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AMERICAN DENTAL ASSOCIATION
ADA News®

APRIL 1, 2002

www.ada.org

VOLUME 33, NO. 7

Washington welcome

President's lead staffer recounts post 9-11

BY CRAIG PALMER

Washington—It was the end of a day of post-Sept. 11 presidential leadership.

We had seen the president in prayer at the National Cathedral, shaking hands with rescue workers at ground zero, climbing that crushed fire engine next to the firefighter waving the tiny American flag, but not at the threat matrix briefing with the CIA and FBI, not at the cabinet meeting where he charged agency chiefs to continue focusing on their issues, patient rights among them, and not

See 9-11, page 10



Full agenda: American Student Dental Association representatives (above) join ADA President D. Gregory Chadwick at the Leadership Conference. Andrew Card (left), President Bush's chief of staff, gives a first-hand account of the president's response after the Sept. 11 attacks.



Photos by Anna Ng Delort

Grassroots dentists eye state, local issues

BY CRAIG PALMER

Washington—It's time to put grassroots activism to work at home, the profession's leaders told politically active dentists in town for the March 24-26 Washington Leadership Conference.

"The ADA's nationwide grassroots legislative network is one of our greatest assets," said Association President D. Gregory Chadwick, welcoming dentists to the WLC, among them the Florida dentist whose member of Congress is his patient, New Hampshire and New Jersey dentists, one retired, who are launching campaigns for Congress and the Wisconsin dentist

See GRASSROOTS, page 13

BRIEFS

Tonight Show's Leno to appear at session

Live in New Orleans: Emmy-winning comedian and television icon Jay Leno will headline a special Saturday evening entertainment event Oct. 19 at the ADA annual session.

Host of The Tonight Show with Jay Leno, Mr. Leno will entertain ADA dentists and guests with his unique and personable style at the Morial Convention Center, beginning at 8:30 p.m. Tickets for this special program are \$55 in advance. Transportation will be provided between the convention center and official ADA hotels that aren't within walking distance.



Jay Leno

For nearly eight years, Mr. Leno has amused and entertained America with his late-night humor, talk and entertainment show, which has garnered two Emmy Awards and a Favorite Late Night Show trophy from the TV Guide Awards.

Tickets for this event, as well as annual session registration and housing, will be available beginning May 2. For more information, visit "www.ada.org/goto/session" or call the annual session toll-free number, 1-800-232-1432. ■

INSIDE



Leaders

New dentist and mentor Golden Apple winners share their experiences. **Story, page 16.**



Testifying: Dr. James Bramson, ADA executive director, says the Association is looking for practical ways to shorten the 300-page regulations.

Privacy rules

Delay penalties, ADA urges: regs are too complicated to follow

BY CRAIG PALMER

Washington—Dentists are getting a mixed message about new patient privacy rules that take effect next year, and the Association is trying to cut through all that with member education "to make this rule understandable," ADA Executive Director James B. Bramson told Congress March 14.

ADA member education features a new privacy seminar series for state dental associations scheduled to start in July, with more than 20 requests on

ADA, OSHA meet on key issues, page eight

hand. The privacy rules are scheduled to take effect April 14, 2003. Covered dentists, physicians, hospitals and other custodians of patient health information must be in compliance by that date.

The 1996 Health Insurance
 See PRIVACY, page nine

Amalgam separators in JADA

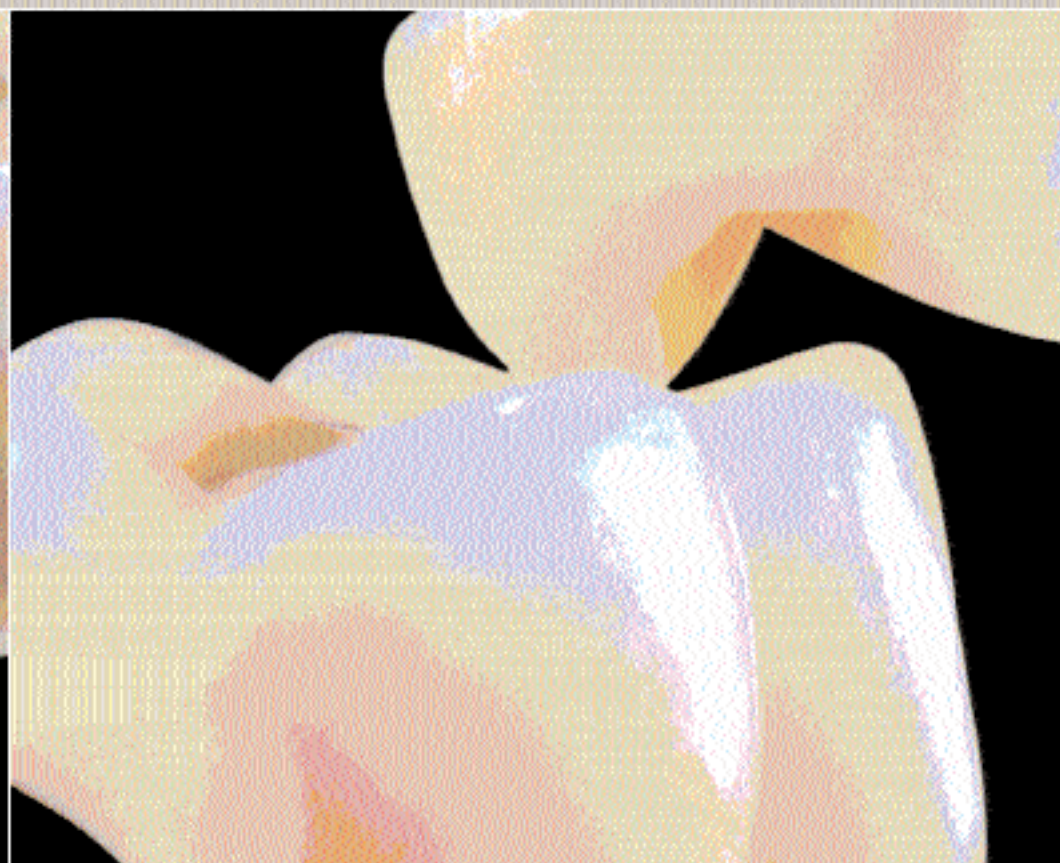
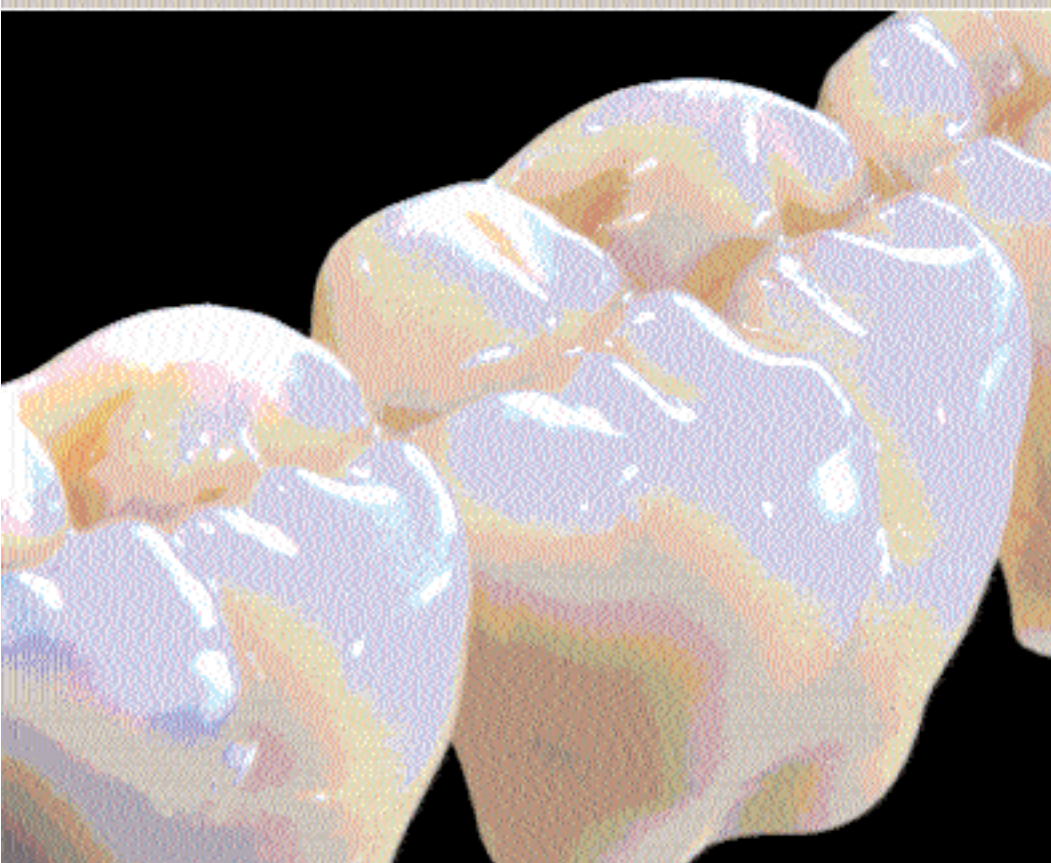
An upcoming issue of The Journal of the American Dental Association includes an evaluation of 12 commercially available amalgam separators. ADA scientific staff conducted the study according to

International Standard ISO 11143 for Amalgam Separators. Staff also tested for total mercury concentration in the effluent and dissolved mercury using EPA
 See JADA, page 19

Photo by Anna Ng Delort

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Dr. Gruber, past NY meeting leader and ADA officer, dies



Dr. Gruber

BY KAREN FOX

Stony Brook, N.Y.—

"Anybody can have an idea. But only great people can have an idea, implement it, have it succeed and watch it grow," Dr. Robert R. Edwab, editor of New York's Second District Dental Society Bulletin,

said in a eulogy delivered Feb. 15, two days after Dr. Irving E. Gruber's death at age 84.

Dr. Gruber was a visionary whose leadership of the Greater New York Dental Meeting took the event to unprecedented heights.

He also served as ADA vice president in 1975-76, and will long be remembered for his contributions to the field of hospital dentistry.

In the 1960s, Dr. Gruber organized a group of New York/New Jersey-area hospital dental chiefs that would later become the American Association of Hospital Dentists. He served as AAHD president from 1969-79.

"We used to have monthly meetings at Roosevelt Hospital in New York City and dis-

cuss mutual concerns of training program directors and hospital administration," said Dr. Burton S. Wasserman, chair of Dental and Oral Medicine, New York Hospital Queens and the Wyckoff Medical Center.

"This is where I learned my field of hospital dentistry," said Dr. Wasserman, also a former AAHD president. "I owe much to Dr. Gruber for his help and guidance."

The Greater New York Dental Meeting named Dr. Gruber general chair in 1970-71. He went on to become the meeting's executive director and executive director emeritus.

GNYDM officials created an award in Dr. Gruber's name recognizing "excellence in the advancement of dental education."

Past winners of the Irving E. Gruber Award include Dr. Wasserman (1999) and The Journal of the American Dental Association (2000). ■

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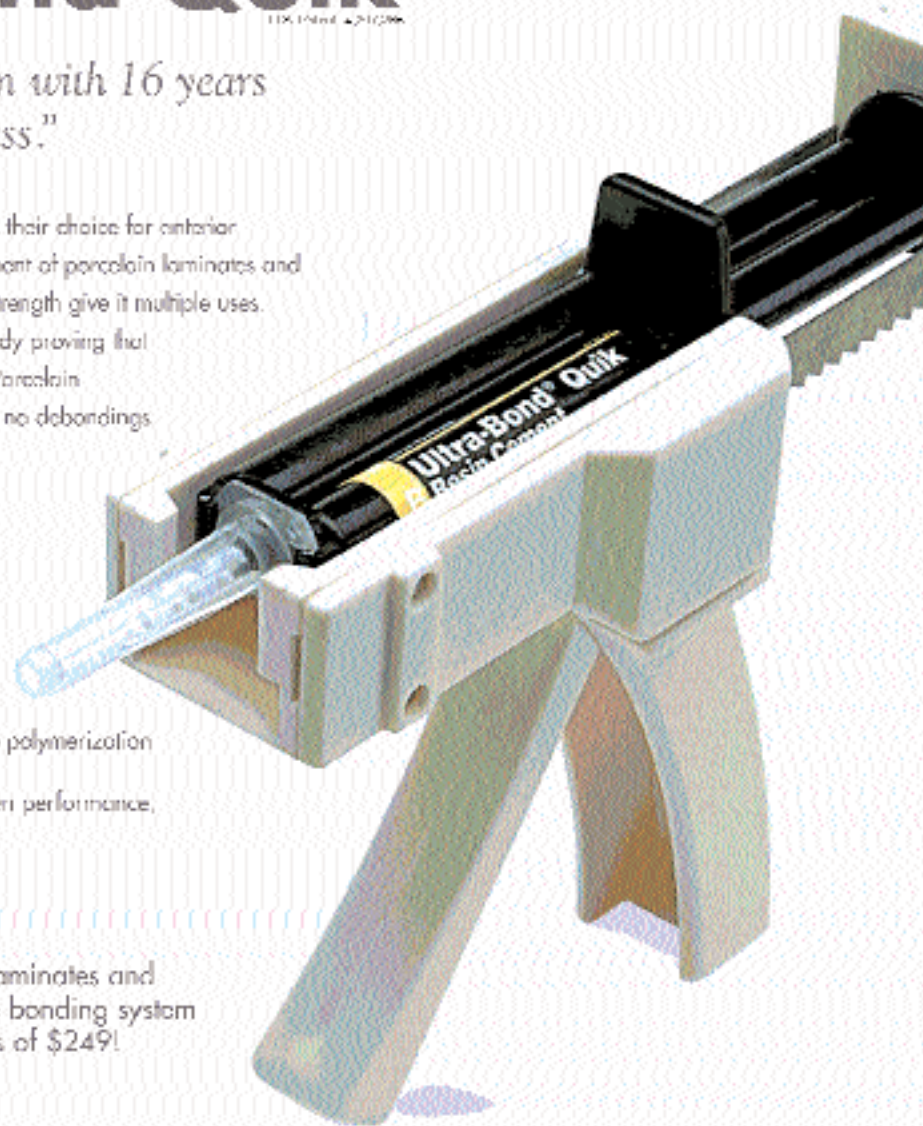
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*Strosser, H.E. and Weiner, S., "Long Term Clinical Evaluation of 7 Aesthetic Restorative Systems," JADA 110(10), 2001

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VIEWPOINT

Snapshots OF AMERICAN DENTISTRY

LAURA A. KOSDEN, *Publisher* DR. MARJORIE K. JEFFCOAT, *Editor*

JAMES H. BERRY, *Associate Publisher, Editorial* JUDY JAKUSH, *ADA News Editor*

MYVIEW

Do your patients trust you?

The question, "Can you be trusted?" is a simple phrase, but one of extreme importance in the practice of dentistry. The reason I bring this up is because I wanted to give you my perspective, however distorted it might be, about one aspect of dentistry ... trust.

In order for you to understand where I'm coming from on this subject, I must tell you a little bit about my background and why it is I am a dentist doing the things that I do.

I graduated from the University of Colorado with a degree in Civil and Environment Engineering and immediately went to work in Anchorage, Alaska, as a young engineer and land surveyor.



Thomas Hipsher, D.D.S.

Through the course of nine years as an engineering consultant, I found that consultants had very little control over the factors that defined their existence, the primary one being politics. Therefore, I conjured up a mid-life crisis at the ripe old age of 30 and decided to change careers so that I could get away from the politics of engineering.

After looking at all of the various professions available to me, I settled on dentistry because I felt that I could run a small office without all of the outside influences that I had experienced as an engineer.

I am a project-oriented type of guy, and I figured that most dental situations were nothing more than miniature engineering projects. My perspective on that aspect of dentistry was right on, but I had it all figured wrong when I thought that I could run a small office without outside influence.

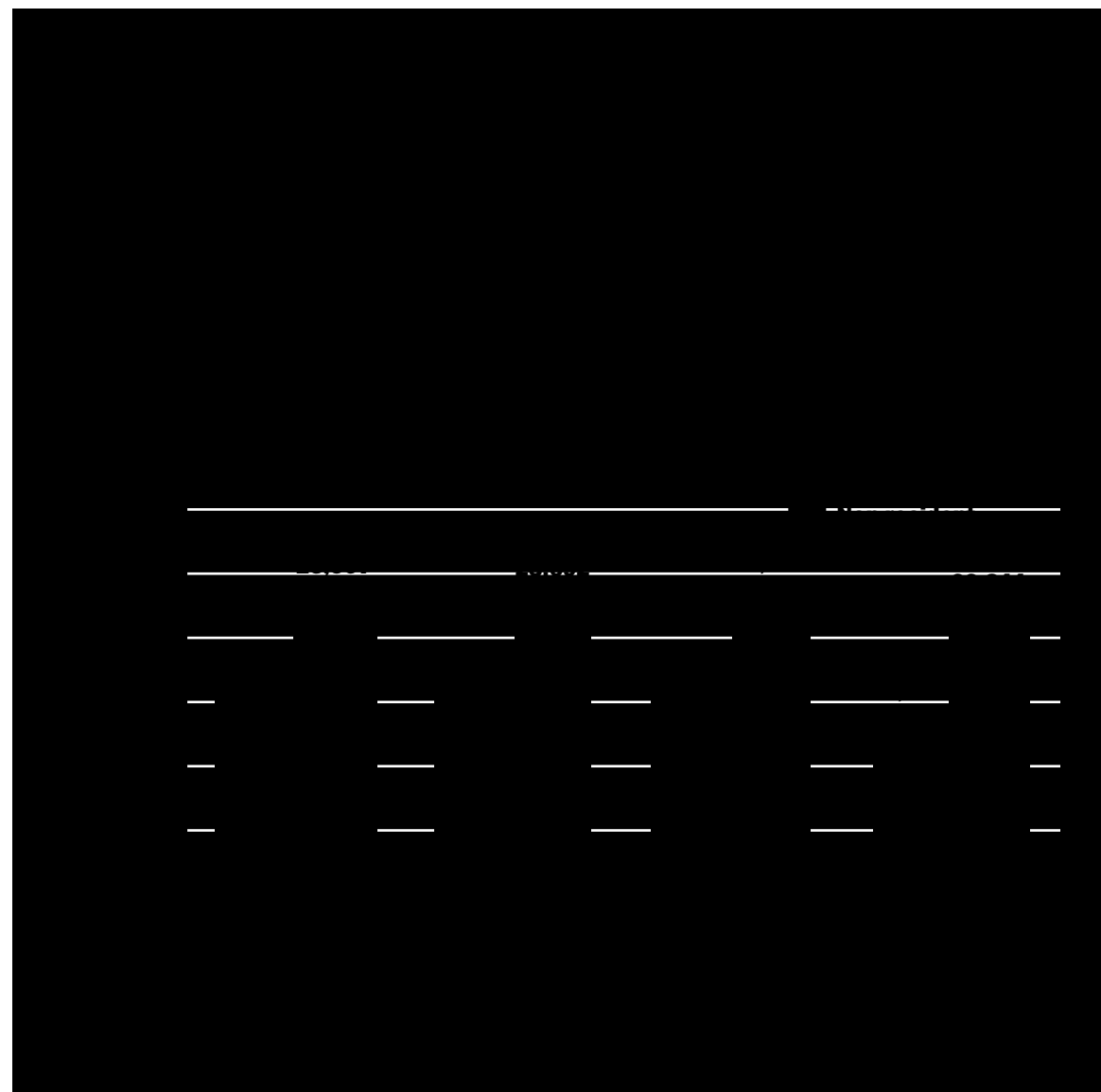
I grew up with an idealistic view on life, partly because of a relatively ideal childhood that was coupled with an Ozzie and Harriet kind of family.

We didn't have much, but what we did have we made the most of. Everyone in my family worked, myself included, starting at the age of nine. If we wanted anything, we had to save our money in order to have enough to purchase whatever it was we thought was important.

I believed in the "American Dream" thinking that, with a lot of hard work and time, success was a guarantee. Through the years, I have tried to hold on to that idealistic view on life, but it seems that there are so many things that rip and tear at the very fabric of that concept. One of the most important things that I learned while growing up is the meaning of "trust."

Through my experiences as an engineer and a dentist and in my dealings with people, the court system, attorneys and politicians, I have found that decisions aren't necessarily made based on what's right, what's practical or even

See MY VIEW, page five



LETTERS

Simulation now

It is obvious from your Feb. 18 article on licensure ("Mannequins or Human Subjects?") that the American Association of Dental Examiners' current leadership is the only vestige of any profession that is still clinging to the use of live patients to test for incompetence.

Although governments (through their boards of dentistry) have a legal obligation to protect their citizens by independently monitoring the dental education and accreditation system to assure standards are maintained, does that mean we have to be the only healing arts profession to be forced to use human subjects as part of their examination?

Absolutely not.

Modern simulators (not mannequins) which have been used in many dental schools for years are technologically more than adequate to test for minimum competence. Ask any first year operative instructor.

Ask any board examiner (off the record) and they will admit that every exam produces six to eight "bad outcomes" for patients.

With 100 or so exams per year in this country, that means our profession is knowingly leading 600 to 800 sacrificial lambs to slaughter on the dental altar, with the foremost rationalization: "That's the way we've always done it." This is not just an embarrassment, it is inexcusable and unethical.

We teach our students to "put the

The ADA, through Resolution 64H-2000, calls for change.

We are long overdue in saving dental students a lot of time, money and guilt by using a fair, standard exam on simulators—even before graduation.

These premier grad students deserve to be given their license and diploma on the same day. And they deserve to be proud of their profession from day one in dental school.

Victor J. Barry,
D.D.S.
Past ADA Trustee,
11th District
Part-time Instructor,
Professional Ethics,
University of Washington
School of Dentistry
Seattle



patient first," but that never applies during and before boards.

Taking unnecessary X-rays, paying patients to have incipient lesions replaced with gold inlays, giving them pre-med valium, using long-acting anesthetics and making patients wear rubber dams for hours on end; how does this simulate clinical practice?

Because of the artificial pressures placed on candidates in our current archaic testing system, so much inappropriate behavior takes place below the examiners' radar screens.

What programs?

Dr. Brian Secrist's letter to the editor ("Letters," March 4 ADA News) regarding hygienist demand certainly caught my attention.

As a part-time clinical instructor at Community College of Denver, School of Dental Hygiene, I have had first-hand experience with dental hygiene education.

See LETTERS, 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".

MYVIEW

Continued from page four
 on common sense, but more often are made based on money, achievement of political power or returns of favors owed.

As for political power, who needs it? We (meaning organized dentistry) just need to keep our guard up so that we make sure that the politicians don't make stupid decisions due to their lack of information. You and I know that many political decisions are based on the repayment of favors owed, so how do you combat that? Some things we just can't control.

As for everything else, we need to stick to the science, because science is something that you can always trust. So this article is basically about determining what it is we base our decisions on.

As a dentist, I am in a unique position relative to all other professionals and non-professionals when it comes to dealing with people. I have to make decisions every day that influence my practice, my staff, my patients and myself. The decisions that I make often have to be made on the spur of a moment, decisions that may have a profound influence on the life and well-being of my patients.

Many times, patients ask me to make decisions for them simply because they can't decide, or they are too embarrassed by the fact they may make the wrong decision. Even though I take them through all of the various treatment modalities available to them, they may decide not to decide for the reasons I just mentioned or because they simply don't have the knowledge base to make an informed decision.

In many situations, my patients tell me to make the decision for them because I am the professional and I know what is best for them.

What that patient has just told me is that they implicitly "trust" me to do what is right for them.

What they didn't tell me is to take advantage of their situation, but to do what is right for them. More importantly, they haven't written me a blank check to do a bunch of dentistry willy-nilly so that I can fatten my bank account, but they have empowered me to spend an appropriate amount of their money to treat them in a manner that is both cost-effective and appropriate for their needs.

In doing so, they have also allowed me to

make a reasonable profit so that I can stay in business to treat the next patient. When a patient tells me to make the decision for them, where does that put me in terms of obtaining informed consent?

I am in a position to take advantage of people and their checkbooks on a daily basis, and it would be very easy for me to do that because most people just don't understand dentistry. But that's just not how I was raised. I continually recall the article that David Nielson wrote about ethics and how much better off the world would be if everyone was as ethical as a professional golfer.

I also remember some advice one of the "old" instructors told me in dental school. He said that if you care about your patients and provide them with the care that they need, the

financial rewards will follow. He further said that money is important because it's ultimately what keeps you in practice, but it is not the end-all, be-all for everything we do.

What we can do is practice dentistry as idealistically as possible for the treatment needs of our patients within their financial limits. The term "ideal" doesn't necessarily mean that everyone has to have a perfect Hollywood smile. In my eyes, it means that we provide our patients with the treatment that restores them to both function and aesthetics so that our patients feel good about themselves, free of pain and emotional distress as it relates to their oral cavity. If we keep their best interests at heart, we will likely be practicing what I would consider "ideal" dentistry for our patients.

Overall, dentistry has done a wonderful job

of gaining the trust of our patients, a fact that is elucidated each year when the list of professionals whom the public trusts the most is published.

The reputation of trust that dentistry as a profession enjoys today is something that has been achieved collectively over time between each individual dentist and his or her patients. I sincerely hope each of us maintains the level of trust our patients have given us as times change and the demands of daily life continue. It is our responsibility to make sure that we do.

Dr. Hipsher is the immediate past president of the Alaska Dental Society. His comments, reprinted here with permission, originally appeared in the September 2001 issue of Alaska Update.

LETTERS

Continued from page four

Dr. Secrist's letter is fraught with generalizations without facts. I would like to know which programs have three-year waiting lists and which have several hundred applicants for few positions?

This is certainly not true at CCD. In fact, there is a shortage of "qualified" applicants. I resent Dr. Secrist's inclusion of hygiene in the same sentence with universities, community colleges and trade schools.

Our faculty at CCD is committed to educating our students in the art and science of dental hygiene. We are treating human patients whose conditions require special expertise.

To compare this with an auto mechanic education is outrageous.

It is my opinion that Dr. Secrist's implication that the hygiene associations desire to keep the hygienists' numbers low is totally incorrect.


Every educational institution must deal with costs and priorities. There are only so many dollars to go around to all departments. In addition, dental educators in all fields are in short supply.

Allen H. Veau, D.M.D.
 Denver

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Goodson JM, Shohet I, Imber S, Sam S, Nathanson D: Reduced dental plaque accumulation on composite gold alloy margins. Journal of Periodontal Research 2001; 36: 252-258.

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Show your child something new: work!

The day-to-day activities of the dental office may seem routine to you, but a 9-year-old might disagree.

Now is the opportunity to promote careers in the dental profession and mentor the future workforce. The ADA is inviting members and dental office teams to participate in the 10th Annual Take Our Daughters/Sons To Work event, scheduled for April 25.

The event is nationally publicized, and the Association plans to maximize that exposure and boost dental careers by sharing with young people information about dentistry and the dental assisting and dental hygiene fields.

The ADA modified the Ms. Foundation's original title, "Take Our Daughters To Work Day," to include boys and girls. Youth ages 9 to 15 are targeted for dental office activities.

An informational packet on the event was distributed to constituent societies earlier this month. The packets included "Workplace Planning Tips," an outline and a sample schedule of activities.

The ADA, whose staff is also participating in the event, offers ideas on how dental office teams can mentor youth, provide exposure to dental careers and give their young participants an enjoyable experience, such as:

- conducting interviews of staff members;
- escorting patients to the operator;
- job shadowing staff members;
- replenishing supplies;
- filing patient charts;
- labeling appointment cards;
- mounting radiographs;
- practice mixing dental materials.

Eleven million people have participated in the event since 1993.

For more information contact your constituent society or e-mail Beverly Skoog at skoogb@ada.org or visit "www.takeourdaughterstowork.org". ■

STATES WATCH

Minnesota may license out-of-state dentists

St. Paul, Minn.—Proposed legislation known as the "Guest Licensure" bill would allow dental professionals in neighboring states to treat Minnesota residents with low access.

"Guest" dentists, dental hygienists and assistants from North and South Dakota, Iowa and Wisconsin must agree to provide services in a board-approved public health setting to indigent and other patients who have difficulty obtaining dental care. The license is renewable only for a specific facility.

The bill is meant to address a growing dental access problem in Minnesota. Guest licensure would allow dentists in border cities such as Fargo, N.D., to serve patients in nearby Moorhead, Minn.

Minnesota Dental Association president Dr. John Nei said, "Allowing dental professionals from the surrounding states to volunteer their time and services to undermanned public clinics in this state is a helpful step toward alleviating the critical dental access problem that Minnesota faces."

Texas dental board reported 'inadequate'

Austin, Texas—To the state Sunset Advisory Commission, the Texas State Board of Dental Examiners is "perceived as providing inadequate enforcement against violators of the Dental Practice Act."

A new SAC report also notes "trends indicate that decisions are slow, do not match standards set by the board's penalty schedule and appear to be lenient on the dentists themselves." During the first quarter of fiscal 2002, the board averaged 533 days to resolve a complaint.

The report highlighted several issues of concern, including size, effectiveness, enforcement, delays, Medicaid, dental assistants, educators and licensing requirements.

"The board will be responding to this report at its March 22 meeting and will be submitting a written response to the Sunset Advisory Commission by April 1," says Mei Ling Clendennen, assistant executive director of the board.

The SAC's public hearing on the report is scheduled for April 23-24.

Oregon repeals policy on amalgam removal

Portland, Ore.—The state board of dentistry has rescinded a policy on amalgam removal after the American Civil Liberties Union said it violated dentists' First Amendment right to free speech.

But the policy—"It is fraud and a violation of the Dental Practice Act for a dentist to advocate to a patient removal of clinically-serviceable amalgam restorations solely to substitute a material that does not contain mercury unless evidence suggests that the patient has mercury intolerance"—was not a rule and not a gag order, countered Jo Ann Bones, board executive director.

It was intended to address the issue of dentists who use bogus health claims to convince patients to replace their amalgam fillings.

The board maintains the power to discipline such dentists, which appears to satisfy ACLU attorney Julia Markley.

"I would hope the board of dentistry would protect our health and prohibit dentists from doing certain things," she said.

—Reported by Mark Berthold

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Government

Agency should 'showcase' ADA

Association, OSHA explore dental office safety needs, partnerships

BY CRAIG PALMER

Washington—ADA and OSHA leaders explored information-sharing and partnership opportunities and discussed unresolved ergonomics issues at a March 14 meeting described by Association officials as "friendly, productive and focused."

"Dentists work alongside their employees and are exposed to the same conditions as their employees, so we have a vested interest in keeping the workplace safe," Association President D. Gregory Chadwick said after the meeting of ADA officers and key agency officials in OSHA administrator John Henshaw's Labor Department office.

"Partnerships were discussed and we are open to them," said ADA Executive Director James B. Bramson. "However, the specific nature of a program or a partnership was not addressed."

The Association met with Occupational Safety and Health Administration officials to discuss the special health and safety needs of dental offices.

On an issue of importance to the profession and the Bush administration, ergonomics, "We



Photo by Anna Ng Delort

Washington meeting: OSHA administrator John Henshaw and ADA President D. Gregory Chadwick discuss the special health and safety needs of dental offices.

encouraged the agency to consider incentives for voluntary efforts by dentists, rather than

using a regulatory stick," Dr. Chadwick said.

OSHA officials commended the profession's voluntary efforts in this regard, including the ADA ergonomics summit in 2000, the convening of an ADA ergonomics and disability support advisory committee, and the teaching of ergonomically correct practices in dental schools. Mr. Henshaw said the agency has not completed work on a plan to address workplace ergonomics injuries. The administration recently indicated its plans to include a campaign to reduce repetitive-stress injuries at nursing homes but has missed several self-imposed deadlines for announcing a comprehensive ergonomics plan.

OSHA officials also reported "a great deal of turnover" among field inspectors and promised to ensure proper use of phone-fax procedures by training new inspectors on these procedures at upcoming training seminars. Under a 1995 ADA-OSHA agreement, the agency offers dental employers the opportunity to respond by telephone and facsimile to most complaints without the disruption of

patient care from on-site inspections.

"We thanked them for the phone-fax system but stressed that new OSHA employees may need some training to be sure they know this is the methodology," Dr. Bramson said.

Among information-sharing opportunities discussed at the meeting was a dental-specific page at the agency Web site ("www.osha.gov") to offer technical links and compliance assistance information for dentists. ADA officials raised the possibility of two-way links through ADA.org. "OSHA is developing a Web site to help and we offered to assist in commenting on the site, its content for dentists and perhaps a link to our site for studies and information," Dr. Bramson said.

The Association offered to increase OSHA access to "the extensive occupational health data" available through published studies on the ADA Health Foundation annual health screening program in the interests of information sharing and as a demonstration of the safety of the dental workplace.

OSHA administrator John Henshaw, citing past agency-profession cooperation on a blood-borne pathogens checklist for dental offices and in other areas, proposed an ADA-OSHA partnership toward increased information-sharing and to "showcase" the potential for worker safety from cooperative efforts, according to meeting participants. "I didn't realize all the good things you were doing," he told the Association. "OSHA should showcase that."

Mr. Henshaw has struck a theme of increased cooperation with private sector employers since taking office last August, saying he wants "to advance safety and health" through voluntary partnerships with professional groups, associations, business and labor organizations while focusing the agency's enforcement resources on "high hazard" work sites, which do not include dental offices.

OSHA classified dental offices, clinics and laboratories as "low hazard" workplaces on the basis of worker safety data over a recent three-year period and exempted them from most record-keeping regulations requiring employers to record and report work-related injuries and illnesses. ■

ERISA reforms eye faster claims processing, appeals

BY CRAIG PALMER

Washington—New ADA-supported patient protections for medical and dental plans, the first major ERISA reforms in a quarter century, take effect starting July 1. The Bush administration is telling managed care plans to "accept the realities" of the new claims processing rules and get ready to comply.

The Association hailed the administrative reforms while pushing for more effective legislation. "It's a step along the way to more effective insurance regulation," said Dr. Chauncey Cross, an Illinois dentist who for decades championed reforms aimed at giving patients more information on how claims are handled and faster responses to claims denied, at the state level in the 1980s, as an ADA council chair in the early '90s and later as ADA vice president.

The regulations, which are scheduled to take effect between July 1 and Jan. 1, 2003, set new standards for the processing of claims by employer-sponsored health maintenance organizations and other private sector medical and dental plans. (On ADA.org, see the ERISA Issue Summary in the Government & Advocacy content area under Profession.)

Delayed once for review by the administration, the rules will take effect without further delay, Labor Department officials said. The rules apply to all claims filed on or after the first day of the first plan year starting on or after July 1 but no later than Jan. 1, 2003.

"Now is the time to accept the realities of moving forward," a Labor official told the American Association of Health Plans at a recent AAHP policy conference. A spokesman
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Privacy

Continued from page one

Portability and Accountability Act requires the Department of Health and Human Services to adopt national standards for electronic administrative and financial health care transactions, including regulations to protect patient privacy.

Dr. Bramson went to Capitol Hill to explain the message that's coming through to private practice dentists and how that message plays in the dental office. Waving a 300-page HHS regulatory document "explaining" the rules, Dr. Bramson said, "Our attorneys tell us dentists could need 38 forms and 40 pages of instructions to comply with the privacy requirements. Why 38? Because of the civil and criminal penalties for inappropriate release of patient information.

"We are still looking for ways to shorten this and make it easier."

The ADA director distributed to rapt members of Congress sample materials dentists report receiving from would-be privacy "consultants" trying to expand their business. Promotional materials tend to such hyperbole as "Don't let HIPAA blow you away!" and caution dentists about the prospects of non-compliance penalties best avoided by buying their services, Dr. Bramson said. "We don't want to scare our members but rather give them the information they need and assurance that the requirements are achievable."

■ "We are still looking for ways to shorten this and make it easier."

The Association fully supports patients' privacy rights and in many respects the HIPAA regulations reflect long-standing ADA policy on confidentiality and privacy, said Dr. Bramson, describing the Association policy. He was accompanied by Robert Lapp, Ph.D., ADA director of dental informatics, who told the panel, "The department of dental informatics is becoming the department of HIPAA myth debunking."

Further confusing the issue is the government's continued delay in issuing final rules, Dr. Bramson said.

The HHS department has issued, reviewed, modified and promised to further clarify the sweeping new rules but appears fixed on 2003 compliance for dentists and other providers of health care services. Congress has convened hearings in recent sessions to discuss the privacy

Patient privacy regulation status

The Department of Health and Human Services has submitted a proposed modification of the patient privacy regulation to the White House Office of Management and Budget, HHS Secretary Tommy Thompson told the House Energy and Commerce Committee March 13.

The OMB normally has 90 days to review

notices of proposed rulemaking, initiating another round of rulemaking including publication in the Federal Register, public comment and a revised final rule. The administration has given no indication it intends to change the compliance dates. The regulation will come into full effect on April 14, 2003. ■

rules but has taken no action and given no direction since telling HHS in 1996 to issue them.

"Push the Department of Health and Human Services to finalize the regulations," Dr. Bramson told House Small Business Committee Democrats, who invited the views of the ADA,

American Medical Association, pharmacist and pharmacy organizations. "Without final regulations, planning for compliance is impossible," he said. "If it is the job of the ADA to make this rule understandable, then we must get the agency to finalize it."

House Democrats convened the small business "roundtable" to discuss health care regulatory issues, and invited the ADA to speak on the privacy regulations.

Rep. Brian Baird (D-Wash.), who introduced ADA discussion of the rules, quipped, "I think we would rather the dentists be filling cavities instead of filling forms." Panelists agreed to draft a letter to the HHS department requesting information on the status of the rules.

The Association urged delay in implementation of the regulation's penalty provisions, a structured penalty system to distinguish between major medical institutions and individual practitioners and an easing of the "paperwork burden" of compliance. "Dentists and physicians acting in good faith should not be punished for errors made in an attempt to comply with this complicated rule," Dr. Bramson said. ■

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ADA offers privacy facts

The Association member education campaign on the new privacy rules includes:

- a HIPAA content area on ADA.org (Go to Your Practice/Professional Issues and Research/ADA Topical Index);
- numerous print and electronic reports in the ADA News, Today's News at ADA.org and in Department of State Government Affairs publications;
- a new privacy seminar series, which starts in July with more than 20 requests in hand from state dental associations;
- planned publication of a dental office privacy kit containing the 38 forms "our legal staff says are necessary to comply," as ADA Executive Director James B. Bramson told a House Small Business Committee "roundtable" March 14. ■

9-11

Continued from page one
when he "listened, cried, hugged and consoled" family members of missing fire and police personnel.

Andrew Card, his chief of staff, spent the day with President Bush, a day unlike any other, Mr. Card told the ADA Washington Leadership Conference March 25.

And this is how it was when Sept. 14 was spent.

"The president was very quiet. He had tears in his eyes. He was filled with resolve. We flew to Camp David. The next morning we were going to have the first of the war council meetings. We were flying on a small plane, and any plane the president is



Photo by Anna Ng Delort

Grassroots: The Washington Leadership Conference drew Michigan dentists (from left) Drs. George Goodis, Robert Richards, Joanne Dawley and Ray Gist.

on is Air Force One. I was sitting just opposite the president; there were some Secret Service agents, a doctor and a military aide.

"I said, Mr. President, you were a great president today. I told him how you were the commander in chief convening a war council meeting, the president convening a cabinet, the head of state meeting with presidents and prime ministers and ambassadors. At the National Cathedral you offered prayers and comfort not just to the United States but to the world. You directed us in the right direction.

"You rallied those who were searching and rescuing and you shared with the world how America would be heard.

"But most significantly, you comforted people who were in real need. He was a complete president, and he was completely exhausted. He was emotionally drained, physically drained, mentally drained, spiritually drained, but he did exactly what you would expect our president to do. And I was so proud of him because of how I saw him conduct himself."

Mr. Card told the dental leaders, "You can be proud of your president. You don't have to like him. You didn't have to have voted for him. He has given us direction."

They gave him a standing ovation. ■

Reforms

Continued from page eight
woman for Labor's pension and welfare benefits administration, which administers the Employee Retirement and Income Security Act, confirmed the administration's message that the rules will take effect as issued and without further delay.

The AAHP, a managed care industry group, said the new rules affect nearly all health plans active in the group health benefits market except for government and church plans.

The Association has long advocated reforms of the 1974 ERISA toward giving patients more information faster on how claims are handled, why claims are denied and how to appeal.

The Association met with Labor Department officials throughout the 1990s to press for ERISA reforms. The ADA and New Jersey Dental Society met with Labor officials in 1995 and testified at Labor Department hearings. "Patients must be provided understandable, comprehensive plan information when adverse benefit determinations are made," Dr. Timothy Rose, ADA president at the time, told ERISA officials at a Feb. 19, 1999, hearing on the proposed rules.

The rules as issued call for faster processing of initial and appealed claims and set tighter timeframes for decisions on claims in the interest of "speedy decision making."

"The procedures governing a plan's benefit claims and appeal processes are of critical importance to participants and beneficiaries," the Labor Department said in issuing the new rules.

The rules apply only to internal claims procedures and are less sweeping than pending House and Senate patient protection bills in giving patients greater access to external and judicial review.

The rules require at a minimum that "every employee benefit plan shall establish and maintain a procedure by which a claimant shall have a reasonable opportunity to appeal an adverse benefit determination."

The Association said it will continue to seek comprehensive patient protections through federal legislation. ■

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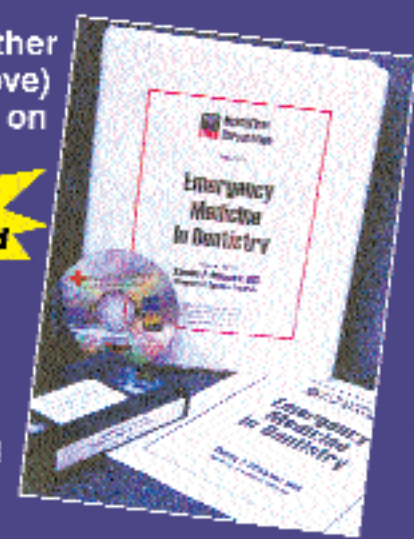
The oxygen supply, on a wheeled cart, can be quickly moved to an emergency.

The demand and resuscitation valve will provide either positive pressure or demand oxygen applications (pictured lower left.)

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Get involved

Dentists urged to make voices heard in political process

BY CRAIG PALMER

Washington—This time the politicians came to the profession.

Members of Congress, government health officials, Republicans and Democrats and the president's chief of staff implored dentists at the March 24-26 Washington Leadership Conference to get involved politically.

"The truth is every politician needs to be better educated, and that's why you're here," said Andrew Card, White House chief of staff and a self-professed "politician" and "lobbyist, titles I proudly wear." In a way he was preaching to the choir, some 450 politically active dentists, leaders of ADA grassroots action teams and dental association representatives from 45 states, the District of Columbia and Puerto Rico.

"I would encourage you to become politicians and lobbyists even if you don't take either label," he said. "It's the strength of our democracy to have politicians and to have people like you who will educate them. If you educate a politician you are a lobbyist. So I'm a lobbyist. I go out of my way to educate politicians. I hope some of you are politicians and I hope some of you are successful politicians." Mr. Card's emotional recounting of the president's post-Sept.

■ "It's a time for all of us to have a clear idea which candidates are most likely to represent the interests of dentists and their patients and to support those candidates."

11 leadership drew a standing ovation. (See story, page one.)

Association leaders, recounting the profession's successes on such national issues as tax accounting policy and repeal of ergonomics regulations, urged the politically active dentists to "look beyond Washington" to state and local issues and this fall's gubernatorial and congressional elections.

"It's a time for all of us to have a clear idea which candidates are most likely to represent the interests of dentists and their patients and to support those candidates through our grassroots legislative network," said Dr. D. Gregory Chadwick, ADA president. "We need to be working in our (congressional) districts, making new relationships and strengthening existing ones."

Other speakers addressed legislative and business interests of dentists.

Rep. William Pascrell, a New Jersey Democrat on the House Small Business Committee, told the dental leaders, "I know that HMOs [health maintenance organizations] changed medicine and I don't want HMOs to change dentistry. We need to pass a patients' bill of rights," he said to applause. Patient rights legislation is stalled in Congress and appears to be going nowhere. Although the House and Senate have passed bills, Congress has yet to resolve the differences and produce a bill for the president's signature.

Dr. Perry Tuneberg, grassroots action team

Government

Call to action: Dentists at the Washington Leadership Conference hear the importance of political involvement.



leader in Rep. Don Manzullo's (R-Ill.) congressional district, described the tripartite profession's "advocacy success" in working with members of Congress and the Internal Revenue Service to change IRS tax accounting policy.

One of the administration's top health officials, Claude A. Allen, applauded the profession "for the work you've done on community water fluoridation, promoting oral health in this country and your oral cancer awareness campaign." Mr. Allen, who met with Association leaders last November to discuss dental representation in the Department of Health and Human Services, said the department expects to act soon on the issue.

Mr. Allen is the HHS deputy secretary.

The dental leaders at this year's WLC also discussed access to care, dental amalgam and patient privacy issues. ■



Headline news: Dr. Chadwick meets with CNN anchor Judy Woodruff before her March 24 keynote speech.

Grassroots

Continued from page one

who engaged the keynote speaker in dialogue about political discourse.

Some 450 grassroots dentists, leaders of dental political action teams and state association representatives from 45 states, the District of Columbia and Puerto Rico registered for the annual event, which opened on a spectacularly sunny spring afternoon in the nation's capital against the backdrop of national and international politics and war discussed by CNN news anchor Judy Woodruff, keynote speaker.

"At previous conferences like this, we've pretty much focused on what's going on here in Washington, in Congress and the government agencies," Dr. Chadwick said. "This year we're

turning our attention to what's going on at the state and local levels because many of you asked us to do that and because this is a perfect time to discuss issues crisscrossing the nation." This could well be the "outside the beltway" conference for focusing on issues important at home as well as in Washington, he said.

The conference agenda featured White House, congressional and media speakers on national issues but also "breakout" and issue sessions on access to care, amalgam regulation and science, political advocacy, this year's congressional and gubernatorial elections, privacy regulations and state budget cuts.

"As far as amalgam is concerned, the dental profession is committed to basing its opinions on sound science," said Association Executive Director James B. Bramson, touching on one of the issues on the WLC agenda. Said Dr. Chadwick, ADA president, "Proposals we've seen have attacked not only its appropriateness as a restorative material but also its effect on the environment. We need to be out front with the decision-makers and the public on this issue, doing everything we can to make sure that science is not overshadowed by misleading information and scare tactics."

Campaign finance reform legislation signed by President Bush March 27 "actually places political action committees in a stronger position," said ADPAC Chair John V. Reitz. "Because the bill focuses on what the public views as the undue influence of wealthy individuals and groups, when the dust clears PACs may actually have more influence in the political process."

Support for children's dental health legislation and a stronger dental infrastructure in federal agencies managing dental programs are the two "asks" for dentists making trips to Capitol Hill during their three days here, ADA Washington Office Director Dorothy J. Moss said in summarizing this year's "message to the Hill."

"This is a new ADA," Dr. Bramson told the political activist dentists, many of them members or leaders of grassroots action teams. "We're working very, very hard for you. Rest assured that the Washington Office staff, along with all of us in Chicago, are ready to roll up our sleeves and do everything possible to give you the support and resources you need." Dr. Bramson, a former state dental association executive, became ADA staff director July 1, 2001. ■

Seminar will focus on pain management

San Diego—A new 1-1/2-day education program will focus on managing, assessing and treating pain. The program is presented by Joint Commission Resources Inc., a subsidiary of the Joint Commission on Accreditation of Healthcare Organizations.

The program will review current pain management standards and how to implement them. It will also cover the essential elements of effective pain management, how to overcome medical staff and institutional barriers to pain management, competency requirements and how to use a multidisciplinary approach.

The seminar will be held April 20-21, in San Diego. Cost is \$495 per registrant. The seminar will also be held Oct. 5-6 in New York. For more information or to register, call Customer Service at 1-630-792-5800 or register online at the Infomart section of "www.jcaho.org". ■

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U.S. Surgeon General gets ADA input

National oral health call to action requires public-private partnerships

BY CRAIG PALMER

The American Dental Association welcomes and encourages public-private partnerships promoting oral health, Executive Director James B. Bramson said at a March 22 "listening session," one of five regional hearings convened by the U.S. Surgeon General's office toward development of a national oral health call to action.

Dr. Bramson represented the ADA at the Chicago forum. California and Colorado dental associations are among state associations offering statements and testimony at other hearings. (The remaining hearing for the national oral health call to action is scheduled for April 30, 2-4 p.m., Cambridge City Hospital Learning Center, 1493 Cambridge St., Cambridge, Mass. Dr. Chester Douglass, 1-617-432-1455, is the

■ "These partnerships are critical if we are to achieve two central goals, helping policymakers understand the importance of oral health and improving access to patient care."

contact person.)

Dentists and the ADA are active partners in community, state and national partnerships preventing disease, opening doors to care, "fighting for kids" and reinforcing the public "oral health infrastructure," Dr. Bramson said. "These partnerships are critical if we are to achieve two central goals, helping policymakers understand the importance of oral health and improving access to patient care.

"It is unacceptable that in 21st century America there are children who can't sleep or eat properly, can't pay attention in school because they're suffering from untreated dental disease, which is so easily preventable," he said. "Dentists across the country are fighting for these kids, through their professional societies and as individuals. But we can't do this alone.

"The ADA welcomes additional opportunities to partner and respond to your call to action," Dr. Bramson said in prepared remarks. The Association submitted additional written testimony responding to the seven proposed action elements offered as a framework for the "listening sessions."

The call to action extends from the first report of a U.S. Surgeon General devoted exclusively to oral health issues, a report issued in May 2000 and available at multiple online sites including the Reports of the Surgeon General site ("sgreports.nlm.nih.gov/NN/B/B/J/T/"), the National Institute of Dental and Craniofacial Research site ("www.nidcr.nih.gov/sg/oralhealth.asp") and the Office of the Surgeon General site ("www.surgeongeneral.gov/library/oralhealth/").

"One of dentistry's biggest challenges is convincing policymakers that oral health is not simply an adjunct benefit," Dr. Bramson told the Chicago forum. "It is equally shocking that many policymakers accept the notion that dentists could be reimbursed for care at much less

Government

than what it costs them to provide it."

But organized dentistry at the state and national levels is forming partnerships to "challenge and change those views," he said.

These public-private partnerships are proving valuable "during the chaos of state budget

cuts" and in several cases have increased Medicaid reimbursement rates or held ground against reimbursement cuts, Dr. Bramson said. He cited the "outstanding examples" of Michigan and South Carolina.

"The Association continues to work with states to demonstrate to policymakers cost effectiveness through community health prevention programs such as water fluoridation, sealants, tobacco cessation and oral cancer education and awareness," he said.

At the national level, the Association is working with Congress and federal officials to increase access to care and ensure "a strong oral health infrastructure" within the Department of Health and Human Services that includes appointment of chief dental officers in agencies managing dental programs. "There must be representation within the health agencies if the profession is to be heard and states are to receive guidance on issues concerning oral health," Dr. Bramson told the forum. ■

Starting Out

New dentists select talent

Leadership and mentoring skills win Golden Apple Awards

BY KAREN FOX

At its meeting in January, the ADA Committee on the New Dentist selected recipients for two Golden Apple Awards for individual achievement.

Dr. Jessica Meeske, a pediatric dentist in Hastings, Neb., is the winner of this year's Golden Apple Award for New Dentist Leadership.

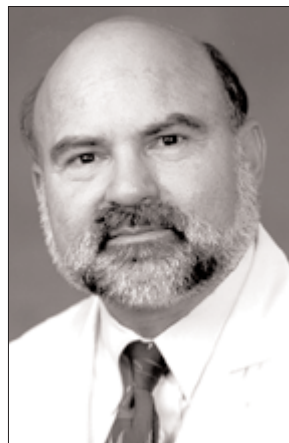
Dr. Nick Minden, associate professor of operative dentistry at the University of Florida College of Dentistry, won the 2002 Golden Apple Outstanding Leadership in Mentoring Award.

Drs. Meeske and Minden will receive their awards in August at the 16th National Conference on the New Dentist in San Antonio.

the American Student Dental Association, Dr. Meeske graduated from the University of Missouri-Kansas City School of Dentistry in 1996 and completed her training in pediatric dentistry at the University of Iowa College of



Dr. Meeske



Dr. Minden

Dentistry in 1999.

Among her achievements—and there are many—Dr. Meeske led the NDA's lobbying of the state's Rural Health Care Commission that resulted in a pediatric dental shortage designation for areas of Neb-

Dr. Meeske believes health care providers have an obligation to treat those most in need.

"If we all go out and see only the people who have money or good dental insurance and are healthy and well behaved, then we're all fighting for the top of the pyramid of the population and completely ignoring the people who need us most," she said.

She counts among her influences in dentistry as Dr. Lockwood and her mentors at the University of Iowa, where she also received a master's degree in dental public health.

"Dr. Lockwood has inspired me to try to make a difference in these kids' lives," said Dr. Meeske. "One of the reasons I went into practice with him is his lifelong commitment to caring for the underserved."

Funded by the Maternal and Child Health Bureau of the U.S. Department of Health and Human Services, the University of Iowa College of Dentistry is a center for leadership training in pediatric dentistry.

"The way they look at training is that there is another component to becoming a dentist," she explains. "And that is being able to understand what the problems are and go beyond the diagnosis and treatment of patients to try and fix the problems."

Dr. Meeske also chairs the American Academy of Pediatric Dentistry's new dentist committee, is a volunteer instructor at the University of Nebraska College of Dentistry and mentors students in a pre-dental internship program in her practice.

During the internship, college students rotate in for a four-to-six week period to learn more about careers in pediatric dentistry.

"Dr. Lockwood has always done this type of thing," she said. "We share a commitment that we have to get college students and native Nebraskans excited about the dental profession if we're going to get more practitioners here."

Her activities make others' heads spin, but through careful time management she balances it all with a husband and two children, ages 7 and 4.

"I have no idea when she lives life," said Tom Bassett, NDA executive director. "She manages to do it all."

Mentoring Award

The Outstanding Leadership in Mentoring Award recognizes an ADA member dentist who has demonstrated leadership as a mentor.

Noting his dedication to preparing dental students for careers in dentistry, the selection committee believed Dr. Nick Minden, a faculty member of the University of Florida College of Dentistry, was a natural choice.

All senior students at the dental school will take Dr. Minden's class—a 48-hour intensive seminar course on small-business principles and practices for the dentist.

Dr. Minden also fulfills a vital role in students' lives by consulting with them about career decisions, practice opportunities, contract negotiations, and the purchase and sale of dental practices; coordinating rotations in community dental clinics; and directing the dental school's associate matching program.

The Florida Dental Association nominated

Leadership Award

After "almost singlehandedly" securing a pediatric dental shortage designation for all areas of Nebraska outside Lincoln and Omaha, Dr. Meeske drew notice from the leaders of the Nebraska Dental Association.

"She has shown so much leadership potential, she's been chair of the new dentist committee, she's hosted fundraisers in her home, she's been on the legislative agenda with the state of Nebraska," said Dr. George H. Schlothauer, NDA's immediate past president, who nominated her for the award. "As they say, cream rises to the top, and that's what she is."

The New Dentist Leadership Award recognizes an ADA member who graduated on or after Jan. 1, 1993, and has demonstrated outstanding leadership initiative.

A native Nebraskan and former president of



raska, which makes pediatric dentists outside Lincoln and Omaha in practice less than five years eligible for grants to help them offset their students loans.

"I was asking the state to consider loan repayment based on specialty, which is something it had never done before," said Dr. Meeske. "We weren't meeting the access to care goals for low-income children because there was a shortage of pediatric dentists here. I was just the third one to come to rural Nebraska."

Dr. Meeske practices with Dr. Ed Lockwood. About 65 percent of their practice includes Medicaid patients.

In 2001, Dr. Meeske became the youngest ever recipient of the NDA's President's Award.

"The thing that impressed me was that she was very politically active for someone at that stage of her career," said Dr. David Blaha, an NDA past president. "She organized and hosted a reception for U.S. Rep. Tom Osborne, the congressman from that district, at her home. It was just real impressive to me that she would have the wisdom to know that we need to be politically active like that."

Dr. Blaha added that Dr. Meeske is a role model for many practitioners in her dedication to treating Medicaid patients.

"Like a lot of states, we have trouble getting people to participate in the Medicaid program, and that's always been a priority for her, which means she is often overloaded with more than her fair share of patients. But it's important to her to treat Medicaid patients," he said.

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Dr. Minden for the Outstanding Leadership in Mentoring Award.

"The practice management course he has initiated to help students in the real world and make them aware of all the things involved in transitioning from student life to becoming an associate is outstanding," said Dr. Donald I. Cadle Jr., FDA president. "Every year Dr. Minden is just a solid resource, for not only students and the Florida Dental Association but new dentists, too."

Dr. Minden believes his background in teaching, and the fact that he's "never forgotten what it's like to be a dental student," helped him become a mentor for students.

Before dental school, he held master's degrees in business and education and worked as assistant to the dean of Arts and Sciences at Georgia State University.

"My main activity there was budgetary, but I spent a lot of time speaking with students about career choices and medical school and dental school," said Dr. Minden, a 1982 graduate of the Medical College of Georgia School of Dentistry. "One day I decided I could do it, too."

He maintained his teaching post at the Medical College of Georgia throughout dental school, and helped found the predecessor to the ADA SUCCESS practice management program, which offers strategies to junior- and senior-level and graduate dental students about the business aspects of owning and operating a practice.

Teaching students to become business owners is a challenge, yet one that he finds rewarding.

"As dental educators, we take young men and women who wouldn't be business people and prepare them to own or co-own a dental practice," explains Dr. Minden. "My objective is to minimize the big mistakes—business and career—the new graduate might make during his or her first three years, while he or she is learning first-hand about the practice of dentistry."

Even after they graduate, students routinely call on Dr. Minden for advice.

"He has been a resource to so many students and new dentists by helping them become established in private practice," said one of his former students, Dr. Tricia E. Bradley, now chair of the Florida Dental Association's committee on the new dentist.

To ensure that he's teaching the subject matter that students need, Dr. Minden tries to keep tabs on former students, and even distributes surveys asking them what they think dental students need to know about practice.

Several years ago, Dr. Minden brought the dental school's associate matching program online (go to "www.dental.ufl.edu", and click on Students, then Associate Matching).

It's one more component to a successful transitioning program that has helped countless dental students get a foot in the door after graduation.

"I receive two to three calls a week from practicing dentists who are looking for a new graduate to come into their practices," said Dr. Minden. "This is a boom time for dentistry in Florida. Interest rates are low, there's a tremendous demand for new graduates, and people are demanding dentistry." ■

Florida wins award for membership program

The ADA's Committee on the New Dentist every year presents its Outstanding Program Award of Excellence to a constituent or component society.

This year, the award went to the Florida Dental Association's committee on the new dentist for its "2001 New Dentist Outreach Program: Building Membership Through Education and Networking."

Florida's program combined the following new elements to existing outreach efforts that sought to recruit and retain new dentists:

- a "Lunch and Learn Series" presented at the state's dental schools;



Dr. Bradley

- "New Dentist Breakfast and Learn Course" at the FDA annual meeting;

- a plan that allows American Student Dental Association seniors to immediately transition into FDA membership upon graduation;
- networking reception held for new dentists at the FDA

annual meeting.

The outreach program resulted in increased attendance, participation and peer networking from students and new dentists at the FDA annual meeting and legislative event at the state capitol. FDA officials also note an increase in acceptance forms for the transition program.

"We're very proud of our program," said Dr. Tricia E. Bradley, chair of the FDA committee on the new dentist. "The next step is to increase the exchange of information to get more dentists involved in leadership and maintain members long-term." ■

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Law

Dentists go to jail for tax fraud

IRS seeking criminal penalties for efforts to conceal income

BY ARLENE FURLONG

Last month, Dr. Richard Pfeiffer made an unusual lifestyle change, particularly for a dentist.

He went to jail.

On March 4, the Yreka, Calif., orthodontist began a 27-month federal prison sentence for tax evasion.

"Where's the kinder and gentler IRS we've been hearing about?" he remarked to ADA News. "One thing I know for sure, my sons are going to see both 2002 and 2003 come without me."

He's probably right. Because parole has been abolished in the federal criminal system, with good behavior Dr. Pfeiffer will shave only four months (15 percent) from his prison term. Adding insult to injury, he'll pay the Internal Revenue Service a down payment of \$5,000 in restitution for back taxes he owes, an additional \$10,000 fine, and undergo three years of supervised release after serving his sentence.

"They could have let me go on with my life and allow me to correct the mistake, but instead the government is going to feed and keep me for 27 months," he said. "I should look at this as a vacation."

It's an unusual hiatus for a doctor, but Dr. Pfeiffer is not alone. Two other medical professionals—an orthopedic surgeon and an ear, nose and throat specialist—are embarking on similar retreats, since following the advice of an unscrupulous tax advisor.

All three were charged with filing a false tax return and defrauding the IRS by routing income through bank accounts in the names of trusts in the United States and abroad in order to conceal it. The three defendants pleaded guilty in U.S. District Court in Sacramento on Oct. 1, 2001.

According to a report sent to ADA News by Ernesto Hernandez, supervisory special agent in

criminal investigation for the IRS, the scheme began in 1996 and continued until the indictment in August 2000. It used false invoices, code names and other means to conceal the move-

ment of the funds. The defendants then filed federal income tax returns that failed to disclose the income that had been routed through the offshore accounts.

Dr. Pfeiffer maintained that he shouldn't have been convicted of a crime because he didn't have the motive or intent to commit the act. "I always thought the perpetrator of the fraud was prosecuted, not the victim. I honestly didn't know of any wrongdoing and I still have a hard time believing he could be such a con man," said Dr. Pfeiffer of tax promoter Lonnie Crockett, who was also found guilty.

Dr. Pfeiffer said he never had a chance to present his side of the story. He said his attorney advised against a jury trial, that could have brought him up to 14 years in prison, and he could not be tried separately from the other defendants because they all acted together, and so were all charged together. He said he had no other option but to plea-bargain, waiving his right to appeal.

"Ever since the day of the indictment, there's been a heavy prosecutorial environment," he said. "Despite 125 character reference letters, the judge castigated me in court."

A U.S. District Court press release notes that Judge Frank C. Damrell called Dr. Pfeiffer's conduct in concealing income through off-shore bank accounts, "completely reprehensible. You cheated your country, you took your citizenship for granted," he said in sentencing.

Asked whether the language, the sentencing, the whole atmosphere seemed harsh, Mr. Hernandez replied, "The court is trying to send a message. Don't do this. Remember that you have the ultimate responsibility for your own tax

return and look at the red

flags when promot-

ers start

talk-

ing

about

reducing

your tax liability."

Mr. Hernandez

says there are "a lot of

bad guys in the business of

sheltering income" and that

promoters are increasingly targeting affluent investors from the medical profession.

"These promoters market with their slick presentations, slideshows, whatever, and people have to remember, 'If it sounds too good to be true, it probably is,'" he advised.

Parking money outside the country, changing titles on assets and using nominee names, such

as XYZ corporation to disassociate assets from yourself, are a few of the tactics that should raise red flags with investors, said Mr. Hernandez. He stresses that although it's legal to open an offshore trust or bank account, U.S. citizens shouldn't be avoiding taxes by investing in a trust or going offshore.

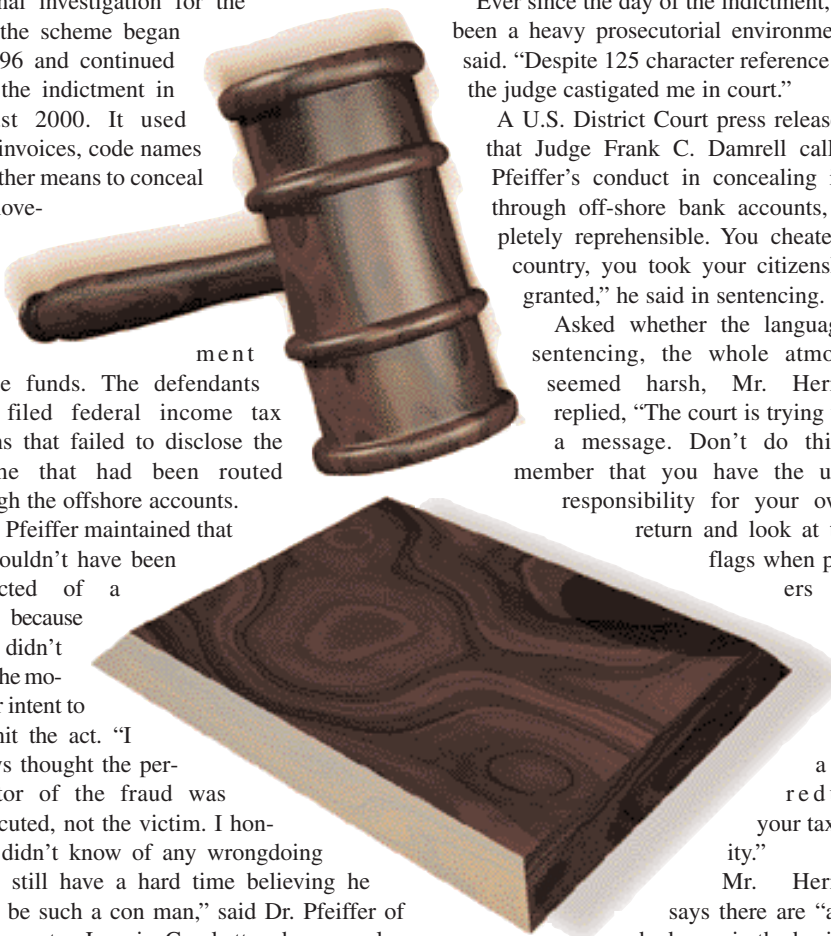
"If you are pursuing a trust for a tax benefit, be certain to talk to a tax attorney or a Certified Public Accountant, because as this article demonstrates, you are personally at risk," said ADA Chief Counsel Peter M. Sfikas.

Unfortunately, some dentists got roped into these schemes, said Mr. Hernandez. "During the investigation we found individuals who were involved but weren't prosecuted. The defendants who were prosecuted showed culpability."

Among others, a Michigan dentist and a Texas dentist were also recently sentenced for conspiracy to defraud the United States for tax evasion by various methods, including hiding assets in offshore bank accounts and placing income into multiple trusts.

In addition to the prison sentence, the Michigan dentist was ordered to place a full-page ad with his picture attached in the local paper that explained what he had done wrong and that he regrets his mistake.

The Council on Dental Practice has developed guidelines for a dentist to conduct the research necessary to select appropriate consultants and other advisors. Call toll-free, Ext. 2895, to receive the guidelines and a copy of the National Association of Healthcare Consultants Membership Sourcebook. ADA members can obtain referrals for competent tax advisors through their state and local dental societies. Dentists interested in further information about foreign and domestic trusts can visit the IRS Criminal Investigation Web site at "www.treas.gov/irs/ci". ■



Dental school earns national recognition

University of Kentucky program helps children get a healthy start

BY KAREN FOX

Lexington, Ky.—The nation's dental schools are known for fulfilling vital community service missions, and now one has received the recognition it so richly deserves.

Last year, the national alliance for youth known as "America's Promise" visited the University of Kentucky and identified two programs that surpassed all others in community service efforts: the men's basketball team and the College of Dentistry.

America's Promise then invited the UK College of Dentistry to become one of its five national partners.

Led by Colin Powell, now U.S. Secretary of State, America's Promise is dedicated to mobilizing groups and organizations to build and strengthen the character and competence of youth by fulfilling the following "five promises":

1. ongoing relationships with caring adults,

Education

including parents, mentors, tutors or coaches;

2. safe places with structured activities during non-school hours;

3. healthy start and future;

4. marketable skills through effective education;

5. opportunities to give back through community service.

The UK College of Dentistry was a natural fit for America's Promise "healthy start and future" component, said Dr. Leon A. Assael, UK dental school dean.

"We were recognized for our community service programs that help children get a healthy start in Kentucky," said Dr. Assael, who attended a July 2001 White House ceremony where



Dr. Assael

President George W. Bush signed a declaration that marked his personal commitment to the nation's youth.

Though the UK College of Dentistry sponsors and participates in many community service activities, two clearly stood apart.

"The particular programs cited include the dental school's Seal Kentucky program and our adoption of an elementary school in Lexington," said Dr. Assael.

Seal Kentucky is a school-based prevention program using dental equipment on-site at elementary schools to provide health education

and preventive dental sealants.

"The purpose of the elementary school adoption is to ensure that the kids in that school have optimal oral health throughout their lifetime," added Dr. Assael.

The White House ceremony also gave Dr. Assael the opportunity to communicate the importance of oral health at a time when the new administration was beginning to develop health policy.

Since then, the dental school has redoubled its efforts by actively promoting America's Promise throughout the university and among the nation's dental schools.

"Dental schools give so much to their communities," said Dr. Assael. "We'd like to see other schools recognized for their contributions as well."

More information on America's Promise can be found online at "www.americaspromise.org". ■

ADA seeking entries for awards

BY STACIE CROZIER

Do you know a dentist or program that deserves recognition for developing a preventive dentistry project or improving the oral health of seniors?

The ADA Council on Access, Prevention and Interprofessional Relations is accepting entries for its 2002 Community Preventive Dentistry Award and Geriatric Oral Health Care Award programs.

The Community Preventive Dentistry Award recognizes individuals or organizations that have implemented significant preventive projects for schools, special population or high-risk groups; public information or community



education campaigns; tobacco cessation activities; oral cancer prevention; or other treatment programs.

The council sponsors the award through the ADA Health Foundation, and with the support

of Johnson & Johnson Oral Health Products. The first place winner will receive a \$2,500 check and a wall plaque.

The council may also choose three \$500 meritorious awards.

The Geriatric Oral Health Care Award recognizes individuals or programs that have improved the health of older Americans through nursing home, homebound or hospital programs; public information programs; dentist and/or caregiver education; or oral health care delivery.

The council sponsors the award through the ADA Health Foundation, and with the support of Pfizer Consumer Healthcare Group. The first

place winner will receive a \$2,500 check and a wall plaque.

The council may also choose to grant a \$500 meritorious award.

The deadline for entries is May 15. Any not-for-profit program in the United States or its territories is eligible. Non-dental personnel are eligible; dentist entrants must be ADA members.

For more information, help in preparing a summary of your program or an entry form, contact the CAPIR Award Programs, American Dental Association, 211 E. Chicago Ave., Chicago, 60611; call 1-312-440-2673 or e-mail "babcockj@ada.org". ■

New manual on nutrition and disease

The Nutrition Screening Initiative has produced a new physician manual, A Physician's Guide to Nutrition in Chronic Disease Management For Older Adults.

The newest NSI publication offers advice for incorporating nutrition to help older patients with cancer, chronic obstructive pulmonary disease, congestive heart failure, coronary heart disease, dementia, diabetes mellitus, hypertension and osteoporosis.

The NSI, led by partner organizations that include the American Academy of Family Physicians and the American Dietetic Association and a coalition of more than 25 national health, aging and medical organizations, was founded in 1989 to incorporate nutrition screening and intervention into health care delivery for older Americans.

It works with professionals in nutrition, dentistry, pharmacology, mental health, managed care, home care and community social services.

For more information, or for a listing of all reference materials available from the Nutrition Screening Initiative, contact the NSI, 1010 Wisconsin Ave. NW, Suite 800, Washington, D.C., 20007 or e-mail "nsi@gmmb.com". ■

JADA

Continued from page one
Method 245.1—acid digestion, chemical oxidation/reduction into elemental mercury and atomic absorption spectroscopy.

"We found the ISO 11143 to be an acceptable standard for validating amalgam separators," says Dr. James Sandrik, assistant to the associate executive director of the ADA Division of Science. "We also tested all units that were commercially available at the time and found that each one exceeded the ISO requirement of 95 percent or more retention."

The study found that all 12 amalgam separators removed at least 96.09 percent of the amalgam in study samples.

Total mercury and total dissolved mercury concentrations varied widely for each device. The researchers called for additional research to develop tests for small amalgam particles, colloidal amalgam particles and ionic mercury in solution. ■

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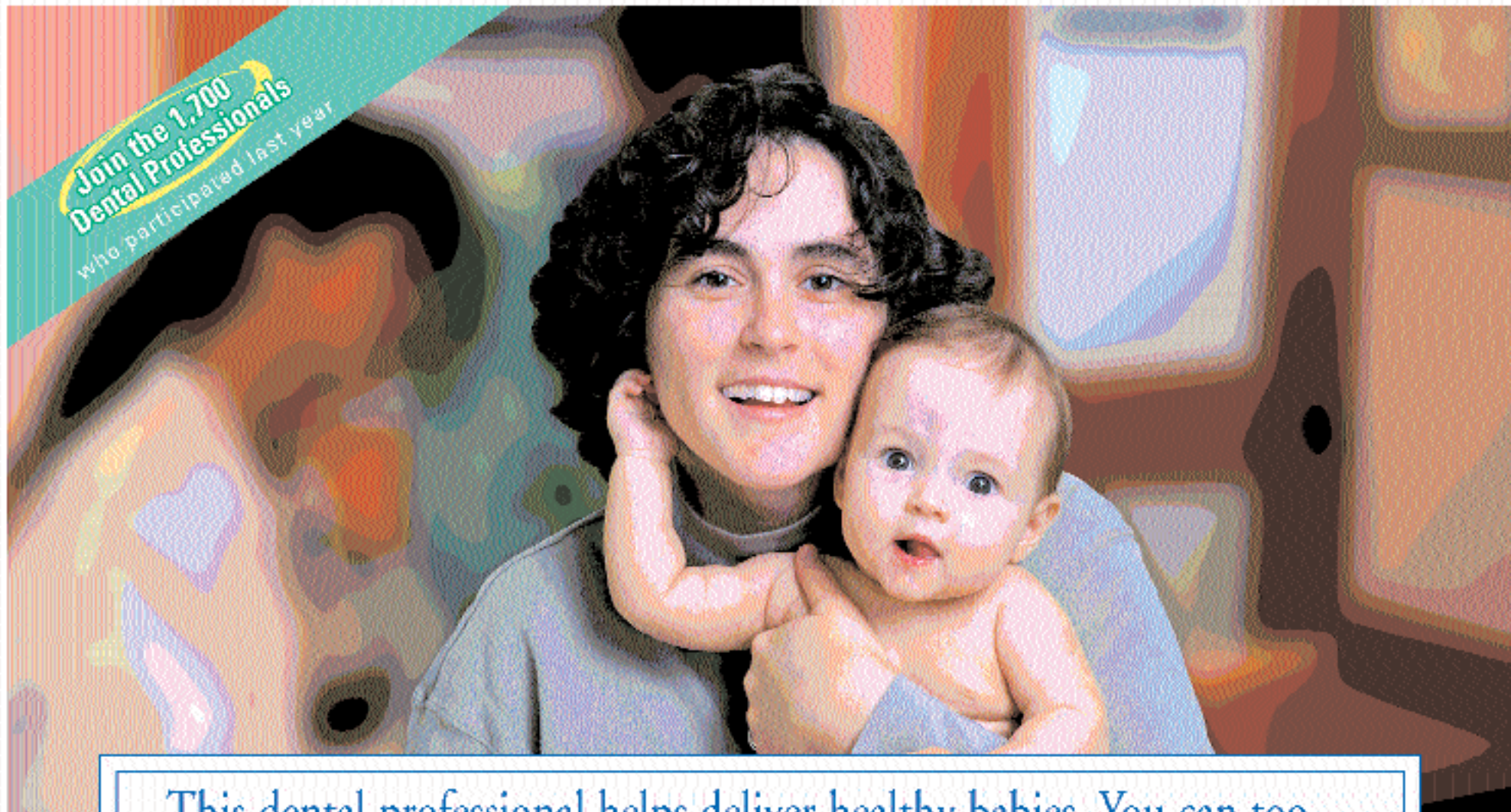
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