

American Dental Association

ADACommons

[ADA News](#)

[ADA Products and Publications](#)

10-20-2003

ADA News - 10/20/2003

American Dental Association, Publishing Division

Follow this and additional works at: <https://commons.ada.org/adanews>



Part of the [Business and Corporate Communications Commons](#), [Dentistry Commons](#), and the [History of Science, Technology, and Medicine Commons](#)

Recommended Citation

American Dental Association, Publishing Division, "ADA News - 10/20/2003" (2003). *ADA News*. 119.
<https://commons.ada.org/adanews/119>

This News Article is brought to you for free and open access by the ADA Products and Publications at ADACommons. It has been accepted for inclusion in ADA News by an authorized administrator of ADACommons. For more information, please contact commons@ada.org.

AMERICAN DENTAL ASSOCIATION

ADA News®

OCTOBER 20, 2003

www.ada.org

VOLUME 34, NO. 19

Harris gets House nod Dental museum one step closer to national status

BY CRAIG PALMER

Washington—The U.S. House of Representatives Oct. 7 approved legislation backed by organized dentistry and the Maryland congressional delegation recognizing the Dr. Samuel D. Harris National Museum of Dentistry in Baltimore as the official national dental museum in the United States. Similar legislation awaits Senate approval.

“This museum is a reminder to all of us that oral and general health are inseparable,” said Rep. Bob Ney (R-Ohio), who managed the bill on the floor as chair of the Committee on House Administration. “Good dental care is critical to our overall physical health and well-being,” he said.

House members credited personal dentists and grassroots dentists for “their dedication and commitment to make sure this kind of important legislation was supported and passed.” Rep. John Larson (D-Conn.), among bipartisan supporters who rose to

■ Former ADA President Jim Sadoris dies, page three

speak in support of the measure, thanked dentists from his congressional district and cited Drs. Bill MacDonnell and Paula Stern of West Hartford as key supporters.

House members also cited by name the many legendary dentists whose professional contributions figure prominently in the museum’s collections and educational exhibits. The Dr. Samuel D. Harris National Museum of Dentistry is affiliated with the University of Maryland at Baltimore on the grounds of the world’s first dental college, founded in 1840, and is an affiliate of the Smithsonian Institution.

The legislation has the strong
See HARRIS, page seven



Scenic: The Commemorative Courtyard in the Dr. Samuel D. Harris National Museum of Dentistry provides an elegant entrance to the museum, where engraved bricks and plaques are purchased and placed to honor colleagues, friends and family members.

BRIEFS

Fellowships: The National Institutes of Health’s Fogarty International Center and The Ellison Medical Foundation offer clinical research fellowships in developing countries for graduate level students in the health professions, including dental students. These one-year fellowships



offer students clinical research training under mentors and colleagues at NIH-funded research centers in Botswana, Brazil, Haiti, India, Kenya, Mali, Peru, South Africa, Thailand, Uganda and Zambia.

Applicants must have a strong interest in international health activities and clinical research.

Applications and details are now available from the Association of American Medical Colleges Web site: “www.aamc.org”. Application deadline is Jan. 6, 2004, for one-year fellowships beginning in July 2004 with an extensive orientation program on the NIH campus in Bethesda, Md. ■

Good news on dues

Proposed 2004 budget holds line on member dues

BY JAMES BERRY

At the June meeting of the Board of Trustees, Dr. T. Howard Jones, ADA president, noted that the Association’s proposed budget for 2004 “presents no net dues increase, includes new programs and maintains programs that are essential to our members.”

At a staff meeting earlier this month, Dr. James Bramson, ADA executive director, hailed the budget proposal as “an honest, transparent, straightforward” report.

And during the Board’s August meeting, Dr. Mark Feldman, ADA treasurer, told Association leaders that they should be “very proud” to present the proposed budget to the House of Delegates, which convenes

■ ADA oral health information on WebMD, page 14

this month in San Francisco at the ADA’s 144th annual session.

As an aside, the treasurer also said the budget proposal, detailed in Board Report 2 to the House, was eminently more “readable” than some budget reports of the past.

“In fact,” he said, the report can be read “in one night, if you don’t start too late.”

The bold facts about the 2004 budget proposal are these:

- there will be no net increase in membership dues next year;
- the dues of active member den-

tists will remain at the 2003 level of \$435;

- any programs or activities that the House might add to next year’s budget would likely be funded out of reserves, which, at the end of August, amounted to \$30.6 million or about 34 percent of budgeted expenses.

In June, the officers and trustees approved a 2004 budget proposal that includes \$91,856,100 in anticipated revenues against \$91,898,000 in expenses, the \$41,900 differential to be drawn from reserves.

In a July 17 memo to constituent (state) dental society executives, Dr. Bramson noted that the budget plan includes a dues rollback of \$4 earmarked for one-time projects in 2003, as well as a \$4 increase for new pro-

grams—thus retaining the same dues level from this year to next.

The Association’s Bylaws (Chapter XXI, Section 20, page 74 in the current edition) require that any proposed amendment to the dues of active members be “presented in writing” to the constituent societies

See DUES, page 14

INSIDE



Rehab

VA dentist recovers from Baghdad wounds. **Story, page 18.**

Hot times in the summer

Come to Chicago next July and get the business savvy you need

Update your knowledge of current business concepts for greater practice efficiency and productivity July 16-17, 2004, at ADA Headquarters in Chicago.

"Dentistry as a Business" will feature experts on dental practice management, marketing, money and investing. Dentists, spouses, dental assistants, dental hygienists, dental lab technicians and dental students are among those invit-

ed to attend. Eligible participants can receive up to 14 hours of continuing education credits.

Program highlights include:

- successful valuation methods;
- providing exceptional customer service;
- how to monitor and improve production and efficiency;
- dental technology innovations;
- financial solutions and investments for

daily practice and retirement.

For details about the conference, to be placed on the mailing list or for registration information, e-mail Laretta Allen of the ADA Council on Dental Practice, at "allenl@ada.org", call the ADA toll-free, Ext. 2895 or go to the Council on Dental Practice's Booth 1404 at ADA annual session in San Francisco.

The American Dental Association is an ADA CERP-approved provider of continuing education. Those who attend the entire conference could qualify for up to 14 continuing business education credit hours. ■



(ISSN 0895-2930)

OCTOBER 20, 2003 VOLUME 34, NUMBER 19

Published semi-monthly except for monthly in July and December by the American Dental Association, ADA Publishing Division 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 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. © 2003 American Dental Association. All rights reserved.



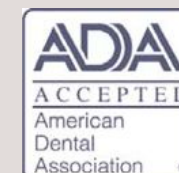
PUBLISHER: Laura A. Kosden
EDITOR: Dr. Marjorie K. Jeffcoat
ASSOCIATE PUBLISHER, EDITORIAL: James H. Berry
NEWS EDITOR: Judy Jakush
ASSISTANT NEWS EDITOR: Arlene Furlong
WASHINGTON EDITOR: Craig Palmer
SENIOR EDITORS: Karen Fox, Mark Berthold, Stacie Crozier
ELECTRONIC MEDIA EDITOR: Joe Hoyle
EDITORIAL ASSISTANT: Chrestine Johnson
CREATIVE DIRECTOR: Peter Solarz
TECHNOLOGY MANAGER: Paul Gorski
PRODUCTION: Susan Chauvet, Angie R. Miller, Sheila Cassella, Jeanie Yu
NATIONAL SALES MANAGER: Bud McKeon
DIRECTOR OF PRODUCTION: Elizabeth Cox
PRODUCTION ASSISTANT: Katrina Collins
ADVERTISING SALES MANAGER: Carol J. Krause
MARKETING MANAGER: Jill Philbin
CIRCULATION CUSTOMER SERVICE REP: Wanda Welch, Gwen Johnson

ADVERTISING POLICY: All advertising appearing in this publication must comply with official published advertising standards of the American Dental Association. The publication of an advertisement is not to be construed as an endorsement or approval by ADA Publishing, the American Dental Association, or any of its subsidiaries, councils, commissions or agencies of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. A copy of the advertising standards of the American Dental Association is available upon request.

ADVERTISING OFFICES: 211 E. Chicago Ave., Chicago, Ill. 60611. Phone 1-312-440-2740. Eastern representative: Vince Lagana, PO Box 6, Pocono Pines, Pa., 18350; phone 1-570-646-7861. Central representative: Robert J. Greco, Hilltop Executive Center, 1580 S. Milwaukee Avenue, Suite 404, Libertyville, Ill. 60048; phone 1-847-522-7560. Western representative: Audrey Jehorek, 8 Hexham, Irvine, Calif. 92612; phone 1-949-854-8022.

SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-2867. Rates—for members \$8 (dues allocation); for nonmembers—United States, U.S. possessions and Mexico, individual \$61; institution \$90 per year. Foreign individual, \$84; institution \$113 per year. Canada individual, \$73; institution \$102 per year. Single copy U.S. \$9, outside U.S. \$11. For all Japanese subscription orders, please contact Maruzen Co. Ltd. 3-10, Nihonbashi 2-Chome, Chuo-ku, Tokyo 103 Japan. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA News Editor, Suite 2010, 211 E. Chicago Ave., Chicago, Ill. 60611.

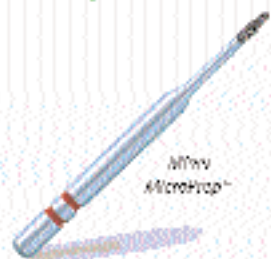
ADA HEADQUARTERS: The central telephone number is 1-312-440-2500. The ADA's toll-free phone number can be found on the back of your membership card.



Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.



Distinctly Smaller



PREMIER PRESENTS Two Striper

Distinctly smaller Two Striper MicroPrep diamonds are designed with small abrasive heads to facilitate conservative tooth preparation and longer necks to enhance visual control and tactile feedback. Two Stripers are recognized by a leading independent research organization as "highest rated and best performing multi use diamonds." New MicroPreps are indicated for minimally-invasive cavity prep and pit and fissure sealant placement.

Only Two Striper diamonds, available from Premier, are made in the U.S.A. by a patented bonding process. Stripping and peeling of diamond are virtually eliminated.

Impure electroplated burs use a uniform lapping technique that mechanically entraps diamonds in a tenacious bond that can compromise performance and useful life.

Two Striper diamonds cut faster and last longer due to controlled diamond spacing and better exposure of natural diamond crystals at the critical tips and corners.

Zebra Bean Bag Toy FREE!
 Purchase any Ten or more 5-packs, receive one Two Striper Zebra Bean Bag Toy FREE!
10 | 1 FREE or 20 | 3 FREE
 (Can't use with Striper 5-packs)



Two receive your free pack. Forward a copy of your subscription label to: Premier Dental (Canada) Corp. (Canada), 10000 Steeles Ave. E., Unit 100, Richmond Hill, Ontario L4B 1N1. Offer valid through 12/31/03. See dealer for more info. ©2003 Premier Dental. Premier is a registered trademark of Premier Dental Products Company. Two Striper is a registered trademark of Premier Dental Products Company. All trademarks are the property of their respective owners. U.S. Patent # 6,411,111. U.S. Patent # 6,411,112. U.S. Patent # 6,411,113. U.S. Patent # 6,411,114. U.S. Patent # 6,411,115. U.S. Patent # 6,411,116. U.S. Patent # 6,411,117. U.S. Patent # 6,411,118. U.S. Patent # 6,411,119. U.S. Patent # 6,411,120. U.S. Patent # 6,411,121. U.S. Patent # 6,411,122. U.S. Patent # 6,411,123. U.S. Patent # 6,411,124. U.S. Patent # 6,411,125. U.S. Patent # 6,411,126. U.S. Patent # 6,411,127. U.S. Patent # 6,411,128. U.S. Patent # 6,411,129. U.S. Patent # 6,411,130. U.S. Patent # 6,411,131. U.S. Patent # 6,411,132. U.S. Patent # 6,411,133. U.S. Patent # 6,411,134. U.S. Patent # 6,411,135. U.S. Patent # 6,411,136. U.S. Patent # 6,411,137. U.S. Patent # 6,411,138. U.S. Patent # 6,411,139. U.S. Patent # 6,411,140. U.S. Patent # 6,411,141. U.S. Patent # 6,411,142. U.S. Patent # 6,411,143. U.S. Patent # 6,411,144. U.S. Patent # 6,411,145. U.S. Patent # 6,411,146. U.S. Patent # 6,411,147. U.S. Patent # 6,411,148. U.S. Patent # 6,411,149. U.S. Patent # 6,411,150. U.S. Patent # 6,411,151. U.S. Patent # 6,411,152. U.S. Patent # 6,411,153. U.S. Patent # 6,411,154. U.S. Patent # 6,411,155. U.S. Patent # 6,411,156. U.S. Patent # 6,411,157. U.S. Patent # 6,411,158. U.S. Patent # 6,411,159. U.S. Patent # 6,411,160. U.S. Patent # 6,411,161. U.S. Patent # 6,411,162. U.S. Patent # 6,411,163. U.S. Patent # 6,411,164. U.S. Patent # 6,411,165. U.S. Patent # 6,411,166. U.S. Patent # 6,411,167. U.S. Patent # 6,411,168. U.S. Patent # 6,411,169. U.S. Patent # 6,411,170. U.S. Patent # 6,411,171. U.S. Patent # 6,411,172. U.S. Patent # 6,411,173. U.S. Patent # 6,411,174. U.S. Patent # 6,411,175. U.S. Patent # 6,411,176. U.S. Patent # 6,411,177. U.S. Patent # 6,411,178. U.S. Patent # 6,411,179. U.S. Patent # 6,411,180. U.S. Patent # 6,411,181. U.S. Patent # 6,411,182. U.S. Patent # 6,411,183. U.S. Patent # 6,411,184. U.S. Patent # 6,411,185. U.S. Patent # 6,411,186. U.S. Patent # 6,411,187. U.S. Patent # 6,411,188. U.S. Patent # 6,411,189. U.S. Patent # 6,411,190. U.S. Patent # 6,411,191. U.S. Patent # 6,411,192. U.S. Patent # 6,411,193. U.S. Patent # 6,411,194. U.S. Patent # 6,411,195. U.S. Patent # 6,411,196. U.S. Patent # 6,411,197. U.S. Patent # 6,411,198. U.S. Patent # 6,411,199. U.S. Patent # 6,411,200.

Premier Dental Products Co. Premier Dental (Canada) 888-670-6100 www.premierusa.com
 Cosmetic Lido/Restorative Hygiene/Perio Instruments Prosthetic



'A thoughtful, caring person'

Dr. James Saddoris, past ADA president, dies

BY JAMES BERRY

Dr. James A. Saddoris, ADA president in 1987-88 and a general dentist who championed professionalism as the key to dentistry's success, died Oct. 13 in his hometown of Tulsa, Okla., after a long illness. He was 75 years old.

A 1958 graduate of Baylor University dental school, Dr. Saddoris served organized dentistry at many levels in his long career.

He was a member of the ADA Board of Trustees for five years, representing the 12th District, which includes Arkansas, Kansas, Louisiana and Oklahoma. He was a member of the House of Delegates for 10 years and a past-president of the Oklahoma Dental Association, which named him "Man of the Year" in 1982.

He and his wife, Wanda, would have been married 53 years in January.

"The dental association was the most important thing in the world to us," said Mrs. Saddoris. "We certainly appreciated the many wonderful people we met and the good things that came our way from our involvement with the ADA."

As ADA president-elect in 1987, Dr. Saddoris also served as treasurer in the days before treasurer was made a separate elective office. He was a clinical faculty member of Oral Roberts University dental school and a past chair of the former ADA Council on Federal Dental Services.

Current ADA President T. Howard Jones, who knew Dr. Saddoris for about 15 years, had "the utmost respect" for him. Two years ago, after he had taken ill, Dr. Saddoris "still went to his state meeting where he was honored by the governor," Dr. Jones recalled.

"What always impressed me most was how positive he was," the ADA president said of Dr. Saddoris. "He always wanted to contribute, and he was a mentor to other dentists for a long time. He never stopped."

In October 1987, Dr. Saddoris was installed as ADA president at annual session, held that year in Las Vegas. His address to the House of Delegates centered on the importance of professionalism, which became the watchword of his presidency. His thoughts on the subject seem as fresh and relevant today as they did 16 years ago.

"Some people say that our era is one in which celebrities are many and heroes are few; an era of the hard sell and the fast buck; where slogans and

buzzwords take the place of reflection and thought; where mediocrity substitutes for quality; and where service to self ranks above service to others.

"These trends," he insisted, "contrast sharply with the ethics and ideals of the profession of dentistry" where "service above self is our heritage."

Dr. Arthur A. Dugoni, dean of the dental school at the University of the Pacific and president of the ADA Foundation Board of Directors, was ADA president-elect when Dr. Saddoris was president.

"Jim Saddoris was a very thoughtful, caring person," said Dr. Dugoni, who recalled that, during Dr. Saddoris' presidency, the two men worked together with the Board of Trustees and staff to develop a multiyear strategic plan.

"He invited me in from the very beginning and involved me in every decision," said Dr. Dugoni. "I respected that, and I learned from that."

Funeral services for Dr. Saddoris were held Oct. 16 in Tulsa. The Association made a donation in his name to the ADA Foundation. ■



Dr. Saddoris: "Service above self is our heritage."

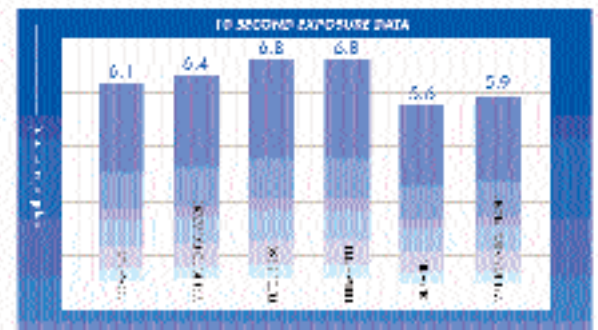
Don't get tied down
CUT THE CORD!



Rembrandt® brings you new freedom.

PRESENTING
REMBRANDT
ALLEGRO CE
THE NEW CORDLESS
HIGH-INTENSITY LED

Allegro provides outstanding depths-of-cure in just 10 seconds, no matter which composite you choose.



*Based on results of clinical exposure study published by J. J. Lee & D. K. Lee, A Study of Depth of Cure.

It's Cordless. It's Remarkable. It's Rembrandt.

Experience freedom! Try Allegro for 30 days RISK FREE.
Call 1-800-445-0345 or log on to **DenMat.com**

Photo: Kenney; ©2003 DenMat Corporation. All rights reserved. 0011-1000 • 9/18/03 • 0303

California bans school soft drink machines

Sacramento, Calif.—Following on the heels of passage of the California Childhood Obesity Prevention Act (SB 677), which prohibits vending machines from dispensing soft drinks at schools, the California Dental Association will launch a new public awareness campaign that cautions against frequent consumption of soda pop.

Radio spots and print ads will describe the recipe of chemicals in a soft drink, as well as the corrosive effects of constant consumption and the damage that a frequent consumer can expect.

"Our 'Sip All Day, Get Decay' campaign and support for SB 677 is a symbol of our commitment to better oral health for Californians," says CDA president Dennis Kalebjian. ■

VIEWPOINT

Snapshots OF AMERICAN DENTISTRY

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

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

MYVIEW

Thoughts on dental school funding, giving

Recent changes in educational funding have resulted in decreased state support for many public dental schools. Stock market activities and low interest rates have depleted endowments and investment income available to offset current expenses. In addition to these concerns, there are indications that research funds in some disciplines of medicine and dentistry may be reduced as the emphasis in future funding is altered.

Ten years ago or more, a reduction in dental school funding required reassessment of faculty, services and other aspects that both directly and indirectly affected the quality of education available for dental students. Now, these Draconian events presage the possibility of a wave of publicly funded school closings, or worse.

I went to dental school back when dinosaurs roamed the earth. I graduated in 1980. My memories of dental school were both positive and negative.



Sol G. Brotman, D.D.S.

Human nature often allows us much greater memory of the negative. The director of admissions of our school set the tone for our class when he said during our orientation, "Most of you don't belong here." This statement and several other actions by the institution dissuaded me from supporting my alma mater for many years.

Fortunately, the atmosphere is much more collegial than in generations past. (If you think my experience was isolated, my father shared with me nightmares he had for over 40 years. In each one, he got a phone call telling him he was still two inlays short of graduation and he would have to return to school to complete the restorations before he could continue practicing.) But, it is a new day, a new century and a new set of problems.

One of the problems that most, if not all, dental schools face is financial. You and I are part of the solution for this problem.

I wake up every morning thinking how fortunate I am to be able to have a profession that I enjoy and how much I look forward to going to work. But I also think about my responsibility to my community and how to help my family, patients, employees and others that I don't even know. Volunteering is one method that is very effective. Donating money is another.

Many fundraisers have told me that physicians are the most difficult people from whom to raise money. They're wrong; dentists are. I see the annual reports from the United Way, universities and other not-for-profit organizations. Dentists are historically underrepresented both in quantity of their gift and percentage of participation.

The periodicals that describe finances and incomes of dentists often indicate salary or income of \$150,000 to \$300,000 a year. Charitable contributions are often \$1,000 to \$5,000 annually. I understand the need of providing for the future, retirement and children's education. However, this level of giving is

See MY VIEW, page five

LETTERS POLICY

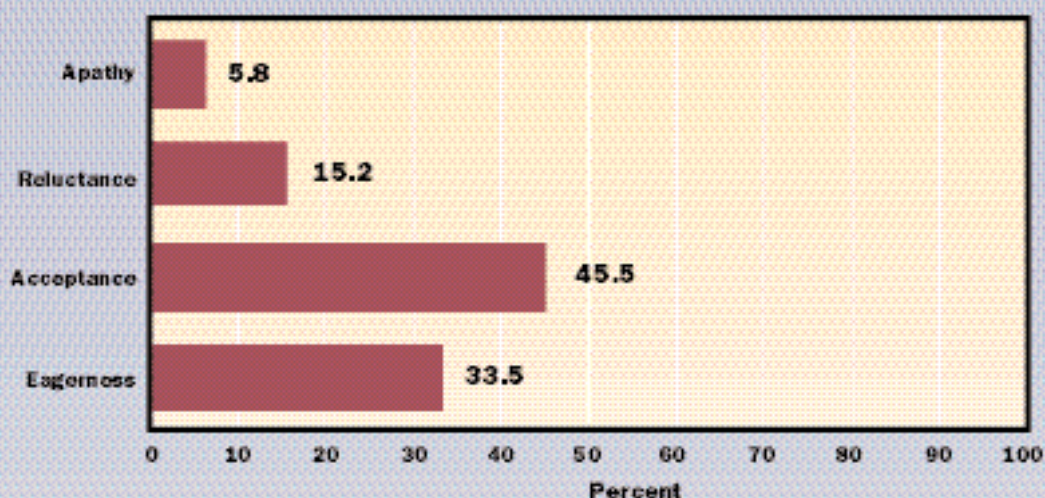
ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated.

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

Retirement

One-third of responding dentists say they are eager to retire.

Attitudes toward retirement, all responding dentists: 1999



Source: American Dental Association, Survey Center, 1999 Survey of Career Patterns.

LETTERS

Special-needs patients

Thank you for sharing the good news about the American Academy of Developmental Medicine and Dentistry in the Aug. 4 ADA News ("Patient Advocates: Dentists, Physicians Join Forces to Address Needs of Disabled").

It is important to use every opportunity to raise awareness in the dental community about the oral health needs of this vulnerable (and often overlooked) population.

Solving access-to-care issues for the special needs population is complex, and must involve the collaboration of medicine and dentistry. Encouraging medical and dental health professional programs to educate students about the oral health needs and issues faced by people with special needs is absolutely a necessary step.

It is also critical that the education of the thousands of dental providers in various practice settings across the country be aware of the existing disparities of this special population.

In regards to dental provider education, I would like to see a continu-

ing education class for dentists on special needs patients offered at the ADA annual meeting. Similar courses should be made available to state and local societies through the ADA Seminar Series program as well. These efforts would raise the visibility of the special-needs patients while providing much needed skills to dental providers.



Gerald A. Caniglia, D.D.S.
Chief Dental Officer
Arizona Department of
Health Services
Phoenix

Editor's note: The Council on Access, Prevention and Interprofessional Relations is pleased to invite all dental professionals to attend "The Rewards and Challenges of Special Care Patients," at the 2003 ADA annual session in San Francisco (Friday, Oct. 24, from 2:15 to 4:45 p.m.). To learn about resource

materials for dentists who care for patients with special needs, visit the exhibit of the NIDCR's National Oral Health Information Clearinghouse in the ADA Pavilion (Booth 2529).

In addition, the Council on Dental Practice's Seminar Series has just completed a continuing education survey of state and local societies, which included information on access to care. Final results are pending and will be available to members.

Salt fluoridation

There is a better way to fluoridate than using public water supplies. That better way also reaches people who have no access to public water and gives choice to all over what they ingest. I'm talking about fluoridated-iodized salt.

I am an advocate of the benefits of fluoride, but I have been an opponent of water fluoridation since dental school, more than 25 years ago, due to the ethical implications of delivering medication to masses of people via the public water system. I ask that the ADA adopt a different

See LETTERS, page five

LETTERS

Continued from page four
strategy: quit advocating that people accept treated water against their collective wills and instead support choice. Advocate the choice of consuming fluoridated-iodized salt.

Fluoridated-iodized salt has several advantages over fluoridated water. People and their governments all over this world have realized these benefits.

All one needs to do is an online search to discover what they are; ethical treatment of people is just a little extra benefit. After all, the ethical treatment of people is or at least should be our primary goal. The system for delivering beneficial fluoride has become for too many, a greater issue, and for some, the only issue.

Craig A. Schlie, D.D.S.
Redding, Calif.

Editor's note: According to the ADA Council on Access, Prevention and Interprofessional Relations, a number of countries in Central and South America and Europe use salt fluoridation. Salt fluoridation does not require a centralized piped water system, which is of particular use in many developing countries that do not have such water systems.

However, salt fluoridation has many disadvantages that do not exist with water fluoridation. Challenges occur with implementation of salt fluoridation when there are multiple sources of drinking water in an area. The natural fluoride level of each source must be determined and, if the level is optimal or excessive, fluoridated salt should not be distributed in that area.

In order to achieve a decay-reducing effect similar to water fluoridation, both domestic (household) salt and bulk salt (used by commercial bakeries, restaurants, institutions and industrial food production) must be fluoridated. When only household salt is fluoridated, the decay-reducing effect may be diminished.

In addition, a high consumption of sodium is a risk factor for hypertension (high blood pressure). People who must restrict their salt

intake may find salt fluoridation an unacceptable method of receiving fluoride.

In the United States, the decision to fluoridate is the only public health measure that is often made at the community level through elected officials or public vote. U.S. courts have consistently ruled that water fluoridation is not a form of compulsory mass medication. A medication implies a substance used to treat disease. Fluoridation simply provides an individual with an increased level of protection against developing dental disease. Water that has been fortified with fluoride is similar to fortifying milk with vitamin D and orange juice with vitamin C.

For more information on fluoridation, visit the ADA's Web site at "www.ada.org/goto/fluoride".

2004 DentaCheques coupon books available

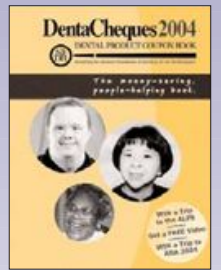
You can save money and spread smiles when you purchase the new DentaCheques coupon book from the National Foundation of Dentistry for the Handicapped.

The coupon book can save you up to \$13,000 on the dental materials, supplies and continuing education seminars you already use while helping provide dental care to elderly, disabled and medically compromised individuals.

Visit Booth 1302 at annual session and

make a tax-deductible donation of \$75 to take advantage of 139 offers from more than 70 dental manufacturers and distributors. Your donation will help the NFDH support its Donated Dental Services, Dental House Calls and BRIDGE programs.

Or, call the NFDH at 1-800-366-3331 or find information about DentaCheques online at "www.nfdh.org". ■



NICE TOOTH. IS THAT A CAPTEK?

CAPTEK™
A Benchmark In PFM Esthetics
\$109/unit

"I delivered twelve anterior units of Captek on four 100% happy patients with minimal adjustments and four posterior units in succession without any adjustment. It is the most esthetic PFM I and my staff have ever seen."
Dr. L. Meyer, Yreka, CA

"Your Captek work exceeded my expectations. I like it so much I'm restoring 20 crowns on my own mother."
Dr. M. LaMarca, Janesville, WI

NO, IT'S A WOL-CERAM!

WOL-CERAM®
Our most prescribed "Cementable" All-Ceramic
\$99/unit

"The look and fit of Wol-Ceram were every bit as good as any other ceramic restoration. If Wol-Ceram can stand the test of time equal to PFMs, it will be a landmark restoration in value."
Dr. D. Backiewicz, Sunbury, OH

"It exceeded my expectations! Wol-Ceram looked beautiful, fits great and seated with minimal adjustments."
Dr. R. Mazziotta, Bethesda, MD

GEE, I THOUGHT IT WAS A CERCON.

CERCON®
A Benchmark In All-Ceramic Strength
\$116/unit

"Thank you to everyone who worked on this Cercon case. It was the most beautiful case I have ever seen and the best cementation ever. It was perfect."
Dr. J. Moore, Anafaska, WI

"I have been trying to find a replacement for In-Ceram and Cercon has finally done it. My patient had a dark core and the Cercon framework blocked it out beautifully, producing esthetics comparable to Empress. My patient was fully satisfied with the final result."
Dr. E. Penn, Rockaway Park, NY

Go online for more information

800.854.7256

Serving Dentists Since 1970

GLIDEWELL LABORATORIES

See our full product line at www.glidewell-lab.com

MYVIEW

Continued from page four
woefully inadequate under current conditions.

Discussions about dental education often focus on the number of dentists and manpower issues. Quality is a far more important concern. If we as individuals do not provide the financial aid necessary, other sources may fill the void. Corporations may provide funding that will influence acceptances, techniques and protocols being taught and could cause degradation to the entire education process. Already, we are seeing a new program being funded by and for corporate interests.

Dentists generally enjoy an outstanding quality of life. Discussion among friends at meetings often revolves around golf, fishing, second homes and monthly vacations. Please look at your priorities and do your part on behalf of our profession.

Your school thanks you, your profession thanks you and on behalf of the future dental health of all Americans, I thank you.

Dr. Brotman is a Jacksonville, Fla., general dentist and past chair of the Florida Board of Dentistry, who, as president of two United Way agencies was involved in procuring more than \$10 million in funding for not-for-profit organizations. He is an adjunct faculty member at the University of Florida and University of Maryland, teaching in the facial pain centers at both.

Government

Children's dental Medicaid update

New ADA report examines program status in states

BY JOE HOYLE

Washington—Amid growing concern that state budget crises will turn back the clock on gains in children's access to oral health care, a new

ADA report released Sept. 16 provides the results of a first-ever checkup of state dental Medicaid programs.

The report, State Innovations to Improve

Dental Access for Low-Income Children: A Compendium, is a compilation of data drawn from each state's Medicaid and State Children's Health Insurance Program and addresses areas

dentists have long identified as barriers to care: Medicaid financing, program administration and patient compliance and awareness.

It also provides states for the first time with a tool to compare Medicaid reimbursement rates for children's dental services with dental marketplace rates across their region and focuses on the many ways states have sought to address access barriers highlighted by dentists and advocates.

"States have struggled valiantly to improve access to dental care, but budget deficits are straining Medicaid and State Children's Health Insurance Program resources, threatening the achievements made on behalf of our nation's neediest children," said Dr. T. Howard Jones, ADA president. "This report provides a checkup on the oral health services provided to Medicaid-eligible children across the country. It's a reminder both of the ongoing need and of what creative people can accomplish to meet that need, even when money is tight."

Although national statistics indicate just one in four Medicaid-enrolled children receive any dental service under Medicaid, some states have developed unique public-private partnerships and strategies that can serve as models for other states

Ad # 246031m459 to be placed at Quad!!!!

■ "It's a reminder both of the ongoing need and of what creative people can accomplish to meet that need, even when money is tight."

seeking to provide dental services to low-income children, according to the report. Among the innovative homegrown programs:

- Alabama literally called out their National Guard to mobilize dental units to deliver oral health care to school-age children in Medicaid by setting up tents on the playgrounds of elementary schools throughout the state.

- In Georgia, dentists initiated a campaign called "Take Five," asking every dentist to accept five new Medicaid patients each year.

- Michigan set up a 37-county pilot program through the Delta Dental Plan of Michigan to improve dentist participation in Medicaid and access to care for low-income children by increasing reimbursement rates to marketplace levels, issuing private insurance-like membership cards to enrollees and adjusting billing procedures to mirror private insurance procedures.

"When it comes to improving access to care, there is no 'one size fits all' solution," Dr. James B. Bramson, ADA executive director, explained. "We need continued leadership at the state level and partnerships between policymakers and the dental community to build on the successful programs described in this report. We hope that states will use it to learn from each other how to improve access to oral health care in cost-effective, non-bureaucratic ways."

The complete report, State Innovations to Improve Dental Access for Low-Income Children: A Compendium, is available online ("www.prnewswire.com/mnr/ada/11207"). ■

Congressman lauds Harris museum education efforts

Rep. Cummings sponsors bill

BY CRAIG PALMER

Baltimore, Md.—MouthPower, enabling young people to make informed choices about their oral health, is among the educational programming offered by the Dr. Samuel D. Harris National Museum of Dentistry.

Rep. Elijah Cummings (D-Md.), lead sponsor of legislation recognizing the Baltimore museum as the official national dental museum in the United States, described MouthPower as one of the museum's unique resources.

"MouthPower participants understand the meaning of good oral health and become aware of the role oral health plays in overall health, learn the benefits of good nutrition and the harmful effects of tobacco and other substances on oral health and become aware of career options in dentistry.

Harris

Continued from page one

support of "every major dental association" including the American Dental Association and National Dental Association, said Rep. Elijah Cummings (D-Md.), lead sponsor of H.J. Res. 52, which the House passed by voice vote. The museum is in Rep. Cummings' congressional district. Sens. Paul Sarbanes (D-Md.) and Barbara Mikulski (D-Md.) are lead sponsors of the companion Senate measure, S.J. Res. 12. The House designates joint resolutions as H.J. Res. and the Senate as S.J. Res.

ADA President T. Howard Jones and Executive Director James B. Bramson offered the strong support of the 147,000 member Association for the national museum designation as the legislation was drafted, introduced and maneuvered through the legislative process to the first of two expected favorable votes.

Like a bill, a joint resolution has the force of law when passed by both chambers and approved by the president or passed over a veto.

History, though prominent in the Oct. 7 discussion on the House floor, took a back seat to relevance, speaker after speaker congratulating the museum and the dental profession for the community outreach and education fostered by their partnership.

"Despite our advances in reducing dental disease, one in five American children still suffer the devastating effects of severe tooth decay," said Rep. Ben Cardin (D-Md.). "I am proud that in Baltimore, Md., the Dr. Samuel D. Harris National Museum of Dentistry is helping to reverse this epidemic by spreading the message that preventive dental health for children is key."

Other members spoke of the museum's potential for "help(ing) shed light on the problem many Americans face in accessing dental care" while serving as a learning center for children, scholars, professionals and more than 10,000 visitors from across the nation to "this interactive, educational and entertaining museum."

The Dr. Samuel D. Harris National Museum of Dentistry is endorsed by the American Dental Association, National Dental Association, American Dental Education Association, American College of Dentists, International College of Dentists and the American Academy of the History of Dentistry and all 50 state dental associations. ■

"Through a partnership with the American Dental Association, the program will be available nationally with the addition of a Web-based version and a resource kit for dental professionals to use in their community," Rep. Cummings said.

The U.S. House of Representatives by voice vote Oct. 7 approved a resolution designating the museum as the official national dental museum (related story, page one). ■



Rep. Cummings: Cites "MouthPower" exhibit as example of museum's effectiveness.



History: More than 5,000 Maryland school children visit the museum each school year.

The FIRST LED to cure ALL resins

"Dentistry's First 3rd generation LED curing light."

Professor Frederick A. Huesgelberg D.D.S., M.S.



Dear Colleague:

At Ultradent, we define leadership as the development of technologies that create new industry standards. We believe leadership to be about ongoing innovation, not just past reputation. We believe leadership is about offering the best, not only about selling the most.

As demonstrated by independent research*, Ultra Lume LED 5 is the first LED curing light capable of curing all resin materials tested. Noted curing light researcher Prof. Fred Huesgelberg has called the Ultra Lume LED 5 "Dentistry's First 3rd Generation LED Curing Light." Ultra Lume LED 5 has set a new standard by which other LED curing lights will be measured.

Read the research. Additionally, we offer you (as usual) the opportunity to try our products before purchasing; now we invite you to take advantage of our 30-day, no-questions-asked, money-back guarantee. Experience the Ultra Lume LED 5 risk free and see for yourself why Ultradent is the leader in LED curing technology.

Sincerely,

Don Feather

Don Feather
President & CEO
Ultradent Products, Inc.

Ultra ^{LED} Lume 5
INDEPENDENT PRICE
\$999



SMALL, LIGHTWEIGHT DESIGN. NO BATTERIES OR BULBS TO REPLACE. NO FAN - QUIET OR OTHERWISE. NO COUNTER SPACE NEEDED.



ACTIVATE UP TO EIGHT TIMER OPTIONS ON THE UNIQUE BASED TOUCH-PROF. FOR REGULAR CURE, PULSE DELAY OR TUCKING MODES.



MULTIPLE LENSES INDIVIDUALLY FOR ALL OF YOUR INDIVIDUAL CURING NEEDS. NO PROTECTIVE LIGHT BARRIERS TO BREAK OR REPLACE.



THE ULTRA-LUME LED 5 HAS A LARGE FOUR-PART (100%) BOND ELIMINATING MULTIPLE CURING STROKES. THE SPECTRUM OF WAVELENGTHS FROM 400-680NM (117NM) ENABLES IT TO CURE ALL LIGHT-CURING RESINS.

CALL TODAY FOR MORE INFORMATION

800.552.5512 ULTRADENT.COM

U.S. Product of Ultradent Products, Inc. - Patent Pending. ©2003 Ultradent Products, Inc. All rights reserved. *See research for details. All prices are suggested retail prices. Prices may vary by region.



Some dentists make \$50,000
their first year.

Ours make \$30,000 their first day.

If as a Navy Dentist, you'll experience all that dentistry has to offer sooner than you ever thought possible. Imagine being able to run your own practice without any of the costs or challenges normally associated with doing it yourself. You'll get to travel the world and experience the kind of adventure you've always dreamed about. Plus you'll receive a \$30,000 sign-on bonus. So if you're looking to further your dental career while you travel the world, then the Navy is the choice for you.

BENEFITS -

- Competitive family medical/dental benefits.
- 30 days' vacation with pay earned each year.
- Regular salary increases.
- Promotions based on merit and ability.
- Opportunities for continuing education.

Call 1-800-USA-NAVY and ask for
Advancement Opportunities.
Or check out navy.com

NAVY
accelerate your life

©2001. Paid for by the U.S. Navy. All rights reserved.

Thinking globally Women's conference looks at leadership

Göteborg, Sweden—Twenty-six countries were represented at "Global Health Through Women's Leadership," the American Dental Education Association's Second International Women's Leadership Conference held here June 20-23.

Programming covered issues as varied as women and family oral health, leadership skills development, workforce and research careers, and marketing women's health. Dental educators, practitioners, researchers, public health officials and corporate executives attended. ■



Göteborg, Sweden: Standing in front of the Börser, the historic city hall of Göteborg, are (from left) Dame Margaret Seward, chief dental officer emerita of the United Kingdom; Dr. Kathleen Roth, ADA 9th District Trustee; and Dr. Lois Cohen, associate director for International Health and director, Office of International Health, National Institute of Dental and Craniofacial Research, National Institutes of Health.

STATESWATCH

Missouri keeps adult dental Medicaid

St. Louis—Circuit Judge Steven Ohmer issued a permanent injunction Sept. 29 against the state's attempt to suspend or eliminate adult dental Medicaid services.

Current Medicaid statute, he ruled, creates an entitlement to dental services for eligible recipients. That statute came in conflict with a budget signed June 30, 2002, by Gov. Bob Holden that eliminated Medicaid funding for adult dental services, and the Missouri Department of Social Services violated state law when it effectively ended dental and eyeglass services for adults in the program.

Although a preliminary injunction issued last August had restored dental services, Judge Ohmer's rulings are more permanent and affect 300,000 low-income Missouri adults seeking free dental care.

Bills introduced last year in both the state House and Senate would have cut adult dental

Medicaid legislatively. However, neither bill passed, partly due to lobbying efforts and testimony by the Missouri Dental Association.

Massachusetts mouthguards

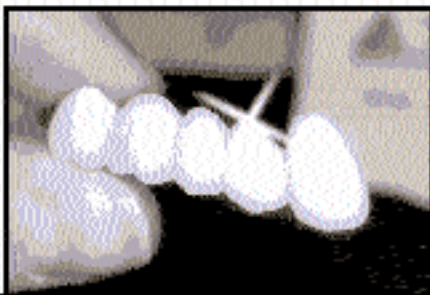
Franklin, Mass.—"I've treated a basketball player who suffered serious injury after being hit in the mouth when he wasn't wearing a mouthguard," says Dr. Paul Epstein.

As a member of the Massachusetts Dental Society, Dr. Epstein supports the use of mouthguards. He's also on the Massachusetts Interscholastic Athletic Association's Sports Medicine Committee, which recently approved a regulation to require them for boys' and girls' high school basketball during games next season.

The MDA has developed Grin and Wear It, a program in which MDA member dentists will provide student athletes with custom-made mouthguards at discounted prices. The MIAA also requires mouthguards for soccer, ice and field hockey, lacrosse, wrestling and football.

—Reported by Mark Berthold

You Can Have Beautiful Restorations Back in Your Office in 3 Days!



- One Certified Dental Technician Completes Your Casework In Two Days...
**No Interruptions
No Delays
No Assembly Line**

- Your Finished Restorations Are Back In Your Office On The Third Day

Call Aaron Or Sandy At
800-252-0232

Porcelain-Fused-To	
Base Alloy	\$79
Noble Alloy	\$95
High Noble White	\$105
High Noble Yellow	\$110
"Pinnacle/Captak"	\$105
All-Ceramic Frame	\$115
Gold Inlays/Crowns	\$90
Porcelain Veneers	\$90
Porcelain Inlays/Crowns	\$99
Nano-Hybrid Composites	\$75
"Shine-Temp" Provisionals	\$25

Fees include All Alloys

Aaron A. Anderson, CDT
Assistant Director



Sandy Lammachlyger
Director of the Division



TRIPALAY
DENTAL LABORATORY, INC.

Raypointe Business Center,
8600-1 N. Wilmington Circle
Jacksonville, FL 32214
(904) 771-1684



California amalgam suit update

BY MARK BERTHOLD

San Francisco—The California Supreme Court Sept. 17 agreed to review the amalgam-related lawsuit Kids Against Pollution v. the California Dental Association, which was dismissed May 21 by the state's Court of Appeal.

In that decision, the California Appeal Court ordered a lower court to dismiss suits against the CDA and uphold the association's right of free speech on public issues.

In the original suit, plaintiffs alleged that CDA deceives the public by, among other

things, representing amalgam as silver and hiding the existence of mercury in dental fillings. They also alleged CDA prohibits dentists from discussing the health effects of amalgam with their patients by forcing them to adhere to the state and local dental groups' ethical codes that allegedly bar such discussions.

The Superior Court of the State of California Aug. 8 dismissed the suit against the ADA—which was originally named a codefendant in the California Dental Association suit. ■

TRY OUR BEST ANTERIOR/ POSTERIOR COMPOSITE...



...AND GET THE BEST FLOWABLE COMPOSITE FREE!*



Smile™ Nano-hybrid Composite is the best anterior/posterior composite we've ever made. In fact, we think it's the best composite anyone's ever made. And Flow-It® ALC™ is one of the leading flowable composites in the market.

So here's our unbeatable offer: Every time you order Smile Nano-Hybrid Composite, we'll give you an equal number of Flow-It ALC Flowable Composite syringes FREE!*

Smile Nano-Hybrid Composite is a truly new composite using a tough polycarbonate reinforced resin. Its unique combination of nano particles for polishability and hybrid particles for strength gives you a restorative without

compromise. Smile Nano-Hybrid Composite is easy to place and easy to finish. And it lasts.

Flow-It ALC Flowable Composite has established itself as one of the leading flowable composites, with just the right viscosity – not too dense, not too runny. Thousands of your colleagues rely on Flow-It ALC Flowable Composite every day. And you can use it free.

Just one more thing. Because all these products come to you directly from the manufacturer, they cost a lot less than other brands. So you get a better restorative at a lower price – and you stop paying for your flowable composite!

Call us today!

SAVE \$50 - BUY THE 10 SHADE SYRINGE KIT FOR ONLY \$199.95 OR THE 10 SHADE SINGLE DOSE KIT FOR \$149.95 AND GET 10 SYRINGES OF FLOW-IT ALC FLOWABLE COMPOSITES FOR FREE*.



PENTRON
CLINICAL TECHNOLOGIES, LLC

800.551.0283

*Additional shipping charges may apply. Offer valid until 11/30/03. Subject to change or cancellation without notice. Cannot be combined with any other offer. Offer valid in the USA only. Pentron Clinical Technologies, LLC • P.O. Box 724 • Wallingford, CT 06492
©Pentron Clinical Technologies, LLC, 2003. All rights reserved.



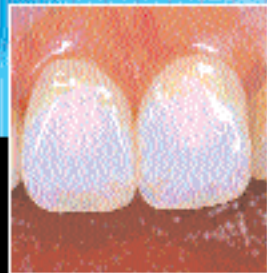
SOURCE CODE
1113

Patients look marvelous with as

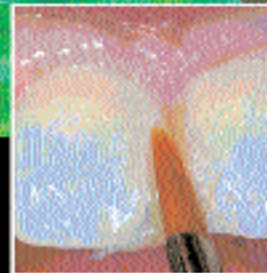
**ESTHETIC
INVISIBILITY**

**NATURAL
BEAUTY**

**FRACTURE
TOUGH
& STRENGTH**



GRADIA DIRECT restorations match the appearance of surrounding tooth with perfect translucency and opalescence.



26 shades: Uniflip or Composite Syringe delivery.



Esthetic Invisibility: Single Shade Simplicity

With the best light refractory index, opalescence, fluorescence and translucency available, GRADIA DIRECT makes it easy to complete natural looking, high-end multi-layer restorations with as little as a one shade technique. GRADIA DIRECT not only picks up the color and matches the surrounding tooth, it becomes esthetically "invisible."

Best Handling Composite Ever

One thing every professional notices about GRADIA DIRECT is the superior handling. Anterior shades sculpt readily and posterior shades offer strength and body. GRADIA DIRECT gives you plenty of working time even in strong ambient light. And it's not sticky, so it shapes and sculpts easily.

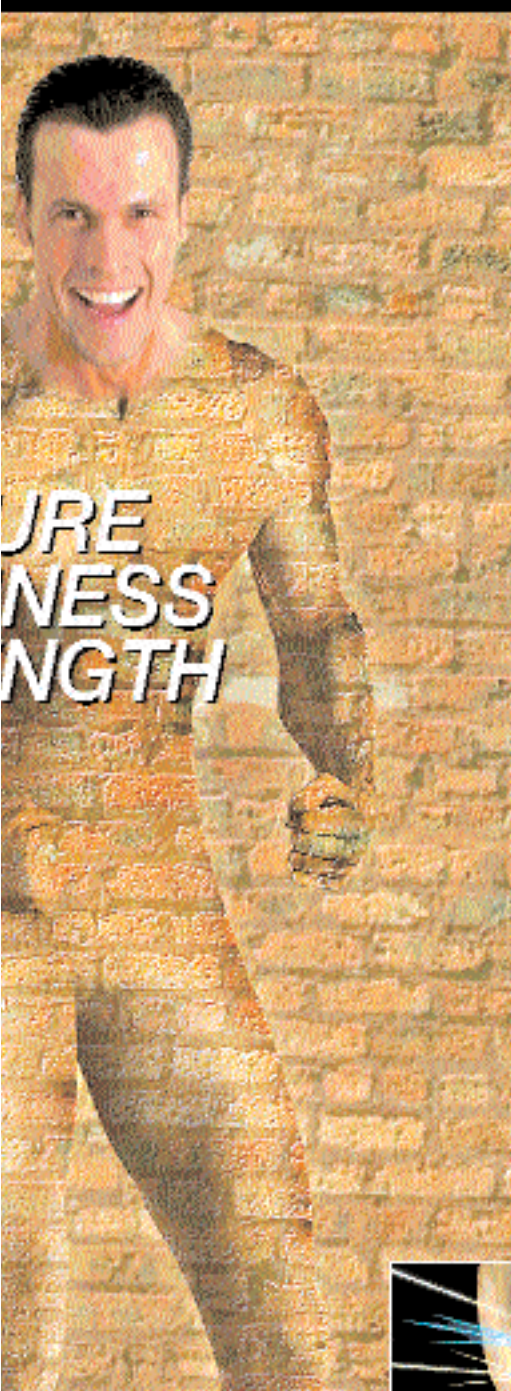
Optimal Balance of Physical Properties

Light-cured GRADIA DIRECT is a micro-filled hybrid resin composite with microfine pre-polymer resin fillers, a unique coupling agent and urethane dimethacrylate-co-monomer matrix which offers

GRADIA® DIRECT

High-End Esthetics Made Easy.

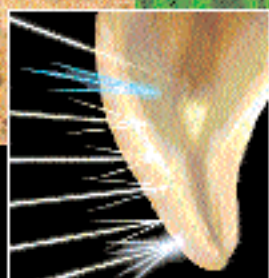
little as one shade



**PURE
BRIGHTNESS
STRENGTH**



**DIRECT &
INDIRECT**



GRADIA DIRECT's optimal balance of physical properties provides outstanding esthetics without sacrificing strength.

Just like GRADIA (for INDIRECT laboratory restorations), new GRADIA DIRECT has multifaceted reflective and optical properties similar to that of natural tooth. Restorations appear natural, with true to life color and full vitality.

significant advantages in esthetics, polishability, wear resistance and fracture toughness. Designed to be the best enamel replacement ever, GRADIA DIRECT has toothlike color reflection and absorption and lifelike optical properties, including brightness, translucency and warmth.

GRADIA DIRECT Introductory Kits

Units: 7 shades, 5 each of A2, A3, A3.5, A03, C1, C1 and P-A2 and Shade Guide.

Syringes: 7 shades, one each A2, A3, A3.5, A03, C1, C1 and P-A2 and a Shade Guide.

Complete Kits with all 26 Shades also available.



Incredible Offer

GET ALL **3** Products FOR AS LOW AS*

\$999

YOU GET
the **GRADIA DIRECT** Intro Kit,
the **UniFil BOND** Starter Kit, and the
UniFil FLOW Starter Kit



GRADIA[®] DIRECT
Light-Cured MFR
Composite UniTip
Starter Kit

\$99
RETAIL VALUE



UniFil[®] BOND
Light-Cured
Self-Etching
Bonding Agent

\$119
RETAIL VALUE



UniFil[®] FLOW
Light-Cured
Flowable
Composite

\$70
RETAIL VALUE

* With GRADIA DIRECT Syringe Intro Kit (\$240 Retail Value, price is \$240 for all 3 Kits. Offer good through December 2003.



GC America Inc.

Advancing the Art and Science of Dentistry

© 2003 GC America Inc., 3737 West 127th St., Alsip, IL 60803

<http://www.gcamerica.com>

New online recruitment features from Army, IHS

Tomorrow's dentists visit with today's in the field

BY CRAIG PALMER

The Army and the Indian Health Service are online recruiting tomorrow's dentists at revamped interactive Web sites featuring video visits with today's dental professionals in the field.

"Expand Your Horizons." Visit Capt. Matt Bruner, general dentist, on camera at the Army Health Care Dental Corps Web site ("healthcare.goarmy.com/sixcorps/dentcorps"). "I've become a better dentist because of opportunities in the Dental Corps. You know, I love being an officer in the Army. It gives you a chance to do all kinds of things as a soldier and as a leader. They challenge you with a lot of responsibility, but there's great personal reward, too."

"Be Part of Something Noble." Meet Col. Alan Nealeans, Army Reserve dentist and medical unit dental services commander. "I'm a dentist in the Army; I'm a dentist in the civilian world. We treat patients."

It's "the new face of U.S. Army Health Care," recruiting health professionals online with:

- tools for answering career and training questions;
- benefits and eligibility information for active duty and Reserve officers;
- video interviews including health care footage in multiple file formats;
- interactive mapping of Army health care facilities throughout the world;
- recruiter locator with direct e-mail contact.

"Opportunity Adventure Purpose" is the new Indian Health Service oral health Web site at "www.dentist.ihs.gov".

"If you are an oral health professional or student in search of an exceptional career that will fulfill your sense of mission and desire for an adventurous lifestyle, you have clicked to the right place! Welcome to the IHS Division of Oral Health Recruitment Program."

The uniformed civilian and military services are adding online recruitment features to their Web sites to attract tomorrow's dentists. The recently launched IHS site offers video visits with today's dentists describing "an experi-

ence you cannot get any other way," "an opportunity to fulfill my dream." The camera pans to a kayak negotiating the stream of outdoor life and "spectacular natural beauty" common to many IHS service areas. A visitor clicks to current dental vacancies, loan repayment opportunities and recruitment events.

"Contact our dental health care professionals in the field ... We have put together a list of (dental school) alumni you can talk to about their IHS experience ... Enjoy all the adventure and recreational activities these areas have to offer ... You will find that IHS has made the application process as simple and straightforward as possible."

The IHS is the U.S. Public Health Service agency responsible for the health care of more than 1.6 million American Indians and Alaska Natives. More than 1,800 dentists, hygienists and dental assistants "strive to prevent as much dental disease as possible through organized prevention programs and limit existing disease through active clinical programs." ■

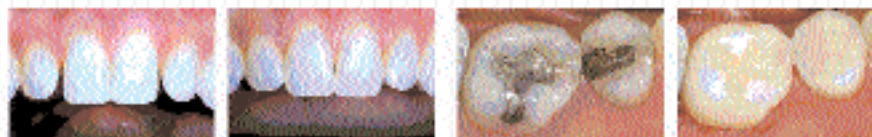


It's live: Dental officers in action on the new Army recruitment Web site.

CLONING MADE LEGAL

Vit-I-escence®: Power to recreate the natural tooth.

Few things in life give you the power to circumvent the law. Not only does Vit-I-escence offer this power, it holds the power to take the practice of repairing teeth to the art of actually recreating them. The natural qualities of Vit-I-escence will elevate any restoration to a work of art. The dentin shades fluoresce and the enamel shades are translucent. It's strong like a hybrid, yet has the polishability of a microfill. And whether you choose a simple, single shade or a more detailed, layered restoration, with 33 shades you can work from a full palette of color.



IMPROVING MOTHER NATURE

DUPLICATING MOTHER NATURE



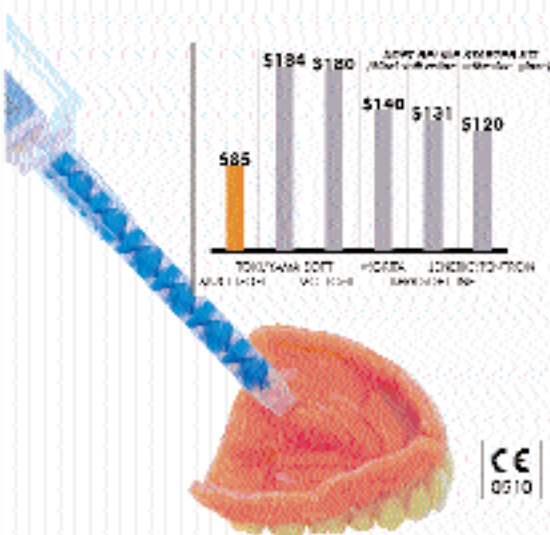
The new Quad KiberSleeve™ syringe eliminates the possibility of problematic syringe particles contaminating your restorations.

CALL FOR MORE INFORMATION

800.552.5512 ULTRADENT.COM

ULTRADENT PRODUCTS, INC.

©2003 Ultradent Products, Inc. All rights reserved. U.S. Patent # 6,442,442. All other trademarks and registered trademarks are the property of their respective owners.



At last, a soft reline economical enough for every patient

Relining an acrylic denture® with Mucosoft® is almost as easy as taking an impression. After removing a couple of mm's of the old denture base to create some room, apply the Mucosoft bonding liner and let it set for a couple of minutes.

Using your impression gun, express Mucosoft in to the prosthesis and seat it in the mouth. After border molding, have the patient hold denture while the reline sets. There's no heat. No taste. And the reline is out of the mouth in just 5 minutes.

Then trim the excess material. The brush on glaze included in the kit lets you seal the trimmed surfaces.

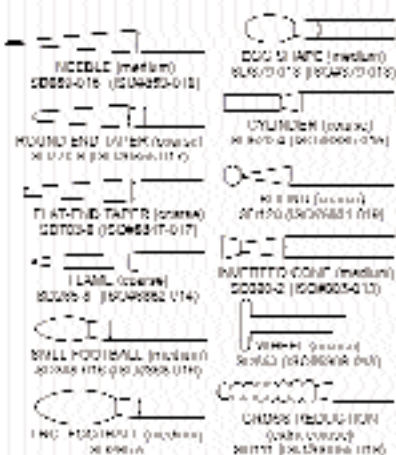
Comes with a 3-month money-back trial.

Mucosoft® Reline Kit: (S191AD) \$85 plus shipping. Includes Mucosoft Silicone (50ml standard cartridge), Bonding Liner (1.5ml), Glaze (12ml 01), mixing tips and brushes.

* Mucosoft does not adhere to Herculite or Valplast.



12 DIAMOND SHAPES ... 99¢ each



50 diamonds (one shape) ... \$49.50
100 diamonds (assorted shapes) ... \$99

PRIORITY NO. 1919-D



ORDER TOLL FREE USA & CANADA
1-800-243-7446
(Outside USA & Canada, (516) 464-1101 • Fax: (516) 464-1947)
E-Mail: info@parkell.com • www.parkell.com

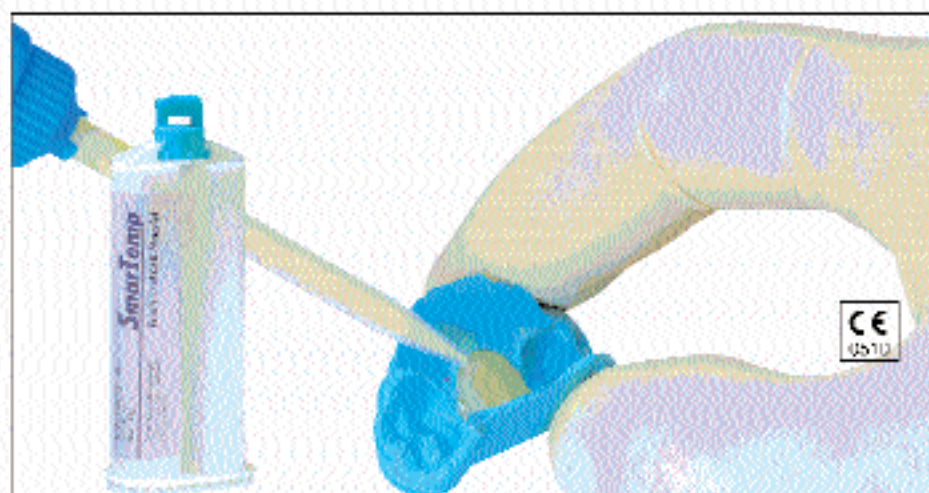


America's precision articulating film

- AccuFilm® is super thin (just 1/1200" thick) for crisp, accurate marks
- Marks damp surfaces
- Won't tear or smudge

Just 1/3rd to 1/4th the thickness of traditional ribbons and papers. Available single-sided (black, red, or green) or double-sided (black/black, red/red, or black/red). Comes in pre-cut strips 7/8" wide. And now continuous rolls (black, red, and red/black only.) One tooth trial.

Single-Sided - \$12.50 (3 for \$34.50)
Double-Sided - \$16.50 (2 for \$31)



Save up to \$90 (maybe more) on every cartridge of temporary C&B resin

Now with new low-flow body, extended doughy stage, and faster set

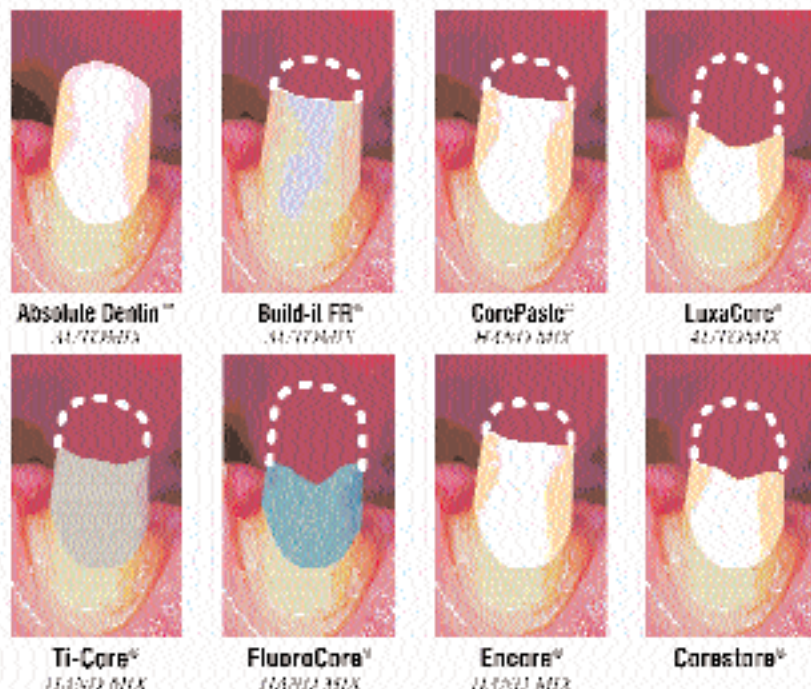
If you use autocomp resin for your provisional restorations, SmartTemp can slash your expenses by 2/3rds ...

maybe more. It's a great material. Strong, Radiopaque. One month trial.

SmartTemp: \$35 ea (approx A1, A2, A3.5, or C4) Minimum order 3 cartridges.

How much "core" should you expect for \$1.50?*

- ✓ Auto-Mix using a Split-Cartridge Gun
- ✓ Dual Cure
- ✓ Doesn't slump
- ✓ Cuts like dentin
- ✓ Fluoride-containing
- ✓ Radiopaque
- ✓ Tooth shade, White or Blue



* Estimations include waste in mixing up or on put and, if necessary, cost of a delivery tip.



New Absolute Dentin™ delivers fast autocomp composite cores at an unbelievably low cost ... but low price is just the beginning.

Absolute Dentin is a highly-filled autocomp dual cure resin you express directly from the cartridge onto the tooth. There's no hand-mixing. No trimming. It comes in 50ml split cartridges just like an impression material, and you use an impression gun to deliver it.

Absolute Dentin costs just 80-cents per gm (\$1.80 per oz.). That's less than half the price of most core systems - autocomp or handmix! So if you do a lot of build ups, Absolute Dentin can save you some money.

However, when you're comparing core values, please don't stop with the price.

A stronger core resists flexing

Today's metal-free esthetic crowns demand a stiff supporting core. Even the smallest amount of flex can cause a fragile ceramic crown to crack or fracture.

That's why Absolute Dentin is densely filled (75%) with fluoridated-barium glass. It provides strong, stable support for your restorations. In fact its 172MPa flexural strength is about 25% higher than Build-It's.

Dual Cure for convenience

If you simply express it onto the tooth and let it alone, it self-cures in 1 minute. Hit it with a light, and it cures in about 40 seconds. So it fits

n nicely into high-production practices.

Absolute Dentin cures to a Barcol hardness of 7?. Not by coincidence, that's a typical hardness of dentin. So your bur glides smoothly as you go from dentin to Absolute Dentin and back again. No chipping.

Three colors - White, Tooth Shade & Blue

When you want a clear visual distinction between tooth and core, Absolute Dentin-Aesthetic White or Blue are the materials of choice. They cure most nicely with dentin, so you can see at a glance that your crown prep extends a good millimeter or two onto the tooth.

However, for highly translucent cosmetic crowns, you'll probably prefer Absolute Dentin TOOTH SHADE. It's approximately A2 to

eliminate any possibility of show-through.

Don't believe it? Try Absolute Dentin yourself for a month, risk-free!

Put Absolute Dentin to the test in your practice. If it's not what you're looking for, simply call our toll free line. We'll have whatever remains of the material picked up at our expense, and we'll give you your money back.

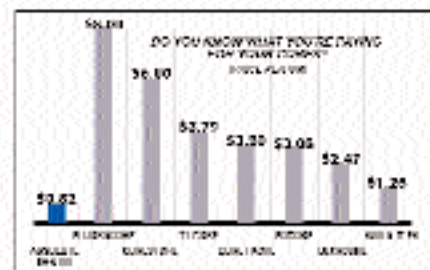
ORDER TOLL-FREE USA & CANADA
1-800-243-7446
(Outside USA & Canada, 516 464 1101 • Fax: 516 464 1947)
E-Mail: info@parkell.com • www.parkell.com

Mail or Fax to Parkell
155 Schmitt Blvd
Box 376, Farmingdale, NY 11735

Please send me Absolute Dentin™: \$89.95 plus shipping. 50ml split cart. (110ml), plus 10 mixing tips and 10 intraoral tips

- SHADE
- ARCTIC WHITE (S300-AD)
 - TOOTH-SI (S301-AD)
 - BLUE (S307-AD)

Name _____
Address _____
City _____ State _____
Zip _____ Telephone _____



How much do you want to pay for a great core material? (cost per gm)

ADA expands Internet reach

Oral health resources, "Find a Dentist" now featured on WebMD

BY KAREN FOX

Web surfers seeking health information from WebMD are in for an eye-ful from the ADA.

The leading consumer-focused health information Web site that helps people play an active role in managing their health launched a variety of "wellness and lifestyle centers" earlier this year.

Through a recently signed contract, the ADA is now supplying WebMD with content related to oral health, treatments, products and parenting

information. The WebMD Dental Care Channel also includes a link to the "Find an ADA Member Dentist" search function on ADA.org.

"Providing content and resources to WebMD gives us an opportunity to communicate ADA messages to more viewers through the Internet,



which is becoming a commonly used tool by consumers seeking health information," said Dr. James B.

Bramson, ADA executive director. "And it gives patients an opportunity to get to ADA members through the directory."

More than 15 million visit WebMD's Internet

site each month, but the company's reach extends further. WebMD also distributes content and services to several leading general consumer Internet portals and media distribution partners, including AOL, MSN and News Corporation.

The agreement between the ADA and WebMD's Dental Care Channel is the second alliance between the two organizations. Through ADA Member Advantage, the Association endorses a separate WebMD offering, WebMD Dental. WebMD Dental is a leader in the area of electronic data interchange services and practice management software and services to the health care industry, offering members electronic transaction solutions to streamline insurance processes. (For more information on electronic transactions, go to "www.webmdenvoy.com" and click on "Dentists").

So far, some of the oral health topics included on the WebMD Dental Care Channel include sealants, smoking cessation, restorations, periodontal disease, bad breath, eating habits, oral care products, dry mouth, diabetes and oral health, oral care for cancer patients, dental emergencies, common mouth sores and baby's first teeth.

The ADA has also placed interactive advertisements on WebMD linking consumers to ADA.org.

To view the ADA content on WebMD, go to "www.webmd.com" and enter "Dental Care Channel" in the search function. ■

AD # 246034m469 to be placed at Quad!!!

Dues

Continued from page one
no fewer than 90 days before the first meeting of the House.

That due date has come and gone without a proposed amendment, which means a net dues increase for next year is not on the table. Still, the House is free to adopt any programs or activities it deems worthy of approval.

The Association's improved budget picture reflects the fact that membership numbers are up, membership non-renews are down and non-dues revenues are climbing.

In an Oct. 13 memorandum e-mailed to the delegates, Dr. Feldman noted that the 2004 spending plan reflects the Association's strategic priorities and includes \$1.2 million in new programs in areas of particular interest to the membership—advocacy, for example, and continuing dental education.

"This was all accomplished without a dues increase, which is an added bonus for our members," wrote the treasurer.

His two-page memo to the delegates touched on the "delicate balance" between dues rates and the Association's financial health and strength. He said the 2004 budget proposal represents "an important first step" in the quest for "dues stabilization" and "controlled growth" that will help the ADA avoid "large swings" in the dues rates.

"In summary," he told the delegates, "the Board of Trustees has presented you with an extraordinary budget. It is balanced, funds are available for any projects that you believe should be added and the reserve level is where it should be."

ADA President Jones commended the Board, the treasurer and staff for preparing a budget that "holds the line on dues and, at the same time, adds value to the membership and gives the House the opportunity to address other perceived needs." ■

Diabetes and oral health

ADA/Colgate course addresses oral health needs of diabetics

BY KAREN FOX

Members attending annual session later this week are privy to an insider's glimpse into the ADA/Colgate Diabetes and Gum Disease Campaign.

Launched last month, the initiative will educate dental professionals and the public about the relationship between diabetes, oral health and dental treatment.

Thanks to a grant from the Colgate-Palmolive Co., "Diabetes and Dental Treatment," an open-session course, is offered Oct. 24 from 2:30-5 p.m.

The course addresses the specific oral health needs of the dental patient with diabetes and the disease itself—now recognized as a risk factor for infection and periodontal disease.

The science for treating patients with diabetes will be discussed, along with the long-term implications of diabetes for oral health. Speakers will also address key considerations related to treatment, including stress reduction, diet modification, inpatient vs. outpatient care, antibiotic use, changes in medication regimes and appointment timing.

ADA.org (as PDFs). Test-takers can submit answers electronically and receive responses within minutes. The ADA News insert and JADA special edition are also included in the information kits that Colgate will distribute to help dentists care for patients with diabetes.

Members can review the kit and its contents at the Colgate booth in the exhibit hall at annual session (Booth 1326). The kits will be available to members after Nov. 1. To request a kit, contact the Colgate-Palmolive Co. at 1-800-840-3000. ■



At the summit: Dr. T. Howard Jones, ADA president, holds the American Society of Association Executives Summit Award at the ASAE awards ceremony held Sept. 30 in Washington. The Summit Award, ASAE's top honor, recognized the ADA's Give Kids A Smile campaign. Pictured with Dr. Jones, from left, are ASAE's Kris Cook; Dr. James B. Bramson, ADA executive director; and ASAE's David Gabri.

Their vitality will make you and your patients look great.



\$109
per unit

Captek™

World's most experienced Captek lab*



"Captek's 22kt gold coping eliminates gumline shadows and enhances vitality. Prescribe one and you'll see why Glidewell's Captek is the PFM for esthetic dentists."

Michael DiTolla, DDS, FAGD



Captek is not an electroplated pure gold system. It is a reinforced gold metal with 88.2% Au, 8% Pt group metals and 2.8% Ag.

*Data verified by Precious Chemicals Company, Inc. Captek is a trademark of Precious Chemicals Company, Inc.

For more info & nationwide pick-up

800.922.7835

Serving Dentists Since 1970

Patient presented with multiple failing composites and recurrent decay. Her smile was restored with porcelain fused to Captek crowns on teeth 7-10 and 12. Clinical dentistry by Michael DiTolla, DDS and ceramic artistry by Vasily Dudkin, CDT at Glidewell Laboratories.

GLIDEWELL LABORATORIES

See our full product line at www.glidewell-lab.com

Fluoridation news update

On Monday, Sept. 15, the Mt. Pleasant, Mich., city council voted unanimously not to place an initiative affecting fluoridation on the Nov. 4 ballot—after an article in the Sept. 15 ADA had noted that voters in that community would be voting on fluoridation in November.

Also, the article noted that, "Currently 45 of the 50 largest cities in the nation enjoy the benefits of optimally fluoridated water." The correct statement should have read, "Currently 42 of the 50 largest cities have approved fluoridation. Three additional cities are naturally fluoridated." ■



The recently published "Considerations for Treating the Dental Patient with Diabetes" (an insert in the Sept. 1 ADA News) will be addressed, along with information on how adopting these suggestions can affect the dental practice.

Speakers for "Diabetes and Dental Treatment" are Dr. Marjorie Jeffcoat, dean of the University of Pennsylvania School of Dental Medicine, and editor, The Journal of the American Dental Association; Dr. Roger Levin, founder and CEO of the Levin Group, a dental practice management and marketing consulting firm; and Dr. Louis Rose, diplomate of the American Academy of Periodontology, clinical professor of periodontics at the University of Pennsylvania and practicing periodontist in Philadelphia.

In November, a special edition of The Journal of the American Dental Association titled, "Diabetes and Oral Health," will be distributed and posted in the JADA open access area on ADA.org ("www.ada.org/goto/jada", click on "Supplements and Special Reports").

Online continuing education will be posted on

Winning smiles

Three states earn ADA awards for helping kids



Easy does it: Summer White gives a lesson on preventive dental care at a South Carolina elementary school.

BY STACIE CROZIER

The ADA has recognized three constituent dental societies for their efforts in promoting the Association's National Children's Dental Health Month with 2003 Samuel D. Harris National Children's Dental Health Month State Program awards.

The South Carolina Dental Association received the first place award for its month-long "Give Kids A Smile ... Today and Into the Future!" campaign. Volunteers from across the state reached an estimated 75,000 children with educational visits and 300 children were treated at three locations on Give Kids A Smile Feb. 21.

NCDHM activities included coloring contests, toothbrush giveaways, dental office tours, distribution of educational materials, skits and other events at schools, malls, dental offices and the Medical University of South Carolina College of Dental Medicine.

School nurses, health departments, community organizations, component dental societies and state and local government agencies also worked to spread the message of NCDHM across the state. South Carolina's first lady, Jenny Sanford, and her children appeared in a public service announcement that reached an estimated 85 percent of the state.



Looks like fun: Dr. Donna Helton of Danville, Va., treats a young patient on Give Kids A Smile Feb. 21.

The SCDA received \$2,000 from Oral Health America, award sponsor.

The Pennsylvania and Virginia dental associations received Harris merit awards. Each received \$1,000 from Oral Health America.

PDA's award winning program included development of a streamlined lesson plan kit for third-graders, a dental association-sponsored poster contest and component society promotions and activities where children received brochures, posters, toothbrushes, bookmarks and activity sheets.

PDA distributed more than 10,500 lesson plan kits and selected the poster contest winner



Tooth power: The creative talents of nine-year old Daniel J. Herr of High Point Baptist Academy in Geigertown, Pa., take first place in the PDA poster contest for all third-graders in the state. Daniel received a \$1,000 savings bond and his poster was reproduced on bookmarks distributed to all of the state's public libraries.

from 80 regional finalists chosen from some 20,000 participants. They distributed 98,000 bookmarks in 478 public libraries.

Even a snowy Give Kids A Smile in Virginia couldn't dampen the enthusiasm of the more than 300 volunteers who donated time for dental health education and treatment. VDA reached more than 9,550 children in need of dental care with screening, education, fluoride treatments and more.

The state also partnered with state and local government, school nurses and school boards, social assistance programs, dental companies and local dentists to make its National Children's Dental Health Month as visible and far-reaching as possible.

With NCDHM 2004 only four months away, the ADA Department of Public Information is in the process of distributing information packets to dental societies for next year's observance. For more information, call toll free, Ext. 2593. ■

Online CE

JADA partners with dental school to launch CE module

BY JOE HOYLE

Earning continuing education credits will be easier and more convenient than ever with the launch in January 2004 of the new JADA Online CE module developed by The Journal of the American Dental Association in partnership with the University of Colorado School of Dentistry.

The JADA Online CE module provides for complete online testing, submission, grading and payment for the Journal's popular continuing education program, offering up to two CE credits each month.

To use the JADA Online CE module, you will begin by visiting ADA.org at "www.ada.org/prof/resources/pubs/jada/ce.asp". From there

you can select CE testing for either ADA members or non-members. ADA members will need to register for members-only content on ADA.org, if they have not done so previously, to receive the discounted member participation rate.

Use the online test forms to select answers to the CE questions for the four articles designated as CE vehicles from each issue of JADA. Hyperlinks on the test forms provide access to the full text of each article.

After reviewing your answers, click the "Submit" button to forward your test to the University of Colorado's JADA CE Web site. From there, you will be able to pay the participation fee with a credit card via secure server technology and instantly receive a grade for



your test. The University of Colorado School of Dentistry is an ADA CERP and Academy of General Dentistry-recognized continuing education provider and has been partnering with JADA to provide CE since 1995.

The JADA Online CE module is expected to be ready for demonstration at annual session. To learn more about using this new feature, visit the ADA Publications JADA-ADA News at Booth 1405. ■

ADA annual directories out

It's that time of year again.

The Council on Dental Practice is publishing two of its annual books:

- The Directory of Dental Practice Management Consultants;
- The Directory of Dental Practice Appraisers and Brokers.

These directories are distributed free of charge to member dentists throughout the United States who request copies.

There is a fee for being listed. Appraisers, brokers and consultants interested in being listed in the 2004 edition should call the ADA Council on Dental Practice at 1-312-440-2895, fax the application to 1-312-440-2924, e-mail "allen@ada.org" or visit "www.ada.org/prof/prac/tools/directories.asp" for more information on mailing or to download an application.

The deadline to submit applications is Nov. 14. Applications will also be available at the Council on Dental Practice Booth 1404 at annual session. ■

St. Louis marks 4th local GKAS

BY MARK BERTHOLD

St. Louis—Another 457 underserved children received free, comprehensive dental care Oct. 10-11 during the Greater St. Louis Dental Society's fourth Give Kids A Smile event.

"Children received almost \$110,000 of free dental care this weekend," says co-founder Dr. Jeffrey Dalin of the event, which was adopted nationally last year by the ADA.

"More than 675 dental professionals volunteered," he adds, "and children and parents got

to watch videos on dental health and learn the proper technique for brushing and flossing."

The next event is scheduled for Feb. 6-7, 2004, at St. Louis University. Feb. 6 is also the national observance of Give Kids A Smile. ■

St. Louis: Volunteers treat underserved children earlier this month.



Report on children's dental care to come in JADA

A soon-to-be-published survey of general dentists provides a glimpse into how many treat children and which children are receiving care.

The good news is that large numbers of general practitioners—91 percent of those responding to the survey—are seeing children in their practices.

However, there are gaps. Children under age 4, those with high levels of caries and children covered by Medicaid comprise very low numbers in general practitioners' pediatric patient populations.

In "Access to Dental Care for Children in the United States: A Survey of General Practitioners," Dr. N. Sue Seale, regents professor and chair of pediatric dentistry at the Baylor College of Dentistry, and Dr. Paul Casamassimo, professor and chair of pediatric dentistry at The Ohio State University College of Dentistry, illustrate why barriers to care exist for many children. The findings will be published in an upcoming issue of The Journal of the American Dental Association.

The children's access survey is one result of a House of Delegates-approved resolution from 2000. Res. 59H-2000 called for the ADA Commission on Dental Accreditation to review the pre-doctoral education standard 2.25 regarding pediatric dentistry to assure adequate and sufficient skills of graduates. The Texas Dental Association brought forth the resolution based on the perception that practitioners do not feel confident or adequately trained to treat the very young or adolescent dental patient.

"Pediatric dentists are too few in number to care for the dental needs of all children," note the authors. "General dentists must help. If the Texas resolution is right, answers must be found to increase the numbers of general dentists who will care for all types of children." ■



Now your patients can get the whitening power of 14% hydrogen peroxide, with acceptable tolerability.

New Crest Whitestrips Supreme delivers a breakthrough: the whitening power of 14% hydrogen peroxide concentration without increasing the peroxide exposure.

Available exclusively to dental professionals, Crest Whitestrips Supreme is:

- Up to 80% more effective than the Crest Whitestrips sold in retail stores
- 43% more effective than the current Crest Whitestrips Professional kit

Help your patients reach a whole new level of whitening – order Crest Whitestrips Supreme today! Call 1-800-543-2777 or visit dentalcare.com. Reference promotion code new.

©2003 Crest Whitestrips, Inc. All rights reserved. Crest Whitestrips Supreme is a registered trademark of Crest Whitestrips, Inc.

ADA 20031017

Ambushed in Baghdad

VA dental chief's story brings realities of war closer to home

BY CRAIG PALMER

Washington—Dr. Robert T. Frame, VA dental chief, was on a “very contentious” mission in Baghdad April 27 when he and his Special Operations team were ambushed.

“My team was responsible for setting up the ministry of health,” he matter-of-factly told the ADA Council on Government Affairs Sept. 12, his shattered left arm inert, his demeanor upbeat for all the surgeries past saving life and limb and those to come.

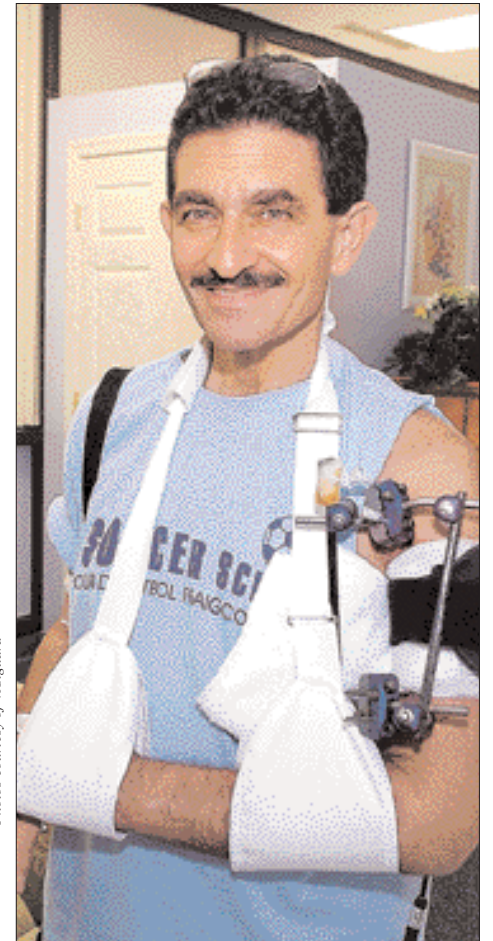
“My job was to find the minister of health, to find the deputies. We did. We identified them through certain means and by the 22nd, 23rd of April we had set up the ministry of health. It was the first ministry to actually become functional in the new government of liberation.”

But it was by no means a done deal. Among Iraqi factions vying for power in the new ministry were those who “did not want this to happen,” said Dr. Frame. “We were constantly under fire and under duress.”

Introduced at the Council meeting by 4th



Therapy: Dr. Frame receives a massage to reduce swelling in his wounded left arm from Army occupational therapist Capt. Stacie M. Caswell.



Photos courtesy of Vanguard

Daily life: Dr. Frame in the occupational therapy “apartment” at Walter Reed, where he learned to cook, bathe and perform other daily living activities with one arm.

District Trustee Bernard McDermott, Dr. Frame accepted an ADA Presidential Citation “for significant contributions to the oral health of the public and to the profession of dentistry” and the well-wishes of professional colleagues.

“I want to tell you a little about Bob,” said Dr. McDermott. “First, I think you’ll find his story pretty interesting. Bob’s one of us. He’s a dentist. He’s been deployed four times, Kosovo, Afghanistan, Iraq. He wasn’t doing dentistry. He was in harm’s way, and I’ll let him tell you about that. He was seriously wounded in Iraq and almost bled to death. He was medevaced out, and it’s amazing that he’s here. He’s a true hero.”

His story is spare and straightforward, understated. It is the morning of April 27, Dr. Frame and “my team of five because we couldn’t fit more in a Humvee” were in the lead of two vehicles leaving their safe area.

“As we headed to central Baghdad, a bus cut across the traffic, stopped us. As we started hearing some gunfire, we didn’t know if it was celebratory or not but it didn’t sound great. As I leaned forward, I took the first round through the windshield of the Humvee and it basically blew my arm off (clears his throat, pauses). We had all our weapons loaded ready to go. The physician in the Humvee behind me was also a colonel, jumped out.

“I took my arm as they dropped it in my sleeve, I didn’t know whether it had been severed totally or partially. They tied it to my gas mask, jumped out. We started a fire fight and killed the first people who were ambushing us. There were about five and they were up on high ground. Then my partner got shot, came around, pulled him up, gave him first aid. Then the specialist in the back of the Humvee got shot.

“We just learned that the physician that was behind us was shot as well as in the leg he was grazed, and he took a round in his vest, and it was right at the level of his liver and he had a liver bruise but it didn’t go through the vest.

“So, many lucky things happened that day. The team got out alive and we were in good shape. I was medevaced out from (Iraq) to Spain, from Spain back to the states, to Walter

Reed (Army Medical Center), and I spent 30 days in intensive care. I received some cards and letters from many colleagues and friends and I’ve not responded to any of them yet because I’m still getting my feet on the ground, but I appreciate them all.

“Then about 30 more days in a hospital getting rehab and then I’ve been on rehab service ever since.

“Outcome? I’ve lost most of the movement of my hand, total movement of my elbow and about 60 percent back by my shoulder. The good news is I think at this age and this stage of life I’ve lived a good life so I will hopefully be able to put what I’ve learned through these years in the profession back to some good use with the VA and hopefully with the Army.

“I’ll probably be on active duty for another six to eight months with the remaining surgeries and then I’ll be back at the VA and probably here to greet you in February, I hope (to the encouraging laughter of Council members).” The Council on Government Affairs traditionally hosts the chiefs of the federal dental services at the first meeting of the year.

“I will basically be out of Army Special Operations after this last round,” Dr. Frame said. “I’ve been with it since 1989. It’s been a fun tour and I’m hoping for a little more sedate life. I really appreciate this honor. A lot of dentists out there are doing some great things in representing the flag and representing the profession very well.”

Members, guests and Council on Government Affairs staff rose to a person for a standing ovation.

Dr. Frame, 54, is the Department of Veterans Affairs assistant chief medical director for dentistry. Called to active duty Feb. 28 with the Army Reserve 352nd Civil Affairs Command, he headed a public health team charged with establishing a new Iraqi ministry of health. ■

Sculpture Plus-4
INDIRECT COMPOSITES

Esthetics

- Long term stable retention
- Brilliant opalescence
- Long term polishability
- Beautiful & natural-looking restorations

Performance

- Increased strength and chip resistance
- Reduced marginal ditching
- Extremely low wear, 4.0 µm per year
- High stain resistance

Pressure Curing Process

- Pressure resin to and during light cure
- Minimize voids and flux
- Enhances bonding between layers
- Consistently beautiful, high performance restorations

All the Best Qualities of Composite Restorations

- Kind to opposing dentition
- High degree of biocompatibility
- Lightweight & durable
- Prepare for metal free restorations or as a metal inlay

**NANOTECHNOLOGY:
TRANSFORMING DENTISTRY TODAY**

Nanotechnology, the study of materials and systems at the nano-particulate or molecular level, is so revolutionary that the US Government has tripled the budget of the National Nanotechnology Initiative to \$619 million since its inception in 2000.

Dentistry can reap the benefits of nanotechnology today with Sculpture® Plus Nano-Hybrid Composites from Pentron® Laboratory Technologies, LLC. Sculpture® Plus Indirect Composites offer an increased concentration of nano-particulate filler for enhanced esthetics, luster retention, strength and chip resistance.

Provide your patients with the best that technology has to offer, prescribe Sculpture® Plus Nano-Hybrid Composites for your indirect restorations today!

© 2003 Pentron Laboratory Technologies, LLC. All rights reserved. Pentron Laboratory Technologies, LLC. 100 North Main Street, Wallingford, CT 06495 • Tel: 860-294-3100 • Fax: 860-294-3110

PENTRON
LABORATORY TECHNOLOGIES, LLC

ADA honors VA dentist wounded in Iraq

BY CRAIG PALMER

Washington—One of our own has served so bravely, said ADA President T. Howard Jones.

“All of our friends at the American Dental Association were very concerned when we heard that you had been wounded serving our country in Iraq,” Dr. Jones said in a letter presented Sept. 12 with an ADA Presidential Citation to Dr. Robert T. Frame, VA dental chief (see story, page 18). “We pray that you and your fellow service men and women who have suffered similar injuries have a full recovery.

“The ADA takes great pride in knowing that one of our own has served so bravely both in Iraq and Afghanistan. Ever since the terrorist attack on Sept. 11, 2001, the ADA has published stories in the ADA News of dentists answering the call to service, whether it be in the theater of battle or in identifying the remains of our fellow Americans who lost their lives in the Twin Towers. However, very few stories can match the bravery you have displayed.

“On behalf of the ADA please accept the Association’s Presidential Citation as a symbol of our respect and admiration for all that you have done for our country including your contributions to the oral health of our veterans and active duty personnel.

“We wish you a speedy recovery and want you to know that your fellow dental professionals stand ready to support you in any way we can in the future.”

The letter signed by Dr. Jones and the Presidential Citation were presented to Dr. Frame Sept. 12 at a meeting of the ADA Council on Government Affairs. Dr. Bernard McDermott, 4th District Trustee, made the presentation.

The VA provides medical and dental care to eligible veterans. Dr. Frame is the assistant chief medical director for dentistry, Department of Veterans Affairs. Deployed with an Army Reserve civil affairs unit, Dr. Frame, who was seriously wounded in Iraq, described his ordeal in a moving report to the ADA Council on Government Affairs. ■



Kudos: ADA 4th District Trustee Bernard McDermott presents Dr. Frame with an ADA Presidential Citation “for significant contributions to the oral health of the public and to the profession of dentistry.”

Where are all the dentists?

The most up-to-date report on the number, location, specialty, age and gender of dentists in the United States is now available.

The 2001 edition of the ADA Survey Center’s annual report, *Distribution of Dentists in the United States by Region and State*, reports on all this data and more.

ADA annual session participants can order the report at Booth 1318 and receive a 15 percent discount. The standard cost is \$100 for ADA members, \$150 for nonmember dentists, \$300 for commercial firms.

For more information or to purchase the report, call the Survey Center toll-free, Ext. 2568. ■

30 Years. No Surprises.



Unexpected surprises are the last thing you want from your impression material. Remakes, lost time and patient dissatisfaction can be very costly. For over 30 years, dentists have depended on 3M ESPE brands to provide the highest quality impression materials and delivery systems. We introduced the first cartridge dispensed vinyl polysiloxane impression material and revolutionized impressioning with the introduction of Impregum™ Polyether Impression Material and the Pentamix™ Mixing Unit. Before you place your next impression material order, be sure the brand you select has undergone thorough research and extensive clinical testing.



To order, contact a 3M ESPE authorized distributor. For more information, visit our web site at www.3MESPE.com or call 800-634-2349.

Impregum™
Polyether Impression
Materials

Imprint™
Vinyl Polysiloxane
Impression Materials

Pentamix™
Mixing Unit

3M ESPE

Winter meeting in Las Vegas

The American Academy of Dental Group Practice and Dental Group Management Association will host their joint annual conference and exhibition Jan. 21-24, 2004, at Caesars Palace in Las Vegas.

Among the featured seminars will be a licensed trainer from the “Who Moved My Cheese” management series, adapted from the best-selling book. Learn about cheese theory, its focus: change management, elimination of negative behavior and stress reduction, among other topics, during three days of seminars, roundtables and panel discussions.

For more information, contact the AADGP at 1-602-381-1185 or go to “www.aadgp.org”. ■

Two works of art. One was easy.

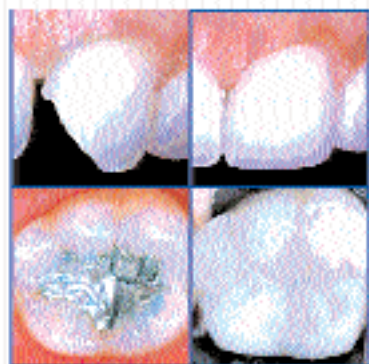
DENTSPLY
CAULK



BUILD MORE THAN A RESTORATION. BUILD A REPUTATION.

New Esthet•X[®] Improved makes it easier to do your best work.

DENTSPLY Caulk pioneered the use of nanofiller technology with the introduction of Esthet•X Micro Matrix Restorative. Now, Esthet•X Improved advances restorative technology further:



The ultimate in realistic restorations – anterior, posterior, and every tooth in between.

- Longer working time in select shades¹ – you're in command, not the clock
- Optimized shading for natural-looking restorations in single-shade or more demanding multiple opacity cases
- Brilliant, durable polish comparable to microfills²
- Ideal sculpable handling
- The complete esthetic restorative system: TruMatch[®] Shade System with 31 shades in 3 opacities



Esthet•X[®] IMPROVED

micro matrix restorative

To learn more about Esthet•X Improved, contact Caulk:

1-800-LD-CAULK (532-2855) ext. 794. In Canada: 1-800-263-1437. www.dentsply.com

©2004 DENTSPLY International. All Rights Reserved.

1. As in: prior: original Esthet•X Restorative
2. HealthCare Research Study: SAC 2001, San Diego, CA, Dentsply, Montreal