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American Dental Association, Publishing Division, "ADA News - 05/03/1999" (1999). *ADA News*. 77.
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AMERICAN DENTAL ASSOCIATION
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Dentifrice queries
Enamelon, page three

BRIEFS

Call for volunteers issued for Ecuador

Causes for Change International, a not-for-profit organization dedicated to improving the health and quality of life of children in underdeveloped countries, is seeking volunteer dental professionals.

Dentists and dental hygienists are needed in Ecuador, South America, from June 16-23 to provide volunteer dental care to children. Destinations include rain forests, the Amazon, Quito, the Andes ruins and Galapagos Islands.

Travel arrangements and accommodations will be provided.

For more information, contact Dan Nemec, 401 Webster, No. 303, Chicago 60614; or call 1-773-404-5753. ■

1960-97 CPI data available from ADA

The ADA Survey Center's report, Consumer Price Index for Dental Services, 1960 through 1997, is now available.

This report contains recent information about the government's primary measure of inflation, the Consumer Price Index. Monthly and annual tables present the CPI for dental services along with the overall CPI and CPIs for other categories useful to dentists.

Charts show the cumulative effect of overall inflation, inflation of all medical care, and inflation of dental services since 1960, along with the year-to-year changes.

The report (catalog no. 5CPI) costs $15 for member dentists, $22.50 for non-member dentists and $45 for non-dentists. To order a copy, contact the Survey Center on the toll-free number, Ext. 2568. ■

Hispanic dental groups to meet

The Hispanic Dental Association of Northern and Southern California will meet Aug. 6-8 at the Embassy Suites Resort in South Lake Tahoe, Nev.

Ten continuing education hours will be offered.

Also, the Hispanic Dental Association will hold its 7th annual meeting at the Camberly Gunter Hotel Sept. 23-24 in San Antonio.

Fifteen continuing education hours will be offered.

For more information about either meeting, call 1-800-852-7921 or 1-530-742-2461; or e-mail "HDASSOC@aol.com". ■

Access to care priority in ADA budget testimony

House appropriations panels consider FY2000 funding

By Craig Palmer

Washington—The Association urged Congress April 15 to address the oral health needs of poor and other vulnerable patients in setting the year 2000 national health budget.

Testifying before two House appropriations panels, ADA President S. Timothy Rose cast the profession's budget requests in terms of needy children, American Indians and Alaska Natives, HIV/AIDS and other vulnerable patients and training dentists to serve special population groups.

The Association also recommended funding boosts for geriatric dental training fellowships, rural health training, health education and training centers, geriatric initiatives, area health education centers and allied health special projects. All are programs promoting access to care for special populations.

"The ADA believes it is important to reinforce and expand this country's

See BUDGET, page 12

Photo by Anna Ng Delort

Dentist training: "The ADA believes it is important to reinforce and expand this country's commitment to diversity and equal opportunity in the health professions," Dr. Rose said April 15 in urging Congress to fund fellowships and other programs promoting access to care for special populations.

HVO afloat: Bangladesh is the newest Health Volunteers Overseas site. To find out about two dentists' experiences there, turn to page 18.

SNODENT to provide inclusive means of transmitting dental information

By Laura McKee

Would codes by any other name be as clear? Would they be as easy to use, to track, to communicate information?

The ADA is counting on the belief that a systematized set of diagnostic and descriptive terms and codes will aid individual dentists and dentistry as a whole.

Thus the development of SNODENT, or "Systematized Nomenclature of Dentistry."

SNODENT includes standardized terms for defining dental disease in an electronic environment. These terms and codes, developed by the Council on Dental Benefit Programs, will allow dentists to electronically document a full range of infor-

See SNODENT, page nine

Spouses employed in practice may qualify for health deduction

By Craig Palmer

Washington—The IRS approved a plan allowing dentists and other self-employed individuals full rather than partial deductions for the health insurance costs of an employed spouse as of March 29.

The self-employed under current tax law generally can deduct only 60 percent of their personal and family health insurance costs in 1999. The deduction is scheduled to increase incrementally to 100 percent in the year 2003.

■ ELECTRONIC TAX FILING, PAGE 14

The ADA and the business community, small business groups in particular, long have supported tax parity for the self-employed who enjoy less of a tax break for health costs than other employers or employees. Employers can deduct costs of insurance payments made on behalf of workers. Insured employees are not required to report premium costs as income. Workers who do not receive insurance from employers get no deduction.

Under an arrangement approved by the Internal Revenue Service and announced in a "coordinated issue paper," the cost of accident and

See DEDUCTION, page 17

ADA ONLINE allows you to register early with ease

Honolulu—There are many good reasons to register before Sept. 6 for the 140th Annual Session of the American Dental Association Oct. 9-13.

Enjoy perks like reduced fees, improved chances at popular courses and tours, and a quicker trip through registration lines.

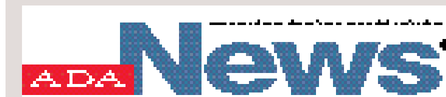
Registering in advance now is easier than ever through the Association's new online registration features. To pre-register online, connect to the Association's web site at "http://www.ada.org/session" and complete the on-screen advance registration form. Your registration will be quickly confirmed by e-mail or mail.

Of course, you can still pre-register by fax or mail by completing a meeting registration form. See page 35 of the April 19 ADA NEWS for full details.

To receive a copy of the preview write the Council on ADA Sessions and International Programs, 211 E. Chicago Ave., Suite 200, Chicago 60611-2658; or call 1-800-232-1432 or 1-312-440-2388; or e-mail at "annualsession@ada.org".

Regular updates on annual session events also are posted on ADA ONLINE at "http:www. ada.org/session". ■

Paradise is bliss: Hamakua's Akaka Falls State Park on the Big Island features a 442-foot waterfall.



(ISSN 0895-2930)

MAY 3, 1999 VOLUME 30, NUMBER 9

Published semimonthly except for July and December by ADA Publishing Co., Inc., at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, e-mail: "ADANews@ada.org" and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA News are not necessarily endorsed by ADA Publishing Co., Inc., the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office.

POSTMASTER: Send address changes to the American Dental Association, ADA News, 211 E. Chicago Ave., Chicago, Ill. 60611. © 1999 American Dental Association. All rights reserved.

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SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-2867. Rates—for members $8 (dues allocation); for nonmembers-United States, U.S. possessions and Mexico, individual $52; institution $74 per year. Foreign individual, $72; institution $93 per year. Canada individual, $62; institution $84 per year. Single copy U.S. $7, outside U.S. $9. For all Japanese subscription orders, please contact Maruzen Co. Ltd. 3-10, Nihonbashi 2-Chome, Chuo-ku, Tokyo 103 Japan. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, Suite 2010, 211 E. Chicago Ave., Chicago, Ill. 60611.

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SCIENCE

Enamelon dentifrice prompts questions

Scientists say clinical studies needed

By Daniel McCann

About a year ago, Dr. Warren Silvers of Harrisburg, Penn., heard about a new toothpaste called Enamelon, which promised to strengthen enamel.

He wanted to learn more, so he did what he usually does when he has questions about dental products.

"I called the ADA to ask them about it," he says. "I was interested to know how the product works, how effective it is and what research has been done on it."

Nor was Dr. Silvers alone. During the past year, the Council on Scientific Affairs received an average of five calls a week from practitioners seeking information about Enamelon. And staff with the ADA Department of Public Information report that every week at least three consumers call with questions about the dentifrice.

But answers to some of these queries are limited. Enamelon, says Dr. Kenneth Burrell, CSA's senior director, is not on the list of ADA-accepted products. "We haven't seen any clinical studies on the product," he says, "so we don't know how effective it might be."

What ADA scientists do know, though, is that the basic technology used by Enamelon—

WHILE ADA SCIENTISTS KNOW THE FORMULATION AND TECHNIQUE WORKS IN VITRO, THEY'RE UNCERTAIN ABOUT THE EFFECTS OF ADDING MORE CALCIUM AND PHOSPATE TO THAT ALREADY CONTAINED IN PATIENTS' SALIVA.

combining calcium, phosphate and fluoride to spur remineralization—was pioneered at the ADA Health Foundation Paffenbarger Research Center in Gaithersburg, Md.

Calcium and phosphate, or hydroxyapatite, are in abundant supply in everyone's saliva. When you add fluoride, hydroxyapatite is converted to fluorapatite, which makes enamel less susceptible to the effects of acid.

Since fluoride acts as a catalyst here, other toothpastes that contain it can also claim to remineralize teeth.

What makes Enamelon different is that it includes added amounts of calcium and phosphate, which, the manufacturer claims, boosts the mineralization process.

Dr. Frederick Eichmiller, Paffenbarger's director, says that laboratory models have shown that calcium and phosphate do help rebuild the enamel. "From what we've seen," he says, "it looks like a very promising method of being able to enhance or improve what we're doing with fluoride."

Paffenbarger studies, Dr. Eichmiller continues, involved making "an artifical cavity or lesion and then remineralizing that. [We tried] to simulate what would occur under oral conditions. But it's not a true caries trial with real lesions and patients." While ADA scientists know the formulation and technique works in vitro, they're uncertain about the effects of adding more calcium and phosphate to that already contained in patients' saliva.

Anthony Winston is vice president of Technology and Clinical Research at Enamelon Inc.'s Cranbury, N.J., headquarters.

According to Mr. Winston, the company has two clinical trials under way. "One is on radiation patients, and we're hoping to have an interim research paper on those results in four to eight weeks," he says. "The other trial is a root caries study, and we're expecting to put out a paper on the results of a year's treatment."

"What we would need to see," says the ADA's Dr. Burrell, "are clinical trials comparing people using Enamelon and those using just a fluoride toothpaste. In this way, it can be determined if the calcium and phosphate and fluoride in this formulation is more effective than a conventional fluoride toothpaste."

Last month, Enamelon introduced a new toothpaste, its Calcium Whitening System, designed to whiten and strengthen enamel. ■

VIEWPOINT

LAURA A. KOSDEN, *Publisher* DR. LAWRENCE H. MESKIN, *Editor*

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

MY VIEW

Amalgam wars revisited

Those of you naive enough to think a truce was called in the Amalgam Wars with the Colorado dental board's revocation of Dr. Hal Huggins' license should pay close attention to the following conversation. It took place last month between the office administrator in our office and her counterpart in another dental office across town; it was precipitated by the transfer of one of our patients to the other office.

The patient had asked that her records be transferred because she was going to see a dentist who was a "specialist in taking out silver fillings and putting in white ones." She had gotten his name from a class she attended in Arkansas on healing the body. Our receptionist, a very ethical person who was concerned that our patient was getting ripped off, called the other office to get some information.

Elizabeth Ward, D.D.S.

She spoke to the assistant who handled such requests and was informed the main productivity in the practice was replacing amalgams. She was told the dentist had received special training in Sweden and with Dr. Huggins in Colorado; the procedure included snapping a barrier over the top of the tooth and cutting out the largest piece possible. The dentist also used a bite block and packed gauze in the back of the throat, while using a suction that was stronger than average, as well as using special fans and filters. They asked patients to practice breathing through their mouths prior to having fillings replaced.

The assistant would not discuss fees but did say that patients were encouraged to come in for a 45-minute consultation with a technician, where they would be tested with an electric machine that gave plus or minus mercury vapor readings, referred for blood tests of the immune system and given a treatment cost estimate.

After thanking her and hanging up, our office administrator called back with a final question: Does all that help headaches? To her credit, the receptionist would not say that it helped, but then her voice dropped conspiratorially as she confided, "but I've had only one quadrant replaced, and my migraines are gone completely."

I was stunned to find that in the wake of the Huggins decision he still had disciples who were so blatant and that there were consumers who were so uninformed about mercury safety scams that they would still fall victim to them. I guess I should have been telling my patients about the controversy and warning them of dental con artists who are all too willing to take their money.

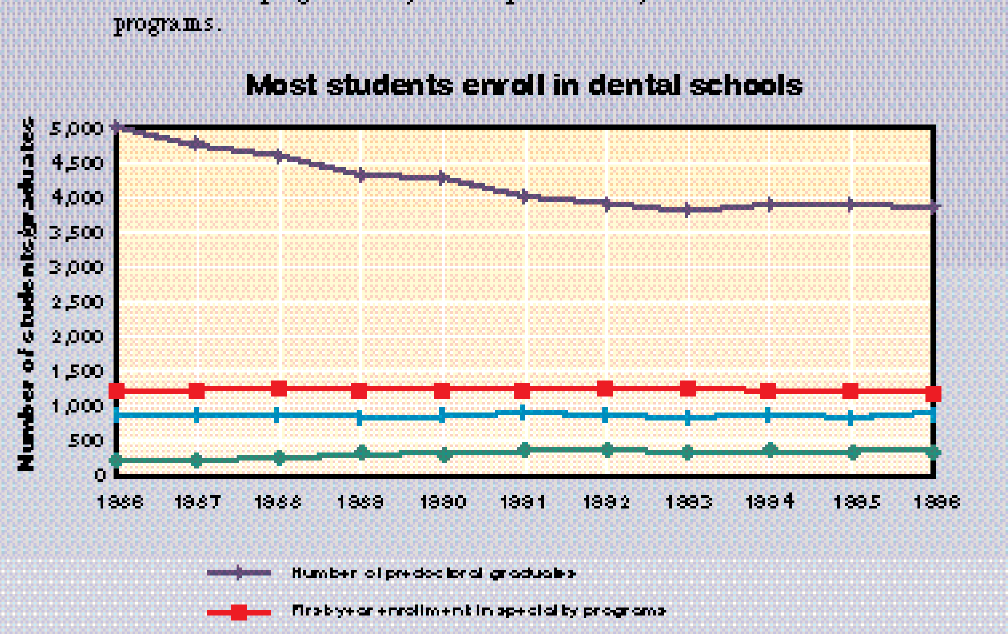
See MY VIEW, facing page

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

Snapshots of American Dentistry

Predoctoral graduates

Although there are more advanced dental education programs in non-dental school settings than in dental schools, total enrollment figures in non-dental school institutions are lower. First-year enrollment figures among non-dental school programs is 1,238 compared with 1,295 in dental school programs.



Source: ADA Survey Center, *Survey of Advanced Dental Education*

LETTERS

Satisfaction

After reading the "My View" by Dr. Eric Ploumis (April 5 ADA News), I just had to write and say thank you! We often are so bombarded by the daily tasks involved in being a good dentist, that we fail to stop and realize how truly blessed we are.

Is it a perfect occupation? Certainly not! Name one that is perfect. I personally would not trade occupations with anyone I knew.

When those hard days come just remember how many people would literally give almost anything to be in our shoes.

Thanks for the reality check. I needed the reminder!

Todd Chastain, D.M.D.
Killen, Ala.

HIV question

In the Feb. 8 "Letters" section, the question of how Kimberly Bergalis acquired human immunodeficiency virus infection from her dentist, Dr. David Acer, was again brought up. Was it intentional (murder) or was it due to lack of proper sterilization or some other unknown mishap as the Centers for Disease Control and Prevention suggests?

I would like to add another, more heretical explanation—Kimberly Bergalis may not have had HIV infection. In the days of the Bergalis-Acer case, it was not known that many disease and conditions, which have nothing to do with AIDS, can cause a person to test HIV positive.

Also, at that time, it was not known that "Even if the results of both AIDS tests, the ELISA and Western Blot, are positive, the chances are only 50-50 that the individual is infected. This is why people with HIV-positive results must be tested repeatedly over the following six months to one year." (AIDS Update 1999, Gerald J. Stine, Ph.D., Prentice-Hall, p. 367).

John D. Austgen, D.D.S.
South Bend, Ind.

Editor's note: The ADA Division of Science reports that the CDC conducted epidemiological and genetic investigations to determine whether the dentist infected the six patients in the Bergalis-Acer case. These investigations did not merely rely on HIV testing, but also involved the isolation of HIV and its genetic material from each infected patient. On this basis, there is little doubt that the patients were HIV-infected.

Twin leaders?

The picture in the April 5 ADA News with the caption "Leadership" (page 14) was awesome!

These two great dentists, working for all of the members, look like twins.

U.S. Rep. Charlie Norwood (R-Ga.) and ADA President S. Timothy Rose [at right] are a great synergy for the ADA.

James J. Caveney, D.D.S.
Trustee, American Association of Orthodontists
St. Louis

MY VIEW

Continued from facing page

This is unethical on so many levels: to hold oneself out as a specialist in an unrecognized specialty; to insinuate there are health benefits; to remove functional restorations and risk damage to a healthy tooth; to imply that procedures used are different or better than those in other offices; to never mention the need for a periodontal, oral cancer or general medical exam. All of these things have been addressed in the ADA Code of Ethics and Principles of Professional Conduct.

Everyone can agree, I hope, that the Huggins-type practice is wrong. The dental licensing boards around the nation need to work to correct that problem.

Something else I've just started to notice, more borderline, are the practice advertisements now cropping up all over the Yellow Pages that proclaim, "Proud to be ... mercury free!" or just "mercury-free office." That gives the impression mercury is unsafe, and I believe that is misleading the public. It also implies superiority, which cannot be substantiated.

The November 1998 issue of The Journal of the American Dental Association published an excellent article, "Amalgam at the New Millennium: What Does the Future Hold?" The authors state that "research has yet to show that the minute amounts of mercury vapor escaping from amalgam restorations are in concentrations high enough to produce any detectable effect on the body. ... We believe that dentists cannot ethically tell patients that amalgam is a health hazard and the removal of restorations will benefit their health."

Recently a family friend brought another ethical dilemma to me: her dentist told her all her silver fillings needed to be replaced because they probably had decay under them; she understood her dentist to say that silver fillings actually caused decay around the edges, and did I agree with that?

That was a new one on me: I told her to talk to her dentist and make sure that was what she had really meant, but to only replace fillings that already had decay under them. Unless, of course, she didn't like the silver any more and wanted them replaced for esthetics. But, no, I don't believe amalgams cause decay.

In fact, the JADA article also addressed that question. The authors found that long-term clinical studies actually reported recurrent caries rates of less than 5 percent over 13- and 14-year periods. They also chided dentists for considering too often marginal crevices or discrepancies as a valid diagnostic criterion for recurrent decay, and that dentists should consider smoothing, refinishing or repairing amalgam restorations before planning replacements.

Now that would put a serious dent in daily production goals. My guess is insurance companies wouldn't pay for "refinishing," and even if they would, dentists wouldn't consider it because refinishing wouldn't come close to what you could bill out for a Procera crown or a FibreKor inlay. Still, after I got done fumbling around for a good answer to my friend's question, she laughed and said she really thought her dentist might just want her money, but she was going to have it done anyway.

That's OK; as long as we are ethical with our patients and don't try to mislead them by promising to remove poisons from their bodies or heal whatever is ailing them, we are doing our job. As long as we aren't scaring patients into accepting treatment they don't need, and honest about restorative options, we are fulfilling our mission as health professionals. I had hoped this issue would have been put to rest long ago.

I still do bonded amalgams, and with a few exceptions, will continue to do them as long as my patients request them. Even so, the percentage of amalgams vs. posterior composites in my practice has definitely shifted in favor of composites; even though insurance companies still routinely downcode to amalgam, patients are usually willing to pay the difference if informed in advance.

The JADA article concluded, "Amalgam will probably disappear eventually, but its disappearance will be brought about by a better and more esthetic material, rather than concern over health hazards." Let's not hasten its demise by frightening or misleading the people we are supposed to serve.

Dr. Ward is editor of Focus MDA, the publication of the Missouri Dental Association. Her comments originally appeared in the March 31 edition of that publication and are reprinted here with permission.

UNC studies amalgam in children

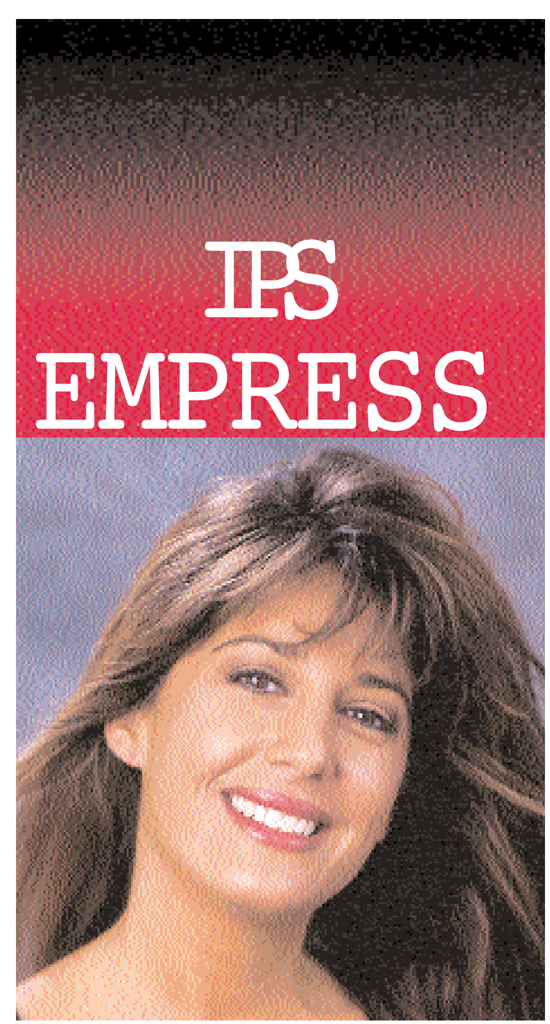
Chapel Hill, N.C.—Dental amalgam fillings pose no threat to children's health, according to a recent study at the University of North Carolina at Chapel Hill dental school.

The scientists, who focused on North Carolina children, noted that environmental exposure to mercury was low among those studied and, further, that they could detect no additional exposure to mercury from dental work done to primary teeth.

The study, published in the April issue of Pediatric Dentsitry, was authored by Drs. Diane Dilley, associate professor of pediatric dentistry at UNC-CH, and James Bawden, former dean of the dental school there.

"We compared primary teeth from children who had had fillings with primary teeth from children without fillings," said Dr. Dilley. "We did find tiny amounts of mercury in the teeth we examined, but statistical analysis showed no correlation between the number of fillings and the amount of mercury present.

"In other words," she continued," the children we studied not only got very little mercury from their environment, they also got none we could detect from the fillings. They were safe from mercury exposure." ■



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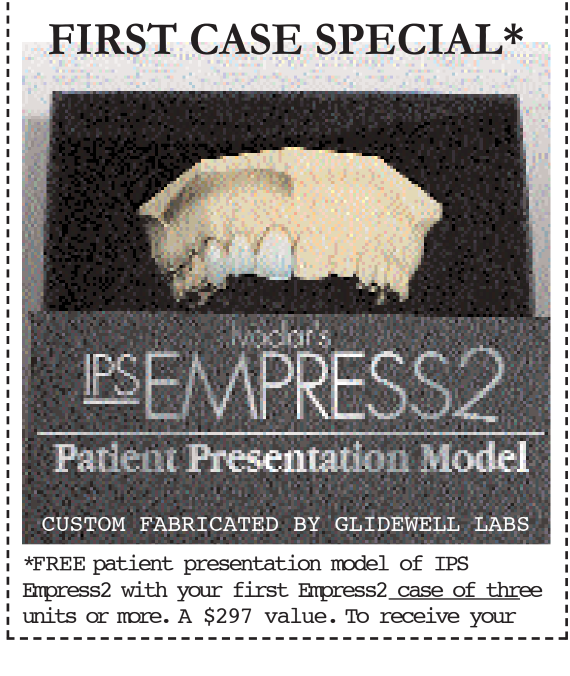

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1. Conventional cementation of IPS Empress 2 restorations are strictly limited to Ivoclar's ProTec CEM (a very low expanding Hybrid Ionomer Luting Cement) or other Glass Ionomer Cements.
2. Technical data on IPS Empress 2 provided by Ivoclar North America, Amherst, NY

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LEGAL AFFAIRS

Dentists sue Henry Schein, alleging management software is flawed

Travis County, Texas—Two Texas dentists have filed a class action suit against Henry Schein Inc. alleging the dental product supply company engaged in "unlawful practices in connection with the marketing, sale and support of the 'Easy Dental' dental practice management software."

"We are aware of the complaint and while it's not our policy to comment on legal matters, we can say this action is in the ordinary course of business and is in its infancy," said Susan Vassallo, spokesperson for Henry Schein. "In addition, we intend to vigorously defend ourselves in this manner. There are thousands of Easy Dental users who continue to be satisfied with the product," she said.

The lawsuit centers around the programs called "Easy Dental Lite for Windows" and "Easy Dental for Windows."

One of the dentists, Dr. Shelly E. Stromboe, bought the Easy Dental Lite software in December 1996. Dr. Jeanne N. Taylor bought the other software in March 1995.

Both dentists said they have experienced numerous problems with the programs, including the inability to add new insurance carriers, inability to properly print a fee list, inability to delete accounts, inability to activate or inactivate patient accounts, continual operating errors, inability to completely delete an appointment, and more.

According to the petition, filed in the District Court of Travis County, Texas, in February, Henry Schein steered Dr. Stromboe to purchasing a different, more expensive program after she called them with her problems. This required her to have all her data converted, costing her time, records and production.

David Dunham, attorney at Taylor and Dunham, L.L.P., and counsel for Drs. Stromboe and Taylor, said as many as 13,000 people could ultimately become involved in the suit against Henry Schein.

Both sides of the case are currently in the "discovery" phase of the case, said Mr. Dunham. A certification hearing is scheduled for June 28. ■

Woman sues Colgate, ADA over tooth-whitening product

Des Moines, Iowa—Claiming that use of a tooth-whitening product led to 14 root canals, an Iowa woman filed suit against Colgate-Palmolive Co., the ADA and her dentist, the Des Moines Register reported last month.

Patricia Hart of West Des Moines, Iowa, who filed suit in Iowa's Polk County District Court, claims that on her dentist's advice she wore the whitening paste for up to five hours one night, the Iowa daily newspaper reported. "Two or three weeks later," the newspaper continued, "the pain started."

The product at issue, according to the report, is Colgate's Platinum Professional Whitening System, which must be prescribed by a dentist. In the April 19 article, however, Ms. Hart's dentist denies ever recommending the product to her.

In the lawsuit, according to the newspaper, Ms. Hart alleged that Colgate "was negligent in failing to adequately test the whitener and should have known it could cause severe side effects."

Citing a prepared statement from Colgate, the article noted that "patients and dentists are alerted on the package to stop use if they experience any discomfort at all."

"Although the ADA will not comment specifically on the pending tooth-whitening complaint that was recently filed in Iowa District Court, it denies the substantive allegations contained in the lawsuit about the ADA and the ADA Seal of Acceptance Program," the Association said in a prepared statement.

"The product in question carries the ADA Seal of Acceptance," the ADA added. "This means that the product has been evaluated and meets ADA guidelines for safety and effectiveness." ■

SNODENT

Continued from page one

including physical findings, risk factors and functional status.

In addition, the diagnostic information and procedural code information can aid researchers in tracking conditions and outcomes.

Dr. Rose

SNODENT contains more than 4,000 codes and is a micro-glossary of the Systematized Nomenclature of Medicine, which is maintained by the College of the American Pathologists. The ADA has a licensing agreement with CAP for this purpose.

In 1990, the ADA House of Delegates authorized the ADA to develop the diagnostic codes and recently the ADA News sat down with ADA President S. Timothy Rose to discuss SNODENT and what it will mean to dentists and the dental profession.

ADA News: What are dental diagnostic codes and why are they called SNODENT?

Dr. Rose: It's a code that's been developed by the Council on Dental Benefit Programs to allow practitioners to report a diagnosis when they do a certain series of procedures to treat a particular condition. They've been developed by the council along with outside input from all the specialty groups to make sure they are as comprehensive as we can possibly make them.

The reason they're called SNODENT is because they're part of a larger coding system called SNOMED, which is a coding system that has been developed by the College of American Pathologists and it's one of the major coded vocabularies of names and descriptions used in health care to transmit information electronically.

ADA News: Will dentists be required by law to include diagnostic information on dental claim forms?

Dr. Rose: As it stands now, no, they will not be required by law, but we're hopeful that growing numbers of practitioners will do it simply so that over a period of time we can amass a database that will allow the profession to be able to look at how certain conditions as represented by their diagnoses are treated and what kind of procedures are done and then what kind of procedures are effective.

ADA News: Of what other value are diagnostic codes to member dentists? To the ADA?

Dr. Rose: The long-term value of this whole process is that it addresses the need to look at outcomes and document evidence-based care. Right now we don't have any way of doing that in dentistry, but by using diagnostic codes and their associated procedure code, we'll be able to follow the treatment of a patient and assess what was done and how effective it was.

ADA News: What about individual dentists? Do you see any immediate benefit to them?

Dr. Rose: I think they have a significant amount of in-office benefit. In any given period of time you're going to be able to go to your computer practice management system and be able to bring up a particular diagnostic code and see how many people you've treated under that diagnostic code. It will give you a better way to assess the types of things you're doing in your practice.

ADA News: When will SNODENT be available to the membership?

Dr. Rose: SNODENT and the revised procedure codes are due to be out the first of July this year.

ADA News: Will third-party carriers collect diagnostic information that is included on claim forms?

Dr. Rose: Well, third-party carriers can if they have the capability of doing it. Our hope is what will happen is that all dentists will use the codes. Claims processed through the ADA Electronic Commerce Co. will be scanned for diagnostic codes and passed to the ADA. I think the members need to understand that when information is stripped off the claims the information that's passed to the ADA cannot be used to specifically identify the provider, payer and patient. They will be anonymous.

ADA News: How would a dentist record diagnostic information? Manually? Electronically? On the uniform claim form?

Dr. Rose: He or she would be able to do it in his or her electronic practice management system much the way procedure codes are done today. Dentists will record the diagnostic codes as part of the data that's collected on that particular patient and those particular series of services.

ADA News: Will you be using SNODENT in your office?

Dr. Rose: I sure will.

ADA News: Is there anything else you'd like to say about SNODENT?

Dr. Rose: SNODENT does a couple things not only for the dentist but for the dental profession.

The first thing it does is allow the American Dental Association to add another level of research capability. This will allow us to change it when we have to change it to meet new innovations, to meet new products, to meet new techniques so that we can become more innovative as the process rolls out.

Secondly, when the members start to use it and we start to collect the data, the American Dental Association will then have the largest database that exists in dentistry that will link a particular diagnosis to a particular set of treatments that were rendered for the patient. So that in fact when organized dentistry has to sit down and talk to third and fourth parties about a number of things that affect the delivery of care, we're going to have a database that will be unsurpassed and will allow us then to talk in a more knowledgeable way about all those issues. We don't have that information today. The only people who have it are the insurance companies.

SNODENT will be available on CD-ROM for purchase from Salable Materials in July. Purchasing information will be mailed to members in June. ■

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Time to send nominations for Norton M. Ross Award

Annual award recognizes significant contributions in clinical

There's still time to nominate an individual for the annual Norton M. Ross Award for Excellence in Clinical Research.

Noimination packets are due at ADA headquarters by June 1.

Sponsored by the American Dental Association through its Health Foundation, the award recognizes significant contributions in clinical investigations that have advanced the diagnosis, treatment and/or prevention of craniofacial-oral-dental diseases as well as outstanding research accomplishments in other areas.

Previous award recipients have conducted research in periodontics, oral and maxillofacial surgery, orthodontics and oral pathology. Last year's award acknowledged the contributions of periodontal researcher Dr. Roy Page.

The award committee considers the scope of the nominee's research with special emphasis on its impact on clinical dentistry, and the nominee's publications in refereed journals.

The award is a plaque and $5,000, and is presented annually at a dinner for the Board of Trustees just before the ADA's annual session, which will be held this year in Honolulu, Oct. 9-13.

The award is funded through a gift from the Warner Lambert Co. and is given in memory of Dr. Norton M. Ross. Dr. Ross was a dentist and pharmacologist who contributed significantly to oral medicine and dental clinical research.

Nominations must include a letter describing the nominee's accomplishments in the context of the award objectives and a curriculum vitae with a list of published articles.

The letter should explicitly describe the impact of the nominee's research on clinical dentistry.

Address nominations to Marcia Greenberg, staff coordinator, Norton M. Ross Award, American Dental Association, 211 E. Chicago Ave., Chicago, 60611. ■

May JADA explores HCV risk in dentistry

The Centers for Disease Control and Prevention and the ADA team up in the May Journal of the American Dental Association to assess the occupational risk of hepatitis C virus infection in dentistry.

While the occupational risk in dentistry is very low, the lack of an effective vaccine, the high rates of chronic infection and the limited effectiveness of treatment may cause concern for dental workers who come in contact with blood in their daily practices.

The May cover story—"Risk and Prevention of Hepatitis C Virus Infection: Implications for Dentistry"—authors representing CDC and the ADA review the natural history, diagnosis, treatment and patterns of transmission of HCV infection.

They also describe CDC's recommendations for management and follow-up of health care workers after occupational exposure to HCV.

The authors conclude that, in the absence of an effective vaccine or postexposure prophylaxis, dentists should continue to rely on the use of universal precautions, including barrier precautions and the safe handling of sharp instruments.

Authors of the report include Dr. Jennifer L. Cleveland; Dr. Barbara F. Gooch; Brian G. Shearer, Ph.D.; and Rob L. Lyerla, Ph.D.

Other highlights from May JADA include:

- "Adverse Drug Interactions in Dental Practice: Interactions Associated With Vasoconstrictors," the final article in a five-part series on pharmacology, reports that vasoconstrictors, if carefully administered in small doses and not used in conjunction with gingival retraction cord containing epinephrine, can be used with no or only minimally increased risk. (Vital signs should be monitored during use of these drugs as well.)

  Only in the case of cocaine intoxication must adrenergic vasoconstrictors be avoided completely. The author concludes that to ensure optimal patient safety, dentists must recognize potential drug interactions involving adrenergic vasoconstrictors and modify their use of these agents accordingly.

- In JADA's Practice Management department, an accountant answers the question "What kind of accounting services do I need?" She explores the types of accounting services the typical dental practices will need, based on staff size. ■

WASHINGTON

Budget

Continued from page one

opportunity in the health professions," Dr. Rose testified.

The 106th Congress began the annual appropriations process with House subcommittee hearings on budget requests for fiscal year 2000 for the Department of Health and Human Services and Indian Health Service. The next fiscal year begins Oct. 1.

Dr. Rose, a practicing periodontist in Appleton, Wis., presented Association testimony. He also presented testimony on behalf of a coalition of 35 health organizations and individuals, Friends of Indian Health.

Continued adequate funding of research supported by the newly named National Institute of Dental and Craniofacial Research is important to understanding "the connection between periodontal and life-threatening disease," Dr. Rose told the House Appropriations health subcommittee. Legislation passed by the 105th Congress renamed the former NIDR by adding "and Craniofacial."

Research suggests gum infection may contribute to heart disease, still the number one disease killer, and is a risk factor for the delivery of low birth weight babies, Dr. Rose testified.

"For years, we have known that people with diabetes are more likely to have periodontal disease than people without diabetes," he told the subcommittee.

"Recently, research has suggested periodontal disease may make it more difficult for people who have diabetes to control their blood sugar. In a study funded by the NIDCR, dental researchers learned that by controlling a diabetic's periodontal disease, the overall diabetic condition of the patient improved."

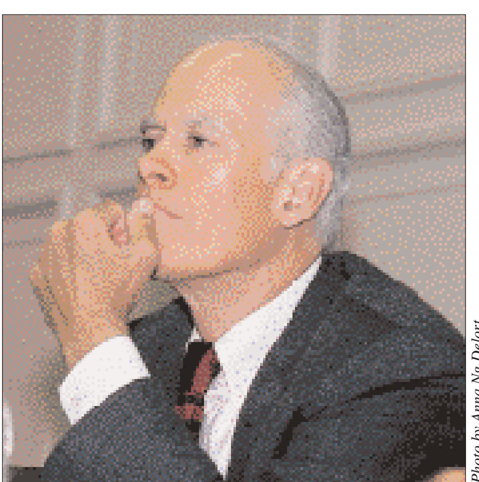

Photo by Anna Ng Delort

Rep. John Edward Porter (R-Ill.) Chairs a House appropriations health subcommittee.

Rep. Ralph Regula (R-Ohio): Chairs a House appropriations interior subcommittee.

Needy Children—The Association recommended an $8 million appropriation for general and pediatric dentist residencies.

"Although the prevention of dental decay in young children has been a major dental success story, it also has been largely a middle class success story," the ADA testified. "At present, 20 percent of children—mostly poor and minority—account for 80 percent of the dental disease in the total population of children.

"It is the graduates of residency programs in general dentistry and pediatric dentistry who are most likely to take the lead in addressing this inequity by treating poor and minority youngsters enrolled in Medicaid or the new state Children's Health Insurance Program (CHIP) as well as poor children who have no dental coverage at all."

American Indians/Alaska Natives—The Association recommended the Indian Health Service, with support from Congress, adopt a three-year oral health goal of restoring access to dental services to early 1990s access rates. Annual use of dental services has declined from 33 to 24 percent among American Indians.

Steps toward meeting the goal should include pay increases for IHS dental staff, an increase in loan repayment funds earmarked for dentists, approval of the Clinton administration's IHS budget and expanded use of contract dental care, the Association said.

Recent improvements in oral health still leave American Indians with one of the world's highest rates of oral disease, Dr. Rose told an Interior Appropriations subcommittee.

A recent World Health Organization study found that the oral conditions of Navajo and Lakota people profoundly affected their quality of life including the ability to attend school,

See BUDGET, page 14

DEA offers scannable registration form, accepts credit cards

Washington—The Drug Enforcement Administration, which registers dentists, physicians and other health professionals prescribing controlled substances, announced a new system for processing applications effective May 1.

A new scannable registration application, DEA Form 224, includes two additions that will benefit registrants, the agency said:

- the option of providing a tax identification number and/or Social Security number, which will be used for identification only and will assist in identifying two or more registrants with the same name;
- the DEA will begin accepting credit card payments through Visa or MasterCard in addition to checks and money orders as payment for registration application fees.

The new forms are designed to allow more efficient processing of applications, the DEA said. For more information call 1-800-882-9539. ■

IRS delays electronic tax payment requirements

By Craig Palmer

Washington—The IRS lowered the bar again on electronic tax payments, excusing most dentists and small businesses from filing requirements and penalties for this year at least.

The agency last year waived penalties for dentists and other small-business owners required to deposit employment or other taxes electronically.

New regulations raise the filing threshold from $50,000 to $200,000. Businesses previously required to use the Electronic Federal Tax Payment System but with aggregate deposits of $200,000 or less for 1998 will be relieved of the requirement to use the EFTPS on Jan. 1, 2000.

Businesses must consider deposits for all types of taxes made during the year to see if they are required to file electronically, the IRS said in a March 22 press release ("http://www.irs.gov").

If a business has calendar year aggregate deposits of more than $200,000, it must use the EFTPS starting Jan. 1, 2000.

Filing requirements took effect in 1997 but penalties have been waived because many businesses were unable to comply. The IRS will continue to waive penalties this year for eligible businesses making timely deposits with traditional paper coupons.

"Most businesses can voluntarily participate in EFTPS," said IRS Commissioner Charles O. Rossotti. "We believe that most of the businesses currently using the system will continue to do so because they find it easier to use."

Only about 9 percent of U.S. businesses making tax deposits will be required to use the EFTPS. Two-thirds of businesses previously required to file electronically will be relieved of the requirement.

The proposed rules are available at the IRS website, Tax Information for Business, Internal Revenue Bulletin 1999-14 Part IV and in the March 23 Federal Register, official notice of government regulatory activity.

The IRS scheduled a public hearing on the rules for 10 a.m. May 11 at IRS headquarters in Washington and will accept electronic and written comments by May 24. ■

Budget

Continued from page 12

work, sleep, eat and socialize.

HIV/AIDS Patients—The Ryan White HIV/AIDS Dental Reimbursement Program last year helped pay for oral health care for 66,000 patients treated in 101 hospital- and school-based dental education programs, the Association told Congress.

"While new AIDS treatment drugs have decreased many oral manifestations that accompany AIDS, we are seeing more dental problems in these patients," said Dr. Rose. "Many now experience xerostomia, or 'dry mouth,' and an increase in tooth decay. Severe xerostomia is a quality of life issue. It can make swallowing, speaking and eating almost impossible."

Ryan White funds reimburse dental education programs toward their costs of uncompensated care for HIV/AIDS patients. The Association requested $9 million for FY 2000.

The Association also:

- thanked the House Appropriations Committee for supporting community water fluoridation as an effort to advance oral health;
- cited Centers for Disease Control and Prevention research in Louisiana to determine the most cost-effective ways of delivering dental care to high-risk, low-income populations;
- noted an increase in recent years in the number of National Health Service Corps dental loan repayment awards;
- requested funds for the Agency for Health Care Policy and Research dental scholars in residence. ■

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- Open your browser software while connected to the Internet, type in ADA ONLINE's web address--www.ada.org--and you're there! You can navigate from one web page to another by simply clicking your mouse, trackball or touchpad.

Contact ADA ONLINE for more information at ONLINE@ada.org

Association publications take home silver awards from SNAP

By Dennis Spaeth

This year the silver lining is twice as bright for the ADA Publishing Co., which earned two silver awards in a national competition sponsored by the Society of National Association Publications.

Taking silver in the 1999 SNAP EXCEL Awards competition were:

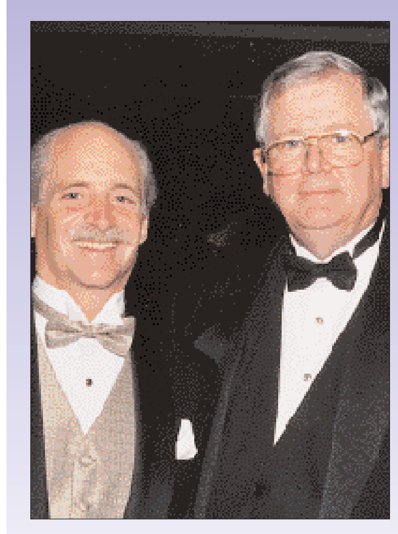
- the ADA News, the Association's print newspaper published by ADAPCO 22 times a year;
- the ADA News Daily, the Association's online daily dental news source produced by ADAPCO.

The ADA News won its silver in the "Newspapers, Newswriting" category, while the online ADA News Daily took the silver in the "Electronic Publications, Web Sites Editorial Content" category.

The ADAPCO publications competed against more than 850 entries described by contest judges as being "very, very competitive with outstanding editorial and graphics," observed a SNAP representative in an April 5 letter announcing the winners.

"We are thrilled that SNAP has acknowledged the high-quality work on display at ADAPCO year in and year out—particularly for the ADA News," observed ADAPCO Publisher Laura Kosden.

"And it is gratifying to see that same work recognized in our relatively young online publication, the ADA News Daily," added Ms. Kosden. ADAPCO began producing the online ADA News Daily in 1997. ■



The Big Apple: Some of the nearly 34,000 who attended the 74th Annual Greater New York Dental Meeting crowd the exhibit floor at New York City's Jacob K. Javits Convention Center. Held Nov. 27 through Dec. 2, the meeting featured 1,100 exhibit booths and 300 educational programs. In photo at left, ADA President S. Timothy Rose (right) visits with Dr. Robert R. Edwab, the New York meeting's general chairman.

Deduction

Continued from page one

health coverage is fully deductible by an employer-spouse when providing coverage to a spouse as an employee.

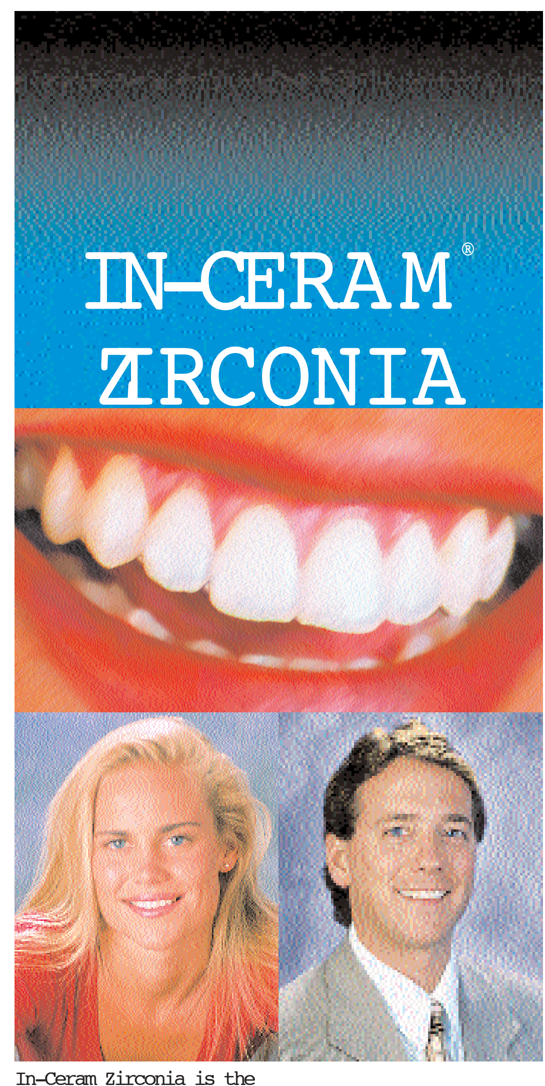
Both the cost of coverage and medical reimbursements are excludable from the gross income of the employee-spouse, the IRS said in a two-part position statement effective March 29.

"By utilizing this arrangement, the employer-spouse deducts 100 percent of the cost of providing health coverage to himself and his family, including reimbursement of medical expenses," said the IRS paper on health insurance deductibility for self-employed individuals.

The self-employed in partnerships, limited liability corporations, subchapter S corporations and sole proprietorships have used the tax arrangement reviewed and approved by the IRS.

Through this arrangement, a self-employed individual hires his or her spouse as an employee. The employer-spouse provides family accident and health coverage for the employee-spouse through a self-insured medical expense reimbursement plan or by purchasing an accident and health insurance policy. The employer-spouse is then covered by the plan as a member of the employee's family.

Coverage costs, including medical expense reimbursements, are deductible by the employer if the insured spouse is a bona fide employee or otherwise provides services to the business for which coverage is "reasonable compensation," the IRS said. ■



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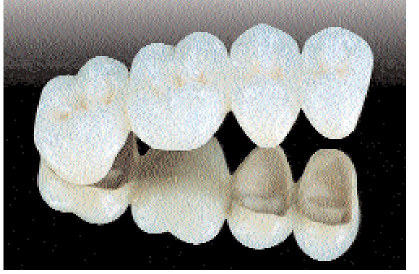

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1. Clinical research performed by Dr. Michael Sadoun, University of Paris.
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VOLUNTEERS

Dentists take the road to Bangladesh

Duo treats villagers in HVO's newest program—and reap own rewards.

Dentists ahoy: While administering dental care from the cabin of a riverboat, Drs. Mackler (from left) and Kriegsman pause from their work with two Bangladeshi villagers.

By Clayton Luz

Banglapara, Bangladesh—Dr. Henry Stanley and David Livingston, Meriwether Lewis and William Clark, Neil Armstrong and Buzz Aldrin, Drs. Robert Kriegsman and Stephen Mackler—exploration partners who challenged the frontiers of space and time in service of their fellow man.

Kriegsman and Mackler?

Oh, but yes.

"Most of them had never seen a white face before," says Dr. Mackler about the villagers he and Dr. Kriegsman encountered last March in Banglapara, a remote village in the north central delta lands of Bangladesh. "And all of them had never seen a dentist."

The two men are volunteers with Health Volunteers Overseas, a non-profit group headquartered in Washington, D.C., which provides education and training resources to health care providers in developing countries.

Formed in 1986 when James Cobey, M.D., combined several medical specialties, HVO includes eight divisions: dentistry, anesthesia, general surgery, physical therapy, internal medicine, oral surgery, pediatrics and orthopedics.

The ADA sponsors the Dentistry Overseas division.

The Bangladesh program, HVO's newest volunteer opportunity, is chaired by Dr. Kriegsman. The program is located at the Pioneer Dental College in Dhaka, the country's capital and largest city.

According to Dr. Kriegsman, volunteers will prepare and deliver lectures on basic sciences, clinical and laboratory subjects at the college. Clinical demonstrations also may be presented. Assignments for the program, which runs from Sept. to April, last one month. Room and board are provided.

"One of the most important things I see about volunteering," Dr. Kriegsman says about the Bangladesh program, "is that it lets these people know what Americans are really like. Their understanding of us is what they get from pictures and movies. Hopefully, we make a good impression," he adds.

Dr. Mackler chimes in: "Probably this experience out of all the things we've done was the most culturally expanding."

Like Hope and Crosby but without the shenanigans, the two men have ventured to faraway lands to fulfill HVO's primary mission: identify and train local personnel to meet the health needs of their own communities.

"I don't do anything without Kriegsman," the 56-year-old Dr. Mackler wryly notes about his fellow North Carolinian. "He keeps me out of trouble."

According to Dr. Kriegsman, a 39-year-practicing general dentist from Greensboro, N.C., the partnership started in 1995 when the men volunteered to "do a stint in Brazil, 500 miles up the Amazon River."

That was in 1995.

"We went there three years in a row. But because you get so close to the people," explains Dr. Kriegsman about the bonds that can form and make leaving a place emotionally difficult, "we decided to go to Bolivia, then Zimbabwe, then Bangladesh." And, he adds perfunctorily, "This May we're going to Ukraine and the Republic of Modova."

Other than that, the guys don't get out much.

Dr. Kriegsman states their most recent trip to Bangladesh last March was provisional, meaning "if we can get enough volunteers and people who are comfortable with it, [HVO] will make it a permanent volunteer spot." He says the country offers a wonderful experience that will enrich any volunteer's life.

Bangladesh, which gained independence from India in 1971, is home to the Royal Bengal tiger and some of the world's largest tea gardens. On the country's east, west and north borders sits India, and along its southern coast lies the Bay of Bengal. Myanmar (formerly Burma) occupies a small strip along the nation's southeastern edge.

Slightly smaller in size than the state of Wisconsin, Bangladesh is a riverine country. Much of its land mass is a deltaic plain crisscrossed by tributaries and canals, particularly where the country's three primary rivers—the Brahmaputra, Ganges and Meghna—meet. About 6 percent of Bangladesh's land area is permanently under water, and two-thirds remains flooded during the monsoon season, which runs from April through June.

Drs. Kriegsman and Mackler's foray into this northeastern part of south Asia came at the request of a Bangladeshi Rotarian concerned about the health of his countrymen in Banglapara, the village of his youth. Now a successful businessman in Dhaka, this Bangladeshi "never forgot where he came from" and provided considerable financial support for their visit, according to Dr. Kriegsman.

During their month in Bangladesh, Drs. Kriegsman and Mackler stayed at the home of the Rotarian's brother in Banglapara. The village is situated on the Meghna River about 135 miles northeast of Dhaka. Between the village and countless others like it, says Dr. Kriegsman, are "tremendous rice fields that extend for miles and miles. They're beautiful to see." Along with jute, tea, sugarcane and potatoes, rice is a principal agricultural product.

Moving from one village to the next meant motoring about in a 45-foot canopied boat that Dr. Kriegsman describes as a clinic with a medical and dental room. Accompanying the dentists was an ophthamologist from India.

"Although the villages weren't completely flooded," says Dr. Kriegsman, explaining the importance of having the riverboat, "they were still isolated villages."

Resources were limited, he admits. The boat was equipped with a generator because electricity was scarce, if at all available, in many of the villages. In addition, there were nine apple boxes of purchased and donated supplies. Because the dental portion of the floating clinic featured a single dental chair, a relic from the 1950s, most patients were seated in straight-backed chairs, three at a time. A Dhaka-trained dental technician completed the dental triumvirate.

The two men and their colleagues walked a mile each day to reach their floating clinic. Together with their dental and medical colleagues, Drs. Mackler and Kriegsman traversed the muddy floodwaters along the delta's villages, treating on average 40 patients a day.

Village runners would bring word to their elders a day before the clinic arrived, guaranteeing a patient turn-out that numbered between 50-150 at each stopping-off point, according to Dr. Mackler.

"The boat goes to about 6 or 7 feet. Then we'd throw out a gangplank and the villagers would wade out to the boat," recounts the periodontist. "The shore was our waiting room."

Bangladesh's tribal population numbers about one million people, less than 1 percent of its total population. Most tribes are of Sino-Tibetan descent—the vast majority of countrymen are Bengalis—and live in rural settings, mostly in the country's central and southeast regions along the highland valleys. The village women traditionally wear saris and some, honoring Islamic custom, a black veil. The men wear shirts and tonjas—a loop of cloth that can be pulled up or wrapped around the waist.

In the region of Banglapara, floodwaters sometimes are deadly and cause loss of life and property damage, but their alluvial contents are rich in minerals and other nutrients required for the agriculture. This alluvial soil can pose a problem for the villagers to maintain healthy dentition, according to Dr. Kriegsman.

"From a periodontal standpoint," he explains, "probably 95 percent of them have periodontal disease. The villagers have a habit of brushing their teeth with their fingers using the river mud, which is a fine silt, like pumice. Over the years, by the time they reach their late 20s or 30s, they experience a tremendous amount of wear on the buccal surfaces of their teeth."

During the 21 days he and Dr. Mackler dispensed care from the boat, about 85 percent of their patients received extractions, 10 percent prophylaxes and the rest operative care.

For this dynamic duo of dentistry, volunteering their services as Health Volunteers Overseas is a gift, one that when unwrapped reveals fascinating peoples, cultures and the experiences of a lifetime.

For Dr. Mackler, it's plain and simple. If you look closely, you may even see his partner, Dr. Kriegsman, lip-sync right along with him when he says, "I love dentistry; I love adventure; I like to help people. Volunteering adds a new dimension to my life."

With all that, he declares, "It'll pass the rocking chair test."

To obtain more information about volunteering for Bangladesh or any of HVO's other programs, contact the HVO, P.O. Box 65157, Washington, D.C., or call 1-202-296-0928; by fax at 1-202-296-8018; or by e-mail at