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APRIL 7, 2003

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VOLUME 34, NO. 7

Bioterrorism

Surgeon general says dentists equal partners in facing the challenge

BY CRAIG PALMER

Washington—U.S. Surgeon General Richard H. Carmona, M.D., sees dentists as equal partners in the war on terrorism, he told dental leaders March 27 at a conference on "Dentistry's Role in Responding to Bioterrorism and other Catastrophic Events."

The conference was co-sponsored by the American Dental Association and the U.S. Public Health Service.

More from conference, page 19

Dr. Carmona, a high-school dropout and Army enlistee who later retrieved his education, is the 17th Surgeon General of the USPHS, sworn into office last Aug. 5. He opened the two-day conference with an overview of the current threat that

ago; some days are 12 hours long.

"The flow of patients just never

stops," she says. "There are always

She signed up for the reserves back

See WAR, page 25

more soldiers to treat."

invited dentist participation in the war on terrorism.

"I will consider dentistry an equal partner with all the other health professions at the table as we approach these challenges before us," he said. "I will probably ask for your assistance and guidance. Let us know how you think you can best serve your country."

See BIOTERROR, page 20



Photo by Anna Ng Delort

Dr. Carmona: "Let us know how you think you can best serve your country."

The ADA says 'Thanks'

BY KAREN FOX

The ADA asked for your help and expertise, and you responded ... in a big way.

This issue of the ADA News honors the many contributions from dental professionals and manufacturers who supported the more than 5,000 sites involved with Give Kids a Smile, the profession's first large-scale national access initiative.



On pages 11-18 of this issue, read the names of the dental professionals and sponsors who made it possible for 1 million children from low-income families to receive free dental care or education on Feb. 21.

Four primary corporate sponsors have been recognized at the "Platinum Level" for their generous contributions to the campaign:

• Crest Healthy Smiles 2010, the ADA's exclusive consumer products sponsor, donated 470,000 sample kits, 344,000 containing Crest Spinbrushes, to children seen on Feb. 21. The kits also contained Crest toothpaste and oral health education materials, including a Parent's Guide, calendar chart and activity sheets. Crest Healthy Smiles 2010 is also awarding two \$5,000 dental school scholarships to the best constituent and best component Give Kids a Smile programs. Value of contribution: More than

See GKAS, page 10

Dentists at war

Editor's note: Dr. Franklin is one of hundreds of U.S. dentists being deployed by the U.S. armed forces. This issue of the ADA News presents her story and that of other dentists in the service at home and abroad. As the war continues, the News will continue to bring you reports from dentists in uniform.

BY ARLENE FURLONG

Killeen, Texas-"Hey, Doc, do you want to see a picture of my family?"

Dr. Lisa Franklin's answer is

"I go to bed each night and think I want to remember every one of them," explains the 39-year-old reserve captain about the soldiers she treats at Perkins Dental Clinic. Fort Hood, Texas.

Mobilized for the first time in January, she serves in a medical support unit, one of three types of dental units in the army. The MSU dentists' mission is to make sure soldiers are dentally ready-to-go.

"I get to hear about it all," explains Dr. Franklin. "Many of the men are leaving wives who are expecting and many of the women are engaged to be married. I see the hard-core types who've been through war before and the wideeyed kids.

"But I haven't treated anyone who isn't eager to do what they're trained to do and then come back



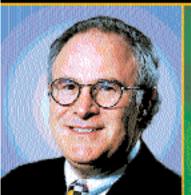
Air Force

on ADA.org

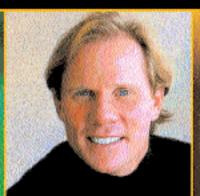
dentist, page 24

More stories

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Dr. Samuel D. Harris, dental philanthropist, dies at 99

BY STACIE CROZIER

Gainesville, Fla.-Dr. Samuel D. Harris touched the lives of more than a million children during his lifetime and built a legacy that will reach youngsters for generations to come.

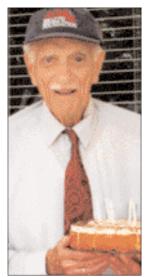
Dr. Harris, a leader in pediatric dentistry and distinguished dental philanthropist, died at his retirement home here Feb. 27, just eight weeks shy of his 100th birthday.

A larger-than-life personality and pioneer in the profession, Dr. Harris founded the first pediatric dental organizations in the nation. A generous philanthropist, he contributed millions of dollars to establish and support a national dental museum and to endow a grant program to support outstanding community and regional children's dental programs.

"Dr. Harris' vision was to help children and his generosity to the ADA Foundation was enormous," says Dr. James B. Bramson, ADA executive director and secretary of the ADA Foundation. "We cannot thank him and his family enough. To celebrate his upcoming 100th birthday, the ADAF Board had all signed a big

card that we were going to present to him. We will miss him greatly, but his work will go on."

The ADA Foundation Samuel D. Harris Chil-See DR. HARRIS, page 22



dren's Preventive Milestone: Dr. Harris is shown celebrating his 98th birthday.

INTRODUCING

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VIEWPOINT

LAURA A. KOSDEN, Publisher

DR. MARJORIE K. JEFFCOAT, Editor

JAMES H. BERRY, Associate Publisher,

JUDY JAKUSH, ADA News

MyView

Mentors: A link to the real world

f you were lucky enough to have a mentor in dental school, you understand the important role he or she played in your education. Although mentors Lhelp bridge the gap between academic training and the "real world," the relationship between mentor and student often goes much deeper. Mentors profoundly affect how their students approach the practice of dentistry.

The Oregon Dental Association recently sponsored the annual student/mentor dinner at Oregon Health and Science University. The dinner was a success and many dentists from our community have volunteered to mentor dental students. This will hopefully be the first of many meetings between dental students and their mentors.

Magda D'Angelis-Morris, D.M.D.

The goal of the student mentor program is to initiate conversation between dental students and practicing dentists. The students have a chance to sit down, have dinner and ask questions. In listening to some of these conversations, I think they know more about what to ask than I did as a den-

I regret that I did not have a mentor when I went to school. Of course I had faculty dentists I could talk to about the clinical aspects of dentistry, but I wished I knew someone who had been "out there" to ask questions on issues such as overhead, staff management, dental materials and costs, staff management, tax deadlines and, of course, staff management. The list goes on.

Frankly, I don't think I knew enough to ask those questions. I didn't have to manage anyone but myself in school. I knew that clinic supplies came from "the cage" (as it was called then), and that if I ran out of impression material, I only had to go to the cage and ask for more. I had no idea it was so expensive. How would I?

I also thought "tax deadline" only meant April 15. Imagine my surprise when it came time to pay my first quarterly payroll taxes, unemployment taxes, Tri-Met taxes, property taxes and so on. No one prepared me. Being the first dentist in my family did not help either; I knew nothing about the practice of dentistry.

This is exactly why mentors are so important. If you are a mentor, ask probing questions and remind your student that there is no such thing as a "dumb" question. Take the initiative to call your student. Take them out to lunch or dinner. Students are often so bogged down with didactic and clinical subjects that they forget to relax and live a little. Be a lifeline for them.

Although dental school is a good start, there is nothing like talking to an actual dentist, someone who has business savvy as well as clinical experience. See MY VIEW, page five

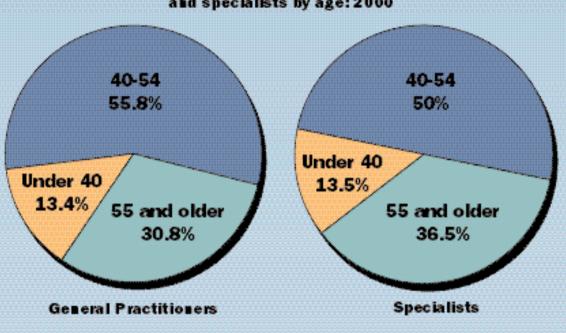
LETTERSPOLICY

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

Dental Practice

N early half of all independent general practitioners and specialists are between the ages of 40 and 54. The average age of independent dentists is 50.4.

Distribution of independent general practitioners and specialists by age: 2000



Source: American Dental Association, Servey Center. 2001 Survey of Dental Practice.

LETTERS

Give Kids a Smile

At 8 a.m. on Feb. 21, a group of volunteers met at the University of Illinois-Chicago College of Dentistry for Give Kids a Smile. Some officers and board members from the Chicago Dental Society, the Illinois State Dental Society and so on.

But what made me stop in my

tracks was the presence of colleagues who just took the day off to volunteer.

No dental politics involved. No "Ishould-really-bethere-because-I'm-anofficer" beliefs.

Together with pediatric residents, dental students and dental

hygiene students, we saw two groups of children in the clinic, screened them, cleaned their teeth and made (for some) their first trip to the dentist a positive experience.

Illinois Lt. Gov. Pat Quinn was present; and I had the opportunity to talk to him for a good while and tell him what we were trying to accomplish relative to access to care, and tell him we need the lawmakers on board with us.

What ever these children got from this magical day was nothing compared to the feeling I got as I looked around the clinic and watched the real ADA in action.

Dr. Jim Bramson [ADA executive director], Clay Mickel [associate executive director, Communications], Dick Green [director, Council on Communications], Fred Peterson [manager, Media Relations], Kathleen Hayman [manager, Communications Services] and I'm sure others

I don't know about you but I had a hard time sleeping that night. In all my 21 years of being a dentist, without a doubt it was the finest day I've had. And what excites me the most is that it won't be the last.

Thomas E. Sullivan, D.D.S. Chair, Council on Communications Westchester, Ill.

> Editor's note: For more on GKAS, see page one, page six and pages 11-18.

GKAS thanks

The Give Kids A Smile event on Feb. 21 was a great suc-

DEXIS Digital X-

ray was thrilled with the opportunity to be one of four principal industry partners that came together with the ADA to serve hundreds of thousands of underprivileged kids. DEXIS donated more than 50 digital X-ray systems and 50 participating personnel, estimated at over \$1 million, to support dental professionals across the nation.

We are ready to start planning for Feb. 6, 2004, with high hopes for surpassing the number of kids seen this year. Many of our greatest success See LETTERS, page five



The human smile really is a con-

tagious disease, and all of these

previously mentioned people were

infected by it. It was a great day for

Later that afternoon, my partner

and I went to a dental clinic

in Wheaton, Ill., and saw some

kids who were in desperate need

of oral health care. No tears, no

fear; just a smile of appreciation

from both the children and their par-

ents, and a lot of follow-up visits to

who I didn't see at that time.

LETTERS

Continued from page four stories this year came from participating with dental and dental hygiene schools. The combination of facility, faculty, students and local volunteer dentists and hygienists were major contributors to the huge success these sites experienced.

Also, DEXIS would like to publicly thank two individuals. Thank you, Clay Mickel, associate executive director, Division of Communications, for your endless contributions behind the scenes to organize and direct the thousands of volunteers and industry participants. We know you worked days, nights and weekends.

And we want to thank the originator of the first local GKAS event, Dr. Jeff Dalin and company in St. Louis. Dr. Dalin developed the idea of GKAS. He and his large group of volunteer dentists, hygienists and assistants from local St. Louis offices provided invaluable guidance to all of us from having hosted the event twice before Feb. 21.

This was an incredible experience and we are ready to double the DEXIS commitment for next year. Join us!

> Candy B. Ross Director, Clinical Affairs DEXIS Digital X-Ray Redwood City, Calif.

Keep it going

The Association must be very proud of the excellent results of the Give Kids a Smile program. Almost a million children who have little or no access to dental care received free treatment on that day.

One must wonder, however, what happens to all those kids on the remaining 364 days of the vear?

Arthur L. Yeager, D.M.D. Edison, N.J.

Editor's note: Dr. Yeager correctly points out why no charitable care effort—even one on the scale of Give Kids A Smile—will ever solve the problems of children or any other underserved groups, because charity isn't a health

MyVIEW

Continued from page four

By the same token, remember that the mentor/student relationship is not entirely onesided. While mentors may be ahead of their students in many ways, the students may also be ahead of the mentors in research. The volume of research in medicine and dentistry makes it hard for most of us to keep up once we get out of school. Your student is likely to be a very good source of information about new research and dental materials.

I believe the mentor program has tremendous potential, but it needs your help. This is not a matter of giving money (which I am sure you are tired of being asked about); it is about giving time. A phone call a month costs very little, but can reap huge benefits in terms of guiding future dental practitioners.

And those future practitioners might just give us a little guidance as well.

Dr. D'Angelis-Morris is the editor for the Multnomah (Ore.) Dental Society. Her comments, reprinted here with permission, originally appeared in the December 2002 issue of "Membership Matters," the publication of the Oregon Dental Association.

care system. That was a key reason the ADA undertook Give Kids A Smile, to provide state dental associations and others who care about access issues with a highly visible platform-a massive, nationwide event—from which to call attention to the problems and advocate common-sense, market-based solutions. Based on the press coverage, dentists did an excellent job of getting the message out. The ADA also is encouraged by reports that many children seen on Feb. 21 were either referred to sources of continuing care or taken on as patients by dentists who treated them on that day.

Which system?

The My View piece by Dr. Peter Hampl ("Dental Lessons Learned from the WTC Disaster," Feb. 17 ADA News) admonishes us to all use the universal-accepted numbering system to facilitate forensics among other things.

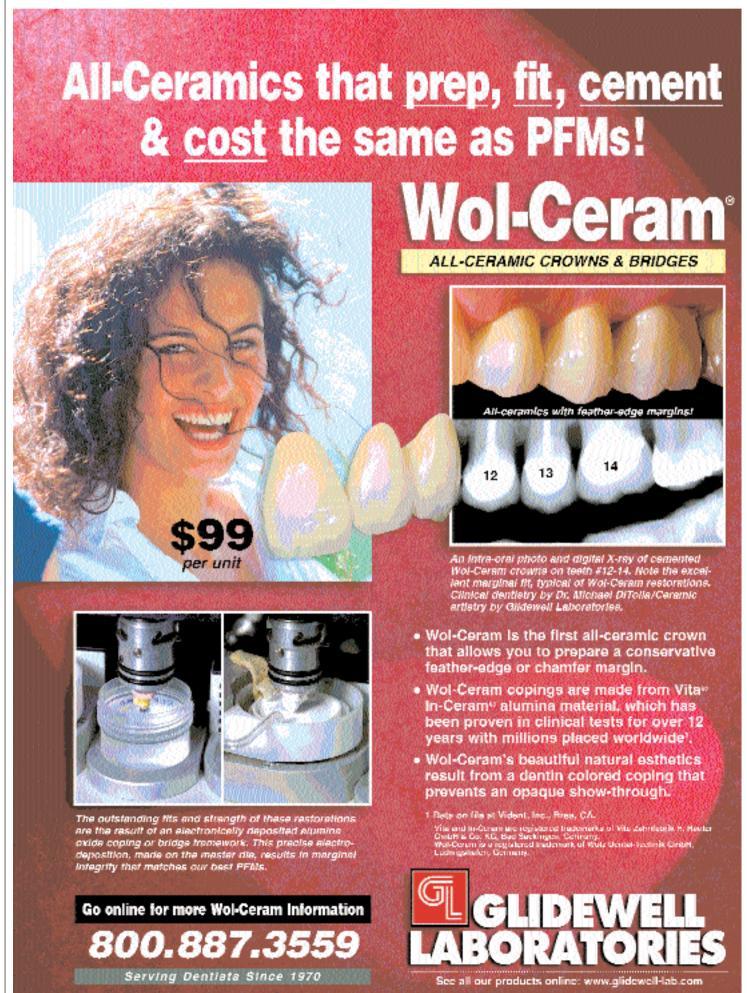
Does he mean the numbering system used in the rest of the world or the numbering system advocated by the ADA here in the United States? Since we've joined up with the FDI now it seems like a good time to drop our unique numbering and lettering system and go with the more widely accepted 11-85 numbering system.

> Leon L. Wiggin, D.D.S. Oneonta, N.Y.

Editor's note: Dr. Hampl responds: "I think it's time for the ADA and the educators to advocate one system and teach one system for tooth numbering. The simplest is 1-32, but I don't advocate a particular system as long as everybody uses the same one." The ADA officially recognizes that the two major systems used for tooth designation are the Universal/National System used primarily in the United States and the International Standards Organization (ISO) TC 106 method used in most other countries.

Standardize numbering

As a general practitioner who also spent several gut-wrenching days down at the New York City morgue after the World Trade Center attack and the Flight 586 airline disaster, I will forever carry the memories of the gurneys with the black plastic bags lined up down the hall, each accompanied by a vigilant New York City cop; the respect afforded the mangled remains See LETTERS, page six



ETTERS

Continued from page five we found inside those bags; and the amazement and gratitude of the police and firefighters when they learned that there were dozens of unpaid dental volunteers who left their practices and their families to do what only a dentist can do: identify the victims and bring peace to their families.

Dr. Peter Hampl's observations about the variable quality of dental records received at the Medical Examiner's office are totally true.

However, since the majority of dental offices are now computerized, it occurs to me that perhaps the ADA can help. With minimal financial support from the ADA or perhaps from federal Homeland Security sources, our Association could sponsor a cooperative effort between Dr. Jim McGiveney, the gifted developer of the "WinID2" Forensic Dental Identification computer program and the major dental practice software designers.

If a standard format or even a set of conversion programs could be developed so that all future dental office practice management programs could easily and automatically feed their data seamlessly into WinID2, records would arrive at future disaster sites electronically—aiding in faster and better identifica-

Please note that I have no financial interest whatsoever in any entity that might benefit from such a project. But I can think of nothing that would cost the ADA so little and benefit so many in so profound a manner than the development of a standardized interface between WinID2 and the myriad of dental management programs. I urge the ADA House of Delegates to consider sponsoring such a project as soon as possible.

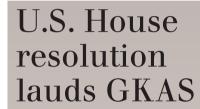
> Richard Goldman, D.D.S. Smithtown, N.Y.

Vice President, Clinical Product Development Parkell

Editor's note: Dr. Mark Diehl, chair of the ADA work group on the Electronic Dental Record, responds: "About 15 years ago, in the mid 1980s, a number of forensic dental programs were being touted for human identification in mass casualty events. All typically used a computerized anti-mortem dental chart in a database-nearly all used some variant of the dBase (XBase) technology. The dental examiner recorded post-mortem chart details in the same system. These systems then did a recordby-record comparison of ante- and postmortem data to provide a 'differential diagnosis' of possible identities. Since that time, public awareness and developer emphasis on this use of database technology had declined substantially ... until the WTC.

"The ANSI/ADA 1000 provides the data level infrastructure to rapidly create forensic dental identification software. It provides a standard data structure and since the developer does not need to scratch-build the database, development is more efficient and economical. In addition, if multiple forensic dental programs use this spec, they will have an inherent data commonality that promotes the sharing of like data among disparate systems.

"There are many more forensic dentistry applications where the specification can provide a benefit."



BY CRAIG PALMER

Washington—Legislation introduced in the U.S. House of Representatives thanks the nation's dentists "for volunteering their time to help provide needed dental care" and congratulates the ADA for the Give Kids a Smile program. The ADA-sponsored dental access campaign was launched Feb. 21.

"Dentists provide an estimated \$1.7 billion annually in nonreimbursed dental care," declares House Resolution 136 introduced March 11 by Rep. Eric Cantor (R-Va.) and referred to the Energy and Commerce Com-

mittee. "Access to dental care for children is a vital element of overall health care and development."

This type of resolution when passed, as these resolutions generally are, expresses the sense of the House of Representatives. Rep. Cantor The resolution must first

tives:



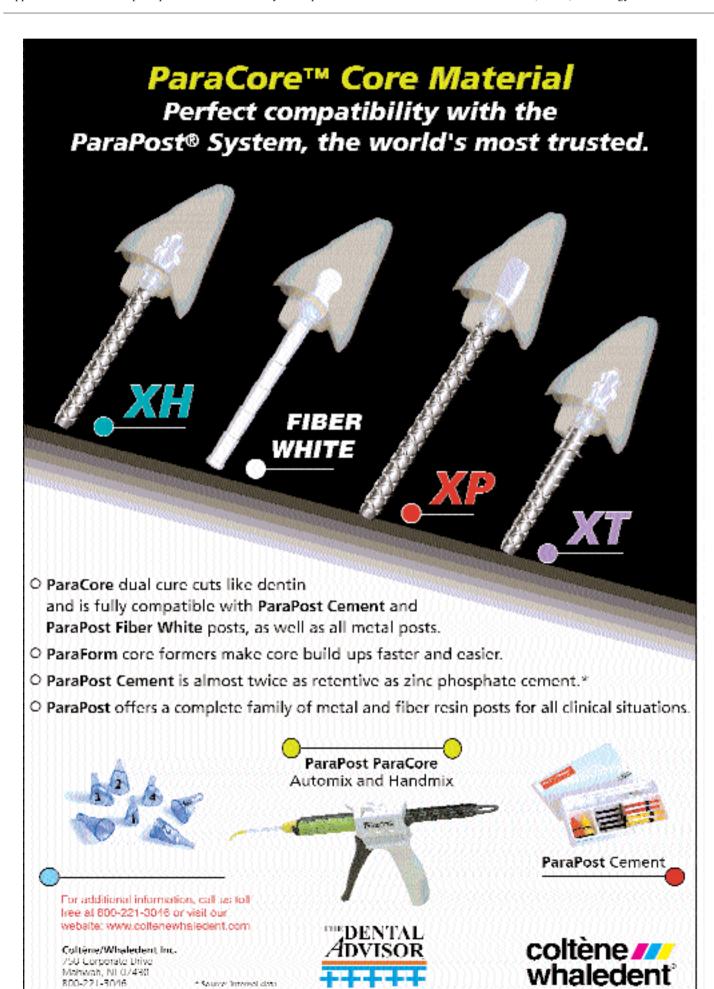
receive committee approval. It would declare: "Resolved, that the House of Representa-

- (1) congratulates the ADA for establishing 'Give Kids a Smile';
- (2) emphasizes the need to improve access to dental care for children; and
- (3) thanks the thousands of dentists who volunteered their time and brought a smile to faces of an estimated 1 million children on Feb. 21, 2003."

Ron Lewis (R-Ky.) is a co-sponsor. The ADA is preparing an "action alert" urging grassroots action teams of volunteer dentists to seek additional co-sponsors from their members of Congress.

ADA dentists "established the 'Give Kids a Smile' program to serve as a reminder to the nation about the need to end untreated childhood dental disease," says HRes 136. "The 'Give Kids a Smile' program treated an estimated one million children on Feb. 21, 2003, at approximately 5,000 locations in all 50 states." An ADA survey is under way to refine those figures and project other estimates such as the value of GKASdelivered dental care.

To read the full text of HRes 136, go to the Energy and Commerce Committee's Web site ("energycommerce.house.gov/108/action/ bills.htm"), select the "Legislation referred to the Committee" link and choose HRes 136 from the resulting list.



tothorints

The Dental ID For Safeguarding Children

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child-safety information and what to do
in case a child is missing.







Court dismisses suit

BY MARK BERTHOLD

Atlanta—A state court judge signed a consent order March 21 to dismiss, without prejudice, 20 anti-amalgam lawsuits.

The order acknowledged the plaintiffs' attorney's request to withdraw the suits against the American Dental Association and the Georgia Dental Association.

"We are pleased that the plaintiffs' lawyer has decided to withdraw all of the amalgam lawsuits in the state court in Georgia regarding both the Georgia Dental Association and the American Dental Association," says Peter M. Sfikas, chief counsel for the Association.

Adds ADA President T. Howard Jones, "We're glad for this outcome. The Association is contin-

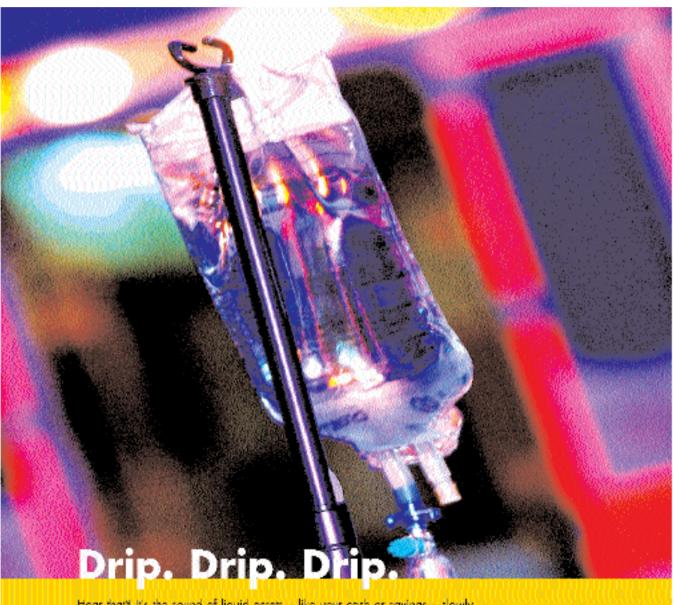
uing its efforts to affirm its position that restorative materials, including dental amalgam, are safe materials based on sound science so that dentists and patients will continue to have a choice of restoratives."

The ADA consented to Judge Susan Forsling's voluntary dismissal of the suits after the GDA was similarly dismissed the preceding week.

Plaintiffs alleged the ADA and GDA had passed ethical codes that prevented dentists from discussing the purported "toxicity" of amalgam fillings. Anti-amalgamists also complained the ADA and GDA had breached a duty to warn dental patients of the particular risks of amalgam, and had coerced amalgam manufacturers to not provide such warnings.

The dismissal comes on the heels of two similar Georgia lawsuits one month earlier wherein a federal judge for the United States District Court for the Northern District of Georgia granted Feb. 24 the ADA's motion to dismiss "for lack of personal jurisdiction."

A week earlier, New York Supreme Court Judge William Roy dismissed two amalgam lawsuits in favor of defendants the ADA, New York State Dental Association and 5th District Dental Society. Judge Roy granted Feb. 18 dentistry's motion to dismiss on grounds that the antiamalgamists had failed to state a claim for which relief could be granted.



Hoar that? It's the sound of liquid assets—like your cosh or savings—slowly disappearing, drop by drop. And it's exactly what could happen if you survive on accident or critical illness. Because most health insurance won't cover all your medical expenses or all the costs of rehab and recovery.

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Anti-amalgam groups now switch tactics

BY MARK BERTHOLD

Despite vindication in the courts over the safety of dental amalgam, the ADA and tripartite dental societies still face more work ahead.

With more and more anti-amalgam lawsuits being thrown out or otherwise judged in favor of use of the dental restorative material, anti-amalgamists appear to be switching tactics. Their latest target: state lawmakers.

"Opponents of dental amalgam have not been successful in raising concerns about the safety of amalgam as a restorative material, so they appear to have changed their strategy and are attempting legislation that will make it more difficult for dentists to continue using amalgam," says Cathy Mudge of the California Dental Association.

"We are seeing across the country a number of disingenuous state bills—oftentimes unbeknownst to the legislative authors."

Adds Rick Murray, executive director of the Arizona Dental Association, "The antiamalgamists are very clever in their tactic to blur the line between amalgam and mercury. They use amalgam as a synonym for mercury—which is totally false—but what we are seeing happening is that lawmakers who are uneducated about the subject start to believe that amalgam and mercury are one and the same."

To combat the misinformation, the ADA and state dental associations are working tirelessly to educate legislators that treatment decisions must be made by a patient and the dentist, based on the unique needs of that individual and sound scientific information—and the tripartite's efforts are starting to pay off.

"A number of the proposed state bills have not garnered enough support to be enacted into law," notes ADA President T. Howard

"Nonetheless, dental societies must be vigilant in identifying these measures and in working to guarantee that treatment decisions are made by patients and their dentists—not someone else's political agenda."

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Call for new leaders

Dentists need to apply by May 12 for training



Dr. Roth

By KAREN FOX

The ADA is now issuing an official call for applications for the ADA Institute for Diversity in Leadership. Dentists who wish to apply to participate in the inaugural class should submit application materials by May 12.

Approved in 2002 by the ADA House of Delegates, the

for Diversity
in LEADERSHIP

ADA Institute for Diversity in Leadership is a three-part personal leadership training program designed to enhance the leadership skills of dentists who belong to racial, ethnic and/or gender backgrounds that have been traditionally underrepresented in leadership roles.

"Enthusiastic, dynamic people who are looking for more tools to become a strong leader" would benefit from participating in the Institute, said Dr. Kathleen Roth, 9th District Trustee and a member of the ADA Board of Trustees' standing commit-

The curriculum will help participants acquire the leadership skills necessary to help them make a positive impact in their communities, dental associations or the profession.

"The ideal candidate is someone at least five years out of dental school, someone who is active in their community, perhaps their dental association or church, but certainly someone who has great potential to be a leader," added Dr. Roth.

To be considered for participation, candidates should also:

- be active licensed dentists in practice for a minimum of five years;
- demonstrate promise as a leader, but have not held any significant leadership role in orga-
- be able to commit the time necessary to successfully complete the program.

Dr. Roth emphasized that participation is not limited to those active in organized dentistry, nor is it intended that all Institute participants use the training to become active leaders in the American Dental Association.

Rather, the goal of the ADA Institute for Diversity in Leadership is to provide leadership training for a diverse group of dentists who will use the principles of training to take a leadership role in affecting positive change in their communities or the dental profession.

Participants are required to attend three twoday leadership training workshops that take place at ADA Headquarters Sept. 4-5 and Dec. 8-9. The third session is Sept. 9-10, 2004.

Sessions will be led by faculty from the Kellogg School of Management at Northwestern University, one of the nation's top-ranked business schools.

Participants will also complete a self-selected personal leadership project that provides dentists with hands-on experience with identifying and taking action on a civic or professional issue that is important to them. For guidance in completing the leadership project, participants will have access to faculty at the Kellogg School and mentors from the dental profession.

There is no tuition for the ADA Institute for Diversity in Leadership, and dentists chosen to participate will receive a stipend to offset travel and related expenses.

An advisory panel of representatives from national dental organizations and leaders with unique expertise on diversity issues worked with the Association to develop the ADA Institute for Diversity in Leadership.

The program is sponsored in part by Colgate-Palmolive Co.; GlaxoSmithKline; Procter & Gamble and Sullivan-Schein Dental, a Henry

To download an application or brochure, visit ADA.org. For more information, call the ADA toll-free number at Ext. 4699 or send e-mail to

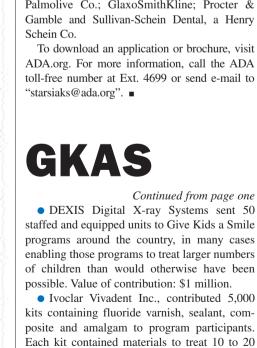
children. Value of contribution: \$550,000. • Sullivan-Schein Dental, the ADA's exclusive professional products distributor, organized 43 dental product manufacturers to contribute to large supply packages that were awarded to 43 programs around the country.

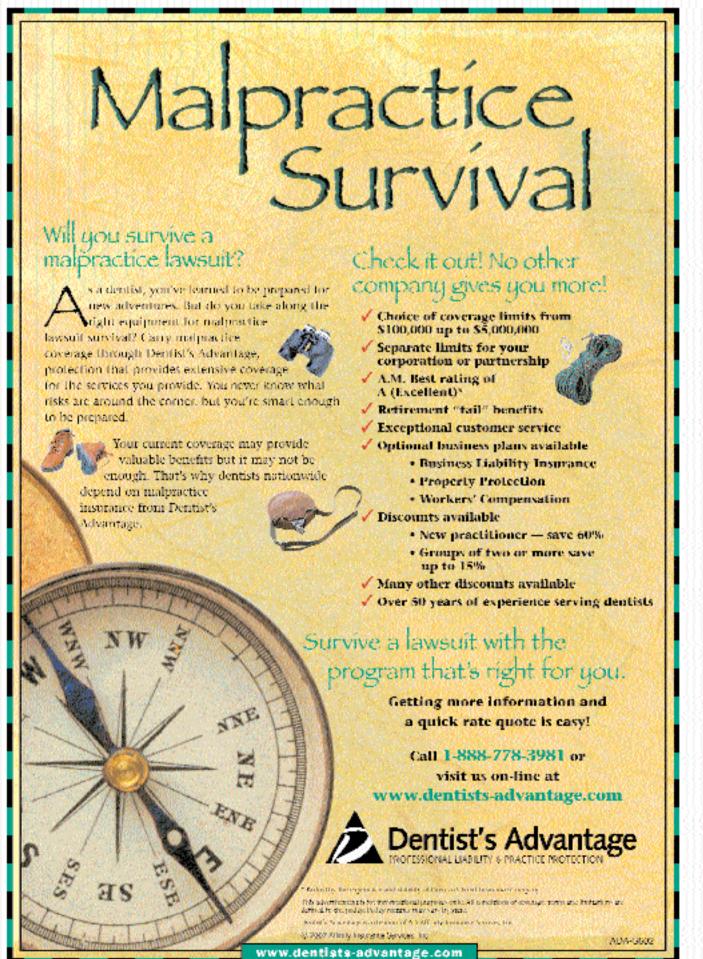
Sullivan-Schein Dental collected all the supplies and shipped the packages directly to

selected programs. Twenty-dollar discount

coupons also were made available to program

participants. Value of contribution: \$1.25 mil-





The Children of America and the ADA Thank You!

ome one million children from lowincome families received dental care or education from thousands of dental professionals at more than 5,000 sites nationwide on February 21, 2003, the first annual Give Kids a Smile access to care day.

The ADA had asked the dental communitydentists, hygienists, assistants, industry and other charitable groups-to roll up their sleeves and help treat as many needy children as possible on one day. We knew our community would respond as it always does.

But little did we know how overwhelming the response would be.

The dental family can be proud not only of caring for so many underserved children but also for helping the ADA build a platform from which it can persuade policymakers that too many children do not receive needed oral health care and that something needs to be done about it.

The dental team members and dental manufacturers listed below are recognized for their generous support of the first annual Give Kids a Smile day.

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Dental leaders review roles in bioterrorism

BY CRAIG PALMER

Washington—Dentists could be asked to help their communities respond to bioterrorism, the American Dental Association said.

The ADA and U.S. Public Health Service jointly sponsored a landmark conference March 27-28 on "Dentistry's Role in Responding to Bioterrorism and Other Catastrophic Events," attracting more than 300 private practice and public health dentists, dental educators, military dental officers, dental researchers and team members including hygienists and assistants.

One objective of the two-day meeting was to brief the profession on potential new roles for dentists in biodefense to complement more traditional and essentially forensic roles of dentists in disaster response. The program spoke to both the new and the traditional and to partnering in response to what the U.S. Surgeon General said are the "inevitable threats" of terrorism. (See related story, page one.)

"It is likely that dentistry could be called on to provide assistance in the immediate aftermath of a significant bioterrorism attack, especially when the traditional medical capabilities in a community have been overwhelmed," the Association's top elected and staff officers said in a "Dear Colleague" letter to conference attendees.

"The ADA has developed a strategy to inform

One objective of the two-day meeting was to brief the profession on potential new roles for dentists.

dentists of the potential role they may play in the response to a significant bioterrorism attack and to help prepare the profession to respond," said the letter signed by ADA President T. Howard Jones and Executive Director James B. Bramson.

The ADA leaders "strongly recommend" in the letter that dentists develop a special "bioterrorism" file for the dental office, and they promised that additional educational materials will be provided by the Association.

"In addition to helping to prepare you and your staff for assisting in your community, the information in this special file will help you protect yourself, your family, your staff and patients in the event of a bioterrorism attack," they said.

Smallpox, a serious, contagious and sometimes fatal infectious disease, is one concern, said the ADA letter. The Association in collaboration with the Centers for Disease Control and Prevention offered information on the disease eradicated worldwide but feared as a potential agent of bioterrorism. The CDC has lead responsibility in a national smallpox vaccination campaign under way in response to this threat.

"We are certain that you are aware of the national concern about the potential for bioterrorism attacks on our people and the use of smallpox as a weapon in those attacks," Drs. Jones and Bramson said in the "Dear Colleague" letter.

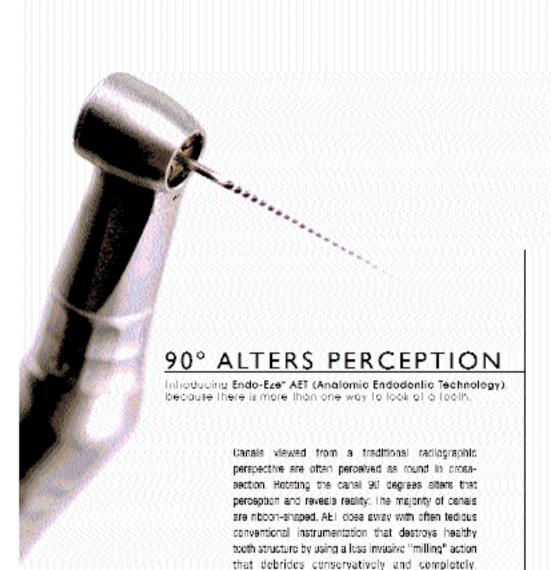
"Should the threat of a smallpox attack become a reality, dentists may become involved in surveillance efforts to detect and help monitor the spread of the disease. Dentists may also be asked to assist in providing vaccinations against smallpox. The enclosed material will be very useful in giving dentists information they will need to assist them with detection and in providing those services."

The ADA-CDC packet of materials includes information about the disease, the vaccine and the CDC smallpox Web site ("www.bt.cdc.gov/ agent/smallpox/index.asp"). "Ensuring that clinicians have the right information about smallpox and other potential terrorism agents is critical as we work toward improving this nation's preparedness for a terrorism attack," said CDC Director Julie Gerberding, M.D.

Summaries of conference proceedings will be prepared and distributed to registrants, conference organizers said.

Triage: Rep. John Linder (R-Ga.), one of three dentists in Congress, explains their triage role on Capitol Hill to the conference.





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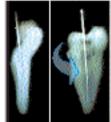
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Bioterror

Continued from page one

More than 300 registrants, almost all of them dentists, welcomed the surgeon general to a dialogue aimed at shaping a strategy for professional service in the war on terrorism. Summaries of conference presentations will be prepared and distributed to attendees.

"We have a reason to be here," ADA President T. Howard Jones said in opening the conference. "We want you to leave with some clarity about your role for something we hope we will never

A partnership theme quickly emerged, initiated by Surgeon General Carmona's vision of a war "still very alien to most people" and enlisting health professionals, including dentists, in new and ongoing roles.

"Who would have ever thought there'd be such a huge demand for forensic dentistry?" he said, referring to the terrorist attacks of Sept. 11, 2001, and the lead role of forensic dentists in identification. "It's really terrible but that's the world we live in. Who would have ever thought we'd be dealing with germs as weapons, planes as weapons?

"What if we have to immunize a lot of people because of an impending threat," said Surgeon General Carmona. "Could not dentists be involved? Could not dentists be involved in taking histories, screening patients, dealing with outpatient issues? Absolutely. I think we're only on the very brink of how much dentistry can be involved as a response force as part of our partnership and team as we prepare our country for these inevitable threats.'

Other speakers also cited a potential role for dentists in administering vaccines if necessary. Dr. Michael C. Alfano, dean of the New York University College of Dentistry, announced a "handshake agreement" reached earlier in the week with the New York City health commissioner under which dentists would join mass inoculation teams formed in the event of a smallpox

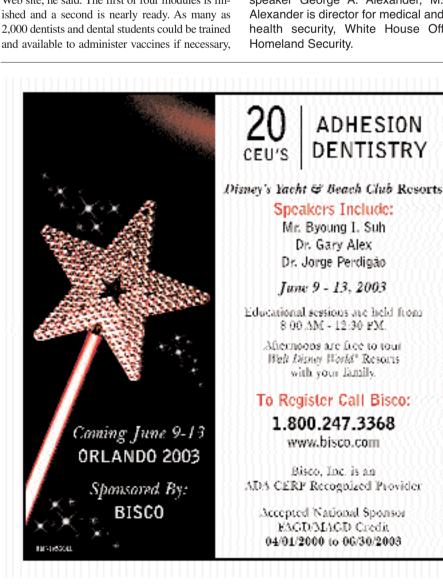
The dental school is preparing training modules for courses to be offered online at the school's Web site, he said. The first of four modules is finished and a second is nearly ready. As many as 2,000 dentists and dental students could be trained



Comment time: Dr. Agnes Donahue asks a question of a conference speaker.



Homeland security: ADA President-elect Eugene Sekiguchi (right) greets luncheon speaker George A. Alexander, M.D. Dr. Alexander is director for medical and public health security, White House Office of





Leaders: ADA officials discuss the conference with public health officials. From left are Deputy Surgeon General Kenneth P. Moritsugu, M.D.; Surgeon General Richard H. Carmona, M.D.; ADA President T. Howard Jones; ADA Executive Director James B. Bramson; and U.S. Public Health Service Chief Dental Officer Dushanka V. Kleinman.



Life saver: "Thank you, Dr. Fauci, you saved my daughter's life." Dr. Daniel M. Nachmanoff (left), a New York dentist, thanks Anthony S. Fauci, M.D., director of the National Institute of Allergy and Infectious Diseases and a conference speaker. Consulted by her doctors in 1979, Dr. Fauci suggested what was then an "innovative" treatment for an auto-immune disorder that left the dentist's 16-year-old daughter totally paralyzed. Emerging from a 14-day coma unable to walk or talk, she battled through intensive and lengthy rehabilitation, went to medical school and is now a neuropathologist and a mom, he proudly told the group and Dr. Fauci.

Dr. Alfano said. "We want to get dentists trained

Rep. John Linder (R-Ga.), one of three dentists in the U.S. House of Representatives, said the three dentist lawmakers serve with the House physician as a voluntary group available for triage for any tragedy occurring in the U.S. Capitol com-

"The most important thing you have as a pro-

fession is a longtime personal commitment to your communities," he said. "This is a different world than it was when I came to Congress, and it will never be the same again. There are roles in this effort to secure our homeland for every one of us, and there are unique roles for dentistry."

Reps. Charlie Norwood (R-Ga.) and Mike Simpson (R-Idaho) are the other dentists in Congress.

Why not a survival kit?

BY CRAIG PALMER

Washington—Why not a survival kit for the dental office? Dr. Michael Monica of Edison, N.J., asked during a tabletop discussion of recent public advisories on protecting the home in a terrorist attack.

"That's a good idea; I'll look into that," said Dr. Lee Shackelford, on assignment with the U.S. Public Health Service in Shiprock, N.M.

Two dentists, one in private practice and one in public health, found common ground on dental office protections while attending the first-ever March 27-28 conference on

"Dentistry's Role in Responding to Bioterrorism and Other Catastrophic Events."

Hal Muller of Henry Schein Inc., wasn't at the table at the time but extended the dialogue from the speaker's podium by suggesting a list of survival kit supplies "you might want to get now; don't call your supplier the day of an

Other speakers expanded the discussion to include evacuation and shelter-in-place contingencies, "survival strategies," for the private practice, dental schools and clinics.

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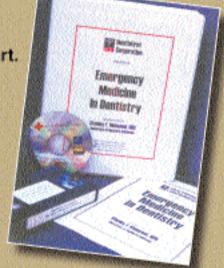
The oxygen supply, on a wheeled cart, can be quickly moved to an emergency.

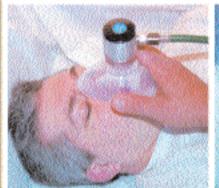
The demand and resuscitation valve will provide either positive pressure or demand oxygen applications (pictured lower left.)

The basic color-coded emergency kit, either model SM10 or model HM1000 (pictured above) is accessible in the easy-to-reach bracket on the cart.

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containing VHS Cassette, Inter-Active CD-ROM and Quiz Booklet with questions and answers to most probable emergency scenarios. Materials are written and narrated by the renowned lecturer Dr. Stanley F. Malamed, and provide a rapid response guide for staff in medical emergencies.







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

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WARNINGS Dental practitioners who employ local anesthetics should be well versed in diagnosis and management of emergencies that may arise from their use. Resuscitative equipment, oxygen and other resuscitative drugs should be available for immediate use.

Dr. Harris

Continued from page three Dentistry grants program, established in 1999, has provided 96 grants totaling \$393,346 to date.

"Dr. Harris, through his tireless efforts in organized dentistry and as a philanthropist, improved oral health care for children," says Dr. Anthony R. Volpe, Foundation president. "The many charitable programs established through his vision, leadership and generous support will continue to provide resources, training and inspiration for programs addressing the oral health needs of children, especially those who are at greatest risk."

Thanks to a generous grant from Dr. Harris, the ADA also established the Samuel D. Harris National Children's Dental Health Month State Program awards to promote excellence in NCDHM activities at the state level. These awards are presented each year with the intent that they be used to provide further statewide coordination of NCDHM programs.

"He was so dedicated to helping children," says Dr. Jack Gottschalk, a close friend of Dr. Harris for four decades, "that he hoped that somehow, some way, his efforts could help bring dentistry to every child."

Dr. Gottschalk, chair emeritus of the Dr. Samuel D. Harris National Museum of Dentistry Board of Visitors in Baltimore, says Dr. Harris' "eyes sparkled when he heard a good idea and his love of dentistry was contagious. I can't help but smile as I talk about him."

Dr. Harris donated his resources through endowments, adds Dr. Gottschalk, to help ensure that his gifts could be used to help children forever, not just for a limited time.

He felt strongly that this was his opportunity to give back to the profession," he said. "He was so honored to be a dentist and an ADA member, and he wanted to give something back that could make a lasting impact on children's dental health."

"He was so kind, so open," says Rosemary Fetter, executive director of the dental museum.

Dr. Harris' enthusiasm for the work of the interactive museum showed in a video produced in honor of its fifth anniversary, Ms. Fetter adds.

"There's a clip of Dr. Harris speaking to someone who hadn't seen the museum yet and he tells the person, 'Oh, you're gonna love it!' His warm personality would really shine through when he spoke with you."

Dr. John G. Harris, Dr. Harris' son and an orthodontist in Port Huron, Mich., remembers his father not only as a tremendous clinician, leader and philanthropist, but as a dynamic speaker as well.

"When I was a kid, I remember attending a father-son function at school and every father was supposed to address the group," he says. "He was one of the first fathers to speak, and after he was finished, the next father stood up and said, 'I've got to follow that?'"

The younger Dr. Harris says he always wanted to be an orthodontist, thanks to his father's influence.

"I never thought about doing anything else," he says. "It was what I saw my dad doing and I was very interested in orthodontics."

After 54 years of dental practice, Dr. Harris retired and embraced his role as a philanthropist, said Ms. Fetter, "with a firm handshake that could actually hurt your hand."

Dr. Harris continued to seek new challenges and interests when many individuals his age were slowing down, remembers his son. At age 65, he learned to play racquetball and remained vital and active throughout his life.

Dr. Harris was born in 1903 in the Ukraine. His family immigrated to Canada in 1904 and to the United States in 1910. He graduated from

the University of Michigan School of Dentistry in 1924. From 1924-25, he was on the staff of the Forsyth Dental Infirmary for Children in Boston. In 1925, he opened a private practice in Detroit specializing in pediatric dentistry with emphasis on orthodontics.

In 1927, he founded the American Society of Dentistry for Children and later helped establish the Academy and the College of Pediatric Dentistry. He initiated and helped organize 18 national societies and the International Association of Pediatric Dentistry. He was elected a Fellow of the American College of Dentists in 1935.

He was a lifetime member of the International Association of Dentistry for Children, the American Society of Dentistry for Children, the ADA, the American Academy of Pediatric Dentistry, and the British Pedodontic Society. He received the University of Michigan Distinguished Service Award; a Distinguished Service Medallion from the American College of Dentists; and was chosen as the first Honorary Fellow of the American Fund for Dental Health.

There will be no funeral services for Dr. Harris. His family, says his son, will gather on April 23, what would have been Dr. Harris' 100th birthday.

"We'll all get together for his 100th birthday celebration," says Dr. John Harris, "and I think my father will be there in spirit."

Individuals who would like to make a contribution that will provide preventive dental education and care for underserved children across the country can send a tax-deductible gift to the ADA Foundation for the Samuel D. Harris Fund for Children's Dental Health. Contributions can be sent to the ADA Foundation, 211 E. Chicago Ave.,

Chicago 60611. For more information, call the ADAF at 1-312-440-2547 or log on to "www.adafoundation.org". ■

WHO, CDC Webcast covers SARS outbreak

A global Webcast on severe acute respiratory syndrome was scheduled April 4 for viewing online at "www.phppo.cdc.gov/PHTN/webcast/sars".

Sponsored by the World Health Organization and supported by the U.S. Centers for Disease Control and Prevention, the Webcast was broadcast live on the Web and by satellite on April 4 to provide public health and clinical communities with basic information on the outbreak of the illness and guidance to prevent transmission.

Experts from CDC, WHO and several affected countries were scheduled at press time to speak on the program about the current outbreak of SARS, including strategies to prevent transmission in hospitals and other health care facilities and the need for international cooperation to stop the spread of SARS.

To date, some 1,600 SARS cases have been reported worldwide, resulting in at least 63 deaths, the Associated Press reported April 1. Dr. Carlo Urbani, the physician who first identified SARS in a Hanoi, Vietnam, hospital, is among those who have died from the disease, WHO announced March 29.

Viewers are encouraged to review the WHO and CDC Web sites for all available information and updates: "www.who.int" and "www.cdc.gov". ■





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Annual Session

Tech Day VI

The choice is yours and it's better than ever

By STACIE CROZIER

San Francisco—The latest information in dental office technology is free for the taking for those attending Technology Day VI at annual session, Thursday, Oct. 23.

New this year—Tech Day enrollees will also receive free admittance to "Tech Trak"—five additional half-day technology sessions throughout annual session.

Participants can customize their Tech Day experience by choosing from a variety of lectures and exhibits and consult the experts in high-tech dentistry on specific questions and challenges during 13 special roundtable forums.

Presenters for the program include Drs. Lawrence Emmott, Paul Feuerstein, John Flucke, Barry Freydberg, Claudio Levato, R. Pat Little, Dale Miles, Mark Morin, Michael Unthank and Glenn van As, plus Rick Spaulding, Ted Takahashi and Betty Weidenbach.

"Tech Day at annual session began here in San Francisco in 1998, and it's gotten such a successful response that we decided to expand upon it," says Dr. John Olmsted, Council on ADA Sessions program director for this year's scientific session. "This year, the benefits of purchasing a ticket to Technology Day will continue through the course of annual session and allow dentists and staff members to expand on their educational experience in the areas they're most interested in."

The advance ticket price for the Thursday, October 23, Technology Day program is \$275 for dentists and \$190 for each staff member.

"Tech Trak"—five bonus technology programs and a \$275 savings for Technology Day participants—will offer a well-rounded, cutting edge look at the latest developments in technology in dentistry, including:

- Technology for Hygienists and Assistants: From Shoeboxes to Hi-Tech, presented by Betty Weidenbach, Friday, Oct. 24, 10 a.m.-12:30 p.m. (regularly \$55 in advance or \$65 on-site);
- High-Tech, High-Touch Advanced Program: Beyond the Basics, presented by Dr. Lawrence Emmott, Friday, Oct. 24, 2:30-5 p.m. (regularly

New schedule in San Francisco

The 144th ADA Annual Session in San Francisco will convene Thursday, Oct. 23, through Sunday, Oct. 26.

A three-day technical exhibition will run from Friday, Oct. 24, through Sunday, Oct. 26. Plan your itinerary so you and your staff can compare leading products, speak with company representatives, view demonstrations and order new equipment and materials.

The ADA House of Delegates will convene Saturday, Oct. 25; Tuesday, Oct. 28; and Wednesday, Oct. 29. ■



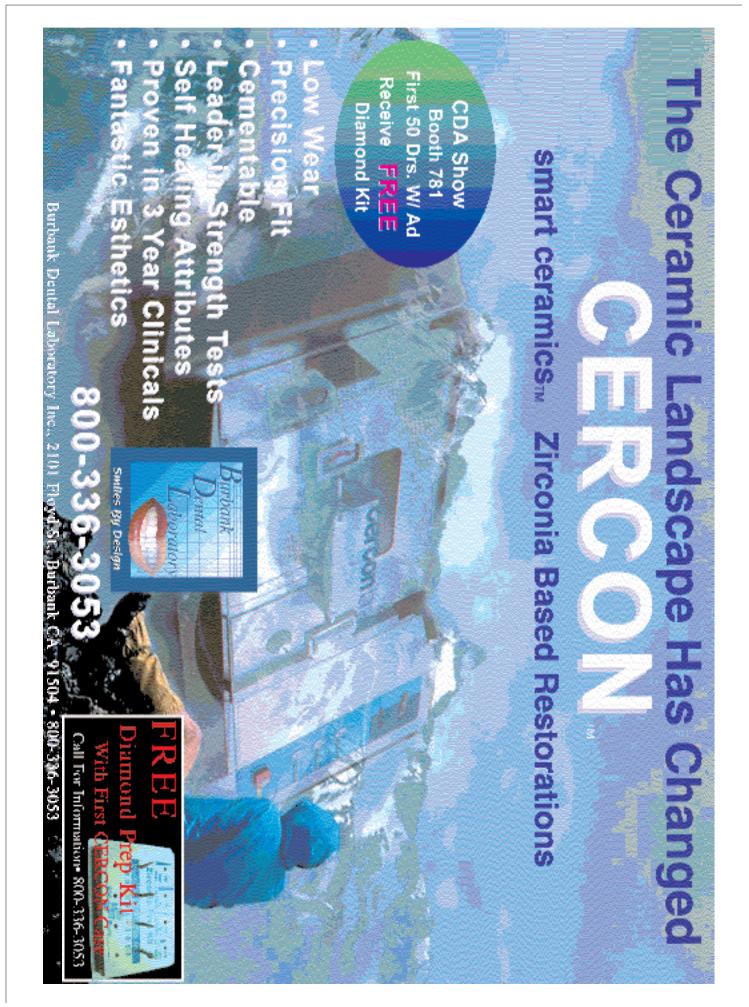
SFCVB photo by Regis Lefebure

Bridge to the future: When you cross the Golden Gate Bridge in October, you can add five "Tech Trak" sessions to your Tech Day VI program.

\$55 in advance or \$65 on-site);

- Personal Digital Assistant, presented by Dr. John Flucke, Saturday, Oct. 25, 10 a.m.-12:30 p.m. (regularly \$55 in advance or \$65 on-site);
- Untangling the Net, presented by Dr. R. Pat Little, Saturday, Oct. 25, 2:30-5 p.m. (regularly \$55 in advance or \$65 on-site);
- Dental Technology Review, presented by Dr. Paul Feuerstein, Sunday, Oct. 26, 10 a.m.-12:30 p.m. (regularly \$55 in advance or \$65 on-site).

The 2003 Annual Session Preview, which contains everything you need to register, reserve tickets for courses and workshops and make hotel reservations, will be available this month. To request a copy, call the Council on ADA Sessions toll-free at 1-800-232-1432 or e-mail your request to "annualsession@ada.org". Reference code is "ADN1". For all the latest annual session information, visit "www.ada.org/goto/session". ■



No retirement yet for Navy reservist

BY CRAIG PALMER

Carrollton, Ga.—Dr. Gordon Austin had been planning retirement from a long and "adventurous" military career, but Sept. 11, 2001, changed all that. Then came the March 6 call to war.

In a very real way, Dr. Austin has been there and done that, permitting his description of "adventurous" and offering a look at one dentist's disengagement from small town America civilian practice for wartime duty. Make no mistake, Dr. Austin proudly sees it as the right thing to do while conceding the family and professional turmoil involved. This is his story.

"I began my Navy career with a health professionals scholarship during dental school at the Medical College in Georgia. My parents had three other children in college so the scholarship made dental school financially possible. My initial duty station was Guam, followed by an oral surgery fellowship at Parris Island (Marine Corps base) and an oral and maxillofacial surgery residency at the Naval Hospital in San Diego.

"After completing the residency, I was assigned with the Marines on Okinawa. My wife and daughter joined me for my next assignment at the Naval Hospital Subic Bay Philippines. During this tour, my wife was pregnant with our second daughter and I was back in Chicago taking oral surgery boards when the (1986) Philippine Revolution occurred.

"With two young children, we decided to make life less adventurous. I left active duty after 11 years for civilian practice but stayed in the reserves. I was just getting a solo practice started when recalled in support of Operations Desert Shield and Desert Storm (1990-91), for-



tunately a recall of short duration.

"As a senior captain, I was eligible for retirement and planning for it when we were attacked on 9/11 and I decided to do something more to repay what dentistry, the Navy and this nation had provided for me and my family. I had seen my friend (Rep.) Charlie Norwood (R-Ga.) quit his practice for election to Congress. My tennis partner, Howard Jones, made the commitment to serve as ADA president.

"I found my opportunity serving as national dental surgeon for the Reserve Officer Association. Continuing as a reserve dentist, I was assigned in February 2002 to the USS Theodore Roosevelt, an aircraft carrier in the Persian Gulf, as we conducted war in Afghanistan. On March 6, 2003, I received a phone call notifying me of my official recall to active duty."

Deployment numbers change almost daily and there is no fix on the number of reserve force dentists recalled to active duty.

For Dr. Austin, as for other private practice general dentists and specialists, activation raises questions and issues about disengaging from practice. The issues vary by practice and location and no one process fits all practices. This is

how Dr. Austin described an evolving process.

"My orders were to report March 12 'for a period of 365 days, unless sooner released for a total of up to 24 months.' This is the legal limit under the presidential order. Some will serve this long, most for a shorter period based on need. The specific need here is for an oral and maxillofacial surgeon filling in for active duty surgeons ordered from stateside hospitals to the hospital ship Comfort (now in the Persian Gulf).

"I will report to the National Naval Medical Center in Bethesda, Md., to assure adequate staffing for the residency program and to provide continuity of care.

"The first thing is to establish a report date. I'm a solo practitioner in a small town, the only full-time oral and maxillofacial surgeon in town and the only oral surgeon on staff at three area hospitals. I requested a short delay in reporting to facilitate this process and took a military leave of absence from the hospitals. I called the oral surgeons in neighboring towns and they offered to support my practice by seeing post-operative patients or even coming to my office if necessary.

"My initial plan is to put the office on hold the first 30 days. I will keep the office open with staff answering phones, making arrangements for patients and reviewing charts and other office tasks put off during busy times. I will try to get back during the month and maybe work some weekends. Of course, this will depend on the demands of my Navy assignment.



Serving: Dr. Austin stands on deck aboard the USS Theodore Roosevelt in the Persian Gulf in February 2002. Thirteen months later, he reported for active duty in Operation Iraqi Freedom.

"If mobilization continues for a longer period, I will reassess my options. I am certain even President Bush does not know how long this will take

"My wife is a 'battle-tested' Navy wife and knows as I do that our six employees are an important concern if this turns out to be a longer war and a longer assignment. My older daughter is studying in Australia and has to explain to her Australian friends why Americans see Saddam as a threat to our national security. My younger daughter, who just turned 17, has become her school's resource for information about the crisis

"My friends and neighbors fly the flag proudly and have promised their support to my family in my absence. I believe this is the right thing to do, and I know my sacrifices are small compared to the sacrifices of many other reservists and their families. It is time to put aside our individual desires and pull together for our great nation."

All set for deployment

BY MARK BERTHOLD

Ike Skelton Training Site, Mo.—In the waning days of the Vietnam War, U.S. Army Reserve 2nd Lt. Don Fuchs would change to civilian clothing before going out in public.

"Because of anti-war sentiments in the mid-1970s, we didn't wear our uniforms off base, even when I became captain on active duty," he recalls.

The difference between then and Operation Iraqi Freedom is evident whenever Dr. Fuchs wears his BDUs (battle dress uniform).

"Now, I walk into a restaurant, people stop me and say, 'We appreciate what you're doing to make the country a safe place.' I go to a convenience store, and someone will put coins on the register and say, 'Can I buy that coffee for you?.'

Dr. Fuchs is a practicing general dentist, the drummer in a blues band and a keen researcher studying a possible link between the pediatric use of amoxicillin and mottled enamel in adolescents. But now, his focus is the Medical Command of the Missouri Army National Guard.

"My position is deputy commander for the Guard—but once mobilized, we are no longer in the Guard but part of the U.S. Army," he clarifies. "Being put on alert is usually the first notice that a unit is going to be called to action. So we are to put our lives in order at this time."

Dr. Fuchs commands a team of dentists, physicians and allied health workers whose job is to ensure medical readiness, "to make sure

soldiers don't have medical conditions that would cause a problem for them or their units if they are deployed—because obviously a sick soldier is a liability to his unit," he says.

"We do physicals, eyeglass prescriptions, all their immunizations: hepatitis, tetanus, yellow fever, smallpox, anthrax. Soldiers must be a Class I dental condition—no problems at all, or treated so as to reach Class II—no dental problems that could cause them pain or force them to seek attention over the next year of deployment."

Another stark difference permeates all who walk the military base, and words aren't necessary to distinguish check ups from screenings.

"People know, when we're checking them out at 'beltlines,' this is not just an annual physical, this is a predeployment screening," says Dr. Fuchs. Beltlines, he explains, are the

soldier's personal and military affairs. "Our personnel look at the soldiers' dog tags, records, if I.D. cards are current, whether a personal will has been made out—check that all are in order."

Due to his responsibility of getting U.S. troops ready to deploy, Dr. Fuchs doesn't think he himself will be sent overseas at the moment. But if he is told to board the bus, he feels ready.



just an annual physical, this is a predegloyment screening," says Dr. Field trip: Dr. Fuchs performs a dental exam on a soldier of the 135th Artillery Brigade at Fort Chaffee, Ark.

"I've talked with six dentists who will cover for me if I'm gone out of the country," he says. "And though some people might use a medical excuse to get out of deployment, I have seen quite the contrary. Most soldiers literally beg me to deploy them because they're so dedicated.

"I haven't seen many slackers, that's for sure."

View from the Air Force

By Karen Fox

San Antonio—It was a Friday afternoon in late March and Lt. Col. David B. Powers had the day off to stay home with his wife and 3-year-old daughter.

"I want to spend as much time with them as I can," said Lt. Col. Powers, an oral and maxillofacial surgeon, Air Force dental officer and member of the 59th Dental Squadron at Lackland Air Force Base.

Any day now, Dr. Powers is being deployed to the Middle East. He won't know where and when until he gets the call, and he said the timing changes all the time.

No reservists from the 59th have been called to active duty, but Lt. Col. Powers knows of several dental officers who have been deployed overseas.

"I don't think anyone would be excited about going to war," Dr. Powers said of his deployment. "But when you make a decision to be in the military, this is part of it. If I am required to go and if I can provide care and comfort for our troops in the field, then it's all worth it."

War

Continued from page one in May of 2000. Out of dental school for 10 years at the time, she decided the reserves offered a great opportunity to do dentistry without taking too much time away from her private practice.

Since signing up, she's spent one weekend each month at Fort Sam Houston in San Antonio and two weeks each summer at Fort Hood, both practicing dentistry and learning soldiering skills, such as how to manage weapons and carry people on a stretcher.

Now she's deeply immersed in what she describes as "one of the highlights" of her life, despite what she describes as some of the uncertainties.

"It's scary to walk away from a business you've committed yourself to," she explains in talking about her practice. "And I feel a little guilty about abandoning my staff."

The "heads-up" that her unit-7210MSUwould be mobilized came last December. The official news quickly followed on Jan. 9. She had about nine days official notice before setting up shop at Fort Hood on Jan. 21.

"I thought my orders would be for 30 to 60 days and I prepared for three to six months," she explains. (She received the standard one-year deployment orders, subject to a new rotation policy that will significantly reduce the mobilization period.)

She describes herself as "not very organized," then goes on to outline detailed preparations

■ Two dentists, three hygienists and two of her office staff are keeping the practice up and running while she's away. A few of them won't even accept payment.

made immediately after signing up with the reserves back in 2000. They included reducing spending, managing debt, delegating more responsibilities to staff and requesting area dentists to fill-in, just in case she got called into ser-

"The lines of communication [with other dentists] were opened by my participation in organized dentistry," says Dr. Franklin. "Partly because of that connection, I didn't feel uncomfortable about contacting my colleagues."

When rumblings about conflict in Iraq surfaced last summer, she brought in a 25-year dental assistant veteran with practice management experience to further prepare her staff.

"I did everything I knew to train my staff on how to make good judgment calls, how to prepare for my absence," she says.

Her planning is paying off. Two dentists, three hygienists and two of her office staff are keeping the practice up and running while she's away. A few of them won't even accept payment.

"They're the reason I'm able to do this-to serve my country," says Dr. Franklin about her staff and the doctors and hygienists filling in for her. "A few of them say it's their way of performing their patriotic duty."

Dr. Cheryl Rhoden uses her day off to treat patients at Dr. Franklin's office. The money she generates goes back into Dr. Franklin's practice.

"I was interested in helping someone who was serving our country," explains Dr. Rhoden. "I wanted to support our troops and Dr. Franklin in her efforts. In this way I feel like I'm doing my patriotic duty."

Dr. Rhoden says she knows the spirit of help-



ing is out there, "but many dentists may not know other dentists need their help."

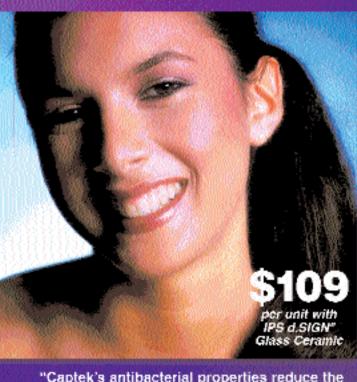
She recommends that local dental societies make members aware of who is in the reserves and put together a list of people who might be willing to help their colleagues called to serve.

"A lot of people want to do their part, says Dr. Franklin. "We grow up singing patriotic songs and learning war stories. Now, I couldn't be prouder to treat the men and women who are going overseas."

Dr. Franklin says dentists interested in serving in the reserves should go to an Army post, walk through the dental clinic, get an opportunity to look around and experience military dentistry.

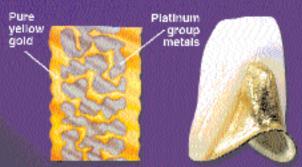
On duty: Dr. Lisa Franklin and Private First Class Roger Castillo treat a soldier at Perkins Dental Clinic at Fort Hood, Texas, before he's deployed.





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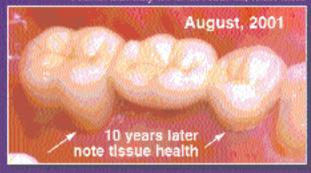
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Dental activism lauded at WLC

BY CRAIG PALMER

Washington—ADA grassroots action dentists came to the Washington Leadership Conference March 10-12 to lobby Congress, on a first name basis as often as not.

And well they might be, having helped elect more than a few members of the U.S. House of Representatives and Senate through up close and personal involvement in congressional campaigns—hosting home fundraisers, recruiting volunteers, getting out the vote and sustaining those "close ties to dentistry" amplified by doctor and politician at this annual event in the nation's capital.

You "took my call and helped me," a freshman member of Congress told the dental leaders. "I don't forget my friends."

The Association said "thank you" with grassroots awards for dental political action in the last Congress.

"It's been another terrific conference," said ADA President T. Howard Jones, echoing conference corridor buzz and thanking the grassroots activists for "carrying dentistry's message" to Capitol Hill. Dentists and dental association representatives from 47 states, the District of Columbia and Puerto Rico canvassed Capitol Hill during the WLC.

And members of Congress, newly elected and in leadership, came to the WLC at a hotel near Capitol Hill to thank the dentists for

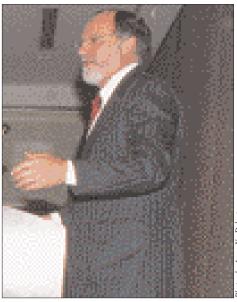
their support and to encourage continued involvement of dentists in the political process.

Lining up as WLC speakers to express thanks to dentists and the dental profession for their political advocacy were Sen. George Allen (R-Va.), national Republican senatorial committee chair; Sen. John Comyn (R-Texas); Sen. Jon S. Corzine (D-N.J.), Democratic senatorial campaign Ccmmittee chair; Rep. Don Manzullo (R-Ill.); Rep.



Mike Rogers (R-Mich.), national Republican congressional committee finance chair; Rep. David Scott (D-Ga.); Rep. Mike Thompson (D-Calif.), Democratic congressional campaign committee business council chair; and Rep. Fred Upton (R-Mich.).

Each had words of appreciation for dentists as political activists, community leaders and professionals, and they didn't hesitate to sin-



Good times: Sen. Jon S. Corzine (above) elicits a laugh from conference participants (left)

gle out by name this local dentist or that state dental association. Two freshmen members of the 108th Congress came to thank the tripartite profession for their election to the House and Senate.

"I know of the good work many in your profession do in providing essential dental care for poor children who have nowhere else to turn and how important that is to their long-term well-being," freshman Sen. John Cornyn (R-Texas) said to applause. "And I can assure you that I will work with you in the United States Senate and with my colleagues to try to make sure that we don't let those efforts flag."

Dental political action rewarded

BY CRAIG PALMER

Washington—Grassroots action award winners for political activity in the 107th Congress were announced March 11 at the Washington Leadership Conference by Dr. Jane Grover, American Dental Political Action Committee chair.

In presenting the awards, Dr. Grover described the full range of the profession's political activities in electing and working with "pro-dentistry candidates."

Receiving awards as outstanding action team leaders:

- Dr. Doug Walsh, who "raised funds for Reps. Adam Smith (D-Wash.) and Rick Larsen (D-Wash.) and, with the blessing of the Massachusetts Dental Society, hosted an event for Sen. John Kerry (D-Mass.) that was a headliner in the Boston Globe!"
- Dr. Mark Desrosiers, "a model action team leader (who) engages a team of dentists regardless of party affiliation. When his incumbent (member of Congress) was defeated, Mark immediately activated his team and organized a fundraiser for Rep. Rob Simmons (R-Conn.).
- Dr. Jim Greer, who with Kentucky dental students helped raise campaign funds for Rep. Ernie Fletcher (R-Ky.);
- Dr. Herb Wade, who helped raise campaign funds for freshman Sen. John Cornyn (R-Texas) and led the "Dentists for Cornyn" effort in Texas:



ADPAC winners: From left, Drs. John Staubach, Penn.; Jon Knapp, Conn.; Mark Desrosiers, Conn.; Richard Weinman, Ga.; Beverly Largent, Ky.; Doug Walsh, Wash.; Wendy Zent, Alliance of the American Dental Association; Drs. Jake Lippert, Mo.; Leo Finley, Ill.; and Mack Elbert Coker, Texas; receive awards for grassroots political action in the 107th Congress.

• Dr. Homer Sedighi, who helped raise campaign funds for Sen. Jim Talent (R-Mo.): "Now Dr. Sedighi and Missouri dentists meet regularly with Sen. Talent's staff on dental issues and attend fundraising events statewide."

The most improved state award goes to the Pennsylvania Dental Association, which "filled 21 of 22 action team slots."

The outstanding small state award goes to the Connecticut State Dental Association. "By combining resources of state and federal grassroots efforts, Dr. William MacDonnell and friends simultaneously raised funds and provided campaign support for state and congressional candidates.

The outstanding medium state award goes to the Georgia Dental Association. Like so many states, Georgia faced daunting challenges as a result of redistricting.

The outstanding large state award goes to the Illinois State Dental Society, which "has filled all action team slots, hosted multiple fundraisers and utilized state dental meetings to reenergize their action teams."

The Indiana Dental Association received an award for outstanding partnership with the Alliance of the ADA. ■

ADA advocates for VA dentists

BY CRAIG PALMER

Washington—ADA officers carried a message of membership and professional community to VA dentists March 12, expanding a dialogue with federal service dentists initiated last summer in visits to military dental facilities.

"We advocate for our members on Capitol Hill," ADA President T. Howard Jones told dentists at the Washington VA Medical Center. "We can be your advocate"

The Association communicates regularly with the chiefs of federal dental services in varied forums including the ADA Council on Government Affairs, the distinction here being communications with feder-

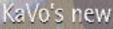
al service dentists on their turf.



Touching base: Dr. Jones chats with dental assistant Renay Edwards at the Washington VA Medical Center.

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The GUM^a brand invites you to join the T.A.G. (Teeth and Gums) Team of Dental Professionals and participate in March of Dimes WalkAmerica^a 2003, held in more than 1,200 locations across the USA. In most communities, WalkAmerica takes place at the end of April. It's a great way to celebrate the work you do so well and to get together with your colleagues for a great walk, for a great cause.

To join the T.A.G. team, please visit http://tools.walkamerica.org/tagteam







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