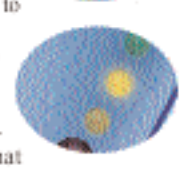
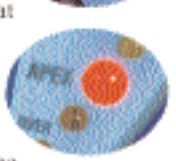


When the tip of your instrument approaches the foramen, the graphical display suddenly illuminates. Green lights begin tracking your progress down the canal. When you get really close to the apical constriction, the lights switch to yellow to indicate "caution."



When the tracking light flashes red, stop instrumenting! You've reached the point for obturation.

If you ignore the readout and continue instrumenting, orange tracking lights warn you that you've penetrated the apex.



Incidentally, you don't have to glance repeatedly at the device as you work, because the Foramatron supplements the visual display with 4 distinct audio signals (signifying "far short", "getting close", "apex" and "too far"). The adjustable volume can be turned down.

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Government

Privacy

Continued from page one

consistently demonstrated its ability to assist dental offices in complying with complicated federal regulations" and welcomes the opportunity to work with regulators to help dental offices "meet their privacy responsibilities," the Association said.

The regulatory agency charged by law with drafting the first national privacy standards, the Department of Health and Human Services, said it would rely on the ADA and other associations to develop model language for new patient notices, guidance on employee training and other privacy materials for members.

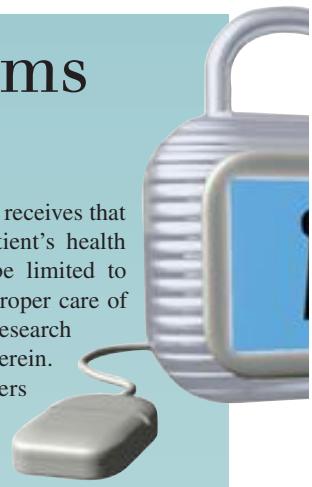
"The Department expects many professional and trade associations to provide their members with analysis of the regulation, including model policies, statements and basic training materials," HHS said. "This will minimize the cost for most small entities."

At the heart of the new privacy era is the Association policy declaration that "patients should have the right to know who has access to their personally identifiable health information and how that information has been used."

HIPAA

The U.S. Congress acknowledged Association leadership on dental standards by requir-

ADA privacy policy affirms patients' right to know



By Craig Palmer

ADA policy affirms the rights of patients "to know who has access to their personally identifiable health information and how that information has been used."

House Resolution 54H-2000 amended and reinforced policy on health information confidentiality and privacy while retaining language declaring that:

- Patients should have the right to know who has access to their personally identifiable health information and how that information has been used;
- A patient's general consent to the release of confidential health information to a third party, such as a health plan, should not be legally sufficient to permit subsequent release by that third party of the information;
- With appropriate limitations designed to protect the integrity of the attending doctor's records and to ensure against unauthorized disclosure or unduly burdensome requests, patients should be afforded the opportunity to see their treatment records and obtain copies.

Res. 54H-2000 extended Association support to regulatory as well as legislative actions protecting patient privacy, removed references limiting that support to just "federal legislation," and added new language on electronic communications.

Policy now directs the Association to track and advocate privacy laws governing the Internet in their applicability to privacy of patient records, and to advocate that all points of potential interception, sale or unauthorized electronic transmission from doctor to third party be included in the consideration of electronic privacy laws. In other regards, the policy is unchanged.

Unchanged from policy initiated by the 1999 House of Delegates is the following:

Legislation

- In particular, the Association believes minimum safeguards are needed to protect patients against wrongful disclosure and/or use of patient identifiable information, and to protect their providers as a result of wrongful disclosure or use by third parties who are properly given access to that information.

Limits on disclosure and use of patient-identifiable information

- Generally, the disclosure and/or use of patient-identifiable information by health care providers should be limited to that which is necessary for the proper care of the patient, or authorized by the patient and/or other applicable law.
- Use of patient-identifiable health information by an entity that receives that information from a patient's health care provider should be limited to that necessary for the proper care of the patient, except for research purposes as identified herein.
- Subsequent holders of patient information should be prohibited from changing health information or conclusions submitted by the patient's health care provider.

Unauthorized disclosure of patient-identifiable health information

- Patients should have a fair opportunity to seek legal redress if their personally identifiable health information has been willfully and wrongly released.
- No liability should arise against a provider who, in good faith and for the purpose of providing appropriate health care, unintentionally releases confidential health information in a manner not permitted by law.
- A health care provider who has properly disclosed patient-identifiable health information to a third party should be immune from liability for subsequent disclosure or misuse of that information by that third party.

Use of health information for research

- Generally, all identifying information should be removed when health records are used for research purposes.
- Identifiable data should be released only after approval of an Institution Review Board, pursuant to applicable review procedures and protocols.
- Legislative exemptions to patient consent requirements for research purposes should be narrowly drawn.

Use of health information by law enforcement

- Except as otherwise provided by applicable laws, law enforcement officials should be required to obtain a binding court order, warrant or subpoena before having access to patient records.

Practice considerations

- Dentists should know their ethical and legal obligations regarding patient confidentiality and privacy.
- Dentists should engage in sound risk management techniques to ensure compliance, including office protocols, record maintenance and training to protect such information. ■

ing federal regulators, in the 1996 Health Insurance Portability and Accountability Act, to consult with the American Dental Association in developing privacy and other health care administrative standards. The law requires the HHS Secretary to consult with the ADA and three other standards-setting organizations in developing the new administrative standards.

HHS in turn constructed a complex framework based on the stated expectation that dentists and other custodians of health information will "rely on their professional ethics and their own best judgments" in deciding how to use the new standards to protect patient privacy.

"The Congress required the Secretary to consult with specified groups," HHS said. "We engaged in the required consultations."

In short, Congress told the regulators to work with dentists in drafting administrative reforms.

HHS invited ADA testimony and comment and accepted many of the profession's recommendations, including the recommended use of dental codes maintained and distributed by the American Dental Association for dental transactions. And the ADA House of Delegates declared support for legislative and regulatory actions protecting patient privacy.

New standards

HHS consulted the Association throughout the process of developing and promulgating the first national standards for two administrative reforms mandated by the HIPAA and continues to consult the Association on security and other reforms in the pipeline. The first two cover:

- electronic reporting of dental and other health care procedures (issued Aug. 17, 2000);
- privacy of individually identifiable health information (issued Dec. 28, 2000).

Under the first standard, all electronic dental claims transactions by Oct. 17, 2002, must use the currently valid version of the Code on Dental Procedures and Nomenclature maintained and distributed by the ADA.

The second and newest HIPAA standard, covering privacy of patient health information, takes effect Feb. 26. Dentists and other providers of health care services have two years to apply the new regulations in their practices. The regulations published in the Dec. 28, 2000 Federal Register, official record of government regulatory activity, are available online at "aspe.hhs.gov/admnsimp/".

The privacy standard applies to the information conveyed with electronic transactions but is not limited to electronic transactions.

Administrative costs

The new standard will involve some cost for even the smallest affected dental practice, according to the HHS regulatory notice. "These privacy standards will entail substantial initial and ongoing administrative costs for entities subject to the rules," the notice said.

HHS estimates a year-2003 implementation cost of $2,500 for the typical dental practice to develop policies and procedures, starting at a nickel a notice for "plain language" privacy statements to be given to each new patient, with annual compliance costs averaging $1,400 for years two to 10. Some ADA members say the HHS estimates sound too low for their practices.

The costs to an individual practice will depend on the circumstances of that practice, according to Association staff, who suggested that the implementation and continuing compliance costs of privacy protections will be viewed as a cost of doing business similar to the costs associated with infection control.

An HHS analysis of the economic impact on providers of health services said:

"The department attempted to establish reasonable estimates based on fact-finding discussions with private sector health care providers, the advice of the department's own consultants and the department's own best judgment of the level of burden required to comply with a given provision." (Dec. 28, 2000, Federal Register notice contains more information on the cost analyses.)

The new rules are more sweeping than proposed, covering not just electronic but oral and written communication of individually identifiable health information held or transmitted by dentists and other custodians of patient records, including their business associates, health plans and clearinghouses.

ADA policy

"The American Dental Association is committed to protecting the confidentiality and privacy of patient health information," said Dr. John S. Zapp, executive director. "We are likewise committed to helping dentists recognize the implications for dental offices of the new regulations in concert with Association policy established by the 1999 House of Delegates and reinforced by last year's House."

The profession's elected leaders, the ADA House of Delegates, set the policy direction by declaring support for legislative and regulatory actions that protect the confidentiality and privacy of patient health information. Resolution 54H-2000 amended and built on privacy policy initiated by the 1999 House.

Res. 54H-2000 (Story, page 14) covers legislation, disclosure and use of patient information, patients' rights, research and law enforcement, and practice considerations.

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Government

Privacy

Continued from page 15

The Association, in accord with policy, generally supported the new privacy standard during the rule-making process, finding the 1999 proposal "generally consistent" with ADA policy while objecting to several provisions as potentially onerous for dentists with smaller practices.

"The Association agrees with most aspects of this proposed rule," Dr. Richard F. Mascola told HHS in a Feb. 17, 2000, letter. Dr. Mascola, ADA group associate executive director, Member Services, was the Association's 1999-2000 president.

Business associates

In issuing final rules, HHS revised several proposals of concern to the Association, in particular modifying language regarding contracts with "business partners," who in the final rule are called "business associates." One change acknowledges that small entities, such as a typical dental practice, cannot actively monitor business associates and their use of patient information.

"We have eliminated the requirement that a covered entity actively monitor and ensure protection (of patient information) by its business associates," HHS said. But "a covered entity must investigate credible evidence of a violation by a business associate and act upon any such knowledge."

The final rules hold dentists harmless for disclosures of information made in good faith unless they "knew or should have known" a business associate violated the privacy policy, according to ADA staff involved in the government-profession consultations. Dentists and other covered entities will establish contractual agreements with their business associates under a new standard aimed at protecting patient health information.

A business association occurs when the right to use or disclose protected health information belongs to the dentist and someone else is using or disclosing the information to perform a practice management, claims processing, accounting or other service commonly provided to dentists in their practices.

The new privacy rules apply to dentists in their health care capacity, not as employers, HHS said, meaning that information in personnel files about an employee's sick leave would not be protected health information under these regulations.

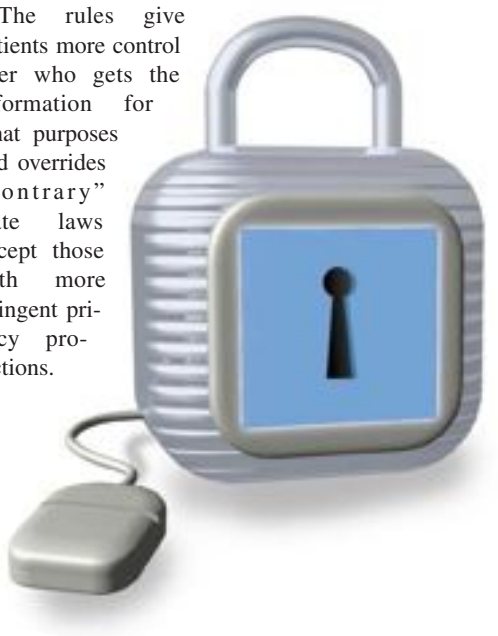
A covered dentist, hospital or other provider of health care services need not contract with its own employees to handle patient information. Where an oral surgeon or physician has staff privileges at a hospital, neither party is a business associate. Nor is a conduit of information—a courier, the U.S. Postal Service or a bank processing health care payments—a business associate.

But given the sweep of coverage and the construction of the regulations, most doctors treating patients will enter a new era of patient privacy based on a new national standard described by HHS as a balancing act between individual rights and public interest, neither of which the regulations treat as "absolutes."

"For small health care providers that are covered, we expect they will not be required to change their business practices dramatically," HHS said.

Professional judgment

The rules give patients more control over who gets the information for what purposes and overrides "contrary" state laws except those with more stringent privacy protections.



"This regulation describes a set of basic consumer protections and a series of regulatory permissions for use and disclosure of health information," said a preamble to the 367-page Federal Register notice.

"The protections are a mandatory floor, which other governments and any covered entity may exceed. The permissions are just that, permissive—the only disclosures of health information required under this rule are to the individual who is the subject of the information or to the (HHS) Secretary for enforcement of this rule."

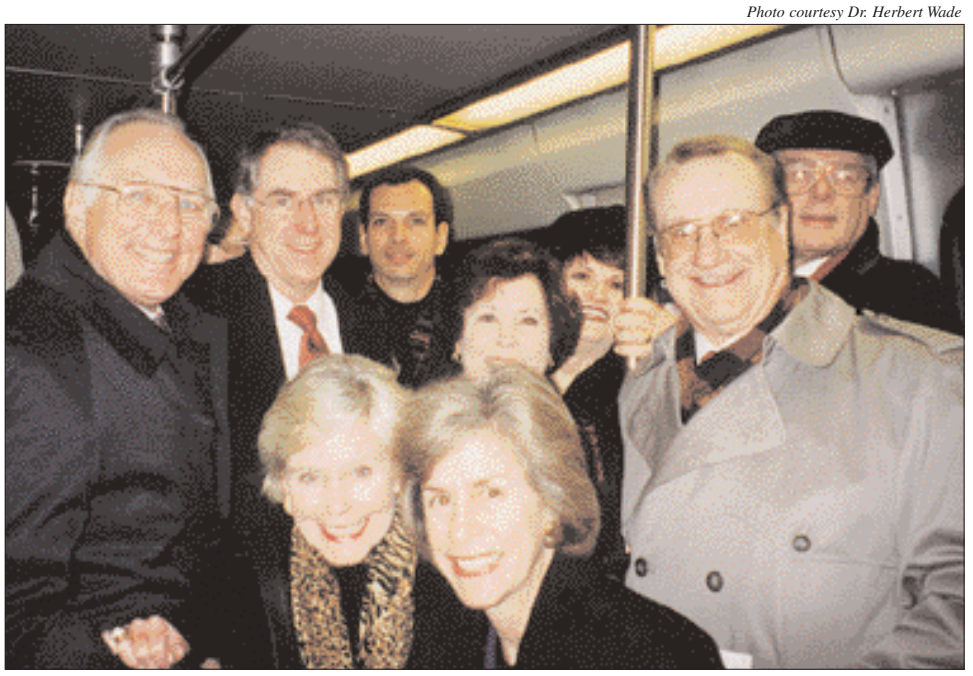
HHS said it expects dentists and other covered entities "to rely on their professional ethics and use their own best judgments in deciding which of these permissions they will use."

Dentists can expect continuing Association guidance on developing privacy policies and procedures to meet the new requirements.

The two-year implementation for dentists "provides a substantial period for trade and professional associations, working with their members, to assess the effects of the standards and develop policies and procedures to come into compliance," the regulatory notice said.

"We intend to provide guidance and checklists as appropriate, particularly to small businesses affected by the rule, (and) will work with trade and professional associations to develop guidance and technical assistance so they can help their members understand and comply with these new standards," HHS said. ■

Photo courtesy Dr. Herbert Wade



Underground: Riding a crowded Washington Metro train to the inauguration are (from left, rear) Dr. Herbert L. Wade, American Dental Political Action Committee board member; Dr. D. Gregory Chadwick, ADA president-elect; Dr. John V. Reitz, ADPAC board chair; Eddie Anderton, Sara Eggleston, Dr. Anderton and Dr. Frank K. Eggleston, 15th District Trustee. In front are Sally Wade and Knox Chadwick.

Access

Continued from page one

could find policy direction at the national level, noting that "children at risk are not children at fault."

"We are just at the meeting of professional and government policy initiatives that will set direction on providing more access to care, especially for underprivileged children," said Association President Robert M. Anderton.

"At the ADA, we have already started shaping policy directed by last year's House of Delegates," he said.

Policy established by the 2000 ADA House directs the Association to support development of state legislative and regulatory models to be used by state dental societies to resolve issues related to access and to monitor, respond and, if necessary, pursue federal legislation to improve access.

At the state and national levels, access-related legislative and regulatory activities are increasing. Bills offered in the U.S. Congress and state legislatures and government agency initiatives propose new ways to improve access to dental care for the poor and underserved and invite the advice and participation of dentists in reweaving the social safety net.

"All of dentistry needs to work together to find ways to encourage and enable more dentists to participate in these programs," Dr. Anderton said.

The National Governors' Association held a mid-December oral health policy academy in South Carolina for invited state officials and said the interest expressed by other states warrants holding a similar policy academy this spring.

Meanwhile, Association leaders urged state dental societies Jan. 25 to step up their efforts to improve state Medicaid programs, citing a recent Health Care Financing Administration letter ("www.hcfa.gov/medicaid/smd118a1.pdf") that puts states on notice of possible review if they fall short of dental access goals for poor children.

"We urge you to act quickly to bring (the HCFA notice) to the attention of appropriate state officials, including your governor, and to volunteer to help state officials ensure that their Medicaid programs meet minimum federal access requirements," said the Association letter co-signed by Dr. Anderton and Executive Director John S. Zapp and posted at the ADA Web site.

As ADA policy councils of volunteer dentists begin their 2001 meetings, many have access issues on their agendas.

"Access certainly will be a major priority for the Association," said Dr. James Frey, chair of the ADA Council on Government Affairs, which met Feb. 2-4 in Washington. The ADA Department of State Government Affairs will coordinate access activities of the various councils and agencies of the Association.

The Association is also participating in coalitions with other dental organizations on access-related initiatives. ■

Photo courtesy Dr. Brian Powley

Inaugural visitors: Dr. and Mrs. Brian Powley, Paradise Valley, Ariz., enjoy festivities with children Alexander and Cossette.

Dr. Frey: 'Access will be major priority for the Association.'

People

Airport dentist and I.N.S. gatekeeper?

Molars, wrists decide residence of potential U.S. immigrants

By Mark Berthold

New York—Dr. Robert M. Trager still runs his original dental office on Farmers Boulevard in Hollis-St. Albans, but his two branch facilities inside John F. Kennedy International and LaGuardia airports are where the real drama unfolds.

Besides providing dental care for air port travelers and employees, Dr Trager works with the U.S. Immigration and Naturalization Service by taking radiographs of the third molar and wrists of people who are detained.

"My office at J.F.K. is in the international air terminal right above Customs and I.N.S., and officials bring immigrants to me to determine their age," he says.

People who want to stay in the United States but immigrate illegally must prove a credible fear of persecution, depending on the country they come from, Dr. Trager explains. Those who cannot claim political asylum, or hold falsified or improper documentation, are subject to deportation if aged 18 or older. Because juveniles are allowed to stay in the country, adults may act, talk and dress younger than their age—younger than 18, to be precise.

When I.N.S. officials suspect a discrepancy between an immigrant's claimed age and physical appearance, they call on Dr. Trager, who takes X-rays of the immigrant's oral cavity to check the formation of the third molar's crown and roots.

■ "I do the whole process," Dr. Trager says. "Take the X-rays, process them, write up a full report and give it to the government. Many times my reports go to federal courts and hearings—they tell me my write-ups are legally acceptable."

"Unfortunately, this is only 83 percent effective," he says, and the eruption sequence of teeth doesn't really indicate exact age unless the third molar is completely erupted.

So for corroborative data, he also takes X-rays of the person's wrist, since the epiphyses of the radius, ulna and phalanges bones fuse at age 17 in females, and at 18 in males, he explains.

"Also taking a wrist X-ray is really more definitive than just the third molar X-ray itself."

Dr. Trager concedes the scientific literature is scant on using radiographs to "diagnose" a person's age.

Nevertheless, he insists that he has refined the procedure and is very thorough. "Because the wrist is pretty thin, I take an occlusal film," he says.

"I found that about 70 milliseconds of exposure time for the radius and ulna bones and 50 for the phalanges gives a pretty clear indication of the configuration of the fusion."

After taking four periapical X-rays of the third molar area, he double-checks them for teeth eruption and crown formation, then rechecks the fusions of the radius, ulna and phalanges bones.

"I do the whole process," he says. "Take the X-rays, process them, write up a full report and give it to the government."

Dr. Trager is proud of the accuracy of his estimates, "usually within six months or less"

Fate finding: Dr. Trager takes X-rays of molars and wrists to determine age at J.F.K International and Laguardia Airports.

of the age indicated by the detainee. Furthermore, "[My method] has never been overturned by any judge or hearing officer," he adds. "Many times, my reports go to federal courts and hearings—they tell me my write-ups are legally acceptable."

He claims his work also saves the U.S. government a great deal of money because people over 18 who are illegally in the United States are subject to immediate deportation, rather than housed and guarded in a hotel at government expense.

Looks are deceiving, notes Dr. Trager. "I've had petite females and males who claim to be 15 but are actually in their mid 20s, and I've also had huge men, as big as football players, who are indeed only 16."

"I call it a 'living forensic chess game,'" he continues. "I've found passports tucked under my bench and in my magazines. Earlier this year, a girl came in cuddling a teddy bear, claiming to be 10 years old. I said to myself, something isn't right, so I did my exam, and she was around 21."

Others become confused and put down "ridiculous" dates, such as two sisters aged 19 and 15—both claiming to be under 18. But when asked their age, they wrote that they were born within 6 months of each other.

Some detained people have a credible fear of persecution if sent back. Last summer, Dr. Trager examined a young man from Freetown, Sierra Leone, who said that less than 24 hours earlier, he was dodging bullets and seeing people get killed right in front of him.

"He started to cry," he recalls, "Saying he didn't want to go back, they were killing everybody."

He must also keep an eye on people suspected of drug trafficking or who come from countries of alleged terrorist activity.

"A guy was arrested and brought here from Riker's Island—the prison right next to LaGuardia. He claimed to be 19. The guards said, 'Isn't that strange, everyone else wants to be under 18?' As it turns out, the guy wanted to be deported so he could pick up a new shipment of drugs, then come back into the country. What did he care if he got arrested? That only meant a free ride home! But he was only 16, and had to stay in the United States."

The work gives Dr. Trager the chance to meet people from cultures around the world.

"Many are educated, speak good English," he states. "And I can speak a smattering of Arabic, Spanish, many different languages. I can say 'I'm a dentist,' and 'open your mouth' in Chinese. It relaxes them, makes them feel at ease, I think."

But language is also a window for Dr. Trager into the conditions of people's lives. "The sad part is, most of the people I see have been exploited," he says. "A lot of them end up in prostitution or in gangs. [I.N.S. officials] bring me a lot of so-called 'stowaways' as well as people picked up during raids on restaurants and sweatshops."

He is also concerned for his personal health.

"I see alleged terrorists, alleged drug dealers," he says. "And as a health professional seeing people from all over the Third World, I could be exposed to tuberculosis, Ebola virus, hepatitis, so I warn I.N.S. to watch out for rashes on the hands, face or neck—anything that doesn't look right."

In spite of the dangers, Dr. Trager is entirely optimistic about the future of his age-identifying efforts.

He has been contacted by the Australian and Canadian governments, and told United States I.N.S. officials they could utilize his expertise at all ports of entry. "Someone could be trained to take X-rays, put them in the computer and e-mail them to me so I can determine the age," he says.

Dr. Trager has done about 2,500 exams in the past three years and, he says, the I.N.S. keeps him on call 24 hours a day. But he insists the work is more than just opportunity knocking.

"The amazing thing, what makes me proud as a dentist, is how we can step outside the field and use our diagnostic and radiographic skills in this extremely positive way," he says.

"It helps the government and keeps me busy, and taking dentistry to a different level has made my career quite fascinating." ■

Health & Science

Dentists don't have to suffer

Scientific evidence proves depression is a curable disease

By Arlene Furlong

Chin up! Get a grip! Get over it! Stop making a mountain out of a molehill! An unlimited supply of such advice long served as the sole remedy and counsel for people suffering from depression.

In fact, it wasn't until a squad of public notables, such as 60 Minutes' Mike Wallace, went public with personal struggles that most people suffering from depression considered talking about their own symptoms.

And it wasn't until a class of medication to treat depression without numerous side effects drew public attention—selective serotonin reuptake inhibitors—that many people began to understand that depression is a disease: a treatable disease.

"There's a ton of scientific evidence out there proving depression is a disease, but even now there remains a common perception that it's not," says Richard Lavine, M.D., consulting psychiatrist for the ADA Dentist Well-Being Advisory Committee.

Although today's clinical diagnosis is typically made by a psychiatrist after a thorough medical and psychiatric history of the patient is taken, modern scans can now render a three-dimensional picture of the brain. The picture shows where the brain is active or inactive; pinpointing from where in the brain depressive symptoms arise.

Such research tools have contributed greatly to advancing scientific knowledge of the brain. "Someday we may even be able to sub-type depressions using these scans," says Dr. Lavine.

Unlike the blues, clinical depression doesn't go away. It's an illness that can last for years if left untreated. Suicide is an all-too-common consequence of unrecognized or inappropriately treated depression. And many sufferers don't realize that they are feeling this way because of a chemical imbalance.

Despite mixed results on suicide rates among dentists—some studies show high rates, others don't—occupational stress factors are usually cited as contributing factors. These include problems with dentist-patient relationships and economic stress factors related to payment for services.

■ Unlike the blues, clinical depression doesn't go away. It's an illness that can last for years if left untreated. And many sufferers don't realize that they are feeling this way because of a chemical imbalance.

Dr. William Midyette, a Florida dentist, recently lost a colleague to suicide. He describes the victim as a male dentist who avoided the crowd, didn't attend local dental meetings, had recently lost a wife and was raising children alone. Off the top of his head, Dr. Midyette easily recalls five other dentists he knew who committed suicide throughout the duration of his career. "It was a complete surprise to me in each of them," he says.

A relationship between environment and genes triggers symptoms, according to Dr. Lavine, with loss serving as the key activator. "If a person is genetically predisposed to depression it's more likely that a significant loss will bring on depression. And there are people who get depressed for biological reasons alone—without a specific trigger," he notes.

He says that signs of depression can be diffi-

See SUFFER, page 21

Symptoms of depression can include

- persistent sad or "empty" mood;
- loss of interest or pleasure in ordinary activities, including sex;
- decreased energy, fatigue, being "slowed down";
- sleep disturbances (insomnia, early-morning waking or oversleeping);
- eating disturbance (loss of appetite and weight, or weight gain);
- difficulty concentrating, remembering, making decisions;
- feelings of guilt, worthlessness, helplessness;
- thoughts of death or suicide; suicide attempts;
- irritability;
- excessive crying;
- chronic aches and pains that don't respond to treatment.

Depressive illness comes in various forms

- Some depressive episodes occur suddenly for no apparent reason.
- Some are triggered by a stressful experience.
- Some people have one episode in a lifetime; others, recurrent episodes.
- Some people's symptoms are so severe they are unable to function as usual.
- Others have ongoing, chronic symptoms that do not interfere with functioning, but keep them from feeling really well.
- Some people have bipolar disorder (also called manic-depressive illness). They experience cycles of terrible "lows" and inappropriate "highs."

Depressed persons may need help to get help

The very nature of depressive illnesses can interfere with a person's ability or wish to get help. Depression saps energy and self-esteem and makes a person feel tired, worthless, helpless and hopeless. Therefore,

- Seriously depressed people need encouragement from family and friends to seek treatment to ease their pain.
- Some people need even more help, becoming so depressed, they must be taken for treatment.
- Don't ignore suicidal thoughts, words or acts. Seek professional help immediately.

Source: U.S. Department of Health and Human Services, National Institutes of Health.

Suffer

Continued from page 20

cult to recognize, but that some groups are at higher risk: "the older single male who is alone, the man who has lost his wife, especially if he drinks."

"When people stop doing the things they normally like to do it can be a sign," he says.

(For more signs and symptoms of depression see sidebar.)

The National Depressive and Manic Depressive Association estimates that 80 to 90 percent of cases of depression can be effectively treated, but that two-thirds of people who suffer from depression do not get the help they need.

Education has drawn attention to the disease and helps people seek treatment, says Dr. Kenneth Yarnell, a Wisconsin dentist. In addition to working on the ADA Dentist Well-Being Advisory Committee, he volunteers time in his own state working with "Dentists Concerned with Dentists," another group providing confidential assistance to dentists.

"With the advent of corporate programs known as employee assistance, many people began to understand they could be helped with their problems, instead of punished," notes Dr. Yarnell. "I've learned that state dental boards take the same stance. Nobody wants to take a valuable person out of circulation; they want to see him or her being productive."

Despite these breakthroughs, reluctance to seek treatment by a mental health care specialist because of perceived stigma surrounding depression remains a major factor in undertreatment of the symptoms, even among health professionals.

"There have long been stereotypes about any kind of mental illness and even stigma attached to the medications," says Dr. Yarnell. "As a result, usually if someone is feeling depressed, self-esteem is very strongly affected."

Dr. Lavine says these attitudes are changing, but not quickly enough. He notes that common antidepressant drugs are used to treat nicotine addiction and premenstrual syndrome—but marketed under names the public doesn't associate with antidepressants.

One Midwestern dentist contacted for the story who was suffering from depression now wishes he had ignored the stigma earlier on. "I'm just sorry I didn't take medication sooner," he says. "It was like the difference between night and day."

Antidepressant medication works by affecting brain chemistry. These medications are not addictive.

In addition to medication, another principal treatment for depression is psychotherapy. Psychotherapy can take place in individual, group or family sessions. Its aim is to help a patient develop new ways of thinking or resolving problems.

For some people, one treatment or the other is sufficient. For others, a combination of the two produces the best results.

Because stigma related to mental health issues often erects a barrier to seeking treatment, the 1999 White House Conference on Mental Health called for a national antistigma campaign. The Surgeon General's Report on Mental Health responded by taking a long step in furthering the understanding that mental health is fundamental health.

Nevertheless, Dr. Yarnell believes some dentists remain in denial about symptoms of depression in themselves or their colleagues. "A

See SUFFER, page 22

ADA offers resources

The ADA Well-Being Programs provide one of the most valuable member benefits—information on the problems that can affect a dentist's ability to practice at an optimal level. This may be due to substance abuse or chemical dependency, burn-out, depression, stress related to litigation or a host of other issues. The member is provided a listening ear and contact information for the state peer assistance programs or for specialized treatment resources.

To access Dentist Well-Being Programs on the Web, start with the Profession page at ADA.org and then click Practice followed by Special Programs. Or you can call toll-free, Ext. 2622, or e-mail "kittelsonl@ada.org". All inquiries are confidential. ■

Something to smile about: Donald S. Hunt, ADA Business Enterprises, Inc. chair, and Dr. John Zapp address the board of directors at ADA headquarters.

ADABEI takes a look at finances

Among the issues discussed at the recent ADABEI meeting:

- a $1.4 million dividend for the Association for the year 2000;
- approval of a $50,000 contribution to the ADA Health Foundation for dental education;
- approval for endorsement of SUREPAYROLL.com, an Internet payroll provider;
- the search for a new JADA editor.

"We concluded a very successful year 2000 and look forward to an equally successful 2001," commented Mr. Hunt. ■

Discount offered on therapeutics guide at Midwinter Meeting

The revised and expanded second edition of the ADA Guide to Dental Therapeutics will be offered at a 10 percent discount to those attending Chicago's 136th Midwinter Meeting, Feb. 22-25.

To review the Guide and receive a free bookmark, stop by the ADA Publishing booth (Booth 660) at McCormick Place.

With the 10 percent discount, the Guide will be available to ADA-member dentists for $40.45, down from the standard price of $44.95.

The discounted price for nonmembers at the Midwinter Meeting is $58.45, down from $64.95. Purchasers will be charged for shipping and handling.

Unveiled at ADA annual session last year, the second edition of the ADA Guide includes information about more than 3,000 generic and brand-name drugs used in dentistry and medicine, described in nearly 500 easy-access tables.

The Guide also offers a number of unique features, including a one-of-a-kind chapter on the oral manifestations of systemic agents and an evidence-based overview of the effects of herbs and dietary supplements. ■

Suffer

Continued from page 21

lot of the denial is because dentists are accustomed to being put on a pedestal by staff and patients," he says.

Dr. Roger Alexander, professor in the department of oral and maxillofacial surgery at Baylor College of Dentistry, says, "It's just the nature of the beast.

"For the most part, dentists don't want to hear about depression."

Dr. Alexander has spoken on topics related to stress and depression for state and local dental societies, as well as the American Association of Oral and Maxillofacial Surgeons.

His recent research on stress-related suicides by dentists and other health care workers is slated for publication in the Journal of the American Dental Association.

"They're perfectionists and they just can't perceive that they're part of the problem," he comments. "They're accustomed to giving care to others and not always taking care of themselves."

Perfectionism is a much-documented personality trait among dentists, which can lead to stress, which can lead to depression, says Dr. Lavine.

"Much in the same way that anxiety and depression often occur at the same time, some people who have anxiety about doing a good job may also be more prone to depression," he noted.

The help of family and friends is often crucial in getting a depressed person to seek help for his or her illness, says another dentist contacted for the story who sought treatment for his symptoms.

"I went on my own, but not without a lot of pushing and prodding."

He suggests that family members come forward and let a person with depressive symptoms know how they feel to provide a pathway for treatment.

"When you're always tired, drawn and moody, going for help is not something you're going to do on your own," he says. And he suggests that two or three people intervene.

"It's better to have more than one person coax somebody into treatment," he says. "Otherwise it's just too easy for an affected person to bull his way out of it." ■

Membership

Continued from page one

To enhance constituent and component societies' efforts, the ADA developed a brochure, "Dentistry and the ADA—Our Story," with a personal membership message from Dr. Anderton about dentistry's accomplishments over the past century and the ADA's contributions to that legacy.

With the brochures, the ADA also provides recommendations for implementing local membership campaigns.

Constituent societies received enough brochures for each nonmember dentist in their state. Dr. Anderton says the brochures can be used as a tool to communicate the importance of membership, but they are not intended to supplant personal invitations to nonmember dentists.

"The ADA has supplied the brochures and a plan, but it obviously must be carried out by the component," explained Dr. Anderton.

Constituent leaders agree.

"The issue here is that recruitment begins at the component level," said Dr. Martin J. Rutt, president-elect of the Connecticut State Dental Association. "If you don't approach nonmembers at the component level, they are not going to join organized dentistry."

Following Dr. Anderton's speech to the ADA House of Delegates, Dr. Rutt went home and developed Resolution 24 in preparation for the CSDA's House of Delegates meeting.

"I think Dr. Anderton nailed it when he said somebody has got to be the driving force behind this," said Dr. Rutt. "It's not going to happen on its own."

Res. 24-2000—which sailed through the CSDA House of Delegates on Nov. 15, 2000—called for:

- component society presidents and the CSDA Board of Governors to identify every nonmember dentist in the geographic domain of that component by Jan. 1, 2001;
- the CSDA to supply each component society with enough recruitment brochures for every nonmember dentist in that component;
- each CSDA component society president to contact every nonmember dentist in that component and present him or her with a recruitment packet and a personal invitation to attend a component society meeting as a guest;
- a report outlining the component societies' progress to be issued to the CSDA Board of Governors in May 2001.

CSDA officials added that Dr. Anderton will receive an invitation to attend the CSDA Board of Governors meeting in May to hear first-hand about the component societies' successes and frustrations.

The call to raise membership rates among the tripartite comes at a time when organized dentistry stands to lose authority if market share continues to decline. In a written appeal to state and local society presidents, Dr. Anderton noted that since 1994, the percentage of active licensed dentists who are ADA members has fallen from 73.5 to 71.4 percent.

"One of the major advantages to increasing the percentage of market share of members is in our legislative initiatives and in government affairs in general," he said. "As an organization, the higher the market share we experience, the more effective we can be as the voice for the profession."

Communicating the importance of a strong, collective voice in organized dentistry is the basis for the Lincoln District Dental Association's membership initiative.

Under the direction of President Kimberly K. McFarland, the LDDA embarked on a membership initiative in August 2000.

"The first thing we did was distribute to nonmembers real-world examples of how organized dentistry makes a difference," said Dr. McFarland, who is also chair of the ADA's Council on Access, Prevention and Interprofessional Relations.

Brochure: Inspired state leaders to take action on recruitment.

In a letter sent to nonmembers in the area, Dr. McFarland wrote about some of LDDA's most recent achievements and enclosed a membership application.

"We talked about loan repayment programs for dental students and shared some information about dental X-ray inspections that had been occurring in offices," she said. "The inspections had the potential of costing members hundreds of dollars. LDDA approached the state on behalf of dentists to make improvements in the program which made the inspections less cumbersome."

But the component society's efforts didn't stop there.

"Later, at an LDDA Board of Trustees meeting, I distributed a list of nonmember dentists in our area and asked each board member to put his or her initials next to five names of nonmembers who they knew personally," said Dr. McFarland.

"We asked our board members to meet with those people, invite them to lunch, take them for coffee or it could be as simple as seeing them on the golf course," she explained. "Basically we needed everyone to take a few minutes to stop and talk to the nonmembers about the importance of membership in LDDA."

Dr. Martin J. Rutt

There are indications these efforts are paying off, too. Since August 2000, LDDA's membership has increased from 72 to 80 percent, and Dr. McFarland sees room for improvement. "I think we should be at 85 or 90 percent. If we're not, we need to get busy and work on it," she said.

Dr. McFarland remains undaunted by resistance from some nonmembers.

"Their first response is usually, 'I'd like to join but I can't afford to.' My response is, 'You can't afford not to.'" she continued. "Paying dues is something we do each year to make sure we have the ability to maintain some autonomy in our profession and make sure patient care comes first."

Only time will tell if the efforts of the ADA and its constituent and component societies are successful in increasing membership. However, those who have taken the time to contribute to local member recruitment campaigns say it's a step in the right direction.

The Dallas County Dental Society recently launched a membership campaign focusing on the financial benefits of membership in organized dentistry, and officials there plan to utilize Dr. Anderton's brochure.

Additionally, the Ohio Dental Association, the Louisville Dental Society and the Greater Houston Dental Society report activity on their own membership initiatives.

Constituent and component societies with success stories to tell are encouraged to contact the ADA. Limited quantities of the brochure, "Dentistry and the ADA—Our Story," are available. Membership Services Outreach Program sites should contact their MSOP manager for copies. All other societies should contact the ADA Department of Membership Marketing at Ext. 4623 or by email to "burgessk@ada.org". ■

ADA Reports

ADAHF's Harris Fund fosters hope

Endowment helps 30 organizations promote oral health

By Clayton Luz

Harlingen, Texas—Dentists Who Care is taking its act on the road.

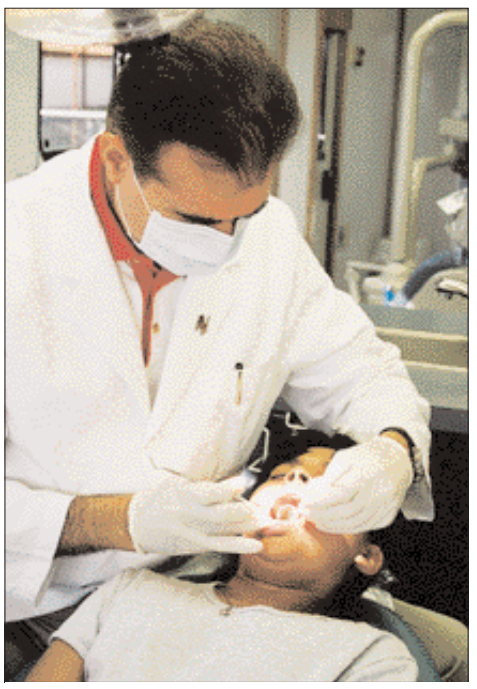
Its Oral Health Education Program, that is. Funded by a $5,000 contribution from the ADA Health Foundation's Samuel D. Harris Fund for Children's Dental Health, the program aims to provide oral health instruction this year to about 5,000 schoolchildren in Texas' Lower Rio Grande Valley, an economically depressed four-county area.

Dentists Who Care, a non-profit organization founded in 1996, is one of 30 nationwide organizations supported by the ADAHF's Samuel D. Harris Fund.

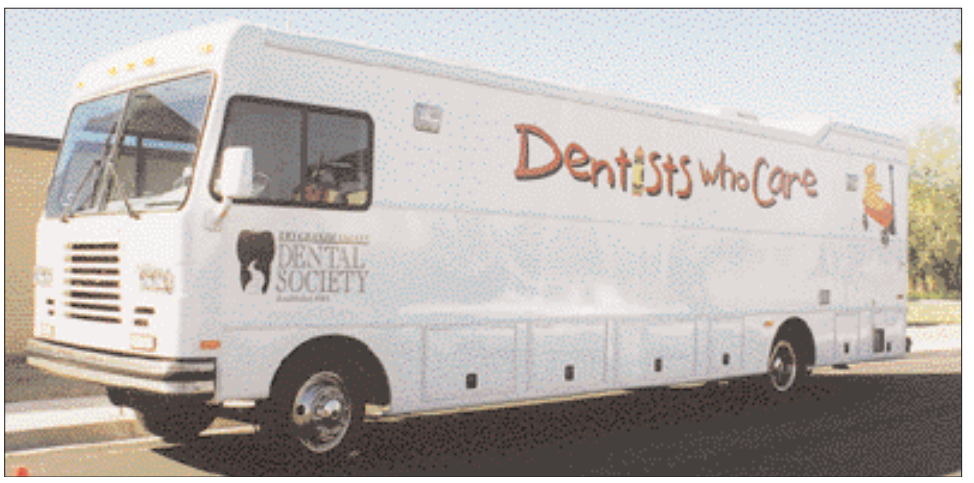
The endowment fund's primary objective is to prevent children's oral health disease, especially for children whose economic status places them at greatest risk of not receiving adequate oral health education and access to preventive care.

"This permanent endowment fund is fostering more dental health care and education projects across the country—with emphasis on prevention—at schools, health fairs, social agencies, mobile dental clinics and other outreach sites," said Dr. John S. Zapp, ADA executive director. "In addition, more oral care information is being developed for children, their parents and other care providers."

Supported by the contributions of Dr. Samuel D. Harris, corporations, dental businesses and individual donors, including a major gift this year from Procter & Gamble Co. grants totaling $137,179 have been distributed for current year program support.



All aboard: Volunteer dentist Roberto Diaz treats a patient inside the MDU.



On the road: The Mobile Dental Unit of Dentists Who Care travels the Rio Grande Valley 48 weeks a year to bring dental treatment to underserved school children.

Dr. David Woolweaver, program director for Dentists Who Care, says the organization's Mobile Dental Unit program sparked the idea for the oral health education component.

"We go to low-income elementary schools," explains Dr. Woolweaver about the mobile dental unit program, "and we concentrate on fourth-grade students by providing them with comprehensive dental examinations, tooth extractions, prophylaxis and restorations."

Since its inception on Oct. 23, 1999, the mobile program has treated more than 7,000 schoolchildren in the Lower Rio Grande Valley.

The mobile dental unit features technologically advanced digital radiography equipment, fiber optic handpieces, autoclaves, a computer network, two complete dental delivery systems and chairs. Volunteer dentists and dental hygienists spend four days each week for 48 weeks visiting 23 participating area school districts in the Rio Grande Valley. On average, according to Dr. Woolweaver, more than 60 children are examined and treated daily.

Although the mobile unit's dental services are vitally needed to provide treatment, says Dr. Woolweaver, "educating children about oral health is critical, too. But we lacked the resources [to promote] oral health education."

"Most dental disease in children is preventable," Dr. Woolweaver adds. "It's our obligation to develop [an oral health education program] for schoolchildren in the first, second and third grades, so that we'll be able to evaluate the [oral health education program] when we see these children enter the fourth grade. The oral health education program represents an incredible opportunity, I think, to examine how effective our education curriculum will be."

He says the program will use the $5,000 from the ADAHF's Samuel D. Harris Fund to help pay the costs of a multimedia projection, printed literature and oral hygiene kits for children. ■

Showing you care

It's time to honor those hardworking dental assistants

By Arlene Furlong

"United By Excellence … Linked By Pride."

It's this year's slogan for Dental Assistants Recognition Week, March 4-10, and an apt model for the profession.

It celebrates the Canadian Dental Association's initiative to co-sponsor DARW with the American Dental Assistants' Association, the Canadian Dental Assistants Association and the ADA. And it illustrates why dental assistants have such a strong influence on public health in general, and the dental profession in particular.

The ADA Council on Dental Practice supports the team concept and this unique opportunity to recognize and honor dental assistants.

"Dental assistants enhance the ability of dental practitioners to improve their services with more than technical dexterity," says Dr. Jeanne Altieri, chair of the ADA Council on Dental Practice. "They unify the dental team, provide a critical service, and at the same time make patients feel comfortable in the dental environment."

Dr. Altieri notes that today's dental assistant is more culturally competent than ever before.

See DARW, page 26

Brushing up: Sheila Clancy, office administrator for Drs. Kane, Tesini, Soporowski and Associates, cleans up a young girl's smile in Nicaragua.

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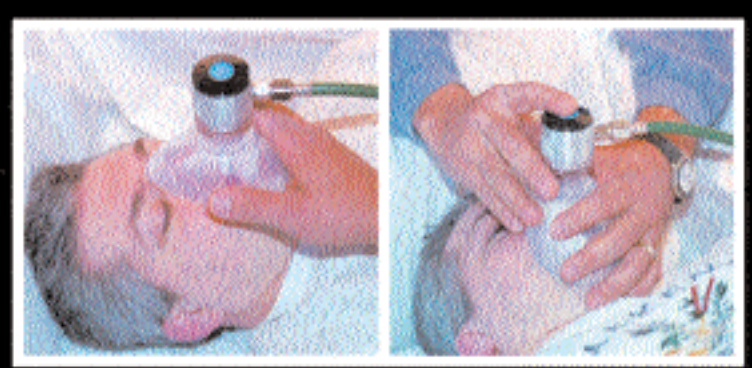

DEMAND VALVE (LEFT) Patient activates valve with breathing. RESUSCITATOR (rt.) The non-rebreathing valve permits it to be used as a resuscitator in combination with a manually operated button easily located on top of the valve.

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ADA July meeting to examine oral-systemic links

Cardiovascular disease in focus

By Mark Berthold

ADA Reports

Keep July 26-27 open in your schedule, because the American Dental Association is presenting, "Taking Oral Health to Heart: Exploring the Interrelationship Between Oral and Cardiovascular Disease."

Held at ADA's Chicago headquarters, "this educational conference will answer some of the questions being raised on the relation of periodontal disease and systemic health," says Dr. Jeffrey Hutter, vice chair of the ADA Council on Scientific Affairs.

"While much of the evidence is compelling, there is no consensus on the precise relationship between these two diseases or their potential clinical implications," he adds. "A number of published studies suggest an association, while other reports question any significant association whatsoever."

The symposium will address:

- epidemiological studies that support or dispute an oral-cardiovascular association;
- the basis for any such possible relationship;
- the significance of oral disease—compared with other risk factors—in cardiovascular disease.

Most notably, the symposium will provide clinicians with information on what a possible oral-cardiovascular association may mean for current and future dental practitioners and "stress the fact that without good oral health, our patients will not have good systemic health," says Dr. Hutter.

Leading oral health practitioners, scientists and researchers in this field will present information, including:

- Dr. Robert Genco, State University of New York at Buffalo;
- Dr. Steven Offenbacher and James Beck, Ph.D., University of North Carolina;
- Dr. Philippe Hujoel, University of Washington;
- Dr. Louis Rose, University of Pennsylvania;
- Dr. Kaumudi Joshipura, Harvard University;
- Ignatius Fong, M.D., University of Toronto;
- Michael Roizen, M.D., University of Chicago.

What's the connection? Dr. Hutter and Dr. Trowbridge discuss the Council on Scientific Affairs' role in the upcoming ADA symposium on oral and cardiovascular health.

Dr. Sebastian Ciancio, State University of New York at Buffalo, will serve as symposium moderator.

"The Board, at its June 2000 meeting, reviewed and approved the Council on Scientific Affairs' proposal for an annual symposium to address recent research and therapeutic recommendations on oral and systemic health interactions," says Dr. Gordon P. Trowbridge, council chair.

"This symposium is an excellent way for the council to disseminate the most up-to-date science, and dentists who attend will gain first-hand knowledge from top people in the field on relevant clinical information to improve patient care."

The symposium is being underwritten by a grant from the ADA Health Foundation, and 12 continuing education credits are planned.

Cost for the symposium is $175 (ADA members) and $265 (nonmembers). To register, contact Anthony Gardner at 1-312-440-2381. For more information, contact Dr. Mike Lynch at 1-312-440-2539. ■

DARW

Continued from page 24

"The assistant often affords the dentist a greater ability to communicate with an ever-diversifying population," she said. "In our office, our dental assistants provide us with the ability to communicate seamlessly with patients who speak Spanish, Russian, Vietnamese, French and Serbo-Croatian."

As part of DARW, a contest is held to showcase what dentists are doing to show appreciation for the dental assistants' contribution to the success of their dental practice. Those dental offices setting their sites on placing in this year's DARW competition might do well to take note of what some of the winners in the 2000 contest have done.

Faces of the future: The dental team of Dr. Brian K. Allen celebrates dentistry throughout the ages.

The staff of Drs. Kane, Tesini, Soporowski and Assoc., Natick, Mass., won first place in the category for dental offices with six or more assistants. The staff went all the way to Nicaragua to brush up the smiles there. The reward for dental assistants?

"It's such a great way to relieve burn-out," says Sheila Clancy, office administrator and former president of the Massachusetts Dental Assistants Association. "When you volunteer services, you get rejuvenated."

The dental team worked with some 100 dental volunteers as part of Project Stretch (a program created to provide dental services to some of the world's poorest places), to clean teeth, treat acute problems and educate children in proper oral hygiene.

"Dental assistants seem to have the tendency to want to help other people," said Ms. Clancy.

The staff of Dr. Michael Simon, Hallendale, Fla., won an honorable mention in the same category. They purchased toothbrushes, toothpaste and washcloths to make individual kits for a local shelter.

"We just wanted to do something for the community," says Lois Sohn, a certified dental assistant and the office receptionist. "We wanted to help these people with hygiene," she says. Whether they use the items or not, we won't know, but at least they'll have something to work with that they didn't have before."

In the category of dental assistants with fewer than six assistants, the team of Dr. Brian K. Allen, Osprey, Fla., won first-place.

"It's our 14th year and we continue to grow and have a good time practicing dentistry," said Penny Allen, office administrator.

They shared the fun with patients during DARW by decorating the office and wearing outfits that marked the passage of time.

To enter the DARW competition, dentists or their staff should describe in 100 words or less how they celebrated DARW. First place, second place and honorable mention winners will be selected from entries postmarked by April 6, 2001, in the following categories:

- dental offices with six or more assistants;
- dental offices with fewer than six assistants;
- dental assisting associations;
- dental assisting schools.

Participants should send a photo of their dental team with their entry.

For an entry form and promotional kit call the ADA toll-free, Ext. 2895. ■

JADA

Continued from page one

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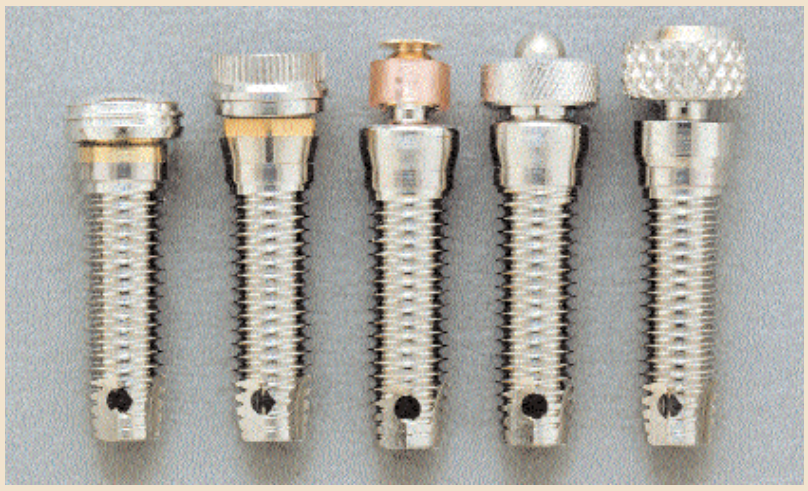

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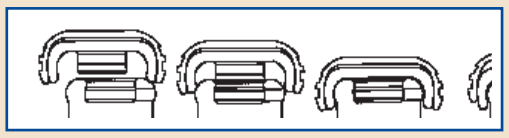

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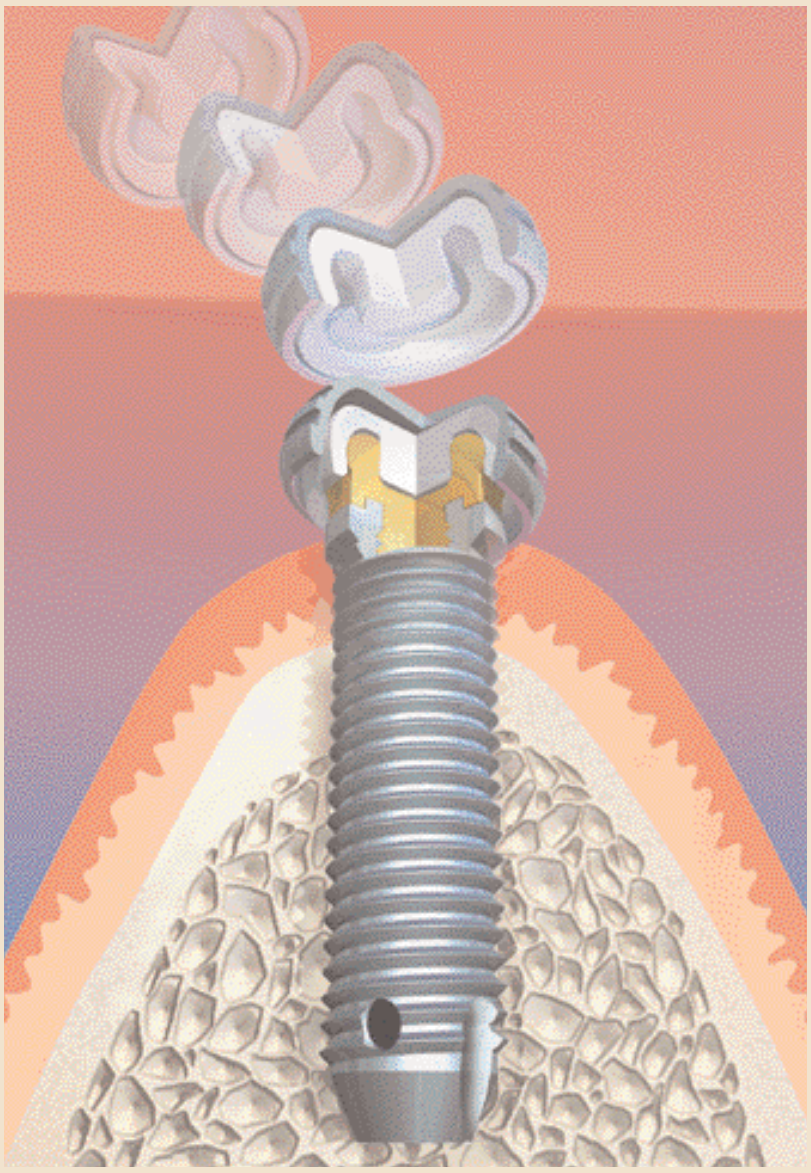

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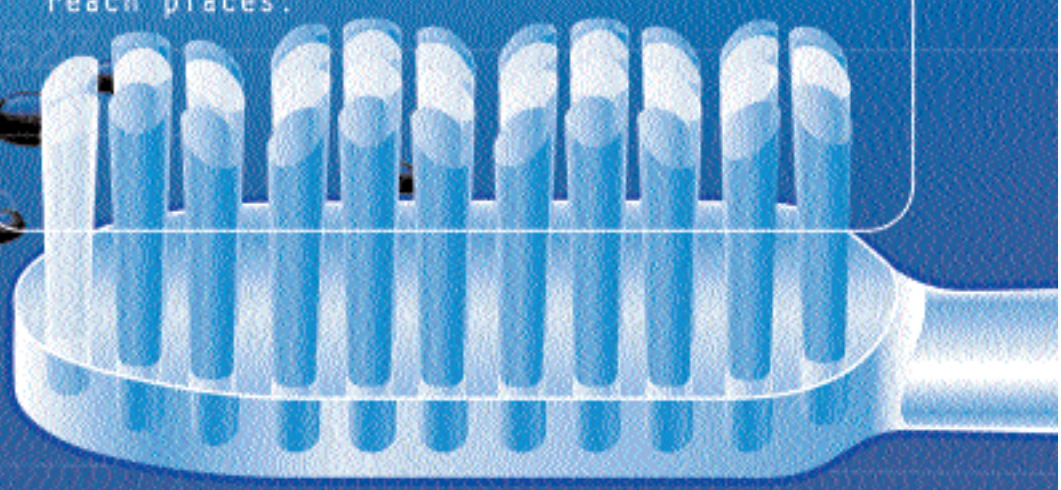

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- Reynolds, H.S., Andreana S., and Zierbon, J.J. Butler "GUM" toothbrushes — A microbiological and clinical study. J Dent Res 77 (Special Issue). Abstract #1452. 1998.