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ADA News[®]

AMERICAN DENTAL ASSOCIATION

NOVEMBER 5, 2001

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VOLUME 32, NO. 20

Anthrax in perspective

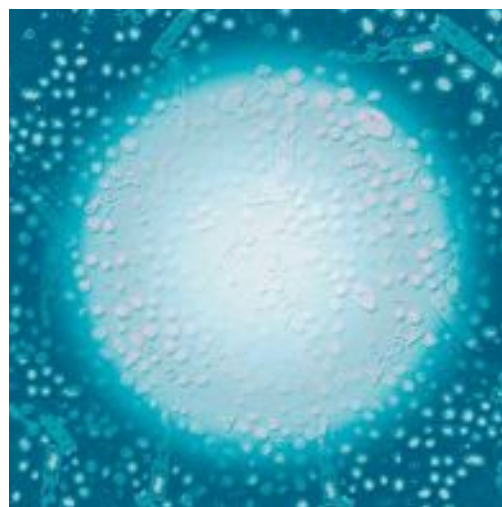
Dentists can educate patients, be vigilant for symptoms

BY CLAYTON LUZ

Bethesda, Md.—The dental profession, Dr. William G. Kohn says, is “a trusted source” of health care information for the public.

“It’s an important role for us,” says Dr. Kohn, a dentist who is science director of the Centers for Disease Control and Prevention’s oral health program. Lately, that role has assumed greater importance as health officials respond to a growing public fear of anthrax infection.

ADA President D. Gregory Chadwick believes that concerns over anthrax infection should be kept in “proper perspective.”



“We’re dealing with a disease that is not considered to be communicable from patient-to-patient,” he says, “and which normally does not find its way into the office.”

Dr. Daniel Meyer, associate executive director,

■ **Anthrax resources listed, page 27**

■ **Eye on research, page 28**

ADA Division of Scientific Affairs, says direct person-to-person spread of anthrax is “extremely unlikely, if it can occur at all.”

“Therefore, with up-to-date infection control procedures such as universal precautions being used in oral health care,” says Dr. Meyer, “it is not necessary to take additional precautions for dental patients, dental staff or contacts of persons ill with anthrax, such as household contacts, friends or coworkers.”

Dr. Meyer adds that people exposed to direct sources of anthrax can prevent or minimize infection with proper antibiotic treatment from an “appropriate medical health care provider.”

Although the threat of anthrax infection in the dental office “is not on the radar screen,” says Dr. Chadwick, the Association will continue to work closely with federal agencies such as the CDC and

See ANTHRAX, page 27

BRIEFS

FBI seeks records, other information on hijackers: The FBI is seeking dental records and other information on nine men linked to the Sept. 11 hijackings of two commercial airliners.

Federal agents contacted the Association last week to ask that the ADA publish the names and birth dates of the men who hijacked Flight 77, which struck the Pentagon, and Flight 93, which crashed in western Pennsylvania.

Dentists with dental records or any other information on one or more of the nine are asked to telephone FBI Special Agent Dan Reilly (1-202-278-2197) or Special Agent Barbara Gaston (1-703-762-3111).

The nine hijackers and their dates of birth are:

- Salem Al Hazmi, born Feb. 2, 1981;
- Hanji Hanjour, born Aug. 30, 1972 or Aug. 3, 1974;
- Majedmashaan Mozed, born June 18, 1977;
- Khalid M. Almidhdir, born May 16, 1975;
- Nawaf Alhazmi, born Feb. 2, 1981;
- Saeed Alghamdi, born Nov. 21, 1979;
- Ziad Samir Jarrah, born May 11, 1975;
- Ahmed Alnami, born Dec. 7, 1977;
- Ahmed Alhaznawi, born May 11, 1980.

ADA leaders open e-mail ‘dialogue’ with thousands: Using the ADA’s database of e-mail addresses, Association leaders are opening a “monthly dialogue” with the profession on recent ADA activities and critical issues affecting dentistry.

More than 17,000 dentists last week were expected to receive the first monthly “ADA Update” e-mail message from ADA President D. Gregory Chadwick and Executive Director James B. Bramson.

See BRIEFS, page 10

Dr. Chadwick takes helm New officers installed

BY KAREN FOX

Kansas City, Mo.—Dr. D. Gregory Chadwick was installed Oct. 17 as the 138th president of the American Dental Association.

The day before, the ADA House of Delegates voted Dr. T. Howard Jones into office as president-elect. Dr. Jones will become president next year when annual session convenes in New Orleans.

Also elected for the 2001-02 term were Dr. Dennis E. Manning, first vice president, and Dr. Felix C. Crawford, second vice president.

Elected for a seventh term as speaker of the House is Dr. James T. Fanno, and continuing to serve as treasurer is Dr. Mark J. Feldman.



Leader: Dr. D. Gregory Chadwick is the 138th president of the American Dental Association.

Four new trustees were also chosen by the House: Dr. Ronald B. Gross, 3rd District; Dr. Bernard McDermott, See OFFICERS, page 20



ADA Tragedy Fund tops \$260,000 in donations Disbursement begins

BY JAMES BERRY

At press time, the ADA American Tragedy Fund, established as a quick response to the events of Sept. 11, contained more than \$260,000, and the process of dispensing the money to needy dentists, their families and other victims of the terrorist attacks was in full swing.

“We’re mainly working with the New York State Dental Association to ensure that the funds get where they’re needed, and quickly,” said Dr. Albert Guay, the ADA’s chief policy

■ **Full list of donors, page 22**

advisor, who is managing the Tragedy Fund for the Association.

Roy Lasky, NYSDA executive director, said last week that a committee had been formed to review requests from dentists who suffered losses as a result of the attack on the World Trade Center and to make recommendations to the ADA.

“We’re very close to making some See TRAGEDY, page 22

‘Freedom is fundamental’: Dr. Chadwick

BY JAMES BERRY

Kansas City, Mo.—With the medal of his new office suspended from a ribbon about his neck, Dr. D. Gregory Chadwick stood before the ADA House of Delegates Oct.

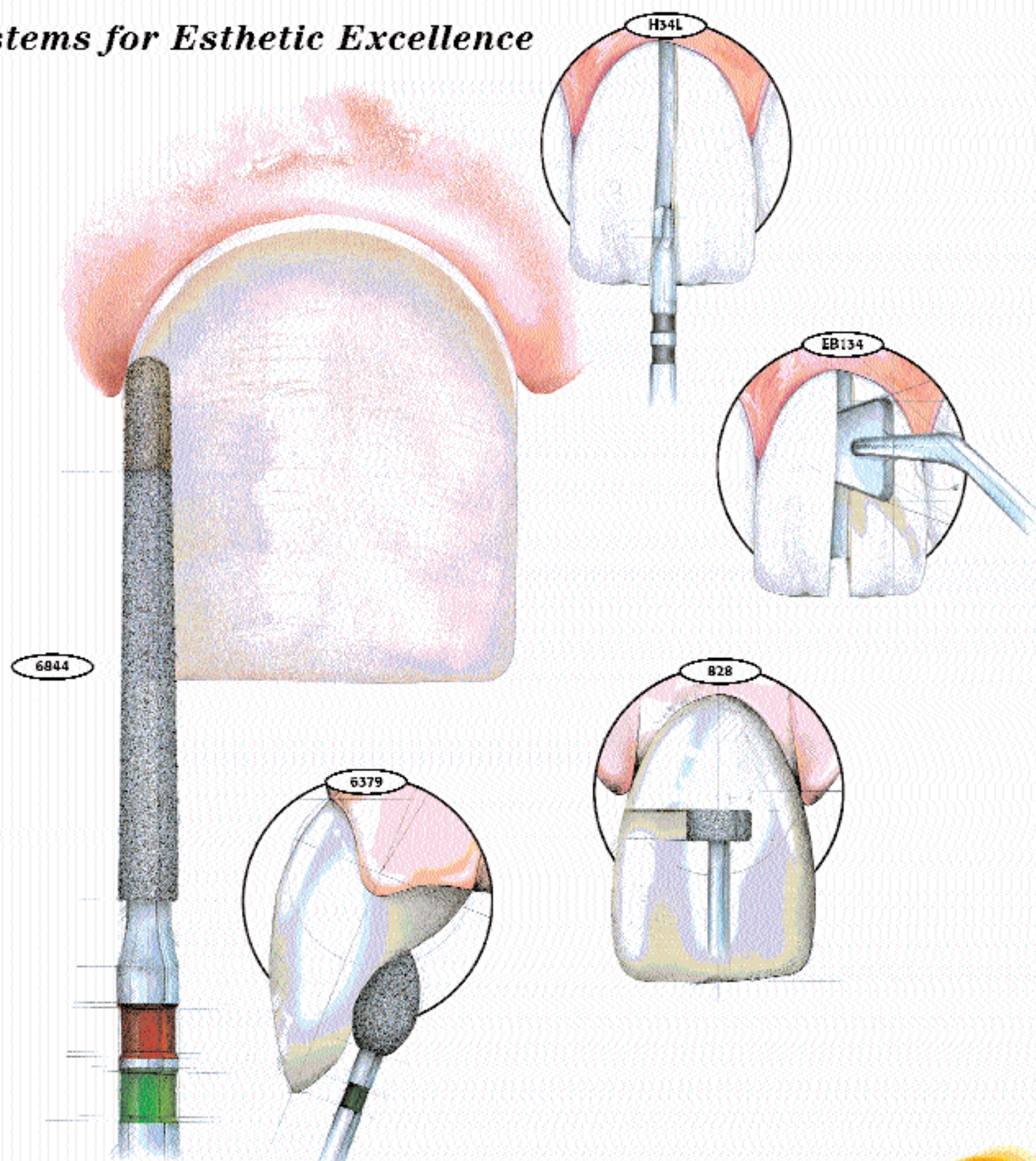
■ **Resolution, session coverage begins inside on page eight**

17 and spoke of freedom.

“Freedom is absolutely fundamental to our profession as it is to our nation,” said Dr. Chadwick, addressing the House minutes after

See DR. CHADWICK, page 19

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ASSOCIATE PUBLISHER, EDITORIAL: James H. Berry

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Seminar series puts digital photos in focus

BY ARLENE FURLONG

"It's about feeling comfortable using the technology."

That's how Dr. Donald S. Sherman sums up his presentation, "Using Digital Photography and Digital Images to Enhance Patient Communication and Office Records."

"I stay away from the 'cutting edge' and gear this course to the novice and intermediate user," says Dr. Sherman, whose presentation is sponsored by the ADA Seminar Series.

His goal is to provide an introductory level

course that takes dentists from software to printer to digital X-rays, step-by-step.

"The advantages of digital photography in the dental office can't be underestimated," says Dr. Sherman. "You can improve communication with your patients and better manage your office records."

During his presentation, he suggests low-cost methods for dentists to familiarize themselves with the technology, "get your comfort level while at home or on vacation," and advice on practical purchases.

Covered topics include:

- creating high-quality digital images with a 35 mm film camera at a very low cost;
- using digital images for patient consultations and submission of X-rays to insurance companies;
- selecting a digital camera, with brand-

name recommendations;

- creating digital X-rays from your existing dental X-ray films with a scanner;
- manipulating and cataloging digital images with inexpensive off-the-shelf software.

Dr. Sherman is a clinical instructor in the Department of Diagnostic and Patient Services at the Boston University Goldman School of Dental Medicine.

To schedule a seminar presentation through ADA Seminar Series, call toll-free, Ext. 2927 or e-mail "collinss@ada.org". Information about the seminar is also available at ADA.org. Go to Seminar Series from Education and Career Resources in the Profession section.

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White, G.N., et al., "A Study of Resin Cement-Used Metal Alloy Bond Strength," *Journal of Prosthetics*, 37 (1998): 230-239

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See Dental Practice Plus (July/Aug. 1998)

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VIEWPOINT

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*Editorial*JUDY JAKUSH, *ADA News*
Editor

MYVIEW

'On with our lives; forever changed'

As the days passed from the tragic events of Sept. 11, my wife asked me if I was going to make some remarks about the events of that day in our Bulletin.

My initial reaction was that to discuss these events in this forum—the squandered lives, the unspeakable evil, and cruel death and destruction perpetrated upon us by the terrorists—was somehow inappropriate, almost disrespectful.

As time goes on though, as we walk through our lives in a sort of half-dream state, it seems as if it would be forced or even phony to ignore it.

I do not want to trivialize these events by discussing them here.



Steven J. Kerpen, D.M.D.

Yet, to act as if they did not occur would be painfully wrong. With full understanding that scholars, clergy and statesmen have been inadequate to the task of helping us comprehend this act, I apologetically offer my thoughts. Please forgive my presumptuousness and understand that I proceed more with the aim of my own catharsis than your education.

In June 1963, President John F. Kennedy delivered the commencement address at American University. Still reeling from the 13 days of the Cuban Missile Crisis, he offered to the Soviet Union a plea for peace, for a new understanding with our then enemy.

In it, he memorably concluded that, "In the final analysis, our most basic common link is that we all inhabit this small planet. We all breathe the same air. We all cherish our children's future. And we are all mortal."

Kennedy spoke of a peace, not merely for Americans but peace for all men and women, "not merely peace in our time but peace for all time."

His words were a guide and an inspiration to a generation, but overnight they now ring hollow and old as if from the Legend of the Knights of the Round Table.

Kennedy could not have imagined an enemy such as we face today. He had a certain trust in human nature, even in his enemy's humanity. But as Thomas Friedman has written in the New York Times, "It is hard to trust anything after such an attack, because trust is based on a certain presumptive morality, a sense that certain actions are simply outside the bounds of human behavior or imagination."

He points out that the World Trade Center is not the place where our intelligence agencies failed. It is the place where our imaginations failed.

On a personal level, my initial response was to stay home with my family

See MY VIEW, page five

LETTERS POLICY

ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated.

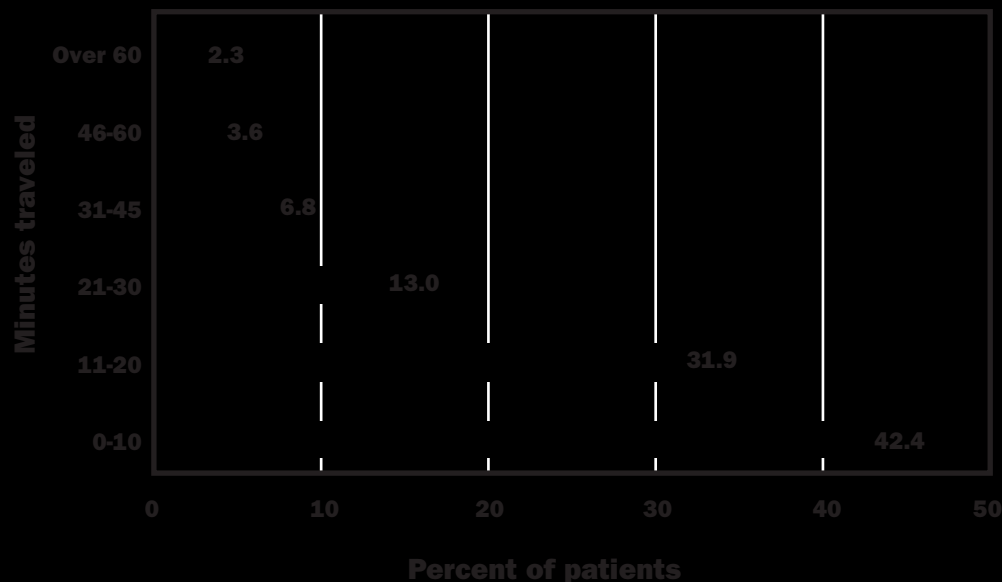
For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".

Snapshots OF AMERICAN DENTISTRY

Travel time

Nearly three-quarters of patients complete the trip to their dentist's office within 20 minutes.

Length of time taken to reach dentist's office



Source: American Dental Association, Survey Center, 2000 Public Opinion Survey.

LETTERS

Take the boards

It was very interesting reading letters to the editor regarding licensure in the July 16 ADA News.

I graduated in 1962 and practiced in the north for 16 years until I discovered Southwest Florida—then knew that was where I wanted to spend the rest of my career.

I first had to re-take the national boards, which I passed; then I sat for the Florida boards, which I almost passed.

After finishing my practicum, a board examiner told my wife, who was my dental assistant on the board, to welcome your doctor to Southwest Florida, and as she put it when I received my results: "I let you out of my sight for two hours and you blew the exam."

I re-applied to retake the exam in June of the following year and did not have to contend with the operative portion. I purchased an up-to-date oral pathology book and read it in its entirety and studied and studied. I took the exam and was successful.

So I would say to all doctors who want to come to the "sunshine" state, study hard and bring your talented

minds and fingers on to Florida.

Pay the price, take the boards and quit complaining.

Ron M. Gillenwaters, D.D.S.
Fort Myers Beach, Fla.

Officer needed?

Though not surprising, it is disheartening to see the ADA advocat-

itary dental corps are currently over-staffed by top brass when you consider the absolute duplication of many administrative positions.

The thing that really should happen is for the three dental corps to be combined under the leadership of three or maybe four general officers. Let's face it: Air Force teeth are the same as Army teeth are the same as Navy teeth.

There is absolutely no reason why the military should not and could be serviced by one total military dental service rather than the three duplicated organizations that now exist.

If the three were combined, adminis-

trative and logistical costs could be dramatically cut.

Moreover, fewer administrative dentists means more working dentists which means more efficient dental treatment for servicemen.

Organizations like the American Dental Association and bureaucracies like the U.S. federal government, which have captive memberships, have no real incentive to control spending. If more spending is desired, they simply up the dues or increase the taxes. The citizens/mem-

See LETTERS, page five



LETTERS

Continued from page four
bership have little power to resist.

One wonders where those who have rejected the idea of a tax refund are on this issue. It's interesting to note that debt reduction can be accomplished through reduced spending as easily as by increased taxation.

But I suspect the socialist do-gooders, politicians in the ADA and those in the federal government would find that notion a complete mystery.

*G.R. Gifford, D.D.S.
Salinas, Calif.*

Editor's note: The ADA has been actively engaged whenever federal agencies have attempted to diminish the status of their senior dental positions. The senior dental officer within the Air Force had been a major general as late as 1993. Seeking legislation to return this position to the two-star rank has been ADA policy since 1994 (1994:636).

Alternative health

Mark Berthold wrote an excellent summary about enactment of the Complementary or Alternate Health Care Treatments bill ("Florida Passes Alternative Health Bill," June 18 ADA News).

However, it is obvious that, as Dr. Douglas J. Phillips Jr. demonstrated with his letter (Aug. 6 ADA News), many people do not understand the true ramifications of this legislation.

Despite Dr. Phillips' assertions otherwise, the citizens of Florida already enjoy freedom of choice in health care (as much as managed care will allow, that is).

Treatments based on valid scientific evidence and reviewed in legitimate, peer-reviewed journals form the cornerstone of the best system of health care in the world: ours.

Standards of care have been established that

have at their heart one vital concept: the safety and welfare of the patient.

Alternative/complementary treatments that have no scientific foundation expose unsuspecting patients to fraud, manipulation, neglect and even harm: they are useless at best. The charlatans who practice and promote such hucksterism are preying upon the uninformed, innocent and most likely desperate members of the public.

Money that could have yielded relief or even a cure is needlessly wasted on copper bracelets, homeopathy, magnetic shoe inserts and a hundred other preposterous techniques that in no way follow the most basic rules of scientific study.

Do you want your family members treat-

ed with a method based solely on anecdotal evidence?

It would be wise for all to remember that this law is the result of politics, not science. The truth here is simple: the anti-amalgamists and other non-traditional proponents have used the power of lies, manipulation and campaign donations to subvert the best interests of the public.

There is no regard for the efficacy or safety of the treatments that will now be allowed to be perpetrated upon Floridians.

This law places the state board of dentistry in an untenable position: if they exercise their mandated function of overseeing the ethical standards of Florida dentists, they will most certainly be at risk legally. If they are forced to ignore blatant fraud and mal-

practice due to legal threats, then consumers no longer have this group acting as their watchdog. The public's most basic rights of protection have been eliminated by this law!

We in organized dentistry are committed to safeguarding our patient's health and pledge to continue working toward repealing SB 1324.

I call on Dr. Phillips and all other dentists to obtain a copy of this bill and read it closely. If you truly believe in doing the best for the people who put their health in your hands, work with us to help maintain the highest standards of quality care.

We owe our patients no less.

*Gary E. Herbeck, D.M.D.
Scientific Editor, Today's FDA
Merritt Island, Fla.*

MYVIEW

Continued from page four
and watch events unfold on the television.

When I finally did return to my office, I was surprised by the number of patients who showed up for their routine dental care visits.

Visibly shaken, some to the point of tears, these citizens decided to go on with their lives and tend to their ordinary day-to-day concerns.

I avoided my practice for days because I anticipated the carrying out of my duties would be painfully mundane, and trivial in the face of the preceding few days' events.

What I found though, was a heightening sense of purpose and even importance in what we do.

Somehow the bond between my patients and myself was greater. The perfunctory, "How are you?" was sincere and even heartfelt.

A routine post-op complaint was treated with more concern and empathy. The sense of communal caring, of loss, of outrage and fear was palpable in this 1,000-square-feet of office space in Great Neck, New York.

Forever changed, saddened and anxious but yet grateful to be alive, we all went on with our lives. Because in the end, there was really nothing else we could do.

Dr. Kerpen is the editor of New York's Nassau County Dental Society Bulletin. His comments, reprinted here with permission, will be published in the November/December issue of that publication.

Government

Licensure by credentials in California

Law aims to increase access to care, dental education faculty

BY KAREN FOX

Sacramento, Calif.—Gov. Gray Davis signed into law Oct. 4 a licensure by credentials bill for the state of California.

The bill—AB 1428—paves the way for out-of-state dentists to apply for a California dental license without taking the state's clinical licensure examination by showing clinical practice

experience for the preceding five years.

Applicants are also required to provide proof that they have not been subject to disciplinary action by any state in which they were previ-

ously licensed. If they were subject to disciplinary action, the California Board of Dental Examiners will review the action to determine if it warrants refusal to issue a license.

Assemblyman Sam Aanestad (R-Grass Valley), an oral surgeon, introduced AB 1428.

"A dentist who has had an excellent reputation in one state should not have to go through the time and expense of taking the California licensure examination," he said. Dr. Aanestad called AB 1428's passage "the right thing to do."

Backed by the California Dental Association, the bill expands mobility for dentists to practice in California, and includes provisions that could increase access to oral health services for underserved populations and an incentive to fill the need for increased dental faculty.

"I think if we make the process fair, it will encourage people to come to some of the smaller communities in the state," said Dr. Aanestad. "They are going to find out that small-town California is a great place to be."

Provisions of the bill include:

- Applicants may receive credit for two of the five years' experience by demonstrating completion of a residency training program accredited by the American Dental Association Commission on Dental Accreditation, including but not limited to a general practice residency, an advanced education in general dentistry program or a training program in an ADA-recognized specialty.

- Applicants may commit to completing the remainder of the five-year requirement by filing with the board a copy of a pending contract to teach in an accredited dental education program or practice dentistry full time in not-for-profit clinics or public hospitals.

- The California Board of Dental Examiners shall distribute to applicants for licensure by credentials the locations of dental workforce shortage areas and names of not-for-profit clinics and public hospitals seeking to contract with licensees for dental services.

AB 1428 also has a built-in safeguard that requires the state dental board to assess the impact of these provisions on the availability of dentists and where they are practicing, and report back to the legislature by 2005.

The law goes into effect July 1, 2002; however, CDA officials note that the dental board will have yet to promulgate guidelines at that time. It is anticipated that no dentists will practice in California under the new licensure by credentials law until the end of 2003.

With the bill's passage, California becomes the 37th state to grant licenses to dentists, currently licensed and practicing for a period of time in another jurisdiction, without further theoretical and clinical examination.

The ADA supports licensure by credentials, as evidenced by its policy, Guidelines for Licensure (Trans. 1999:938). ■



Dr. Aanestad: It's "the right thing to do."

Give the people what they want.

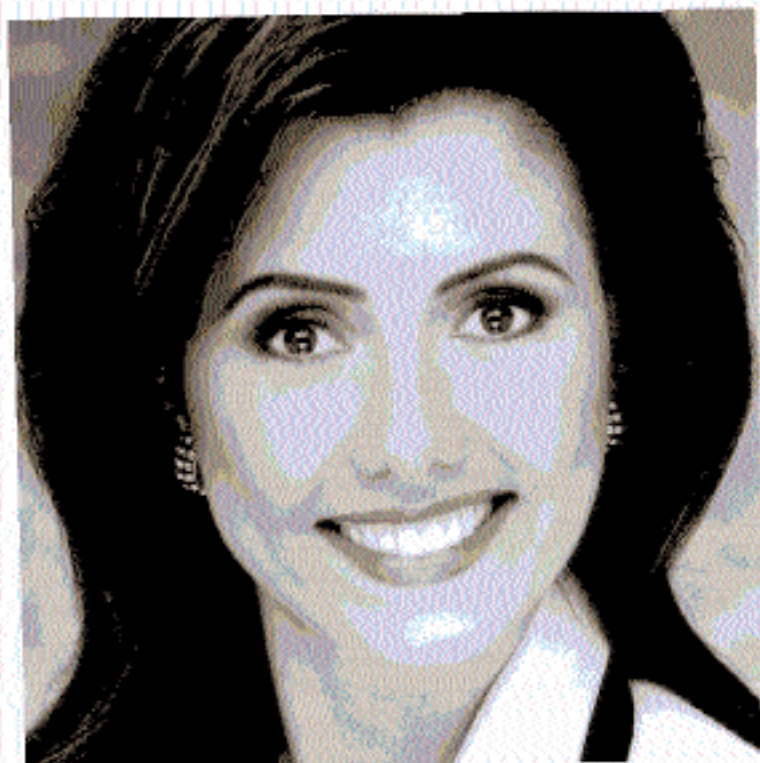
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~ Kimberly Richards
Mrs. Tennessee, USA, 1997
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Annual Session

ADA delegates receive Future of Dentistry report—not as policy

BY JAMES BERRY

Kansas City, Mo.—The House of Delegates Oct. 16 received the Future of Dentistry report and called for it to be shared with councils and

committees for their consideration.

In receiving the report, the House made it clear that the 114 recommendations it contains are “not official recommendations or policy of

the American Dental Association.”

Along with a resolution acknowledging receipt of the report, the House also adopted several measures related to it. Chief among

these was a resolution calling for new ADA President D. Gregory Chadwick to appoint a special committee of four Association members “to devise and guide, in concert with appropriate American Dental Association agencies,” a plan to disseminate the report. A progress report on this activity will go to next year’s House.

The FOD report was the subject of vigorous debate in its own House reference committee Oct. 14. Dr. Leslie W. Seldin, who chaired the 16-member Oversight Committee for the Future of Dentistry project, testified that his committee sought “an open and honest evaluation of the profession” that would explore trends affecting dentistry and provide “a vision into the future” accompanied by a series of recommendations.

“We had to address all the issues, sensitive or not, that were facing dentistry,” he said.

Receipt of the report culminates three years of work begun in 1999 when then-President Timothy Rose called for its development.

Addressing the reference committee, Dr. Rose acknowledged that the report contains some controversial recommendations or “red flags,” as he put it. “There are some things that are going to cause some heartaches or heartburn, but that’s part of the process,” said Dr. Rose, who lauded Dr. Seldin and the Oversight Committee for “a magnificent job.”

Other House-adopted resolutions connected with the report call for:

- investigating a coalition of dental professional organizations to educate legislators about the need for economic support for those who wish to pursue careers in dental research and education;

- a second coalition to support the independence of the National Institute of Dental and Craniofacial Research as a separate entity within the National Institutes of Health;

- encouraging establishment of a formal organization to discuss issues in dentistry, with participants including the ADA, NIDCR, the American Dental Education Association and the American Association of Dental Research, with input from “other appropriate communities of interest” and a progress report to the 2002 House.

Dr. Seldin described House receipt of the report as “just the first step” on a journey that leads inexorably into the future. The December cover story in *The Journal of the American Dental Association* will focus on the Future of Dentistry report. ■

Photo by Lagniappe Studio



United: Delegates recite the Pledge of Allegiance Oct. 13 at the opening of the ADA House.

What is it?

It's the Future of Endodontics!

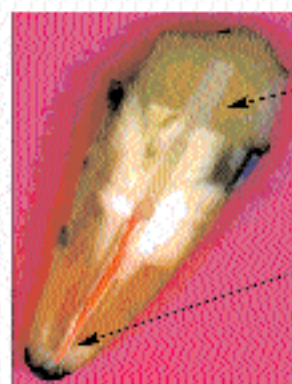
Introducing the *FibreFill* Endodontic Obturator System

FibreFill™ Seals Better!

Let's face it. Endodontics may be the one area of dentistry that hasn't benefited from the advancements in materials science. You spend precious chair time sealing the apex with gutta percha and 50 year-old medicaments just to send the patient home with a root canal that's leaking coronally.

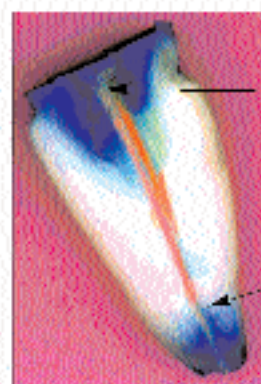
It doesn't have to be that way. Introducing *FibreFill*, the new obturating system that's easy, fast and takes full advantage of advanced materials and modern, adhesive dentistry.

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Root obturated with *FibreFill* R.C.S. Sealant, *FibreFill* Obturator/Post and Build-It FR.

no coronal leakage
no apical leakage



massive coronal leakage through temporary material
dye leakage above apex

Photos courtesy of Jeffrey A. Platt, D.D.S., M.S., Assistant Professor, Dental Materials, Indiana University School of Dentistry

FibreFill is Faster!

The *FibreFill* obturation technique is quick and simple, as the illustrations below depict.

This technique may reduce the number of files you need to instrument the apex.



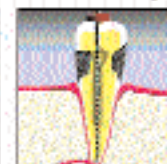
The root after cleaning



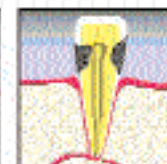
Creating the post space length



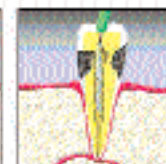
Creating the post space width



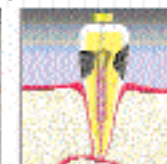
Shaping the space end



The root after shaping



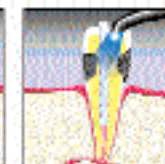
Applying bonding agent to coronal end



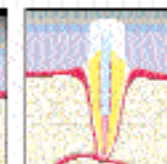
Filling the root with *FibreFill* R.C.S.



The *FibreFill* Obturator Post fully seated



Light curing *FibreFill* R.C.S. coronally



With Build-It FR core

Overlaid courtesy of Michael T. Spencer, Minister Production Company, San Antonio, TX

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'Tripartite Grassroots Membership Initiative' is a go

The goal: a 75 percent market share of dentists as members by 2005

BY JAMES BERRY

Kansas City, Mo.—The House of Delegates Oct. 16 adopted a plan developed by new ADA President D. Gregory Chadwick to boost the membership rolls of the Association and its tripartite colleagues.

Described in Board of Trustees Report 20, Res. 79, the "Tripartite Grassroots Membership Initiative"—which involves local, state and national levels of organized dentistry and the American Student Dental Association—is designed to reverse membership erosion that has plagued the ADA in recent years.

Its stated goal: to achieve a membership

Annual Session

market share of 75 percent by 2005. The Association's current share of active, licensed dentists is 70.4 percent, down from 74.3 percent in 1993.

"We have drawn a line in the sand," Dr. Chadwick said of the urgent need to halt membership decline and raise market share.

In his installation address delivered Oct. 17, the new president thanked the House for adopting the initiative.

"Our membership is our strength," Dr. Chadwick told the delegates. "We know that grassroots, one-on-one activity works. It is time to mobilize our members in their local communities, armed with a strong message about the value and importance of membership, and to give nonmembers an opportunity to experience what you and I know is the value of belonging to the ADA."

Among a wide range of elements, the initiative calls for reinvesting in membership marketing activities that had lost funding as market share fell. The total cost of the plan is \$670,100, funds that ADA



Photo by Lagniappe Studio

Reference committee: Dr. Charles W. Hoffman, chair of the Council on Membership, speaks at an Oct. 14 reference committee hearing in Kansas City.

officials see as an investment in the future.

As stated in Board Report 20, "Long term, this investment will translate into valuable and viable programs and services for members, because enhanced market share will result in increased revenue across the tripartite. It is clear this will require a commitment throughout the tripartite."

Beyond revenue, ADA officials also note that membership erosion harms the Association's effectiveness as dentistry's chief advocate in the halls of government. ■

BRIEFS

Continued from page one


This first message touches on such diverse topics as the ADA's civil lawsuit against Aetna Inc.; the selection of Dr. T. Howard Jones as ADA president-elect; and the introduction of an online ordering link to the ADA's catalog of more than 400 products. ADA leaders noted also that the Association's library catalog can be accessed online at ADA.org, the Association's Web site.

"You have our promise that all e-mail to you will undergo stringent review to ensure you aren't bombarded with unwanted e-mail from the ADA," Drs. Chadwick and Bramson told recipients, adding that the Association would adopt an "opt-out" provision and "solid privacy practices" to guard against unwanted dissemination of e-mail addresses. They also pledged never to sell the Association's e-mail database.


In addition to the monthly ADA Update e-mails from the leadership, dentists who supply the Association with their e-mail addresses also can receive more frequent "ADA Gram" messages on current events and developments.

In early 2002, the Association will launch an aggressive campaign to enlarge its bank of e-mail addresses—but there's no need to wait until next year to get onboard.

You can sign up now by visiting the Web site ("www.ada.org"). Click on "Dental Professionals" and look for "Find out about ADA Gram" in the left-hand column. ■




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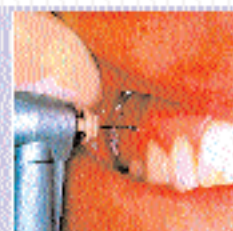
Intraosseous Anesthesia for the New Century



STEP 1

Anesthetizing the attached gingiva

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



STEP 2

Perforating the cortical bone

The perforator is a solid 27G needle with a sharp beveled end. It is mounted in a latch-type non-angle handle and held perpendicularly to the cortical plate. Within 2 sec. of drilling time there will be a feeling of "give" or "breakthrough". In passing from the hard cortical to the softer cancellous bone.



STEP 3

Injecting the anesthetic

Ultra-short 27 Gauge injection-needles ("regular" or "modified"—see below) are supplied with the kit. Injection should be performed slowly and gently. Not more than one couple of anesthetic with or without epinephrine must be used per patient per visit. Deep pulpal anesthesia is achieved within about 20 seconds of injecting.

Dr. Lorin Berland writes...

"I use Stabident intraosseous anesthesia all the time, on its own or in conjunction with blocks and infiltration. I have used this system several times daily for over seven years... In fact, I never use a block on its own but always add a Stabident injection. This way my patients are guaranteed maximum comfort. I do not find any difficulty locating and inserting the Stabident regular injection-needles in the drilled hole. However, there is a learning curve. In the early stages of learning, an endo explorer can be useful to quickly find and prepare the hole and indicate the angle at which the needle has to be advanced into the hole. The resultant anesthesia is profound and almost instantaneous. Stabident is neat, clean, efficient, and fast!"

Lorin F. Berland, D.D.S. — Dallas, Texas



Stabident is featured in "The latest and greatest in dentistry" by Dr. Lorin Berland.

The Stabident kits are provided with 27 Gauge injection-needles with a sharply-pointed bevel tip ("regular" needles) or with a flattened bevel tip ("modified" needles). Some doctors prefer to use the "modified" needles when using Stabident as a back-up to block injections.

Stabident Standard Kit - 20 perforators, 20 needles* \$27.00

Stabident Economy Kit - 100 perforators, 100 needles* \$104.75

* Please state whether "regular" or "modified" injection-needles are required. Free instructional video and booklet with first order.

U.S. Pat. Nos. 5057013 and 5173050. — EUROPEAN Pat. No. 292252.

Alternative Stabident Standard Pack:

20 perforators, 20 guide-sleeves, 20 needles

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Alternative Stabident Economy Pack:

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\$200.00

U.S. and Foreign Pats. pending.

Dr. Gary Glick writes...

"Stabident is one of my number one 'dental finds.' I have been able to numb patients who come to me with histories of failed anesthesia resulting from traditional injection techniques. Stabident is essential for those 'bad' teeth which just will not succumb to traditional injections."

At the beginning of my four years of Stabident use I found that I was encountering difficulty in inserting the needle into the perforated cortical plate in about three percent of cases. Then I found that the problem was eliminated if I inserted a number 10 k-file into the perforation. I could then visualize the angle to insert the needle. I removed the file and the needle dropped in. The procedure is painless to the patient and utilizing the Stabident system is half the cost of guide-sleeve systems. Patients are truly appreciative of comfortable dentistry. Stabident is definitely a practice builder!"

Gary Glick, D.D.S., B.S., F.A.C.D. — West Milford, New Jersey



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makes "finding the hole" with the syringe an automatic procedure.

30 GAUGE Injection-Needle

For the first time ever a 30 Gauge needle for both initial infiltration and final injection.

STEP 1

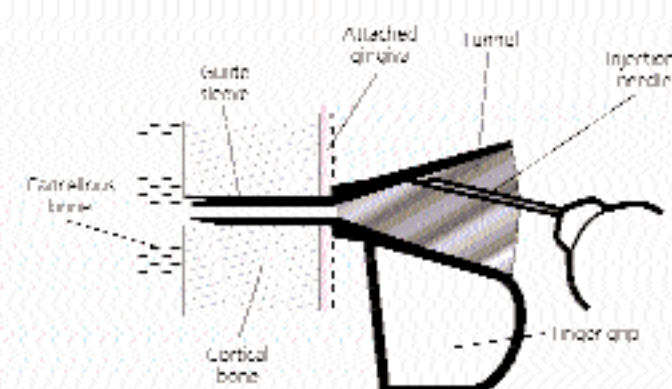
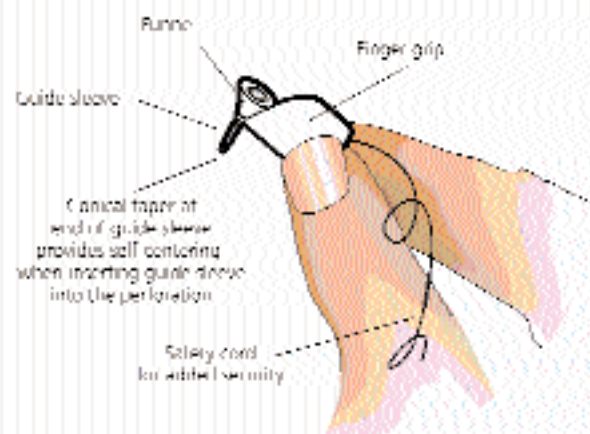
After using the 30 Gauge needle to give 2/3 drops infiltration of the attached gingiva, drill through the cortical bone with the Stabident perforator.

STEP 2

Manually insert the Stabident guide-sleeve into the perforation made in the bone. The cone-shaped end of the guide-sleeve enters the perforation in a self-centering manner.

STEP 3

With the syringe, simply place the 30 Gauge needle within the cone-shaped cavity in the plastic funnel and slide the needle forward until it is guided automatically into the guide-sleeve. Then inject anesthetic. Finally, the finger grip enables the guide sleeve to be easily removed from the bone.



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Dues increase OK'd to balance \$73.3 million 2002 ADA budget

The ADA House of Delegates agreed Oct. 17 to balance the 2002 budget of \$73.3 million through a net dues increase of \$19.

Members' dues in 2002 will be \$420, up from \$401 in 2001. The second year of a six-year special dues assessment, at \$30 per member for renovation of the ADA building, will bring the total ADA dues to \$450 for 2002. The renovation project was approved by the 2000 ADA House of Delegates.

In its report, the House reference committee on Budget and Business Matters indicated that

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the increase "is necessary to assure a broad range of services and programs supportive of the needs of the membership."

The Board of Trustees had presented a budget with a net \$5-dues increase, but actions taken at the House in Kansas City this week increased 2002 expenses by nearly \$1.5 million.

The House chose to balance the budget

through the net \$19-dues increase. Anticipated revenue for the 2002 operating budget is \$73,321,300 against anticipated expenses of \$73,316,040.

In its report to the House on the \$28.7-million asbestos abatement and renovation of the ADA-occupied space in the headquarters building, the Board of Trustees noted that the "project is proceeding as expected."

The 2000 House approved a \$30 six-year special assessment to continue the renovation and asbestos abatement project—which began in

Photo by Lagniappe Studio



Speaker of the House: Dr. James T. Fanno gets proceedings under way Oct. 13 in Kansas City.

1992 when the House approved a \$55-special assessment annually for four years, ending in 1996.

At this time, only the 13th floor, dock and garage have yet to be abated. The board anticipates that the 12th floor, which will be utilized as temporary space for ADA staff displaced by renovation, will be available for return to the marketplace by 2005.

"Therefore," the report indicates, "the initial Capital Improvement Project must retain monies for several years to finish its scope of work." ■

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New council chairs named

The ADA Board of Trustees met just prior to annual session and appointed the following council chairs for 2001-2002:

- Council on Access, Prevention and Interprofessional Relations—Dr. Robert L. Nelson, Missouri.
 - Council on ADA Sessions and International Programs—Dr. Stephen F. Schwartz, Texas, chairman; Dr. Craig S. Yarbrough, California, chairman-designate, 2002-2003.
 - Council on Communications—Dr. Kimberly A. Harms, Minnesota.
 - Council on Dental Benefit Programs—Dr. Charles L. Cuttino, Virginia.
 - Council on Dental Education and Licensure—Dr. Deron J. Ohtani, Hawaii.
 - Council on Dental Practice—Dr. Michael T. Rainwater, Georgia.
 - Council on Ethics, Bylaws and Judicial Affairs—Dr. Arthur I. Schwartz, Massachusetts.
 - Council on Government Affairs—Dr. Frederic C. Sterritt, New Jersey.
 - Council on Insurance—Dr. Peter S. Trager, Georgia.
 - Council on Membership—Dr. Charles W. Hoffman, Florida.
 - Council on Scientific Affairs—Dr. Jeffrey W. Hutter, Massachusetts.
 - Committee on the New Dentist—Dr. Wendy A. Brown, Maryland.
- Additionally, three ADA commissions elect their own chairpersons:
- Commission on Dental Accreditation—Dr. Susan L. Jancar, Nevada.
 - Commission on Relief Fund Activities—Dr. Orin W. Ellwein, South Dakota.
 - Joint Commission on National Dental Examinations—Dr. Stephen K. Young, Oklahoma. ■



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If you find yourself repeatedly glancing at your watch in slow-agony while you wait 4-minutes for an impression to set, here's some great news. We've just expanded our impression line to include 90-second-set versions of all our Cinch Vinyls.

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Even if you're not a Type-A personality and prefer a more leisurely pace, Quick-Cinch can be a lifesaver when you're impressing gaggers, children or other hard-to-control patients. (However, it's definitely not for cases that require extensive syringing!)

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Every Cinch material (both Standard-Set and Quick) is made using a proprietary formula that prevents emission of hydrogen gas. Unlike most vinyls, you don't have to wait several hours before model-making. In fact, you can pour stone just 5 minutes after removing a Cinch impression from the mouth.

As low as \$6.50 per cartridge

All Cinch products cost \$14.95 a package. To put that in perspective, a box of Express[®] will cost you \$38. Reprosil[®] will run about \$34.

And large practices can save even more. Because when you order 12 assorted packages of Cinch, the price falls to

\$13.80 per pkg. If you order 24 boxes, the price falls even further, just \$13.00 per pkg or \$6.50 per cartridge!

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Normally the minimum order for Cinch impression materials is 3 boxes. But for your first order, we suggest you take advantage of our 1-box trial. If you decide you don't like it, just call us within a month, and you can tear up the invoice. You don't even have to return the material.

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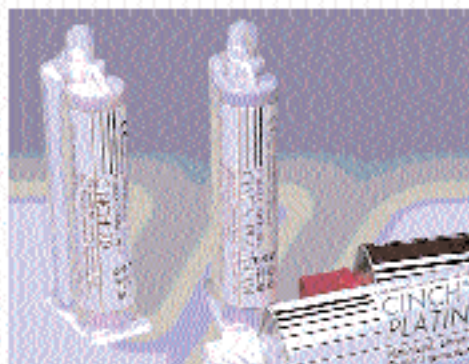
60 sec. working time - 90 sec. set

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* Just \$13.80/pkg. for 12 assrt.

And \$13.00/pkg. for 24 assrt.



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‘Honored and privileged’ Dr. Meskin, retiring JADA editor, receives Association’s Distinguished Service Award

BY JAMES BERRY

Kansas City, Mo.—Dr. Lawrence H. Meskin, who helped forge The Journal of the American Dental Association into dentistry’s premier scientific publication, received the ADA Distinguished Service Award Oct. 13 at the ADA House of Delegates.

Annual Session

Dr. Meskin told the House that he was “honored and privileged” to accept the DSA, the Association’s highest honor, presented to him by



Photo by Lagniappe Studio

Man of distinction: Dr. Anderton presents the DSA to Dr. Meskin Oct. 13.

then-ADA President Robert M. Anderton.

“While I neither coveted nor sought recognition for my efforts as editor, I’d not be honest if I didn’t express my delight at receiving the Association’s highest honor,” said Dr. Meskin, who will step down Dec. 31 after 11 years as JADA editor.

In brief remarks to the delegates, Dr. Meskin thanked “those who gave me the opportunity to serve and those who have been willing to share their thoughts and ideas for the betterment of our profession.” He also thanked his wife, Estelle.

The retiring editor announced in September 2000 that he would step down at the end of this year. “I’m a big advocate of term limits,” he said at the time. “I’ve never done any one thing this long. I think 11 years is a good amount of time to achieve certain goals, and now it’s time to give someone else a chance. JADA will benefit from some new thoughts and ideas.”

■ “I’m a big advocate of term limits,” he said at the time. “I’ve never done any one thing this long. I think 11 years is a good amount of time to achieve certain goals, and now it’s time to give someone else a chance.”

Under Dr. Meskin’s leadership, JADA entered the 21st century as dentistry’s best-read journal—especially popular with newer dentists, those in practice 15 years or less.

“They’re the future,” Dr. Meskin said of new dentists. “Of course, all our readers are important, but the fact that young dentists are interested in The Journal is very rewarding.”

Dr. Meskin will continue his work at the University of Colorado School of Dentistry, where he directs the continuing education program and is a professor in the medical school’s Department of Preventive Medicine and Biometrics.

In August, the ADA Board of Trustees ratified the selection of Dr. Meskin’s successor, Dr. Marjorie K. Jeffcoat, professor and chair, Department of Periodontics at the University of Alabama School of Dentistry, Birmingham.

Dr. Jeffcoat will be the first woman to hold the JADA editorship since the publication was founded as a quarterly bulletin in 1913. In October, she began working with Dr. Meskin and staff as part of a transition plan, and will officially take up her new duties Jan. 1. ■

Rescue squad Dentists heed last-minute session call

BY CLAYTON LUZ

On Friday, Oct. 12, at 3 p.m. Dr. Paul Belvedere and his wife, Gail, were doing yard work at their Edina, Minn., home when the call from Kansas City came.

Could Dr. Belvedere do an all-day ticketed course on posterior composites the next day? The original presenter was unable to make annual session.

One last-minute replacement. One spouse. One car. 24 hours. 433 miles.

But first, Dr. and Mrs. Belvedere honored a Friday night commitment to attend the Minnesota Wild hockey game (They beat the Chicago Blackhawks, 6-4).

Afterwards, the intrepid couple hit the road at 9 p.m. Friday and arrived in Kansas City at about 3:30 a.m. Saturday.

After a few winks, Dr. Belvedere presented his course.

"It's always a bit confusing when you take over for someone else because you have to decide whether you should do the program the way the original presenter intended or your own way," Dr. Belvedere says. "I decided to do it my way."



Dr. Belvedere

"And," he adds. "I want to say that I will teach anything, anywhere, including fishing camps."

Dr. Belvedere was among eight dentists who volunteered as last-minute replacements at this year's scientific program: Drs. Nolen L. Levine, K. William "Bud" Mopper, Steven R. Jeffries, L. Stephen Buchanan, Randolph Shoup, Michael S. Redman and David Samuels.

"Because we're kind of a family," says Dr. Levine, explaining why he agreed to serve as a replacement speaker.

"Life is a team sport," says the Illinois periodontist. "While it's an honor and a privilege to be with the American Dental Association, it's also everyone's responsibility to step up and do their part."

Dr. Levine's plane was touching down in Kansas City International Airport Friday morning when he took a call on his cell phone.

Welcome to KC and annual session, the voice said. By the way, can you pinch-hit Monday?

Fortunately, three weeks earlier Dr. Levine had made a presentation in Pittsburgh, so his slides on the topic of transitioning to dental implants were readily available.

"Hey," he says matter-of-factly, "if you're a lecturer, you're a professional. You have to be ready when you come off the bench."

Dr. Mopper says he was enjoying opening day of annual session when late Saturday morning an ADA staff member pulled him aside and inquired about his availability.

"I replied, 'But I don't have my slides here,'" he says. "Then I figured, as long as I'm here, why not?" So Dr. Mopper arranged to have his presentation materials for "The Art and Science of Direct Resin Bonding" delivered from Winnetka, Ill., where he practices.

"I always try to be helpful," Dr. Mopper reasons. "The ADA has always been good to me. So I figured I'd give something back."

Dr. Jeffries of York, Pa., was in Kansas City, too, expecting to attend the "Amalgam v. Composite" symposium—but as an audience

member, not as a panelist. He says he spent Friday night on a quick Internet literature search before taking to the dais Oct. 13 as a last-minute replacement, saying, "I hope I'll be able to help."

He was and he did.

Dr. L. Stephen Buchanan of Santa Barbara, Calif., also pitched in, big time. Dr. "Double Duty" Buchanan's commitment to present a Tuesday afternoon



Stepping up: Drs. Levine and Mopper volunteer their oratorical skills as last-minute replacement speakers at annual session.

course came after he presented daylong Saturday and Sunday courses.

Other colleagues came off the bench, too. Dr. Shoup of Indianapolis subbed on a full-day course on crown and bridge techniques Monday.

Also that day, Dr. Redman of Espanola, New Mexico, and Dr. Samuels of Andover, Mass., presented the morning and afternoon portions, respectively, of a course on periodontal surgical designs and techniques. And attorney Patrick McCarthy of Oakland was a last-minute replacement Monday as a panel member at "You Be the Judge," a risk management program featuring a mock trial.

Now that's family. ■

Craig Palmer and Judy Jakush contributed to this report.

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Staying vigilant

Preparation is the key for handling mass disasters

BY CLAYTON LUZ

Kansas City, Mo.—Dr. Jeffrey Burkes is familiar with dashing off to somewhere that demands his expertise.

Chief forensic dentist at the New York City medical examiner's office, he has labored untold hours recently at the site of the World Trade Center disaster, coordinating the dental forensic identification effort there.

Then, in another display of commitment to his chosen profession—and perhaps to fulfill a personal resolve toward whatever constitutes normalcy these days—Dr. Burkes whisked himself off to Kansas City to deliver an Oct. 14 afternoon dental forensics program.

The course, a late addition to the scientific program, served as a primer on the nuts and bolts of building a mass disaster dental response team.



Photo by Lagniappe Studio

Identifiers: Dr. Yeomans (left) and Dr. Burkes shared the podium Oct. 14 at annual session.

“This program was put together very quickly,” Dr. Burkes explained at the outset of his presentation. “There wasn’t much time to prepare, so if everything’s not perfect, please understand.”

For the next two hours Dr. Burkes discussed mass disaster protocol issues that included response team preparation, site adaptation, legal compliance issues, antemortem/postmortem comparison resources, pathological and anthropologic determinations.

Dr. Burke also shared his dais with four colleagues he called indispensable in the dental identification process both in New York City and at the Pennsylvania site: Dr. William P. Yeomans of Scranton, Pa., director of the Pennsylvania Dental Association Identification Team; Dr. Matthew Neary of New York City; Dr. David Clemens of Wisconsin Dells, Wisc., a commissioned officer with the United States Public Health Service; and Dr. Nancy Barnes of New York City.

After Dr. Burkes’ presentation, the panel’s five experts fielded questions from the audience.

The one question that went unasked, the one that undoubtedly haunts most minds and will probably never be answered:

Why? ■

Cancellation strategy targeted

BY CRAIG PALMER

Kansas City, Mo.—Let’s have a huge round of applause for the business team.

“You are the balancers of the practice,” Annette Ashley Linder told a standing room only convention center audience, leading the applause at the Oct. 13 scientific program titled, “Reducing Cancellations and Failures.”

“Everybody in this room is responsible for practice growth,” she said.

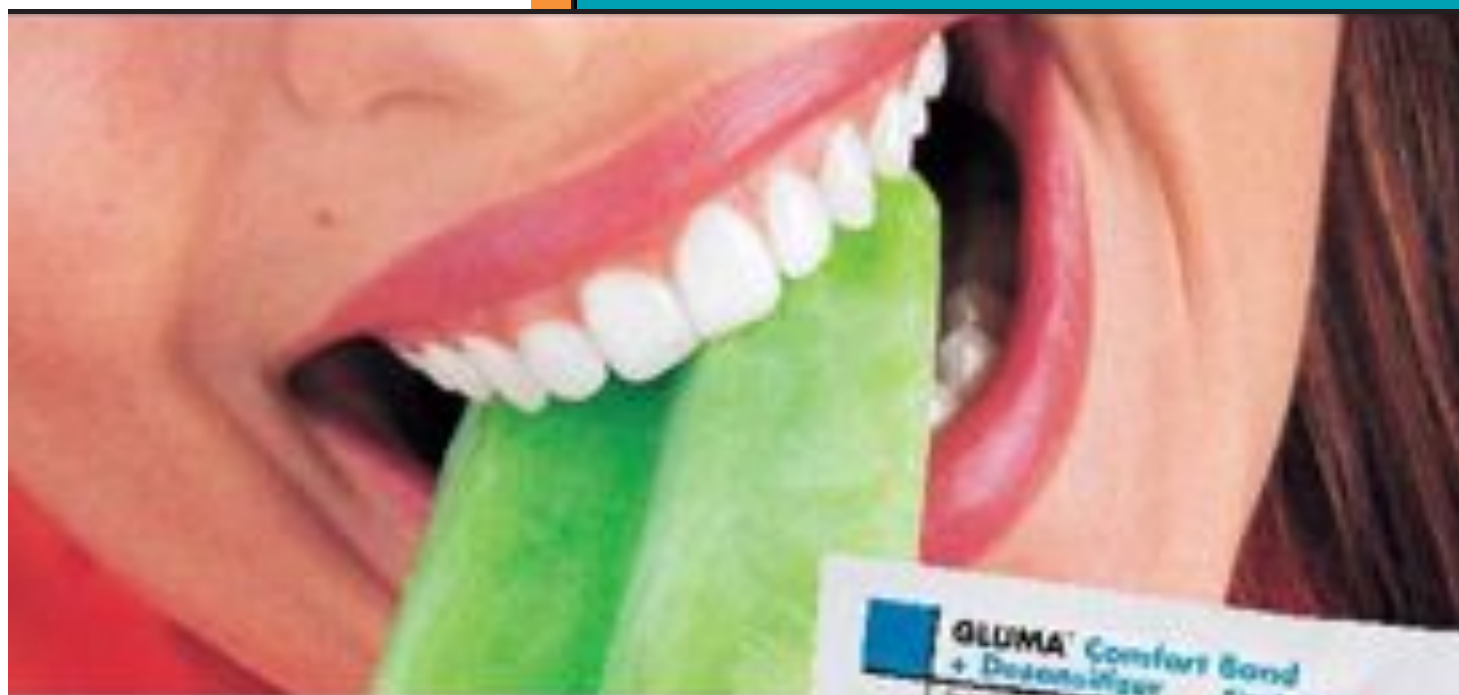
“Cancellations and failures are a major frustration for all of us,” Ms. Linder said, offering ready-to-use written and oral materials for retraining the dental team “and your patients.”

The course covered strategies working successfully in dental practices throughout the country. Ms. Linder is president of Capital Associates in Richmond, Va. ■



Ms. Linder

Photo by Lagniappe Studio



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Women key health program

Experts explore critical health issues, offer empowering insight

BY CLAYTON LUZ

The morning of Oct. 15 showed up cold, gray and wet outside the Kansas City Convention Center.

Inside room 1203C, though, the atmosphere hummed like a spring day—warm, promising and, in the words of Dr. Dushanka V. Kleinman, sunny.

Dr. Kleinman, chief dental officer of the U.S. Public Health Service, presided over the session debut of the “ADA Women’s Health and Leadership Conference,” which, if it were a Broadway production, would have been held over for command performances.

The program was a smash, judging by the overflow of folks who stood at the rear of the room, mindfully obeying fire safety regulations.

Dr. Yolanda Bonta, director of technology in the Professional Relations and Marketing Department of Colgate-Palmolive Co., co-presided with Dr. Kleinman.

The conference, partially underwritten by a grant from Colgate-Palmolive Co., was presented in cooperation with the American Association of Women Dentists and the American Dental Association Council on Membership.

Throughout the day, the conference explored critical women’s health issues, the research behind those issues, and how the issues may affect dental practice, health care treatment options and, ultimately, one’s personal life.

Five leading women’s health proponents took turns at the lectern imparting their expertise: Dr. Barbara J. Steinberg, who presented an overview of women’s oral health, including an explanation of the oral changes that occur in women during key life experiences—puberty, menses, pregnancy, menopause, oral contraceptive use and hormone replacement therapy—and the special considerations such patients require.

Annual Session

Dr. Marjorie Jeffcoat discussed risk factors associated with periodontal disease for preterm birth and for post-menopausal osteoporosis, and reviewed the newest studies on the relationship between oral and systemic health.

Dr. Vivian Pinn, associate director of Research for Women’s Health and director of the Office on Research on Women’s Health at the National Institutes of Health, offered enlightening perspectives on women’s health research and objectives for future research.

Judy Norisgian, author of “Our Bodies Ourselves: The Media and Women’s Health: Sorting Fact from Fiction” analyzed the media’s treatment of key women’s health issues, such as women and genetics, breast cancer, pharmaceuticals, tobacco use and cosmetic surgery.

Dr. Linda Niessen, clinical professor at Baylor College of Dentistry, Texas A & M University System Health Science Center in Dallas, reviewed factors which affect oral health in older women, including the effects of systemic diseases and medication on oral health.

Keynote speaker Lois Juliber, chief operating officer of Colgate-Palmolive, introduced as a “friend of dentistry” by Dr. Bonta, championed the growing importance of women in key leadership roles. Shortly before her appearance, ADA Executive Director James B. Bramson took to the podium to thank those who attended the conference, which represented a “unique program, a unique partnering” between the resources of the ADA and Colgate-Palmolive Co. ■



Interaction: Lois Juliber, Colgate’s chief operating officer, takes questions from the audience. At right is Dr. Jean G. Furuyama of New York City.



Lunch and learn: Two participants enjoy the conference’s speaker luncheon. Keynote luncheon speaker Lois Juliber (see above) ranks No. 18 on the Fortune 500 list of Most Powerful Women in Business.



With intent: A participant learns about key health issues, such as the effects of women’s health on their children.

Photo by Lagniappe Studio

Dr. Chadwick

Continued from page one
his installation as the ADA's 138th president.

"We must have the freedom to be able to make treatment decisions in the best interests of our patients, without unwarranted interference," said the endodontist from Charlotte, N.C. "We must have the freedom to provide the best oral care available. And we must have the freedom to define our own future."

At the heart of his address was an understanding that freedom must be cultivated with care and guarded with vigilance.

The early pioneers of dentistry, he said, had the vision to "move dental education into the universities where it belonged," to fight for accreditation standards and licensure, and to elevate dentistry "from a common trade to its rightful place as a learned and trusted profession."

Dentistry's early leaders also saw the wisdom of uniting the profession in a three-tiered organization of local, state and national participation—and of "espousing sound scientific principles as the basis of oral health care."

With its foundations as a profession firmly established, succeeding generations of dentists have come together in specific ways for the betterment of the profession and its patients.

Example: the ADA-driven debate over patients' rights, which Dr. Chadwick cited as "one of the most important legislative issues we have seen."

The new president spoke of the Future of Dentistry report, a kind of roadmap designed to help chart the profession's course through the next five to 15 years. He spoke of the need to maintain "excellence in education" as central to keeping the profession strong.

He spoke also of the Association's organizational structure and about giving Executive Director James B. Bramson and staff "the support they need to be as effective as possible in serving and representing our members."

He added, "The key element in our formula for success, the key ingredient in any volunteer, membership-driven organization" is the membership.

This year's House adopted a "Tripartite Grassroots Membership Initiative" meant to boost the membership roles of the ADA and its tripartite colleagues.

Dr. Chadwick is chief architect of the initiative, which calls for the ADA to increase membership market share from its present level of 70.4 percent to 75 percent by the year 2005.

"We have recognized for years that our market share has been declining, but we have not been able to reverse that trend," said the president, who insists it is time for the Association to "draw the line in the sand" on membership.

He said, too, that for the ADA to "represent all of dentistry" in the 21st century, the Association must reflect the diversity of dentists themselves. "This means not only ethnic, racial and gender diversity," said Dr. Chadwick, "but also the diversity in the types of practices and business models our members choose."

He added, "It is time to get out of our comfort zones. If we always do what we have always done, we are always going to get what we have always gotten—apathy in our membership and a declining market share."

He talked about improving access to care, about the shortages of qualified dental team members, and about the civil lawsuit filed earlier this year against Aetna Inc., the nation's largest health insurance company and third largest dental insurer.

"We have learned the importance of long-standing values, and we have learned that by working together we can make things happen," said Dr. Chadwick.

"There is a sense of community in our pro-

fession," he continued. "I see this in our members, I see it in our students, I see it in our dental teams, I see it in our Association staff—a love of this profession that must be nourished and sustained."

The ADA, he said, returning to his theme, represents "a proud profession that will always be strong and free in a country that will always be strong and free." ■

To read the full text of Dr. Chadwick's address to the 2001 House of Delegates, go to the Association's Web site, "www.ada.org".



On view: The Kansas City Convention Center hosted this year's technical exhibition of the latest dental products.

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*As published in JADA, Vol. 129, No. 1, Jan. 1999, p. 10.

Annual Session Officers

Continued from page one

4th District; Dr. Zack D. Studstill, 5th District; and Dr. Kathleen Roth, 9th District.

In his address to the House after his installation, Dr. Chadwick noted the historical accomplishments of the Association and the challenges facing the profession.

"The challenges are many," he said, "but meeting the challenges is nothing new for us. We were the ones who fought the battle for water fluoridation, and continue to fight for it in communities across our country.

"We are the ones who succeeded in getting OSHA inspectors out of the dental office. And more recently, we are the ones who took on the largest insurance company in America for misrepresenting us to our patients—and we may not be finished yet.

"We have to build on all the accomplishments and legacy of previous generations. We have learned the importance of long-standing values, and we have learned that by working together we can make things happen."

(Complete coverage of Dr. Chadwick's address to the House starts on page one.)

Dr. Chadwick, an endodontist from Charlotte, N.C., served as president of the North Carolina Dental Society, Second District Dental Society and Dental Foundation of North Carolina, and as an ADA delegate and member of the Board of Trustees from 1996–2000. He is a member of the International and American Colleges of Dentists, the Pierre Fauchard Academy and the American Association of Endodontists.

Officers and trustees also were installed Oct. 17. Brief biographies of all the elected officials follow:

- Dr. Jones, a general practitioner from Carrollton, Ga., has served the ADA as a member of the Board of Trustees, a delegate and a member of the Council on Dental Benefit Programs. He is a former president of the Georgia Dental Association and member of the Georgia Dental Educational Foundation's board of directors. He is a member of the American



House in session: The Nov. 19 ADA News will feature more coverage of the 2001 ADA annual session.

and International Colleges of Dentists and the Pierre Fauchard Academy.

- Dr. Manning, a general practitioner from Highland Park, Ill., served as vice chair of the ADA Council on Government Affairs and as an ADA delegate. He is the former president of the Chicago Dental Society and member of the Illinois State Dental Society's executive council. He is a member of the American and International Colleges of Dentists and the Pierre Fauchard Academy.

- Dr. Crawford, a general dentist in Plainview, Texas, has served as an ADA delegate, ADA Political Action Committee chair, Council on Government Affairs vice chair and a member of a committee on chemical dependency issues. He is a past president of the Texas Dental Association—and recipient of the TDA's Distinguished Service Award—and the Texas Section of the American College of Dentists. He is a fellow of the ACD and the Pierre Fauchard Academy.

- Dr. Fanno, an orthodontist in Canton, Ohio, presides in his seventh consecutive term as speaker of the ADA House of Delegates, attends meetings of the Board of Trustees and serves as its parliamentarian. He served the ADA as delegate and chair of the Council on Ethics, Bylaws and Judicial Affairs. Dr. Fanno



New leadership: Dr. Chadwick and his wife, Knox, receive applause from the House of Delegates Oct. 17 during his installation as the 138th ADA president.

was president of the Ohio Dental Association, speaker of its house of delegates and recipient of its Distinguished Dentist award. He is also a guest lecturer at Case Western Reserve University dental school and was president of its alumni association. This year, he was recognized as the Pierre Fauchard Academy's Distinguished Dentist.

- Dr. Feldman, an endodontist from Garden City, N.Y., served the

ADA as a delegate and Council on Insurance chair. He is the president-elect of the New York State Dental Association, past president of the Nassau County Dental Society and serves as an advisor to the NCDS finance, budget and audit committee, and its constitution and bylaws committee. He is a fellow of the International and American Colleges of Dentists.

- Dr. Gross, an orthodontist in Pottstown, Pa., served the ADA as a delegate or alternate delegate for 16 years, and as chair of the Council on Ethics, Bylaws and Judicial Affairs. He is a past president of the Pennsylvania Dental Association, the Montgomery Bucks Dental Society, the American and Pennsylvania Associations of Orthodontists, and a fellow of the International and American Colleges of Dentists and the Pierre Fauchard Academy.

- Dr. McDermott, a general dentist in Washington, D.C., served the ADA as a delegate and Council on ADA Sessions and International Relations chair from 1992–93. He is a past president and editor of the District of Columbia Dental Society, and currently serves on the DCDS foundation's board of directors. He is a fellow of the International and American Colleges of Dentistry, and holds the U.S. Army Commendation Medal for active duty in Vietnam and the 1990 Distinguished Service Award from Georgetown University School of Dentistry.

- Dr. Studstill, a general dentist in Montgomery, Ala., served the ADA as a delegate and chair of the Council on Governmental



Elected: Dr. T. Howard Jones, the new ADA president-elect, and his wife, Lois, are greeted by the House of Delegates last month.

Affairs and Federal Dental Services. He is a member of the American College of Dentists, and a past president of the Alabama Dental Association and the board of governors of the Alabama Academy of General Dentistry. He also holds an M.Ed. degree in counseling education and has been a group therapy facilitator for nine years.

- Dr. Roth, a general dentist in West Bend, Wis., served the ADA as a delegate and a member of the Council on Membership and Communications—later as vice-chair of the Council on Membership—and on a task force on dental hygiene education. She is a past president of the Wisconsin Dental Association and has chaired the Workforce Study for Dentistry in Wisconsin since 1998 and the WDA-Milwaukee Brewers' Fifth Grade Smokeless Tobacco Education Program since 1999. She is a fellow of the International and American Colleges of Dentists and a member of the Pierre Fauchard Academy.

Continuing as trustees are Dr. Edwin S. Mehlman, 1st District; Dr. Howard B. Fine, 2nd District; Dr. William D. Powell, 6th District; Dr. Lloyd J. Hagedorn, 7th District; Dr. Leo R. Finley Jr., 8th District; Dr. Robert M. Brandjord, 10th District; Dr. Steven M. Bruce, 11th District; Dr. Richard Haught, 12th District; Dr. Eugene Sekiguchi, 13th District; Dr. Edward Leone Jr., 14th District; Dr. Frank K. Eggleston, 15th District; Dr. T. Carroll Player, 16th District; and Dr. Clifford Marks, 17th District.

Dr. James B. Bramson will continue to serve as ADA executive director. ■

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

At press time, the following groups and individuals, in alphabetical order, had made contributions to the ADA American Tragedy Fund, a temporary fund established by the Association to aid dentists, their families and other victims of the Sept. 11 disasters:

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Tragedy

Continued from page one
recommendations,” said Mr. Lasky. “I think we’ll move pretty quickly now.”

He said the review committee included members of the state association’s board of governors and representatives of the New York County Dental Society. He also said New York dentists had raised about \$200,000 of their own for the relief effort.

In addition to helping dentists and their families, some dollars from the Tragedy Fund will make their way to Ground Zero in lower Manhattan to aid in victim identification.

Money left in the Tragedy Fund after all needs have been identified and met will be donated to the American Red Cross, ADA officials said.

Dr. Guay noted that the short-term Tragedy Fund supplements two existing funds that provide grants and loans to dentists in need.

Through the ADA Emergency Fund Inc., dentists can apply for grants of up to \$2,500 to help cover immediate needs. At press time, 15 grants of \$2,500 each had been awarded to help cover losses from the recent disasters.

Through the ADA Endowment and Assistance Fund Inc., dentists can apply for low-interest loans to help restore damaged offices. Less than a week after the Sept. 11 disasters, the board of directors of the Endowment Fund suspended two criteria used to determine eligibility for a disaster assistance loan. Eligible applicants who suffered losses related to the terrorist attacks need not

show that they were denied a loan by a commercial bank or that they suffered at least a 25 percent loss of net assets.

Also about a week after the disasters, the Endowment Fund made even bigger news when it became the largest single contributor to the ADA American Tragedy Fund, donating \$100,000 to the cause. By early last week, total contributions to the Tragedy Fund amounted to \$266,477. A full list of all donors is on this page.

In addition to the Endowment Fund, major organizational contributions came from:

- CareCredit LLC, one of the ADA’s Membership Advantage partners, \$25,000;
- the ADA itself (authorized by the Board of Trustees), \$20,000;
- ADA Business Enterprises, Inc., an ADA subsidiary, \$10,000;
- the North Carolina Dental Society, \$10,000;
- the Chicago Dental Society, \$10,000;
- the Japan Dental Association, \$10,000;
- the J. Morita Corp. of Osaka, Japan, \$10,000;
- GC Corp. (Japan) and GC America (Chicago), \$7,500;
- the California Dental Association Foundation, \$5,000;
- the Michigan Dental Association, \$5,000;
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- Pfizer Consumer Healthcare, \$2,500;
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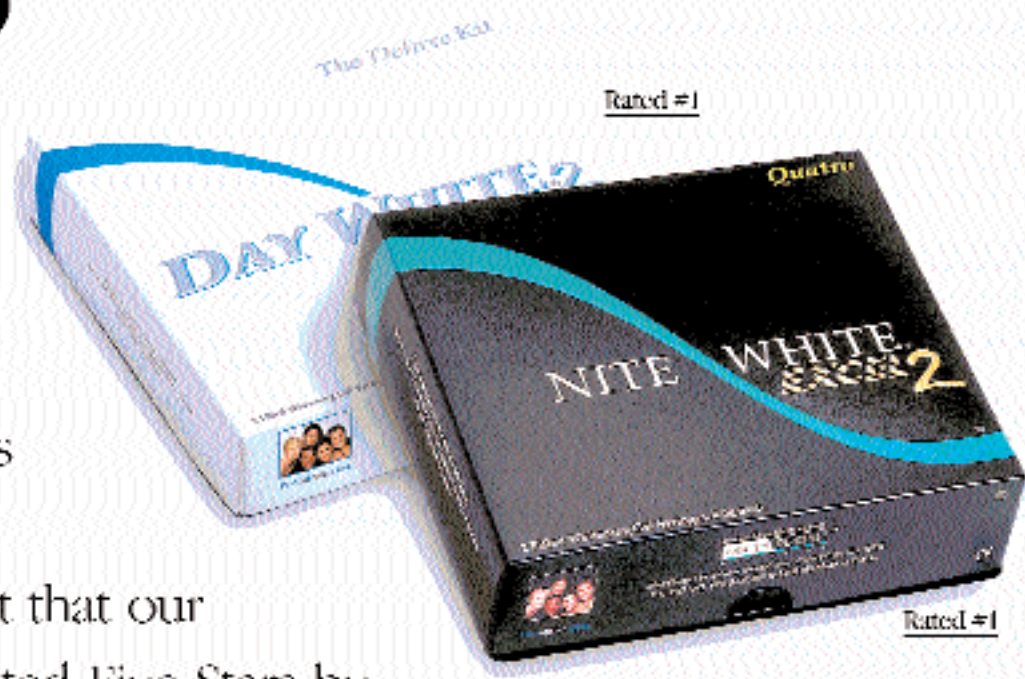
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WHITENING



Military dentists play 'critical role'

Dental identifications performed in majority of Pentagon cases

BY CRAIG PALMER

Washington—In the grim rush to identify Sept. 11 Pentagon victims, with commercial planes grounded, the Department of Defense dispatched dental records cross-country overnight by military aircraft.

Three weeks into the mission, dental identifications "were performed" in more than 63 percent of the cases investigated by dental and other forensic specialists and in 30 percent served as the sole method of identification, a

spokesman for the Armed Forces Institute of Pathology told the ADA News.

Normal procedures include dental record checks, fingerprints, bone and DNA analysis, military spokespersons indicated at the outset of the Dover Air Force Base identification efforts.

AFIP staff reported using a number of identification techniques at Dover, including the charting of pre-existing dental conditions using antemortem and postmortem forms and "a recent innovation" described as a digital

postmortem X-ray relying on sensors instead of film. The technique eliminates chemical processing, saving time and money with minimal environmental impact, the spokesman said. The AFIP is a triservice agency of the Department of Defense. A report will appear in the next issue of the AFIP LETTER at "www.afip.org".

"We also chose to utilize an automated comparison tool called WinID, primarily because we had over 170 potential deaths and many

were civilians with varying dental records," said Col. Charles Pemble, confirming use of a system developed by Dr. James McGivney of St. Louis.

Dr. Pemble, a forensic dental expert, chairs the AFIP department of oral and maxillofacial pathology, which provided the first details of forensic identification efforts at the Dover Port Mortuary in Delaware.

"As U.S. Air Force dental personnel at Dover prepared the mortuary facilities to handle the expected casualties, Col. Pemble alerted the Central Panorex Storage Facility in Monterey, Calif., that antemortem panoramic dental X-rays of the military victims would be needed," said Christopher C. Kelly, AFIP public affairs director and spokesman for the armed forces medical examiner.

"With commercial air traffic grounded, another source had to be found to transport the records overnight, and Dover officials expedited delivery through a dedicated military aircraft," he said. Many military personnel have on file

■ "As U.S. Air Force dental personnel at Dover prepared the mortuary facilities to handle the expected casualties, Col. Pemble alerted the Central Panorex Storage Facility in Monterey, Calif., that antemortem panoramic dental X-rays of the military victims would be needed."

full-mouth X-rays that are useful in positive victim identification.

Military active duty and reserve dentists "played a critical role" in helping identify victims of the hijacked American Airlines Flight 77 that crashed into the Pentagon. Eight AFIP military officers, five staff oral pathologists and three oral pathology residents formed the core investigative staff at Dover AFB, joined by one oral pathologist each from the National Naval Dental Center in Bethesda, Md., and the Portsmouth, Va., naval hospital.

An additional 43 support personnel included nine dentists and 19 dental technicians from the Dover AFB 436th Dental Flight and six dentists and nine dental technicians from the Keesler AFB, Miss., 81st Dental Squadron.

"This combined support really proved to be the ideal situation for us," Col. Pemble said. "Their presence allowed for rotation of personnel in making identification while continuing to operate the Dover dental clinic. Sick call and other essential dental care continued uninterrupted."

For the first five days of casualty identification, the dental units worked 12-hour shifts, completing an average 22 examinations a day, said AFIP's spokesman. Dental teams stood by for relief but weren't called. "We were able to complete our assignment with the designated personnel," Col. Pemble said. ■

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★ DENTISTRY RESPONDS

ADA member, Navy Captain sets up triage units to assist with Sept. 11 Pentagon rescue efforts

BY CRAIG PALMER

Washington—"My dentists were outstanding," Navy Capt. William B. Durm told the Association.

Dr. Durm pays his dues and practices dentistry, like most Association members.

On Sept. 11, 2001, he set up triage units for Pentagon casualties and probably saved a patient's life. In all, dentists and dental personnel on hand that horrific day probably treated half the Pentagon casualties, by Dr. Durm's and Navy estimates, providing on-scene care to the injured and dying. The dental team initiated and coordinated creation of an on-site morgue.

By 0700 hours the following day, Sept. 12, "we were back in business and ready to go," providing dental care at the Pentagon clinic.

But on the morning the plane hit, "we had just finished patients," Dr. Durm said in an interview. He had completed one root canal treatment and was awaiting a patient rescheduled from 1 p.m. to 10 a.m., another Navy captain on his way to the clinic from an office "at ground zero." It was, said a Navy spokesman, a scheduling quirk that probably saved the captain's life.

"He had 27 people in his office," said Capt. Durm of his rescheduled patient. "Twenty-six were killed." The captain who was called in early was the only survivor in his office. Dr. Durm "finished that root canal on Friday (Sept. 14)" and the captain is working these days on "retaliation" assignments.

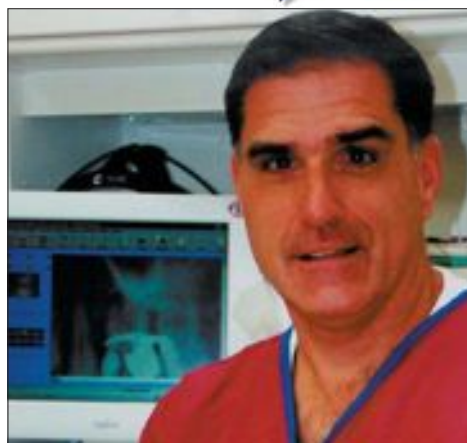
Damage at the Pentagon remains visible. President Bush stood amidst the wounds for a memorial address Oct. 11, one month to the day of the attack.

Sept. 11 was a day that would see Dr. Durm pressed into service quickly as "the senior person in charge of the scene" to establish triage areas for "casualties that never arrived. We were just setting up areas to take casualties. I'll be up front with you, we didn't take any." Victims were treated where they were and where they were found and rushed to hospitals.

"We had dentists stopping people on the street and putting people in private cars to take them to hospitals." He estimates some 200 persons were treated on-site for burns, cuts, shock and other injuries, more than 60 sent to hospitals. "We peeled off clothes, uniforms melted on the body."

In the initial moments, "We see no plane, nothing, only smoke. All we've been told is there's a fire in the Pentagon. We're taking patients as they come out, brought by the firemen. We started treating them right in the courtyard. We took the oxygen out of our dental clinic, and all I can think of are the ABCs, air, breathing and circulation. Where the incident happened, the Pentagon is cut like a doll house."

An office is shattered, "a brand-new American flag on a desk, and I'm thinking, these guys can hit us but the flag was still there. We're doing what we can to get people out.



Dr. Durm: "We had dentists stopping people on the street and putting people in private cars to take them to hospitals."

■ **"It's very dark, smoky, a lot of black smoke, glass is coming down like snow, a burning smell, plastic burning. This is the fog of war."**

The lights are out. It's very dark, smoky, a lot of black smoke, glass is coming down like snow, a burning smell, plastic burning. This is the fog of war."

Recreating the scene, Dr. Durm describes dentists "still in scrubs. We hear we're going to be hit by another airplane (reports of the plane headed toward the nation's capital that would crash in a Pennsylvania field).

They made us get out. Some of the firemen stayed with their breathing devices but we couldn't stay much longer anyhow. The smoke was driving us out."

A Navy statement says simply, "The actions of the personnel in uniform, GS workers (general schedule—civilian) and contract personnel were commendable.

"Led by the director of the Pentagon dental clinic, Capt. Bill Durm, this triservice group of dental professionals distinguished themselves while working in an environment inhibited by smoke and fire." ■



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The call of duty

Armed forces dentists draw on training

BY CRAIG PALMER

Washington—Navy Capt. William B. Durm, senior dentist at the Pentagon dental clinic, had just finished a root canal when the call came the morning of Sept. 11 “and we switched from being dental,” medical and nursing personnel to a mass casualty team. Dr. Durm rushed to an inferno of fire and smoke to direct the first triage units caring for the injured and dying.

“It really hit him next day” that he probably saved his next patient’s life, said a Navy spokesman. (See story, page 25.)

Dentists drew on military and disaster training in those first minutes of terrorist attack on the five-sided symbol of military strength hard by the Potomac River, treating burns, cuts, shock, trying to calm patients, sending some to hospitals. Several dentists took to a nearby

roadway, flagging down drivers of passing cars to transport victims to area hospitals.

The role of military dentists in the aftermath of the terrorist attacks and in the U.S. campaign against terrorism emerges in statements from the Air Force, Army and Navy dental chiefs prepared at ADA News request for the broader Association membership and in interviews with dentists and armed services spokespersons.

The Department of Veterans Affairs is expecting a callup of some of its reserved forces dentists “but it hasn’t happened yet,” VA representatives said, adding they would advise the Association of any changes.

There are currently 1,841 ADA members serving in the armed forces and with the VA, including 683 Navy dentists, 393 Air Force dentists, 424 Army dentists and 341 VA dentists.

The reports describe:

- Spontaneous and quickly organized rescue efforts by dentists assigned to the Pentagon Triservice Dental Clinic;

- Rapid deployment of Air Force dentists “to support rescue efforts” in New York City and on-site services by Navy dentists ranging “from repairing loose orthodontic bands, correcting teeth in hyperocclusion and removal of food impaction to endodontic care”;

- Dentist involvement at the Dover Air Force Base Port Mortuary in forensic identification of assault victims;

- Transition from peacetime dentistry to “dental support for mobilized forces.”

“Their ability to perform superbly under pressure was indicative of their training in casualty management,” said Maj. Gen. Patrick Sculley, chief of the Army dental corps. “Similarly, Army dental forensic experts assigned to the Armed Forces Institute of Pathology played critical roles in the identification of the remains of Pentagon victims.”

The dental chiefs’ statements alluded as well to newer roles for military dentists including “preparations for possible chemical or biologic incidents,” which were not further defined.

“As part of our role in the Air Force, a large number of dental officers and assistants are also part of expeditionary medical forces consisting of medical teams and equipment packages capable of deploying worldwide in support of humanitarian relief efforts or potential contingency operations,” said Brig. Gen. Gary Murray, assistant surgeon general for dental services.

“Dental personnel are assigned to mobilization platforms including our hospital ships (USNS Mercy, USNS Comfort), casualty receiving and transport ships, Navy fleet hospitals and United States Marine Corps deployable forces,” said Rear Adm. Dennis D. Woofter, former Navy pilot and newly appointed chief of the Navy dental corps. “Today Navy dentistry is prepared and ready to support the president’s policies and contingency operations.”

“Once our focus turned from the immediate incident, we began to prepare for dental support for mobilized forces,” said Maj. Gen. Sculley. “This will be an ongoing effort supporting units mobilized and/or deployed in the campaign against terrorism. Similarly, we are preparing for the deployment of any dental units to include integration of the reserve components.” More than 60 percent of the Army Medical Department is based in the military reserves.

Damage at the Pentagon remains visible. ■



Dr. Sculley



Dr. Murray



Dr. Woofter

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Anthrax

Continued from page one

Food and Drug Administration to monitor any developments.

For now, says CDC’s Dr. Kohn, members of the dental team should educate themselves about the anthrax disease and maintain a “heightened sense of awareness.”

For that to happen, he says, dentists and dental personnel should know their resources.

“Dentists should know where to refer dental personnel and patients who have questions about anthrax. The CDC Web site is a good resource,” he says. (See related story, this page).

That site, “The Centers for Disease Control’s Public Health Emergency Preparedness and Response,” offers health officials, health care professionals and health care consumers information, recommendations and links on anthrax-related topics.

For dentists and dental office personnel, Dr. Kohn echoes these CDC guidelines: “Dentists should know the signs and symptoms of possible anthrax infection. Like all health care providers, maintain a heightened awareness of symptomatology. If something raises your level of suspicion, activate the system in place. Contact your local authorities through 911.”

Depending on the situation’s urgency, he adds, the dentist can contact the physician directly.

Mary Kay Sones, a spokeswoman for the CDC, recommends that if a dentist suspects a patient has been exposed to anthrax, the dentist should report the claim to the state public health department using the state’s Department of Health Communicable Disease Epidemiology.

“They should also contact their local Federal Bureau of Investigation office,” she adds.

Questions have surfaced about the difficulty in distinguishing between anthrax powder and the powder found in latex products, such as gloves.

Again, Dr. Kohn advises that vigilance, not alarm, should be the watchword.

“We have no reason to suspect gloves would be a vehicle for terrorist use,” says Dr. Kohn. “If a box of gloves raises suspicions, treat it as any other suspicious package and contact your local emergency center.”

Dr. Meyer says the Food and Drug Administration reports “no evidence or reason for concern that latex products have been contaminated or have been involved” with any type of biologic tampering.

“Several manufacturers or distributors are now sealing the outer packages or containers of latex gloves to prevent or minimize tampering and provide assurance to providers that the products are safe,” he says.

Anthrax has three modes of transmission in humans: inhalation, gastrointestinal and cutaneous.

Dr. Kohn says that redness and swelling in the oral pharynx could be associated with gastrointestinal anthrax. That form of the disease, contracted primarily from eating undercooked and contaminated meat, is rare.

Available medical literature, says Dr. Kohn, indicates only one case of gastrointestinal anthrax, that of a woman from Asia nearly 30 years ago.

All confirmed cases of anthrax in the recent outbreak have either been inhalation or cutaneous forms of the disease.

“Dentists should be aware of cutaneous lesions that may occur on a patient’s face and neck,” says Dr. Kohn. For example, he cites the Oct. 26 Morbidity and Mortality Weekly Report, which detailed the case of a patient with a facial ulcer. “Not that a dentist would treat that,” he explains, “but it would be part of their standard exam. It’s all part of a needed heightened sense of awareness.” ■

Anthrax resources

Information about anthrax, infection control guidelines, anthrax antibiotic treatment, guidelines for handling suspicious packages, and federal, state and local updates are available at the following federal agency Web sites, along with telephone numbers:

- The United States Postal Service: “www.usps.com”, phone 1-800-275-8777;
- FBI: “www.fbi.gov”, phone 1-202-324-3000;
- FBI field offices by state: “www.fbi.gov/contact/fo/info.htm”, or by phone 1-202-324-3000;
- U.S. Department of Health and Human Services, “www.hhs.gov/hottopics/healing”, phone 1-877-696-6775 or 1-202-619-0257;
- Dr. Jeffrey P. Koplan, CDC director, interview: “www.cdc.gov/od/oc/media/qatext.htm”, phone 1-800-311-3435 or 1-404-639-3534;
- The CDC’s Health Advisory: “www.bt.cdc.gov/documentsApp/Anthrax/10122001Handle/10122001Handle.asp”, phone 1-800-311-3435 or 1-404-639-3534;
- The Morbidity and Weekly Weekly Report: “www.cdc.gov/mmwr”, phone 1-404-639-3534;
- CDC’s Health Alert Network: “www.

phppo.cdc.gov/han/Index.asp”;

- Johns Hopkins Center for Civilian Biodefense Studies: “www.hopkins-biodefense.org”, phone 1-410-223-1667;
- National Library of Medicine: “www.nlm.nih.gov/nlmhome.html”, phone 1-888-346-3656;
- Download the Federal Emergency Management Agency guide for All-Hazard Emergency Operations Planning at “www.fema.gov/library/allhzpln.doc”, phone 1-202-646-4600;
- The Journal of American Medical Association, “www.jama.org”, phone 1-312-464-5000. ■



Coping with stress

New practice management issues at hand

BY ARLENE FURLONG

"Yesterday, I had five kids in the office who lost their fathers Sept. 11."

Dr. Chester Palmieri, a Rockville Centre, New York orthodontist, couldn't better illustrate why the terrorist attacks are presenting many dentists with new challenges—in both managing office staff and providing patient care.

And New York dentists aren't the only ones affected.

Diminished staff productivity and signs of increased emotional sensitivity in patients are among practice changes dentists reported to the ADA News.

To assist members with stress-related issues in their practice, the Association's Department of Dental Society Services last month sponsored a conference call seminar with executive directors of constituent and component societies, facilitated by John Stutesman, Ph.D.

The clinical psychologist and assistant professor of Northwestern University Medical School told participants and the ADA News that a lingering sense of insecurity is likely to cause an increased sense of vulnerability or danger in many people.

"There's usually a sense of closure to a traumatic event," says Dr.

Stutesman. "It's usually a single event and then it's over. Now, people are waiting for the other shoe to drop."

He says understanding normal responses to these abnormal events can aid in coping with feelings, thoughts and behaviors of dentists, their employees and their patients.

"If you know what to expect, it will help with the learning and recovery process," he says.

Reactions which he says are normal and do not characterize mental illness include:

- anxiety;
- distress;
- anger;
- fatigue;
- depression.

These common symptoms following a traumatic event occur within one month after the trauma, last from two to four weeks and are defined "acute."

Delayed reactions may be the same as acute



Dr. Palmieri

reactions; the major difference being they develop more than one month later. These are also considered normal.

"Everyone responds differently—depending on their previous experience and individual coping strategies," notes Dr. Stutesman. "And it's important to recognize that new traumas can open old wounds."

He emphasized that it's only the debilitating reactions that require professional intervention.

"Pay attention to each other," he advises. "If a worker seems stressed it's a good idea to cut that person a little slack."

He says that only people who are overwhelmed by distress are deemed "at risk," as they can jeopardize personal and professional relationships, even become suicidal.

"It's not a problem if someone loses one night of sleep, but if someone is losing weeks of sleep—it is. Or, if somebody just can't make it to work anymore, it's time to encourage that person to get professional help."

Gabriele Wiener, executive director of the Nassau County Dental Society, says the conference call seminar was "perfectly timed."

"It's just that kind of camaraderie and support for each other that needs to be shown in the workplace," she said. "The other directors in organized dentistry seemed to feel the same way."

Dr. Palmieri says it's camaraderie and a sense of community that is keeping his office staff and patients together.

"In a sense, coming here is being part of a community," he says. "I'm starting to realize that it's not at all insignificant. The kids come here and play games, watch television, talk to each other—they're happy to be part of something."

While dentists can't take on the role of front-line mental health care workers for their patients or their staff, Dr. Stutesman suggests following a few time-tested guidelines in the office to aid stress management.

Some interviewed executive directors said pre-defined disaster response planning is a suggestion they plan to implement.

"Having a game plan to respond to any 'critical incident' will help everyone keep perspective because it lessens the sense of unpredictability and gives people a sense of direction," says Martha Reinbold, executive director of the Alaska Dental Association.

To alleviate such stress, Dr. Stutesman suggests that dentists and staff develop an uncomplicated plan for implementation during any event that has the potential to affect everyone in the group.

He suggests first defining what constitutes an "event" and then designating a leader to convene the response—such as calling medical personnel or releasing staff.

For information on coping with the events of Sept. 11, contact the American Psychological Association at 1-800-964-2000, or go to "helping.apa.org/daily/traumaticstress.html"; or call the American Psychiatric Association, 1-888-357-7924, or go to "www.psych.org/public_info/copingdisaster92001.cfm".

Materials on stress management are also available from the ADA Council on Dental Practice. For more information, contact Linda Kittelson, director of the ADA Well-Being programs, at Ext. 2622, or e-mail "kittelsonl@ada.org". ■

Researchers working on anthrax treatments

Findings cited by National Institutes of Health, published in scientific journal

BY CRAIG PALMER

Washington—Disease investigators Oct. 23 announced progress on research that could open doors to new and improved anthrax treatments.

"These reports greatly increase our understanding of how anthrax toxin destroys cells and offer promising ways to develop treatments for advanced disease by attacking the toxin itself," Anthony S. Fauci, M.D., said at a press conference announcing studies by two groups of researchers. Dr. Fauci is director of the National Institute of Allergy and Infectious Diseases, one of the National Institutes of Health, the world's leading biomedical research center.

National Institute of Dental and Craniofacial Research investigators also participated in anthrax research described in a special advance online publication of the journal Nature ("www.nature.com/nature"). The NIH announcement and related information are available at the NIAID Web site ("www.niaid.nih.gov/newsroom/releases/anthraxspec.htm") with a link to the Nature reports.

NIDCR's Stephen Leppla, Ph.D., participated in the research cited by the NIH and the journal Nature. An NIDCR spokeswoman described him as an expert on anthrax toxin.

An Oct. 23 New York Times report discusses

Dr. Leppla's research on the part of anthrax toxin that attaches to its target molecule in a human cell. An NIH Web search produced an NIDCR grant for Targeted Cytotoxic Proteins Derived from Bacterial Toxin, with Dr. Leppla as principal investigator.

The disease type of greatest concern to researchers is inhalation anthrax, which can occur after a person inhales a large number of bacterial spores, according to the NIH. The spores move to the lungs and germinate, producing a potent toxin.

"If you do not kill the anthrax bacterium soon after infection, the microbe has time to produce potentially fatal levels of toxin, against which current drugs are not likely to be effective," Dr. Fauci said.

The research described by Nature and the National Institutes of Health asks two critical questions:

- What molecule on the surface of animal cells does protective antigen use as a doorway, or receptor, for entry?

- How does the "lethal factor" toxin attach to and destroy its intracellular targets?

The new publications describe exciting new opportunities for study at a time when the nation is paying unprecedented attention to the disease, said the NIH.

The research, however, started well before recent events thrust anthrax into the public spotlight. ■

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- 10:00 AM: Session 2: "The Art of the Treatment"
- 10:30 AM: Session 3: "The Art of the Practice"
- 11:00 AM: Session 4: "The Art of the Patient"
- 11:30 AM: Session 5: "The Art of the Team"
- 12:00 PM: Lunch
- 1:00 PM: Session 6: "The Art of the Business"
- 1:30 PM: Session 7: "The Art of the Marketing"
- 2:00 PM: Session 8: "The Art of the Leadership"
- 2:30 PM: Session 9: "The Art of the Innovation"
- 3:00 PM: Session 10: "The Art of the Inspiration"
- 3:30 PM: Session 11: "The Art of the Motivation"
- 4:00 PM: Session 12: "The Art of the Persistence"
- 4:30 PM: Session 13: "The Art of the Passion"
- 5:00 PM: Session 14: "The Art of the Dedication"
- 5:30 PM: Session 15: "The Art of the Commitment"
- 6:00 PM: Session 16: "The Art of the Integrity"
- 6:30 PM: Session 17: "The Art of the Honesty"
- 7:00 PM: Session 18: "The Art of the Humility"
- 7:30 PM: Session 19: "The Art of the Modesty"
- 8:00 PM: Session 20: "The Art of the Simplicity"
- 8:30 PM: Session 21: "The Art of the Clarity"
- 9:00 PM: Session 22: "The Art of the Focus"
- 9:30 PM: Session 23: "The Art of the Determination"
- 10:00 PM: Session 24: "The Art of the Resilience"
- 10:30 PM: Session 25: "The Art of the Perseverance"
- 11:00 PM: Session 26: "The Art of the Endurance"
- 11:30 PM: Session 27: "The Art of the Patience"
- 12:00 AM: Session 28: "The Art of the Tolerance"
- 12:30 AM: Session 29: "The Art of the Forgiveness"
- 1:00 AM: Session 30: "The Art of the Compassion"
- 1:30 AM: Session 31: "The Art of the Kindness"
- 2:00 AM: Session 32: "The Art of the Gentleness"
- 2:30 AM: Session 33: "The Art of the Meekness"
- 3:00 AM: Session 34: "The Art of the Mildness"
- 3:30 AM: Session 35: "The Art of the Sweetness"
- 4:00 AM: Session 36: "The Art of the Goodness"
- 4:30 AM: Session 37: "The Art of the Beauty"
- 5:00 AM: Session 38: "The Art of the Purity"
- 5:30 AM: Session 39: "The Art of the Innocence"
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- 7:30 AM: Session 91: "The Art of the Kindness"
- 8:00 AM: Session 92: "The Art of the Gentleness"
- 8:30 AM: Session 93: "The Art of the Meekness"
- 9:00 AM: Session 94: "The Art of the Mildness"
- 9:30 AM: Session 95: "The Art of the Sweetness"
- 10:00 AM: Session 96: "The Art of the Goodness"
- 10:30 AM: Session 97: "The Art of the Beauty"
- 11:00 AM: Session 98: "The Art of the Purity"
- 11:30 AM: Session 99: "The Art of the Innocence"
- 12:00 PM: Session 100: "The Art of the Simplicity"

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A chat with Walter Cronkite

Veteran newsman shares insights

BY JAMES BERRY

"It is my distinct pleasure to welcome all of you to Kansas City," said KC Mayor Kay Barnes, who also had the pleasure of introducing her cousin, Walter Cronkite, to the dentists and guests attending the Oct. 13 Opening Ceremony of the 142nd Annual Session of the American Dental Association.

Mayor Barnes and the veteran newsman sat on the stage in the Municipal Arena in wingback easy chairs, a floral arrangement on a coffee table at their feet. It was a cozy setting of living-room intimacy, except for the presence of several thousand onlookers.

The two cousins chatted amiably about Mr. Cronkite's remarkable 60 years as a journalist—a career that earned him the respect of world leaders, a dozen U.S. presidents and the many millions who tuned in each night to hear what "Uncle Walter" had to say about the day's events on the "CBS Evening News."

A Kansas City native whose grandfather, father and uncle all were dentists, Mr. Cronkite anchored the nightly news for 19 years, gaining a reputation for integrity and fairness. Generations of Americans came to know him as "the most trusted man in America." It is a moniker that, after 20 years in retirement, still seems to fit him as comfortably as a blue suit.

His conversation is like a narrative history of the 20th century. All the familiar names of the last six decades live in his memory—from Herbert Hoover (an "incredibly dull" man) to Richard Nixon ("he had no small-talk at all") to Lyndon Johnson ("he would grab you by the lapels and lift you right off the ground") to the late Egyptian President Anwar Sadat ("a man of great physical courage who paid with his life for it").

"It was the most heinous attack against civilians that we've seen in our lifetime," said the retired newsman. "It was a terrible disaster, unbelievable, incredible."

Inevitably, the conversation turned to the events of Sept. 11 and their aftermath.

"It was the most heinous attack against civilians that we've seen in our lifetime," said the retired newsman. "It was a terrible disaster, unbelievable, incredible."

Of the ensuing war in the Middle East, "I think we're only at the beginning of what will be a long, drawn-out affair," he said.

Mayor Barnes asked her cousin why, in his view, some Middle Eastern people apparently "feel such rage" for America. "Can you help us understand both sides of that issue?" she asked.

"No," Mr. Cronkite replied flatly, then proceeded to offer his insights. He blamed poverty and religious fanaticism for some of the anger, but he also said American television is partly to blame.

"They see our riches on TV," he said. "They watch us indulging in the richness of our lives, and they have none of this. I believe this hate is really more economic in origins than any other factor."

He urged all Americans to support the president and the armed forces in the current conflict. The military, he said, "has every right" to keep certain secrets for national security reasons and

Annual Session

for the security of those "in harm's way."

He added, however, that "we not only have a right to know what our military is doing in our name, but we have a duty to know."

Americans, he said, have "proved in other crises" that they are a "sympathetic people, a caring people," a nation that "unites behind its government" in times of crisis.

In times like these. ■



Photos by Lagniappe Studio

KC cousins: Kansas City Mayor Kay Barnes (right) interviews her cousin, veteran newsman Walter Cronkite, during the opening ceremony of the ADA annual session Oct. 13 at the Kansas City Municipal Arena.

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People

Dentist recreates history

Follows flight path of legendary pilot Amelia Earhart

BY KAREN FOX

Rye, N.Y.—Concluding a journey that she describes as having “renewed [her] faith in humanity,” Dr. Carlene Mendieta landed an

antique airplane at a quiet airstrip here Oct. 2.

In doing so, the California periodontist successfully recreated the flight that made Amelia Earhart famous in 1927.

The flight began as a way to promote awareness of the legendary pilot’s achievements, but became something more meaningful when it came to an abrupt halt on Sept. 11.

“We had only been gone a week,” said the 47-year-old Sonoma, Calif., pilot. “Then after the attacks we were grounded in Hobbs, New Mexico. On the whole, we just really felt like that we had to complete this trip even more than ever. We didn’t want terrorism to make our country come to a standstill.”

After a 10-day setback, she left Hobbs and completed the flight—and even managed to complete the trip five minutes ahead of schedule.

Plans to recreate Ms. Earhart’s groundbreaking flight were set in motion earlier this year. Greg Harrick, a vintage plane collector, approached Dr. Mendieta and invited her to fly his Avro Avian 7083—a sister ship that was manufactured three weeks prior to Ms. Earhart’s.

“I’ve always been interested in Amelia Earhart and all the women who flew during the golden age of aviation,” Dr. Mendieta said. “But until I agreed to do this trip, I truly did not



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Dr. Mendieta

know the magnitude of the records she set or what a humanitarian she was, in the respect of tirelessly campaigning for women and young girls to get out of the home, go into aviation or another professional endeavor of their choosing.”

Following her Sept. 5 departure from Rye, N.Y., Dr. Mendieta meticulously followed the details of Amelia Earhart’s historic flight—from the towns she visited to the people she saw, even the meals she ate.

“Yes, we had chicken dinner at 9 a.m. in Terre Haute,” she said.

About a dozen people who met Amelia Earhart during her historic flight came out to meet Dr. Mendieta. All of them signed the airplane’s wing.

Dr. Mendieta—who received her pilot’s license only two years ago—has fond memories of an earlier era of aviation, which she cultivated in youth. Growing up in the rural countryside of Winnemucca, Nev., she recalls watching ranchers flying their Piper Cub airplanes to inspect their herds.

She went on to dental school at the University of the Pacific and completed her training in periodontics at the University of California at San Francisco.

All along she never relinquished her romantic notions of aviation.

Today she is an experienced “tail-dragger” pilot, which refers to a particular type of aircraft

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Photos by HistoricAviation.com



Dr. Mendieta's craft: An Avro Avian 7083—a sister ship manufactured three weeks prior to Amelia Earhart's.

where the landing gear consists of a main landing gear and a tail wheel at the rear of the craft. She owns three vintage airplanes, does most of her flying out of uncontrolled grass airports in California's Napa Valley and belongs to The Ninety-Nines, an organization of 6,500 female pilots that was founded by Ms. Earhart in 1929. Dr. Mendieta seldom uses a radio on her flights, and like Amelia Earhart, her favorite plane has no radio or electrical system. She calls flying solo in an antique airplane "a very special experience."

■ **"I truly did not know the magnitude of the records she set or what a humanitarian she was, in the respect of tirelessly campaigning for women and young girls to get out of the home, go into aviation or another professional endeavor of their choosing."**

"There is nothing quite like being in an open cockpit, having the wind in your face, being able to fly low and clearly see the scenery, and feel that you are actually flying the plane," she said. "It's a wonderful time of solitude to reminisce and get a feel for what pilots were experiencing generations ago."

Dr. Mendieta explains one of her reasons for deciding to recreate the flight.

"There is still a need for female role models like Amelia Earhart for women and young girls today. Even in our own profession—and especially in mine, periodontics—women are still a minority, and definitely in aviation they are a minority.

"I think in many of the 'male-dominated' professions, women are not equally represented, and not that I think they are excluded, but I think a lot of women are timid about pursuing those careers."

Continuing the flight after the terrorist attacks gave Dr. Mendieta a deeper sense of what it means to be an American.

"We are fortunate to live in such an amazing country," she said.

"Making this journey allowed me to see people and places that I never would have had a chance to see. It reminded me that we really are a cohesive group, as varied as we are." ■

Dentist relaxes, wins with archery

BY KAREN FOX
Thabazimbi, South Africa—Do good things come in threes?

They do for Dr. Larry Yien, a Santa Cruz, Calif., general dentist and three-time world-champion of the International Field Archery Association.

Named to the U.S. National Field Archery Association team for the



Dr. Yien

third time, Dr. Yien competed in the Champion of Nations contest last year and led his team to its third consecutive title.

He also brought home the gold medal for the men's longbow championship—shooting "Robin Hood"-style with a wooden arrow and feathers.

In September, Dr. Yien received yet another honor. "I was invited to join the USA team that will compete in the 2002 World Field Archery Championships in Scotland," he wrote to the ADA News.

Dr. Yien calls archery "a calming sport."

"I really got into it for relaxation, and I enjoy it more as a hobby," he said. "But it's also a neat way to get away from the intensity of a dental practice." ■

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References: 1. Harper DS, Osborn JC, Hefferren JJ, Clayton E. Caries Res. 1986;20:123-130. 2. Reynolds EC, J Dent Res. 1997;66:1120-1127. 3. Reynolds EC, J Dent Res. 1997;76:1567-1593. 4. Reynolds EC, J Spec Care. 1998;18(1):8-16. TMRecaldent is a trade mark of Bonlac Foods Limited, 636 St Kilda Road, Melbourne, Vic, Australia, 3004. TMTrident is a trade mark of Pfizer Inc. Recaldent™ is milk-derived, and therefore not recommended for people with milk allergies. Recaldent™ will not affect people with lactose intolerance. Recaldent™ can be found in Trident Advantage™ and Trident for Kids™ Sugarless chewing gum, and new Trident Advantage™ Sugarless Mints. For more information go to www.recaldent.com



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Educating children

South Carolina, New York win Harris NCDHM recognition

BY KAREN FOX

For the second consecutive year, the South Carolina Dental Association won the top prize in the Samuel D. Harris National Children's Dental Health Month Program Awards.

One of last year's meritorious winners, the New York State Dental Association, received the meritorious award for 2001.

For their efforts, South Carolina and New York won \$2,000 and \$1,000, respectively.

With a generous contribution from Dr. Harris, the ADA established the awards to promote excellence in National Children's Dental Health Month programming at the state level. Entries were judged on:

- overall program impact;
- originality and creativity;
- member and local society involvement;
- affiliated group participation;
- planned program continuity.

Awards are granted with the intent that they be used to provide further statewide coordination of NCDHM programs.

The campaign that garnered a win for the South Carolina Dental Association utilized the theme, "Looking Buff."

Dr. Carol French, NCDHM chair for South Carolina, said they adapted the term to emphasize the importance of basic oral health maintenance and prevention.

"Children use the term 'looking buff' to mean, 'You look your best,'" she explains. "In our campaign, buff was an acronym for 'Brush-Use-Floss&Fluoride.'"



Smile time: Mr. Sparkle welcomes a child to one of New York's screenings during National Children's Dental Health Month.

The SCDA partnered with BellSouth Pioneers, a group of active and retired employees of BellSouth, to extend their messages throughout the state. In all, more than 10,000 hours were donated to make the NCDHM and "A Brush with BellSouth" program a success, particularly with kindergarteners.

SCDA dental team members visited 90 percent of the state's kindergarten and first-grade students, and TV impressions and Web site hits totaled an estimated 1,214,000 viewers.

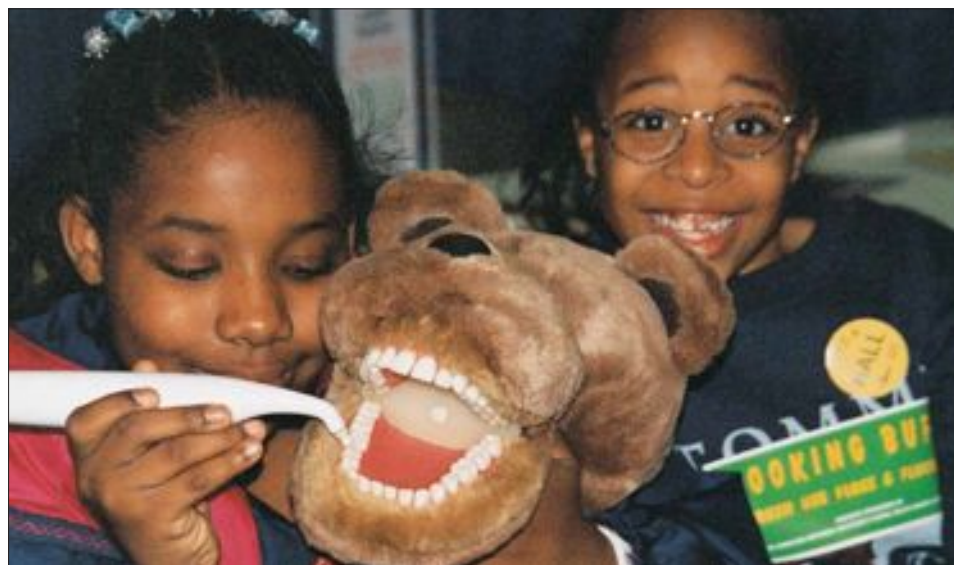
Elements of previous award-winning campaigns earned distinction once again for the NYSDA, which took home the meritorious award this year.

In New York, statewide participation grew with the 10-year-old contest, "Keeping Smiles Brighter." Procter and Gamble partnered with NYSDA to make the program a success. More than 13,000 entries from the state's public and private schools were received in 2001.

New York also revived "Sugarless Wednesday" this year. The event helps children become more aware of healthy nutrition choices by restricting non-essential sugars for a day.

Dr. Reneida Reyes, New York's NCDHM chair, said that about 500 dental offices in New York state provided volunteers for presentations and other events. NYSDA-sponsored school visits reached more than 109,000 children, 7,000 parents and 2,900 parents and coaches.

The ADA Department of Public Information is now in the process of distributing to dental societies packets for the 2002 campaign. For more information, contact the ADA at Ext. 2593. ■



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