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American Dental Association, Publishing Division

FDA OKs endodontic laser, page eight ◆ ADAHF funds projects, page 18

AMERICAN DENTAL ASSOCIATION
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FEBRUARY 4, 2002 www.ada.org VOLUME 33, NO. 3

New approach

President's OSHA team negotiates ergonomic settlement agreement

BY CRAIG PALMER

Washington—The Bush administration signaled a new approach to ergonomics policy Jan. 15 in negotiating agreement with one of the nation's largest nursing home operators and a union representing its

■ ADA action on ergonomics, page 14

See APPROACH, page 14

Labor Department: Secretary Elaine L. Chao says the agreement resolves years of litigation.

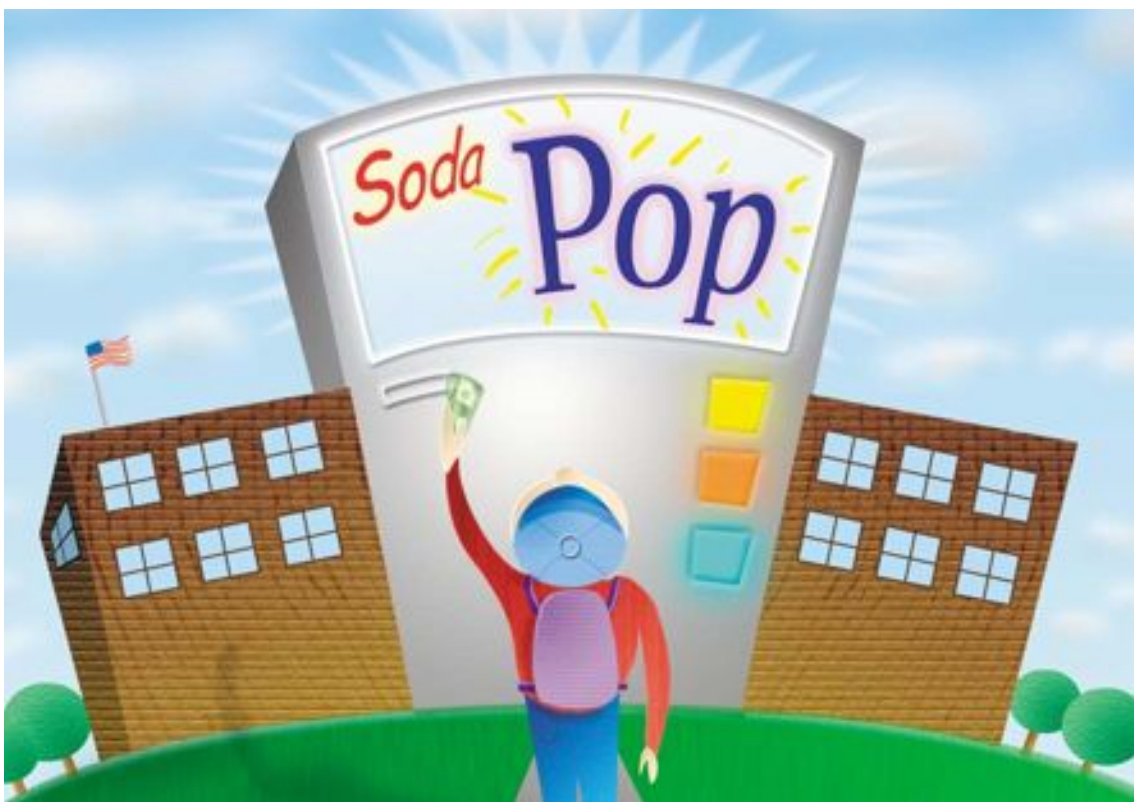

Illustration by Peter Solarz

The big gulp

ADA policy on soft drinks in school spurs reaction from manufacturers

BY STACIE CROZIER

Recent chiding about the ADA's policy on exclusive soft drink contracts with schools by a national association representing soft drink companies unfairly depicts the facts, says Dr. Robert L. Nelson, chairman of the ADA Council on Access, Prevention and Interprofessional Relations.

"The National Soft Drink Association is asserting that the ADA is anti-soft drink and that

■ California adopts soft drink law, page 20
■ ADA brochure, page 20

Association policy and a recent white paper on soft drink consumption in schools contradicts the latest scientific data, and that is simply not true," says Dr. Nelson. "ADA policy adopted by the House of Delegates in 2000 on this issue calls for continued monitoring of scientific facts and data on the oral health effects of soft drinks, but more importantly, it opposes contracts that offer increased access of soft drinks to children and influence their consumption patterns."

Carbonated beverages, sports drinks and juices have bubbled into a $60-billion-a-year industry. In

See GULP, page 20

Guide to software

ADA.org answers questions on dental programs

BY ARLENE FURLONG

What would you rather do with your free time this spring?

Examine dental trade magazines and surf the Internet in search of reliable information on dental practice management software?

Pad around the green in pursuit of the perfect putt?

■ IRS rule urged, page 15

The choice is yours since the ADA Department of Dental Informatics posted the Directory of Practice Management Software at ADA.org.

"We want to help members choose software that fits their practice," says ADA Executive Director James Bramson. "Prior to this, there wasn't a centralized location where dentists could peruse relevant information."

Questions posed by ADA members to the Department of Dental Infor-

See SOFTWARE, page 23

BRIEFS

Hold the line: ADA Chicago staff will attend an all-employee meeting Feb. 14 from 1:30-4 p.m. (Central Standard Time) and will be unavailable for phone calls.

Those calling ADA headquarters during this meeting will have the option of leaving a message in voice mail. E-mail and the Association's Web site ("www.ada.org") will be accessible.

Callers can anticipate a prompt response following the meeting.

The ADA thanks callers for their understanding.

Four days in April: Physicians, nurses, dentists, psychiatrists, psychologists and others working in correctional facilities will gather in Fort Lauderdale, Fla., April 13-16, for "Clinical Updates in Correctional Health Care."

The four-day conference at the Broward County Convention Center will offer more than 30 clinical workshops, seminars and plenary sessions with correctional health experts.

The National Commission on Correctional Health Care, the Academy of Health Professionals and Certified Corrections Health Professionals are sponsoring the conference.

For more information, contact the NCCHC in Chicago by calling 1-773-880-1460, e-mail "ncchc@ncchc.org" or visit the Web site: "www.ncchc.org". ■

INSIDE

Making the call

Two dentists hit the NFL gridiron as referees. **Story, page 22.**

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Student clinicians: Winners of the ADA/Dentsply Student Clinician program for 2001 held at the ADA annual session include: (from left) for clinical application and techniques, Dana A. Gamblin, Southern Illinois University, first place; Demetrios C. Syrpes, University of Colorado, second place; Thomas D. Faber, University of California, Los Angeles, third place; for basic science and research, Ginger P. Glayzer, University of California, San Francisco, first place; Sherri Lyn Chong, University of Pittsburgh, second place; and Daniel H. Chen, University of Pennsylvania, third place.

ONLINE EXTRA

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

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DENTISTRY RESPONDS

New role in disaster response

PHS, private sector joint efforts after 9-11 are model for future

By Craig Palmer

Bethesda, Md.—The "exemplary" service of dentists responding to Sept. 11 and anthrax terrorist attacks is shaping a new disaster-response role for the dental profession in the view of the chief dental officer of the U.S. Public Health Service.

"These events have tested both my leadership and that of the dental corps," said Dr. Dushanka V. Kleinman, PHS dental chief since July 1, 2001. "I must applaud the willingness, readiness, dedication and commitment of the dental officers. They were eager to contribute. Those who were deployed served in an exemplary fashion.

"I believe there is a new role for dentists, not just PHS dentists, emerging from these disasters," she said in an ADA News interview.

Dr. Kleinman is deputy director of the National Institute of Dental and Craniofacial Research, one of the National Institutes of Health in this suburban community bordering Washington, D.C. She is an assistant U.S. surgeon general and the first woman to head the PHS dental corps since the chief dental officer position was established in 1923.

Dr. Kleinman discussed the nature and extent of the continuing response of PHS dentists to terrorism. The PHS dental team "is contributing to a report requested by Congress on the future organization and management" of the commissioned corps of PHS medical and dental officers and its disaster response capability, she said. The report is part of a broader inquiry by the administration and Congress on the public health response to terrorism.

PHS dentists have provided "a full range of services" in response to the recent terrorist attacks, said Dr. Kleinman. "Dentistry's response to catastrophic events is multifaceted." Military and civilian dentists also describe their actions in response to the Sept. 11 terrorist attacks and anthrax mail threats in terms of the range of services they provided and the multi-disciplinary teamwork involved.

"We have a natural niche in forensic odontology," Dr. Kleinman said. "As techniques evolve in forensics, dentists must be prepared to apply additional tools such as DNA analysis. I was impressed with the response of the dental identification teams of the local dental societies and by the Armed Forces Institute of Pathology staff. PHS dentists contributed to about one-fourth of the identifications of victims in New York City. Dental records were used in identifying more than 63 percent of the Pentagon cases.

Photos by Anna Ng Delort

Office view: "Dentistry's response also illuminated the profession's role in primary care," Dr. Kleinman observes.

Colleagues: Dr. Kleinman works in her NIDCR office with Dr. Caswell Evans on the National Oral Health Initiative. Dr. Evans, NOHI director, was executive editor of the Surgeon General's 2000 report, "Oral Health in America."

"The anthrax-related events have raised awareness of the public and the health professions of the need for a strong public health infrastructure," Dr. Kleinman said. "Enhancing the public health infrastructure depends upon the active participation of private practicing dentists as well as those participating in public health programs.

"Infectious agents will not be limited to underserved populations or to those visiting dental offices."

Public and private practice dentists will need to work together and with other health care providers, as they did in response to the recent terrorist attacks, to provide necessary services, accurate health information and education to the public, Dr. Kleinman said.

"One can envision services such as diagnostic aids for exposure to microbes, and surveillance activities to document symptoms and signs of exposure, and referral," she said.

"For these services to be effective and useful, dentists will need to be routine users of the Internet, through which they can submit and share surveillance data as well as receive updates and training on the emerging issues.

"Dentistry's response also illuminated the profession's role in primary care," Dr. Kleinman added.

"PHS dental officers provided a range of triage, referral and first-response services. The dental research and education communities also have roles. Ongoing research is aimed at developing rapid diagnostic aids, such as the use of saliva, to identify exposure. Educators need to consider what additions are warranted for predoctoral, graduate and continuing education courses."

■ "Enhancing the public health infrastructure depends upon the active participation of private practicing dentists as well as those participating in public health programs.

"Infectious agents will not be limited to underserved populations or to those visiting dental offices."

PHS dentists, including those in the corps of commissioned dental officers, are assigned to various government agencies. Some voluntarily participate in such PHS response organizations as the commissioned corps readiness force, disaster medical assistance team and epidemiology intelligence service in addition to their regular duties.

Dr. Kleinman credited the support of dental officers who stood in for dentists on terrorist-related assignment, federal civil service employees and "the rest of the PHS dental team" for enhancing the PHS dental effort. ■

PHS on the job

Officers came from across the country to help at ground zero

Editor's note: *Senior Editor Mark Berthold interviewed six PHS dentists to capture their part in dentistry's response to 9-11. Their recollections follow here.*

Cmdr. Donald Ross: Bringing closure

Chicago—"The toughest part was not so much dealing with the remains—even though I'd never done it before," says Cmdr. Donald Ross (shown in photo above, right). "It was later, working in antemortem with personal items the family had sent: photographs, the handwritten note of a small child to please find my daddy.

"This 'collection of humanity' really overwhelmed."

Dr. Ross was deployed from the Metropolitan Correctional Center of Chicago to ground zero.

"We lingered before these photographs with a sense of the multiple functions of our job—including to give the family emotional closure," he says.

Shortly after the identification process began, Dr. Ross was watching TV and saw a news clip of the recovery operation.

"The clip was of a widow and child of a firefighter, they were crying, and when they said the name of the firefighter, it was a man who we had identified," says Dr. Ross. "I shared that with our group as an uplifting reminder of why we were there, what we were doing, what our mission was."

Capt. David Clemens: More than just work

Oxford, Wis.—"We were [telephoning local] dentists for information about missing persons, and one dentist said the missing person was her sister," recalls Capt. David L. Clemens (shown in photo above, right).

"It immediately went from performing a job to a much more personal experience. It was difficult to speak; she would occasionally cry, and I would get a big lump in my throat."

Dr. Clemens, with the Federal Bureau of Prisons, was deployed to ground zero from Sept. 20 to Oct. 4.

See JOB, page six

PHS crew: Dentists assigned by the U.S. Public Health Service to forensic identification at ground zero. From left: Capt. Angel Rodriguez-Espada, Lt. Eric Eltzroth, Capt. Carolyn A. Tylenda, Cmdr. Mark McDowell, Cmdr. Donald Ross and Capt. Dave Clemens.

PHS provided range of services

BY CRAIG PALMER

Bethesda, Md.—Public Health Service dentists treated injuries on site and assisted in the identification of victims of recent terrorist attacks, said Dr. Dushanka V. Kleinman, the PHS chief dental officer.

"Most of the services were related to victim identification using forensic odontology procedures and managing the postmortem and antemortem data entry and analysis systems," she said. PHS dentists also:

- searched for survivors, assisted in Sept. 11 rescue, logistics;
- treated craniofacial injuries;
- conducted 9/11, anthrax-related epidemiological investigations;
- provided court-ordered, identification-documented death certificates;
- provided nasal swabs, medications related to anthrax exposure;
- managed anthrax inquiries from health providers, state health departments;
- provided information to professional organizations;
- trained, supervised temporary staff for the New York City chief medical officer;
- served as primary dental liaison with PHS commissioned corps readiness force. ■

DENTISTRY RESPONDS

Job

Continued from page five

He recalls the demanding schedule, the daily struggles.

"We worked seven days a week in 12-hour shifts with a couple more hours of commuting, briefings and debriefings, meeting with psychologists to make sure we were not getting into 'trouble,' staying in control, not breaking down," says Dr. Clemens.

Other times were small victories.

"Twice we were able to positively ID a victim using a piece of a mandible and two teeth," says Dr. Clemens. "That was pretty exciting, actually getting a confirmed match—and you gain closure for the family."

Lt. Cmdr. Renee Joskow: Dealing with anthrax fear

Atlanta—"I was looking at this huge mound of metal standing almost in midair, as if suspended by a magnet; it was completely surreal, nothing like any pictures or images that I had seen on TV," recalls Lt. Cmdr. Renee Joskow. "It reminded me of this child's toy where you move a magnet and metal filings move with you, even vertically.

"While I was having these thoughts, the firefighters pulled out another body."

Dr. Joskow, an Epidemic Intelligence Service officer, was actually attending a course on disaster assistance relief training by the Office of Emergency Preparedness on the morning of Sept. 11. As the only dentist in the EIS, which responds to outbreaks of disease and emergencies, she headed straight for ground zero.

Dr. Joskow

"The most impressive thing was standing with the firefighters, police officers, Red Cross volunteers and military with an overwhelming feeling of camaraderie and doing the right thing," she says.

Though Dr. Joskow's main job was "syndromic surveillance" in hospital emergency rooms—"looking for any unusual illnesses, diseases or injuries, or increases in prevalence"—she also volunteered at ground zero during her off-shift, providing respirator and mask-fit testing and public health education.

Dr. Joskow was also assigned to the anthrax investigation in Washington: taking environmental samples and calling postal workers. Her feedback: both abuse and praise.

"It became very clear to me the level of fear, anxiety, stress, anger of the postal workers," she says. "The first day, it was difficult. I really felt for their frustration."

"Many of the postal workers just needed someone to listen to them," she adds. "Some were very thankful for our work. I felt very useful. One woman I had spent an hour with, she kept telling people how much I helped her."

Cmdr. Donald C. Belcher: Kudos to WinID system

Dr. Belcher

Portsmouth, Va.—"With the large-scale of ground zero, I really believe dentists and dental records played a larger role in victim identification than DNA did," says Cmdr. Donald C. Belcher.

Dr. Belcher, dispatched from the U.S. Coast Guard in Portsmouth, Va., was at ground zero from Sept. 26 to Oct. 10.

Dr. Belcher recalls needing bite-wing radiographs of the postmortem. All photos were taken in periapical format, however, which forced him to request the victims' remains be returned to the morgue to retake the radiographs. "Immediately, everything stopped," he says, "and they were like, 'What do you need, whatever it is, we'll get it for you.'"

Dr. Belcher says the identification process owes much to the WinID system developed by Dr. James McGivney.

Capt. H. Whitney Payne: Counseled practitioner

Dr. Payne

Seattle—"I was on the phone, gathering dental records and information for antemortem," says Capt. H. Whitney Payne Jr. "The dentist knew [which victim] I was talking about, even though I referred to that particular patient by a number—I don't know how he knew.

"The practitioner began talking personally about his patient and at that moment, I became a grief counselor," he recalls.

"Certainly, something I was not trained to do but I stayed on the phone with that dentist. In that moment, I felt like I helped the living as well as the deceased, and that episode gave me a greater sense of compassion and appreciation of humanity."

Dr. Payne, Oregon state dental director, worked Sept. 26 to Oct. 6 in antemortem and postmortem for the New York City chief medical officer.

Cmdr. Chris Halliday: Recovery well organized

Dr. Halliday

Rockville, Md.—"The rescue-and-recovery workers were the best—organized, professional, helpful in dealing with the forensic work and kind with the families of victims—the most impressive professionals I've ever worked with in my 14 years in the PHS," says Cmdr. Chris Halliday.

Dr. Halliday, of the Indian Health Service, was assigned to the Chief Medical Examiners office in New York City from Oct. 10-25.

One thing that struck Dr. Halliday was the age group of the victims. "A large majority were in their 20s, 30s and early 40s," he notes. "They were young people." ■

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Health & Science

Laser root canal approved

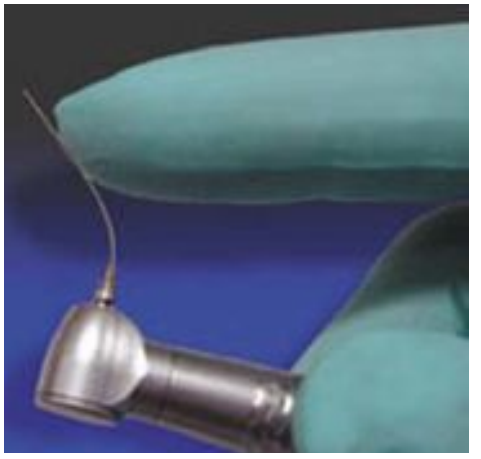
FDA gives OK to non-direct laser therapy

By Mark Berthold

Rockville, Md.—The Food and Drug Administration has granted Biolase Technology of San Clemente, Calif., clearance to market its Waterlase laser therapy for root canal procedures on hard and soft tissue.

The approval is the first by the FDA for a laser root canal and covers all enamel, dentin and pulpal removal as well as shaping of the root canal. The Waterlase is not a direct laser, the FDA explains, but instead provides optical energy to water, and the water particles themselves provide the cutting of dental hard tissue.

Use of the Waterlase may reduce the need for anesthesia and multiple instruments during treatment, according to Biolase. Postoperatively, it may reduce pain, discomfort, swelling and the need for antibiotics.



Waterlase: Water particles use optical energy to cut dental hard tissue.

Dr. Jeffrey Hutter, chair of the ADA Council on Scientific Affairs and president of the American Association of Endodontists, said, "The ADA and the AAE are always interested in the introduction of new instruments and materials that may improve the quality of endodontic care provided to patients."

"The ADA and the AAE, however, are very prudent in commenting on a particular instrument or material until they have had a chance to review the current science and clinical evidence pertaining to the safety and efficacy of that instrument or material," he added. ■

Illinois court rules on confidentiality of dental records

By Arlene Furlong

Are Illinois dentists covered by the physician-patient privilege? Yes.

Why?

Because the Appellate Court of Illinois, First District, concluded Nov. 26, 2001, that "dentistry is a branch of surgery." And according to the Illinois Code of Civil Procedure, "no physician or surgeon" is permitted to disclose patient information during legal proceedings, except under limited circumstances.

The ruling overturned the trial court's prior decision, which ordered two dentists to produce patient records subpoenaed by the Department of Professional Regulation as part of an administrative proceeding under the state dental practice act, but also urged defendants to appeal the case.

"Let some appellate court tell us in the future exactly what we should do," said the trial court, citing "no guidance from any appellate tribunal."

The Appellate Court determined in this case that the dentists' patient files are privileged, but the appointment books are not. The court noted that Illinois case law had established that revealing patient names alone would not violate the physician-patient privilege under the state's code of civil procedure.

Because dentists are not specifically named in the physician-patient privilege provision of the Illinois Code of Civil Procedure, the defendants appealed to the court on the grounds that dentists are considered "surgeons" under Illinois case law and therefore covered by the physician-patient privilege.

The Department of Professional Regulation cited case law from other states determining dentists are not physicians, but the Appellate Court upheld Illinois case law from 1952 which held that "dentistry is a subdivision of surgery."

The case demonstrates the significance of specificity in various state codes regarding whether dentists are within the class of health care providers covered by physician-patient privilege.

"The decision is a correct reading of Illinois law," says ADA Chief Counsel Peter Sfikas. "It protects patients' confidential dental information." ■

ADA joins dental products forum

Collaborates with industry, regulatory and research agencies

By Craig Palmer

Bethesda, Md.—Well-designed clinical trials are "crucial" to development of the next generation of dental products, said participants in a recent government-sponsored technology forum on the campus of the National Institutes of Health.

Successful trials require professional, industry, regulatory and research collaboration, according to invited forum participants representing partners in the development of products for practitioners and the public.

■ "Association participation gives the FDA insight on evaluation of dental products through the ADA Seal of Acceptance."

To promote this interaction, the National Institute of Dental and Craniofacial Research and Food and Drug Administration hosted the second annual dental, oral and craniofacial technology forum Dec. 11-13.

"Association participation in this forum gives the FDA insight on evaluation of dental products through the ADA Seal of Acceptance Program, increases Association understanding of FDA requirements and industry needs related to the marketing of safe and effective dental products and contributes to effective operation of the Seal program," said Clifford Whall Jr., Ph.D., Seal of Acceptance program director.

M. Mazhar Said, Ph.D., Seal program assistant director, and Dr. Frederick Eichmiller, director, ADA Health Foundation Paffenbarger Research Center, also represented the Association.

The forum included a workshop on effective product design for FDA approval. The FDA regulates drugs, biologics and dental and medical devices including drug/device combination products.

"Several outcomes related to clinical trial design emerged," said Dr. Edward F. Rossomando of the University of Connecticut School of Dental Medicine and a forum organizer along with NIDCR and FDA representatives. One of the regulatory issues cited by forum participants was "the complexity involved in obtaining FDA approval of technologies that are both devices and drugs," he said.

Several forum panels urged early pre-regulatory "informal" contact with the FDA toward resolving regulatory issues around device-drug combinations, Dr. Rossomando said.

"In addition, all teams emphasized the need for new, well-defined guidelines for products that may require multi-center reviews," he said.

More than 60 invitees represented government agencies, industry, professional and scientific societies, advocacy groups and educational associations. A workshop report will be available from Dr. Rossomando, requests by e-mail to "erossoma@nso2.uchc.edu".

The next NIDCR-industry collaborative effort, the third entrepreneurial venture fair in Chicago Feb. 21, is part of the Dental Manufacturers of America mid-winter meeting (details are available at the DMA Web site—"www.dmanews.org"). ADA and inventor presentations at these meetings are intended to interest manufacturers in licensing inventions and bringing new products to market, said Dr. Rossomando. Larry Chow, Ph.D., will be presenting PRC bone repair technologies at the upcoming fair in Chicago. ■

Forensic dentistry meetings

Two professional meetings are upcoming for dentists interested in forensic dentistry.

The American Academy of Forensic Sciences will host a meeting of all the forensic sciences Feb. 10-16 in Atlanta.

Nonmembers may attend many portions of the program to learn about the scope and contribution of the forensic sciences to criminal investigations. Physicians, dentists, police officers, lawyers and criminal lab specialists are among the participants.

For more information and to register call 1-719-636-1100 or visit "www.aafs.org".

The American Society of Forensic Odontology will conduct a concurrent program for dentists on Feb. 12, at the AAFS meeting site in Atlanta.

Dentists who become members are eligible for continuing education credits.

For more information and to register call 1-518-584-2342 or e-mail "skrivera@global2000.net". Or, go to "www.asfo.org". ■

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Annual Session

Cultural gumbo

NOLO a spirited port of call

By Stacie Crozier

New Orleans—Whether you call it the "Big Easy," the "Crescent City" or any other of its descriptive nicknames, this city has a flavor and atmosphere like no other.

Surrounded by Lake Pontchartrain and the mighty Mississippi River, and just 90 miles upriver from the Gulf of Mexico, this swampy port of call is rich in history and culture.

New Orleans is not a typical city of the American South, but an international port and conglomeration of many cultures and peoples. French, Creole, Spanish, Irish, German, Acadian (or Cajun), African, Native American and Italian settlers brought their languages, customs, foods, architecture and more to the city.

Rather than becoming a melting pot like other large American cities, New Orleans established itself as a unique, multi-cultural and cosmopolitan city that celebrates its diversity.

Graceful old-world architecture, antiques, refined European dining, café au lait and beignets coexist with jazz, blues, marching bands, zydeco, spicy Creole and Cajun cuisine, muffuletta and po' boys. Famous authors and musicians from Mark Twain and Louis Armstrong to Harry Connick Jr. and Anne Rice have drawn on New Orleans for inspiration and creative success.

As the largest city in Louisiana, New Orleans is home to just shy of 500,000. It draws an estimated 2,240,000 tourists and visitors from near and far for its annual Mardi Gras celebration, a day of raucous parties, costumes, parades and revels held the day before Ash Wednesday, the beginning of the religious season of Lent.

New Orleans' warm climate makes it a desirable tourist destination any time, beckoning visitors to enjoy the sights, sounds and tastes of the city on foot, via historic streetcars or even from the Mississippi on a riverboat cruise. ■

Photo by Richard Nowitz.

New Orleans at night: The beauty of the Crescent City is showcased in twilight.

Save the date for 143rd ADA annual session

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Save the dates now. Registration and housing information will be available in early May. To request an annual session 2002 Preview, call the annual session toll-free number, 1-800-232-1432, or e-mail "annualsession@ada.org". ■

Patchwork past

New Orleans' history has global roots

By Stacie Crozier

New Orleans—With roots that stretch across North America to the Indies, Europe and Africa, it's no surprise that the checkered past of New Orleans reflects many cultures and many twists and turns in world history.

The land on which New Orleans stands today was first claimed by French explorers in the early 1700s. Early settlers, primarily a handful of convict laborers and a half-dozen carpenters, founded La Nouvelle Orleans in 1718, only to have their work washed away by a destructive flood shortly after. Resourceful and stubborn settlers rebuilt the city with the added protection of levees that soon extended 30 miles upriver and 12 miles downriver from the settlement.

In 1762, France gave up its Louisiana territory to Spain, and during the next four decades, new Spanish architecture in this international port flourished along with existing French language and culture. Around the turn of the century, French emperor Napoleon I gained control of the territory but, busy with concerns in Europe and Turkey, he allowed Spanish officials to continue to exercise their local governing power.

By the end of 1803, the United States struck a deal with Napoleon to buy the huge, 828,000-square-mile territory for a mere $15 million, or just pennies an acre. The famous Louisiana Purchase stretched from the Mississippi River to the Rocky Mountains and from the Gulf of Mexico to the Canadian border. It nearly doubled the size of the United States and ended up providing the territory for 13 new states.

Louisiana became the nation's 18th state in 1812, and hosted one of the most famous battles against the British in the War of 1812. The Battle of New Orleans was a huge American victory that combined the forces of General Andrew Jackson and his war-worn troops, the infamous pirate Jean Lafitte and his men, local militia, Native American braves, Creoles and free men of color. Though the battle was fought two weeks after a peace treaty was signed, word of the end of the war didn't reach New Orleans until weeks after the battle.

Changing allegiance again, Louisiana seceded from the Union in February of 1861 and three months later joined the Confederacy. A Union blockade of the Mississippi River cut off access to supplies for the city and led to the fall of New Orleans in May 1862. The city remained under occupation for 15 years—a longer reconstruction period than any other city in the South. In 1868, Louisiana rejoined the Union. ■

Hard work in the "Big Easy": The Council on ADA Sessions and International Programs continues to prepare for annual session in New Orleans. Pictured are Dr. Kenneth Schott, local arrangements chair; Dr. Stephen F. Schwartz, CASIP chair; Dr. Joseph Schachner, program director; and Dr. Craig S. Yarborough, CASIP chair-designate.

Post-session tour explores Southwest

New Orleans—Experiencing the spiciness of history and cultural diversity doesn't have to stop at the "Big Easy" when you join the ADA's post convention tour Oct. 23-31 to explore America's Southwest.

The nine-day, eight-night excursion departs from New Orleans following annual session. Combining the beauty of historic Spanish missions and Native American grounds, the excitement of cowboy country and an authentic dude ranch and the wonder and technological achievement of the aerospace industry, this tour will allow you to enjoy the rich heritage and cultural nuances that give the Southwest its unique flavor.

The itinerary begins in the Lone Star State of Texas, home of authentic barbecue, rodeos and oil barons.

Highlights include Houston, home of NASA's Johnson Space Center; a cowboy ranch in Fort Stockton; historic San Antonio, home of the Alamo and the famous Paseo del Rio, or Riverwalk; and a trek down the famous Chisholm Trail. Then travelers can mosey on over to New Mexico, "the land of enchantment," where desert sunsets, earth tones and pastel buildings offer a feast for the senses.

For more information or a tour brochure, contact Attache-Tour Planners International in Toronto by calling toll-free (from the United States) 1-888-745-5555 or 1-416-962-3580; or e-mail "fstclair@attache.ca". ■

ADA addresses safety

Education, 'common sense' strategies continue

By Arlene Furlong

Association efforts to support educational and other "common sense" approaches to workplace safety are ongoing.

ADA leadership this year will meet with John Henshaw, new administrator for the U.S. Occupational Safety and Health Administration. "We plan to discuss details about many workplace issues that affect dentists in everyday practice," said ADA Executive Director James Bramson.

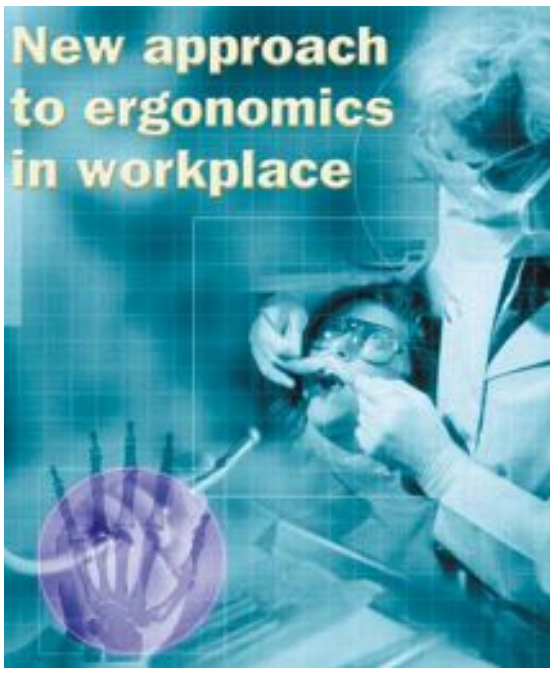
During a public forum on ergonomics safety held last spring, OSHA acknowledged the ADA as a reliable source of knowledge and expertise representing dentists on ergonomics issues.

The panel concluded, "By working with you we can reach the vast majority of dentists."

ADA President D. Gregory Chadwick highlighted cooperative approaches at a meeting last year with Labor Secretary Elaine L. Chao and her policy chief, assistant secretary Chris Spear of the U.S. Department of Labor. Mr. Spear told ADA officials and Washington staff the administration prefers such ADA-advised approaches rather than "reactionary enforcement."

The Association fought previous ergonomics regulation—deemed "too intrusive, too costly"—issued by the Clinton administration. Dentists went to Capitol Hill during last year's Washington Leadership Conference to thank House and Senate members who voted for the resolution of disapproval.

The ADA "Dental Ergonomics Summit 2000," brought to Chicago experts in the fields of ergonomics, dentistry and medicine to provide a basis for the Association's development of educational ergonomics resources. ■



Approach

continued from page one

employees to reduce back injuries among nursing assistants.

The "settlement agreement" calls for the employer to provide new training and equipment and the Occupational Safety and Health Administration to withdraw proposed fines.

"This agreement represents a major commitment to eliminate serious injuries and provide these employees the needed protection," said John L. Henshaw, OSHA administrator. The agreement resolves years of litigation and initiates "steps to eliminate hazards and better protect the employees of Beverly Enterprises," said Labor Secretary Elaine L. Chao.

Beverly Enterprises agreed to withdraw its contesting of OSHA citations and to adopt specific measures to reduce repetitive-stress injury, including establishment of an employee training program and purchase of new equipment, said the announcement on the OSHA Web site ("www.osha.gov/media/oshnews/jan02/national-20020115.html"). The case dates from a 15-month OSHA investigation that began in May 1991 in response to worker complaints of back injuries related to lifting and transferring nursing home residents.

■ The "settlement agreement" calls for the employer to provide new training and equipment and the Occupational Safety and Health Administration to withdraw proposed fines.

The Service Employees International Union, District Local 1199P and Local 668, which represents workers at Beverly's Pennsylvania facilities, also signed the agreement. The settlement applies to all Beverly Enterprises facilities within federal OSHA jurisdiction.

The ADA, which is not involved in the case, has urged the administration and the U.S. Congress to use a "common sense" approach to ergonomics. Congress and the Bush administration invalidated ergonomics rules issued by the Clinton administration and promised a new approach to ergonomics injury in the workplace.

The administration has given little indication of how it will proceed on ergonomics policy and has missed several self-imposed deadlines on announcing a new ergonomics plan. Sen. John Breaux (D-La.) introduced legislation last year to require new regulations within two years. ■

Dentistry petitions IRS on rule

ADA strongly supports permanent cash-based tax regulations

By Craig Palmer

Government

Washington—The Association urged the Internal Revenue Service Jan. 22 to make permanent new rules allowing dentists and other small-business owners to use cash-based accounting for tax purposes.

The Association "strongly supports" the new tax accounting rules, said ADA President D. Gregory Chadwick and Executive Director James B. Bramson.

"While Notice 2001-76 is a significant step, the ADA believes that a more permanent solution should be taken to ensure long-term availability of the cash-accounting method for dentists and other small businesses," the ADA officials said in a letter to IRS Commissioner Charles O. Rossotti. "Therefore, the Association urges the IRS to reissue this revenue procedure as a formal regulation to provide affected businesses with the added assurance that this decision will remain in effect in the future."

The new small business tax rules are effective for the 2001 tax year even though Notice 2001-76 ("ftp.fedworld.gov/pub/irs-irbs/irb01-52.pdf") was issued as a proposed revenue procedure. The rules allow certain service-oriented businesses with average annual gross receipts between $1 million and $10 million to choose cash-based accounting and provide for automatic change from accrual accounting for qualifying businesses.

Dr. Chadwick

An earlier-issued IRS revenue Notice 2001-10 ("ftp.fedworld.gov/pub/irs-irbs/irb01-10.pdf") allows cash accounting for qualifying businesses with gross receipts of $1 million or less.

The "practical impact" of the changes in IRS accounting rules is that the $10 million test will apply to dental practices in all forms of organization, according to ADA Counsel Peter M. Sfikas. Fewer than 1 percent of private practice dentists have annual gross billings of $10 million or more. ■

Group seeks volunteers for Jerusalem dental clinic

Jerusalem—The Dental Volunteers for Israel is seeking dentists to volunteer in its dental and preventive care clinic here in 2002 and 2003. The modern clinic provides free care and preventive services to underprivileged children in Jerusalem, including Russian and Ethiopian immigrants.

Volunteers can serve one to four weeks and DVI provides housing in comfortable, centrally located apartments. Volunteers must pay for their own travel expenses, which can be tax deductible.

For more information, call Dr. Don Simkin, Livingston Manor, N.Y., at 1-845-439-4100 or e-mail "d.simkin@worldnet.att.net"; or Dr. Alan Wender, Mount Holly, N.J., 1-856-751-0386 or "imdocw@nothinbut.net". ■

Head and neck course slated

Richmond, Va.—The Virginia Commonwealth University School of Medicine will hold the "Alton D. Brashear Postgraduate Course in Head and Neck Anatomy" March 11-15 2002.

Conducted by the Department of Anatomy, the five-day course will present laboratory dissections of the head and neck, along with lectures, demonstrations and audiovisuals that will explore the anatomical relationships of organs and organ systems.

The Accreditation Council for Continuing Medical Education has accredited the course, which is approved for 43 credit hours by the Academy of General Dentistry.

The course is open to any individual who holds a D.D.S., M.D., Ph.D. or equivalent degree. Class size is limited to 36. Course tuition for practitioners is $450; $300 for students in residency programs.

For more application information, contact Dr. Hugo R. Seibel, Virginia Commonwealth University, Department of Anatomy, P.O. Box 980709, Richmond, Va. 23298-0709 by phone at 1-804-828-9791 or 1-804-828-9623. ■

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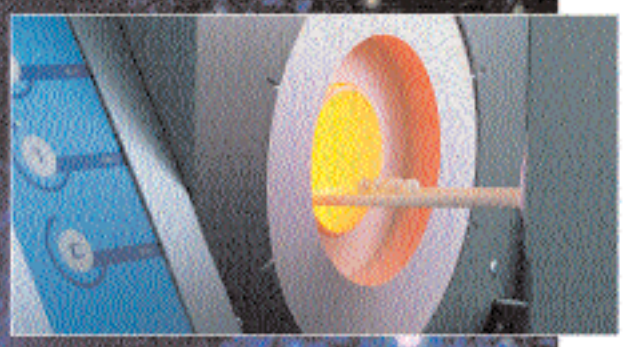

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Health Foundation grants

Funding supports dental access, education and research programs

By Stacie Crozier

In Denver, hundreds of adults in serious need of access to dental care have a reason to smile. In America's heartland, dental researchers are helping practicing dentists get a handle on controlling occupational exposure to nitrous oxide. And, from coast to coast, dentists are integrating the latest scientific information on the links between oral and cardiovascular health into their day-to-day patient care.

These are a few examples of programs that made an impact on dental care access, education and research thanks to the generosity of the ADA Health Foundation.

ADAHF, the charitable arm of the ADA, awarded nearly $770,000 to some 50 different programs in 2001.

An ADAHF grant enabled the Inner City Health Center in Denver to expand its dental services to uninsured and low-income adults by adding a four-chair dental satellite facility at St. Anthony Hospital.

The New Hope Dental Clinic is a cooperative effort by the center, the University of Colorado dental school, the hospital and a nonprofit group of doctors who provide access to care, explains Kraig Burleson, CEO of Inner City.

"One of the greatest needs here in Denver, as well as across the nation, is the availability of affordable adult dental care," he says. "Before we opened the new dental satellite, we had to hold a lottery because we could only accept 20 new adult patients every month. Some months we were turning away 60 or 80 people who had nowhere else to turn. But since New Hope opened in May, we've been able to take everyone who has needed care."

The clinic logged almost 700 patient visits between May and November. Adults who need crowns, bridges or other extensive treatment can rely on the dental clinic to devise and implement their treatment plans from start to finish.

"Thanks to the Foundation," Burleson adds, "the expansion has been wonderful and we've been successful in meeting our goals."

Filling a need for further scientific study on controlling nitrous oxide exposure in the dental office, researchers at Creighton University in Omaha, Nebraska, will move beyond the laboratory and gather evidence directly from dental practices.

The study, funded by ADAHF, seeks to determine attainable levels of nitrous oxide in dental offices that follow ADA exposure control recommendations.

"The study is geared toward understanding what actual levels in the dental office are," says Dr. Mark Latta, principal investigator for the Creighton study. "It's a clinical study that can be practically applied and it will give us real information about controlling nitrous oxide exposure, based on the way dentists really practice."

Researchers will examine 20 Nebraska dental offices that represent a cross section of current dental practice, from small, rural offices that occasionally use nitrous oxide to large, urban offices that frequently use it. The demographics will also include general dentists, oral surgeons and pediatric dentists.

Investigators will begin by monitoring nitrous oxide levels in each office for 10 days. After initial monitoring, they will conduct an on-site continuing education course on nitrous oxide use, risks and dental office exposure control. Next they will thoroughly inspect the office's delivery and scavenging systems and make any necessary repairs to eliminate leaks or worn and damaged parts. Then the office will be monitored for 10 more days, providing researchers with accurate data on attainable levels of nitrous oxide when following ADA recommendations.

"This is the kind of study we can do well," Dr. Latta notes. "The philosophy and mission of our dental school and faculty focuses on applied research that addresses the issues that

ADA HEALTH FOUNDATION 2001 GRANTS

Listed below is an overview of programs and awards that were funded by the ADA Health Foundation during fiscal year 2001.

Access	**AAWD Smiles for Success Foundation** (Chicago, Illinois)	$35,000
	AIDS Resource Center of Wisconsin (Milwaukee, Wisconsin)	$10,000
	Community Preventive Dentistry Award	$10,727
	Geriatric Oral Health Care Award	$10,177
	Harris Fund for Children's Dental Health Grant Program	$136,425
	Infant Welfare Society (Chicago, Illinois)	$5,983
	Inner City Health Center (Denver, Colorado)	$20,000
	National Foundation of Dentistry for the Handicapped (Denver, Colorado)	$75,000
	St. Basil's Free Dental Clinic (Chicago, Illinois)	$5,983
Education	**ADA Endowment and Assistance Fund**	$90,000
	ADA Symposium on Oral-Systemic Relationships: "Taking Oral Health to Heart: Exploring the Interrelationship Between Oral and Cardiovascular Disease"	$35,369
	American Dental Education Association (Washington, D.C.)	$10,000
	National Conference on Special Care Issues in Dentistry (Chicago, Illinois)	$20,000
Research	**American Association for Dental Research Fellowship Program**	$6,000
	Creighton University, School of Dentistry (Omaha, Nebraska)	$75,000
	Dental Student Research Conference	$41,919
	Health Screening Program	$121,195
	New Dentist Scientist Program	$15,000
	Norton M. Ross Award	$8,112
	Research Training Fellowship, Paffenbarger Research Center	$30,000
	Young Investigator Award	$7,800
	TOTAL	**$769,690**

are most important to the profession. We are happy to be working with the ADA Health Foundation on this project."

Because researchers continue to discover links between oral and systemic health, the ADA convened its first-ever symposium on the topic last July. The two-day conference, "Taking Oral Health to Heart: Exploring the Interrelationship Between Oral and Cardiovascular Disease," was underwritten by the ADA Health Foundation with support from Pfizer Inc.

"This conference was the first in a series developed by the ADA Council on Scientific Affairs," says Dr. Jeffrey Hutter, council chairman. "It looked specifically at the relationship between oral health and cardiovascular health."

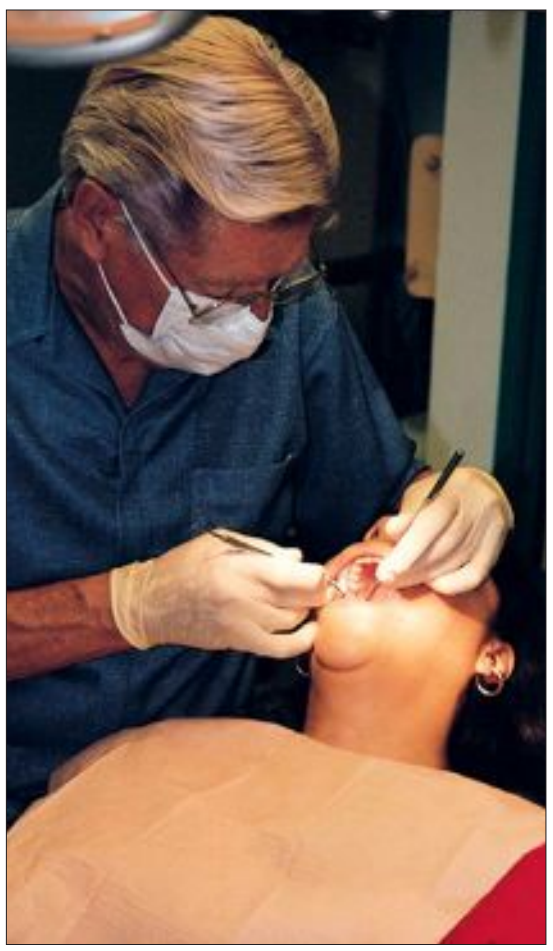
The conference enabled about 100 practicing dentists to learn the latest developments directly from those at the forefront of research and to ask questions.

"This event was significant because it was designed for the clinician," Dr. Hutter adds. "Unlike many symposia in the same vein, our conference gave practicing dentists the chance to interact with the experts in the field and get practical advice that was clinically relevant."

"None of these innovative programs could have been funded without the generous support of our donors," says Dr. James B. Bramson, ADA executive director and ADA Health Foundation secretary. "We appreciate the many individuals and groups that donate to help make advancements in access, education and research possible to help the Foundation further its mission to make clinical dentistry better."

To learn more about the ADA Health Foundation or to make a contribution, call 1-312-440-2547 or visit the Web site: "www.adahf.org". ■

From the lab to the dental office: About 100 practicing dentists learn the latest on the links between oral health and cardiovascular disease from experts in the field at an ADA symposium in July.



Dedicated service: Dr. Karl Bernklau of Littleton, Colo., provides volunteer dental care at the Inner City Health Center in Denver. Now retired from his general dentistry practice, Dr. Bernklau still donates his time and talents to the health center and has logged more than 10 years of volunteerism.

ADAHF grant gives women new smiles, self-confidence

The ADA Health Foundation provided a $35,000 grant last year to help the American Association of Women Dentists provide cost-free dental treatment and follow-up care to women who are moving from welfare to work. The Smiles for Success Foundation was profiled in the Jan. 7, 2002, issue of the ADA News. ■

California limits soda access

Aims to improve academic achievement, long-term health among schoolchildren

By Stacie Crozier

Sacramento, Calif.—A state bill to improve the nutrition and eating habits of school children will stop the sale of soft drinks to elementary and middle school students during lunch and morning and afternoon breaks beginning Jan. 1, 2004.

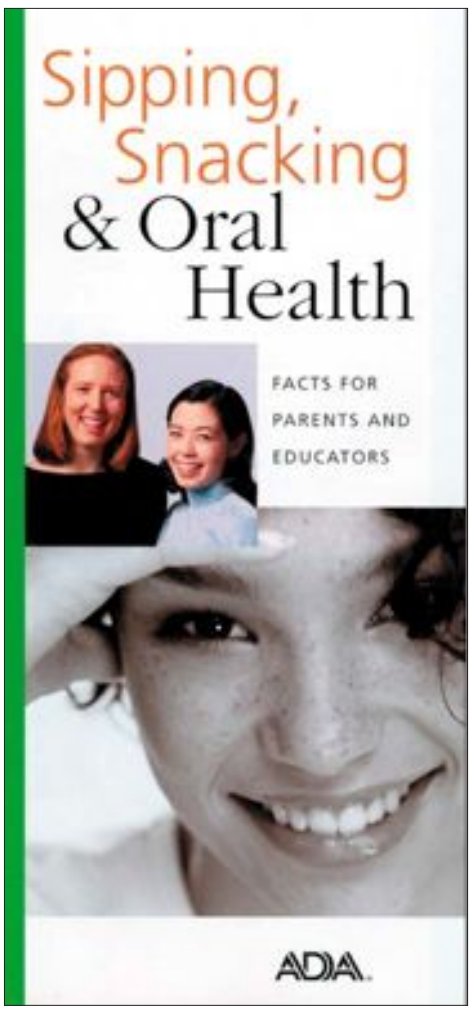
Sale of carbonated beverages and vending machine foods that don't meet the state's nutritional standards will be prohibited from a half-hour before the school day begins until after the last lunch period when Senate Bill 19 takes effect.

"Childhood obesity has become an epidemic in the United States and is a primary factor in type 2 diabetes and other long-term health problems," said Gov. Gray Davis in a signing message.

"While poor diet and physical inactivity have been found to adversely influence the ability to learn and decrease motivation and attentiveness, healthy food has a positive impact on academic achievement."

Not content with the limited scope of the state's forthcoming law, the Oakland school board approved a new nutrition policy that includes an outright district-wide ban of sugary and caffeinated drinks and candy in vending machines.

School officials expect the ban, which stops junk food access for 54,000 students at school, to take affect sometime this month. ■



ADA explains soft drink contracts in schools

How could a contract to receive funding from soft drink bottlers in exchange for exclusive "pouring rights" affect the health and well-being of children in your school district?

A new ADA brochure, "Sipping, Snacking & Oral Health," can help parents, educators and school administrators pore over the facts regarding contracts between soft drink distributors and schools.

The new eight-page brochure discusses nutritional considerations, tooth decay, marketing influences in the school environment and more in order to help school decisionmakers become familiar with all the issues involved in entering into exclusive vending machine contracts with soft drink companies.

Brochures can be ordered by phoning ADA Salable Materials at 1-800-947-4746 or logging on to "www.adacatalog.org". Prices are $23 for 50 copies; $41 for 100 copies; $174 for 500 copies; or $276 for 1,000 copies. Ask for item W273 ■

Gulp

Continued from page one

2000, the average American guzzled more than a gallon of soft drinks each week. A growing number of U.S. schools are signing exclusive contracts with local soft drink bottlers to sell their products on school property in exchange for funding that can help supplement an often shrinking school budget.

Component and constituent dental societies have been working for years to help educate dentists, parents and educators about the issues involved when a school enters into a contract in order to supplement its funding.

The ADA continues to monitor the latest research regarding links between sugar consumption and oral health problems and has produced a new brochure that helps local level decisionmakers for schools to consider how an exclusive soft drink contract could affect the health and well-being of their students. (For a recent press release outlining the ADA's latest scientific information on soft drinks and its policy on exclusive contracts with soft drink companies and schools, see "www.ada.org/public/media/newsrel/0112/nr-02.html".)

The NSDA blasted the ADA in a Dec. 19, 2001, press release that was also posted on its Web site, "www.nsda.org", saying the Association's "policy position and 'white paper' on the sale of beverages in schools is not based on the best available science and misleads educators, parents and students."

■ "Our policies are not about good vs. bad beverages. Drinking sugary liquids or eating sugary foods several times a day increases the chances you'll get decay, period."

The press release also stresses that soft drink company business partnerships with schools "provide much needed revenue to America's schools," helping fund the purchase of sports and physical education equipment and financing arts and theater programs, foreign language classes, computers and other technology at a time when schools face significant funding crises.

The main concern of the ADA House deals primarily with these "pouring rights" contracts in schools.

Some contracts have reportedly gone as far as banning students, teachers or visitors wearing another soft drink brand's logo on clothing on school property; mandating that the school serve the contracted soft drink at graduations, parent-teacher meetings and other events; and requiring display of signage, use of cups and other promotional materials with the company's logo in exchange for funding.

"The marketing strategies that go along with exclusive school contracts may encourage kids to use that product several times a day," Dr. Nelson says.

"Our policies are not about good vs. bad beverages. The concern is frequency and risk for decay. Drinking sugary liquids or eating sugary foods several times a day increases the chances you'll get decay, period."

Last October, the ADA House reviewed a white paper jointly prepared by the ADA Councils on Access, Prevention and Interprofessional Relations and Scientific Affairs on the relationship of soft drinks and oral health. The document outlined several recent studies that show a correlation between soft drink consumption and caries or enamel erosion.

Though not adopted as Association policy, the white paper notes that childhood obesity, childhood diabetes and the incidence in childhood oral health problems in certain population groups has increased dramatically while at the same time the consumption of carbonated beverages, fruit juices and sports drinks has increased 500 percent during the past 50 years.

The average American drinks more than 53 gallons of carbonated soft drinks each year, more than any other beverage, including milk, beer, coffee or water.

Dr. Nelson says, "The ADA doesn't oppose any food or beverage per se; that's futile. But we have an obligation to inform the public about the risks soft drinks pose to oral health. We are talking about helping children make choices at school that won't harm their oral health or negatively influence good nutrition."

When decisions about exclusive vendor contracts in schools can influence what and how much kids choose to drink at school, he adds, the ADA believes that parents, educators and other decisionmakers at the local level need to evaluate what is in the best interest of the children who will be affected. Each school should balance its revenue issues with its duty to provide a healthy environment for its students.

"I need someone to show me an exclusive contract designed to encourage kids to drink just one sugary beverage a day," Dr. Nelson says. "Quite simply, our policy opposes exclusive contracts in schools that influence consumption and promote increased access to soft drink beverages."

To download a version of the ADA's "Report on Soft Drinks and Oral Health Effects" presented to the 2001 House of Delegates, visit "www.ada.org/prof/prac/issues/topics/diet.html" or call the ADA, Ext. 2868 to obtain a copy. ■

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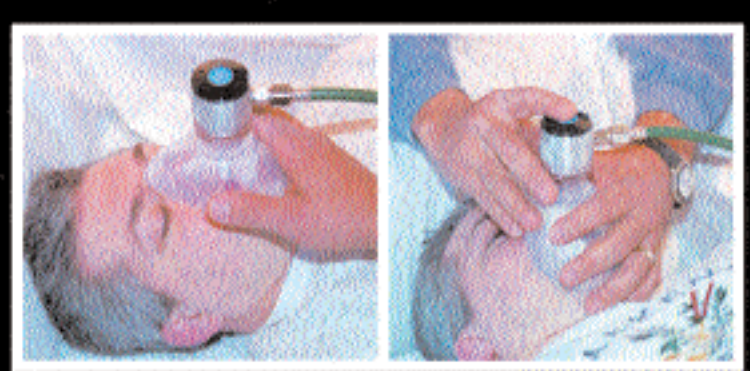
The basic color-coded emergency kit, either model SM1 or model HM1000 (pictured above) is accessible in the easy-to-reach bracket on the cart.



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

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People

Heeding the gridiron's call

On any given Sunday, you might see these two dentists in stripes on an NFL field

By Mark Berthold

Henryetta, Okla.—"At all levels of football, people look at a dentist as a person of credibility and high standards," says Dr. David Warden.

"That's important in officiating because your integrity just can't be questioned," he adds. "If the players, coaches, fans had doubts about the integrity of the officials, what would the game be worth?"

If you haven't guessed it yet, Dr. Warden is referring to his work outside of the dental operatory: he is also a field judge in the National Football League.

"I started officiating in college as a way to stay active in football after high school," he says. "I worked my first games in 1968, starting with junior high and high school football."

Even after a hiatus from football—to study dentistry, join the Air Force and then start a private practice—Dr. Warden felt the call of the gridiron.

"Dentists must be meticulous and professional in treating patients," he says. "Officiating is the same way, not a big-scope thing but minding the small details."

So he reinserted football into his schedule in 1980, moved up to small Division II colleges, then the Big Eight conference in 1991 and the Big 12 in 1996. And at some point while officiating those collegiate games, the NFL took an interest in the general dentist.

"There are actually NFL scouts for officials, 'officiating scouts,' " he explains. "I figured they had an interest in observing me closer when they invited me to officiate NFL Europe games."

"When they become really interested in you," he explains, "they run a background check, have you meet a clinical psychologist, send you to New York to meet with the officiating supervisory staff."

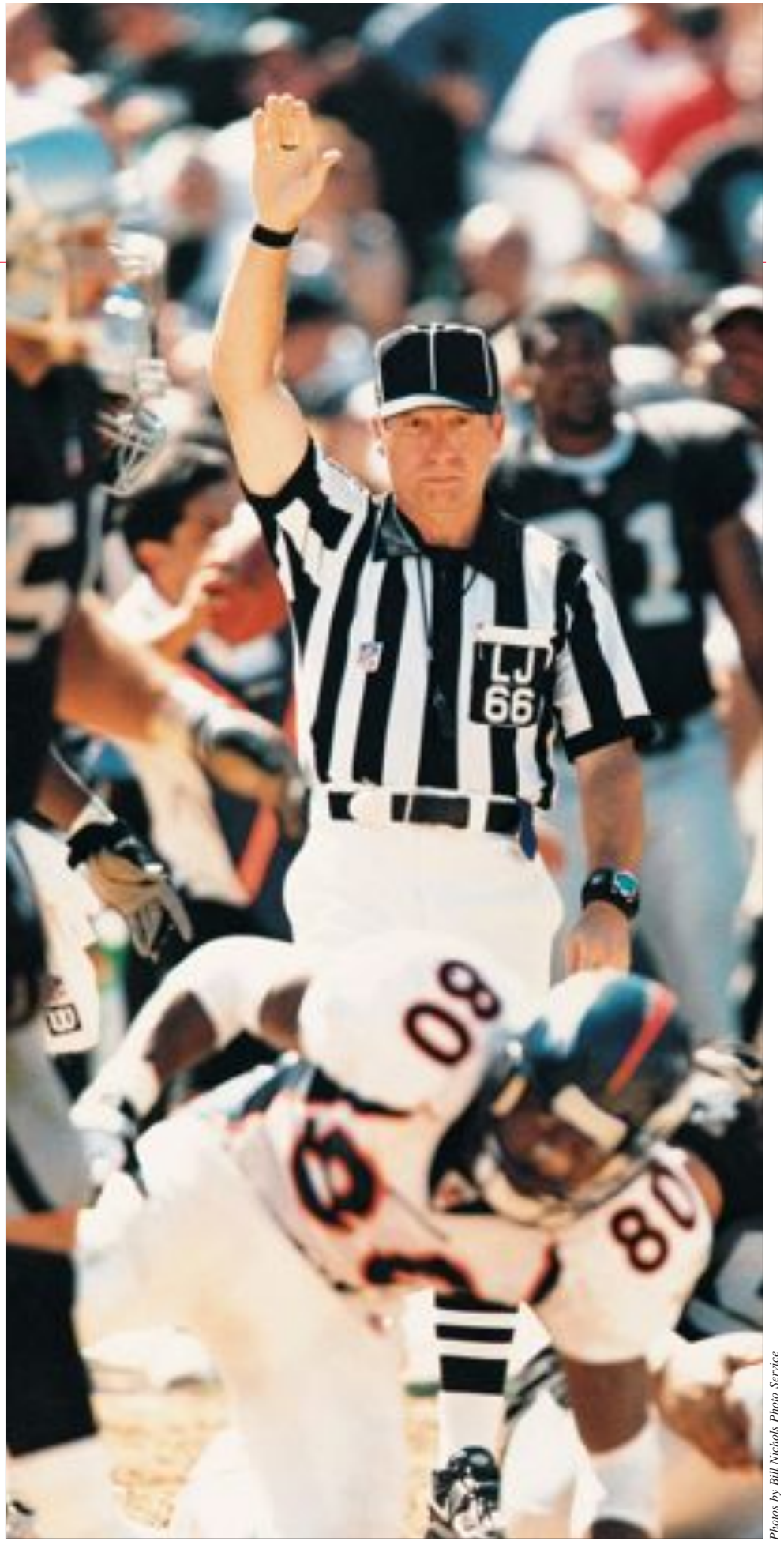
Once past the gauntlet of try-outs, Dr. Warden was given the trademark black-and-white striped uniform, the number 27 … and one minute to catch his breath.

"There's no apprenticeship, they put you straight to work," he explains. "In 1997, my first season in the league, I worked four preseason games and 15 regular season games."

In the NFL system, Dr. Warden is assigned in a crew of seven officials, who work the whole season together—"one week in San Diego, the next in Buffalo and so forth," he says.

On the same crew as Dr. Warden is line judge Dr. Walt Anderson, who also happens to be a general dentist.

"Football's been a part of my life," says the football coach's son from Sugar Land, Texas.



Photos by Bill Nichols Photo Service

Eye of the storm: "I've been run over, had my sternum separated from my rib cage, my ribs broken," says NFL line judge Dr. Walt Anderson. "I had to keep my eye on the running back and got blindsided when a defensive player missed him and hit me."

Dr. Anderson recalls the thrill of last year at the Super Bowl

A recent highlight in Dr. Walt Anderson's officiating career: working Super Bowl XXXV last year in Tampa, Fla.

"Being selected to officiate the Super Bowl was a pinnacle of recognition and success, one of those few opportunities of being recognized as the best in the world at what you do," he says. "I feel very humbled by that experience, and you remember all the people who helped you along the way."

Early in that game, a New York Giant intercepted a pass and ran it back for a touchdown. Dr. Anderson threw a penalty flag and called the play back, however, because "one of their players was holding, which is what had allowed his teammate to intercept the ball."

In the fourth quarter, he helped call another crucial play: a Baltimore Raven scored a touchdown, but the ball was knocked loose just as he broke the plane of the goal line.

"You couldn't see the ball, and that kind of play would be forever second-guessed as to whether he scored or fumbled first," says Dr. Anderson. But with a new technology called "virtual eye vision" that uses 60 cameras positioned all around the stadium, the replay official could view it from more than the usual two or three videotaped angles.

"At any point of any play, you can actually sit at a computer and go 360 degrees around the play," he notes. This technology gave the replay official a view from the opposite angle. ■

He began officiating during dental school on a suggestion from his father, "just to stay active, for recreation and fun, and it was a way to make a little money while I was in school."

Dr. Anderson also worked his way through the high school and college circuit before getting on prime time. "Then I was just at the right place at the right time, somebody saw me [officiate]. I guess they liked what they saw," he says.

Though he has worked the last six years as a line judge, No. 66 is also being trained in NFL Europe to be a referee. "He's the guy who wears the white hat, speaks on the microphone, talks to the replay official," Dr. Anderson explains. "He's the 'crew chief,' the head official who has the final decision on the field."

Why would dentists choose to put themselves on the pro field each week? "I think most people go into officiating for the love of the game and the chance to stay close to it, but at this level it's a profession, it's business," says Dr. Warden. "It's a very involved job. I spend hours and hours studying the game, rules and interpretation."

"It's not a sport in the NFL, it's a business, whereas in high school and college, it was much more of a sport," agrees Dr. Anderson. "My overall experience has been very good and fun, but at this level, it's really much more of a job."

The first dentist to officiate in the NFL, Dr. Anderson sees no coincidence between his choice of profession and the league's choice to make him a judge.

"In dentistry, you're trained to operate in a high-pressure environment, where mistakes are not tolerated very well," he maintains. "You don't have the luxury in this profession to make mistakes that don't have serious consequences."

Similarly, officials in the NFL must "make critical decisions and make them quickly. The speed of the game is phenomenal—it's someone else's job to second-guess it," he says. "You must be totally objective, just completely accurate. If you aren't, the integrity of the game is compromised—and it's a big money business.

"So dentistry prepared me in many ways for the responsibility and pressures of being able to work as an official in the National Football League." ■

Cooler heads: "The only people in that entire stadium who are not excited are the seven of us [officials]," says Dr. Anderson (right, with Dr. Warden). "It's our job to be neutral. When coaches view the tape, they know we're right and sometimes apologize later. But that's not going to stop them from yelling during the game."

Dr. Warden: "My first year officiating, Keyshawn Johnson made a sideline catch that, if you slow it down on video, is amazing he was able to get his second foot inbounds. It proved what great athletes are these guys who play in the NFL."

Software

Continued from page one

matics and a report by the ADA Standards Committee on Dental Informatics are the basis for the directory.

"It makes sense for the ADA to serve as the repository for this kind of information," says Dr. Scott Trapp, standards subcommittee chair and project lead on the key report. "The ADA knows what's going on and knows how to pull the various players together for reliable information."

The standards committee develops a consensus from practitioners, manufacturers and product designers to develop guidelines for the Association to use in standards formation—resulting in better use of technological advances and equipment in the day-to-day practice of dentistry. The ADA Department of Informatics developed an electronic survey form and solicited vendors for information on their products.

Members can select products from responding vendors and find product specifications, such as base price, support and training costs. More detailed information about software features is listed within four categories.

"Now members have a way to compare software systems," says

Dr. Robert Ahlstrom, chair of the standards committee. "It's a great educational tool."

Links from the directory provide members with what Dr. Trapp called "one-stop shopping." Click on "Things to consider when choosing a system" to access "The Guide to Selecting Software" or the "ADA Model Software License and Support Agreement," for guidance on negotiating with software vendors.

To view the directory, go to ADA.org and click on "Your Practice." Under "Featured Content for your Practice," go to "Directory of Practice Management Software is now available."

Members without Internet access can call the ADA Department of Dental Informatics toll-free, Ext. 4608, for information about specific vendors and software features. ■

Civil War group invites dentists

March meeting looks at surgical aspects

Charleston, S.C.—The Society of Civil War Surgeons holds its ninth National Convention here March 22-24 at the Westin Francis Marriott Hotel.

Keynote speaker is Dr. W. Curtis Worthington of the Waring Historical Library. Several noted authors and historians in Civil War medicine round out the program.

The convention fee includes lectures, preconference workshop, hospitality reception, dinner and music, and a tour of Civil War sites in the Charleston area—including some medically related areas.

The SCWS is the largest organization of its kind dedicated to the study of Civil War surgery and medicine.

For information or to register, contact Peter J. D'Onofrio, Ph.D., at the SCWS, at "pjdsocws@aol.com" or go to "www.civilwarsurgeons.org". ■