10-3-2005

ADA News - 10/03/2005

American Dental Association, Publishing Division

FDI update, page six ◆ Dr. Brandjord interview, Part 2, page 14

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADA NEWS®

OCTOBER 3, 2005 VOLUME 36 NO. 18

Facts about relief effort

All figures current to Tuesday, Sept. 27

$1,208,354 donations and pledges in ADA Foundation Disaster Response Fund

315 disaster grants approved for dentists in need; **21** grant applications in process

$787,500 disbursed in needs grants to individual dentists

$60,000 grant to Louisiana State University dental school to aid recovery

$56,610 grant to Baylor College of Dentistry Texas A&M University System Health Science Center to provide dental care to Katrina victims

288 dentists have volunteered to provide temporary housing, employment to dentists displaced by disaster through ADAF's Help-A-Dentist program

16 displaced dentists have been matched with or referred to Help-A-Dentist volunteers

AP Photo/Ron Heflin

Rita's wrath: Flood waters left by Hurricane Rita surround a Port Arthur, Texas, neighborhood Sept. 24.

Hurricane damage still being tallied

BY JAMES BERRY

When Hurricane Rita stormed ashore near the Texas-Louisiana border Sept. 24, the people and structures in her path included 273 dental offices, an ADA report shows.

The condition of those offices was unknown at press time because the dentists and staff who occupied them were likely among the thousands evacuated before Rita battered the Gulf Coast with 120 m.p.h. winds.

"We can only assume that they left the area in time," Dr. Richard Black, president of the Texas Dental Association, said of dental personnel and their families two days after the storm passed. "We're hopeful they are in safe places right now."

Major damage was centered in Beaumont and Port Arthur, Texas, Lake Charles, La., and surrounding territories. The ADA report says there's reason to believe there were no dental offices or dentists' homes in coastal areas devastated by storm surge from Rita.

Using the ADA Distribution of Dentistry Database, the Association's Health Policy Resources Center plotted the locations of dental offices in 12 storm-struck counties—seven in Texas, five in Louisiana—along the Gulf Coast and further inland.

Of the 273 dental offices in the area, 213 are owned or operated by ADA members, the HPRC report shows. The report also shows 151 of

See HURRICANES, page 12

A letter from the ADA President and Executive Director

Give to the relief effort and show that 'caring professional' has real meaning

Dr. Richard Haught, president, Dr. James B. Bramson, executive director, American Dental Association:

Hurricanes Katrina and Rita have passed into memory, but the devastation and heartache wrought by these terrible storms will be with us for many months, even years to come.

Hundreds of your colleagues in the Gulf Coast region lost homes and offices to the storms and flooding and are struggling now to put their lives back together, to regain their professional footing and to provide for their loved ones.

They need your help. They need it now, and their most critical need is

See CARING, page 15

Donate to relief effort: 1-800-621-8099

ADA Foundation Disaster Response Fund

BRIEFS

Cancelled: The ADA has cancelled the pilot Multicultural Regional Workshops, "Diversity in Dentistry: Techniques for Managing Your Changing Patient Base." The program generated few registrations.

The ADA Division of Membership and Dental Society Services will be re-evaluating this program and would welcome input on future efforts. The program offers timely quality content, and we have not given up on bringing this content to members.

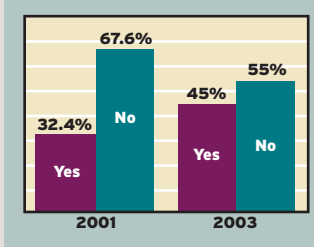
To offer input, please e-mail "multicultural@ada.org".

Hurricane help: For people who have suffered loss due to the hurricanes, ADA.org has a listing of federal assistance resources. The chart contains information and links to Web sites with information on loans, grants and related assistance at "www.ada.org/prof/hurricane/financial_federal_assistance.asp". Eight federal agencies and their contacts are listed; turn off pop-up blockers as links open in a separate browser window. ■

JUST THE FACTS

Fluoride products

Percentage of consumers who use over-the-counter fluoride products for children.



Source: ADA Survey Center "survey@ada.org", Ext. 2568

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ADANEWS

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New class: The members of the 2005 ADA Institute for Diversity in Leadership meet for the first time Sept. 8-9. They are (seated from left) Drs. Mao Her-Flores, California; Rosalynn Yvette Crawford, New York; Sancerie O'Rourke-Allen, Louisiana; and Marcia Martinez, Florida. Standing from left are Drs. George Jenkins, New Jersey; Emmanuel Puddicombe, New York; Luis E. Ortiz-Quiles, Puerto Rico; Amar Kosaraju, Air Force; Kevin Chang, California; Elsa D. Flores, Texas; Meelin Chin Kit Wells, New York; and Zahra L. Hosseini, California. The Institute provides a year-long educational experience for a group of 12 dentists who are members of racial, ethnic and/or gender groups historically underrepresented in leadership roles. Coverage of the September session appears in the Oct. 17 ADA News.

ViewPoint

MyView

If we can, you can

Brian T. Kennedy, D.D.S.

The executive committee of New York's Third District Dental Society met last night, Sept. 12, the first meeting in four months.

We meet in a conference room at Memorial Hospital in Albany, N.Y.; it is always good to meet with friends one hasn't seen since the last meetings in spring. Summer is short and glorious up here; we do not surrender any of it to gatherings of the dental society.

The tragedy unfolding in our gulf states was on the agenda. We all have been numbed by the endless video and pictures of the destruction left by Hurricane Katrina. It is especially poignant to me, as I had just returned from the privilege of spending 90 days on active duty with the U.S. Army at Mobilization Center Shelby—40 miles due north of Gulfport, Miss.

I had a son graduate from Tulane University last spring and a niece currently enrolled there. I traveled the region from New Orleans to Mobile, Ala., many times and enjoyed the hospitality and history of the area.

Our district is small—a little over 300 active members—and encompasses some of the most rural areas of New York state. We have no large regional meeting to generate significant income. Continuing education is seen as a member benefit; deemed successful if it breaks even. We operate on a balanced budget and defer things until we can pay for them.

We in the community of dentistry argue and obsess over so many little things. Why does it take a tragedy to bring what is truly important into a more appropriate perspective?

We have never contributed more than $1,000 to any organization or endeavor.

Last night a resolution to donate $10,000 to assist our fellow dentists in Alabama, Louisiana, Mississippi and Texas was passed unanimously.

(We never have unanimity in any discussion, except for adjournment; even then I am sure there are abstentions.)

The bulk of the discussion Sept. 12 was how to pay for the donation. What could we defer from our budget now? What to defer in subsequent years? We know there is unprecedented need now; our district's finance committee will work it out. Our contribution will go through the ADA Foundation to assist dentists and their families.

I have never been more proud of my local dental society. We give from our hearts and from our needs. We know there are members of our profession who have lost virtually everything. Lives forever changed.

See MY VIEW, page five

LettersPolicy

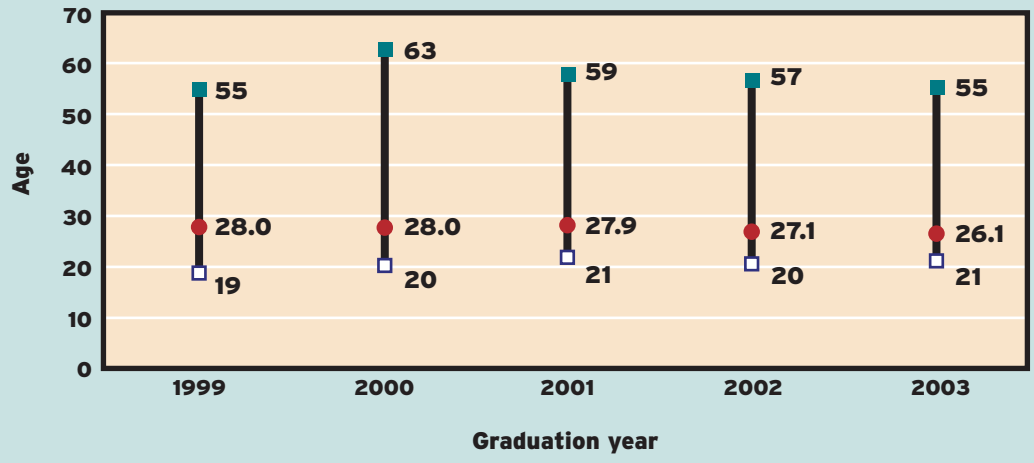
ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views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

SNAPSHOTS OF AMERICAN DENTISTRY

Dental graduates

Average age at the time of graduation has remained relatively constant since the class of 1999. The average age at graduation in 2003 was just over 26 years.

Average age of dental school graduates at graduation



Source: American Dental Association, Survey Center, *Surveys of Dental Graduates*.

Letters

Mississippi thanks

Today (Sept. 23) I attended a meeting of the Fifth District Dental Society of Mississippi.

I, as well as several of my colleagues, have already received the ADA disaster grant. This money was not expected, but it really came in handy at a special time of need.

There are few words that can express our thanks for the assistance from the American Dental Association and the offerings of assistance from many state dental groups around our great nation.

Thank you all for assisting us, for "we will be back." It's the American thing to do.

Claude Henry "Hank" Roberts, D.D.S.
Biloxi, Miss.

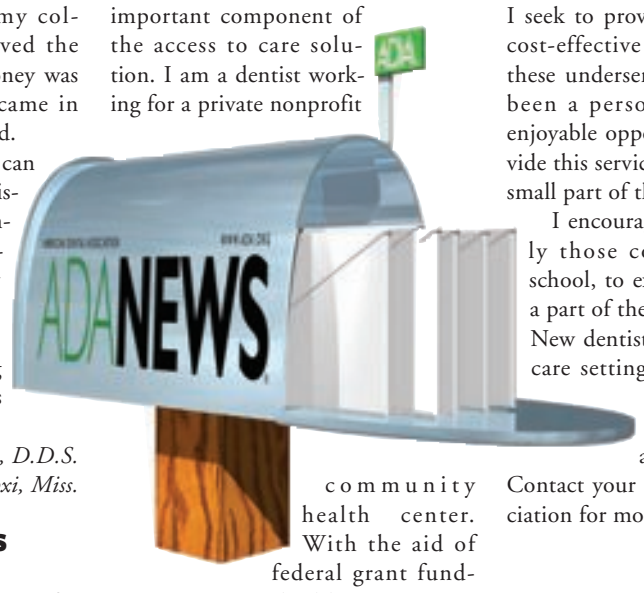
Don't forget CHCs

I would like to thank the ADA for its recent and continued attention to the difficult access to care issue.

I also applaud Dr. Bob Brandjord, ADA president-elect, for his attention and devotion to this biggest of dental issues ("President-Elect's Interview," Sept. 5 ADA News). I agree with his statement that "Access to care is the umbrella for the biggest issues that we will deal with today."

There are many potential solutions to access to care difficulties, and, I believe, the solution will be comprised of a number of small solutions.

I would like to bring to attention an often overlooked but vitally important component of the access to care solution. I am a dentist working for a private nonprofit



community health center. With the aid of federal grant funding, community health centers serve an access to care gap—primarily uninsured and underinsured lower income individuals (that is, the working poor).

For those people living below the federal poverty line, CHCs are able to provide discounted medical, dental and behavioral health care services.

In my time as a CHC dentist, I have been privileged to provide desperately needed dental services to patients who otherwise would never have been able to afford care. I have a number of patients who haven't seen a dentist in many years (frequently 10 years or more) because of cost issues. I seek to provide the highest quality cost-effective dentistry possible for these underserved individuals. It has been a personally rewarding and enjoyable opportunity for me to provide this service in an attempt to fill a small part of the access to care gap.

I encourage all dentists, especially those coming out of dental school, to explore how they can be a part of the access to care solution. New dentists in community health care settings may qualify for student loan repayment in addition to salary and a full line of benefits. Contact your state primary care association for more information.

Hank Willis, D.D.S.
Boundary Regional Community Health Center
Bonners Ferry, Idaho

Editor's note: New dentists may be eligible to take advantage of the National Health Service Corps loan repayment program if they practice in underserved areas. Information is available at "http://nhsc.bhpr.hrsa.gov/". The Web site offers an opportunity listing for health professionals.

See LETTERS, page five

Letters

Continued from page four

A recent search revealed 430 listings for dentists.

National exam

I was appalled to read the letter to the editor from Dr. Carlos A. Sanchez in the Sept. 5 ADA News.

Does Dr. Sanchez really believe that the dentistry being performed in Florida is any different than that which is being performed in other areas of the country?

Does he really think that everyone wants to live and practice in Florida?

A dental national examination would make things less complicated for all dentists and dental students throughout the country. There are dental students who need to travel from their dental school back to their home state to take regional examinations.

As far as the reciprocity/credentials issue, I find it hard to believe that as a board-certified prosthodontist practicing in Pennsylvania, I couldn't provide the same high quality of patient care in any other state in the nation.

In light of the tragedy that has affected many of our ADA members in the Gulf Coast region, I think that this hard-line stance on these issues is heartless and selfish. I have just recently written a letter to my state board encouraging them to open the borders to licensing for all those affected by Hurricane Katrina. Hurricanes do hit Florida also, don't they?

An ethical dentist who performs high quality dentistry should not be afraid of competition.

Glenn J. Wolfinger, D.M.D.
Fort Washington, Pa.

Knowing PPOs

As a dentist who is becoming more experienced in middle age, I would like to offer some of my experiences and thoughts to my younger colleagues.

About 14 years ago at the urging of my patients, I signed up for some managed care in the form of preferred provider organizations.

More and more companies were engaged in cost-cutting measures and this is where the industry was headed. I, of course, wanted to serve my patients and part of me was also concerned with losing patients. At the time, this comprised about 25 percent of my patient base. Over the years, I did not sign up for any additional plans, but my practice became about 85 percent PPO. This proved to be challenging as my revenue—with the exception of the 1 to 2 percent insurance increase—remained fixed.

Dentistry is one of the higher overhead businesses. My expenses would rise at a higher rate than the insurance compensation. Some of the reimbursement for a porcelain veneer crown, for instance, was as low as $275 to $300. Insurance executives were content to let us toil while they kept high profits. Patients felt as though the insurance card was a magic card and all the responsibilities associated with collection were the dentist's responsibilities.

It also has been commonplace for the insurance carriers to indicate that up to 20 percent of our claims and pretreatments were never received. Hence, the insurance clock starts over and we all must wait. The patients often think that we are not doing our job.

I personally find trying to run a small business and delivering excellent dental care a pretty big challenge: the challenge of regularly filing appeal letters along with highly spirited patients who are angry—particularly at us that we have not followed through with their insurance.

This is what they have been successfully taught by the insurance companies.

I am now examining these policies that are economic losers and time-wasters and shedding them. For those that are deciding to jump in the insurance pool, you should study the costs and benefits with more caution than I.

Robert S. Deaver, D.D.S.
Chicago

Editor's note: As Dr. Deaver notes, there are many variables to contemplate when considering whether to become a participating provider in a particular dental plan, says the ADA Council on Dental Benefit Programs.

Through its Contract Analysis Service, the American Dental Association has resources to help dentists make informed, individual decisions about whether to participate. Of course, it is the dentist who must make the choice—including whether to sign up for insurance plans that shift cost to providers.

The ADA's Contract Analysis Service provides informational reviews of unsigned provider contracts to ADA members. To obtain a free contract review from the Contract Analysis Service, contact your constituent dental society.

MyView

Continued from page four

We in the community of dentistry argue and obsess over so many little things. Why does it take a tragedy to bring what is truly important into a more appropriate perspective?

What can you do to help our colleagues?

A colonel in the U.S. Army Reserve, Dr. Kennedy was called to active duty in March in support of Operation Iraqi Freedom. He was deployed to Mobilization Center Shelby south of Hattiesburg, Miss., and worked in the dental clinic and the MCS Soldier Readiness Preparation Center, completing his rotation in July. Dr. Kennedy was president of the Third District Dental Society in 1992 and is the immediate past president of the New York State Dental Association.

Call to donate: 1-800-621-8099

International impact

ADA members, Pavilion shine in Montreal during FDI's World Dental Congress

Montreal—The ADA made a notable splash during the FDI World Dental Congress in August, as the ADA Pavilion made its international debut and two ADA members were elected to leadership roles in the FDI World Dental Federation.

Dr. Gregory Chadwick, former ADA president (2001-02) and trustee (1996-2000) was elected speaker of the FDI General Assembly for a three-year term. "I'm pleased to be able to play a role with the FDI," said Dr. Chadwick, Charlotte, N.C. "The position of speaker isn't a political role, but a parliamentary role that will help me to allow all voices from across the world to be heard in a forum that works for global oral health."

Dr. Myron Pudwill, Lincoln, Neb., former ADA trustee (1996-2000) and former chair of the FDI Dental Practice Commission, was named an FDI Councillor.

Five ADA staff members at the ADA Pavilion answered questions from dentists from more than 60 nations. International dentists received information about ADA products and services, including affiliate membership opportunities, annual session, education and licensure, publications, standards, science and ADA catalog products.

The ADA Pavilion offers one convenient location for those attending dental meetings to learn about the array of ADA products and services.

Pavilion staffers also surveyed more than 250 international dental practitioners to learn more about global dentistry and to keep ADA membership informed about dental issues facing the global community.

Next year's FDI World Dental Congress will convene in Shenzhen, China, Sept. 22-25, 2006. For more information on FDI meetings and activities, contact John Hern toll free, Ext. 2727 or e-mail "hernj@ada.org". ■

Photo by Teckles Photo Inc.

International dentistry: ADA President Richard Haught, left, congratulates Dr. Gregory Chadwick, the new speaker for the FDI World Dental Federation General Assembly.

CARES program earns 2005 CAPIR award

The ADA Council on Access, Prevention and Interprofessional Relations bestowed its 2005 Geriatric Oral Health Care Award for "The CARES Program," a partnership between the Schools of Dental Medicine and Social Work at the State University of New York at Buffalo.

Through the CARES program, master's of social work students work together with dental students to manage psychosocial issues related to the provision of dental care.

The council also bestowed a meritorious award for the "Community Dental Outreach Program" of First Call for Help, a United Way program in Etowah County, Ala. First Call for Help coordinates the program that refers prescreened patients to volunteer dentists, dental assistants and dental hygienists who provide free, comprehensive dental care in their offices.

Established in 1984, the Geriatric Oral Health Care Award recognizes programs that have improved the oral health care of older adults through innovative community outreach activities. The council and the ADA Foundation sponsor the annual award, which is supported by the Pfizer Consumer Healthcare Group. The highest award winner receives $2,500 and the meritorious winner $500, in addition to plaques. ■

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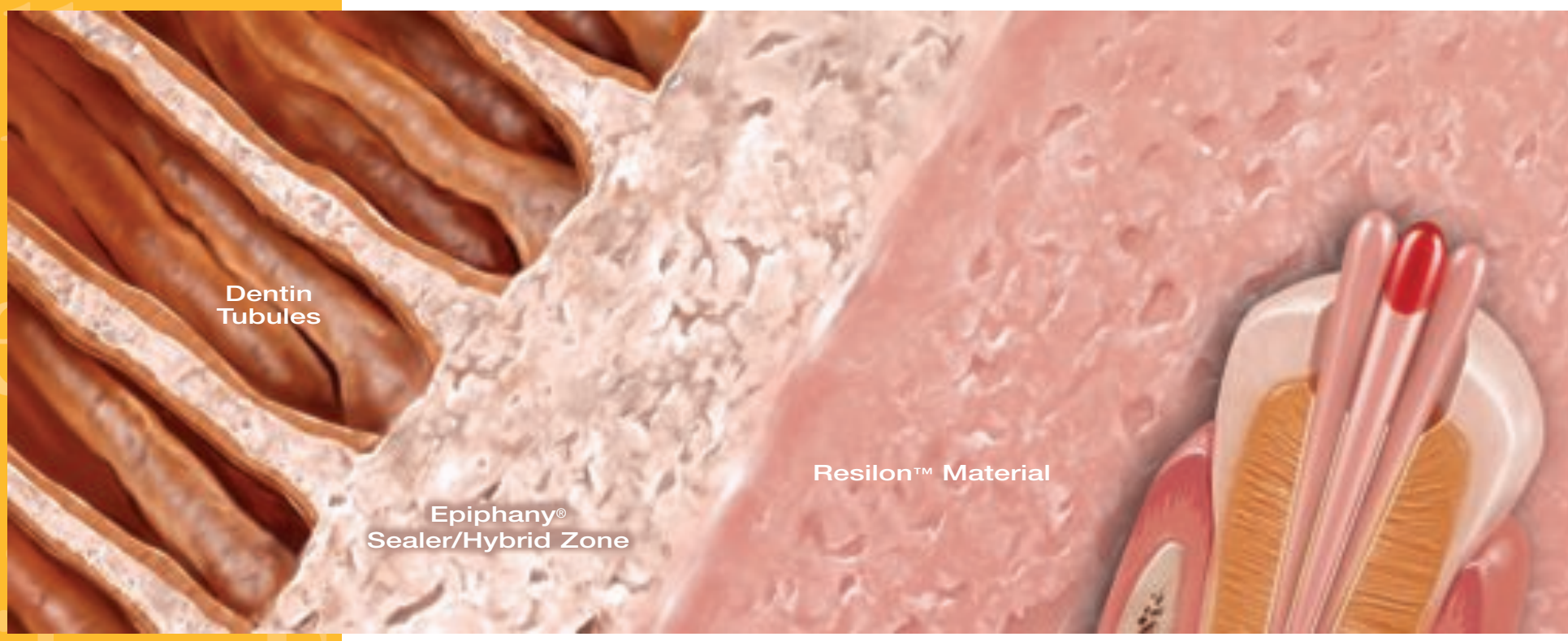
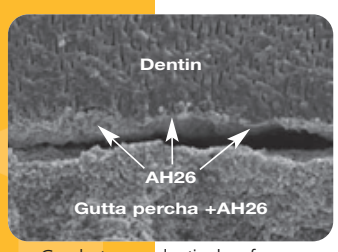
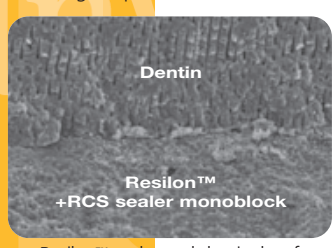




Gap between dentinal surface and gutta percha



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IRS ups relief for taxpayers

BY CRAIG PALMER

Washington—Tax relief for individual and business taxpayers in the Katrina-ravaged Gulf Coast is extensive and expanding, with certain requirements based on residence or practice location. Taxpayers affected by the hurricane may be eligible for relief regardless of where they live, the Internal Revenue Service said Sept. 21 in Notice 2005-73.

Notices explaining the tax breaks, "in view of the extreme need for relief," are posted at "www.irs.gov". They relate to Hurricane Katrina, the first of two hurricanes to ravage areas of the Gulf Coast in recent weeks.

Deadlines for "affected taxpayers" to file any returns, pay any taxes and perform other time-sensitive tax acts are postponed to Jan. 3, 2006. The IRS also announced (Notice 2005-108) that tax professional organizations will partner with the IRS to provide assistance to taxpayers at dozens of local disaster recovery centers established by the Federal Emergency Management Agency. These are centers where individuals and businesses may register for disaster aid.

Emergency tax relief is automatic in some cases but requires special "Hurricane Katrina in red ink" notification to the IRS in other cases. Relief is available to affected taxpayers in specified counties and parishes in Alabama, Florida, Louisiana and Mississippi as well as workers assisting in relief activities in covered disaster areas. See Notice 2005-73 (in PDF format) for details. The IRS will work with any taxpayer who resides elsewhere but whose books, records or tax professionals are located in areas affected by Hurricane Katrina. Taxpayers who suffered casualty losses in presidentially-declared areas have an option of filing amended 2004 returns.

Additional relief may be offered "under appropriate circumstances," the IRS said. ■

Conference call seminar on emotional recovery from hurricanes

The ADA, in cooperation with the Alliance of the American Dental Association, will host a Conference Call Seminar on Wednesday, Oct. 19, from 12-1 p.m., CDT, on emotional and psychological recovery from the hurricanes.

Gary Carr, M.D., medical director of the Mississippi Professional Health Program, Hattiesburg, Miss., will present Dentist and Family Well-Being—Hurricane Aftermath. Linda Keating, ADA manager, Dentist Health and Wellness, will moderate.

The call is free. There is no registration fee and a toll-free number will be provided.

Dentists should register with Dental Society Services, Ext. 2598 or e-mail "ddss@ada.org". ■

ADA works to connect dentists with payers

The ADA, in cooperation with the National Association of Dental Plans and the Delta Dental Plans Association, is helping dentists connect with dental benefit insurance carriers that want to pay on dentists' claims but can't because dentists have been displaced by disaster.

Carriers in the affected areas will be able to send payments to dentists residing in new or temporary residences who fill out the Dentist Relocation Insurance Contact Form at ADA.org.

Go to "www.ada.org/prof/hurricane/insurance_form_intro.asp" to view the form.

Members who do not have Internet access can call Alexandra Tschaler, Ext. 2746, or Alan Bardauskis, Ext. 3536, for assistance. ■

Licensure help

Many states have adopted changes in their licensure processes to help dental professionals displaced by hurricane damage in the Gulf Coast region.

So far, 19 states have announced intentions to grant temporary licenses, licensure by credentials or simplify their licensure processes for those affected.

An up-to-date listing is on ADA.org ("www.ada.org/goto/hurricane").

If you have questions, call 1-800-621-8099. ■

make me smile

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Visit us online at **www.cds.org** for Midwinter Meeting information, register online beginning November 1, 2005.

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NOV. 1 – DEC. 31, 2005/**TIER 1**
JAN. 1 – JAN. 31, 2006/**TIER 2**
FEB. 1 – FEB. 26, 2006/**TIER 3**

Searching for a new practice

Dentist-couple drives cross country seeking new life

BY CRAIG PALMER

Richmond, Va.—A married dentist-couple displaced by hurricanes ravaging the Gulf Coast said they are "overloading both boards with information" and are hopeful the Maine and Virginia dental boards will look favorably on their licensure applications.

"We don't know if the [potential Maine] license is provisional or permanent at this point. We're hoping for the same in Virginia," said Dr. Sandra Catchings, who indicated Maine licensure would be for her husband, Dr. Brad Bradford.

AFTERMATH DISASTER

Virginia is home for now for the couple, one of many way stations in the dental diaspora from Gulf state devastation. Hurricane Katrina left a disaster zone of 90,000 square miles, displacing more than a half million people, killing and injuring thousands.

The husband and wife were among 850 dentists practicing dentistry in an area the ADA identifies as Katrina's "primary impact zone," their practice located in Metairie, La., hard by New Orleans on the south shore of Lake Pontchartrain.

Their journey continues as the disaster-hit region deals with the aftermath of a second storm, Hurricane Rita.

For the two dentists, it began with "the perfect nanny" and a premonition.

"As always, we beat the rush out of New Orleans, and the last thing my wife said to me as I was grabbing last things from the office, was 'Please bring our licenses and diplomas'." That was Friday Aug. 26.

"So the Friday before evacuation, we find this perfect nanny and all of us take a ride to drop me at LSU dental school where I teach on Fridays," says Dr. Catchings. "During the ride I thought, 'This is too good to be true.' Something is going to happen. Sure enough, Brad calls me at school and says he has already made hotel reservations and started packing. He wanted to leave Friday night. I made him wait until Saturday morning. So our new babysitter worked for us exactly one day."

"We've evacuated about three times each year for many years," said Dr. Catchings.

"We had been laughed at time and again because we always have evacuated at least a day ahead of the orders from any local officials," Dr. Bradford said.

They left town in two vehicles with their 2-year-old son, a dog, a cat, three days worth of clothing and plenty of toys, as the couple tells the story of a cross-country journey in search of practice. They have been close, they say, to temporary licensure in Maine and Virginia, thanks to the intervention of the president of the American Dental Association, a governor, a member of Congress and the tripartite profession.

Evacuation took them to a hotel in Jackson, Miss., where "we quickly were without power" when Katrina hit. That was Monday, Aug. 29. After enduring 24 hours without power, they headed for the St. Louis area and the Southern Illinois University School of Dental Medicine, "which we were checking for possible employment as well. We did interview with the faculty there and they were very comforting.

"Unfortunately, we drove past the area where the Missouri and Mississippi Rivers joined, and there was a levee and pumping station," said Dr. Bradford. "It reminded us of New Orleans and we decided to move on. It was surreal that while we were looking for missing loved ones, faking emotional stability so our 2-year-old would be minimally traumatized, and desperately trying to figure out how to pay our employees, it was a three-day holiday weekend for much of the country.

"While looking for a place, we came up with some guidelines. We knew we didn't want to be anywhere close to the evacuated areas because other dentists who couldn't travel as far would be seriously overcrowded in many areas already overpopulated. You can't just let approximately 1,000 dentists into the surrounding towns without causing hardships for the evacuees as well as the residents already living there."

In addition to the 850 dentists practicing in Katrina's "primary impact zone," the ADA says, another 213 dentists practice in a secondary impact zone away from the coast and skirting the stricken area.

These considerations and an offer for housing "as long as necessary" took Drs. Bradford and Catchings from St. Louis to Richmond to stay with his aunt, stopping for an emotional reunion with an order of nuns, the Eucharistic Missionaries of St. Dominic, safely evacuated from the New Orleans area and relocated in Kentucky. Sister Dorothy Trosclair, president of the order, is Dr. Catchings' godmother and Sister Denise LeJeune their son William's godmother. "Our Charisma is INCLUSIVENESS," their Web site says.

Evacuees: Drs. Bradford and Catchings with their son, William, and pets.

Their son left in tears saying, "I'm going to miss Gee Gee," Sister Trosclair.

The next stop was Beckley, W.Va., the drive by now "taking its toll on all of us but especially our son. During the last 20 minutes of the drive he could do nothing but sit in his car seat and cry. And neither of us could comfort him. He was exhausted and sick of riding in the car, and who could blame him."

On Sept. 7, they arrived in Virginia, "a whole new phase of this most interesting journey, this wild story," and went to work on applying for temporary licensure in Maine, where friends and colleagues were ready to welcome them, but also exploring the potential for Virginia licensure.

"We knew that many states had begun taking licensure by credentials," Dr. Bradford said. "The ADA Web site ("www.ada.org/goto/hurricane") proved invaluable as a resource for that information. We had also brought our laptop computer."

Their efforts would engage the president of the American Dental Association, Dr. Richard Haught; the governor of Maine, who issued an executive order aimed at temporary licensure; and Rep. Thomas Allen (D-Me.), whose office issued a press release welcoming the couple to Maine. It hasn't happened. "Although we had licenses and sent copies, some licensure requirements could not be produced," Dr. Bradford said, appreciative of the professional and political interventions.

"A call on Monday, Sept. 12, confirmed what we had feared. The way Maine law was written, there was nothing the state board could do unless the application was perfect. It was admittedly a crushing blow. I understood their position but began to be fearful that we were making a grave mistake so far from home."

Their Metairie dental office is "physically in very good shape," Dr. Catchings said. "Unfortunately it is a brand new office with the notes and overhead to go with it. We doubt the economy is going to be able to support the overhead. This is also what leads us to seek work in another state." Will patients return?

Dr. Terry Dickinson, executive director of the Virginia Dental Association, invited them to the 136th annual meeting of the VDA House of Delegates, "and who should happen to be there but the president of the American Dental Association, Dr. Haught. After his presidential address to the delegates, we approached him and told him of our experience with Maine," said Dr. Bradford. "He was shocked and determined in the same breath. He said, 'Let me make a few phone calls.'

"The next day, Friday, Sept. 16, we learned that the governor of Maine had issued an emergency declaration stating that professionals affected by Hurricane Katrina would be able to quickly and easily get their temporary licensure by credentials. Rep. Allen's office also contacted us. Dr. Haught really must have made some phone call. He also contacted us several times on Saturday just to make sure we were aware of what was going on."

The same day, Dr. Bradford gave a brief presentation to the Virginia Board of Dentistry on the state of Gulf Coast dentists, he said, and the board approved a motion putting dentists from the affected area "on a fast track for licensure."

We reached Drs. Bradford and Catchings at the home of his "Aunt Cissy" for an update. "I think Brad is outside calling you on his cell phone while I am answering on the e-mail. The baby is napping and the cat is chasing the dog full tilt in circles around the room. Life is a circus sometimes," said Dr. Catchings.

"We are planning on allowing multiple dentists to practice in our office for now," Dr. Bradford said. "Hopefully we and they will have maintained enough of a patient base to survive. We know there is still a great possibility that our energies may be better spent working outside the state and sending money back to keep the office open. We don't want to lose any of our employees. It took us too long to build such a good team. Will we go back to New Orleans? Absolutely! Will we stay? I don't know."

They've dispensed with one traveling companion—fear for family they left behind. "My mother, sister and 91-year-old grandmother stayed in New Orleans through the storm," said Dr. Catchings. "I could call in but they could not call out. I had to beg them to leave. They finally decided to go.

"Meanwhile, we are still having problems getting the license in Virginia and/or Maine. Even with executive gubernatorial orders, the state boards have been unable to complete the process."

A post-script to one of their stirring e-mail narratives says Hurricane Rita is threatening the Texas coast. "I am sure that what all of us going for licensure in other states have done will make it easier for the new crop of refugees. I only hope the number isn't as large as it was for Katrina."

Their sojourn continues. ■

Feasibility study could propose new dental school

Greenville, N.C.—The East Carolina University's board of trustees voted in July to pursue new options to improve the oral health of residents in eastern North Carolina.

A feasibility study will likely include consideration of a dental school within the ECU Division of Health Sciences. Dr. Greg Chadwick, ADA president in 2001-2002, is leading the study as ECU's newly appointed associate vice chancellor for oral health.

"The study will help determine the need, costs and how a dental school would be modeled on ECU's highly successful Brody School of Medicine," said Dr. Chadwick. "If the feasibility study recommends developing a new dental school, it would likely focus on getting dentists into underserved areas of eastern North Carolina."

Since opening in 1977, the Brody School of Medicine has sought to increase the supply of primary care physicians, improve the health of those in eastern North Carolina and help minority and disadvantaged students get a medical education.

Nationally, about 30 percent of all medical students pursue careers in primary care, according to ECU. This year, 76 percent of ECU medical students went into primary care.

"The medical school is a good model and one that's worked," said Dr. Chadwick. "Now we're going to see if it's feasible for a dental school that would graduate general dentists to practice in rural and underserved areas."

In 2002, ECU proposed a research-intensive dental education program similar to that of the University of North Carolina School of Dentistry. Cost and need were among factors cited in the UNC board of governors' rejection of that plan. ■

AFTERMATH DISASTER

Hurricanes

Continued from page one

the offices in Texas, 122 in Louisiana.

Houston, the area's largest city with nearly 2 million residents, escaped the worst of Rita.

Susan McKee, executive director of the Greater Houston Dental Society, described a scene of downed power lines and uprooted trees but said she considered the damage in Houston proper "pretty minimal."

"Most [Houston] dentists just prepared their offices as best they could and stayed in the city," she said. She confided, however, that the whereabouts of a dentist in Liberty County, north of the city, had her worried.

"I haven't been able to make contact with him yet," she said. "He's in an area prone to flooding."

Further east along the Gulf Coast, besieged citizens were struggling to recover from the effects of Katrina.

The Fifth District Dental Society, a component of the Mississippi Dental Association, sponsored a Sept. 23 meeting to talk with members about relief and recovery. The Fifth District includes coastal counties hardest hit by the storm.

About 50 dentists attended the session where they heard from a local banker, an insurance-claims adjustor, representatives from Sullivan-Schein and others.

Dr. Joe Young, first vice president of the Mississippi Dental Association, talked to the group about resources available through the ADA and MDA. He also came with messages on licensure renewal from the state Board of Dental Examiners and on recovery efforts from the state's Department of Health.

Dr. Young characterized the meeting as upbeat, optimistic and encouraging.

"Each day is better than the day before, but there's still a long way to go," he said of the recovery.

"A lot of people still haven't been able to make decisions about rebuilding or relocating. We have many dentists who lost everything—their homes and their offices—and are just trying to find some way to get started.

"At this stage, they're still in clean-up mode," added Dr. Young. "The problem is so big, you're not quite sure where to start sometimes."

Ward Blackwell, executive director of the Louisiana Dental Association, said recovery in his state was proceeding slowly. He said he'd been hearing mainly from dentists who were Katrina victims.

"With Rita, they all evacuated, and it's probably a more temporary situation," said Mr. Blackwell. "The initial word from authorities is that folks from Lake Charles, which got the worst of Rita, might be able to get back in as early as Monday [Oct. 3]. It's not the same for people from New Orleans or St. Bernard Parish, where it's going to be weeks before they can get back in."

St. Bernard Parish, a peninsula of mostly small islands reaching into the Gulf of Mexico east of New Orleans, was among the areas that sustained the heaviest damage from Katrina, said the Louisiana dental executive.

"Virtually the entire parish was underwater," he said. "Everything, I mean everything there, is just gone."

He said he'd heard of people re-entering the area with trucks or U-Hauls hoping to salvage belongings.

"They'd end up leaving with one box; that's all they could find," he said. "It's really gut wrenching for those folks, after all these weeks, hoping to find something that would help them begin to rebuild their lives. There was just nothing there." ■

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Compare the shine after almost 3 minutes of traditional polishing with points, wheels and paste (left) with the shine created by a 60-second application of DuraFinish (right).

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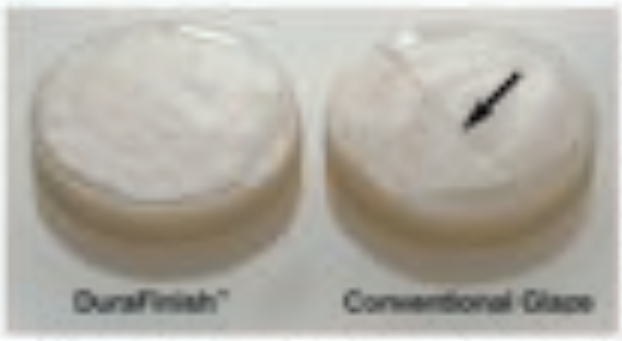

DuraFinish's nanofilled polymer (left) resists surface abrasion much better than the traditional applied glaze (right). Half of each sample was subjected to 65,000 cycles of tooth-brush abrasion. Note the cliff (arrow) created where the conventional glaze wore away.

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DuraFinish is unlike any glaze you've ever used before. For one thing, it's actually a super-flowable composite, packed with nanofiller to give it wear-resistance.

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President-Elect's Interview

Strong, research-based dental schools: 'That is the foundation of our profession'

Editor's note: This is the second and final installment of an interview with Dr. Robert M. Brandjord, president-elect of the American Dental Association. The first part of this interview was printed in the Sept. 5 ADA News. This past summer ADA News Editor Judy Jakush met with Dr. Brandjord to discuss his perspective on his coming year as president. He will be installed as the 142nd ADA president on Oct. 11 in Philadelphia before the House of Delegates.

ADA News: You were an early proponent of a dental role in our national bioterrorism response. Is there a dental role, and if so, what is it? The developing bioterrorism response is increasingly defined to include response to emergent disease, a flu pandemic for example.

Dr. Brandjord: In any situation where you have a mass disaster and need rapid responders, dentistry can play a role. The important fact is to identify the skills and ability of individuals so that they can be well utilized and be identified early. We have a pilot program in Minnesota, which I think is really great, and that's because we have Michael Osterholm, Ph.D., an expert on bioterrorism preparedness.

Through his indirect leadership, the Department of Health has put together a program that allows all health care providers, no matter their particular field, to voluntarily register with the state the services they would be willing to provide in such an event. The volunteer's credentials can be verified in advance as well as their contact information. Dr. Osterholm talks about a meningitis outbreak in Mankato, Minn., in 1995. Looking back on the incident he felt they could have used dental personnel to screen people before immunization. Not just the dentist, but the entire staff could be very valuable.

I like the Minnesota program; they are identifying people ahead of time. At the time of 9/11, the trauma surgeons were meeting in New York. But they couldn't identify and credential them. The challenge is that some people come forward and say, "I can do this, I can do that." But how do you know if they're qualified? That's why it is so important to do these activities ahead of time. Another problem is that we develop "disaster amnesia." With Hurricane Katrina, disaster preparedness has come to the forefront again.

Speaking of Katrina, the ADA members and staff have responded to the disaster with a sense of caring and generosity that is really remarkable. I am very proud of our rapid and well-organized response.

ADA News: President Bush has called for the implementation of electronic health care records. How will this effort affect dentistry?

Dr. Brandjord: I'm chairing a committee that is looking at that for the Association. President Bush called for the development and implementation of a strategic plan to guide the nationwide implementation of health information technology in both the public and private health care sectors to prevent medical errors, improve quality and produce greater value for health care expenditures. If we are not at the table and participating in these discussions, others will make decisions about how dentistry will be treated as health information technology develops.

ADA News: What should the ADA do to reach nonmembers who feel they're doing just fine without us? How can we project a more positive image of ADA member dentists?

Dr. Brandjord: It's always a big challenge convincing people—nonmembers—that we are necessary, even though we have the track record to prove our value. We're working on behalf of every dentist in this country, not just members, because what we do affects the way all dentists in this country practice. We need to keep sending the message that there is value in membership and you can see it in what the ADA has accomplished. I think we are on the forefront and leading in areas that make a difference, such as in our development and use of best management practices in handling amalgam waste or in the ways we partner with other groups and entities to find solutions that work.

We advocate for dentistry with countless agencies, including the Environmental Protection Agency, Occupational Safety and Health Administration, Health and Human Services and others. We have spent a great amount of time and energy improving HIPAA and helping dentists understand and comply with its requirements.

I think that shows the great value of membership. When you do that, you do it for everybody. And there is no one else who can do it on the scale that we do.

ADA News: Where does the Tripartite Grassroots Membership Initiative go after 2005? It doesn't seem likely that we will achieve the 75 percent goal. Is that disappointing?

Dr. Brandjord: We probably are not going to achieve the 75 percent goal, I agree. But I don't look at that as being a failure. It was really a goal to aim for, and we do have great success to report. We have really made a turnaround.

Our membership numbers are going up; that's the important part. Since we launched the Tripartite Grassroots Membership Initiative in 2001, we've had a net gain of 8,448 members. For a professional organization in today's world, that's quite an accomplishment. Most associations face dwindling membership. The grassroots initiative will continue to go on. Even if we reached 75 percent this year, we wouldn't stop. We would continue our recruitment and retention efforts.

ADA News: The national clinical licensure examination: are you encouraged by the direction in which the process is moving? Where do you see this situation in five or 10 years? Do you believe the ADA has been responsive to the profession's calls for increased mobility in the licensure process?

Dr. Brandjord: We have made quite a bit of improvement since last year. I think it's clear that at this stage we will have two major clinical licensure examinations. How long that would last—five or 10 years—I don't know. We hope this progress will lead to a point where we have enough common ground that it would lead to one clinical exam. That won't happen overnight because there are deeply entrenched differences of opinion on how the development of the examination should proceed. However, when you look at the totality of the examination process, there is so much they have in common that over time one clinical licensing examination should evolve.

Dr. Brandjord: "I believe in giving back, not just to the dental school or the people who trained you, but back to the community and to your profession."

ADA News: What words of wisdom do you offer young/new dentists?

Dr. Brandjord: When I spoke at the New Dentist Conference, I talked about giving back. We need to give back in return for the good fortune we have received.

I believe in giving back, not just to the dental school or the people who trained you, but back to the community and to your profession. Getting involved in organized dentistry in some form or another is important.

I would also say to young dentists, that being a dentist is a being a lifelong learner. You have to keep yourself up to date with continuing education. The changes I've seen in my career have been tremendous, and if you come out of dental school and think that's all you'll need, then you are really missing the boat.

ADA News: How can the ADA become more involved in encouraging underrepresented minorities to pursue dental careers? What progress has the Association made so far (ADA Institute for Diversity in Leadership, for example)?

Dr. Brandjord: It is important to expose individuals at a very young age as to what the profession is about, what dentistry can offer them and what an important role they could play in the future of dentistry. The Institute for Diversity in Leadership has been fantastic. I hear only positive feedback about it. (See story, page three.)

Hopefully those who have had the opportunity to take part in the Institute for Diversity in Leadership will be great mentors.

ADA News: A major national initiative focused on dental education is getting organized and aims to raise $500 million in 10 years—the first step toward a $1 billion objective in 25 years. What do you think this collaborative initiative will realistically accomplish?

Dr. Brandjord: It's progressing well. What's exciting is that we've brought in different stakeholders from throughout dentistry. We've got the ADA Foundation, state foundations, university foundations, specialty foundations—all of these people coming together to work toward the goal of investing in dental education. We have to make sure we continue to have strong dental schools that are research-based. That is the foundation of our profession. ■

Disaster Fund tops $1.2 million in cash, pledges—and counting

ADA | FOUNDATION
American Dental Association Foundation

The dental community has responded to the devastation of hurricanes Katrina and Rita with an outpouring of support and generosity.

"Many of our colleagues in the Gulf Coast region have suffered terrible losses as a result of these storms," said Dr. Richard Haught, ADA president. "State and local dental societies, related dental organizations, our corporate sponsors, dental educators, individual dentists and others across the country have opened their hearts and their checkbooks to help those in need. I am proud of our profession, and I am proud of our ADA."

By press time (Sept. 27), the ADA Foundation's Disaster Response Fund had received more than $1.2 million in pledges and cash donations, large and small, to aid the hurricane victims. (For information on how the funds are being disbursed, see page one.)

What follows is a partial list of major pledges and contributions ($10,000 or more) to the Fund from dental organizations and the dental industry. A more complete list of donors will be published at a later date. Also, many other individuals and groups have donated to other charities or directly to such organizations as the Mississippi and Louisiana dental associations.

- American Dental Association ($300,000); ADA Foundation ($50,000); ADA Business Enterprises Inc., an ADA subsidiary ($50,000);
- New York State Dental Association ($100,000);
- California Dental Association ($50,000); CDA Foundation ($50,000); The Dentists Insurance Co., a CDA subsidiary ($50,000);
- Ohio Dental Association ($50,000);
- Pennsylvania Dental Association ($50,000);
- Texas Dental Association ($50,000);
- American Academy of Periodontology ($30,000);
- Maine Dental Association ($25,000);
- New Hampshire Dental Society ($22,000);
- Dakota Dental Association ($20,000);
- New Mexico Dental Association ($10,000);
- Washington State Dental Association ($10,000);
- Third District (N.Y.) Dental Society ($10,000);
- Gillette/Oral-B ($10,000);
- Procter & Gamble ($10,000). ■

Call to donate: 1-800-621-8099

Caring

Continued from page one

financial. If you haven't done so already, we implore you to make a generous donation to the ADA Foundation Disaster Response Fund. The Foundation will see to it that your contribution is channeled directly to those who need it most.

Shortly after Hurricane Katrina struck, the Association donated $300,000 to the Fund to aid with relief and recovery. The Foundation and ADA Business Enterprises, Inc., followed suit, each donating $50,000. State dental societies, related dental organizations, dental educators, our corporate partners, individual member dentists and staff joined the relief effort, making donations large and small, understanding that every dollar counts, that every dollar helps in this time of great need.

Dr. Tamas K. Szakal and his wife, Tracey, of Warner Robins, Ga., gave $20,000, telling the ADA staff member who took their call that dentistry has been good to them and their family and that it's "time to give back."

Dr. Wade Winker of Eustis, Fla., donated $5,000 and urged others to "open their hearts" to aid those in need.

We have always believed that ours is a profession of giving, caring people, of men and women devoted to helping others. Now, more than ever, we must demonstrate our generosity through action. We must show that "caring professional" is more than just a phrase, that it is part of our nature, part of our character, part of our way of life.

Please give to the ADA Foundation Disaster Response Fund. Help a colleague in need. We can assure you, you won't regret it. ■

Call to donate: 1-800-621-8099

Rolling in to help

Volunteers, vans cruise into hurricane-devastated territories

BY KAREN FOX

Long Beach, Calif.—When Dr. John Blake agreed to dispatch a mobile dental unit for victims' needs in Louisiana, he had no idea what was in store for him.

Last week the dental director at Miller Children's Hospital Children's Dental Clinic had a moment to reflect on the just-completed three-day cross-country trip in the mobile unit from Long Beach to Monroe, La., through the rains of Hurricane Rita with a cracked windshield that continued to buckle, sleeping on the van's floor, an airplane ride through lightning, barely escaping a tornado and ending up in Atlanta before finally returning home to Long Beach.

"We agreed to get the van there so we were committed and people had rearranged their schedules to make the trip, so we knew we just had to forge ahead and get there," said Dr. Blake.

It was Sept. 22 when he set out with "co-pilots" Dr. Lynn Fasnacht, president of the Children's Dental Clinic foundation board, and the mobile clinic's director Miguel Peraza, a registered dental assistant, in the two-operatory Eagle RV.

They expected to arrive in Monroe, La., the next day.

"With three of us, we decided to drive straight through," said Dr. Blake. "We knew Hurricane Rita was coming, but all the forecasts had Rita going toward Houston, which would have been south and west of where we were heading. We monitored it on a laptop when it started turning north, so it ended up being a race against time."

Then somewhere around El Paso, Texas, at 6 a.m. on Sept. 23, the van collided with a seagull, leaving a sizable crack in the driver's side window.

"Until then, the trip had been somewhat uneventful. We still had 1,000 miles in Texas to get across," said Dr. Blake. "The crack kept growing. It got to the point that we could barely

900-mile detour for disaster relief

BY KAREN FOX

Waveland, Miss.—"Tomorrow's Dental Office Today" arrived in this devastated town Sept. 20 and set up shop at a Kmart that has become Waveland's new community hub.

The ADA/Henry Schein state-of-the-art fully functional mobile dental unit commonly known as TDOT is being used through Oct. 9 to treat the oral health needs of Gulf Coast residents in the wake of Hurricane Katrina.

TDOT is supplementing ongoing relief efforts at Caroline 1, the North Carolina State Medical Assistance Team base in Waveland, under the direction of Dr. Nicholas Mosca, state dental director of the Mississippi Department of Health.

"Caroline 1 is now seeing more than 300 critical care and emergency patients each day, and many of them are in urgent need of dental care," said Dr. Mosca on Sept. 27. "The TDOT facility will enable our dental teams to provide patients with the highest quality of care even though most of the town's infrastructure has been erased."

Stanley M. Bergman, Henry Schein chairman and CEO, said that "all of us within the dental community are proud to work together with the Mississippi Department of Health to help care for the state's citizens in this time of need."

see through the windshield.

"But through duct tape and clear dental tape—the kind you use on handles and light fixtures in the dental office—we managed to keep the windshield together. By the time we got to Louisiana, the window had bowed in almost a foot. But this tape somehow held the whole thing together. We worried about it shattering so we always wore sunglasses during day then safety goggles at night."

The Children's Dental Clinic mobile unit arrived in Louisiana 32 hours later.

"We got there Saturday morning right when the hurricane was hitting the Louisiana and Texas border. During the last hour of the drive it started raining, but we couldn't use the windshield wipers because of the tape."

After handing the van over to faculty from the Louisiana State University School of Dentistry, they caught one of the day's two flights out of the Monroe regional airport and flew through lightning to Atlanta before catching a flight to Los Angeles.

"My wife was watching the news and saw that a tornado struck the area shortly after we left," said Dr. Blake. "It was the bumpiest plane ride I've ever been on."

The Children's Dental Health Clinic at Miller Children's/Memorial Medical Center in Long Beach is a nonprofit 501c3 organization. Its mobile dental unit is about two years old. A new hospital facility project has required clinic funding to be used for construction and relocation, so the mobile unit hasn't seen much use lately.

"The mobile unit was funded by some area agencies, and that ran thin, so we only used it about once a month," said Dr. Blake. "We've had to raise additional funds for facility costs, so the mobile clinic fell to bottom of the list. Then the hurricane came up and our board president Dr. Fasnacht said 'Let's get it out there and put it to use.' So that's what we did."

Smiles of Grace: Dr. Shawneekqua Harris, a U.S. Public Health Service captain, prepares to treat a patient in the mobile dental office van on loan from Dr. Mark Buckner and his wife, Beth, to the Mississippi Department of Health.

The Harbor Dental Society directed Dr. Blake to the ADA Foundation, which recognized an immediate need for the LSU School of Dentistry.

The dental school has a community clinic in Monroe, La., which after Hurricane Katrina saw about 1,400 storm refugees living in American Red Cross shelters. "It became one of the areas with the largest populations of evacuees living in a Red Cross shelter," said Dr. Blake. "Drs. Kimberly Caldwell and Les Tarver, faculty members at LSU, and fourth-year dental students are using the mobile unit for treatment right now."

Getting mobile units into the affected areas takes some time and coordination with federal and state authorities. The ADA Foundation is aware of several individuals and organizations now in the process of gaining approval to move mobile units into the Gulf Coast region.

Working with the ADA Foundation and the U.S. Public Health Service, the Mississippi Department of Health is providing emergency dental care to Gulf Coast residents at several mobile dental clinic sites.

The MDH has the Nevada-1 Special Needs Facility in Gulfport, Miss., and the ADA/Henry Schein "Tomorrow's Dental Office Today" unit at the North Carolina State Medical Assistance Team base in Waveland. (See story, page 16.)

"We have worked with our partners to provide these temporary dental clinics that will hopefully ensure some dental care for Gulf Coast residents until local dentists can rebuild and begin providing dental services to the public," said Dr. Nick Mosca, MDH dental director.

Forging ahead: Even a windshield broken en route couldn't stop Dr. John Blake and colleagues from delivering their mobile dental unit to Monroe, La., Sept. 23.

The first mobile unit deployed to Waveland for a 10-day period was Smiles of Grace, owned by Dr. Mark Buckner of Birmingham, Ala., and his wife Beth.

Dr. Mosca's call for mobile units led him and the ADA Foundation to the Buckners, who last year purchased the two-operatory Smiles of Grace unit after years of participating in domestic and international access programs.

"In Mississippi, we were seeing an average of 35 patients a day and turning away about 10," said Beth Buckner. "There were countless stories about people losing their family members, everything they owned, and how thankful they were that we were there. There were no dental offices there any more. They had nowhere else to go."

At this point, Dr. John Blake isn't sure when the LSU dental school will no longer have need for his mobile unit.

"We left it open-ended," he said. "We just want it to get used. We told them, 'If you wear it out doing too much dentistry, that's OK with us.' " ■

TDOT: Bypasses ADA annual session in Philadelphia to help victims in Mississippi.

Added Mr. Bergman: "Tomorrow's Dental Office Today has been used in community outreach before, typically in conjunction with major dental meetings where we can demonstrate to dentists the value of this technology to their practices. In these extraordinary circumstances, we are happy to see the capabilities of TDOT put to such worthwhile use."

TDOT was scheduled to leave Ohio last month en route to the ADA annual session in Philadelphia when the Mississippi Department of Health accepted the offer of resources for hurricane-affected regions, said ADA Executive Director James Bramson.

"We conferred with Henry Schein and together instructed the TDOT staff to make a 900-mile detour to the Gulf Coast to arrive as soon as possible," said Dr. Bramson. "Our members would agree that Waveland and other affected communities are where dental resources are most needed at this time." ■

Forensic teams at work

DMORT operations in Gulfport, Miss.

Bets are off: Drs. Richard Weems (left) and Tom David stand in front of a casino that washed up on shore in Gulfport, Miss. Dr. Ed Woolridge (insert), a chief of the antemortem dental section, hails from North Carolina.

BY ARLENE FURLONG

Gulfport, Miss.—Before Katrina, Dr. Richard Weems had never considered sleeping in a refrigerated truck intended to store bodies.

In the beginning of September, after a few weeks on a forensic team in Gulfport, Miss., he found himself choosing to sleep on plywood planks, between the steel walls of a "refer'" (refrigerated) truck.

"These were, by far, the roughest conditions I've ever experienced," said Dr. Weems, chief dental officer of a Disaster Mortuary Operational Response Team working at the center of disaster.

"We dug a hole in the ground for a bathroom. We slept in our cars or the 'refer' truck," explained Dr. Weems. "But nobody complained."

The team set up their morgue in a partially destroyed airport hangar. Dentists and other DMORT team members struggled against harsh conditions while conducting the grim task of identifying the coast's victims, including numerous cemetery remains that were unearthed by the tidal surge. There was no comfortable hotel to return to after a long day's work, no satisfying meal. For sustenance, they had the water and dry snacks they brought with them.

Dr. Weems was deployed on Aug. 28—before Katrina hit—and returned home three weeks later. His team assembled in an abandoned barracks for two days at Camp Shelby in Hattiesburg, Miss., before leaving for Gulfport. There they had a mattress and a pillow, but no air conditioning. The intense heat would prove one of the team's biggest problems throughout its rotation.

"Most dentists are used to having it pretty nice," said Dr. Weems. "This DMORT team in Gulfport overcame many difficulties. They worked 12-hour days, one after another, without any time off."

After setting up the morgue, the team waited another week for a generator. Ditto for the time on the Portalets, the shower truck and the washing machines. When the tents were finally delivered, Dr. Weems stayed in the "refer" truck for a couple more nights because "it was cooler."

"We dug a hole in the ground for a bathroom. We slept in our cars or the 'refer' truck. But nobody complained."

The major challenge of the identification effort was making contact with dentists whose offices were destroyed or without power. The Mississippi dental board listed some 160 dentists in the three southern Mississippi counties most affected. The DMORT team sent out letters, made phone calls, set up a Web site and eventually contacted all but 13 or 14 of the dentists in the area.

"It was completely different than after 9/11," said Dr. Weems. "In New York, [after 9/11] the relatives were all pouring into downtown offices. Here, people were still trying to dig themselves out or walking around in shock."

Dr. Tom David arrived in Gulfport just as the antemortem records started coming in. But he wouldn't stay for long. Deployed to Gulfport on Sept. 11, Dr. David would find himself in Biloxi, Miss., Sept. 22, when Hurricane Rita made a northern turn. "We had to break everything down, pack it all up," explained Dr. David. "We couldn't risk the damage."

The DMORT team evacuated to a hotel in Biloxi that had been hit by Katrina. The water ran but wasn't hot. The electricity went on and off.

Dr. David returned home to Georgia Sept. 25. He said he learned the morgue had flooded; it was a good thing they packed everything up.

"It was the first time I know of that the disaster team had to evacuate," he said. ■

Night and day: At left, a worker on one of the DMORT teams in Gulfport, Miss., boards a refrigerated truck at the end of her shift and Dr. Weems enters postmortem data after conducting exams at the morgue in Gulfport, Miss. (above).

Attention volunteers

At this time, HHS is no longer accepting individual medical and relief worker applications. More than 33,000 health care professionals and relief personnel have registered with the U.S. Department of Health and Human Services for possible deployment in affected areas. ■

Forensic dentist's WinID software speeds identification

Gulfport, Miss.—Dr. James McGivney's WinID dental computer system combined with digital X-ray processing is speeding up identification, forensic dentists returning from DMORT rotations say.

The copyrighted WinID is a dental computer system that matches missing to unidentified persons with a ranking system based on dental and other identifiers.

Widely used after 9/11, the paperless system is making post-Katrina forensic identification efforts easier.

"The dental section has always been the bottleneck in the process," said Dr. Richard Weems, dental chief of a Disaster Mortuary Operational Team deployed to Gulfport, Miss., in the wake of Hurricane Katrina.

"What used to take us 30-45 minutes takes us about 15 minutes with WinID."

Instead of scanning film X-rays, forensic dentists are entering digital X-ray information and charting directly into the WinID system.

"The morgue can be a stressful place," explained Dr. Weems. "You don't want to hold the process up. You want to be accurate. This system has made us much more proficient."

Dr. McGivney

"Paperless" is how Dr. Thomas David, who relieved Dr. Weems as chief of the DMORT dental unit at his rotation's end, described the morgue operation system when using WinID.

Dr. McGivney, a board-certified forensic dentist, developed the program.

"The computer software does not make an identification, but it points dentists in the right direction," said Dr. McGivney.

"It points us to the dental record that is the best match."

Dr. McGivney presented his program at the ADA-sponsored Forensic Dentistry Conference at the Association's headquarters in 2001.

It's available without charge at "www.winid.com". ■

After the hurricane

Sorting out business insurance issues

Dr. Bethea: Three types of insurance are needed "to adequately protect a dentist's financial vulnerability."

BY ARLENE FURLONG

AFTERMATH DISASTER

Hurricane Katrina has prompted questions from ADA members about the difference between business interruption insurance and business overhead insurance.

"Financial consultants generally recommend all three types of insurance—business interruption, business overhead and disability income—to adequately protect a dentist's financial vulnerability," says Dr. Robert P. Bethea, chair of the ADA Council on Members Insurance and Retirement Programs.

Business interruption insurance provides compensation for lost or reduced income resulting from suspension of a dentist's practice due to damage by a covered peril (like a hurricane). It also may provide compensation for the extra expenses of setting up a new or temporary office following loss or damage. Business interruption insurance is a type of property insurance.

For more information about business interruption insurance, contact your business insurance carrier. Or, for a comprehensive list of insurers that offer property/casualty and malpractice coverage in your state, consult the ADA directory at "www.ada.org/members/prac/insure/liability/states.asp".

Business overhead insurance reimburses a dentist for a practice's overhead expenses when that dentist is totally disabled. For example, if a dentist became disabled due to an injury during Hurricane Katrina and cannot practice because of that disability, he or she could be eligible for benefits under this type of policy. Business overhead insurance is a type of disability insurance.

The ADA Office Overhead Expense Plan, underwritten and administered by Great-West Life & Annuity Insurance Co. (Group Policy #1106GDH-OEP), is an example of business overhead insurance. With this coverage, dentists are reimbursed for certain monthly office expenses (such as rent or mortgage payments, utilities, a replacement dentist's salary, employee salaries and benefits, student loans and practice loans) if total disability prevents them from performing the regular duties required by the occupation of dentistry. Office overhead expense coverage is relatively inexpensive and often is purchased in tandem with a disability income policy, which can provide continuing monthly income for support in the event of a disability.

For more information about the ADA-sponsored group plans for business overhead and disability income insurance, call an ADA Plan Specialist at 1-888-463-4545 or go to "www.insurance.ada.org". ■

CDP guide covers emergency planning, disaster recovery

The ADA Council on Dental Practice has prepared a publication entitled Emergency Planning & Disaster Recovery in the Dental Office to assist dentists in dealing with catastrophes.

"The ADA, working with state dental associations, stands ready to assist dentists with the necessary steps to take in preparation for emergencies, such as the two recent hurricane disasters," said Dr. Michael Stuart, council chair. "Organized dentistry has been in the forefront to assist those offices affected in such a devastating way."

Dr. Stuart

Normally a members-only item available in print, the ADA added the resource online and eliminated the member-only log-on.

To obtain the brochure or other resources on disaster preparedness, go to "www.ada.org/prof/hurricane/get_help.asp". ■

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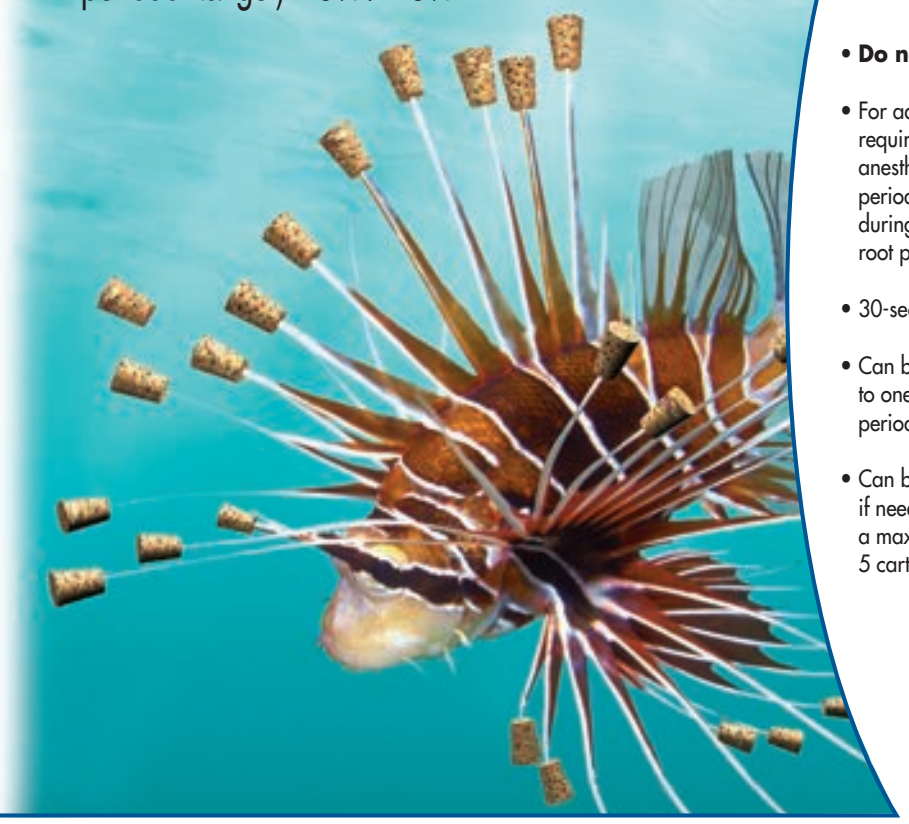

- **Do not Inject**
- For adults who require localized anesthesia in periodontal pockets during scaling and/or root planing
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- Can be applied to one or several periodontal pockets
- Can be reapplied if needed up to a maximum of 5 cartridges

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Oraqix provides pain relief and its needle-free application avoids patient concern(s) regarding needles and injections.

- Oraqix should not be used in those patients with congenital or idiopathic methemoglobinemia.
- Novel formulation allows Oraqix to change from a liquid to a gel at body temperature.
- Oraqix is contraindicated in patients with hypersensitivity to amide type local anesthetics or any other product component.
- The most common adverse reactions in clinical studies were application site reactions, headaches and taste perversion.

Please see the accompanying brief summary of the prescribing information.

To order or for more information on Oraqix, contact OraPharma at 1.866.273.7846 or visit our website at www.oraqix.com

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Brief Summary of Prescribing Information

INDICATIONS AND USAGE
Oraqix® (lidocaine and prilocaine periodontal gel) 2.5%/2.5% is indicated for adults who require localized anesthesia in periodontal pockets during scaling and/or root planing.

CONTRAINDICATIONS
Oraqix® is contraindicated in patients with hypersensitivity to amide type local anesthetics or to any other product component.

WARNINGS
Prilocaine can cause elevated methemoglobin levels particularly in conjunction with methemoglobin-inducing agents. Methemoglobinemia has been reported in a few cases in association with lidocaine treatment. Patients with glucose-6-phosphate dehydrogenase deficiency or congenital or idiopathic methemoglobinemia are more susceptible to drug-induced methemoglobinemia. Oraqix® should not be used in those patients with congenital or idiopathic methemoglobinemia and in infants under the age of twelve months who are receiving treatment with methemoglobin-inducing agents. Signs and symptoms of methemoglobinemia may be delayed some hours after exposure. Initial signs and symptoms of methemoglobinemia are characterized by a slate grey cyanosis seen in, e.g., buccal mucous membranes, lips and nail beds. In severe cases symptoms may include central cyanosis, headache, lethargy, dizziness, fatigue, syncope, dyspnea, CNS depression, seizures, dysrhythmia and shock. Methemoglobinemia should be considered if central cyanosis unresponsive to oxygen therapy occurs, especially if metHb-inducing agents have been used. Calculated oxygen saturation and pulse oximetry are inaccurate in the setting of methemoglobinemia. The diagnosis can be confirmed by an elevated methemoglobin level measured with co-oximetry. Normally, metHb levels are <1%, and cyanosis may not be evident until a level of at least 10% is present. The development of methemoglobinemia is generally dose related. The individual maximum level of metHb in blood ranged from 0.8% to 1.7% following administration of the maximum dose of 8.5 g Oraqix®.

Management of Methemoglobinemia: Clinically significant symptoms of methemoglobinemia should be treated with a standard clinical regimen such as a slow intravenous injection of methylene blue at a dosage of 1-2 mg/kg given over a five minute period.

Patients taking drugs associated with drug-induced methemoglobinemia such as sulfonamides, acetaminophen, acetanilide, aniline dyes, benzocaine, chloroquine, dapsone, naphthalene, nitrates and nitrites, nitrofurantoin, nitroglycerin, nitroprusside, pamaquine, para-aminosalicylic acid, phenacetin, phenobarbital, phenytoin, primaquine, and quinine are also at greater risk for developing methemoglobinemia.

Treatment with Oraqix® should be avoided in patients with any of the above conditions or with a previous history of problems in connection with prilocaine treatment.

PRECAUTIONS
General:
DO NOT INJECT
Oraqix® should not be used with standard dental syringes. Only use this product with the Oraqix™ Dispenser, available from DENTSPLY Pharmaceutical.

Allergic and anaphylactic reactions associated with lidocaine or prilocaine can occur. These reactions may be characterized by urticaria, angioedema, bronchospasm, and shock.

Eye contact with Oraqix® should be avoided. Animal studies have demonstrated severe eye irritation. Corneal irritation and potential abrasion may occur. If eye contact occurs, immediately rinse the eye with water or saline and protect it until normal sensation returns. In addition, the patient should be evaluated by an ophthalmologist.

Oraqix® should be used with caution in patients with a history of drug sensitivities, especially if the etiologic agent is uncertain.

Patients with severe hepatic disease, because of their inability to metabolize local anesthetics normally, are at greater risk of developing toxic plasma concentrations of lidocaine and prilocaine.

Information for Patients: Patients are cautioned to avoid injury to the treated area, or exposure to extreme hot or cold temperatures, until complete sensation has returned.

Drug Interactions: Oraqix® should be used with caution in combination with dental injection anesthesia, other local anesthetics, or agents structurally related to local anesthetics, e.g., Class 1 antiarrhythmics such as tocainide and mexiletine, as the toxic effects of these drugs are likely to be additive and potentially synergistic.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY:
Carcinogenesis - Chronic oral toxicity studies of o-toluidine, a metabolite of prilocaine, have shown that this compound is a carcinogen in both mice and rats. The tumors associated with o-toluidine included hepatocarcinomas/adenomas in female mice, multiple occurrences of hemangiosarcomas/hemangiomas in both sexes of mice, sarcomas of multiple organs, transitional-cell carcinomas/papillomas of urinary bladder in both sexes of rats, subcutaneous fibromas/fibrosarcomas and mesotheliomas in male rats, and mammary gland fibroadenomas/ adenomas in female rats. These findings were observed at the lowest tested dose of 150 mg/kg/day or greater over two years (estimated daily exposures in mice and rats were approximately 6 and 12 times, respectively, the estimated exposure to o-toluidine at the maximum recommended human dose of 8.5g of Oraqix® gel on a mg/m2 basis).

o-Toluidine, a metabolite of prilocaine, was positive in Escherichia coli DNA repair and phage-induction assays. Urine concentrates from rats treated orally with 300 mg/kg o-toluidine were mutagenic to Salmonella typhimurium in the presence of metabolic activation.

USE IN PREGNANCY:
Teratogenic Effects: Pregnancy Category B
Treatment of rabbits with 15 mg/kg (180 mg/m2) produced evidence of maternal toxicity and evidence of delayed fetal development, including a non-significant decrease in fetal weight (7%) and an increase in minor skeletal anomalies (skull and sternebral defects, reduced ossification of the phalanges). The effects of lidocaine and prilocaine on post-natal development was examined in rats treated for 8 months with 10 or 30 mg/kg, s.c. lidocaine or prilocaine (60 mg/m2 and 180 mg/m2 on a body surface area basis, respectively up to 1.4-fold the maximum recommended exposure for a single procedure). This time period encompassed 3 mating periods. Both doses of either drug significantly reduced the average number of pups per litter surviving until weaning of offspring from the first 2 mating periods. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, Oraqix® should be used during pregnancy only if the benefits outweigh the risks.

Nursing Mothers: Lidocaine and, possibly, prilocaine are excreted in breast milk. Caution should be exercised when Oraqix® is administered to nursing women.

Pediatric Use: Safety and effectiveness in pediatric patients have not been established. Very young children are more susceptible to methemoglobinemia. There have been reports of clinically significant methemoglobinemia in infants and children following excessive applications of lidocaine 2.5% and prilocaine 2.5% topical cream (See WARNINGS).

Geriatric Use: In general, dose selection for an elderly patient should be cautious, usually starting at the low end of the dosing range, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy.

ADVERSE REACTIONS
In clinical studies, the most common adverse reactions are application site reaction (including pain, soreness, irritation, numbness, ulcerations, vesicles, edema, abscess and/or redness), headache and taste perversion.

Rx only.
For more detailed information, consult your DENTSPLY Pharmaceutical representative and read the full Prescribing Information.

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Form No. PM-Oraqix-PI-0024 Rev 11/04

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