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JADA wins Gruber award, page nine ◆ 2001 health appropriations, page 15

AMERICAN DENTAL ASSOCIATION
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JANUARY 8, 2001 VOLUME 32, NO. 1

BRIEFS

ADA Chicago to hold all-staff meeting

On Jan. 9, from 10-11 a.m. (Central Standard Time), all American Dental Association employees in Chicago will be unavailable for phone calls.

This affects only ADA Chicago staff, who will be attending an all-employee meeting.

Those calling ADA headquarters during this meeting will hear a recording asking that they call back after 11 a.m. E-mail and the Association's Web site ("www.ada.org") will be accessible.

The ADA thanks callers for their understanding. ■

CDS plans Midwinter meeting Feb. 22-25

The Chicago Dental Society's 136th Midwinter meeting will convene Feb. 22-25 at the McCormick Place Lakeside Center in Chicago.

The theme of the meeting is Dentistry 2001: A Global Odyssey. The meeting will follow a new format with four days of scientific presentations and three days of exhibits. A series of computer workshops will address evolving digital technology.

Also scheduled are televised courses broadcast live from the University of Illinois dental school clinics to McCormick Place audiences.

Registration for the 2001 Midwinter meeting is available online at the Chicago Dental Society Web site ("www.chicagodentalsociety.org"). ■

INSIDE

ADAHF checkup

Want to know who received an ADA Health Foundation 2000 grant? **Story, page 14.**

Shaping future technology

ADA leads the way with informatics committee

By Arlene Furlong

You've just finished using your new intra-oral camera and it seems to be working just fine.

Now what should you do with it to meet infection control guidelines for sterilization?

How about a toss in the autoclave? Or maybe a brief dunk in disinfectant?

The ADA Standards Committee on Dental Informatics is working to take away the guesswork on using technological advances in the day-to-day practice of dentistry for both dentists and manufacturers by petitioning reports from its working groups. The charge? To develop technical reports, guidelines and standards on electronic technologies used in dental practice.

■ **HHS sets privacy standards for records, page 18**

The recommendations cover three areas of dental information systems for the dental practice: infection control, accounting performance and hardware recommendations. The reports are now available for comment from all interested parties—dentists, dental office managers, practice management system vendors and other interested parties through Jan. 26.

"There's a great need for these recommendations," explained Dr. Scott Trapp, chair of ADA's Standards Committee on Dental Informatics Working Group 1: Dental Informatics Architecture and Devices, and author of the report on accounting performance.

"As dentists, we believe that we should control the systems used in our office. But the technology should be designed for us, not the other way around. We want manufacturers to make more dentist-friendly equipment, and we [dentists]

See INFORMATICS, page 16

Illustration by Lisa Henderling Images.com

Can you eat your way to a healthier mouth?

News reports focus on potables, edibles said to fight oral disease

By James Berry

Judging by recent media reports, the ideal meal to promote oral health would consist of sushi dipped in wasabi, some sliced tomatoes, a tall glass of cranberry juice, and for dessert, a chunk of very rich, dark chocolate.

In what must have been a slow news week on the health beat after Christmas, media outlets worldwide were gushing over research—some of it not so fresh—that suggested the foods listed above may help fight tooth decay, periodontal disease or even oral cancer.

The New York Times reported Dec. 26 that wasabi, the pungent green horseradish served with sushi and sashimi, contains compounds that kill caries-inducing streptococcus mutans.

The Times quoted Dr. Hideki Masuda, a researcher at Ogawa and Co. of Japan, who said laboratory

See EDIBLES, page 18

Licensure progress

AADE moves forward on 'defensible' scoring systems

By Karen Fox

Despite a setback in March 2000, the American Association of Dental Examiners has made progress on the development of a long-awaited scoring systems document.

The document would represent a significant step toward mutual acceptance of the results of multiple clinical licensure examinations by state dental boards.

The AADE reports that their Interagency Committee on Scoring Practices and Post-Examination Analysis met for the first time Nov. 18-19, 2000.

"We identified about 15 talking points that we thought were important to scoring and post-examination analysis, and we all agreed that those would be perhaps the corpus of the document that we are trying to develop," said Dr. James R. Cole II, AADE president-elect.

"From there, we divided those 15 points and assigned them to the committee members to expand on, then we'll come back in March and see how those talking points have been additionally developed."

Dr. Cole added that if the committee continues to make similar progress, they may have the document completed and ready to circulate to the communities of interest for comment after three or four meetings.

Dr. Cole: 'I think all agencies are quite interested in developing state-of-the-art examinations that are totally defensible within the examination community.'

■ **Joint licensure conference March 19, page 10**

The need to develop the guidelines is addressed in the Agenda for Change, the 12-point document designed and approved in 1997 to help resolve licensure issues that limit dentists' practice mobility.

See AADE, page 12

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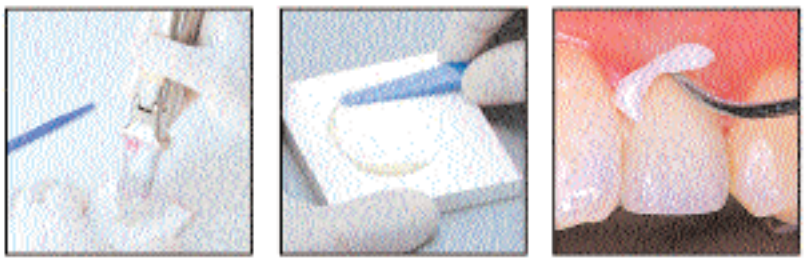

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Flexural Strength (@ 24 hrs.)	34 MPa (3)	32MPa (5)
Tensile Bond Strength (@ 24 hrs.)		
- Bovine Enamel	8 MPa (3)	7 MPa (3)
- Bovine Dentin	7 MPa (2)	3 MPa (1)
- Treated Bovine Enamel*	14 MPa (3)	NA
- Treated Bovine Dentin*	10 MPa (3)	NA
- Gold Alloy	14 MPa (2)	10 MPa (4)
- Silver Alloy	15 MPa (5)	10 MPa (5)
- Gold-Palladium Silver Alloy	14 MPa (4)	6 MPa (4)
- Composite Resin	17 MPa (3)	12 MPa (5)
- Micro-Ceramic Composite (Gradia)	14 MPa (3)	11 MPa (3)
Solubility (%)		
- Distilled water	0.30	0.38
- 0.001 mol/L lactic acid	0.55	0.57
Radiopacity	Yes	Yes

* Treated with Fuji Plus Conditioner

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[1] Data on file. [2] Rely X is a trademark of 3M Dental Products.

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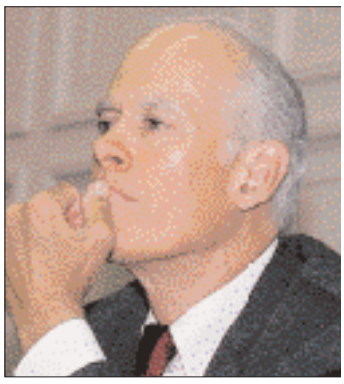
Rep. Porter retires, gives unused funds to research

By Craig Palmer

Washington—Retiring Rep. John Porter, Illinois Republican and honorary ADA member, will donate some $325,000 in unused campaign funds to Northwestern University to advance biomedical research, a cause he championed as chair of the House health appropriations subcommittee.

Northwestern will use the money as a leadership gift to establish a professorship of biomedical research in the congressman's name at Northwestern Medical School. The university's dental school is in the process of closing and will cease education and training at the end of February. Northwestern's goal for the endowment is $2 million to be used as a perpetual professorship.

Rep. Porter has been a strong supporter of dental, craniofacial and other biomedical research as chair of the House Appropriations Subcommittee on Labor, Health and Human Services and Education, which sets the annual budget for the National Institutes of Health, the world's largest biomedical research center. "This nation must continue to place the highest priority on basic research to battle the war we face against disease," he said in announcing the professorship. "I can think of no better use for this campaign money than to invest it in health research that will benefit the needs of society."



John Porter

Rep. Porter, a Northwestern alum, has received more than 100 awards from organizations dedicated to biomedical research including the ADA, which named him an honorary member in 1996. He served 11 terms in the U.S. House of Representatives and did not seek re-election this year. ■

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ViewPoint

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James H. Berry, *Associate Publisher, Editorial* Judy Jakush, *ADA News Editor*

MyView

Sci-fi tale or modern allegory?

Steven D. Chan, D.D.S.

Science fiction is a genre used to explore the human condition. It is a medium that projects today's social commentary into another universe. With a little bit of extension of today's challenges, the audience learns a little more about what they value. The author hopes to assist the audience in discovering a little more about their humanity. In another age, these stories were called fables.

In a recent episode of the television series, Star Trek Voyager, the issue of allocating limited medical resources is explored. The episode is titled, "Critical Care." Two forces must necessarily clash in order to learn something. There is fertile material in the year 2001, "to boldly go" and explore this issue.

In a galaxy far, far away, a planet has reached critical mass. Epidemics have decimated much of the population. Consumption of resources has resulted in shortages. Warfare and competition for these finite resources threaten extinction. Desperate times force the planet leadership to make a choice.

The only way to dispassionately dispense these finite resources is to leave the decision making to a computer, the "Allocator." The hospital engages the services of another species known for their administrative prowess. They defer the hard choices to the "Administrator."

The planetary hospital is jammed. Patients are triaged based on the severity of their malady. We find ourselves on "Level Red." The beds are stacked closely. It is darkly lit. A single doctor is jumping from one crisis to another. There is chaos.

The hero of our story is kidnapped to serve in this hospital. He has medical knowledge not available on this planet. He meets Patient "107" with a deadly virus. Patient 107 might live if he only had a drug, "cytoglobin." The doctor can't get the drug. It is only allocated for patients with a "Level Blue" status. Patient 107 is a Level Red patient. He doesn't have the proper "T.C."

T.C. is treatment coefficient. Based on the patient's genetic predisposition signature, their station in life and their importance to society—everyone is assigned a number, a T.C. A garbage collector or his progeny does not have the same T.C. as an engineer or his progeny. Resources are finite. Resources must be rationed. Resources are allocated to whom society values. Choices must be made.

Level Blue is bright. There are individual rooms. There are multiple nurses for each patient. The physicians are better dressed. They are aristocratic. The drug cytoglobin is given to all patients on this floor. Cytoglobin increases life

See MY VIEW, page five

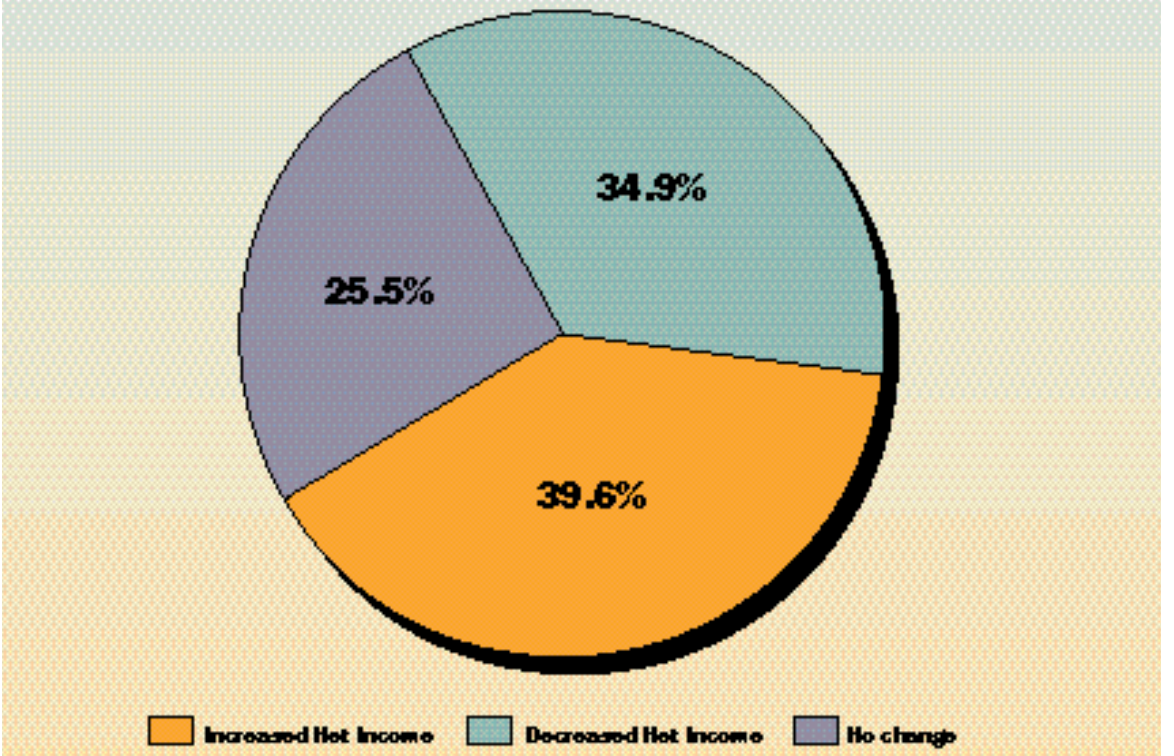
Letters Policy

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; email to "ADANews@ada.org".

Snapshots of American Dentistry

Dental income

Fewer than half of dentists say their practice's net incomes have increased since joining a preferred provider organization dental plan.



Source: American Dental Association, Survey Center, 1998 Survey of Capitation and Preferred Provider Dental Plans

Letters

Credentialing

A Letter to the Editor in the Oct. 16, 2000, issue of the ADA News has been swirling around in my consciousness.

My career in dentistry (just about 35 years including school and Army service), upon reflection, has occurred during a time of great change in our profession. Perhaps calling it a pivotal period is more descriptive.

Advances in materials and techniques, approaches to patient care and handling, empowerment of all kinds, patient expectations and demands, "busyness," infection control, staffing, advertising and government/third-party intervention are just a few of the challenges we've had to face and master.

My first practice was in Connecticut the first year that the state allowed the North East Regional Board examination. There was a large influx of dentists which changed the complexion of almost every aspect of the profession.

When I started, there was no continuing education, let alone mandatory continuing education requirements (as there are in Florida). Credentialing was (and in many ways still is) feudal.

I was among the many (as tabulated by the ADA) who spent much time and effort in letter writing to try and bring rationalization to credentialing and licensing—a very difficult and tedious task that was frustrating.

The truth is that we'd all like to move without fetters anytime we want. And why not? Well, we could go into that but it's too big of a project. Of course, the only place where we could lay blame was the ADA and much has been said about that and continues to be brought up: too easy of a target and certainly a form of displacement. Imagine writing a nasty letter to a licensing authority and then going back at some time to sit for the test? Not a smart action.

Anyhow, about 10 years ago (and after 20 years in Connecticut), my wife and I decided for various reasons that we wanted to relocate to a warmer climate. After much research (consisting of many vacation/inspection trips), we decided on the west coast of Florida.

Now began my greatest inner nightmare come true. No reciprocity here, only letters addressed to "Mr. Greenspan." I had to retake Part II of the National Boards and then pass the Florida boards if I wanted to continue practicing in Florida, and for financial reasons I had to.

Think of all the effort you put into taking your original board exams. Usually just after you've spent four years essentially studying for them and with the safety of the herd mentality of your classmates; and then think of doing this all over again many years later. Think of all you've forgotten due to non-use. A very daunting, even terrifying task.

However, I ignored all the negatives and just started studying and I passed. The tests were very hard for me, but I have to admit that they were given in a fair manner—an achievement that still gives me pleasure 10 years later.

We're here living and practicing in Sarasota and it's great; and I got

See LETTERS, page five

MyView

Continued from page four

expectancy. The patients on this floor have a higher T.C.

The hero in our story is instructed by the Administrator not to interfere with Patient 107's eventual fatal disease course. The Administrator instructs our hero that he is not authorized to tell Patient 107 that cytoglobin exists and can help him. Patient 107 is a Level Red. It is based on his T.C.

Another doctor on Level Blue is proud of his floor. He boasts of curing disease with high success coefficients. Our hero unleashes a diatribe against this good doctor. People are dying on Level Red without cytoglobin. Yet, even the healthy on Level Blue receive the benefits of this drug. His medical decisions are based on allocation of resources and the patient's T.C. "Where are your ethics, Doctor?" he screams.

Our hero then illuminates the good doctor. As a consequence of his high success—his allocation of resources will be reduced next year. There will be less in need of those resources on his floor.

The hero, frustrated with the rationing and limitations, shifts (that is, steals) allocations of cytoglobin from Level Blue patients down to Level Red. Patient 107 is getting better. But alas, our hero is caught by the Allocator. Caught by a computer!

The drug now is being withheld from Patient 107. Soon, Patient 107 is transferred to "Level White." It is the morgue. The Administrator justified, "Patient 107 has used his allocation for the year." Our hero solemnly retorts, "His name is Tebbis."

As penance for being caught, our hero is assigned to Level Blue. Our hero is directly linked to the Allocator. The Allocator will automatically monitor and delegate every move. He is on a timer. He is given four minutes to treat Patient A. He is given two minutes to treat Patient B. He is given 3.5 minutes to treat Patient C. He has no time.

But then the Administrator falls ill with the same virus that afflicted Patient 107. He wakes up in a Level Red bed. He needs cytoglobin to live. He pleads with the Level Red doctor for the drug. They do not have cytoglobin on Level Red. He pleads with the Level Blue doctor for the drug. He demands it. The Blue level doctor cannot. He must obey the rules—rules established by the Administrator.

In the Star Trek universe, there are happy endings. The Administrator has become a recipient of his own rationing. He understands the delivery system. He relents and allows distribution of cytoglobin to Level Red.

In all good storytelling, the characters learn something from their journey. They learn something about themselves and are transformed. The Level Red doctor discovers the courage to question dogma. The Level Blue doctor rediscovers the compassion of medicine. The Administrator discovers humanity. Our hero discovers more about allocating limited resources.

This is only a story. It is an entertainment. Is it allegory or is it parable?

Dr. Chan is the president-elect of the California Dental Association and the former editor of the Southern Alameda County Dental Society.

Letters

Continued from page four

through any mid-life crisis I might have had by changing and moving. I didn't need the small BMW.

Through all of my career I've "taken" and "done" continuing education. I've really tried to better myself and continually learn.

I've seen this continuing education become an enormous industry unto itself and I've seen some of us use this for our own aggrandizement.

I've been too good and I've been too terrible—all with the same credits. It really annoys me to have to take time off from work and pay for some of this stuff.

But professionally, the best thing I ever did was take the National Boards, Part II, over again—if we really want to credential ourselves, keep up, better our professionalism and improve how we take care of our patients.

Having to take the test over again on some sort of regular basis separates the adults from the children (when I began in dentistry I could have said the men from the boys but thankfully, that's all over). Taking the test over again has made me a better doctor and it would do the same for you.

Forget who wins or loses here. Forget what a big deal this is and how difficult it really is (and it is). If we want to stand up and take charge of our destinies, we have to show that we're ready to make commitments to better our profession. I add this to the mix and now I'll hide from the arrows.

Richard J. Greenspan, D.D.S.
Sarasota, Fla.

Consultants?

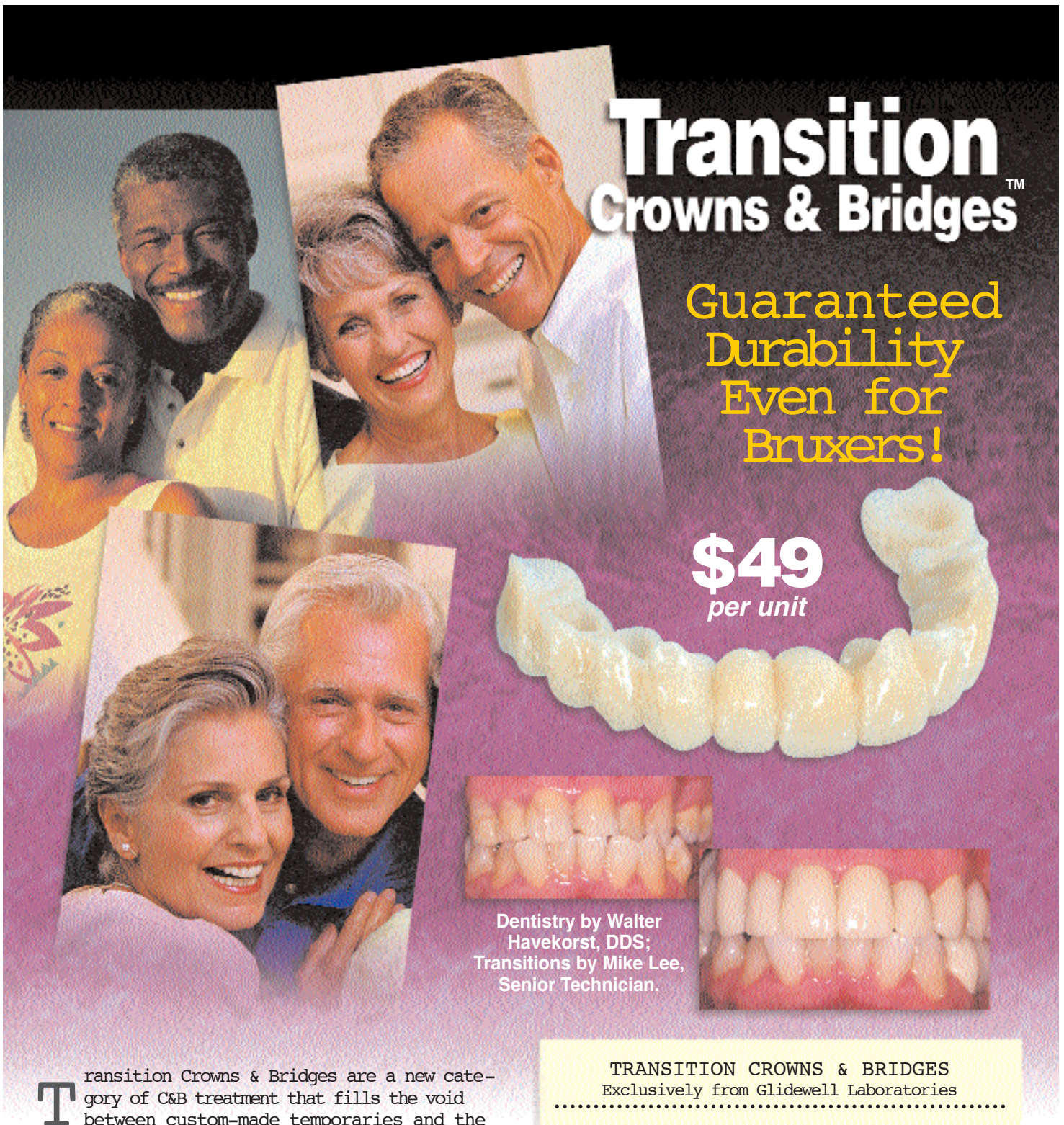
The Nov. 6, 2000, ADA News contained a letter from Dr. Lawrence J. Singer "clarifying" the status of the American Association of Dental Consultants.

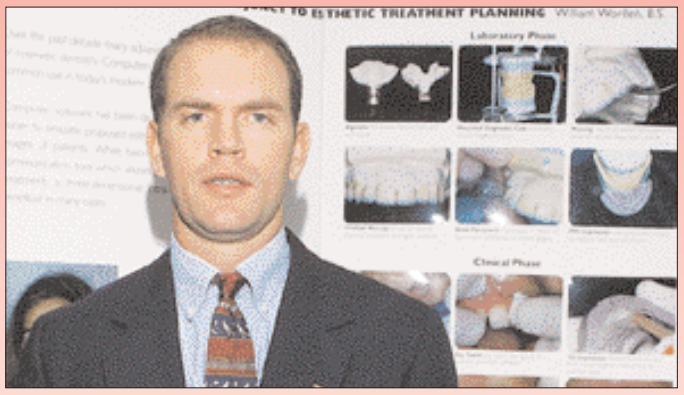
I once stumbled across this organization when looking for a list of consultants to help with a specific area of my practice.

The AADC actually appears to be a group that represents those "dental consultants" who work with or are owned by the insurance industry, hardly what most practicing dentists would consider a dental consultant.

Dr. Singer's list of fields in which these members may claim expertise serves to reinforce that appearance.

See LETTERS, page nine





Winner—Category 1: The 42nd ADA/Dentsply Student Table Clinic Competition during annual session produced five winners. Pictured here is William J. Worden of the University of the Pacific, who won for his table clinic "Simulated Smile Design as an Adjunct to Esthetic Treatment Planning" in Category 1: Clinical Application and Technique.

Winner—Category 2: Marjon B. Jahromi of the University of Michigan won for her table clinic, "Gene Transfer of Platelet-Derived Growth Factor to Periodontal Cells" in Category 2: Basic Science and Research.

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AtPressTime

Dentistry gains in Gallup Poll

Dentists moved up a peg in the Gallup Organization's most recent public opinion survey on the honesty and ethics of the professions.

Among 32 professions or occupations rated in the Gallup Poll for 2000, dentists ranked eighth, up from ninth place in 1999. For the second straight year, nurses topped the poll, with nearly eight out of 10 respondents rating them "very high" or "high" in honesty and ethics.

After nurses, the top 10 in the poll were pharmacists, veterinarians, medical doctors, grade and high school teachers, clergy, college teachers, dentists, engineers and police officers.

Car salesmen again ranked last (32nd) in the survey, a dubious honor they've held since the poll's inception in 1977. Others getting low marks for honesty and ethics were lawyers (28th), newspaper reporters (29th), insurance salesmen (30th) and advertising practitioners (31st).

Gallup's findings are based on telephone interviews with a random sample of 1,028 adults, 18 years and older, with a margin of error of plus or minus 3 percentage points. The phone surveys were conducted Nov. 13-15, 2000. ■

EEOC joins groups backing HIV-infected hygienist in court appeal

The federal Equal Employment Opportunity Commission has joined a dozen other organizations, including the ADA, in supporting an HIV-infected dental hygienist who sued his dentist employer after he was suspended from direct contact with patients.

In September 1999, Northern Georgia U.S. District Court Judge Charles A. Pennell Jr. upheld Atlanta hygienist Spencer Waddell's suspension in a suit Mr. Waddell had filed against his former employer, Valley Forge Dental Associates Inc.

Mr. Waddell, who was fired from Valley Forge after he reportedly turned down a desk job, had claimed protection under the federal Americans with Disabilities Act, the Rehabilitation Act and state statutes.

In upholding the suspension by way of summary judgment, Judge Pennell declared that Mr. Waddell's asymptomatic HIV infection posed a "direct threat" to patients.

The 37-year-old hygienist appealed the judge's decision to the U.S. Court of Appeals for the 11th District, where it now resides.

In its 30-page brief, the EEOC said the district court's decision was "based on a record replete with objective medical evidence and expert testimony that demonstrates the exact opposite" of what the court found.

The lower court's ruling, said EEOC, "completely flouts the mandates of the [AwDA], Supreme Court law and the traditional standards of summary judgment."

The ADA's amicus brief supporting Mr. Waddell was described in this column in the Dec. 11 ADA News.

See AT PRESS TIME, page eight

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Law

Colgate lawsuit dismissed

Jury finds defendant not guilty, product not defective

By Mark Berthold

Des Moines, Iowa—A jury Nov. 22 dismissed a lawsuit that had alleged Colgate was negligent in the way it marketed its Platinum Professional Whitening System.

The jury found Colgate-Palmolive/Colgate Oral Pharmaceuticals:

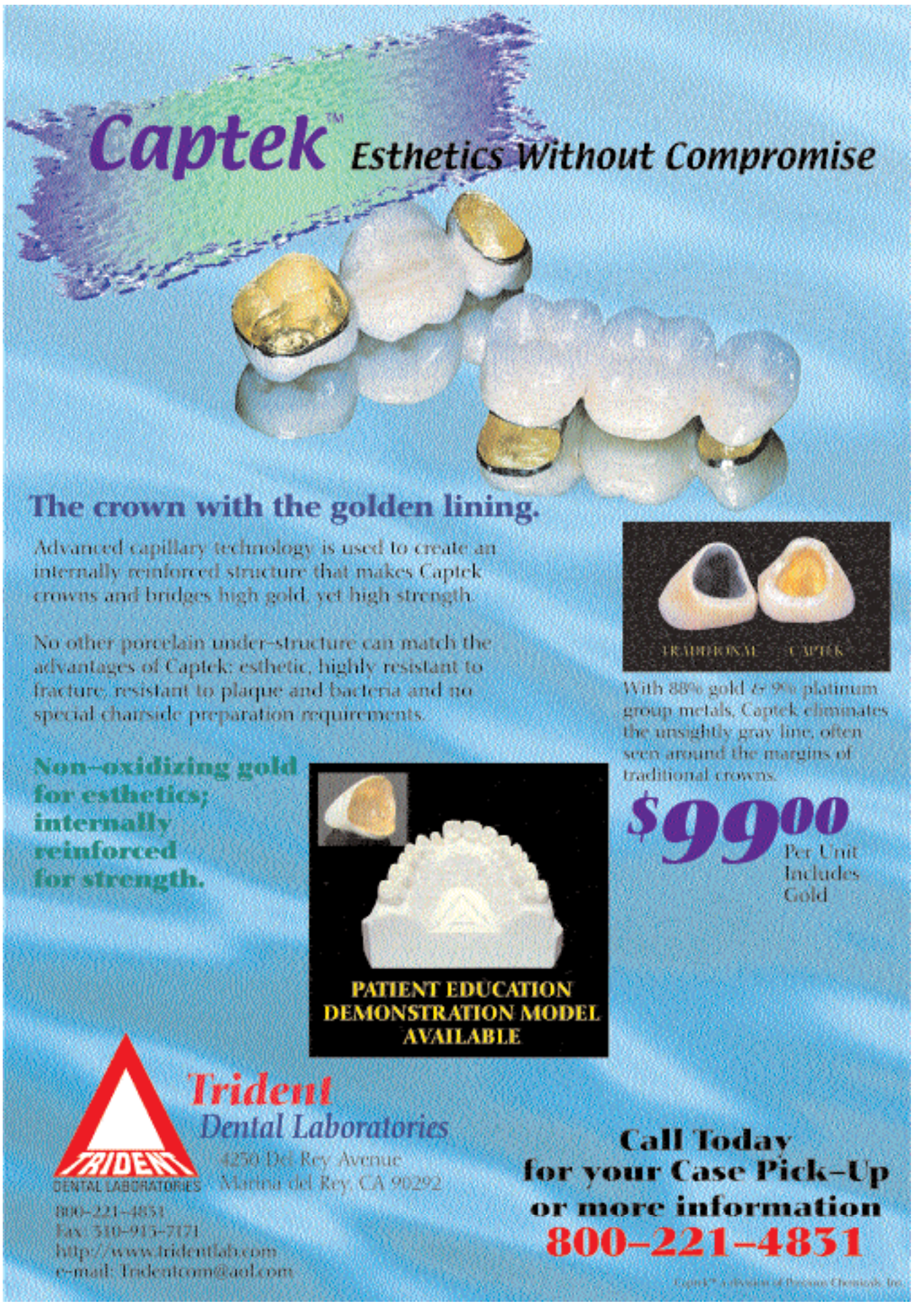
- not negligent in designing the tooth-whitening product;
- not negligent of warning the plaintiff of pain or damage in package instructions;
- having adequately tested and evaluated the product.

It also found the product not defective or unreasonably dangerous.

The plaintiff, Patricia Hart, filed the lawsuit in February 1999, originally naming as defendants Colgate and the American Dental Association. She alleged the tooth-whitening product caused her severe oral damage and the ADA misrepresented the product as safe and effective when it gave the Seal of Acceptance.

As reported in the Nov. 20 issue of ADA News, Fifth Judicial District of Iowa Judge Joel Novak on Nov. 7 granted the ADA's motion for summary judgment, dismissing the plaintiff's theory and dropping the ADA as a co-defendant.

Prior to the trial on June 6, 2000, in a document filed in court, Ms. Hart dismissed her dentist with prejudice because "after performing discovery in this matter, plaintiff has obtained sufficient evidence that warrants her dismissal of all claims" against her dentist. ■



Dentist wins computer at ADA annual session

When Dr. Robert C. Schwegler sat down in the Learning Center at ADA annual session he expected to learn more about the ADA.org Web site.

And he did. What he wasn't expecting was to win the drawing's grand prize—an IBM personal computer and monitor.

"I just got lucky," he said. "The demonstration alone was very beneficial."

Annual session participants won more than $8,000 in prizes at the Learning Center booth.

Sponsors donating prizes were Microsoft; Corporate PC Source; Klayman and Korman Information Technology Group, LLC; Hewlett Packard; Dartek; Valcom and MCI World Com. ■

AtPressTime

Continued from page six

The brief quotes directly from the Association's "Policy Statement on Bloodborne Pathogens, Infection Control and the Practice of Dentistry" and argues that the dental office is a "safe place to provide and receive dental care" when appropriate infection control measures (universal precautions) are observed to prevent disease transmission.

Other organizations supporting Mr. Waddell through a joint "public health" brief are the American Dental Hygienists' Association, the Infectious Diseases Society of America, the HIV Medicine Association of the Infectious Diseases Society of America, the American Association of Public Health Dentistry, the American Public Health Association, the Association of Public Health Schools, the Association of State and Territorial AIDS Directors, the Association of State and Territorial Dental Directors, and the Organization of Safety and Asepsis Procedures.

The Lambda Legal Defense and Education Fund Inc. has filed its own brief for Mr. Waddell. ■

—Reported by James Berry

Greater New York Dental Meeting honors JADA

Journal cited for professionalism

New York City—The Journal of the American Dental Association received the Irving E. Gruber Award, presented each year by the Greater New York Dental Meeting in recognition of "excellence in the advancement of dental education."

Dr. Lawrence Meskin, JADA editor, accepted the award during the Nov. 24-29, 2000, meeting in the Jacob Javits Convention Center.

"Irving Gruber and JADA share a common goal," Dr. Meskin said in thanking the GNYDM for the award. "Both create educational opportunities for dental practitioners allowing them to meet their ethical obligation of being life-long learners."

He cited Dr. Gruber's success in making the Greater New York Dental Meeting "an educational opportunity for thousands of dentists each year." Likewise, JADA provides accurate and relevant information to practitioners.

"Irving Gruber, dentist, educator and leader, has set a standard for advancing education opportunity for the dental practitioner," noted Dr. Meskin. "JADA has followed his lead."

Dr. Leslie W. Seldin, GNYDM vice-chair, presented the award to Dr. Meskin, praising the Journal for "its continued high level of professionalism in communicating with its leaders. Education is not limited only to advances in clinical science, but also includes all of the issues which contribute to the successful practice of dentistry." ■

Job well done: Dr. Lawrence Meskin (center) accepts the Gruber award from Dr. Seldin (left) and Dr. David Kratenstein, general chair of the GNYDM.

Prepayment survey responses sought

The ADA Survey Center would like to remind dentists who have received the 2000 Survey of Prepayment Arrangements to complete and return the questionnaire as soon as possible.

This important questionnaire is designed to gather valuable data on the prevalence of various types of prepayment arrangements throughout the United States and the reimbursement dentists receive from such plans.

The second mailing of the survey to nonresponding dentists was sent in late November, and a third mailing will take place early in January. Dentists who receive the survey but are no longer in private practice should contact the Survey Center.

Though some questions on this survey may be difficult to complete, dentists are encouraged to return the survey with as much information as they can provide. Since the survey has been sent to only a small percentage of the nation's dentists, each dentist's response is important. Dentists who have questions about the survey, or who feel they have received the survey in error, can contact the Survey Center by calling 1-312-440-2568. ■

Letters

Continued from page five

argue that they are providing a useful service to dentistry, such fields of expertise are of little or no use to the large numbers of fee-for-service dentists who maintain the doctor-patient relationship.

It would seem the "confusion" he suffered is because most practicing dentists would consider a consultant an individual who dentists would approach to get help with their practice.

I for one think that the AADC should be more clearly recognized as the American Association of Dental Insurance Consultants, and those that can help us with our practices be properly recognized as dental consultants.

David E. Paquette, D.D.S.
Charlotte, N.C.

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FFD10-ADA0009-1

Education

ADA, AADE to co-host conference

Licensing and testing agencies search for common ground

By Karen Fox

Since 1996, ADA invitational licensure conferences have brought members of the licensure community together to resolve some of the more complicated issues surrounding dental licensure.

The ADA will step up those efforts in 2001 by cosponsoring with the American Association of Dental Examiners a Joint Licensure Conference on March 19. Registration is open to any interested individuals.

"What we're trying to do is move it on to the next level," said Dr. Deron J. Ohtani, chair of the ADA Council on Dental Education and Licensure. "If you bring the testing agencies together, identify common goals and components of their examinations, and outline a course of action, this then can proceed to the licensing entities to be looked at and possibly to help progress or forward the process of looking at parity between examinations."

Dr. Ohtani added that AADE cosponsorship of the conference, which takes place the day before the AADE's mid-year meeting, will provide the licensure community with "the best attendance possible."

Plans for the Joint Licensure Conference were solidified in June 2000, when the ADA Board of Trustees approved Resolution B56-2000, calling for a licensure conference for the 53 licensing jurisdictions in March 2001 to be co-hosted by AADE and the ADA.

Providing perspectives on licensure issues at the conference will be the ADA, dental educators, students, new dentists and panels of representatives from the state dental boards.

Daniel Bills, vice president of the American Student Dental Association and chair of ASDA's Task Force on Dental Licensure Reform, said he looks forward to addressing key players in the process of clinical dental licensure.

"It is my goal to bring the views of dental students and new professionals to the attention of those individuals with the power to make the necessary changes a reality," he said.

Practitioner mobility is an area of concern for many dentists who may be required to take multiple clinical licensure exams in order to practice in different states.

These arduous processes place an undue emotional and financial burden on all dentists but are a particular concern for new practitioners who often graduate from dental school with six-figure debt.

"Many dental students attend schools outside of their home state, and often the clinical exam that is accepted by an individual's home state is not offered at the school that the student attends," said Mr. Bills, a fourth-year student at Harvard School of Dental Medicine.

"For these individuals, the logistics of taking an exam out-of-state are numerous and costly. Patient selection poses a significant obstacle, students incur the cost of patient travel and lodging, and clinical settings are unfamiliar and difficult to navigate. These obstacles magnify the already stressful and demanding process of clinical licensure examinations."

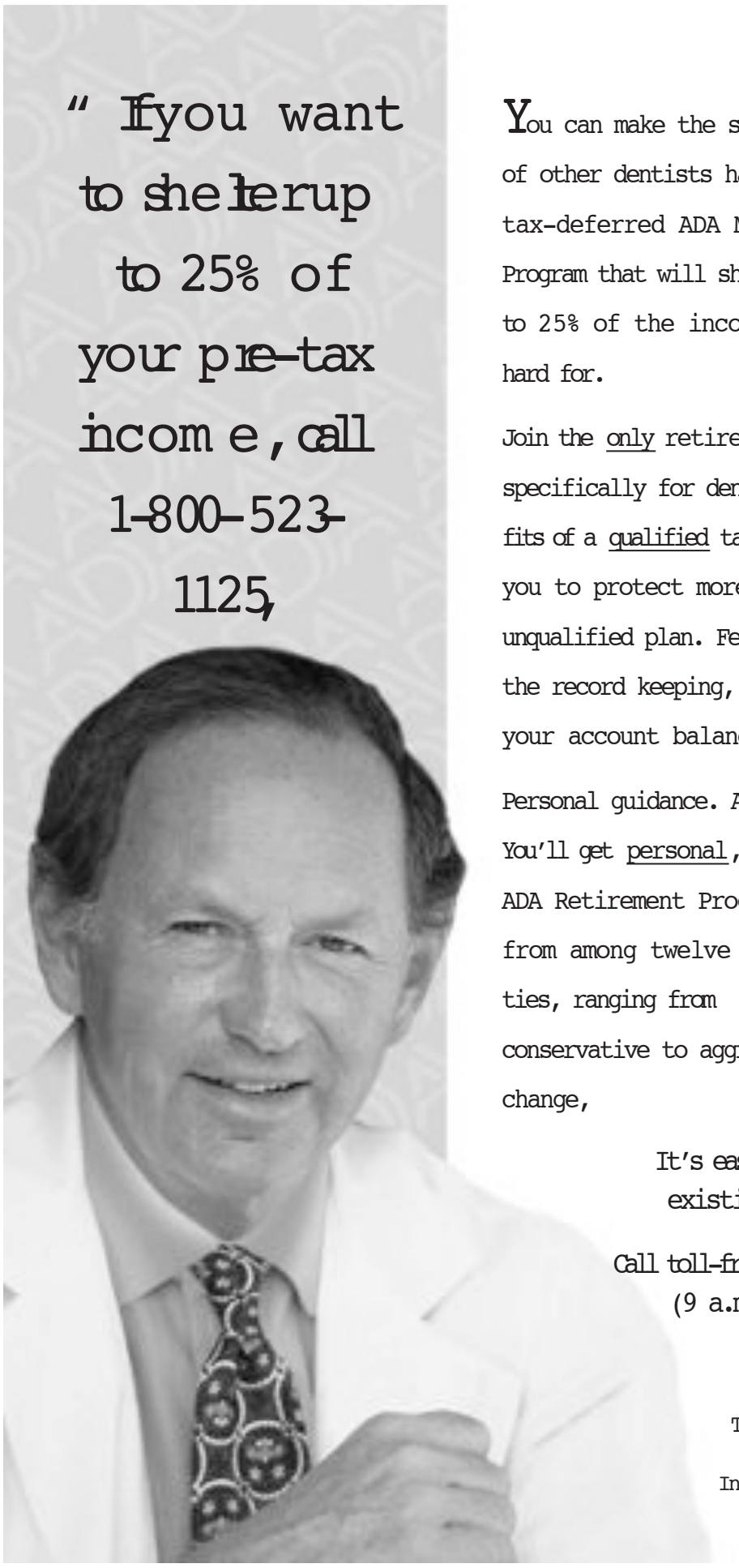
Practitioner mobility will be discussed at the March 19 conference. Other items on the preliminary agenda include:

- discussion of access to care and dental school faculty shortages;
- online continuing education and electronic learning, such as how credit hours are accepted by states.

Breakout sessions will be held in the afternoon. CDEL officials say the afternoon sessions will give conference participants the opportunity to voice opinions and exchange ideas.

Dr. Gerald A. Woodworth, chair of the Council on Dental Education and Licensure's committee on licensure, said he hopes the licensure community will consider more "universal credentialing."

See EXAM, page 12



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The videotapes—developed by rdental.com—are a convenient way to fulfill continuing education requirements.

Tapes include:

- Crown Lengthening: The Restorative-Periodontal Connection—Dr. William Becker (2.5 credits);
- New Clinical Concepts: Bonding Resins Without Sensitivity—Dr. Gordon J. Christensen (1.5 credits);
- New Clinical Techniques: Fast Curing Lights—Dr. Gordon J. Christensen (1.5 credits);
- Class II Direct Resins: Faster, Easier and Better—Dr. Ronald D. Jackson (2 credits);
- Safe, Sane and Remunerative Office Surgery—Dr. Myer Leonard (4.5 credits);
- Medical Emergencies in the Dental Office, Parts I & II—Dr. Stanley F. Malamed (5 credits);
- Practical Pediatrics: Taming and Training the Children and the Parents, Parts I & II—Dr. Jane A. Soxman (3 credits);
- Dental and Medical Considerations in Treating the Pregnant Patient, Parts I & II—Dr. Barbara J. Steinberg (2 credits).

With a videotape purchase, you will also receive an ADA/Academy of General Dentistry-accredited CE exam, which you have the option of completing to earn credits.

For more information or to place an order, call the ADA Catalog Sales Department at 1-800-947-4746. ■

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For more information, contact the Council on Scientific Affairs, American Dental Association, 211 East Chicago Avenue, Chicago, Ill. 60611, 312-440-2500, ext. 2840.

Education

AADE

Continued from page one

Dr. Cole explained the interagency committee's ultimate goal: "The outcome is to actually have a document that we can bring to all the testing agencies, be they state or regional agencies, that would provide guidelines the agencies could use to design, construct or revise their clinical licensure examinations and develop defensible scoring systems and methods to analyze those examinations.

"By doing so," he continued, "each agency can continue to improve the examination that they administer and be able to document them more effectively in order to enhance the validity of all the examinations."

"The people who ultimately have to accept these ideas are the state boards of dentistry," Dr. Cole explained. "For example, if we can show New Mexico—my home state—that the Western Regional Examining Board, the Central Regional Dental Testing Service and the Southern Regional Testing Agency all give a good exam and the outcomes are the same, then hopefully New Mexico would say, 'If you pass any of these exams, we will accept you for licensure in New Mexico.' "

But appointing the interagency committee members who will develop the document has proven difficult.

Some of the testing agencies criticized the composition of the original committee, which was appointed by the ADA based on recommendations from participants at the March 1999 Invitational Licensure Conference.

A resolution presented at the 7th Invitational Licensure Conference in March 2000 called for postponement of the committee's activities until the testing agencies could approve and provide input on the committee's composition. That resolution effectively dissolved the committee and remanded its activities to the AADE.

The ADA's liaison to the new committee is Dr. Deron J. Ohtani, chairman, Council on Dental Education and Licensure.

Dr. Cole said the dissension in the original committee's composition has not affected the new interagency committee.

"I think all agencies are quite interested in developing state-of-the-art examinations that are totally defensible within the examination community," he said. "Right now, we have a group of members and consultants who feel comfortable with the composition of the interagency committee." ■

Exam

Continued from page 10

"Every person will still have to take an initial licensure examination," explained Dr. Woodworth. "But if there was more universal credentialing, they could be credentialed to practice in another state instead of taking another exam."

Dr. Woodworth said that if state dental boards adopt credentialing procedures—such as conducting background checks on possible criminal actions, evaluating the practitioner databank on past malpractice actions, conducting practitioner questionnaires or adopting other measures—there would be little need for taking multiple exams.

To register for the Joint Licensure Conference, contact the American Association of Dental Examiners at Ext. 7464, or go to "www.aadexam.org".

Registration deadline is Feb. 1. After Feb. 1, a $35 late fee will be assessed. ■

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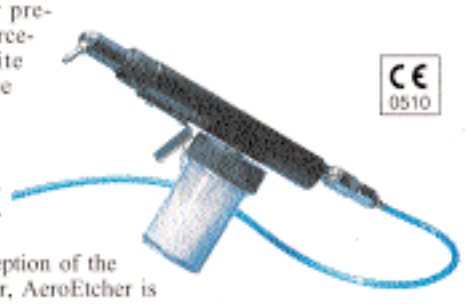

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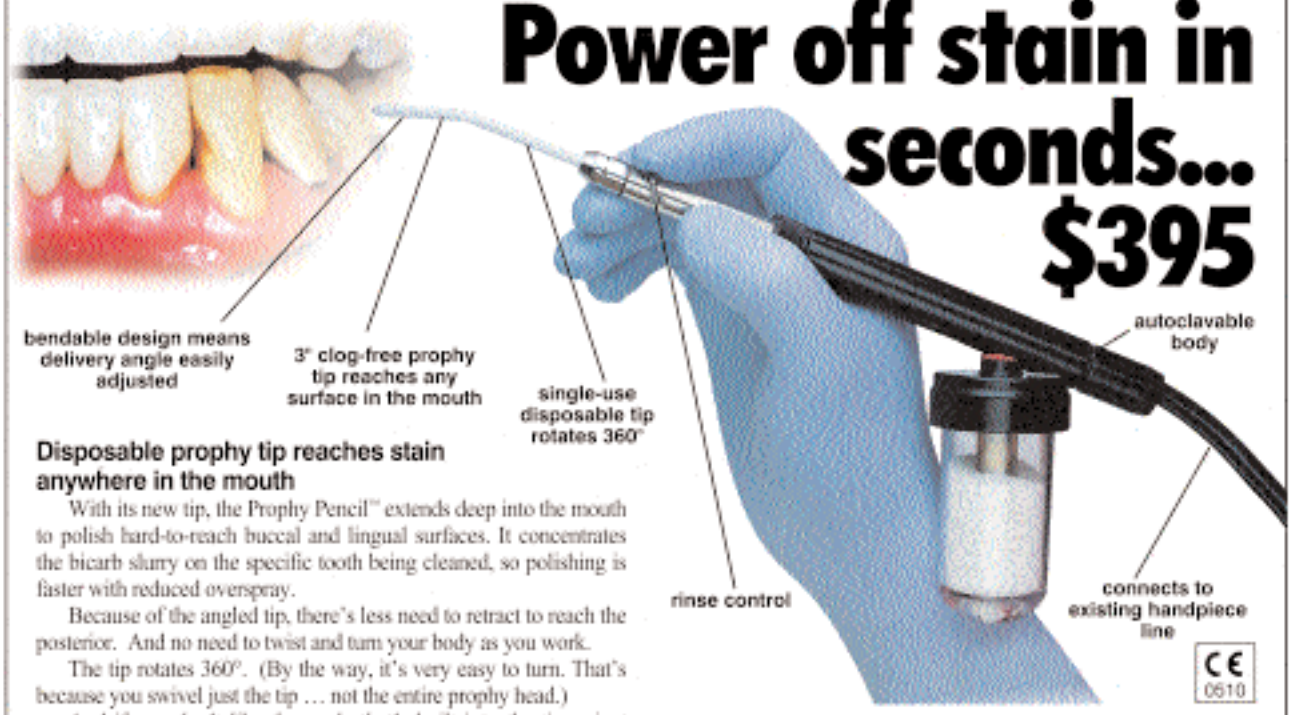

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When you're finished polishing, simply remove the tip and chuck it into the trash.

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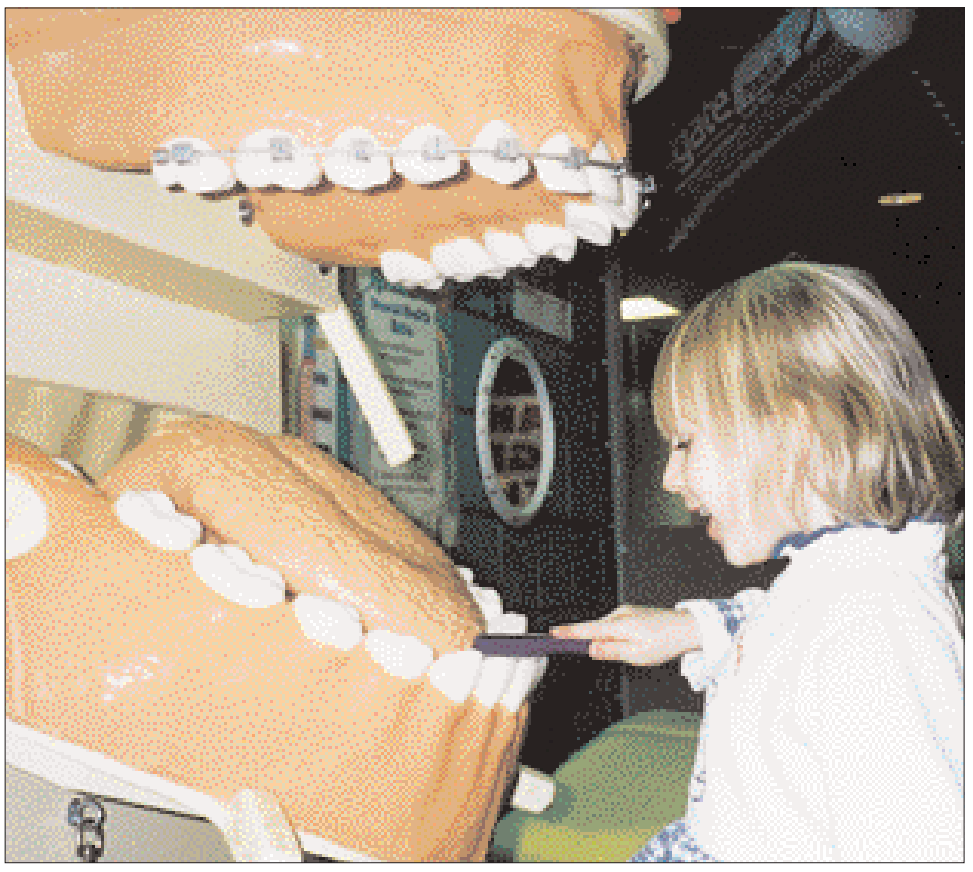
ADAHF funds set new record

Foundation boosts profession for practitioners and patients

Funding the future: Predoctoral dental students learn about dental research career opportunities at the 2000 Dental Student Research Conference.



Big help: A young girl learns brushing techniques using BigMouth—a cast paid for by the ADAHF's Harris Fund program on display at the Hands on Discovery Children's Museum.

By Clayton Luz

Another holiday season has come and gone, but the ADA Health Foundation embraces the spirit of giving 12 months a year.

The charitable arm of the ADA funded more than 57 programs—up from 30 in 1999—for a total amount of grants awarded, $801,287, up from last year's total of $639,783.

"When we solicit individuals, corporations and foundations, we emphasize that their contributions will be exclusively used to support various dental research, education and access programs," says Dr. Anthony R. Volpe, president of the ADA Health Foundation Board of Directors. "Funding more than $750,000 in grants clearly demonstrates the good stewardship of the ADA Health Foundation Board of Directors. Indeed, we're making clinical dentistry better for dentists and their patients."

The ADA Health Foundation was originally established by the ADA Board of Trustees in 1964 for the purpose of engaging in research and educational programs.

Since its reorganization in 1994, the foundation's mission has expanded to address dental research, education, access and awareness activities.

The ADAHF allocates funds into the following four areas:

- research—basic and applied research that addresses subjects of importance to practicing dentists and expedites the transfer of technology from laboratory theory to clinical care;
- education—sponsorship of national conferences, symposia, continuing education courses, student scholarships, fellowships, stipends and other activities that help dental professionals stay current on clinical issues, assist dental students in reducing educational costs and provide opportunities for careers in dental research;
- access—sponsorship of national and regional dental access programs designed to make dental care available to the underserved, enhance preventive care efforts and further strengthen dentistry's image, and awareness;
- activities—financial support for historical exhibits, awards of excellence and dental projects that help to increase public and professional awareness of dentistry's individual and collective contributions in improving American's oral health and clinical care.

The ADA Health Foundation is the leading national charitable organization with the primary focus of enhancing clinical dentistry and the oral health of the American public.

For information about applying for ADAHF funding, visit the Web site at "www.adahf.org" or call 1-312-440-2547. ■

ADA Health Foundation 2000 Summary of Grants

Access	AIDS Resource Center of Wisconsin	$10,000
	Children's Memorial Foundation, Chicago	$5,400
	Community Preventive Dentistry Award	$12,642
	Geriatric Oral Health Care Award	$11,883
	Harris Fund for Children's Dental Health Grant Programs	$137,179
	Infant Welfare Society of Chicago	$5,400
	Inner City Health, Denver	$10,000
	Kids in Need of Doctors, California	$5,000
	National Foundation of Dentistry for the Handicapped	$75,000
	Special Olympics, Special Smiles	$15,000
	Northwest Regional Primary Care Association	$40,000
Awareness Activities	Federation of Special Care Organizations	$10,000
	National Foundation for Ectodermal Dysplasias	$14,500
	The Dr. Samuel D. Harris National Museum of Dentistry, Baltimore	$5,000
Education	ADA Endowment and Assistance Fund	$75,000
	American Dental Education Association	$10,000
	Kentucky Symposium on Oral Health and Systemic Disease	$49,979
	Symposium on Women and Oral Health, Michigan	$37,237
Research	A Cariostatic Pulp-Capping and Cavity-Basing Cement	$59,916
	ADA Health Foundation Health Screening Program	$93,164
	Allergic Contact Dermatitis to Glutaraldehyde and Formaldehyde in Dental Hygienists/NurseAmerican	$6,350
	American Association for Dental Research Fellowships	$9,000
	Dental Student Research Conference	$35,067
	Frederick S. McKay Award for Excellence in Preventive Dentistry	$5,000
	New Dentist-Scientist Award, NIDCR	$15,000
	Norton M. Ross Award	$10,770
	Research Training Fellowship, Paffenbarger Research Center	$30,000
	Young Investigator Award, PFC	$7,800
	TOTAL	$801,287

Government

Lame ducks OK 2001 health funds

Bill to pump money into medical, dental care and research

BY CRAIG PALMER

Washington—With president-elect George W. Bush standing in the wings, leaders of the departing administration and lame-duck Congress reached agreement Dec. 13 on a 2001 health appropriations bill pumping new money into medical and dental care for the poor and expanding dental research.

President Clinton signed legislation Dec. 17 appropriating the health funds.

The bill increases funding for the National Institute of Dental and Craniofacial Research from $269,129,000 to $306.5 million. It provides sharp spending increases for community and state oral health activities directed by the Centers for Disease Control and Prevention in Atlanta and human immunodeficiency virus/AIDS dental services supported by the federal Health Resources and Services Administration.

The practicing and academic dental communities appealed jointly to House Speaker Dennis Hastert (R-Ill.) during the negotiations for increased funds to train "many more" general and pediatric dentists to treat 4-5 million children with severe oral health needs. "It is essential that we increase the training of pediatric and general primary care dentists to address this strong need for a vulnerable population," said the Dec. 8 letter jointly signed by the ADA, American Dental Education Association and American Academy of Pediatric Dentistry.

■ The bill increases funding for the National Institute of Dental and Craniofacial Research from $269,129,000 to $306.5 million.

The 106th Congress in one of its last major actions fine-tuned a $351 billion dollar health and education appropriation to meet terms of the agreement reached by House and Senate budget negotiators with the White House.

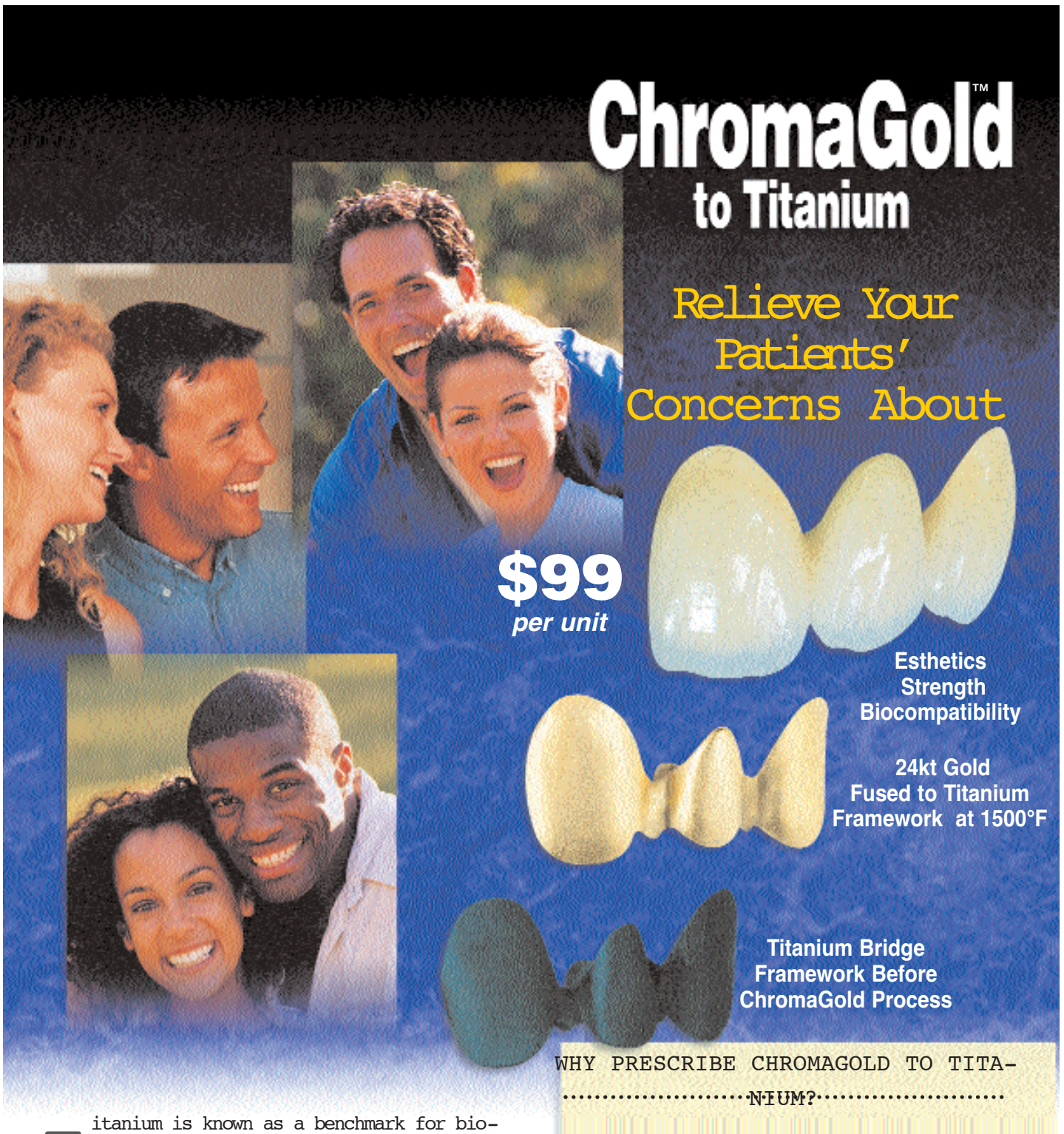
The dental profession and the broader health community mounted strong and largely successful lobbying efforts for increased training and research funds as Congress completed work on the controversial appropriation for the Departments of Health and Human Services, Education and Labor, including the Occupational Safety and Health Administration.

Congress avoided last-minute challenges of OSHA's ergonomics regulations, defusing one of the controversies that had held up the Labor/HHS appropriation. The business community's battle to block the ergonomics regulation has shifted to the courts.

The dental organizations' letter urged congressional leaders to rise above the "difficult time" of political stalemate and continue Congress' "commitment and support for federal dental programs that improve access to primary oral health care for underserved populations, support advanced dental training programs and expand prevention services.

"Dental school clinics, hospital residency programs and other training sites play a major role in access to oral health care, reaching many underserved low-income populations, including individuals covered by Medicare, Medicaid and State Child Health Insurance Programs," the dental groups said. "The cost of treatment at these clinics is substantially less than other alternatives."

The dental organizations also urged increased support for oral health services for HIV/AIDS clinic patients and for community water fluoridation. Voters in November elections approved ballot issues extending fluoridated water to 4 million more persons, they said. ■



Materials & Technology

Informatics

Continued from page one

have to be the source to tell them how."

"We're asking the dentist, the end-user: 'Are these reasonable recommendations?' " explained Dr. Trapp. "The comment period gives any interested party the chance to voice objections, suggestions or comments—all of which will be addressed and taken into consideration by the committee."

Dr. Zeller

Thanks in great measure to the work of volunteer member dentists in education, private practice and the military, the ADA, through its Standards Committee on Dental Informatics, provides practical information to practitioners on how to best use current technology in their practices.

The committee uses a consensus approach from professionals qualified to provide individual perspectives from throughout dentistry, including practitioners, manufacturers and product designers. The American National Standards Institute approved the ADA as an Accredited Standards Organization in March 2000.

Dr. Gregory Zeller, project lead for the recommendations on infection control, said the ADA is uniquely positioned to provide information about the application of scientific advances as related to dentistry.

"There isn't any existing body of knowledge that dentists or manufacturers can go to for this information because the technology is so new," said Dr. Zeller. "Dentists have a hard time finding a source to figure out what's state of the art and how it can be applied to a clinical environment."

Shared responsibility between dentists and manufacturers is a key element of the specifications, he said.

Discussing the ADA Technical Report 1006: Infection Control for Dental Information Systems, Dr. Zeller remarked, "Manufacturers have to be aware that infection control is an integral part of product design and dentists have to consider infection control principles when using new technology."

Work group participants say the recommendations are becoming more and more important now that dentists are moving their hardware into the operatory for digital X-rays and computer-based charting.

The ADA Technical Report 1010: Accounting Performance for Dental Information Systems moves dentists to a standard chart of accounts, which Dr. Trapp describes as an A-list for dentists.

"In this way, dentists can compare apples to apples," he said. The report describes how this standard chart of accounts can provide significant benefits to dentists by making the recording and reporting of financial results more comparable with those of their colleagues, thereby providing a sounder foundation of information on which to base management decisions.

In the recommendations for hardware, ADA Technical Report 1012: Hardware Recommendations for Dental Information Systems, dentists will find among the guidelines recommendations for selecting computer hardware for administrative and clinical workstations, monitors, data recovery and storage systems.

Dentists, dental office managers, practice management system vendors and other interested parties are encouraged to assess the possible impact these reports have on their information systems, practices and products.

The documents are posted at "www.ada.org/prof/prac/stands/index.html" or are available from the Department of Dental Informatics at 1-312-440-4608.

Comments must be in writing and may be e-mailed to "informatics@ada.org" or faxed to the Department of Dental Informatics at 1-312-440-2822. ■

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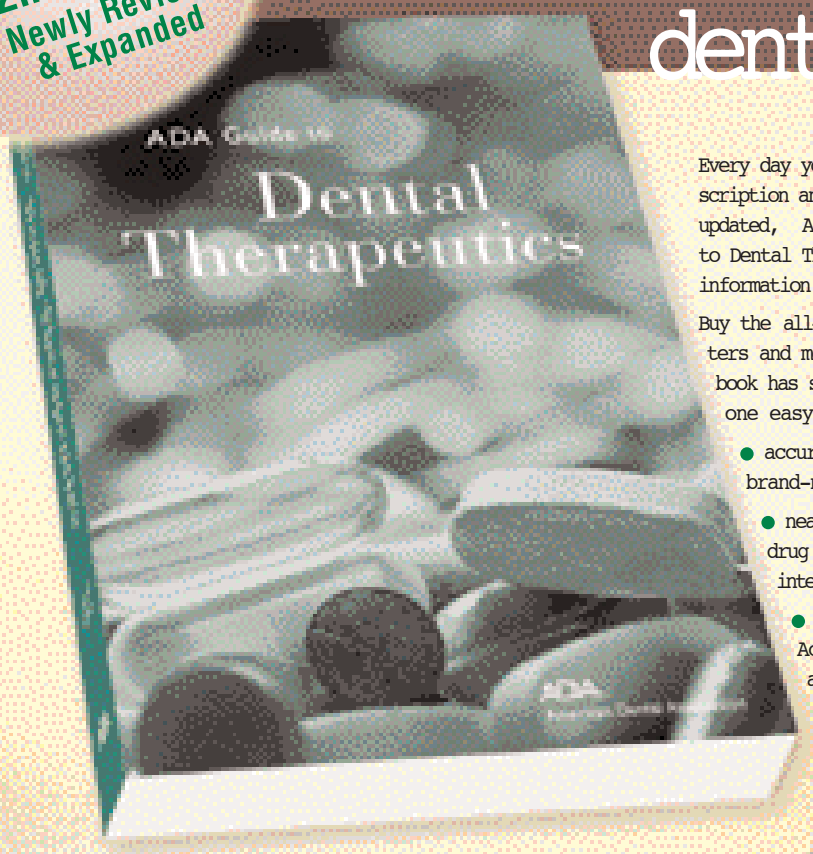

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Hinman meeting to convene in March

Atlanta—The 2001 Thomas P. Hinman dental meeting, scheduled for March 15-18, will be held at the Georgia World Congress Center Omni Hotel at CNN Center in Atlanta.

Sponsored by the Hinman Dental Society of Atlanta, the 2001 meeting focuses on the needs of general dentists, specialists, hygienists, assistants, front office staff and students with an emphasis on continuing dental education for the whole dental team.

New to the meeting for 2001, the Team Approach to Learning section of the program will afford the opportunity to hear multiple speakers in a single session. Some courses will feature audience response key pads so attendees can interact with the speaker.

Participants can visit the technical exhibits March 16-18. Registration for the meeting is available online at the Hinman Web site. For more information, visit "www.hinman.org" or contact the Hinman Dental Society of Atlanta at 1-404-231-1663. ■

Correction

Dr. Arthur A. Dugoni remains the dean of the School of Dentistry at San Francisco's University of the Pacific, despite what you may have read in The Journal of the American Dental Association.

December JADA mistakenly reported in the Appointments/Elections/Awards section that Dr. Richard Fredekind had been appointed dental school dean. In fact, Dr. Fredekind was named the dental school's acting assistant dean for clinical services.

Dr. Dugoni, a past president of the ADA, remains dean of the UOP School of Dentistry.

JADA regrets the error. ■

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Prodigy™ Condensable Composite (SD Kerr)	4.2	79.0	46.5
Point 4 (SD Kerr)	4.1	81.2	60.5
Herculite XRV (SD Kerr)	4.5	81.2	73.0
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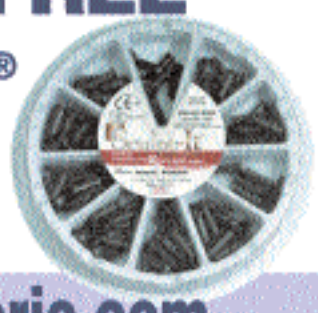

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HHS releases health record privacy shields

Government

Washington—The U.S. Department of Health and Human Services Dec. 20 released new standards to protect the privacy of medical records and other personal health information maintained by health care providers, hospitals, health plans and health insurers, and health care clearinghouses.

Mandated by Congress after it failed to pass comprehensive privacy legislation, the new standards limit the non-consensual use and release of private health information; give patients new rights to access their medical records and to know who else has accessed them; restrict most disclosures of health information to the minimum needed for the intended purpose; establish new criminal and civil sanctions for improper use or disclosure; and establish new requirements for access to records by researchers and others.

HHS said in a press release that it received more than 52,000 comments on its proposed privacy rule published last year. Most of the comments from the ADA on the proposed rule are reflected in the final regulations.

According to HHS, the new standards are designed to strengthen patients' protection and control over their health information by extending coverage to personal medical records in all forms—including paper records, oral communications and electronic information. An earlier proposal had applied only to electronic records and to any paper records that had at some point existed in electronic form.

The final rule also requires that health care providers get their patients' consent for routine use and disclosure of health records, in addition to requiring their authorization for non-routine disclosures.

The earlier version had proposed allowing routine disclosures without advance consent—disclosures for purposes of treatment, payment and health care operations. But, according to HHS, most of those commenting on this provision, including many physicians, believed consent even for these routine purposes should be obtained in advance.

Advance written consent for routine purposes will be similar to the practice most patients currently follow when visiting a doctor or hospital, HHS said. However, the regulation will provide additional protection by requiring that patients must also be given detailed written information on their privacy rights and how their information will be used.

Other changes from the earlier proposed rule outlined by HHS include:

- Allowing disclosure of the full medical record to providers for purposes of treatment. For most disclosures, such as health information submitted with bills, providers may send only the minimum information needed for the purpose of the disclosure. However, for purposes of treatment, health care providers need to be able to transmit fuller information to other providers. The final rule gives providers full discretion in determining what personal health information to include when sending patients' medical records to other providers for treatment purposes.
- Protecting against unauthorized use of medical records for employment purposes. Companies that sponsor health plans will not be able to access personal health information from the sponsored plan for employment-related purposes without authorization from the patient.

The bipartisan Health Insurance Portability and Accountability Act of 1996 called on Congress to enact comprehensive national medical record privacy standards by Aug. 21, 1999.

When Congress was unable to enact standards by this deadline, HIPAA required that HHS issue regulations. Proposed regulations were published Nov. 3, 1999. As the only professional organization named in the legislation, the ADA has been consulted on the implications of these regulations on small providers.

These regulations are generally consistent with the ADA's policy on Health Information Confidentiality and Privacy. The issuance of final regulations completes HHS' regulatory process on health information privacy under the HIPAA provision.

The regulation will be enforced by the HHS Office for Civil Rights. The ADA will continue to work with HHS to recognize the implications of this regulation on small providers and dental offices. ■

Forensic dentistry symposium set for July

The ADA councils on Dental Practice; Scientific Affairs; and Access, Prevention and Interprofessional Relations will present Forensic Dentistry 2001: A Symposium With Workshops, July 19-21, 2001 at ADA headquarters in Chicago.

The symposium is open to dentists, dental staff, physicians and emergency personnel. It is sponsored in conjunction with the American Board of Forensic Odontology Inc.

The first day will provide a basic introduction to symposium topics and the workshops. On days two and three there will be a series of half-day workshops that feature experts in the forensic dentistry field.

Among the activities scheduled during the symposium are a mass disaster exercise; a workshop on computer-assisted identification of fatalities; a national missing and unidentified persons workshop; a workshop on expert testimony with judicial commentary; and a workshop on bite marks and other patterned injuries.

A registration packet including information about registration fees, lodging and travel will be available in March 2001.

For more information or to obtain a registration packet, call the Council on Dental Practice at 1-312-440-2895 or e-mail "allenl@ada.org". Registration will also be available online at "www.ada.org". Dr. Don Collins is the ADA's staff coordinator of this event. ■

Health & Science

Edibles

Continued from page one

tests showed that wasabi was effective in curbing bacterial growth.

"The mechanism of action hasn't really been discovered yet," Dr. Masuda told the newspaper. "Some scientists believe these compounds break down the enzyme of the bacteria's protein, or it might actually kill the bacteria itself by suffocating it."

The Times also quoted the ADA's own Dr. Daniel Meyer, director of the Division of Science, who warned against reading too much into such research.

"What's effective in test tubes may not affect anything at all in the mouth," he said.

Also in December, the British Broadcasting Co. reported on its Web site that researchers in Israel were toasting the tomato as a preventative or treatment for oral cancer.

The BBC said researchers at the Hebrew University of Jerusalem had found that the chemical lycopene, which gives the tomato its distinctive red color, kills oral cancer cells in culture.

It was a chance discovery, the BBC said, made by biochemists investigating the effects of orange carrot pigment on tumor cells. The news service said lycopene has been linked in the past to a reduced risk of various other cancers, including breast, prostate, pancreatic and colorectal.

The Hebrew University team told the BBC they're not sure how lycopene acts against oral cancer cells, but they believe it may restore a natural process that helps the body kill off cells that aren't developing properly.

The British news service said other researchers are getting ready to test the chemical on cancer patients. It also reported that lycopene appears to hold up well in tomato sauces, soups, ketchup and pizza topping.

The unassuming little cranberry also has been getting its share of press attention lately.

Long hailed for its value in fighting urinary tract infections, the cranberry has grabbed headlines with more recent claims that it can benefit the heart, stomach and even the gums.

"None of these possibilities is yet proven, and most of the work so far hasn't left the laboratory," the Dallas Morning News reported Nov. 26 in a story later picked up by the Milwaukee Journal Sentinel.

Still, cranberry juice—and that crimson cylinder that graced your holiday table—may have health benefits worth noting.

An impressive packet of material from Wisconsin-based Northland Cranberries Inc. hailed the cranberry as "rich in a class of compounds called flavonoids," defined as "simple, organic, ring-shaped compounds that have been found to absorb potentially dangerous free radicals and electrons."

Northland, which markets cranberry products under its own name and the Seneca brand, said cranberries make bacteria "less sticky," which may inhibit them from "adhering to the walls/lining of the bladder and urinary tract, helping prevent urinary tract infections."

Claims of other health benefits appear less certain for now, though research continues.

As for the connection to periodontal health, Northland quotes a study published in The Journal of the American Dental Association in 1998 that suggested cranberries may help curb dental plaque buildup by preventing bacteria from colonizing on the gums.

The Dallas Morning News quoted Dr. Amy Howell, a cranberry researcher at New Jersey's Rutgers University, who advised against rinsing with the acidic juice.

"The juice won't work as a mouthwash," she said, but speculated that cranberries could turn up someday as a component in toothpaste.

Finally, if you plan to cap your meal with something sweet, choose a high-grade dark chocolate, low on sugar and fat, high on cocoa solid content.

In a lengthy report on the benefits of chocolate, Fox News reported Dec. 27 that a compound found in the cocoa bean husk may help fight dental caries by curbing plaque formation.

Fox quoted a study published in New Scientist magazine, a British weekly, that said dark chocolates with 60 to 70 percent cocoa solid content will contain more of the cavity-fighting compound. "Normal" dark chocolates, Fox said, are about 30 percent cocoa solids, with higher levels of sugar and fat.

The study of chocolate's cavity-fighting potential was conducted at Guy's, King's and St. Thomas' Dental Institute in London.

The ADA's Clifford Whall, Ph.D., keeps an informal, skeptical eye on dietary trends and developments for the Association.

"We hear more and more about the possible oral health benefits of different foods," said Dr. Whall, director of the Seal of Acceptance Program. "Some or all of these claims may be true, but it's important to understand what is required to show that an agent really has a health benefit in humans."

He compared food research to the arduous, time-consuming process of bringing a new drug to market.

"Laboratory and animal studies are necessary to provide what's called 'proof of principal,' that the agent has some kind of possible benefit," said Dr. Whall. "But only well-designed human clinical studies can show if a product is really effective in people, and what dose and frequency of use are required to give the benefit."

It's also critical for researchers to identify adverse effects that can "overshadow any benefit the agent might provide," said the ADA scientist, who considers most of the recent claims that certain foods fight oral disease "speculative" for now.

Added Dr. Whall, "It's encouraging to hear that many of the researchers who have produced the early laboratory and animal results also agree that only human clinical studies can show if they're safe and effective for people, too." ■

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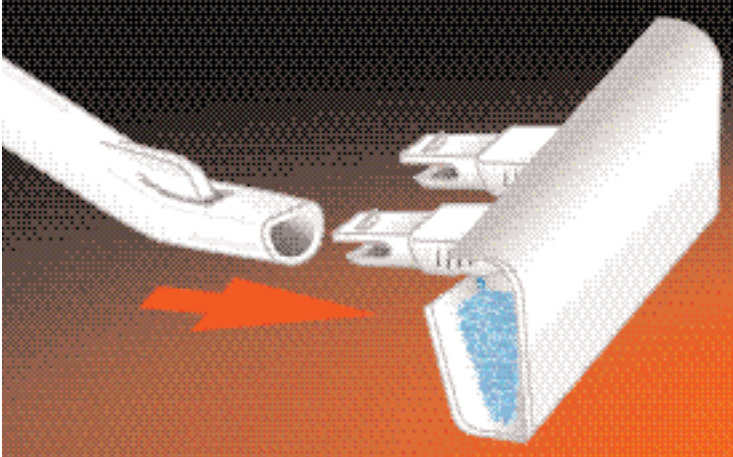

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