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ADA News - 12/10/2001

American Dental Association, Publishing Division

São Paulo, Brazil, meeting, page 14 ◆ 2001 resolution recap, page 22

AMERICAN DENTAL ASSOCIATION
ADA News®
DECEMBER 10, 2001 www.ada.org VOLUME 32, NO. 22

Call for more fluoridation, sealant use

Task force endorses joint public, private sector efforts

By Craig Palmer

Atlanta—A national public health task force Nov. 30 strongly recommended community intervention, where "local goals and resources permit," to prevent and control tooth decay by starting or increasing fluoridation and school-related dental sealant programs.

Based on review of the scientific evidence of effectiveness, the panel said a community approach involving private practice dentists and public health clinics can reduce the economic burden of dental caries and improve oral health. The Centers for Disease Control and Prevention published the report and recommendations of the Task Force on Community Preventive Services and panel of dental consultants in the Morbidity and Mortality Weekly Report ("www.cdc.gov/mmwr"). A

See TASK FORCE, page 13

■ Nursing home dental access urged, page six

Shortage

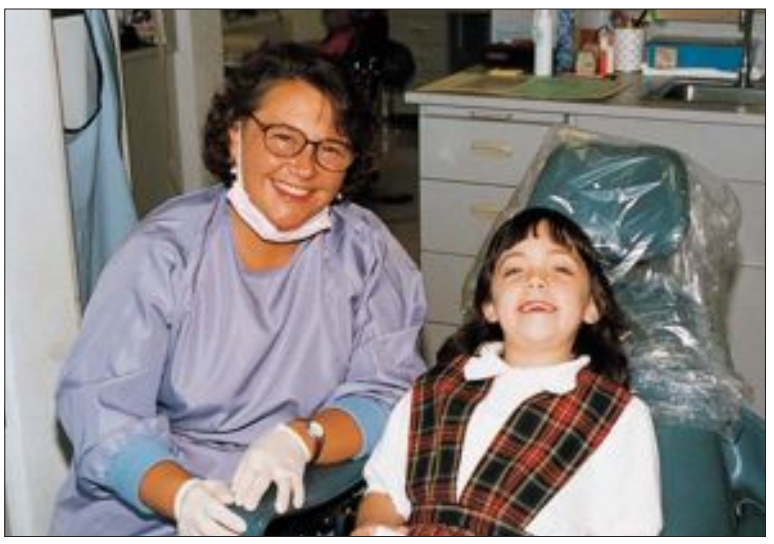
ADA targets auxiliary recruitment

By Karen Fox

The ADA is taking on the shortage of dental assisting and dental hygiene personnel full force with a multifaceted new recruitment program, "Something to Smile About—Careers in the Dental Profession."

The program specifically targets dental assisting and dental hygiene careers. Individual ADA members and constituent and component societies

See SHORTAGE, page nine



Access: A Portland, Ore., clinic that provides care to low-income families received the 2001 Community Preventive Dentistry Award from the ADA Council on Access, Prevention and Interprofessional Relations. For more details, see page 26.

DEA update

Agency still unable to receive mail

By Craig Palmer

Washington—The Drug Enforcement Administration is still unable to receive mail from dentists and other registrants because of mail-related anthrax exposures, the agency said Nov. 21 in updating a notice issued early last month.

"Unfortunately, the word doesn't seem to be getting out to everyone, especially the physician community,"

See DEA, page six

Get the answers

Most commonly asked legal questions packaged for members on ADA.org

By Arlene Furlong

You submitted a claim to an insurance company six months ago but still haven't received your reimbursement.

What can you legally do?

Go to ADA.org and find out.

The ADA Division of Legal Affairs is answering dentists' most frequently asked legal questions at "www.ada.org/members/prac/law/faq/index.html" the new members only site at ADA.org.

From practice management to patient care and ethics, the new page provides useful information on legal issues.

"Putting together the FAQs was a very time-consuming project for the ADA Legal Division," said Peter Sfikas, ADA chief counsel. "However, it is an important member benefit that we are pleased to present to members."

■ ADA American Tragedy Fund update, page 17

Dr. Thomas McLellan, assistant executive director for marketplace issues and public affairs for the Michigan Dental Association, called the new page a "trouble-shooting site for members."

"It's just what we're trying to do in organized dentistry," said Dr. McLellan. "Answer the questions members are asking."

The FAQs will eventually be added to the online legal database.

Dr. Arthur I. Schwartz, chair of the ADA Council on Ethics, Bylaws and Judicial Affairs, called the new page an "added bonus" to the entire Legal, Ethics and Risk Management area of the Web site, "an excellent resource that gets better all the time."

And even members who don't access the Internet will reap the benefits of the new content area. ADA staff can access the Web site for you—call the ADA Division of Legal Affairs, toll-free, Ext. 2768. ■

BRIEFS

MetLife and WebMD: The two have reached an impasse in contract negotiations—ending a 10-year-old electronic services relationship effective Nov. 17. A letter from WebMD to providers says that WebMD will now deliver MetLife claims on paper.

Association staff from various agencies are looking into how dentists will be affected. ■

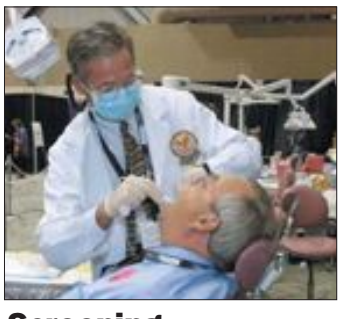
Change in Boston: The Massachusetts College of Pharmacy and Health Sciences will acquire the Forsyth School for Dental Hygienists, the institutions jointly announced Nov. 1.

The acquisition takes effect July 1, 2002, when the dental hygiene program becomes an administrative unit of the college. Students will begin taking courses at the MCPHS in the fall of 2002, and MCPHS will retain the Forsyth name for the dental hygiene program.

"The School for Dental Hygienists will greatly benefit from the MCPHS acquisition," Dr. Dominick P. DePaola, Forsyth's president and CEO, said.

The full transition will occur over a three- to four-year period, and will include relocation of the program's dental hygiene clinic. The Forsyth Institute will continue as an independent institution dedicated to research and education in the field of oral and craniofacial health. ■

INSIDE



Screening

Results from Health Screening Program. **Story, page 10.**

ADA News

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Payroll solutions offered through ADA Member Advantage partner

BY KAREN FOX

SUREPAYROLL

Are you looking for a new payroll provider for the upcoming new year?

Consider SurePayroll, a leading provider of payroll services for small businesses.

SurePayroll offers a simple, reliable and affordable approach for payroll processing and tax filing over the Internet.

SurePayroll officials say many small business owners will consider changing payroll providers at this time of year.

"Since January is the start of the new tax year, everybody can move more easily," Michael D. Alter, senior vice president, said. "You can change providers after the new year starts, but it requires more paperwork. Now is the time that it is quick and easy to move."

Mr. Alter added that SurePayroll is both convenient and cost-efficient.

"With our products, dentists have the control of a software product with all the benefits of outsourcing payroll," he said.

With SurePayroll, you can enter and view payroll information from anywhere at anytime. You'll have the ability to modify information in real time and view your payroll calculations instantly.

Mr. Alter estimates the cost of SurePayroll's service is 30 to 50 percent less than traditional payroll outsourcers. As part of the ADA Member Advantage program, SurePayroll costs just $19.95 per payroll, plus 99 cents per employee transaction. In addition, ADA members will receive:

- Free payroll processing for the first 30 days;
- Free set up and enrollment ($149 value);
- Free W-2s for the first year;
- Free guaranteed SureTax Service;
- Risk-free six-month money back guarantee.

For more information, contact SurePayroll at 1-877-954-7873 or go to "www.SurePayroll.com". ■

ViewPoint

Snapshots of American Dentistry

Laura A. Kosden, *Publisher* **Dr. Lawrence H. Meskin,** *Editor*

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

MyView

What is it with the fluoridation thing?

Bring up the subject of fluoridation of public water supplies, as has happened in the legislative agenda this year, and all sorts of anti sentiment comes out of the woodwork.

I could understand some 50 years ago the fear established in the public's mind about fluoridation, but it has been almost 40 years since Salem, Ore., incorporated the controversial product into its water system.

The subject might rank emotionally right up there with abortion and taxes. I remember distributing leaflets promoting fluoridation in the Portland area while attending dental school and seeing one of my own instructors, Dr. Duane Paulson, being chased down the street by a disgruntled citizen with a broom. I also received a lecture from the father of a girlfriend about fluoridation being some type of communist plot to take over the country.

James Fratzke, D.M.D.

Now we see so much anti-fluoridation literature that it would take months to sift through all of the misinformation out there on the Internet. Most of the objections revolve around:

1. Fluoride is a poison.
2. Fluoride makes bones brittle and subject to fracture.
3. Fluoride pollutes rivers and affects salmon populations.
4. Fluoride may have adverse impact on the developing brain.
5. Fluoridation just plain doesn't work.

Isn't it interesting that in over 40 years of fluoridation in the Salem water system, we haven't seen a high influx of orthopedic physicians flocking to our city?

Citizens of Salem seem to have the same brain capabilities as anyone else. By the way, Salem water still tastes a lot better than that of the great Bull Run in Portland.

What I have observed is a drop in the number of children who live in Salem with rampant caries. This is in contrast to those from outside our city. Isn't that the whole idea behind using a product that can be inexpensively introduced into the water system resulting in a widespread benefit to all?

Many of the persons who oppose water fluoridation are first to come to the plate in questioning why dentistry is not handling the dental needs of children in the community. We have all seen the 4- or 5-year-old child who comes into our

See MY VIEW, page five

LettersPolicy

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; e-mail to "ADANews@ada.org".

Letters

Thanks, and advice

In response to Dr. Susan Cleereman's My View (June 4 ADA News), I, too, am grateful to just say, "Thanks."

Early last year after a routine visit to my urologist, I was diagnosed with prostate cancer and faced surgical treatment that would render me unable to work for two months.

Like Dr. Cleereman, as a solo practitioner I was very concerned about the continuity of care for my patients, employment for my staff and viability of my practice.

But thanks to a supportive staff—Sue Cox, Michelle Marz and Donna George—as well as a generous and caring group of friends—including Drs. Roger Clouse, David Morvay, Anthony Schiavone and William Sweeney—my fears were immediately allayed.

When I informed colleagues of my diagnosis and concerns, they immediately comforted me and told me to only focus on getting well. Each one—Drs. Clouse, Morvay, Schiavone and Sweeney, who I've known both professionally and socially for the past 20 to 30 years—immediately volunteered time to maintain my practice while I was recovering.

For two months, each of them sacrificed their days or afternoons off to treat my patients and oversee any problems or emergencies in my office. As I was being transported to the operating room minutes before my surgery, I was relieved and confident knowing that my patients, my employees and my practice were in safe hands. What a blessing!

Thanks to an early diagnosis and treatment, my surgery was textbook, my recovery was uneventful, and most importantly, the cancer was completely contained. I returned to my practice two months later without any major problems.

My patients were more than understanding, and now six months later, life has returned to a normal routine. Sitting here healthy, cancer free and back at work, I am grateful to just say thanks to Drs. Clouse, Morvay, Schiavone and Sweeney, as well as my staff—Sue, Michelle and Donna—for their generosity and support.

In addition, I would like to convey a message to all of my ADA friends and colleagues: Have regular physical exams and screening tests. They can save your life.

Anthony P. Antolini, D.D.S.
Warren, Ohio

Dr. Marbach's legacy

A letter from Dr. David Page (July 16 ADA News) corrects Dr. Joseph Marbach for making negative remarks about TMJ splints on the Today Show.

Dr. Page asserts that Dr. Marbach does not understand the etiology of temporomandibular joint disorders and lacks the clinical experience necessary to develop this knowledge.

In fact, Dr. Marbach was extensively recognized as a ranking authority on facial pain. His considerable TMD research has been widely published in JADA and other peer-reviewed journals.

He was a professor at the University of Medicine and Dentistry of New Jersey. Further, for decades he

See LETTERS, page five

Letters

Continued from page four

conducted a busy private practice in New York limited to the treatment of facial pain.

TMJ splints have been demonstrated, by Dr. Marbach and others, to be mainly placebos. But often they act worse than placebos, causing a shifting of the occlusion with consequent dysfunction.

I recall a woman profoundly depressed because of serious TMD pain. She was being treated by a prominent bad-bite promoter, and over time mouth splints had deformed her occlusion to the point that she had only single molar contact on each side. Her severe pain continued.

I suggested that she see Dr. Marbach, who discontinued the splints and treated her rationally and successfully. Some time later she told me that my referral to Dr. Marbach "saved her life."

Dr. Marbach, sadly, died of cancer July 22. A featured obituary article in the New York Times (July 26) attests to his pre-eminence in his field.

Marvin J. Schissel, D.D.S.
Woodhaven, N.Y.

CE: A tax on dentists?

When continuing education first became mandatory, I read texts and completed the examinations to obtain credit hours.

Gradually, "regulatory creep" has taken place and we now find that the amount of time for self-study credit has been greatly reduced. I hold licenses in three states, and they are all different.

So we are forced to attend meetings, and this has spawned a new industry of its own. I find it odd that the same faces keep turning up, and wonder when they have time to practice dentistry. Perhaps a new specialty of "showbiz" dentistry should be established.

Would it not be proper to say that anything that takes away our freedom, time and money is a tax?

Why are we as a profession taxing ourselves?

We as a profession and through the state dental boards have the power to change this situation and give doctors the right to choose the method of getting continuing education hours. There will always be those who attend meetings, but let it be by choice. It is now possible to get a college degree online.

There are already enough impositions that we tolerate: The Occupational Safety and Health Administration, taxes, state and local regulations. This is one that we can and should change to our own benefit.

I challenge the leadership of our Association to make this a priority. I challenge each and every member to talk to others and build a movement based in belief that we have the ability to decide how we educate ourselves.

We make critical decisions for others every day, and no outside force should tell us how to do our continuing education. Please join with me in regaining control of a situation that needs changing.

J. Mark Collier, D.D.S.
Detroit

Repeated exams

After reading Dr. Ron Gillenwaters' letter ("Take the Boards," Nov. 5 ADA News), some rather compelling questions came to mind.

If, as he states, he "practiced in the North for 16 years," successfully, why was it necessary for him to prove his competence by taking another clinical board exam once again?

Are people's teeth in southwest Florida different from those in the North? Are procedures, techniques or materials so affected by geography that it was necessary for him to demonstrate his dental skills and knowledge once again?

If his initial board exam was truly valid, it would not have been necessary for him to take repeated exams to verify his competence.

I believe it is time for the profession to recognize that an unblemished history of clinical practice is worth more than one's performance on a one- or two-day clinical exam. The time has come for licensure by credentials and it is the wave of the future, Dr. Gillenwaters.

Bravo for those states that have adopted and implemented this policy, and kudos to the ADA for its support.

Victor A. Palmieri, D.D.S.
Phoenix

MyView

Continued from page four

office in deep pain, and has his/her first experience with dentistry associated with that pain. Maybe fluoridation will not entirely prevent this scenario, but it can help.

Perhaps the suggestion that those communities that do not have fluoridated water systems be levied a tax to help pay for needed children's dental care throughout the state might be an effective wake-up call to accept some responsibility of a growing need that somehow the public seems to ignore.

The job of dentistry is to keep supporting the concept of water fluoridation in community supplies. Perhaps someday the public will see the light. Until that time, all we can do is show evidence of its success and stand behind it.

Editor's note: The ADA Council on Access, Prevention and Interprofessional Relations says there is evidence suggesting the public has seen the light regarding the value of community water fluoridation.

When asked in a nationwide 1998 Gallup poll, "Do you believe community water should be fluoridated?" a full 70 percent answered yes.

For more information on fluoridation, go to "www.ada.org/prof/prac/issues/topics/fluoride.html", or call the ADA Council on Access, Prevention and Interprofessional Relations at Ext. 2860.

Dr. Fratzke is the editor of Oregon's Marion-Polk-Yamhill County Dental Society newsletter. His comments, reprinted here with permission, originally appeared in the April issue of that publication.

Government

Better dental care for elderly

Senate urges nursing home and access-to-care improvements

BY CRAIG PALMER

Washington—The chair of the U.S. Senate Special Committee on Aging urged the administration Nov. 14 to improve dental care standards in the nation's nursing homes and access to care for elderly residents.

The administration's top official with responsibilities for oversight of federally funded nursing facilities promised improvements by 2003.

Both Sen. John Breaux (D-La.), committee chair, and the administration official, Tom Scully, credited Dr. Greg Folse of Sunset, La., with bringing the problems to national attention. Mr. Scully, who heads the federal Centers for Medicare and Medicaid Services, said the administration is working closely with Dr. Folse and the American Dental Association toward improvements.

Dr. Folse

The Association and the Special Care Dentistry organization are working with the CMS to increase awareness of the dental needs of residents of nursing facilities. Dr. Folse is a key trainer for an online training course on the oral health of nursing home residents, "Assuring Dental Health for Nursing Home Residents," which is offered by the CMS on the agency's Course Delivery System Web site ("cms.distributedclassroom.org"). During the training course, the CMS urges close attention by state nursing home surveyors to residents' dental health.

Sen. Breaux commended the efforts to date but urged continued improvements in a statement posted at the committee Web site ("aging.senate.gov/nr011114.htm"). The Senate committee is examining the quality of oral hygiene in nursing homes and trying to determine how well nursing facilities are identifying oral health problems and referring residents for care. ■

DEA

Continued from page one

said James A. Pacella, chief of the registration and support section, DEA office of diversion control. "We are now having to respond to congressional inquiries on behalf of their constituents."

Mr. Pacella said the agency has received inquiries from members of Congress on behalf of physician and pharmacist registrants, which is complicating a difficult situation, but that he is unaware of any inquiries on behalf of dentist registrants. "As you can imagine, we are inundated with telephone calls concerning registrations, etc."

Mail deliveries have been halted temporarily and communications diverted to local and regional DEA offices, said the notice posted at the DEA Diversion Control Web site ("www.deadiversion.usdoj.gov").

The agency is able to send but not receive mail in Washington, D.C. However, as of Nov. 14, the DEA is accepting private carrier parcels for specified transactions unrelated to practitioner registrations.

Renewal applications for dentists and other registrants with Dec. 31 expirations are in the mail but running "approximately three weeks late," according to the DEA notice.

The agency recommends a quick return to the Atlanta postal address provided for renewals. ■

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Education

Connecticut assisting programs boosted

CSDA works with schools, assistants to recruit students

By Karen Fox

Hartford, Conn.—A year-long effort to increase the number of dental assistants in Connecticut is already yielding results.

The Connecticut State Dental Association created a task force in 2000 that brought CSDA officials together with dental assistants and faculty members in the state's beleaguered assisting programs.

Funding enabled the task force to develop a promotional campaign touting the benefits of dental assisting careers and network with state officials to recruit prospective dental assistants.

The result?

"After one year, four of the six schools we worked with experienced dramatic increases in enrollment," said Dr. Dean G. Cloutier, chair of CSDA's Task Force on Auxiliary Shortage.

One school raised its enrollment from three students to 14—a 467 percent increase.

"There is a certain attrition rate in these schools, so I can't tell you we have now gained so many dental assistants," Dr. Cloutier added. "But I would never have dreamed that in one year we could make such a profound impact on enrollment."

The shortage of dental assistants—a national issue—is one that the CSDA decided to address in 2000 when they believed it had reached crisis proportions. There are currently about 400 vacant dental assistant positions in Connecticut.

"When we started out, we weren't even sure why there was a shortage," Dr. Cloutier said. "We learned a lot when we focused on raising enrollment in the state's six ADA-accredited dental assisting programs and invited faculty from those programs onto the task force."

What they found was high competition with other fields, and that the traditional "pipeline" from high schools had virtually dried up.

"In the late 1980s and early 90s, many high schools gauged their success on the number of students they sent to college. As more and more kids went off to college, the applicant pool for community college programs shrunk further," Dr. Cloutier explains. "Even today, out of a class matriculating into dental assisting programs, only one or two are new high-school graduates. The others are middle-aged adults."

Dr. Cloutier

He continued: "The shortage became acute in the 'roaring 90s.' We had record-level low unemployment, and there was a shortage of bodies to fill jobs anywhere, let alone dental assisting. Because dental assisting couldn't compete with the keen competition at that time, the shortage just got worse. But also as a result, dental assistants' salaries went up, too."

Could the economy's current decline lead more people to consider dental assisting careers?

"I think we will be more competitive as the economic boom levels off and people start looking for better-paying jobs. Dental assisting salaries are higher now and I think we'll see more people going into training programs," he said.

To buttress their efforts, the CSDA task force worked with state government officials to make the shortage of dental assistants known. They now have the support of a senator on the state's health committee and the state department of labor—and both have rallied around the cause.

An unexpected benefit is that the task force's efforts have been "extraordinarily received" by CSDA members, according to Dr. Cloutier. "There are so many things that don't have a direct effect on members. The thought is that CSDA is finally doing something members really need," he said.

It's even fostered positive relations between the

See ASSISTING, page nine

Shortage

Continued from page one

can use the program's materials to promote allied careers through participation in local high school, college and community career events.

"Something to Smile About" consists of audio-visual and print materials, including:

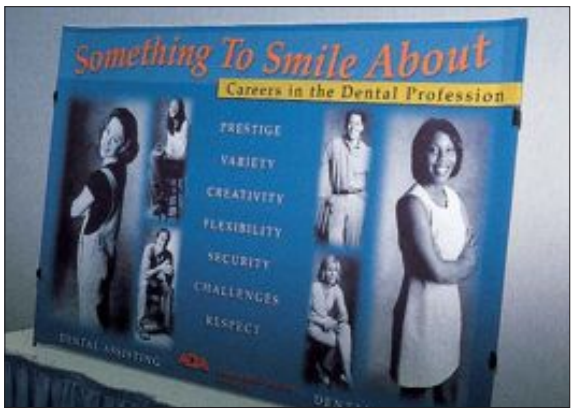
- two PowerPoint presentations;
- narration and handouts;
- sample posters;
- brochures;
- public service announcements;
- a career day outline packet;
- current fact sheets.

Materials can be used alone, in conjunction with other items or as a complete package.

The Council on Dental Education and Licensure developed the program with the goals of meeting various recruitment purposes, and ensuring that the materials could be used by dental societies, dentists, dental team members and middle school and high-school guidance counselors.

With funding from the House of Delegates, the council also produced a tabletop exhibit and career-related videotapes. At their recent meetings at ADA headquarters, the Council on Dental Education and Licensure and the Council on Dental Practice gave the videotape two thumbs up—as did an advisory panel of young people engaged by the Association to evaluate content and relevancy.

By early 2002, constituent societies will receive a complimentary copy of the two 10-minute career videotapes—one on dental assisting, one on dental hygiene. Additional copies of the videotapes are available for $20 (under $20 for multiple copies). The PowerPoint presentations will be available shortly in CD-ROM format for $15 each.



Eye-catcher: Tabletop display is available for loan.

The tabletop display (shown above) is available on a loan basis. The ADA member charge is $35. Members will find it lightweight (about five pounds), easy to assemble and easy to ship. The full-color, professional design is an eye-catching feature for career day events at high schools, colleges or community career fairs.

ADA members can preview the "Something to Smile About" materials and download an order form for materials on ADA.org, under "Dental Society Services." Also on the ADA.org Teen Page, on the Public side, there are mini career surveys, "Tales From the Front" and other dental-related career activities.

"Job shadowing" is one more strategy the ADA is using to promote dental careers and expose students to dental careers firsthand.

In 2002, the Association will work with constituent societies to encourage members to participate in the Groundhog Job Shadow Day, a national program that enables middle- and high-school students to explore various career options firsthand by visiting the workplace.

The annual Groundhog Job Shadow Day program—beginning Feb. 1, 2002—is the kickoff for a year-long shadowing initiative. More than a million young people participated last year.

ADA constituent and component societies will work with local school districts next year to encourage students to visit dental offices and promote dental and allied dental careers—especially dental assisting and dental hygiene.

The ADA is now in the process of distributing Groundhog Job Shadow Day packets to the constituent societies with instructions on how dentists can participate. Individual dentists wishing to get involved are encouraged to contact their constituent society for information, or go to "www.jobshadow.org".

For more information on the ADA's "Something to Smile About" materials, or to place an order for materials, contact Beverly Skoog, coordinator, ADA Career Guidance, at Ext. 2390 or "skoogb@ada.org" ■

Assisting

Continued from page eight

state's dentists and dental assistants. "The schools have been very appreciative for what we've done for them. It's generated goodwill that really didn't exist before."

The next step is going back into the high schools to try and establish this connection, said Dr. Cloutier.

They are using the ADA materials (see story, page one), including the PowerPoint presentations, and participating in the job shadowing program.

"We're going out in a grassroots effort to re-establish that connection with high schools because that is by far the best way to do this," he said. "The high-school graduates are geared to an academic year. Single moms and other applicants coming out of lower-paying jobs find it more difficult to give up nine months to become re-educated."

For now, Dr. Cloutier is careful to emphasize that the CSDA's efforts are not the solution to the shortages—but rather steps toward the long-term goal.

"There will be a dental assisting shortage for years in Connecticut," he said. "It's a chronic problem and it won't be fixed overnight, but we're going in the right direction. With the success we had this first year, I only anticipate a better response next year."

Could other states replicate Connecticut's program? Dr. Cloutier believes so.

"What we're doing is not terribly innovative, it's just defining a problem. I don't think the conditions in Connecticut differ from other states. I think in our case it turned out to be very helpful when the credentials and the authority of the state association saddled up with the dental assisting schools. That really opened doors," he said.

For more detailed information about Connecticut's program, contact Noel Bishop, CSDA executive director, at "noel@csda.com" or 1-860-278-5550. ■

Health & Science

HIV screening finds zero positives

By Mark Berthold

Kansas City, Mo.—Results from the ADA Health Foundation's Health Screening Program this year in Kansas City indicate that no participant tested positive for the human immunodeficiency virus.

At the 2001 Annual Session, a total of 821 dentists, dental hygienists and dental assistants participated in the health screening; 694 chose to include a screen for HIV, the virus that causes acquired immunodeficiency syndrome, on an anonymous basis. None of these individuals tested positive.

"These results are further indication that the dental office is a safe place to provide and receive care," says Dr. Dan Meyer, associate executive director of the Division of Science, which administered the screening. "Current recommended infection-control procedures, including universal precautions, are very effective at minimizing the risk of infection by bloodborne pathogens."

All other test results were sent directly to each participant earlier this month.

The American Dental Association instituted HIV screening in 1987 as a yearly event to coincide with annual session.

However, due to a lack of positive test results and since "epidemiologic studies continue to demonstrate that the risk of HIV transmission in the dental office from provider to patient, patient to provider and patient to patient is so low as to be almost undetectable"—according to a Board of Trustees report last year, the HIV portion of the health screening program is now a triennial event.

The Board's report, AIDS Update 2000, also highlighted the ADA position that, 20 years into the AIDS epidemic, the dental operatory continues to be the appropriate place to provide and receive safe health care treatment. In health care settings, the report addressed three areas of concern:

- HIV transmission from provider to patient: "Other than the alleged Acer case in Florida, retrospective studies of HIV-infected dental workers have not identified a single instance of viral transmission from an infected dental worker to a patient."
- HIV transmission from patient to provider: "There has been no documented seroconversion associated with the practice of dentistry" and "there has been no documented case of HIV transmission from a dental patient to dental health care worker."
- HIV transmission from patient to patient: "There is no documented evidence of patient-to-patient HIV transmission in the dental office."

Although the HIV portion is now offered every three years, the bulk of the Health Screening Program will continue each year and remains an important part of ADA annual sessions.

"While participants receive a free health screening, the ADA Health Foundation is collecting important data on the health of dental professionals that makes dentistry safer for practitioners as well as patients," says Dr. Anthony R. Volpe, ADAHF president. "Dental professionals should plan now to participate next year in New Orleans." ■

Thank you to HSP supporters

The 2001 ADA Health Foundation's Health Screening Program was made possible by contributions from the following: Brasseler USA, Church & Dwight Co., Colgate-Palmolive Co., Equitable Life Assurance Society, GlaxoSmithKline, Hu-Friedy Manufacturing Co., Johnson & Johnson Oral Health Products, John O. Butler Co., KaVo America Corp., Macan Engineering & Manufacturing, Patterson Dental Supply, Pfizer Consumer Healthcare, Porter Instrument Co., The Procter & Gamble Co., Healthcare Products, SmartPractice, Sullivan-Schein Dental Products, Unilever Home & Personal Care USA, WaterPik Technologies and Zila.

The following supplied equipment, materials and/or services: A-dec, ADA Division of Science, Becton-Dickinson Vacutainer Systems, Belmont Equipment Corp., DENTAL-EZ, Department of Veterans Affairs, Johnson & Johnson Medical, Johnson & Johnson Oral Health Products, Kendall Healthcare Products Co., OralScan Laboratories, Patterson Dental Co. and SmartPractice. ■

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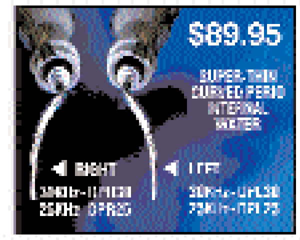

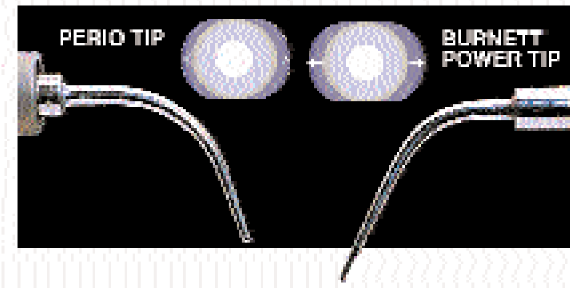

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■ **Foramatron® D-10 All-Fluids Apex Locator (stock No. D610AD): $450.** Includes Apex Locator, cables with instrument clip, accessories and 9 V battery.

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	Price	Warranty	Trial
Foramatron® D-10	$450	5 Year	3 months
Morita Root ZX*	$960	1 Year	0
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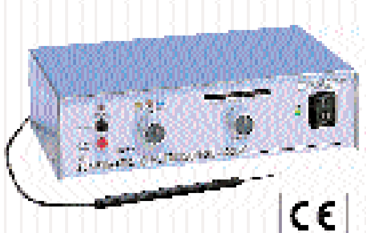
Why pay $900 for a tube-based electrosurge, when you can try the solid-state Sensimatic 600SE risk-free ... just $595.



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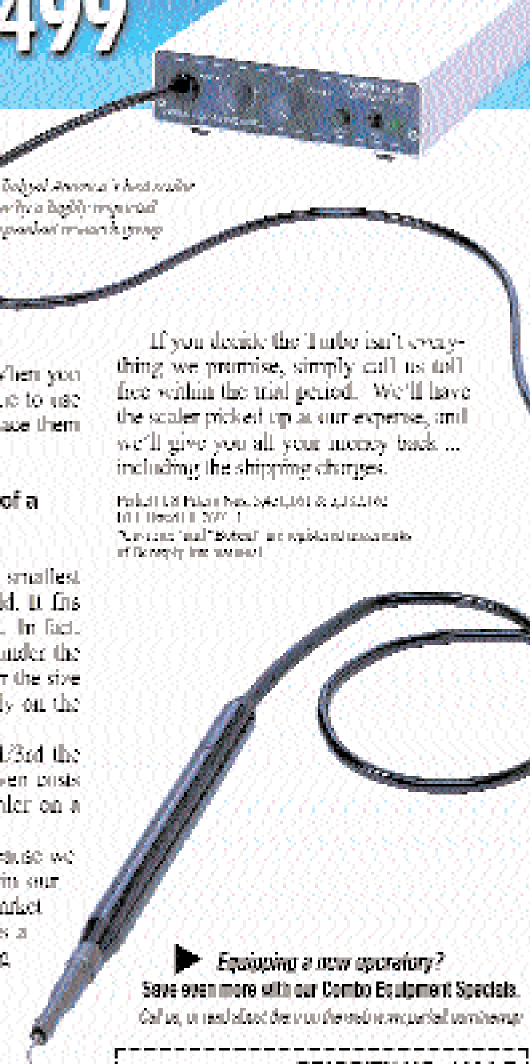

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How to remove rock-hard residual calculus with your foot

It's a maintenance appointment, and you're ultrasonically debriding the distal root surface of #3. You've turned the scaling power way down for patient comfort.

Suddenly your insert catches a chunk of flinty calculus that's escaped countless prior appointments.

With the dual-stage foot pedal, you simply increase foot pressure. The scaler jumps into its high-power "Turbo" mode, and you easily lift off the accretion. Then you lighten your foot-pressure to resume low-power debridement.

You never even take your eyes off the patient, let alone fiddle with the scaler controls. When you need short bursts of pedal-to-the-metal power, the turbo pedal is easier ... faster ... and it reduces the chance of cross-contamination from touching the scaler control panel.

"Maximum" TURBO - CHARGE "Maximum"

Ever since we introduced the Turbo 25/30, we've offered this special turbo pedal as an optional upgrade. But if you order now, we'll include it as standard equipment ... no additional charge ... all for just $499.

No scaler in the world offers all these features at this low price.

Autoclavable, of course

Wiping an ultrasonic handpiece with chemical sterilants isn't enough in this day of HIV and Hepatitis B.

So the Turbo features a unique, patented, high-temperature handpiece sheath. Simply twist the collar, and the handpiece sheds its skin for autoclaving. The scaler comes with an extra sheath, so you're not out of the scaling business while one is cooking in the sterilizer.

Powers any 25KHz or 30KHz insert

Traditionally, the frequency you scaled at (25KHz or 30KHz) was determined by your machine. Since 30KHz scaling is a bit quieter, most patients prefer it. However, if you upgrade to a conventional 30KHz machine, your old 25KHz inserts won't work. You have to buy new ones.

The Turbo 25/30 is different. It powers any Parkell or Cavitron-compatible insert ... either 25KHz or 30KHz. When you upgrade to a Turbo, you can continue to use your old 25KHz's and gradually replace them with 30KHz's as they wear out.

1/4 the size ... 1/3rd the price of a Cavitron SPS*

The Turbo 25/30 is arguably the smallest magnetostrictive scaler in the world. It fits easily in the most crowded operatory. In fact, it's so light some dentists mount it under the counter using Velcro®. A transformer the size of a coffee mug sits inconspicuously on the floor by the plug.

At $499, the Turbo runs about 1/3rd the price of a Cavitron SPS scaler. It even costs less than a bare-bones Bobcat* scaler on a heavily discounted Sale Day.

Why this difference in price? Because we manufacture the scaler ourselves in our Farmingdale, NY plant. Then we market it directly through ads like this. As a result you don't have to pay for a big sales force or a dealer markup.

We fix it free for five years

The Turbo comes with a 5 year power-unit warranty ... best in the industry. If anything goes on the blink inside the device or in the transformer or foot pedal, we fix it free for five years. That's free parts. Free labor. Five years.

The handpiece and external tubing carry a one-year warranty. The autoclavable sheath is a consumable item and therefore isn't covered.

Skeptical? Try the Turbo 25/30 for 3-months with zero commitment

We really don't expect you to take our word for all this, so here's our promise: Just pay the invoice within a month, and we'll give you 3 full months to decide whether you want to keep the scaler.

If you decide the Turbo isn't everything we promise, simply call us toll free within the trial period. We'll have the scaler picked up at our expense, and we'll give you all your money back ... including the shipping charges.

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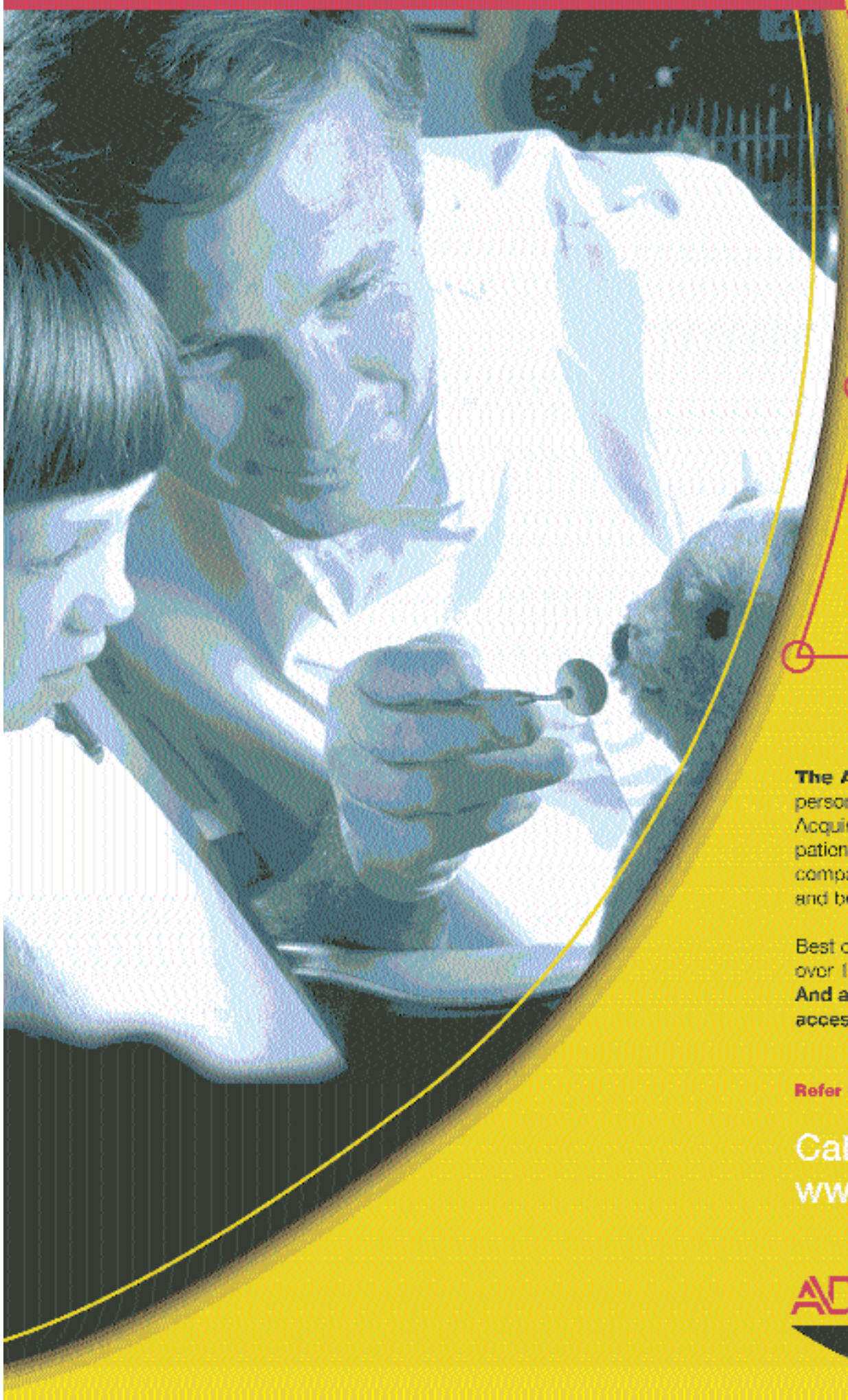

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Task Force

Continued from page one

summary linking to the report is posted at the CDC Web site ("www.cdc.gov/od/oc/media/pressrel/r011129.htm").

The panel found that:

- Tooth decay typically declines by 30-50 percent after communities start or continue water fluoridation;
- Placement of sealants through schools or school programs linked to private practice dentists or dental clinics typically produces a 60 percent reduction in decay on the chewing surfaces of posterior teeth of children.

The task force reviewed five interventions proposed by teams of public health dental consultants as candidate community strategies to prevent and control tooth decay, oral cancers and sports-related craniofacial injury. "These conditions were selected because they are common, sometimes life-threatening, costly in terms of resources and quality of life or preventable by strategies already in widespread use," the report said.

The panel found insufficient evidence of effectiveness for statewide sealant or community wide sealant promotion programs, community wide interventions for early detection of pre-cancers and cancers of the mouth, and community-based interventions encouraging use of helmets, facemasks and mouthguards to reduce oral-facial trauma in contact sports. The task force offered no recommendations for or against but recommended further research on the effectiveness of these interventions.

A finding of insufficient evidence indicates a lack of "good-quality" research or conflicting evidence of effectiveness, the panel said.

"This new report combines the best available studies of community water fluoridation and school sealant programs to inform a broad public health audience that show that these interventions are among the most effective means we have for preventing tooth decay," said Dr. William R. Maas, director of CDC oral health programs.

"These strategies are particularly useful for reaching entire communities, but especially groups at high risk for decay, and they are essential to achieving the national objectives put forth by Healthy People," Dr. Maas said. ADA Executive Director James B. Bramson discussed the role of the dental team in the Healthy People goal-setting process in a Nov. 6 speech.

The recommendations are intended for decision makers in state and local health departments, managed care organizations, purchasers of health care services such as Medicaid and other public programs and, said the report, "others who have interest in or responsibility for improving oral and related general health in all segments of the population."

The recommendations were developed by the Task Force on Community Preventive Services, a 15-member non-federal panel of local, state and national public health and health promotion representatives whose "Guide to Community Preventive Services" summarizes scientific evidence on the effectiveness of interventions to reduce disease, illness and injury and promote health. A list of published recommendations on tobacco product use, prevention and control, cancer, and now oral health, is available at the Guide to Community Preventive Services Web site ("www.thecommunityguide.org").

A full review of evidence supporting the task force oral health recommendations will be published in a special supplement next year to the Journal of Preventive Medicine. ■

ADA.org showcases information on fluoridation and sealants

Links to ADA online information on fluorides and sealants include:

- CDC recommendations cite fluoride safety, efficacy: "www.ada.org/prof/pubs/daily/0108/0816cdc.html";
- School-based programs increase dental sealant use: CDC: "www.ada.org/prof/pubs/daily/0108/0831cdc.html";
- American Dental Association Statement on Water Fluoridation Efficacy and Safety: "www.ada.org/prof/prac/issues/statements/fluoride2.html";
- Frequently Asked Questions: Dental Sealants: "www.ada.org/public/faq/sealant.html";
- Sealants: An Investment in the Future: "www.ada.org/public/media/newsrel/0002/nr-05.html";
- JADA Special Report: In Vitro Elution of Leachable Components from Dental Sealants: "www.ada.org/members/pubs/jada/reports/elution/index.html". ■

AAAS offers women's science collaboration program in 2001-03

Washington—A Women's International Science Collaboration Program is being offered for 2001-03 to both men and women scientists by the American Association for the Advancement of Science.

To foster new research partnerships between scientists in the U.S. and overseas, scientists holding a Ph.D. or equivalent research experience will travel to locations around the world. Ph.D. candidates may also be eligible.

To apply by the Jan. 15 and July 15, 2002, deadlines, contact Marina Ratchford at 1-202-326-6490 or by e-mail at "mratchfo@aaas.org". ■

Brazil beckons

January in São Paulo features international dental meeting, ADA council-sponsored tour

BY CLAYTON LUZ

Want to enhance your professional skills while rewarding yourself?

Go, with the ADA, to the 20th São Paulo International Dental Meeting, scheduled Jan. 29-31, 2002, at the São Paulo Convention Center.

Whether or not you register to attend the new year's first major international dental meeting, you can sign up for a special tour sponsored by the Council on ADA Sessions and International Programs that will explore Brazil's rich culture and exotic locations such as Rio de Janeiro, Corcovado and Sugar Loaf Mountain.

Photo by Lagniappe Studio

International colleagues: Drs. Mario Saddy (left) and Walter Olivera flank ADA President D. Gregory Chadwick at the ADA annual session in Kansas City, Mo., in October. The two Brazilian dentists are representatives of the Associação Paulista de Cirurgiões-Dentistas, the São Paulo area dental association—which sponsors the São Paulo International Dental Meeting.

You will also have the option to extend your tour after the meeting concludes with a visit to the spectacular falls at Iguazu, one of the world's most awesome natural wonders.

The ADA tour itinerary is as follows:

Jan. 24: Participants will depart from their home city to Miami, where they will connect to an overnight flight on Varig Airlines (a United Airlines partner) to Brazil;

Jan. 25: On arrival in São Paulo in the early morning, passengers will be met and transferred to the Century Paulista Hotel in the city's "Garden District." Rooms will be available upon check-in. The evening highlight will feature the Grand Opening "Festa," which celebrates the opening of APCD's new headquarters.

Jan 26: Participants will depart to the airport for a short flight to Rio de Janeiro. On arrival, they will transfer to the Rio Othon Hotel on Copacabana Beach. The evening will feature dinner at a local restaurant, followed by a Samba show;

Jan. 27: Tour-goers will depart in the morning by luxury coach with an English-speaking guide for a city tour of Rio de Janeiro. Highlights will include the beaches of Ipanema and Flamengo, and Qunita da Boa Vista, the former emperor's residence. The tour will also include a cable car ride to the top of Sugar Loaf Mountain for coastal views, a visit to Corcovado, beach relaxation and shopping excursions. The evening will feature a group dinner in the hotel;

Jan. 28: Passengers, after traveling through mountains, will tour the town of Petropolis, home to the emperor's summer palace and the Brazilian Crown Jewels. After lunch, participants will return to the city for a late afternoon flight back to São Paulo;

Jan. 29: Tour-goers will be provided with travel to and from their hotel to the APCD's 20th dental meeting at the São Paulo Convention Center.

Jan. 30: Before attending the dental meeting, registrants can opt for an early morning sightseeing tour of the city. Highlights include Ibirapuera Park, Avenida Paulista, the Old Downtown, the Latin American Cultural Center and typical immigrant neighborhoods such as Bras, Mooco and Liberdade.

Jan. 31: After the dental meeting concludes, participants may shop before being transferred to the airport for their overnight flight on Varig Airlines to Miami.

Feb. 1: In Miami, participants will connect on flights to their home cities after clearing U.S. Immigration and Customs.

ADA tour costs (in U.S. currency):

Double occupancy cost is $2,600 per person. Single room supplement is $335 per person.

Cost includes roundtrip airfare in economy class from Miami to Brazil including all domestic flights within Brazil; two nights in Rio de Janeiro at the Rio Othon Hotel; four nights (plus late check-out) in São Paulo at the Century Plaza Hotel; transportation in air-conditioned coach; services of local English-speaking guides throughout; full-time tour escort; daily breakfast in the hotel; breakfast and some lunches and dinners are included; all gratuities and baggage handling; all sightseeing and entrance fees (except convention registration fee); arrival and departure transfers.

Tour participants may wish to extend their tour after the dental meeting ends with an optional trip to Iguazu Falls.

The Iguazu Falls itinerary is as follows:

Jan. 31: Tour participants will be transferred to the airport for an early morning flight to Foz de Iguazu. On arrival they will be met and transferred to the Recanto Park Hotel. After hotel check-in, participants will travel three countries—Itaipu Dam, the Iguazu National Park, Puerto Iguazu in Argentina (lunch stop) and into Paraguay and Ciudad de Este. Participants will be returned to their hotel in Iguazu;

Feb 1: Participants may wish to walk the footpaths at the top of the Iguazu Falls to view the Floriano, Deodora and Benjamin cataracts, as well as the "Devil's Throat," Optional tours also are available on the Macucu boat, which travels on the river near the edge of the falls;

Feb. 2: Participants will be transferred in the early afternoon to the airport and a return flight to São Paulo to connect with their overnight flights back to Miami;

Feb. 3: In Miami, participants will connect on flights to their home cities after clearing U.S. Immigration and Customs.

Optional Iguazu extension tour cost (in U.S. currency):

Double occupancy cost is $627 per person. Single room supplement cost is $119.

Cost includes roundtrip airfare in economy class from São Paulo to Iguazu. 2 nights in Iguazu at the Recanto Park Hotel (or similar); transportation in air-conditioned coach; services of local English-speaking guides throughout; daily breakfast in the hotel; three-countries tour with guide; tourist entry visas into Argentina and Paraguay; all gratuities and baggage handling; arrival and departure transfers.

Cost does not include air transportation taxes; some meals and alcoholic beverages; optional sightseeing in Iguazu; any items of a personal nature such as telephone calls, laundry, and souvenirs; and cancellation and medical insurances.

To obtain more tour information and a reservation form, visit ADA.org at "www.ada.org/ada/international/brazil.html" or contact Tour Planners International, 36 Alvin Ave, Toronto, Ontario, Canada M4T 2X8, at 1-800-535-0197 or 1-888-745-5555; fax at 1-416-962-3581; e-mail "fstclair@attache.ca". ■

Members drive brochure topics

Salable Materials wants your ideas

By Karen Fox

You may be familiar with popular ADA patient education brochures like, "Why Doesn't My Insurance Pay for This?" But did you know that it was developed from member input gathered at a focus group meeting?

The ADA Department of Salable Materials is looking for member input as it develops more innovative products for 2002.

Specifically, DSM would like to know which topics you'd like addressed in patient education materials. What questions are you receiving from patients? Is there something they don't understand? Is there a "hot" topic?

"We listen and respond to members' needs, which helps us develop successful products," Salable Materials Director Heather Burns explains. "It's not uncommon to receive a suggestion from a member, develop the idea and produce a brochure for the next catalog."

Send your suggestions via fax to 1-312-440-3542 or e-mail to Julie Mead, Department of Salable Materials, "meadj@ada.org".

You could save money on your next catalog purchase, too. For a limited time, members who send ideas will receive a coupon good for $10 off the next ADA catalog purchase. Fax or e-mail your suggestions by Jan. 31 to receive the coupon. Be sure to include your name, address and phone number.

ADA members may also access more information at "www.adacatalog.org". ■

Member insight: Dr. Christine Faron, a Chesterton, Ind., general dentist, voices her opinion June 15. Salable Materials convened a committee of eight ADA members—all of whom are large purchasers of ADA materials.

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13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

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With all the spinning, oscillating and pulsating power toothbrushes out there, it's no wonder that some dental professionals may be a bit skeptical. But guess what—most aren't.

In fact, next time you talk to your colleagues, ask them which power toothbrush they personally use. Chances are, they'll say **sonicare**. Why? Because its patented technology delivers a unique fluid dynamic. And over 50 clinical studies prove that **sonicare** is highly effective in key areas such as gently cleaning below the gumline to reverse gingivitis, and get teeth naturally whiter. Plus, **sonicare** is perfect for orthodontic, hypersensitive and restorative patients, too.

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DENTISTRY RESPONDS

ADA Tragedy Funds disbursed to needy

Association hails response as 'a truly collaborative tripartite effort'

By James Berry

Organized dentistry's response to the events of Sept. 11 was tripartite cooperation at its best, Association officials said last week.

A prime example of that cooperation was the establishment of the ADA American Tragedy Fund—and corresponding funds formed at state and local levels—to help dentists, their families and others affected by the terrorist attacks.

"This was truly a cooperative tripartite effort," said ADA Executive Director James B. Bramson.

By press time, individual dentists, dental organizations and dental manufacturers and suppliers from across the country and around the world had donated $291,012 to the temporary fund.

Acting on recommendations from the New York State Dental Association and the New York County Dental Society, the ADA has disbursed virtually every dollar collected through the Tragedy Fund to needy dentists and their families, plus a small donation to the American Red Cross.

The Tragedy Fund will officially cease to exist Dec. 31.

New York dentists reportedly raised about $250,000 for the relief effort. ADA and New York dental officials agreed that monies from the Tragedy Fund would be disbursed first, before tapping into funds collected locally.

Dr. Albert Guay, the ADA's chief policy advisor who has been managing the Tragedy Fund, said the Association has completely funded 13 grants—nine grants of $30,000 each, four grants of $5,000—totaling $290,000. He said larger grants were made to practice owners; smaller grants went to practice associates.

Recent donors listed, page 21

With money from the ADA Tragedy Fund fully disbursed, New York dental officials have begun funding grant requests, including second-round grants if appropriate.

At press time, the state had approved five $30,000 grant applications and one $5,000 request; another five requests were pending.

Established as a quick response to the Sept. 11 disasters, the ADA American Tragedy Fund supplemented two existing Association funds—the ADA Emergency Fund Inc. and the ADA Endowment and Assistance Fund Inc.

Dr. Guay noted that, since the terrorist attacks, the Emergency Fund has approved 21 grants of $2,500 each, for a total disbursement of $52,500. He noted, too, that the Board of Directors of the Endowment Fund has temporarily waived certain requirements for dentists to be eligible for disaster loans.

The grand total of all financial assistance the ADA has provided to dentists and their families affected by the World Trade Center attacks: $342,500. ■

Virginia Dental Association and March of Dimes combine resources to increase access

Richmond, Va.—The Virginia Dental Association signed an agreement Aug. 1 to combine forces with the March of Dimes in an effort to improve maternal and child health across the state.

Priorities include improving access to care by promoting the benefits of folic acid in women of childbearing age and addressing the role of periodontal disease in pre-term births.

The first joint activity is a folic acid awareness campaign to be conducted in dental offices.

The organizations will also combine their resources and advocacy efforts to increase access to health care for women and children.

As part of the agreement, the VDA will provide the March of Dimes with expertise in the form of journal articles and spokespersons on the relationship between periodontal disease and pre-term births, and distribute to VDA members educational materials regarding folic acid consumption and access to care.

The March of Dimes—which is currently conducting a nationwide campaign on the prevention of birth defects known as neural tube defects—will in turn provide the VDA with health education materials for distribution to patients in dental offices and information on the benefits of folic acid. ■

DENTISTRY RESPONDS

Dental forensic role lauded

'One of the most comprehensive investigations in U.S. history'

BY CRAIG PALMER

Washington—Dental teamwork and electronic dental identification triage were essential to the success of Operation Noble Eagle, "one of the most comprehensive forensic investigations in U.S. history," the Armed Forces Institute of Pathology said in a series of reports. The AFIP is a triservice agency of the Department of Defense.

"All avenues of forensic investigation were explored and deployed with zero defects," said Navy Capt. Glenn N. Wagner, AFIP director. Officials offered new details on AFIP's medicolegal response to the Sept. 11 terrorist attacks, code named Operation Noble Eagle, in reports posted online at the AFIP Web site ("www.afip.org").

They credit a multidisciplinary effort in which dentists and dental forensics played important roles in the identification of victims of the terrorist attacks and said they hope to make it easier for dentists and other health professionals to "send digital information to us directly" in future disaster investigations.

The AFIP, which calls itself the "People's Institute," assembled a civilian and military team representing every branch of service to perform forensic pathology, forensic odontology, anthropology, photography and DNA service for individuals killed at the Pentagon and to assist in identification efforts at the Somerset, Pa., crash site of United Airlines Flight 93.

"A comprehensive dental team was formed (for the Pentagon investigation) with expanded capabilities in digital imaging and comparative analysis," said Capt. Wagner. "The medical radiographic section included full-time, fully trained radiologists assisting dentists, anthropologists and pathologists in the identification and characterization of all specimens received. Where appropriate, both toxicology and DNA specimens were obtained in each case.

"The entire operation remained under the watchful eye of the FBI, which had two teams on site, a fingerprint team and a trace evidence team," he said. "The success of this investigation and similar past experiences underscores the importance of a collaborative, cooperative enterprise where consensus, commitment and communication are prized."

The AFIP initiated a new electronic mass disaster dental identification triage system following the crash of American Airlines Flight 77 into the Pentagon, according to the reports. The system included use of the WinID dental computer system developed by Dr. James McGivney, a St. Louis, Mo., forensic dentist.

"Without hesitation, I strongly believe the high number of positive identifications produced in a timely manner resulted because of dedicated staff and computer enhancement," said Dr. Douglas Arendt, chief of forensic dentistry for AFIP's department of oral and maxillofacial pathology. Drs. Arendt and McGivney were among speakers at the July 19-21 ADA Forensic Dentistry Conference. ■

Forensic efforts begin anew in New York

BY ARLENE FURLONG

New York City—"We sure didn't need that airplane coming down."

The understatement, made by Dr. Jeffrey Burkes, chief dental consultant of New York City, refers to the Nov. 12 crash of American Airlines flight 587, in Queens, N.Y.

"We stopped working around the clock for only about two weeks—and then this," he said of the disaster that took 260 lives. "The only good thing coming out of Sept. 11 and the World Trade Center incident is that we were already up and running here."

Three weeks after the crash, 73 victims have been identified through dentition and 30 more made visually.

Dr. Burkes and the staff at the medical examiner's office are waiting for 165 antemortem records—the opposite situation they faced in forensic efforts for the WTC disaster—when the absence of postmortem records impeded victim identification.

"All of the victims of Flight 587 have been dentally charted," said Dr. Burkes. "We're working as actively as we can to obtain the antemortem records from the Dominican Republic and from people here who might be hesitant to submit records because of immigration status." ■

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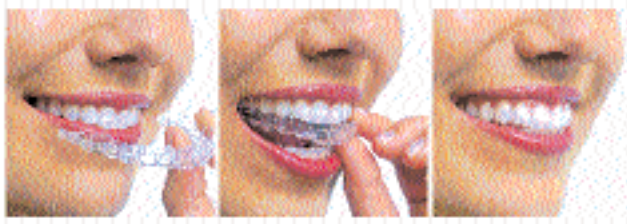

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DENTISTRY RESPONDS

Beating the odds

Fate smiles on giving dentists

By Arlene Furlong

Brooklyn, N.Y.—"I can't say I'm a particularly religious man, but I must say they restored my faith."

That's Ralf Bijou, an Emergency Medical Technician thrown by the blast of the imploding World Trade Center, speaking about Drs. John Chibbaro and Nicholas De Robertis.

"Life is hard after the events of Sept. 11," said Mr. Bijou, who lost fellow EMT workers in rescue efforts at the WTC. "But the courage of Dr. De Robertis and Dr. Chibbaro restores my faith in God and man—gives me a new perspective."

When the Westwood, N.J., dentists heard of the crash they drove 45 minutes to Liberty State Park—right across the river from the WTC. There, an entire hospital set-up was waiting for victims. But none arrived.

Drs. Chibbaro and De Robertis waited, growing increasingly impatient. They went down to the dock and waved over a police boat. An officer told them the shocking news, "All the triage people are gone. They were the first rescue workers to get caught in the collapsed buildings."

Happy ending: Ralf Bijou (center) is overcome by emotion during his first meeting with Drs. John Chibbaro (left) and Nicholas De Robertis. The New Jersey dentists found Mr. Bijou's backpack in the rubble at the World Trade Center in the wee hours of Sept. 12.

Determined to bring medical supplies and assistance, Drs. Chibbaro and De Robertis convinced officers to take them across the river. They focused on offering any assistance they could—mostly to firemen. When night fell, there seemed little to do but dig through the rubble.

When Dr. De Robertis unearthed a backpack containing a series of identity tags, a Jewish prayer book protected in a plastic bag and paramedic training books, the dentists dug further—certain the owner—Ralf Bijou—was near. But hours of searching proved futile.

The following day, Dr. Chibbaro called a radio station offering to broadcast the names of missing people and told the story. Ralf Bijou's mother heard the broadcast and called Dr. Chibbaro to say her son was alive.

Cuts, bruises, an eye injury and smoke inhalation kept Mr. Bijou in the hospital for a day. "No dental injuries," he joked.

"It was an emotional meeting," said Mr. Bijou about his first encounter with the dentists who returned his recovered belongings. "They later joined my family for the Jewish Holiday of Sukkot (harvest)—a time of joy and happiness. We will always be friends." ■

Sept. 11 takes further toll on economy

By Craig Palmer

Washington—The Sept. 11 terrorist attacks and a permanently increased terrorist threat have imposed a "security tax" on an already vulnerable economy, Congress' Joint Economic Committee said in a study released Nov. 13.

The new terrorism tax described by congressional economists represents the extra short- and long-term costs of securing buildings, transportation, infrastructure and business. "The extra security expenses incurred after the terrorist attacks take many forms, but all add to costs without increasing the quantity or quality of production," said Rep. Jim Saxton (R-N.J.) who chairs the Joint Economic Committee.

The economic expansion that began in March 1991 ended 10 years to the month and a recession began, defined and deepened by the Sept. 11 terrorist attacks, the National Bureau of Economic Research business cycle dating committee said Nov. 26.

The statement is posted at the NBER Web site ("www.nber.org/cycles/november2001").

The Massachusetts based private, nonpartisan group is a generally accepted judge of whether and when the economy is in recession and expansion. ■

Thanks and appreciation from the American Dental Association to all those who have contributed to the ADA American Tragedy Fund

This list provides the names of donors to the ADA American Tragedy Fund since publication of the initial list of donors in the Nov. 5 ADA News. At press time, the following groups and individuals, in alphabetical order, had made contributions to this temporary fund established by the Association to aid dentists, their families and other victims of the Sept. 11 disasters:

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Annual Session

Kansas City 2001

Summaries list policy changes

This is the second and final installment of a summary of actions taken by the 2001 House of Delegates last month in Kansas City, Mo.

The first installment appeared in the Nov. 19 ADA News.

Dental Benefits, Practice and Health

Res. 7H amends the ADA Dental Claim Form Policy by deleting the clause linking the introduction of a new claim form to the release of a new version of the Code on Dental Procedures and Nomenclature.

Res. 8H amends the ADA Guidelines on Professional Standards for Utilization Review Organizations to address third-party utilization review issues.

Res. 9H amends the ADA Standards for Dental Benefit Plans to include notification to dentists about utilization review processes and possible consequences.

American way: Patriotism takes centerstage during opening ceremonies.

Res. 10H amends the ADA definition of Claims Payment Fraud to include the intentional manipulation or alteration of procedure codes.

Res. 11H calls for entities adjudicating a dental claim to show any changes to the originally submitted dental procedure code, for internal processing purposes, on all outgoing transactions—including Explanation of Benefits—to maintain consistent records between dentists and dental plans.

Res. 12H amends the protocol for updating the Dental Practice Parameters, eliminating the need for a consensus panel for updating parameters and specifies that the number of reviewers by mail be pegged at 35.

Res. 13H calls for the Association to seek federal legislation requiring practice management vendor contracts to provide perpetual access to electronic dental records in a mutually agreed upon format.

Res. 14H amends Association policy on Dental Society Activities Against Illegal Dentistry to expand its scope to encompass all forms of illegal practice of dentistry and names the Council on Dental Practice as the contact agency, rather than the former Council on Dental Laboratory Relations.

Res. 15H amends Association policy on opposition to denturist movement to include all terms used to describe it and rescinds Res. 119H-1977, the previous resolution on opposition to the denturist movement.

Res. 16H amends policy on "Denturist" and "Denturism" to encompass the variety of terms used to describe the denturist movement, requires that Association publications note that a denturist is a person who is educationally unqualified to practice dentistry, and calls for constituent and component societies to do the same.

Res. 33H encourages manufacturers and suppliers to adopt guidelines to preclude sales of dental equipment and supplies to unlawful practitioners of dentistry.

Res. 50H calls for the American Dental Association to communicate its commitment to improve patient safety to health care organizations that have or are developing patient safety initiatives, collaborate with constituent and component dental societies and other health care organizations on such projects, and disseminate information on patient safety to the membership.

Res. 98H calls for the ADA—through the appropriate agency—to urge insurance companies to retain the Social Security numbers of dentists who accept assignment of benefits and to cease requesting them on claim forms or walkout statements.

Res. 100H resolves that the appropriate Association agencies endeavor to coordinate modifications to both the ADA Dental Claim Form and standard 837 (electronic dental claim) of the Health Insurance

Portability and Accountability Act of 1996, for consistency and location of data content.

Res. 112H directs the ADA to develop a definition of "Dental Necessity" for the profession, through the appropriate agency and to report to the 2002 House of Delegates.

Res. 125H directs the appropriate Association agencies to study the feasibility and cost of establishing a nationwide dental access month or similar activity by utilizing ideas and concepts developed from various volunteer programs and report its findings to the 2002 House of Delegates.

Future of Dentistry

Res. 54H resolves that the Future of Dentistry Report be received and distributed to councils and committees for future consideration, and that all publications and presentations of this report, in part or as a whole, carry a statement that the report recommendations are not official recommendations or policy of the American Dental Association.

Res. 55H directs the ADA to endeavor to form with other professional dental organizations a coalition to educate legislators about the need for economic support for individuals who wish to follow a career track in dental research and/or dental education.

Res. 56H calls for the ADA to strive to develop with other like-minded professional organizations and patient advocate groups, a coalition to support the National Institute of Dental and Craniofacial Research as an independent and separate institute of the National Institutes of Health.

Res. 57H resolves that the American Dental Association encourage the establishment of a formal organization to discuss common issues in dentistry with membership consisting of the American Dental Association representing dental practice, the American Dental Education Association representing dental education, and the National Institute of Dental and Craniofacial Research and the American Association for Dental Research representing research. Also resolves that if such an organization is established, it be receptive to input from other appropriate communities of interest and that a progress report on these activities be presented to the 2002 House of Delegates.

Res. 58H directs a dissemination plan for the 2001 Future of Dentistry Report to be devised and guided by a committee of four members appointed by the ADA president, as well as a progress report to the 2002 House of Delegates.

Legal and Legislative Matters

Res. 45H calls for the Association to continue to monitor developments and participate in discussions with other organizations exploring antitrust reform, particularly non "Campbell bill" like provisions of any proposals. Also directs the Association to support legislation that would allow professional societies and their members to be considered as "one" and exempt from antitrust scrutiny for the narrow area of collective bargaining.

Res. 78H directs the Association to assist in seeking federal designation of the Dr. Samuel D. Harris National Museum of Dentistry in Baltimore as the National Museum of Dentistry.

Res. 94H calls for the Association to encourage and support efforts to include the ADA Definition of Dentistry into existing dental statutory and regulatory provisions. Also encourages and supports states to include in their statutory and regulatory processes, ADA definitions of existing dental specialties in order to delineate the scope of dental education and training. Also urges constituent dental societies to seek legislative and regulatory changes to incorporate the ADA Definitions of Dentistry.

Res. 96H considers the U.S. Department of Health and Human Services, office of Civil Rights guidance under Title VI of the Civil Rights Act and Executive Order 13166 requiring a language interpreter for patients with limited English proficiency to be a serious deterrent to patient access to dental care. Further requests that the HHS rescind the requirement.

Res. 97H directs appropriate ADA agencies to develop a framework to help those states with a maldistribution of dental workforce. This framework may include tax deductions and tax rebates for dentists practicing in underserved areas; payback of in-state tuition waived if the new dentist practices in underserved areas; scholarships for dental students, and post-doctoral residents and students who practice in underserved areas after graduation; loan forgiveness for dental students and post-doctoral residents who practice in underserved areas

See RESOLUTIONS, page 24

Annual Session

Resolutions

Continued from page 23

after graduation; establish a list of opportunities available from rural communities which are willing to provide financial support to dentists moving to their area; and a survey of the constituents on how each state is approaching regional workforce maldistribution.

Res. 101H states that the ADA House of Delegates supports the Association's efforts in supporting its members as exhibited by legal action against Aetna Insurance Co. Also urges the appropriate ADA agencies to pursue legal action with similar aggressiveness against other dental insurance companies and third-party entities who engage in unlawful interference with the dentist-patient relationship.

Res. 113H directs the Association to investigate the dissemination of information about professionals' prescription writing practices by pharmacies and others. Also seeks necessary legislation or regulations which would prohibit the release of an individual health care professional's prescription information or prescribing patterns to pharmaceutical and insurance companies or informational clearinghouses. Also directs the Association to alert the U.S. Department of Health and Human Services to any overt violation of patients' privacy by dissemination of prescription information.

Res. 123H urges the ADA Board of Trustees to pursue action against the illegal practice of dentistry as conducted in most states through the use of insurance company's and managed care company's consultants who are unlicensed in the states in which the treatment is provided or those who are not licensed dentists who determine claims.

President's Address and Administrative Matters

Res. 35H calls for multi-council task forces for rapid response to emerging issues and rescinds Res. 42-1970-H on ADA task forces.

Res. 36H calls for the ADA executive director and councils to define a process for rapid response to emerging issues.

Res. 37H accepts definitions for the terms Standing Committee, Special Committee, Task Force, Subcommittee and Ad Hoc Advisory Committee.

Res. 38H directs addressing electronic communications with ADA members, encouraging "non face-to-face" meetings, and establishing e-mail lists and chat rooms, where necessary.

Res. 40H amends the terms of First and Second Vice Presidents, starting in 2003. Candidates no longer elected to First Vice President; elected officer serves as Second Vice President then moves to First Vice President, thus serving two years.

Res. 41 was referred to the Board of Trustees with pending amendment. Deals with issues of proportional representation of ADA membership at the Board and councils, and calls for similar studies at 12-year cycles.

Res. 46 was referred as part of the larger study on ADA governance. Proposes amendment of the Criteria for Restructure of Trustee Districts by deleting "The total number of trustee districts shall be seventeen" and "No single state shall constitute more than one trustee district."

Res. 51H amends the Bylaws to allow the president to appoint both delegates and alternate delegates to the standing and reference committees of the House of Delegates.

Res. 59H adopts modified Guidelines Governing the Conduct of Campaigns for ADA Offices, which take effect in the 2002 elections.

Res. 127H the Election Commission will develop guidelines on campaign contributions, expenditure limits and acceptable contribution sources.

Scientific Matters

Res. 2H states that ADA policy on uniform color coding of local anesthetic cartridges is incorporated into ADA Seal of Acceptance, including time frame for implementation.

Res. 28aH amends the ADA policy statement on Scientific Use of Ancient Skeletons to now read, "The ADA recognizes that ancient human skeletal materials are of scientific value and should be preserved and studied while acknowledging cultural and/or religious considerations."

Res. 28bH calls for policy to recognize the need to preserve human remains for forensic and other scientific purposes.

Res. 29H amends the Classification of Products Evaluated by the Council on Scientific Affairs by changing the usually three-year acceptance to usually five years. This section is found within the "Provisions for Acceptance of Products by the Council on Scientific Affairs."

Res. 30H deletes a paragraph in Provisions for Acceptance of Products by the Council on Scientific Affairs against initials or numbers in a product name, since it no longer serves a useful purpose.

Res. 82H presents a comprehensive action plan to address amalgam in dental office wastewater, comprised of scientific, technological, economic, regulatory and educational elements.

Res. 84H adopts the Council on Scientific Affairs' action plan to address issues related to xerostomia.

Res. 86H calls for ADA support of funding and grant opportunities in women's oral health research, federal efforts of women representation in studies and dissemination of information and education.

Res. 88H states that all latex products and packaging must be clearly identified by manufacturer.

Res. 106H adopts ADA Policy Statement on Unconventional Dentistry, including the issues of scientifically unproven practices and products, unrefereed information on the Internet, evidence-based approaches to oral health care, and scientific exploration and assessment of new diagnostic and treatment approaches.

Res. 107H adopts an ADA Policy Statement on Evidence-Based Dentistry and an Action Plan for Evidence-Based Activities. ■

Oral malodor up close

Association gathers information to help develop Seal guidelines

BY MARK BERTHOLD

"To combat oral malodor, the public spent close to one billion dollars on mouth rinses or washes in 1999 alone," said Dr. Jeffrey Hutter to open the first ADA-sponsored conference on oral malodor.

The Council on Scientific Affairs hosted the Nov. 6-7 conference held at ADA headquarters. It sought expertise from scientists and industry for its long-range goal: to develop guidelines for the acceptance of malodor products into the ADA Seal of Acceptance Program.

"Oral malodor is prevalent in the population and ranks behind only dental caries and periodontal disease as the primary cause of a patient's visit to the dentist," explained Dr. Hutter, the council chair.

"When attempting to establish guidelines, however, for malodor products, the council identified a need for additional information."

To gather such data, experts gave presentations on the methods to measure the presence of malodor, as well as the design of clinical studies and appropriate statistical analysis to evaluate product efficacy and safety.

"The goals of this conference are twofold: to provide guidance to dentists and the public in selecting products, and to provide the Council on Scientific Affairs with the most up-to-date research pertaining to the diagnosis, evaluation and management of oral malodor," said Dr. Hutter.

Panelists discussed a number of issues concerning the development of guidelines for remedies for oral malodor:

- Microorganisms and metabolic compounds (volatile sulfur compounds and short-chain carboxylic acids) on the tongue, not periodontal pathogens, cause malodor.
- At least 64 species of bacteria cause malodor, depending on the substrate.
- Malodor can originate from food ingestion or indicate a systemic disorder.
- Organoleptic testing using a live "odor judge," though subjective, might be a more inclusive measure of malodor than mechanical testing of sulfide level.
- Test subjects may improve oral hygiene simply by participating in a study. This "Hawthorne effect" could skew results.
- Acceptable level of patient discomfort in treating oral malodor has not been established.

Dr. Hutter

■ "Oral malodor is prevalent in the population and ranks behind only dental caries and periodontal disease as the primary cause of a patient's visit to the dentist," explained Dr. Hutter.

- A clear mechanism of action is necessary to separate quack therapies from effective treatment, which the council's guidelines must take into account.

"The information we have obtained from this symposium will prove to be of great value in helping the Council on Scientific Affairs develop guidelines for evaluating oral malodor products and a statement on oral malodor," Dr. Hutter concluded.

"We also will take back to the council the recommendation that a symposium on oral malodor, designed for the healthcare practitioner, be organized." ■

CDC issues draft guidelines on hand hygiene practice

BY CRAIG PALMER

Atlanta, Ga.—The Centers for Disease Control and Prevention Nov. 9 issued a comprehensive draft guideline on hand hygiene in health care settings to replace existing recommendations, reduce transmission of pathogenic microorganisms in health care and promote new strategies for improving hand hygiene practices among health care workers.

The CDC said, "Adherence of health care personnel to recommended hand washing practices is poor.

"Although (existing) guidelines for hand washing and hand antisepsis have been adopted by most hospitals, adherence of health care workers to recommended hand washing practices has remained unacceptably low," the disease control agency said.

"There is convincing evidence that hand antisepsis can reduce transmission of health care-acquired microorganisms."

The draft guideline emphasizes hospital and institutional settings but can be read as applying to all health care settings.

It was announced in the Federal Register ("www.access.gpo.gov/su_docs/fedreg/a011109c.html"), the government's official notice of regulatory actions, and is available for downloading at the CDC Web site ("www.cdc.gov/ncidod/hip/hhguide.htm").

The guideline was developed "for practitioners who provide care for patients and who are responsible for monitoring and preventing infections in health care settings."

Sponsors include the Center for Disease Control's health care infection control practices advisory committee, Society for Healthcare Epidemiology of America, Association for Professionals in Infection Control and Epidemiology and the Infectious Diseases Society of America.

The CDC will accept written comments on the draft guideline through Dec. 24. ■

CAPIR names community, geriatric award recipients

Nursing home and school dentistry programs cited

By Clayton Luz

A mobile dentistry program that provides oral health care for nursing home adults and a dental center that provides free dental care to children from low-income families have received the 2001 Geriatric Oral Health Care Award and Community Preventive Dentistry Award, respectively.

The Carolinas Mobile Dentistry, which began in 1997 to deliver comprehensive dental services on-site to adults in nursing homes, received the 2001 Geriatric Oral Health Care Award, along with a $2,500 check and wall plaque.

Dr. Fort T. Grant, the program's director, says the program serves more than 1,500 nursing home residents in four counties near Charlotte, N.C.

"Until recently, comprehensive dental services were virtually unavailable to the elderly or developmentally disabled residents of North Carolina's long-term care facilities," says Dr. Grant, a 1984 graduate of the University of Louisville dental school. "Our goal is to provide a level of oral care to nursing home residents comparable to the level of care the public sees in private practice."

To do this, he says, requires delivering care on-site and "setting up state-of-the-art mobile equipment in the facility so that the frail elderly can conveniently access the services offered."

The program, which is staffed by a dentist, dental hygienist, dental assistant and two support staff members, is based on the delivery model pioneered by Apple Tree Dental. It generates ongoing support through fee-for-service dental care and facility funded program fees.

Carolinas HealthCare System, a Charlotte-based non-profit agency, founded Carolina Mobile Dentistry with assistance from Apple Tree Dental, North Carolina Dental Society, Kate B. Reynolds Charitable Trust of Winston-Salem and Carolinas HealthCare Foundation.

Dr. Grant hopes to make "Carolinas Mobile Dentistry available to all nursing home residents in the state."

To accomplish this, he says, the program has begun consulting with Greensboro-based Access Dental Care to establish a second mobile dental service.

Loading up: Carolinas Mobile Dentistry prepares to go on tour.

The Geriatric Oral Health Care Award, established in 1984, is sponsored by the ADA's Council on Access, Prevention and Interprofessional Relations through the ADA Health Foundation, with support from the Warner-Lambert Co. Consumer Healthcare Division of Pfizer Inc.

The Assistance League of Portland Children's Dental Center offers free dental care to children from low-income families in the Portland Public School District grades K-12 and to alternative school students up to 21 years of age.

The center provides dental treatment ranging from diagnostic to preventive to restorative, and includes endodontic, periodontic, prosthodontic and oral surgery services.

In recognition of its services, the program received the 2001 Community Preventive Dentistry Award.

The only clinic in the Portland area that offers free dental care on a full-time basis for underserved children, the clinic last year provided children with more than 3,000 appointments.

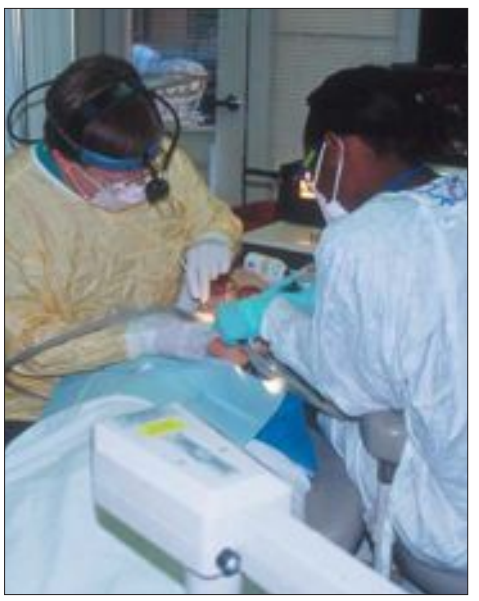
In 1962 the Assistance League of Portland adopted the Children's Dental Clinic, the first philanthropic project designed to provide free dental care for the children from low-income families who did not qualify for welfare.

The clinic was staffed with volunteer dentists from Multnomah County Dental Society and volunteers from Assistance League of Portland.

The program employs one staff dentist, a dental hygienist, a dental assistant and a clinic manager. Volunteers from Assistance League continue to provide clerical services and volunteer dentists fill in when available during the week.

A chapter of the National Assistance League, the Assistance League of Portland is a nonprofit, nonpolitical, nonsectarian charitable organization with a membership of more than 250 who volunteer their services to assist the tri-county area of Portland.

The Community Preventive Dentistry Award was established in 1972 and is sponsored by CAPIR through the ADAHF with support from Johnson & Johnson Oral Health Products.



Action: CMD volunteers provide oral care.

The first-place program received $2,500 and a wall plaque.

Meritorious awards of $500 were made to three other programs:

- "Dallas County Sealant Initiative" (Texas) is a community-based collaborative program that provides preventive oral health services to underserved elementary school children.

Members of the Dallas County Dental Society and Baylor College of Dentistry dental and dental hygiene students provided oral examinations, sealants, oral hygiene instructions and referrals to 842 second grade children last year.

The DCSI is funded through private grant support from Crystal Charity Ball and a matching grant from the Baylor Oral Health Foundation. Crystal Charity Ball, a Dallas philanthropic organization of 100 Dallas women, annually raises money to support programs that improve the lives of Dallas' children.

- "Anderson Center for Dental Care: Project Adopt-A-Home" (San Diego, Calif.) helps to improve oral health among people with disabilities who live in group homes and residential care facilities.

The program teaches proper oral hygiene and dental disease prevention to people with disabilities and their caregivers; educates dental, medical and allied health professionals about the oral health issues faced by individuals with disabilities; and serves as an oral health resource and advocate by identifying barriers to improved oral health care services and providing solutions to those barriers.

The San Diego Regional Center, part of the California Department of Developmental Services, awarded a 2000-2001 grant that allowed all services to be provided free to patients, caregivers and agency staff.

- "Happiness is a Healthy Smile" (New York, New York) is a preventive dental health education and outreach program.

Started in 1999 through the Dental Department of St. Clare's Hospital and Health Center, the program serves school children, preschoolers, senior citizens, compromised adults and homeless mothers within the St. Clare's community population of about 54,135 residents.

St. Clare's Hospital and Health Center's chief of dentistry and education coordinator (dental hygienist) administer the program, which primarily provides preventive dental health education services.

Dental screening services, which were coordinated with Colgate's Bright Smiles, Bright Futures Program, screened 249 school age children last year.

The program served a total of 4,092 people last year, providing preventive dental health education in classroom instruction and adult workshops at community centers and residences.

The Alfred E. Smith Foundation funds the program. ■

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Replaceable heads make it easy and convenient to change to a fresh brush.
Antibacterial* bristle protection
Exclusive patented formula keeps the toothbrush cleaner.
...It's about helping my
patients lead healthier lives.
The 3-Step Approach for Optimal Gum Health
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HEALTHY GUMS. HEALTHY LIFE.™
HEALTHY PRACTICE.
Germs Abound in the Common Family Bathroom
Hundreds of different types of germs can be found in the average family's bathroom.
Without taking special steps, germs can move from toothbrush to toothbrush.