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### **Recommended Citation**

American Dental Association, Publishing Division, "ADA News - 08/05/2002" (2002). *ADA News*. 93.  
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# ADA News®

AMERICAN DENTAL ASSOCIATION

AUGUST 5, 2002

www.ada.org

VOLUME 33, NO. 14

## Big debate

### State leaders tackle restorative materials

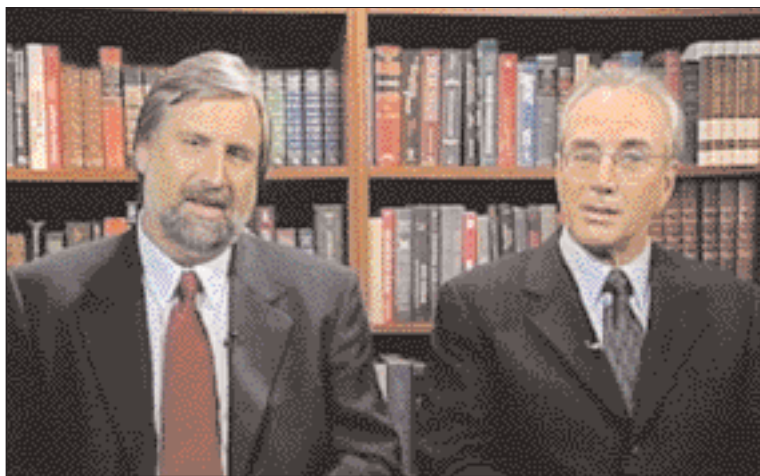
BY KAREN FOX

Focusing primarily on the ongoing debate over the use of dental amalgam, more than 100 dental society presidents and executives convened at ADA headquarters July 12 for the annual President's Conference.

This year, Association officials set aside the first day of the conference

**■ New brochure answers patients' questions, page nine**

to focus specifically on the issue of dental restorative materials. The goal was to provide tripartite leaders with  
*See MATERIALS, page nine*



**Sound science:** At left, Dr. Fred Eichmiller, director, ADA Health Foundation Paffenbarger Research Center, and Dr. Richard Price, ADA consumer advisor, respond to the misinformation surrounding dental amalgam during a July 25 satellite media tour. See story, page eight.

## BRIEFS

**New sweetener:** The U.S. Food and Drug Administration last month approved the sugar substitute Neotame.

Manufactured by NutraSweet Co. of Mount Prospect, Ill., the white crystalline powder is water-soluble and approximately 7,000 to 13,000 times sweeter than sugar, according to the FDA. After reviewing data from more than 113 animal and human studies, the FDA concluded that Neotame is safe for human consumption.

**TV show:** The Discovery Health Channel has teamed up with the American Academy of Pediatrics to develop a parenting show called "Kids Healthworks."

The 30-minute magazine-style TV program features pediatricians and health experts reporting on a variety of topics and real-life stories from parents. Procter and Gamble is one of the show's corporate sponsors.

Several programs are geared toward oral health, such as "Caring for Teeth," "Alaskan Dental Care," "First Grade Dental Care," "Fluoride" and "Does Your Child Need Braces?"

Kids Healthworks began airing in April. The AAP says all programs will re-run in syndication, so stay tuned. Go to "www.kidshealthworks.com" for more information. ■

## NY state OKs new licensure pathway

BY KAREN FOX

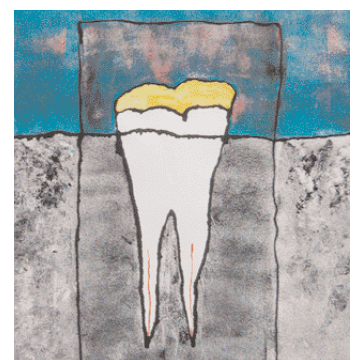
*Albany, New York*—It's official: Applicants for dental licensure in the state of New York now have an alternative to the clinical licensure exam.

Gov. George Pataki signed a bill July 25 that enables licensure applicants to complete a one-year, post-doctoral dental residency program in a hospital or dental school facility accredited for teaching by the ADA Commission on Dental Accreditation.

"We are now the first state to go on record as stating that the ADA Commission on Dental Accreditation's requirements for post-graduate training are sufficient for licensure in New York state," said Dr. Mark J. Feldman, president of the New York State Dental Association, which backed the bill along with the state's four dental schools and American Student Dental Association.

The law—known as "PGY1"—is  
*See NEW YORK, page 15*

## INSIDE



### Art and dentistry

A patient paints her implant experience. Story, page 22.



## Not again!

### Malpractice insurance shortage returns to U.S.

BY ARLENE FURLONG

Many dentists are paying higher premiums and meeting stricter underwriting criteria in response to a shrinking dental liability insur-

ance market.

The experts are advising dentists who may need coverage to start looking now. (See story, page 23.)

The latest decline in an industry

long described as "cyclical," is exacerbated by conditions in the financial markets and the courts—the same factors implicating physician malpractice insurance rates with health care crises in some states.

"A lot of aspects of dentistry are just a few clicks behind medicine," says Dr. John Vaselaney, national director of the dental risk management program at CNA HealthPro, the second largest dental liability insurer in the United States. "Those

*See INSURANCE, page 22*



# ADA News

(ISSN 0895-2930)

AUGUST 5, 2002 VOLUME 33, NUMBER 14

Published semi-monthly except for monthly in July and December by ADA Publishing, a division of ADA Business Enterprises, 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, 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. © 2002 American Dental Association. All rights reserved.



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## Air Force dental officer honored

BY CRAIG PALMER

Atlanta—Lt. Col. Jennifer Harte, Air Force dental officer on assignment to the Centers for Disease Control and Prevention, received a CDC Partners in Public Health Award June 19 for collaborative infection control service.

Dr. Harte is on a one-year assignment to the CDC on national infection control policy. Her CDC experience is expected to contribute to the occupational safety and health of U.S. Air Force dental workers and patients, the announcement said. "Lt. Col. Harte's fellowship is an excellent example of how partnership between federal agencies, the CDC and DoD (Department of Defense) can benefit all Americans."

The award cites "invaluable" service in CDC's expansion, revision and update of 1993 Recommended Infection Control Practices in Dentistry, recommendations that are widely followed by American and international dentistry. The agency hopes to post a draft revision of the guidelines at the CDC



Dr. Harte

Web site this fall, according to CDC aides.

"Her efforts have improved the precision and quality of the document," the CDC said. "We anticipate that this document will be very important in the future for ensuring the safe provision of oral health care in the United States."

The Partners in Public Health Award recognizes individuals or groups not employed by the CDC, including contractors, fellows, guest researchers, employees of other federal agencies, local public health/prevention agencies or from the private sector for service or support of the CDC "deserving of special recognition." The award was presented at the 50th annual CDC honor awards ceremony. ■

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# VIEWPOINT

Snapshots OF AMERICAN DENTISTRY

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

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## MYVIEW

# Where have all the teachers gone?

I always get a kick out of watching my 10-year-old twins when a romantic scene appears during a TV show or movie. They turn away, make faces and laugh at the “yucky” parts.

Friends of mine with older children sanctimoniously remind me that I should enjoy these moments because, soon enough, the hormones will kick in with their full set of complications and challenges for parent and child alike. Looking objectively though, it is a wondrous transformation as a process so noxious to a child becomes so consuming and passionate to an adult.

And it is a good thing that it does. Whether you are an evolutionist or a creationist, it serves our species functionally and in a teleological sense, for without that change we could not perpetuate ourselves. To be more blunt, if the act of procreation was not somehow made to “feel good,” there would be no more of us around to worry about it.

Fear not, for I am not turning your Bulletin into a letter to the editor of Playboy Magazine. Dentistry is a professional institution and as such it must achieve certain basic functions. One of its most fundamental functions, to perpetuate itself, is experiencing a crisis.



Steven Kerpen, D.M.D.

As noted in the Bulletin [of the Nassau County Dental Society] and in greater detail in the April issue of the New York State Dental Journal, there are fewer and fewer of our members teaching our novices. Only 2 percent of dental students show any interest in an academic career and this number has been in a constant decline since 1980.

There are a number of very significant pressures on our students, which help to explain this trend, not the least of which is financial. With the overwhelming student debt that our graduates face, academic careers and even part-time volunteer teaching has a low priority.

If this trend continues, dentistry as a profession will cease to exist.

Recently, I had the experience of returning for a rotation of teaching at the Long Island Jewish Dental Clinic after a rather long hiatus. I had all the good reasons for not returning to teach for several years—family pressures, financial concerns, private practice responsibilities.

Like so many of us, I delegated the chore of teaching to others. My first session at the clinic reminded me of all the wonderful reasons to teach. I enjoyed the give-and-take with enthusiastic residents. I had a chance to ask questions of colleagues

See MY VIEW, page five

## LETTERS POLICY

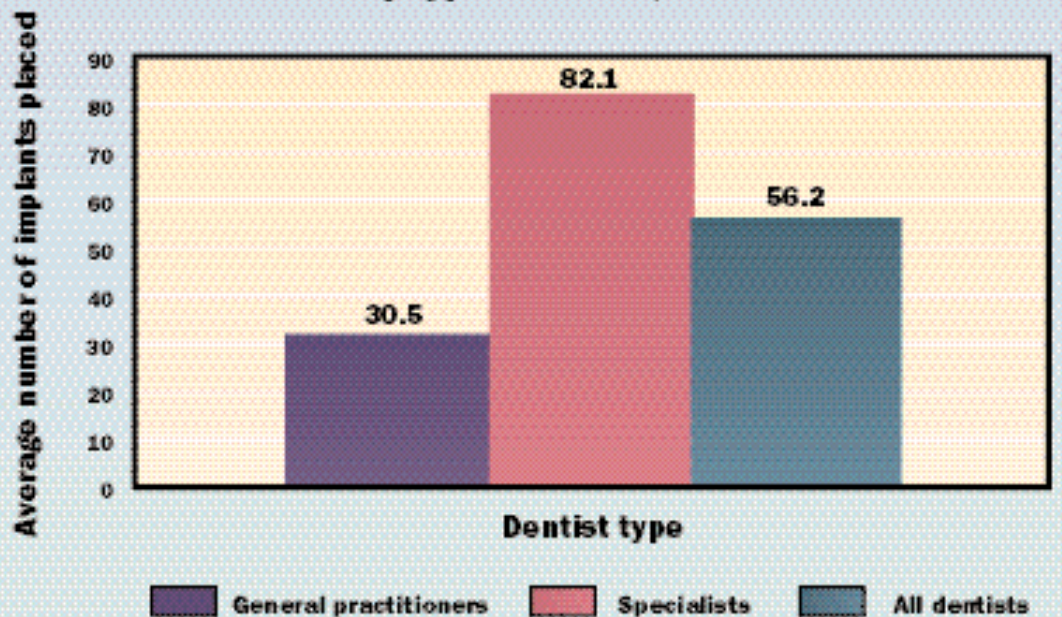
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For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to “ADANews@ada.org”.

## Dental practice

Specialists place more implants than general dentists.

Average number of implants surgically placed by type of dentist, 1999



Source: American Dental Association, Survey Center, 2000 Survey of Current Trends in Dentistry.

## LETTERS

### Do no harm

Sodium and chloride go together to make salt. Unless we do something stupid with salt, it is no danger to us.

But just a pinch of sodium on the tongue would make a person really sick—the same with chloride. Are we going to get rid of salt because it comes from two violent substances? No.

When mercury and silver are put together they become another substance. Just like salt, these two elements become a very safe substance. And I might add, a very useful substance.

The saying, “Do no harm,” is drilled into dentists and other health professionals.

Those who place tooth-colored fillings in posterior teeth, in most cases, do harm. Large composites on posterior teeth flat don’t hold up.

Donald A. Ballew, D.D.S.  
Elk City, Okla.

### Wastewater?

How can the dental profession say to the public that placing amalgam is safe to patient health, yet not safe to dump down the drain?

Seems to me there needs to be a definitive statement on these issues.

It’s either safe for patients and the environment or not safe for both. Where is the documentation that shows that dumping amalgam into the sewer is damaging to the environment? I see knee jerks in both directions.

I’m fearful of the credibility issue



created when we, the dental profession, say it’s not OK to dump amalgam down the drain but it’s OK to place it in our patients’ mouths.

How come the ADA isn’t using all the amalgam studies done on humans to show that amalgam down the drain isn’t harmful to the environment?

David Carothers, D.D.S.  
Portland, Ore.

### Safe or no?

On the front page of the May 6 ADA News, there was an article that

discusses the phase-out legislation of amalgam.

In this article the statement was made that “... the process by which amalgam is made renders its mercury component physically and chemically stable and therefore safe for use in accepted dental applications.”

Then in the May issue of The Journal of the American Dental Association, there is an article on page 577 titled, “Laboratory Evaluation of Amalgam Separators,” which concerns the amalgam removal efficiency of commercially available amalgam as well as the total mercury concentration in the

effluent from laboratory testing these separators.

So, if the process by which amalgam is made renders it physically and chemically stable, why are we concerned if it is found in our wastewater?

I am also old enough to remember when we mixed amalgam and then placed it in a squeeze cloth and when we twisted that cloth around the mixed amalgam we got excess mercury into the cloth; was that mercury also rendered harmless?

See LETTERS, page five

## LETTERS

*Continued from page four*

And what about the mercury that is sometimes seen as we condense an amalgam into the cavity from a “wet mix”? Is that mercury harmless?

Something about all of this just doesn’t add up. I guess that is why I no longer use dental amalgam in my practice.

*Gary D. Sellers, D.D.S.  
Lafayette, Colo.*

**Editor’s note:** The environmental laws take a very conservative approach on the assumption that we can’t know what will happen to substances in the environment hundreds or even thousands of years in the future.

We do know what happens to mercury when it is used in the mouths of dental patients: It becomes a new, stable material called dental amalgam. Dental amalgam is the most extensively researched of any dental restorative material.

The public health agencies are unanimous: Amalgam is a safe and effective restorative material for the overwhelming majority of patients who are not allergic to one of its components.

The ADA sees no reason why dentists and their patients should be denied its unquestioned benefits. Practical methods exist to capture dental amalgam so it can be disposed of properly.

The ADA and its constituent societies are in the forefront of investigating these methods and educating members in their use.

### Alternative medicine

The article “White House recognizes CAM care” (June 17 ADA News) neglects to mention a wealth of important information.

President Clinton created the White House Commission on Complementary and Alternative Medicine Policy in March 2000.

The commission has 20 members. James Gordon, M.D., the chairperson, is a psychiatrist and a follower of the late Bhagwan Shree Rajneesh, the Indian mystic. The other members are advocates of unproven alternative therapies. Thus, in my opinion, the commission was

designed to support, not question, the efficacy and safety of complementary and alternative medicine.

Dr. Donald Warren, the only dentist on the panel, is a proponent of “cranial osteopathy” and “contact reflex analysis,” which is claimed to be a method of “analyzing the body’s structural, physical and nutritional needs” by pressing on various mystical points of the patient’s body while pushing and pulling on the patient’s arm (or another body part). (Source: *The Scientific Review of Alternative Medicine*, 5(4):211-22.)

The real surprise of the report is that two members, Dr. Joseph Fins and Dr. Tieraona Low Dog, wrote a dissent that was buried in the end, Appendix G. This is not the proper forum to present their entire statement but we should all heed this warning:

“Where medical care is concerned, the common good calls for ideology and advocacy to yield to scientifically sound evidence of safety and efficacy.”

Between 1993 and 2000, the National Center for Complementary and Alternative Medicine has given close to \$110 million in grants. So far, no method has been found to be either useful or ineffective.

The conclusion almost always being that if more money is spent, a positive result will be found. In my opinion this has been a colossal waste of the taxpayer’s money.

*John E. Dodes, D.D.S.  
President, New York Chapter  
National Council Against Health Fraud  
Forest Hills, N.Y.  
See LETTERS, page six*

## To Be Placed At Quad

## MYVIEW

*Continued from page four*

in other fields of dentistry. I saw old friends and conversed professionally with members of other health care professions.

Testimonials by gifted teachers pertaining to the joy of teaching are part of our lexicon. The words of Dr. Leon Eisenbud upon receiving the prestigious Jarvie-Burkhart Award from the New York State Dental Association are illustrative.

As one of the most talented and influential teachers in our region, he is thankful for the 30 “wonderful years—truly the golden years of my life.”

How many of us would speak the same of 30 years of private practice?

Unfortunately, individuals with Dr. Eisenbud’s commitment are rare. To be honest, when my rotation to teach ended, despite the exhilaration of my return to teaching, I was happy it was over because I needed the added time in my practice.

The truth of the matter is that we know that teaching “feels good,” but that is not enough in these times. Contrasted with the medical model of teaching—where years are spent in an academic environment—dental students are not taught the “learn one, do one, teach one” model.

Indeed the attitude may be more illustrated by the University of Pennsylvania’s 500 Club—the club that promises not to return to within 500 miles of the school.

Voluntary staff and underpaid teachers that are forced to go into private practice because of financial pressures are not sufficient to perpetuate our profession. The “gifts” of teaching have to be supplemented with financial reward, albeit salary or some sort of loan forgiveness.

Professional associations, dental schools and alumni must make a concerted effort to make both the state and federal government understand that there is a looming crisis that will affect the health of our nation.

*Dr. Kerpen is the editor of the Bulletin of the Nassau County Dental Society (New York). His comments, reprinted here with permission, originally appeared in the July/August issue of that publication.*



# LETTERS

## Exams

*Continued from page five*

I am writing to comment on the letters of Dr. Julius Hyatt (May 20 ADA News) and Drs. R. Scott Ziegler and Bruce Trivellini (July 15 ADA News).

While it is true that state boards are not the only reliable judges of clinical competency and that they are not always perfect, they do serve a useful purpose.

I served as a member of the California boards and I know what I saw. Many graduates of the so-called "accredited schools" cannot even make a decent two-surface amal-

gam restoration. It is these people that make the presence of the dental board so vital.

Boards are the last screen before they are allowed to go out and start working in the community. One could only imagine what kind of services they will provide if they cannot even do a simple amalgam restoration and yet are allowed to work on the public.

From my point of view, based on my eight years with the California boards, a degree from an accredited school is never an issue, nor does it matter. It is the individual dentist taking the exams that matters.

Passing the exams involves a great deal more in addition to clinical competence. It requires organization, preparation and planning. I have seen many out-of-state dentists fail the exams because they were not prepared for the examinations.

Finally, what is the big deal about board examinations? Foreign-trained dentists, who the profession to this day still considers as "not on par with graduates of accredited schools," routinely pass these examinations. Therefore, it should be an automatic for those from "accredited schools." After all, they take the very same examinations.

*Ed de la Vega, D.D.S.*

*Executive Director*

*Southern California Filipino Dental Society*

## What crisis?

I read with interest about our "crisis in children's dental health." (July 15 ADA News.)

What has happened? Why do we now have a crisis? What makes the status of today's

children so much worse than in previous years? Last I heard (and observed) the caries rate was dropping; is it now skyrocketing? Have our preventive education programs and fluoridation lost their efficacy?

Do these children have parents or other responsible caregivers? Why was there no mention of such responsible persons? When I have seen gross neglect of a child's dental condition, I consider it a form of child neglect/abuse and consider contacting community authorities. What accountability are they being held to? Are we in fact witnessing a breakdown of the family unit?

The article states: "Dr. [Greg] Chadwick [ADA president] in response cited need for continued government commitment and funding for dental education and training, encouragement of racial and ethnic diversity in the dental class, incentives for dentists ..." Didn't we get the government involved once before in the 1970s, with the result being an oversupply of dentists?

When Congress provides funds it attaches strings to those funds. Are we prepared for further government control of our profession? The mention of diversity as a goal reminds me of the 1995 Bakke case at the University of California; hopefully, diversity will not detract from technical and ethical excellence as goals.

First we need to document this "crisis in children's dental health." Make sure that this isn't a Trojan horse being used to justify more government funding and control of dentistry.

Second, let's go back to basics. Take time to talk to your patients and parents. Consider extra help for the truly needy. Before we invite that big gorilla of government to sit at our table, let's truly realize what its effects will be.

*Wayne Grabow, D.D.S.*

*Monument, Colo.*

**Editor's note:** Dr. Chadwick responds: "Dr. Grabow raises some excellent points about recognizing and responding to problems with access to dental care. In fact, many children who suffer from untreated dental disease do not have parents or caregivers with the information and means needed to get their kids to the dentist.

"Getting 'back to basics'—education and prevention—is exactly what's needed. Unfortunately, doing so isn't the simple matter of talking to patients and parents that Dr. Grabow suggests, because neither the 20 percent of children who suffer 80 percent of the untreated dental disease nor their parents ever make it into a dental office.

"That's a key reason why they have untreated caries, and that's why it's important for us as a society—dental professionals, public officials and the public at large—to come up with new and creative ways to get those kids into a continuum of care.

"Finally, Dr. Grabow's caution about government solutions to these problems is well taken. I believe it's incumbent upon the dental profession to:

- take the lead in recognizing problems like access disparities, workforce maldistribution and the low level of diversity in our profession;

- identify common sense, market-based ideas to address those problems;

- work within the profession, as well as with government and the private sector, to implement solutions that work well for dentists and the patients who rely on us to keep them healthy.

"The lesson from the past is that if we stand back and let others provide the leadership and solutions, we probably won't be happy with the results. That's why the ADA should continue to speak out whenever and wherever possible to ensure that dentistry's voice is heard."

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# Briefing the media

## Proactive information campaign designed to educate media, public about restorative choices

Stories in the media that inspire fear of dental amalgam are relentless, and the ADA is not taking it lying down.

Last month, the Association launched a multimedia campaign that utilizes sound science in support of restorative options—including dental amalgam—for dental patients.

Produced with assistance from Ketchum

Communications, the campaign will help the ADA become more proactive on this issue and emphasize the safety and effectiveness of all dental filling materials currently in use.

At the President's Conference July 12, ADA officials unveiled plans for national media briefings, a satellite media tour, video news release and an interactive media kit—featuring all press

materials, the patient brochure, the video news release and selected soundbites from the satellite media tour—on the Internet.

The printed media kits, "Filling You In on Dental Fillings," were distributed to constituent and component dental societies, then to media outlets across the country.

The kits also provided background materials

for a July 25 coast-to-coast satellite media tour that featured Dr. Richard Price, ADA consumer advisor, and Dr. Frederick Eichmiller, director of the ADA Health Foundation's Paffenbarger Research Center.



Addressing reporters' questions about the misinformation surrounding dental amalgam, the spokespersons set the record straight on the myths about mercury in amalgam, discussed other filling options and explained the importance of making informed choices in partnership with a dentist.

Media markets participating in the satellite media tour included network affiliates in Los Angeles, Denver and Minneapolis.

All materials from the "Filling You In on Dental Fillings" media kit can be found on ADA.org, along with the video news release.

ADA members are encouraged to use these materials to communicate with local media. To log on, go to "www.ada.org/goto/presskit". ■



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1. Am J Dent. 2000;13:6a-10.  
2. Am J Dent. 2001;14:273-271 (Oral-B vs Oral-B SpinSoft®).  
3. Am J Dent. 2001;14:266-268 (CrossAction vs Colgate® Anticavity).  
4. Data on file (CrossAction vs Colgate® Manual).  
Colgate Anticavity and Colgate Manual are trademarks of Colgate-Palmolive Co. Oral SpinSoft is a trademark of Procter & Gamble.

## Pediatric dentistry organizations join forces

A union in the works for several years was finalized July 11 when the American Academy of Pediatric Dentistry merged with the American Society of Dentistry for Children.

ASDC's 2,000 members are pediatric dentists and general dentists who treat a significant number of children in their practices.

"This is a very exciting time for us," said Dr. David K. Curtis, the AAPD president who will lead the unified organization. "We are eager to welcome

all ASDC members into the AAPD family to work together for optimal care for children."

Among other benefits, AAPD officials say the new organization will be able to increase advocacy activities within the health community and local and state governments.

"There will now be a singular voice in pediatric dentistry," said Dr. John S. Rutkauskas, AAPD executive director.

Dr. Kevin Donly, ASDC president, said that "improvement in children's oral health is the ultimate goal of the merger."

Founded in 1927, the ASDC was a professional organization that focused on the oral health of children.

The AAPD will publish the ASDC's flagship publication, the Journal of Dentistry for Children, through the remainder of 2002 in addition to its own didactic journal, Pediatric Dentistry.

The AAPD—founded in 1947—has nearly 5,000 members. ■



Dr. Curtis



# Materials

*Continued from page one*

a multi-disciplined evaluation of restorative materials and current federal, state and local initiatives affecting the use of dental amalgam.

“This President’s Conference had a different dynamic from those in the past,” said ADA President Greg Chadwick. “There is a definite advantage to having an event that involves presidents, presidents-elect and executive directors together in one place. They were able to spend some time here and concentrate on the issues before them.”

In opening remarks, Dr. Chadwick and Executive Director James Bramson set the stage for the speakers to come.

“The urgency of these issues is really quite clear to all of us,” Dr. Chadwick told the crowd, reiterating the Association’s message that dental amalgam is a “good material and a safe material.”

“We’ve always based our decisions on science, and we will continue to do that,” he said.

“Working together is the best way for the pro-

■ **“We plan to bring everyone up to speed about dental restorative materials and emphasize that patients have restorative options.”**

fession to solve this crisis,” added Dr. Bramson, who encouraged the state leaders to become more proactive in state and local debates over the use of dental amalgam.

“If misinformation goes unchallenged, then misinformation is going to rule the day,” he said.

Speakers covered topics such as toxicity/scientific method vs. junk science; a comprehensive materials overview; environmental issues; legislative and regulatory issues; legal developments; media issues; federal activities; and coalitions opposing restorative choice.

Constituent society leaders from Vermont, California, Georgia and Washington took the stage to offer perspectives on specific state experiences in the restoratives debate. Their presentations and the questions from the floor illustrated the degree to which the public debate over dental amalgam has affected the dental societies.

“We were just really pleased that the ADA was responsive to the need for this meeting, and sharing that kind of critical information on an issue that is so important to the membership right now,” said Judy Pulice, assistant executive director of the California Dental Association, adding that the CDA may re-assess its positions “based on what we heard at the conference.”

For Dr. Steven E. Smith, president of the Oregon Dental Association, the conference offered timely advice.

“Our state legislature will address the issue of mercury in the wastewater in January 2003,” he said. “It’s nice to get this information so we can proactively address it before then.”

A key aspect of the conference focused on negative media coverage. ADA officials unveiled plans for national media briefings, a satellite media tour, video news releases and a re-vamped media kit—all designed to enable the ADA to “re-claim the consumer advocacy position.” (See story, page eight.)

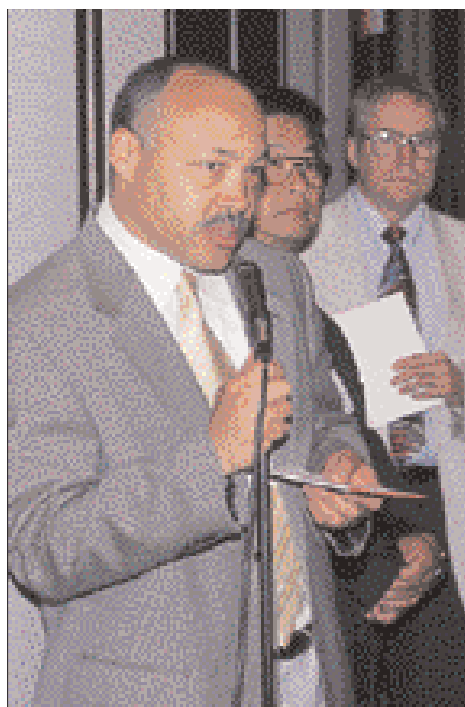
“Certainly this conference wasn’t just a one-shot deal,” said Dr. Chadwick. “With the media activities, we plan to bring everyone up to speed about dental restorative materials and emphasize that patients have restorative options. And we’re going to talk about good, sound science.” ■



**Society presidents:** At left, Dr. Steve Smith, Oregon, and Dr. Beverly Largent, Kentucky.



**Packed house:** More than 100 dental society presidents, presidents-elect and executives came together July 12 to kick off the 2002 President’s Conference.



**Open forum:** Dr. Greg Stoute, president of the National Dental Association, speaks out July 12.



**Break time:** ADA President-Elect T. Howard Jones (left) shares a lighter moment with Dr. Steve Chan, California Dental Association president.

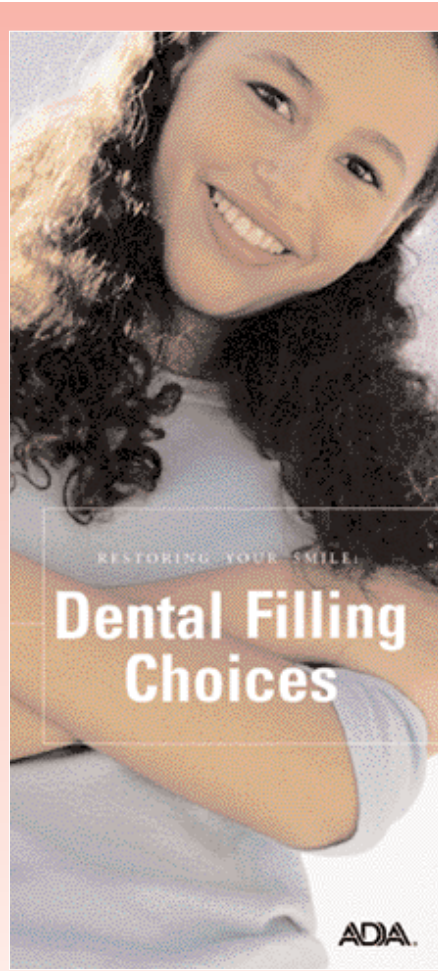
## New brochure addresses patients’ questions on restoratives

Hot off the press: it’s the ADA’s new patient education brochure, “Restoring Your Smile: Dental Filling Choices.”

The brochure was developed by the ADA Division of Communications with key assistance from the Divisions of Science, State Government Affairs and the Paffenbarger Research Center.

Offering a full overview, in easy-to-read text, of direct restorations (amalgam, composite and ionomers) and indirect restorations (porcelain, porcelain-fused-to-metal, gold alloy, base metal, indirect composite), the brochure describes restorative options and the benefits and risks of each.

The brochure is available from the ADA Department of Salable Materials. Review a copy online at “[www.adacatalog.org](http://www.adacatalog.org)”. Order copies from the Web site, or call 1-800-947-4746. ■



**Community and collaboration:** More than 120 constituent and component society executives and staff attended Management Conference Week at ADA headquarters July 11-17. This year’s meeting featured a Tabletop Idea Fair where dental societies and the ADA shared information on special programs and projects.



## Government

# Dental training funds resurge

## Senate panel partially restores budgeted research money

BY CRAIG PALMER

Washington—The Senate Appropriations Committee has partially restored dental training funds threatened with elimination under the Bush administration budget, a proposal strongly

opposed by the American Dental Association and the nation's dental schools.

The ADA urged Congress April 23 to restore the funds.

The Senate committee called on the National

**Arizona dentist offers insight on new surgeon general, page 12**

Institutes of Health to coordinate cross-cutting temporomandibular joint research conducted through various institutes and agencies and report to Congress by next spring on the state of TMJ research at the NIH.

The Senate appropriation would increase support for dental research, HIV/AIDS dental reimbursements to schools and clinics toward the costs of uncompensated care, and Centers for Disease Control and Prevention oral health activities.

The July 22 report on fiscal year 2003 appropriations explains the committee's actions. Senate Report 107-216 is available online ("thomas.loc.gov/cgi-bin/cpquery/R?cp107:FLD010:@1(sr216)").

With regard to general dentistry and pediatric dental residencies, the committee said they play a critical role in meeting the oral health needs of vulnerable populations and patients requiring specialized or complex care.

"The committee recognizes the need to increase the number of dentists in rural and underserved areas, and particularly increase the number of pediatric dentists in those areas. Rural states are disproportionately underserved by pediatric dentists," the report said.

The report accompanies appropriations for Department of Health and Human Services and Labor Department programs for the government fiscal year that begins Oct. 1. The committee appropriation features several spending increases over amounts proposed by the administration, including funding for health professions education and training under Title VII of the Public Health Service Act.

Title VII programs, including general and pediatric dental residencies, train health care providers to work in rural and underserved areas.

The committee said it was "disappointed" in the administration's decision to eliminate or cut nearly every Title VII health professions training program and could only partially restore the funds because of budget limitations.

The committee did not assign specific dollar amounts to the various dental and medical programs but urged the administration to support rural training next year at "no less" than current spending levels. The House of Representatives has not yet acted on health appropriations.

The Senate report (filed with the appropriations bill, S 2766) calls for the Health Resources and Services Administration to report by June 1, 2003, on the effectiveness of the health professions training programs.

"The committee believes that Title VII programs are valuable mechanisms for educating health professionals and for encouraging the delivery of care to the underserved in rural and underserved areas. However, this assumption needs to be validated to ensure ongoing reliable funding."

On other matters, the committee approved \$2 million for Occupational Safety and Health Administration implementation of ergonomics regulations. Separate legislation approved by the Senate Health, Education, Labor and Pensions Committee would "provide for reissuance of a rule relating to ergonomics."

That bill, S 2184, would require OSHA to issue rules on work-related ergonomic injuries similar to regulations killed by Congress last year. It is not expected to come to a full Senate vote or to win congressional approval in this session of Congress. ■

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# Turning up heat on spit tobacco

## Surgeon general-designate gets earful from dentist

BY CRAIG PALMER

Tucson, Ariz.—Arizona oral surgeon Daniel Klemmedson teamed up with former major league baseball player and anti-tobacco activist Joe Garagiola recently to give the U.S. surgeon general-designate an earful on the risks of so-called “spit” tobacco use.

“I think he’s a good listener,” Dr. Klemmedson said of Arizona physician Richard Carmona, confirmed July 23 by the U.S. Senate to be the 17th surgeon general of the United States.

Dr. Carmona, a trauma surgeon and part-time sheriff’s deputy, will be sworn in soon, according to the SG’s Web site (“www.surgeongeneral.gov/sg”), to replace David Satcher, M.D., whose term ended in February. The Senate voted 98-0 to limit debate, then confirmed the nomination by voice vote.

Drs. Carmona and Klemmedson just hap-

### Government

pened to be at the same Arizona meeting recently when they joined in discussion with Mr. Garagiola about the oral consequences of smokeless tobacco use. But they go back, arriving in Tucson about the same time and collaborating from time to time professionally in local trauma situations.

“We have worked together on multiple trauma cases over the years,” said Dr. Klemmedson, who suggests the administration found the right person for the job.

The surgeon general is appointed by the president and serves a four-year term as principal advisor to the secretary of Health and Human Services on public health and scientific issues.



**Top doc:** President George W. Bush in March embraces Dr. Carmona as Elias Zerhouni, M.D., left, applauds in the East Room. Dr. Zerhouni is the new director of the National Institutes of Health.

“Dr. Carmona will be a strong and vigorous leader in our efforts to combat chronic conditions and lead this nation to better health,” HHS Secretary Tommy Thompson said after the Senate vote.

The health effects of tobacco use have been documented in numerous Surgeon General’s reports since 1964, including the “Oral Health

in America” report issued in May 2000 by Dr. Satcher, the first surgeon general’s report devoted exclusively to oral health issues. “The most damaging carcinogens are found in the tars of tobacco smoke, but many forms of smokeless (spit) tobacco, including snuff, have been implicated in the development of mouth cancer,” the report said. ■

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Photo courtesy Dr. Jane Grover



**Accent on access:** U.S. Rep. Fred Upton (R-Mich.), a primary sponsor of the Children’s Dental Health Improvement Act (HR 3659), visits a federally qualified health center dental clinic in Benton Harbor, Mich., this past spring. With Rep. Upton (far right) are Dr. Dennis Ruppel, dental assistant Carla Carr and Ryan Schurz, son of Dr. Jane Grover, American Dental Political Action Committee’s 9th District trustee and chair-elect.

## FTC workshop to address health care antitrust law

BY CRAIG PALMER

Washington—The Federal Trade Commission will convene a public workshop Sept. 9-10 to promote dialogue and “consensus building” on health care antitrust law and policy.

“Developing and implementing competition policy for health care raises complex and sensitive issues,” said an announcement on the FTC Web site (“[www.ftc.gov/opa/2002/07/hlthcarecompwrkshop.htm](http://www.ftc.gov/opa/2002/07/hlthcarecompwrkshop.htm)”).

The workshop will provide “a snapshot” of the health insurance and delivery markets and review antitrust litigation over the last 15 years

as well as the FTC’s recent antitrust activity, the announcement said.

The FTC will invite “interested parties” to present their perspective on such issues as the effect of current law and policy on the cost, quality and availability of health care services and whether FTC and Justice Department antitrust policy needs updating.

The agencies share jurisdiction although the FTC takes the lead on health care antitrust enforcement. Their joint Statements of Antitrust Enforcement Policy in Health Care were issued in 1996. ■



# Homeland security advisory

## ADA weighs in on dentists' role in communiqué to government

BY CRAIG PALMER

Washington—The American Dental Association joined the national security debate with a July 9 advisory to President Bush and the bipartisan leadership of the U.S. Congress on potential roles for dentists and the structuring of a new Department of Homeland Security.

The Association has been advising the administration on bioterrorism and disaster response plans as they might involve dentists, at the same time laying the groundwork for dentistry's response. But the July 9 communiqué is the Association's first statement to the nation's executive and legislative leaders on homeland security issues.

"In the event of a bioterrorism attack some of the broad categories of assistance that dentists may provide include education, diagnosis, surveillance and notification, treatment, distributing medications, decontamination, sample collection and forensic dentistry," the Association told the White House and congressional leaders as they attempt to craft a homeland security strategy.

"In addition, local dental societies could assist in integrating a dental response into the local response plan," said the letter signed by ADA President D. Gregory Chadwick and Executive Director James B. Bramson and addressed to President Bush and the House and Senate Republican and Democratic leadership.

As Congress debates the transfer of public health and other antiterrorist and terrorist response activities to the proposed Department of Homeland Security, President Bush at a July 16 Rose Garden ceremony released new details of his proposal in a 90-page national strategy for

homeland security ("www.whitehouse.gov/news/releases/2002/07/20020716.html"). He described it as "an exceedingly complex mission that requires coordinated and focused effort from our entire society, the federal government, state and local governments, the private sector and the American people."

The White House proposal would merge

numerous government functions and entities, including public health activities, in a single cabinet department "whose primary mission is to secure our homeland." ("www.whitehouse.gov/news/releases/2002/06/20020618-5.html")

The ADA joined the American Public Health Association in cautioning against transfer of public health functions from the Department of Health and Human Services, which currently directs these activities. "The ADA agrees with the APHA that public health preparedness should remain with HHS, which currently has the necessary expertise," said the Association letter.

"Coordination of the HHS activities with the

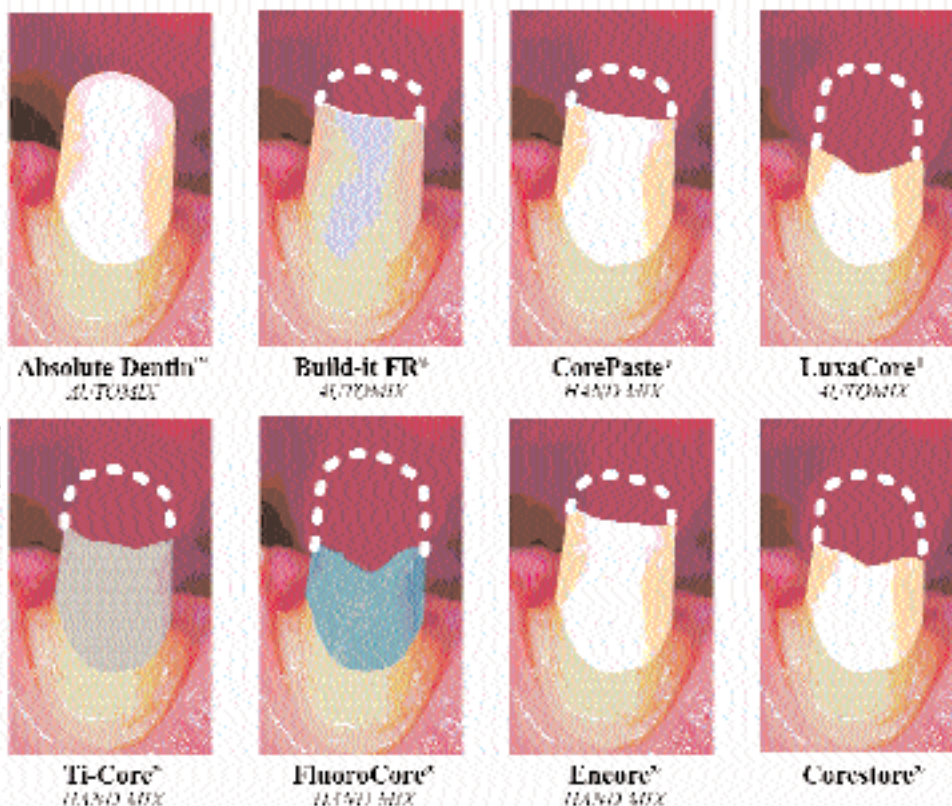
(new) HLS can be accomplished through a joint planning committee to ensure that homeland security needs are being met," the ADA said.

A pending House bill, HR 5005, the Homeland Security Act of 2002, would authorize the HLS Secretary, a new cabinet officer, to establish the nation's biological, biomedical and infectious disease research and development program and to consult with the HHS Secretary on the transfer and funding of these activities in the new agency.

"Transferring research and development functions is unnecessary and may be more cumbersome and less effective" than it is under current legislative authority, the ADA said. ■

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## FDA extends amalgam comment time

BY CRAIG PALMER

Washington—The U.S. Food and Drug Administration invited further public comment July 17 on a proposed federal regulation of dental amalgam and related products.

The FDA extended for an additional 60 days the period during which it will accept comments on proposed new packaging and labeling guidance for manufacturers of amalgam products and new regulation of these products, announcing the extension in Federal Register notices posted online ("www.access.gpo.gov/su\_docs/aces/fr-cont.html"). The Federal Register is the official notice of government regulatory activity.

The FDA said it was reopening and extending the public comment period in response to a request noting apparent technical difficulties with the submission of electronic comments. The ADA submitted written comments during the earlier comment period supporting the FDA proposals.

The proposed rule on dental amalgam products and draft guidance documents were issued by the FDA Feb. 20 in a Federal Register notice inviting comment through May 21. The new comment period will extend through Sept. 16. Both electronic and written comments will be accepted, the FDA said. ■



## Education

# Old becomes new

## Baltimore school breaks ground

*Baltimore*—The first degree-granting dental school in the world will soon become the newest as construction begins on a new building to house the Baltimore College of Dental Surgery, Dental School, University of Maryland.

UM officials broke ground May 23 for the new 360,000 square-foot, \$124-million facility, which is scheduled for completion in 2005. The 10-story building, while not significantly larger than the school's current home, will have fewer

large lecture halls and more seminar rooms as well as space for continuing education programs and more effi-



**Dig it:** University of Maryland Dental School students break ground for the new building May 23. From left are Luke Morgan, Stafford Conley, Farida Chaudry and Christopher DiLorenzo.

ciently organized operatory space.

The Baltimore College of Dental Surgery (which later affiliated with UM) was established in 1840 and was the first degree-granting dental school in the world, according to a UM news release.

"The new building's modern infrastructure and technological support for our clinical services, teaching and research programs will allow improvements in quality and scope that would be difficult to achieve in the present facility," said Dr. Richard R. Ranney, UM dental school dean. "And its quality-of-life features will make it a place people want to be, whether as a student, faculty, staff member or patient." ■



**Future look:** Computer rendering of the new Baltimore College of Dental Surgery, Dental School, University of Maryland.

## School leadership changes noted

Two dental schools welcome new deans this year and a third has its dean acting as an interim medical dean:

- Dr. Richard N. Buchanan took over as dean of the State University of New York at Buffalo School of Dental Medicine Feb. 1.

- Dr. Martha J. Somerman will be the new dean of the University of Washington School of Dentistry beginning Sept. 18.

- Dr. Jerold S. Goldberg, dean of the Case Western Reserve University School of Dentistry, assumed additional responsibilities as interim dean of the CWRU School of Medicine July 1. ■

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# New York

*Continued from page one*  
effective Jan. 1, 2003. New York is the only state to offer an alternative to the clinical licensure exam.

In steering the law through the state legislature, the NYSDA overcame "entrenched opposition from the state board of dentistry and the examining community," said Roy Lasky, NYSDA executive director.

"But from the legislative point of view, it was a very simple issue," he said. "Treating dentists the same as physicians seemed logical to both the legislators and the governor."

He continued: "I think this is the beginning of a licensure revolution where dentists will be able to become licensed based on education and training, and not a one-shot clinical exam administered by people who lack the clinical expertise of our dental schools and teaching hospitals."

Next, the NYSDA will introduce legislation that will require all dental licensure applicants in the state to undergo a residency program.

"We believe the additional year is very important to the educational process," stated Dr. Feldman, who is also the ADA treasurer.

The American Student Dental Association supports leaving the law as is—ensuring that licensure candidates have a choice between taking the clinical exam or pursuing a residency.

"We are excited about the change that New York has made because it gives students more options," said Dr. Kevin Rencher, ASDA president. "But we are in favor of leaving it as an option."

According to its critics, PGY1 has one significant drawback: Those pursuing a residency in lieu of the clinical licensure exam limit their practice possibilities to the state of New York.

At this time, 42 states accept licensure by credentials. All states—except New York—require a clinical licensure examination for initial licensure. It remains to be seen whether these states will accept the credentials of New York candidates who do not take a clinical licensure exam.

Having 84 percent of the states recognize licensure by credentials shows that the dental profession values mobility in the licensure process, noted Dr. James R. Cole II, president of the American Association of Dental Examiners.

"In order for the dental students utilizing PGY1 to have any freedom of movement in the other 49 states, they will still have to pass a clinical licensure examination," he said.

Dr. Cole also questions whether the one-year



**Dr. Feldman**



**Mr. Lasky**



**Dr. Rencher**



**Dr. Cole**

residency in an accredited program is an adequate measure of clinical competence.

"I think a residency is a marvelous way to build upon clinical skills developed in dental school," said Dr. Cole. "But I do not think it should be the single stand-alone credential for dental licensure."

With the additional year, Mr. Lasky said that New York is "raising the bar" on clinical competence.

"A minimum of one year in a CODA-approved residency in a teaching hospital in New York is light-years ahead of the one-shot clinical exam that the profession has relied on in

the past," he said. "There is no comparison between the two."

PGY1 is due to sunset Jan. 1, 2006, providing state officials with an opportunity to monitor its effect on the state.

In the meantime, NYSDA officials say there are enough residency positions in New York programs to accommodate all graduating students from the state's four dental schools who choose the PGY1 licensure pathway.

Dr. Michael C. Alfano, dean of the New York University College of Dentistry, said he has no immediate plans to change the advanced education in general dentistry residency program at NYU. Just last year, the program increased from six slots to 12.

"But if it seems the new law is creating undue pressure, we would consider expanding that program," he said. ■

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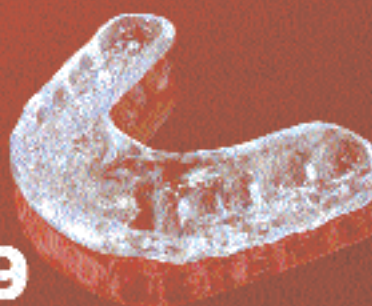


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## NYU presents Strusser award

*New York City*—The New York University College of Dentistry presented its Dr. Harry Strusser Memorial Award to Stanley M. Bergman of Henry Schein Inc., lauding him for exemplifying the spirit of New York University's slogan, "a private university in public service." The award recognizes outstanding contributions to community oral health.

Schein's chairman of the board, CEO and president, Mr. Bergman was recognized for donating millions of dollars worth of dental supplies to underserved communities, providing discounted supplies to public health clinics and providing financial support to charitable dental organizations, including the ADA Health Foundation.

Mr. Bergman received the award during the dental school's graduation ceremony May 24 at Madison Square Garden. ■



# Dr. James Mercer, past trustee, treasurer dies

BY JAMES BERRY

Dr. James F. Mercer, a past ADA trustee and the first to serve as treasurer after the post became a separate Association office a decade ago, died suddenly July 21. Dr. Mercer was 73 years old.

The Akron, Ohio, general dentist reportedly was vacationing in Alaska with his family when he was stricken. A private burial service was held July 24. A memorial service was conduct-

ed July 27 at Akron's Westminster Presbyterian Church, where Dr. Mercer was a long-time member and past deacon.

A graduate of the University of Pennsylvania dental school, Dr. Mercer represented the Association's 7th Trustee District (Indiana and Ohio) from 1988 to 1992.

Then in 1992, the House of Delegates adopted a resolution creating the position of treasurer, the officeholder to be elected by the Board of

Trustees to serve a maximum of four years in two two-year terms.

Before the House vote, the president-elect simultaneously held the title of treasurer for one year, spurring concerns about continuity in the budget process. After his election, Dr. Mercer told the ADA News that separating the roles of president-elect and treasurer would allow the two officials "more time to devote to our specific tasks."

Dr. Jack H. Harris of Pearl- and, Texas, was ADA president when Dr. Mercer was made treasurer.

"He was extremely good with numbers and with the budget, and for that reason was named treasurer by the Board and did a great

job," recalled Dr. Harris, a friend and colleague of Dr. Mercer's for about 35 years. "He was very dedicated to making sure that the American Dental Association functioned well with a budget that was realistic."

A veteran of the U.S. Air Force, Dr. Mercer was a past president of the Akron Dental Society and the Ohio Dental Association. Both organizations honored him with their Distinguished Dentist Awards. He also received the Pierre Fauchard Award for Ohio and the Service Award of the Akron Dental Assistants Society. He was a fellow of both the American College of Dentists and the International College of Dentists.

Dr. Jack Gottschalk of Cincinnati was perhaps Dr. Mercer's closest friend—a friendship kindled some 40 years ago when the two dentists were attending a Chicago Midwinter Meeting.

"We were both young guys starting to get active in the Ohio Dental Association," said Dr. Gottschalk, a past ODA president. "We sat in the old Hilton Hotel and talked for hours, and I think that day we solved every problem dentistry ever had. We had talked for about seven hours when a waitress came up and said, 'Aren't you guys going to order anything?'"

Before his election to the ADA Board, Dr. Mercer served as vice chair of the Association's Council on Dental Education and held various other posts with the national organization. He also was a member of the board of the Samuel D. Harris National Museum of Dentistry in Baltimore.

Dr. Mercer was active in his community, serving as president and chair of United Cerebral Palsy of Akron, president of the Akron Civic Theater's Community Hall Foundation and chair of Akron's Citizen Committee for Fluoridation.

Dr. Gottschalk described Dr. Mercer as an "unselfish gentlemen" devoted to his family and to his profession.

"He had a love for dentistry, for his profession, that was only paralleled by his love for his family," Dr. Gottschalk said of his friend. "He was almost passionate when it came to talking about his profession and what he felt we as dentists should do."

"He had a way of sitting quietly and listening to everything, and then summing it all up and coming to a conclusion," Dr. Gottschalk recalled. "When Jim spoke, everyone was quiet because he spoke with such authority."

Dr. Mercer is survived by his wife of 50 years, Jean; a son, Dr. James E. Mercer, an oral and maxillofacial surgeon in Columbia, S.C.; a daughter, Maryann Street of Concord, Mass.; a brother, Dr. Jonathan G. Mercer of Sunnyside, Wash.; and four grandchildren.

Memorials in Dr. Mercer's name are welcome at the James F. Mercer Fund, Ohio Dental Association Foundation, 1370 Dublin Road, Columbus, Ohio 43215. The fund provides scholarships to help prepare dental students to take on leadership roles.

Memorials for Dr. Mercer also are welcome at the Edwin J. Thomas Performing Arts Hall, 198 Hill St., Akron 44325-1531; and Westminster Presbyterian Church, 1250 W. Exchange St., Akron 44313. ■



Dr. Mercer: 1929-2002

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# Dental museum celebrates sixth year

BY CRAIG PALMER

*Baltimore*—The Dr. Samuel D. Harris National Museum of Dentistry celebrated its sixth anniversary June 21 as one of the newest affiliates of the world's largest museum complex, the Smithsonian Institution.

Hard by the downtown attractions of major league baseball, the Inner Harbor and repositories of art, industry and the sciences, the 31 South Greene St. dental museum invites family and professional celebration of oral health and "the great heritage of dentistry" with a touch of whimsy and an array of newly enhanced historical artifacts.

At the recent sixth anniversary gala, the museum honored with special recognition Dr. Linda Niessen, Dentsply International vice president for clinical education, and colleagues for gifts to restore and display a rare stained glass window depicting St. Apollonia, the patron saint of dentistry. The window, made between 1100 and 1200 A.D., was installed in St. Mary's Priory in Abergavenny, Wales, England.

Many of the restoration sup-



**Restored:** A stained glass window depicting St. Apollonia, the patron saint of dentistry, made between 1100 and 1200 A.D.



**Partnership:** J. Michael Carrigan announces the NMD as an affiliate of the Smithsonian Institution.



**Art-historical:** From left, Drs. Trucia Drummond, Carole Pratt and Mary Hayes, supporters of the restoration of a stained glass window depicting St. Apollonia at the anniversary celebration.



**From behind the scenes:** From left, Dr. Jack Gottschalk and Dr. John Patterson, NMD Board of Visitors; Stanley Bergman and Steven Kess, Henry Schein Inc., enjoy the fruits of their labor at the gala celebrating the dental museum's anniversary.

porters are leaders in the American Association of Women Dentists, the museum announcement said.

The Itinerant Dentist Office exhibit located in the main gallery, "32 Terrific Teeth," was newly named in memory of Dr. J. Richard Moulton.

The exhibit recreates a 19th century rented hotel room used by a traveling dentist as a dental office. Dr. Moulton, an Air Force dentist, was instrumental in supporting an educational program in Santiago, Chile.

The gala offered the first public announcement of the Smithsonian Affiliations memorandum of understanding signed June 29, 2001, which offers access to Smithsonian collections and resources and gives the Dr. Samuel D. Harris National Museum of Dentistry a Smithsonian Web site presence ("affiliations.si.edu. The Smithsonian has 110 affiliates including the NMD (whose own Web site is "www.dentalmuseum.org").

Smithsonian Affiliations Director J. Michael Carrigan announced the partnership and unveiled a hand-sewn flag identifying the dental museum as an affiliate. The Smithsonian holds in trust more than 200 million artifacts, specimens and archival materials.

Smithsonian Affiliations was created in 1996 by the Smithsonian Board of Regents to increase community access to these materials, most of which are not on display but rather in storage, conservation treatment or research collections.

Think of it as throwing open the doors to the "nation's attic," said Smithsonian Secretary Lawrence M. Small ("www.smithsonianmag.si.edu/smithsonian/issues02/jan02/small.html").

Also recognized during the gala was the naming gift from Sullivan-Schein for the museum's courtyard entrance. The museum is a resource for scholars and the dental profession, providing exhibits and programs to expand public awareness of the importance of oral health in overall health. ■

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## India hosts meeting

*Chandigarh, India*—Near the foothills of the Himalayan Mountain Range, the Fifth Congress of the Asian Academy of Preventive Dentistry will convene Nov. 14-16.

For more information, contact the congress secretariat by fax at 011-91-172-74-6612 or e-mail to "ohsc@glide.net.in". ■



# Retiring?

## Making sure the time is right

BY RICHARD COLLIER, M.S., J.D.

“When should I retire?”

It’s a question dentists ask themselves that sparks intense interest.

And they are often shocked to learn the answer.

It’s OK to never retire.

Many assume they should retire before their practices begin to shrink in order to maximize their practice sale proceeds. Frequently, they have not considered the alternative of slowing down, never fully retiring and not worrying about selling out at some advisor’s theoretical maximum value.

Yet for many, this is the best choice.

No advisor can tell a doctor when to retire.

For couples, it should be the joint decision of both. It affects the lives and routines of both partners.

However, a doctor should not retire until he or she can answer the next two questions with an unequivocal “Yes!”

- Can we afford to retire?

“I think so” is not good enough. Keep working until the answer is an unequivocal “Yes.”

- Have I found something I enjoy doing more than practicing?



If the answer is “No,” keep practicing until you find it.

If you would like to practice, but also have more time for other activities, keep your options open as long as

possible by reconfiguring your work month to practice less. If that doesn’t work out for you, you can always retire later. If you retire first and then decide you’ve made a mistake, it’s terribly hard to go back into practice.

There is no single right answer for everyone. But where you fall on the practice-satisfaction spectrum helps with the decision.

At one extreme is the burned-out dentist who can’t wait to retire. At the other extreme is the 80-plus-year-old (an Indiana practicing dentist, friend and client) who told me 15 years ago at my annual winter seminar in the Virgin Islands that he was “fully retired.” His definition of retired? “Everyday I wake up and do exactly what I want to do.”

He explained further: “For me, practicing is my way of life. I don’t do it for the money. Indiana is a great place to be in the summer. We’re home all summer. Indiana is a great place to vacation from in the winter. I practice three weeks each month and we travel the rest of the month. As far as I’m concerned, I’m fully retired.”

Never retiring could be the right financial decision as well as the right quality-of-life decision.

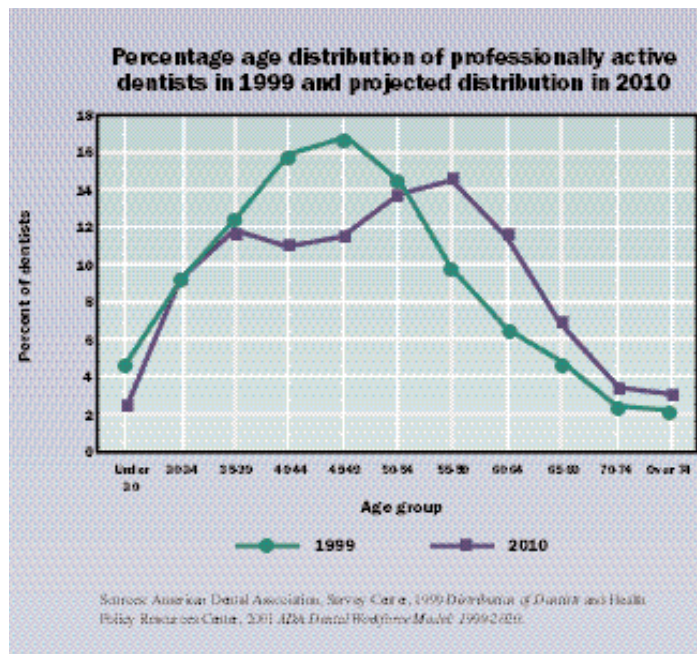
I disagree with the advisors who tell dentists to work extra hard the last few years of their careers to pump up a practice’s size and sale value. Your goal should be to get wealthy enough so you can do what you want without the financial ramifications dictating your every decision.

The objective is not to do what will get you the highest sale price for your practice. The goal is to do what will make you wealthier and happier.

Typically a dentist will have a higher retirement income by working longer at a reduced pace than by selling out earlier and investing the after-tax sale proceeds. By working longer, many doctors tend to be both happier and wealthier.

Work the math. By working longer you have more time to save, savings have more time to grow before you start dipping into them, and you have fewer years in retirement for the money to last. And when does a dentist adopting this concept finally take off his or her gloves?

When his or her health (or competency) says it’s time to quit, a spouse says it’s time to quit, or when he or she finally finds something more enjoyable than practicing. But for



many dentists, never retiring could be the ideal choice.

Think about it! ■

Mr. Collier is a lawyer who also has two business degrees. He represents doctors (primarily dentists) in the business aspects of their affairs.

A sample of the Collier, Sarner & Assocs. Doctor’s Newsletter and information about his seminars can be obtained by calling toll-free, 1-888-888-4840.

# To Be Placed at Quad 246024m311



# To your health

## Screening program awaits you in New Orleans in October

BY STACIE CROZIER

New Orleans—While you attend annual session, you can protect your most important asset for a thriving professional and personal life—your health—by investing an hour or two to participate in the ADA Health



### Health & Science

Foundation's annual Health Screening Program.

Testing will be conducted for three full days, Oct. 19, 9 a.m.-3:30 p.m.; Oct. 20, 9 a.m.-2:30 p.m.; and Oct. 21, 9 a.m.-3:30 p.m. in Aisle 3500 of the Morial Convention Center. All den-

tists who attend annual session are invited to participate.

Marking its 38th year, the program not only gives individual participants valuable information about their own health, it serves as the largest national data base on the oral and systemic health of dental professionals. HSP data are used to develop clinical policies and recommendations that make dental offices as safe as possible for dentists and patients.



Photo by Laginappe Studio

**Session screen:** Dr. Karen Labadie of Hinsdale, Ill., gives an oral examination to Dr. Reed Sanford, a retired orthodontist from Fargo, N.D., during the 2001 annual session in Kansas City.

Last year, more than 850 dentists, dental hygienists and dental assistants participated in the HSP in Kansas City.

Two new free screenings will be added to the program's battery of tests this year. Participants will have a periodontal screening and recording, or PSR, during the head, neck

# To Be Placed at Quad 246021m312

## Whitener Seal program for the pros only

BY MARK BERTHOLD

The Council on Scientific Affairs decided May 16 it will not consider over-the-counter tooth-whitening products that contain peroxides or bleaching agents for the ADA Seal of Acceptance.

As noted in the updated ADA Statement on the Safety and Effectiveness of Tooth Whitening Products, "Only those products dispensed through the dental office are considered for the Seal because professional consultation is important to the procedure's safety and effectiveness."

Furthermore, "A thorough oral examination, performed by a licensed dentist, is essential to determine if bleaching is an appropriate course of treatment," the statement reads. "The dentist then supervises the use of bleaching agents within the context of a comprehensive, appropriately sequenced treatment plan."

Council chair Dr. Jeffrey Hutter explains: "Upon careful review, the council concluded that a patient's dentist should be involved in the decision of whether bleaching is indeed indicated and, if it is, help the patient to decide on the most appropriate bleaching material and technique.

"It is for this reason that the council decided to consider for the ADA Seal only those bleaching products dispensed or administered by a dentist," he says.

Over-the-counter whitening toothpastes that remove stains through polishing, chemical chelation or other non-bleaching action are still eligible for the Seal.

The ADA has granted the Seal of Acceptance to a number of professional in-office and home-use tooth bleaches and stain-removal whitening toothpastes. For a full listing, visit "[www.ada.org/prof/prac/seal/index.html](http://www.ada.org/prof/prac/seal/index.html)".

To view the ADA Statement on the Safety and Effectiveness of Tooth Whitening Products and other ADA statements, visit "[www.ada.org/goto/statements/](http://www.ada.org/goto/statements/)". ■



and oral screen. Information gathered regarding participants' periodontal health will help investigators evaluate possible correlations in the relationship between oral and systemic disease.

A *Legionella pneumophila* screen will also be added to serum analyses. In this first-time study of occupational risk from the bacterium that causes Legionnaire's disease, participants will be screened for exposure to its antibody. Any participant testing positive will be asked to provide follow-up water samples from their dental unit water line and home showerhead to determine if potential exposure is occupationally related to the practice of dentistry.

Other free screenings will include carpal tunnel screening; head, neck and oral screening; latex hypersensitivity screening; resting electrocardiogram; cholesterol/HDL and LDL; comprehensive metabolic profile; hepatitis B and C markers; and urinary mercury.

The program will also offer three convenient elective screenings available at a reduced cost to any interested participants:

- N-telopeptide test to check for bone resorption, an indicator of osteoporosis. Osteoporosis affects one of every two women before the age of 70. (Cost: \$40)

- Thyroid-stimulating hormone, or TSH, a marker for thyroid gland function. One in 16 people have a thyroid disorder and 60-80 percent of these are women. (Cost: \$15)

- Prostate specific antigen, or PSA, to detect prostate cancer. One of every six men is affected by prostate cancer, but early detection of this slow-growing cancer can significantly reduce the risk for death. (Cost: \$20)

For more information, contact Marcia Greenberg via the ADA toll-free number, Ext. 2535, or e-mail "greenbergm@ada.org". ■

## Skin patch test also at session

*New Orleans*—Are you having skin problems that might be related to gloves or chemicals used in your office?

Be sure to mark your calendar to attend the first day of the Health Screening Program—Oct. 19—and receive patch testing free of charge.

This definitive test, when ordered by a physician, can cost up to \$500, not including the expense of time away from work.

Patch testing can give added insight to those who have tested negative with a skin prick test but still have dermatological problems with their hands. It can detect delayed hypersensitivity to residual chemicals used in manufacturing gloves, as well as to many other chemicals used in a dental operator: nickel, alloys, alcohols, ointments/soaps, topical antibiotics, cements, flavorings/fragrances, cinnamaldehyde, eugenol, acrylates, adhesives, sealants, disinfectants, rubber accelerators/antioxidants and mercury.

Participants can receive test patches on Oct. 19 only and must return to the test site on Oct. 20 and 21 for assessment.

Test results will provide clues to the most effective treatment strategies for eliminating skin problems and help investigators to better understand the type and extent of problems associated with wearing latex gloves.

Detailed information about this test will be available on-site. Dentists, dental hygienists and dental assistants are eligible for this test and should talk to the attending physician at the latex hypersensitivity area at the HSP to be included in the test. ■

## Loan deal Rates lowest in 36 years

If you've considered refinancing your educational loans, now is the time. Interest rates are the lowest they've been in 36 years.

Thanks to falling short-term interest rates, the interest rates on educational loans taken out since 1998 recently plummeted from 5.99 percent to 4.06 percent for the coming year.

With educational loans, a key rule to keep in mind is that each graduate has one chance

to consolidate student loans and lock in the rate for the remaining term of the loan. The best time to do this is when rates are at or near their lows.

In fact, recent dental school graduates still in



that six-month grace period before loan repayment begins can receive additional benefits from consolidation.

Consolidating within that six-month grace period can make you eligible for an extra discount of six-tenths of 1 percent on the consolidated rate, bringing your lifetime rate down to 3.5 percent.

To assist ADA members with loan consolidation services, ADA Member Advantage has selected Collegiate Funding Services, a federal and private educational loan consolidation company.

Collegiate Funding Services provides customer service and loan expertise to borrowers wishing to consolidate student debt.

ADA members are eligible for an additional interest rate reduction reward of up to 1.25 percent, which means that 2002 dental school graduates could conceivably repay their loans at a fixed rate even lower than 3 percent.

For more information, contact Collegiate Funding Services at 1-866-312-7227 or go to "www.cfsloans.com". ■

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# A new tooth

## Implant dentistry inspires artistry

BY STACIE CROZIER

Have you ever imagined what a dental implant looks like—not captured in cold, clinical intraoral photos—but in the mind's eye of a patient and painter?

Jackie Kansky, a Los Altos, Calif., dental patient and artist, spent more than a year capturing her feelings and impressions about her long-term dental treatment by creating a series of 10 works titled *Requiem for #31*.

Ms. Kansky, a professional artist for almost half a century, created the *Requiem* series of large acrylic monotype paintings after “fussing over” the troubled tooth for more than a decade.

“I had a severe infection in the tooth, and my dentist was out of town, so I waited,” she says. “When I finally got in to see him, he thought about pulling it, but decided to try to save it.”

Kansky says after 10 years of babying it along, her dentist referred her to Dr. Rik Vanooteghem, a periodontist in nearby Sunnyvale.

“He told me the tooth had gone south,” she says. “But I was very attached to it. I wanted it replaced.”

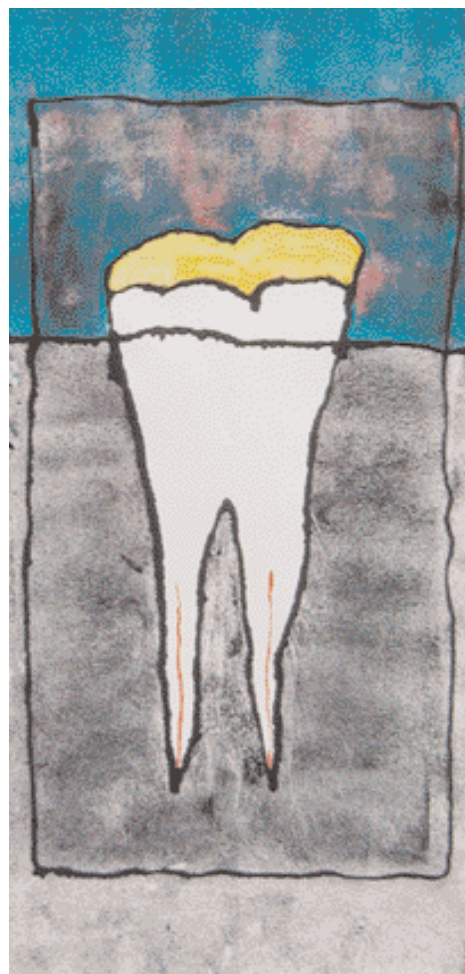
So Dr. Vanooteghem and his patient began the delicate treatment process of placing an implant. Ms. Kansky immortalized the treatment process and successful outcome in vibrant reds, blues, yellows and greens and, in some cases, chine colé texture.

“I guess it has something to do with how I handle things,” she laughs. “I’ve done a lot of different kinds of art and I have to say I found this series fun and exciting to create.”

Dr. Vanooteghem admits he was impressed by the amount of time and effort his patient spent in expressing her views about treatment through fine art.

“I’d have to say that my first impression of the works was one of pain,” he jokes, “but she says I never inflicted any pain on her during her long treatment. She did very well with her treatment and says she had a wonderful experience. Maybe her next series will be done in pastels and include light images like butterflies!”

Ms. Kansky has launched a personal Web site to display her works, including the *Requiem* series. For a closer look, log on to “www.jackiekansky.com”. ■



**Requiem for #31:** Paintings in the series by Jackie Kansky. © 2001.

## Insurance

*Continued from page one*

are one of the main indicators that the cost of dental insurance is going up.”

Which isn’t to say jury awards on dental claims are holding steady. In February, a Durham, North Carolina, Superior Court jury awarded a \$5 million malpractice award against a dentist—a record high, according to insurance experts.

“The more dentists are aware of the malpractice climate in their state, the better off they are,” Dr. Vaselaney says. “Premium increases and difficulties getting coverage will vary geographically.”

A downturn in the economy is intensifying dentists’ problems securing liability insurance coverage. The highly competitive market of the 1990s fostered premium increases inadequate to cover malpractice claims. Insurers subsidized losses with investment income on reserves. In the current bear market, those gains have disappeared.

“The broad, commercial insurance marketplace was under-priced from 1987 through 2001,” explains Kevin Trapani, president and CEO of the Redwoods Group, a non-risk bearing manager and underwriter of dental professional liability plans. “The pain recognition began by late 2000 with drops in investment gains. Insurers started taking losses.”

He says the events of September 11 blindsided insurers with the largest loss in history affecting multiple product lines.

“The tragedy further galvanized the insurance industry into a downward spiral,” explains Mr. Trapani. “Insurers started to say, ‘We have no margins and we have no guarantee there won’t be another 9/11.’”

Unable to accept the risk, insurers are withdrawing from the market entirely, raising premiums or restricting coverage.

“The first thing insurers do in a hard market like this one is cut low-profit areas, such as dental liability coverage,” says Dr. Mark Feldman, ADA treasurer and former chair of the Council on Insurance. Dr. Feldman also serves on the board of one of the largest professional liability insurers in the country, Medical Liability Mutual Insurance Co. “And if insurers aren’t cutting, they’re tightening their belts, he adds.”

Two underwriters insuring a large proportion of dentists, St. Paul and Safeco, have elected to withdraw entirely. Other withdrawals from the dental market include Frontier, Reliance, Gulf and AIG. All leave dentists without coverage in their wake.

Dr. Salvador Atienza learned earlier this year that his coverage by St. Paul (formerly the country’s leading provider of malpractice coverage), was expiring in September. His office manager, Michele Atienza says she didn’t know where to turn to find a new insurer.

“We weren’t expecting to have to deal with this and we didn’t know how to research it,” she told the ADA News. “We wanted information beyond what a salesperson would tell us.”

Through assistance from the ADA Council on Insurance, Dr. Atienza, who resides in a low-risk area, was able to find a cost-effective insurer very quickly.

In contrast, many dentists who haven’t been aware of the current climate will soon be forced to operate in “crisis mode,” said Dr. Vaselaney.

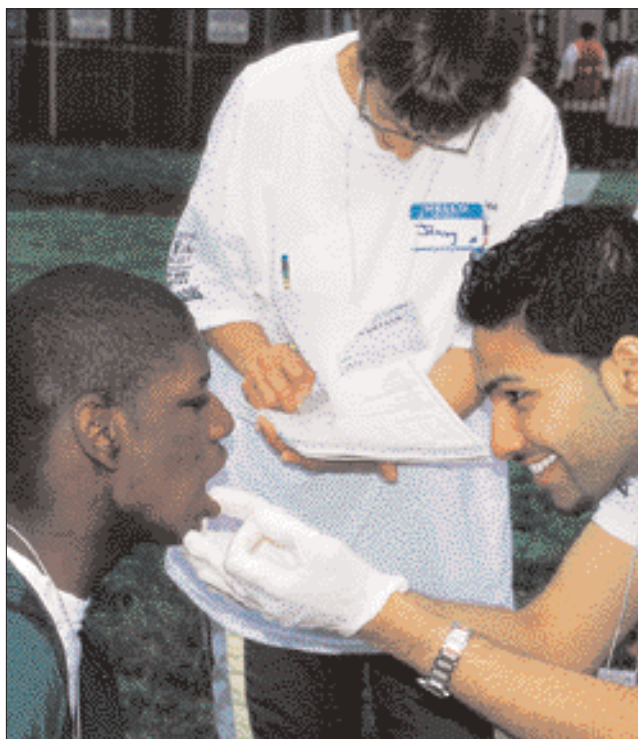
“A lot of dentists who were in a reasonable situation before will now be in more of a ‘borderline’ situation,” he said. “Carriers are much more discerning in whom they choose.”

He stresses the renewed importance of good communication with patients. “Make sure the patient is satisfied,” says Dr. Vaselaney, who also suggests being “very aware” of your history.

“If you know you have claims in your history,



**Special Smiles:** Team spirit gets everyone in on the action during the Special Olympics Special Smiles event held in Chicago May 23. One contender practices her brushing technique (above), while another (right) shoots for a winning score on his dental exam. In 2002, Special Smiles will host 68 events in the United States and 20 international events.





you're better off investigating a new carrier before your policy becomes due, he says.

Due to the higher probability of coverage changes, Dr. Feldman advises dentists to keep careful records on when policies are due and what type of coverage (claims made or occurrence) they have.

"If you have switched carriers, keep a diary of who covered you and when, he adds.

He says this is particularly important when dentists purchase claims-made policies, which only cover claims reported during the given year.

His advice on criteria to select liability insurance includes:

- endorsement by the state dental society;
- A.M. Best rating of B+ or higher;
- policies licensed in the state where they practice that contribute to a guarantee fund, which covers claims if the insurer goes bankrupt.

Mr. Trapani recommends dentists keep better records.

"Dentists with prior claims have to be able to help the insurer understand what they're doing differently today to avoid another claim," he says.

According to the Council on Insurance, dentists who can meet reasonable underwriting criteria should still have a choice of insurers. "Just don't wait until the last minute to start looking for an insurer," advises Dr. Peter Trager, current council chair. ■

Insurance Provider	Contact	Phone	Website
AAO Risk Retention Group <i>American Association of Orthodontists</i>	AAO Insurance Company	800-240-2000	
Cincinnati Insurance Company <i>Chicago Dental Society</i>	Mike Tenell	800-769-0548	
CNA Insurance Companies (Professional Protector Plan for Dentists)	Refer to website link for local agents		<a href="http://www.cna.com">http://www.cna.com</a>
Dentist's Advantage (Fireman's Fund Insurance Company) <i>Academy of General Dentistry</i>	Cook Stratton & Company	847-803-1300	<a href="http://www.cookstratton.com">http://www.cookstratton.com</a>
Kemper Insurance Company	Pearl & Associates, Ltd.	800-322-2488	<a href="http://www.pearl.com">http://www.pearl.com</a>
OMS National Insurance Company <i>AAOMS</i>	Southpoint Insurance Agency, Inc.	708-478-3440	<a href="http://www.oms.com">http://www.oms.com</a>
PIC Wisconsin	PIC Local Agents	800-279-8331	<a href="http://www.pic.com">http://www.pic.com</a>
Princeton Insurance Company	Local Agents	877-743-2792	<a href="http://www.pric.com">http://www.pric.com</a>
ProNational Insurance Company (a subsidiary of ProAssurance Corporation)	Local Agents	800-942-2742	<a href="http://www.pronational.com">http://www.pronational.com</a>
The Dentists Insurance Company (TDIC) <i>Illinois State Dental Society</i>	TDIC	800-733-0635	<a href="http://www.tdic.com">http://www.tdic.com</a>
The Redwoods Group <i>California State Dental Society</i>	Local Representatives	800-237-9420	<a href="http://www.redwoods.com">http://www.redwoods.com</a>

**User-friendly:** The ADA's redesign is an update on insurers and information.



**Council on Insurance:** From left, Drs. John Vaselaney, Burton Pollack of the Redwoods Group National Society of Dental Practitioners Program and Peter Trager discuss trends in the incidence, severity and causes of dental malpractice claims, as well as conditions in the dental professional liability insurance markets.

## Members-only professional liability directory

To assist dentists in finding insurers, the Council on Insurance last week launched a redesign of its professional dental liability directory at ADA.org.

"This is a unique tool for dentists," comments Dr. Peter Trager, council chair. "It's the only place dentists can find this information."

■ **"It's the only place dentists can find this information."**

For members only, the redesigned directory includes information for dentists who have a claims history and are having difficulty finding alternate coverage, an updated list of dental professional liability insurers, endorsements, contact information, Web links—even a section to request online quotes.

Other links from the members-only site include a glossary of insurance terminology and a series of articles on what to do if you have a claim.

ADA members can go to "www.ada.org/members/prac/manage/liability/directory/stat.es.html" to view the directory.

Click on your state for details about prospective insurers and links to their Web sites. For more information, call the ADA Council on Insurance, toll-free, Ext. 2885. ■

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-Thomas W. Farley, DDS, Charlotte, NC

"This is a great product! I think the viscosity is perfect. It flows neatly and surface energy is ideal!"

-Robert C. White, DDS, College Station, TX

"The wash material flows similar to a reversible hydrocolloid with hydrophilic properties more in line with a polyether. A material that is truly the next generation."

Louis F. DeSantis, DDS, Staten Island, NY

Affinis works. The unique flow and wetting ability of Affinis allows the wash material to capture the finest margin detail, even in a moist environment. At this time, it seems to be the best."

-David L. Beard, DDS, Bellevue, WA

"This material is a hydrophilic impression material. Affinis is without a doubt the best material I have ever used. All perfect fits with very little chairside adjustments."

Craig F. Buntrock, DDS, PC, Tulsa, OK

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# What topics are on your CE wish list?

This year's session has what you're looking for

*New Orleans*—While in the Mardi Gras city for annual session, the ADA will offer dental professionals a festive variety of ticketed programs designed to enhance clinical skills and highlight latest developments in the profession. You can select from an exciting lineup of

## Annual Session

courses that include pre-session conferences on Oct. 17 and 18 and a comprehensive scientific program Oct. 19-22.



Dr. Kanca



Dr. Levin



Dr. Niessen

There are still tickets remaining for the registered clinics and participation workshops that you want to attend.

When you register by Sept. 20, you can ensure you get your first choices in courses, save money on registration and ticket prices, avoid on-site registration lines and add spice to your practice.

If you've already registered for annual session, and want to purchase scientific session tickets, use the registration form found in the annual session Preview, the May 20 ADA News or July JADA. Check the box near the top that says "Courses Only," and mail or fax the form with credit card information to I.T.S. Payments must be made by credit card.

Or, register for courses online at "www.ada.org/goto/session". You only need your name, registration confirmation number and credit card information.

For a comprehensive listing of all ticketed courses, course descriptions or prices, go to "www.ada.org/prof/events/session/index.html".

Tickets are still available for most courses, including:

### Oct. 18

- 2002 Technology Day V: "Office Technology, Clinical Skills and All That Jazz," Oct. 18, 8 a.m.-5 p.m.; program includes the ADA HIPAA Privacy Seminar; by Drs. Robert Davis, Larry Emmott, Allan Farman, Paul Feuerstein, John Flucke, Barry Freyberg, J. Edward Kendrick, Robert Lapp, Claudio Levato, Pat Little, Dale Miles, Titus Schleyer and Michael Unthank plus Rick Spaulding, Ted Takahashi and Betty Weidenbach.

### Oct. 18-19

- Team Building Conference VII: "Making It Easy In the Big Easy," Oct. 18, 8:30 a.m.-4:30 p.m., Oct. 19, 10 a.m.-5:00 p.m.; by Drs. Mark Hyman, Roger Levin, Alyce Cornyn-Selby and Cathy Jameson plus Robert Gray and Naomi Rhode.

### Oct. 19

- "Functional Anatomy in Orthodontal Diagnosis," 10 a.m.-4:30 p.m.; by Dr. Norman Thomas.
- "Predictable Periodontal Regeneration," 10 a.m.-4:30 p.m.; by Dr. Robert Schallhorn.
- "Oral Cancer: I Think I Found It...Now What Do I Do?," 10 a.m.-5 p.m.; by Drs. Susan Calderbank, Denis Lynch, Merry Seblik, Dennis Ulewicz and Gloria Tuttle Fischer.
- "Creating a Successful Esthetic Restorative Dental Practice," 10 a.m.-12:30 p.m.; by Drs. Jacinthe Paquette and Cheryln Sheets.
- "Keys to Successful Direct Posterior Composite Restorations," 2-4:30 p.m.; by Ronald Maitland.
- "Practical Secrets for Providing Excellent Esthetic Results," 2-4:30 p.m.; by Drs. Jacinthe Paquette and Cheryln Sheets.
- "Pit and Fissure Sealants: Preventive and Proactive," 2-4:30 p.m.; by Kathleen O'Neill-Smith.

### Oct. 19-20

- Two-day Esthetics Forum, "Clinical Communication For Improved Esthetics In General Dentistry," Oct. 19, 10 a.m.-5 p.m., Oct. 20, 9:30 a.m.-5 p.m.; by Drs. Roger Levin, Peter Rinaldi and Thomas Trinker plus Jason Kim, Matt Roberts and Larry Wintersteen.

### Oct. 20

- "ADA Women's Leadership Conference,"

9:30 a.m.-5 p.m.; by Drs. Cynthia Brattasani, Linda Niessen, Jacinthe Paquette, Bette Robin, Margaret Seward, Cheryln Sheets and Barbara Steinberg plus financial expert Terry Savage.

- "Better Errorless Full-mouth X-ray Technique," 9:30 a.m.-noon or 1:30-4 p.m.; by Dr. Thomas Schiff.

- "From Dark To Light To Superwhite with Direct Resin Bonding," 1:30-4 p.m.; by Dr. William Mopper.

- "Hands-on Probing, Root Planing and Instrument Sharpening: An Evidence-based Approach," 1:30-4 p.m.; by Drs. Kenneth Backman and Robert Faiella.

- "Implant Dentistry: A Restorative Hands-on Workshop," 1:30-4 p.m.; by Drs. Curtis Jansen and Ira Zinner.

### Oct. 21

- "ADA Aging and Oral Health Conference," 9:30 a.m.-5 p.m.; by Drs. Paul Belvedere, Gregory Folse, Gretchen Gibson, Randy Huffines, Linda Niessen and Barbara Steinberg.

- "Endodontic Instrumentation Expertise," 9:30 a.m.-4 p.m.; by Dr. John McSpadden.

- "Contemporary Non-surgical Periodontal Therapy," 10 a.m.-12:30 p.m. or 2-4:30 p.m.; by Dr. Gary Greenstein.

### Oct. 21-22

- "The Cutting Edge of Esthetics: Where Form Meets Function," 9:30 a.m.-5 p.m. both days; by Drs. Jay Anderson, Gloria McNeill, David Latz and Loyle Raymond.

### Oct. 22

- "Surgery Secrets: Advanced Techniques For the General Practitioner," 9:30 a.m.-4 p.m.; by Dr. Karl Koerner.

- "Cast Gold Inlays," 9:30 a.m.-noon or 1:30-4 p.m.; by Dr. Bruce Small.

- "Unique Restorative Solutions Utilizing Direct Fiber Reinforcement In Dentistry: A Participation Workshop," 9:30 a.m.-noon or 1:30-4 p.m.; by Dr. Jonathan Scharf.

Attendance is limited, so make your selections soon. Selected all-day programs include lunch.

Make plans to attend the ADA/Sonicare Distinguished Speaker Series, a free program that will feature former president George Bush, Madeleine Albright and Bob Dole on Saturday, Sunday and Monday morning prior to the start of each day's scientific sessions.

Registration and hotel reservations may be completed with one easy on-line form. You can also mail or fax the registration form found in the Preview to Annual Session or call 1-800-974-2925 for more information. ■



Dr. Sheets



Dr. Steinberg



Dr. Trinker



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Photo by Carl Purcell©New Orleans CVB

**Mighty Mississippi:** River cruises showcase the architectural and natural beauty of the New Orleans area.

## New Orleans children's museum will host traveling dental exhibit

*New Orleans*—Dentists with young families in tow for annual session can give their children hands-on oral health instruction by visiting the Dr. Samuel D. Harris National Museum of Dentistry's traveling exhibition, "Branches, Bristles and Batteries: Toothbrushes Through Time."

The hands-on exhibition will begin its tour in New Orleans in October at the Louisiana Children's Museum. Kids will learn which foods are tooth-friendly and which are tooth destroyers, brush plaque from an oversized mouth model, create a virtual toothbrush and take a journey

through the history of the toothbrush.

The Louisiana Children's Museum also features a variety of interactive exhibits, a snack area and museum store. It is located at 420 Julia St., between Magazine and Tchoupitoulas streets, just four blocks from the Morial Convention Center.

Hours are Tuesday-Saturday, 9:30 a.m.-4:30 p.m. and Sunday, noon-4:30 p.m. Admission is \$6 for adults and children over one year. For more information, visit the museum Web site at "www.lcm.org".

For more information on the traveling dental exhibit, visit "www.dentalmuseum.org". ■

## New Orleans fun for families

BY STACIE CROZIER

*New Orleans*—Imagine touring a Louisiana swamp to spy alligators, turtles and other bayou critters or exploring spooky cemeteries and voodoo culture, and you'll know why New Orleans is a city that caters to kids of all ages.

Kids and adults with a sense of adventure can tromp the swamps, bounce through the city on a historic streetcar or in a horse-drawn carriage, or cruise the mighty Mississippi on an old-fashioned riverboat.

Families can also combine fun with learning by touring the area's many historic homes, gardens and plantations, museums and parks.

Other kid-friendly pursuits include the city's zoo, aquarium, amusement parks, and shopping. The famed Louisiana Children's Museum and Children's Storyland playground are two active—and interactive—attractions geared to family fun.

Several ADA tours are also designed to offer annual session families a convenient way spend leisure time in New Orleans, including:

- "The Audubon Zoo & Aquarium Too!"—A daylong trip by motor coach and riverboat to two of the city's most family-friendly attractions. Oct. 19, 9:30 a.m.-4 p.m. (Tour D, Cost: \$51 per person)

- "Rollin' On The River"—An old-fashioned cruise on a paddle wheeler. Oct. 18, 19, 22, or 23, 1:15-5 p.m. (Tour Y, Cost: \$40 per person)

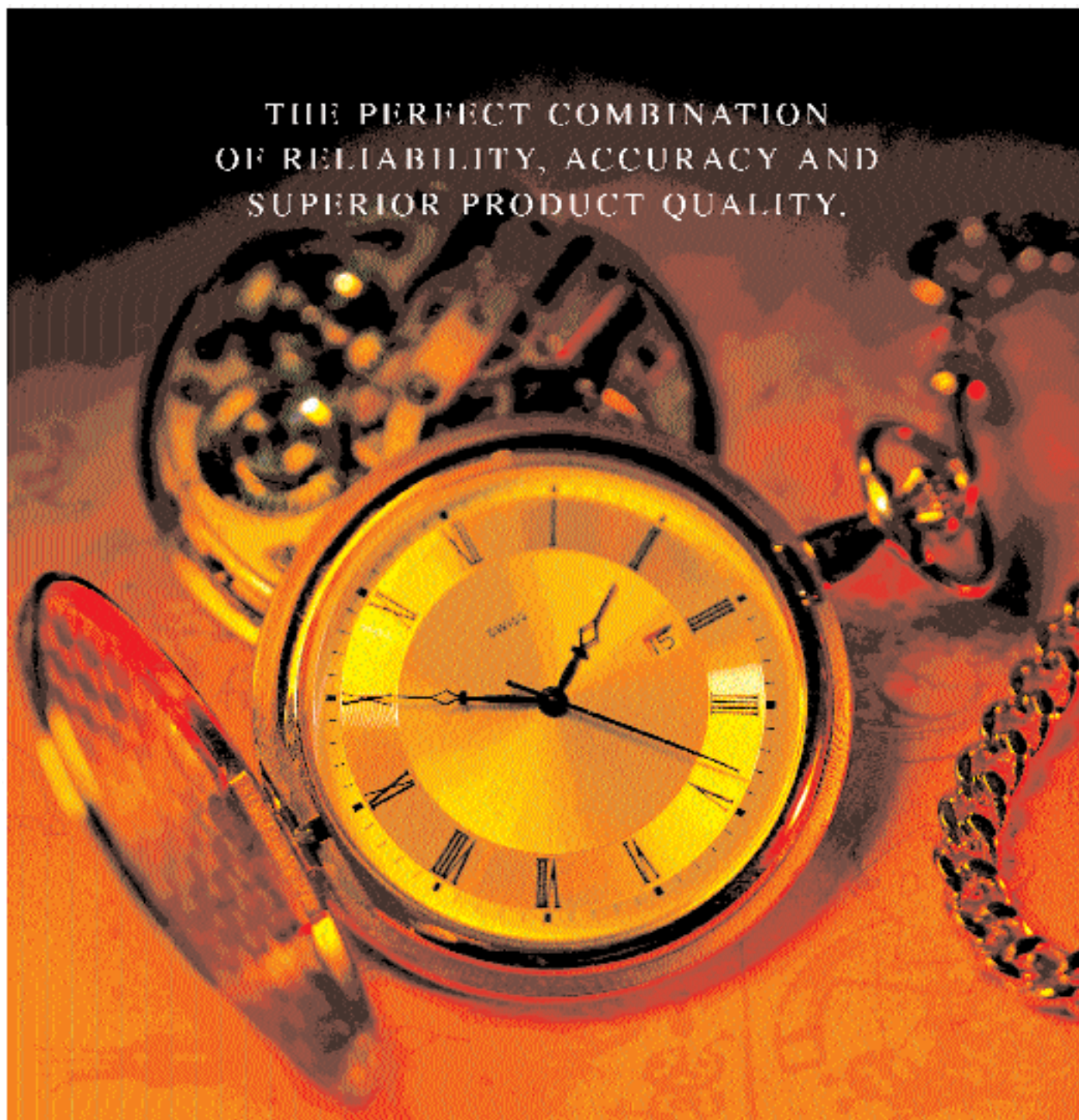
- "A Swamp Adventure"—Ride a flatboat through Bayou Country to glimpse alligators, mink, nutria, wild boars, snakes, cranes and other creatures. Oct. 19, 1:30-5:30 p.m. or Oct. 20 or 22, 9 a.m.-1 p.m. (Tour AA, Cost \$47 per person)

- "World of Mardi Gras"—Get a feel for New Orleans' most famous celebration when you visit Mardi Gras World to see where fabulous parade floats and ball decorations are created. Tour ends with cake and coffee at a special King Cake Party. Oct. 20 or 22, 1:30-4 p.m. (Tour HH, Cost \$28 per person)

Limited tickets are available for ADA tours and must be purchased in advance by Sept. 20. All tours depart from the Morial Convention Center.

For more information or to make reservations for ADA tours, check out the annual session Preview, pages 50-59; call toll free 1-800-974-2925; or go online to "www.ada.org/prof/events/session/tours.html".

For a free 12-page brochure, "The Big Easy for Families," call the New Orleans Metropolitan Convention and Visitors Bureau at 1-800-672-6124 or log on to "www.neworleanscvb.com". ■



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# Attention, alumni

Listed below is information on alumni associations that are holding functions in conjunction with the 143rd ADA annual session in New Orleans. Please contact the individual organizations for more specific information on times, fees and so on.

**Baylor College of Dentistry, University of Texas Dental Branch-Houston, University of Texas Health Sciences Center-San Antonio:** Oct. 19, Hilton New Orleans Riverside Hotel, Tricia Fullerton; phone, 1-713-840-1328; e-mail, "lrf@optelnow.net";

**Boston University:** Oct. 20, Wyndham Riverfront Hotel, Kyla Reynolds; phone, 1-617-638-4732; e-mail,

## Annual Session

"kreynolds@bu.edu"

**Case Western Reserve University:** Oct. 20, Hilton New Orleans Riverside Hotel, Sara McIntyre; phone, 1-216-368-3924; e-mail, "sym2@po.cwru.edu";

**Creighton University:** Oct. 20, New Orleans Marriott Hotel, Anna Nubel; phone, 1-402-280-2222; e-mail, "anubel@creighton.edu";

**Georgetown University Dental Alumni Association:** Oct. 21, Hilton New Orleans Riverside Hotel, Kristen Dorn Saltelli; phone, 1-202-687-6668;

e-mail, "saltellk@georgetown.edu";

**Indiana University School of Dentistry Alumni Association:** Oct. 20, Wyndham Riverfront Hotel, Karen Deery; phone, 1-317-274-8959, e-mail, "kdeery@iupui.edu";

**Louisiana State University Health Sciences Center School of Dentistry/Louisiana Dental Association:** Oct. 18, The Plimsoll Club, New Orleans World Trade Center, 2 Canal Street, Karen Anklam; phone, 1-504-619-8597; e-mail, "Kankla@lsuhsc.edu";

**Loyola University New Orleans Dental Alumni:** Oct. 21, Wyndham Riverfront Hotel, Trish Moser; phone, 1-800-798-ALUM; e-mail, "prmoser@loyno.edu";

**Marquette University School of Dentistry:** Oct. 20, Hilton New Orleans Riverside Hotel, Carol Trecek; phone, 1-414-288-3093; e-mail, "carol.trecek@marquette.edu";

**Ohio State University:** Oct. 20, Wyndham Orleans

at Canal Place, Patricia Burkhart; phone, 1-614-292-4655; e-mail, "burkhart.6@osu.edu";

**Oregon Health Sciences University:** Oct. 19, Hilton New Orleans Riverside Hotel, Marni Eilers; phone, 1-503-494-0982; e-mail, "eilersm@ohsu.edu";

**Tufts University School of Dental Medicine:** Oct. 20, Hilton New Orleans Riverside Hotel, Rebecca Rounds; phone, 1-617-636-6660; e-mail, "Rebecca.rounds@tufts.edu";

**University at Buffalo School of Dental Medicine Alumni Association:** Oct. 20, The Court of the Two Sisters, 613 Rue Royale, Dr. Stanley L. Zak Jr.; phone, 1-716-839-2895; e-mail, "paz\_14051@yahoo.com";

**University of Detroit Mercy:** Oct. 20, Royal Sonesta Hotel, David Harfst; phone, 1-248-693-7773; e-mail, "david@ohamedia.com";

**University of Illinois at Chicago College of Dentistry:** Oct. 20, Hilton New Orleans Riverside Hotel, Ana Lisa Ogbac; phone, 1-312-996-0485, e-mail, "aogbac1@uic.edu";

**University of Iowa College of Dentistry:** Oct. 21, Hilton New Orleans Riverside Hotel, Penni Ryan; phone, 1-319-335-7145; e-mail, "penni-ryan@uiowa.edu";

**University of Kentucky College of Dentistry:** Oct. 19, Hilton New Orleans Riverside Hotel, Amanda Coates Lich; phone, 1-859-323-6676; e-mail, "ajcoat2@uky.edu";

**University of Louisville:** Oct. 19, Hilton New Orleans Riverside Hotel, Dr. Wood Currens; phone, 1-502-852-5081; e-mail, "woody@Louisville.edu";

**University of Michigan School of Dentistry:** Oct. 19, New Orleans Marriott Hotel, Deborah Montague; phone, 1-734-764-6856; e-mail, "dmont@umich.edu";

**University of Minnesota School of Dentistry Alumni Association:** Oct. 21, Hilton New Orleans Riverside Hotel, Lisa Cartwright; phone, 1-612-624-2424; e-mail, "cartw011@umn.edu";

**University of Mississippi Alumni Association Dental Chapter:** Oct. 20, Hilton New Orleans Riverside Hotel, Jean Jones; phone, 1-601-984-1115; e-mail, "jjones@alumni.umsmed.edu";

**UMKC School of Dentistry Alumni:** Oct. 20, Hilton New Orleans Riverside Hotel, Martha Yager; phone, 1-800-887-4477; e-mail, "yagerm@umkc.edu";

**University of Nebraska Medical Center:** Oct. 20, Hilton New Orleans Riverside Hotel, Dr. Bob Roesch; phone, 1-402-727-7331; e-mail, "bKadood@msn.com";

**University of North Carolina School of Dentistry:** Oct. 21, Hilton New Orleans Riverside Hotel, Sharon Grayden; phone, 1-919-966-2730; e-mail, "sharon\_grayden@dentistry.unc.edu";

**University of Pennsylvania School of Dental Medicine:** Oct. 20, Hilton New Orleans Riverside Hotel, Tobe Amsterdam; phone, 1-215-898-8951; e-mail, "amsterda@ben.dev.upenn.edu";

**University of Pittsburgh:** Oct. 20, Hilton New Orleans Riverside Hotel, Erin Miller; phone, 1-412-648-9804, e-mail, "ecml@pitt.edu";

**University of Southern California School of Dentistry:** Oct. 19, Hilton New Orleans Riverside Hotel, Mark D. Mitchell; phone, 1-213-740-2851, e-mail, "mdmitchell@hsc.usc.edu";

**University of Tennessee:** Oct. 20, Hilton New Orleans Riverside Hotel, Barbara McAdams; phone, 1-901-448-5516; e-mail, "bmcadams@utm.edu";

**University of Texas Dental Branch-Houston, University of Texas Health Sciences Center-San Antonio, Baylor College of Dentistry:** Oct. 19, Hilton New Orleans Riverside Hotel, Tricia Fullerton; phone, 1-713-840-1328; e-mail, "lrf@optelnow.net";

**University of Washington Dental Alumni:** Oct. 19, Hilton New Orleans Riverside Hotel, Randy Newquist; phone, 1-206-543-7297; e-mail, "randyn@u.washington.edu";

**Virginia Commonwealth University:** Oct. 19, Hilton New Orleans Riverside Hotel, Dr. James H. Revere; phone, 1-804-828-4516; e-mail, "jhrevere@vcu.edu";

**Washington University School of Dental Medicine:** Oct. 20, Omni Royal Orleans Hotel, David Jolley; phone, 1-314-935-6949; e-mail, "david\_jolley@atmail.wustl.edu";

**West Virginia University School of Dentistry:** Oct. 20, Hilton New Orleans Riverside Hotel, Dr. Frank H. Stevens; phone, 1-304-293-5232; e-mail, "fstevens@hsc.wvu.edu". ■

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