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# ADANEWS

OCTOBER 15, 2007

VOLUME 38 NO. 19

## 'Now is the time'

### New ADA president spotlights membership value

BY JAMES BERRY

*San Francisco*—As ADA treasurer for six years, he helped streamline the Association's budget process, making it, in a word, "transparent" for Association leaders and grassroots members alike. His goal now, he said, is to work as hard on ADA membership value.

The clarity achieved in ADA budgeting meant that "everyone now has a better understanding of how we're allocating our resources and why," Dr. Mark J. Feldman told the House of Delegates shortly after he was installed Oct. 2 as the ADA's 144th president.

"Having seen this happen and having been part of that process," he continued, "I now want to do everything I can to help make the value of membership just as understood as the budget process. When it comes time for renewing ADA membership each



Dr. Feldman: Takes office as 144th ADA president.

#### ■ Dr. Kleinman receives Distinguished Service Award, page 10

year, I want every member to renew with confidence, based on a clear understanding of value received."

Getting specific, the new president talked about dealing with change, about access to care, about dental examining and licensure, about the ADA's public affairs program and about dental education.

Each part of his address was essentially a call to action, and each call to action concluded with the same phrase: "Now is the time."

"You and I have to be the key players in determining what the oral health delivery system in this

See *PRESIDENT*, page 15

## BRIEFS

**New partners:** Dental Education: Our Legacy—Our Future has three new partners: the Texas Dental Association Smiles Foundation, the South Dakota Dental Association and the Indian Dental Association (USA).

Our Legacy—Our Future's mission is to raise awareness of challenges facing dental education in the U.S. and to promote a culture of philanthropy within dentistry on these issues. The initiative has 97 partners. Visit "www.ourlegacyourfuture.org".

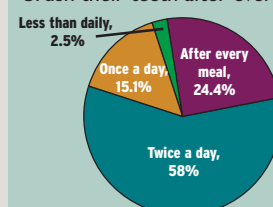
**Hotels:** Reserve Chicago hotel rooms online Oct. 1-Dec. 31 and automatically be entered into a drawing for a complimentary one-night stay at the Ritz-Carlton Chicago in 2008. To book or check availability, go to ADA.org, click on the ADA Member Center, then Chicago Hotel Reservations. Member number and password are needed—to obtain your password, contact the ADA at 1-312-440-2500, Ext. 3553.

One winner per month, October through December, will be selected to receive a complimentary one night stay (based on availability, some blackout dates apply). If the Ritz-Carlton is not available on the dates you wish to travel, you may request that the room be applied to an alternate ADA hotel that has availability.

Please note that this promotion applies to individual reservations only, and is not applicable for rooms booked as part of a meeting in a group block. ■

## JUST THE FACTS

Nearly one quarter of respondents brush their teeth after every meal.



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

## Dr. John S. Findley chosen new president-elect

*San Francisco*—Dr. John S. Findley of Cross Roads, Texas, was chosen ADA president-elect in balloting Oct. 1 at the 2007 House of Delegates.

The delegates also elected Dr. O.

Andy Elliott II of Prestonsburg, Ky., as second vice president in a three-way race.

The House met during the 148th ADA Annual Session.

Dr. Findley has served the ADA as

trustee of the 15th District, as chair of the ADA Essential Oral Healthcare Needs Task Force and as a member of the Strategic Planning Committee.

"I will devote every ounce of my energy to doing your will," Dr. Find-

ley told the House shortly after his election.

A past president of the Texas Dental Association and Dallas County Dental Society, Dr. Findley

See *CHOSEN*, page 14

## ADA House OKs 2008 budget, dues increase

BY JUDY JAKUSH

*San Francisco*—The 2007 House of Delegates has approved a 2008 budget that provides "great value" to members, said ADA President Mark Feldman following the close of the House Oct. 2 here.

Delegates approved a dues increase of \$9, which will bring the Association's 2008 dues level to \$498. Next year's anticipated revenue is \$114,247,550 with anticipated expenses for 2008 at \$114,524,250. The ADA Board of Trustees will use the reserves to cover remaining expenses (\$276,700).

Noted Dr. Edward Leone Jr., ADA treasurer, "I can say very clearly that the House acted in a very efficient and

#### ■ House action on separators, page nine

#### ■ Honorary members, page 10

effective fashion. They allocated funds to invest in our organization so that we can grow and serve our members better."

Dr. Feldman noted that the dues increase is 40 percent less than the rate of inflation, which is in line with the Association's dues stabilization policy that seeks to maintain annual dues revenues at or below inflation over time.

Two big-ticket items approved by the House are \$1.9 million renovation

of the ADA Washington office and \$2 million for further development of the Community Dental Health Coordinator project. These are in addition to ongoing programs that Dr. Feldman said "support the strategic goals and initiatives" of the Association. One of those is the Public Affairs Initiative, adopted last year to support the tripartite in a public affairs approach to advocacy.

The ADA Board will be studying its reserve policy this year. Right now reserves are targeted to be 40 percent, but Dr. Leone noted that the ADA is a unique professional organization and the House felt it was time to take another look at what the most appropriate reserve level is. ■



Get involved: Rep. Mike Simpson, a dentist and congressman, addresses the ADA House in San Francisco. Story, page eight.

Photos by Leguistype Studio

**Winners:** ADA/Dentsply Student Clinician Research Program winners pause at annual session Sept. 30 in San Francisco for a photo. From left, are Pieter H. Heemstra, University of Pittsburgh School of Dental Medicine, 3rd place, Category I; Rishi Popat, Arizona School of Dentistry and Oral Health, 2nd place, Category I; Rosalyn M. Sulyanto, Harvard School of Dental Medicine, 2nd place, Category II; Abby J. Shannon, University of Iowa, 1st place, Category I; Chi Tonglien Viet, University of California, San Francisco School of Dentistry, 1st place, Category II; and Matthew John Olmsted, University of North Carolina School of Dentistry; 3rd place, Category II.



Photo by Lagniappe Studio

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<sup>1</sup> J Compendium, February 1997, An Evaluation of Operator Preference of Diamond Burs in Coronal Tooth Preparation. <sup>2</sup> An Independent Non-profit Dental Education and Product Testing Foundation, Sept. 2001. <sup>3</sup> An Independent Non-Profit Dental Education and Product Testing Foundation Newsletter, May 2002. <sup>4</sup> Premier is a registered trademark of Premier Dental Products Company. \* Two Striper is a trademark of the manufacturer, Abivive Technology, Inc.

# ADA CE Online adds free OSHA course

## Is it time to review the exposure control plan?

ADA CE Online is offering "OSHA Series: The Exposure Control Plan," as a free course.

It's the fourth free course, from a selection of more than 90 ADA CE Online courses available.

The course details how to best comply with the 1992 U.S. Occupational Safety and Health Administration Bloodborne Pathogens Standard.

Dr. Robert Flint details personal protective equipment for the dental office worker, practice and engineering controls, how to maintain a clean and sanitary workplace and universal precautions.

"We hope that many offices take advantage of this free and vitally important course," said Jon

Seltenheim, senior vice president of customer service operations at United Concordia Companies Inc. UCCI sponsored the course.

More ADA CE Online courses are added each week. The program differs from most others online because each course is peer reviewed and approved by a minimum of three volunteer editorial board members appointed by the Association.

The free OSHA course allows participants to activate an audio of the text they are reading. In

addition, all courses incorporate varying levels of multimedia—information bars offer video, graphics, slide shows and audio of the entire course in MP3 format.

Three other free courses are also available. One is about xylitol and caries sponsored by Cigna, another is on OSHA and bloodborne pathogens sponsored by 1-800-DENTIST, and the third is Dr. Paul Homoly's course on improving the doctor-patient relationship, sponsored by CareCredit.

To take ADA CE Online courses and learn

about other special offerings go to "www.ada.org/goto/ceonline." For more information, contact Marcia McKinney at "mckinney@ada.org" or call toll-free, Ext. 2662.

"OSHA Training for Dental Professionals," the new and completely updated DVD and workbook with full color photos, poster, checklists and forms, will be available Oct. 26 at "www.adacatalog.org" or by calling 1-800-947-4746.

The ADA resource (item P889) covers general safety standards, the bloodborne pathogen standard and the hazard communication standard and provides an opportunity to earn eight continuing education credits. ■

## Ergonomics

## ADA-OSHA Alliance posts new resources at ADA.org

BY ARLENE FURLONG

New resources about avoiding injuries are now available to dentists and dental office staff, thanks to the Association's collaboration with OSHA to help dentistry voluntarily address ergonomic issues.

"It's important for dental team members to adapt their workplace and tasks in order to work as safely and as comfortably as is possible," said Dr. Mark S. Ritz, a member of the Council on Dental Practice and chair of its ergonomic subcommittee. "This means they should have access to knowledge about ergonomics and how it can be applied to the dental office."

A tip sheet about hand pain and how dentists can adapt their offices and habits to lessen stress on their hands, as well as an article about musculoskeletal disorders in dental hygiene, are now posted on ADA.org.

The ADA-OSHA Alliance, originally signed in April 2004, established a means of collaborating on ergonomics matters that both the ADA and the U.S. Occupational Safety and Health Administration view as important to the health and well-being of dentists and the dental team.

A team representing both OSHA and the ADA meets quarterly to learn the best ways to reach joint goals in communicating information about workplace safety and health. The next meeting of the ADA-OSHA Alliance will take place Dec. 4.

A wealth of information about ergonomics in dentistry, as well as the hand pain tip sheet and accompanying article on musculoskeletal disorders, can be found at "www.ada.org/prof/prac/wellness/ergonomics.asp#alliance". Additional information can be found at OSHA's Web-site at "www.osha.gov."

For further questions about ergonomics contact Donalda Ellek, manager, Office of Quality Assessment and Improvement, toll-free, Ext. 2772 or e-mail "ellekd@ada.org". ■



Dr. Ritz

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# ViewPoint

## MyView

### The special needs patient A dental dilemma



**Burton S. Wasserman, D.D.S.**

A medically compromised wheelchair-bound patient was seeking dental care in a private practice office setting. Her complex medical history included a recent stroke, diabetes and asthma. The patient's head was permanently fixed in a downward position as a result of a trauma, which posed a physically impossible task for the dentist providing treatment.

Due to the medical and physical limitations, the patient was denied care. The patient's daughter started reciting paragraphs from the Americans with Disabilities Act regarding access, treatment and possible discrimination issues. The dentist became uncomfortable and defensive and offered to refer the patient to either a hospital clinic or another private office that could manage a patient who might be physically, medically or mentally challenged.

This story has become a frequent occurrence in our current health care delivery system. Special needs patients seeking dental care must often go through professional obstacle courses and bureaucracies to find a willing and appropriately trained provider.

Children and adolescents with special needs have, traditionally, been treated by pediatric dentists. However, the age limit range for pediatric dental patients is usually between 18 and 21. General dentists are often not adequately trained

or do not have the appropriate physical facilities to treat special care patients.

There are an increasing number of pediatric special needs patients who reach adulthood and do not have a dentist with whom they could continue treatment. This scenario has created a national dental dilemma.

Some dental schools, such as the State University of New York at Stony Brook School of Dental Medicine, have taken the initiative in addressing the special needs problems in dentistry. During the past 25 years, the school has added special needs to their core curriculum and expanded the pediatric/behavior management track to provide dental care for the developmentally disabled population of eastern Long Island.

The dental health benefits for the children, adolescents and adults, as well as the personal rewards and accomplishments for the dental student, are

*See MY VIEW, page six*

## LettersPolicy

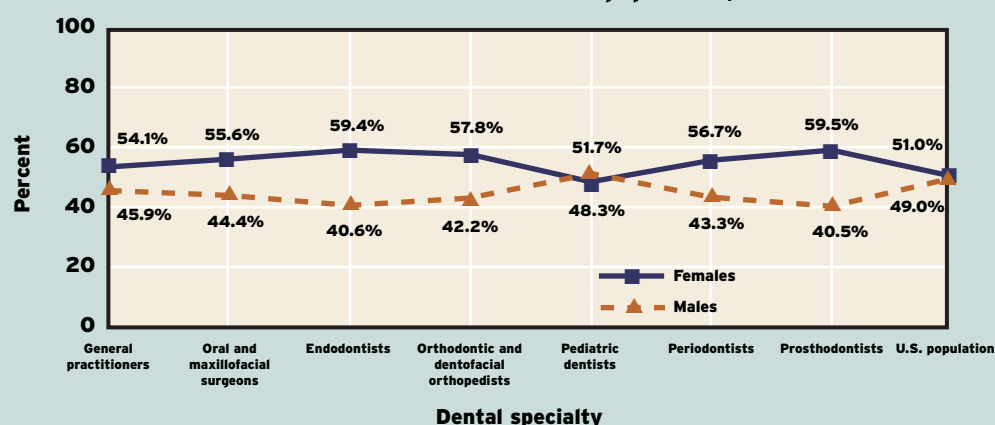
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## SNAPSHOTS OF AMERICAN DENTISTRY

### Dental services

The U.S. population is almost evenly divided among females (51 percent) and males (49 percent). Only pediatric dentists' patients have a gender distribution that closely approximates the U.S. population as a whole. Their patients are almost evenly divided between females (48.3 percent) and males (51.7 percent).

**Gender distribution of dentists' patients, 2005-2006 and estimated U.S. population, 2005**



Source: American Dental Association, Survey Center, 2005-06 Survey of Dental Services Rendered and U.S. Census Bureau, 2005 American Community Survey.

## Letters

### Amalgam needed

In a 2003 report, Belize, Central America held the world record in sugar consumption at 136 pounds per person annually vs. 66 pounds in the United States.

I had the good fortune to personally treat over 165 patients in five remote villages in Belize on a humanitarian mission this year. Moving every two days, our team of two dentists, one dental hygienist and two dental technicians provided over \$80,000 in dental care (in U.S. dollars). This included more than 262 restorations, mostly posterior teeth by quadrant using the rubber dam.

Due to many factors, it was not unusual to see a 10-year-old with nonrestorable six-year molars ravaged by decay.

Less than 20 existing posterior restorations were seen in total, and most posterior permanent teeth with extensive caries were to be removed by our host-country Belizean dentists working with us at a later date.

Our material of choice to save posterior teeth by quadrant was amalgam, doing the greatest good for the greatest number of people. In my 27 years of restorative dentistry treating patients in Wisconsin, Illinois, California, Maryland and North Dakota,

I have used no better filling material for posterior teeth.

My own posterior teeth are restored with amalgam as are those of my family. Any type of ban on amalgam, in my humble opinion, without compelling scientific data—which to date is nonexistent—



would be a great harm to the greater good.

*Jerome M. Teclaw, D.D.S. Milwaukee*

### Residencies

I would like to comment on Dr. Peter Rouff's editorial that residencies should be required of all graduating dentists ("A Residency Made Me A Better Dentist," Sept. 17 ADA News).

I agree with him that a residency

would be very good for some graduates. I also agree that the clinical boards have their flaws. However, I think every student is not the same.

When I graduated I had spent every holiday break working in our school's dental emergency clinic. I also had taken a trip to Guatemala over one of our breaks and saw many indigent patients over 10 days. I spent every free moment in our oral surgery clinic learning from some of the best oral surgeons assisting and performing advanced and difficult oral surgery procedures while some of my classmates went to play golf, etc.

I spent six weeks as part of our program working with a dentist at a rural site, and nearly every week I did more procedures than was required for graduation. When I graduated I was completely prepared for the real world of treating patients.

I also had a wife who was eight months pregnant and two wonderful daughters. I was ready and grateful to make the money I was paid that first year working in a Medicaid-only clinic in Atlanta where I had some great mentors and colleagues to work with.

The salary I was paid was more than triple what the average dental  
*See LETTERS, page six*

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-Michael C. DiTolla, DDS, FAGD



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# Letters

*Continued from page four*

residency is paying now. Yes, I think some students should be required to do a residency, and some schools should be tougher and not let those bottom few graduate who really shouldn't be seeing patients.

However, not all of us needed another year making next to nothing and barely having enough to put food on the table for our children.

Four years is certainly enough time to get experience if you put forth the effort. I have found that my training at our school prepared me well for the group practice that I founded in 2004.

*Jason M. Campbell, D.D.S.  
Winder, Ga.  
West Virginia University School of Dentistry  
Class of 2003*

## Continue exams

I feel compelled to respond to Dr. Peter Rouff's call for the elimination of the North East Regional Board of Dental Examiners and the other regional clinical examination programs in his recent "My View" editorial ("A Residency Made Me A Better Dentist," Sept. 17 ADA News).

His basic premise is that a license to practice dentistry should automatically be granted to those attending a fifth year post dental school program—that is, a general practice residency. He views licensing through live patient testing as akin to the process used by cosmetology. He supports his position by asking if podiatry and chiropractics are the preferred company to medicine. He further refers to clinical examinations as "antiquated."

When you think about it, I'm surprised that dental school deans across the country are not outraged by Dr. Rouff's insinuation that dental students need a way to avoid national clinical board exams. In a backhanded way, he really is indicting the quality of existing dental school programs.

Dr. Rouff states that his "skill level surged" during his first year of clinical experience in a GPR program. I expect he will feel even more competent after 10 years in practice and again after 20 years. I know I did.

What Dr. Rouff fails to realize is the purpose

behind the NERB or any other regional testing agencies. The clinical board examination has a two-fold purpose. First, it is a check on individual clinical competency. Second, and perhaps even more importantly, it is a check on the dental school.

With new dental schools opening and the curriculum at many of the established institutions changing from the traditional model to a new problem-based learning format, how do we as a profession know that our dental schools are doing a good job? How do we know that new educational methods are effective?

We need to continue independent clinical board examination as a tool to insure that new graduates receive the quality education that they paid for. If the board exam failure rate of students from a particular school is above average, that alerts the profession to possible problems with that school and the accreditation process. Curriculum would then be re-evaluated. The program would be reassessed and changes made. The core standards of the profession are thus maintained.

I would disagree with Dr. Rouff and argue instead that we all benefit by holding our profession to a more rigorous licensing examination process. Being the leader in this regard is a good thing for dentistry. I would argue that we all benefit by establishing high standards and maintaining a clinical licensing exam process run by an independent agency outside ADA control.

And really, if you still can't prepare and place an ideal class 2 restoration, effectively scale a quadrant, and properly set up a denture or whatever else the board exam requires, then perhaps you do need a little additional training even if you've completed a GPR.

*Wesley A. Harper, D.D.S.  
Phoenix*

## Thank you

Recently, I received a beautiful letter from Dr. Art Dugoni, president of the ADA Foundation, indicating that a "Dr. Larry Meskin Dental Education Fund" had been established by the Foundation in memory of my husband, Larry, in recognition of his significant contributions to the dental profession. Accompanying the letter were numerous pages of names of members of the dental community who had already contributed to the fund.

Many of these contributions may have been

elicited by the touching tribute in the July 16 issue of the ADA News ("Dr. Lawrence H. Meskin Dies at 71: Led ADA Journal Through 1990s").

The article truly captured the essence of what made Larry such a terrific husband, father, colleague and dental professional.

On behalf of our family, I would like to thank everyone who has contributed to this fund. Larry would have been thrilled at the outpouring of contributions to dental education, a cause that he constantly championed. This fund will continue Larry's 50-year commitment of counsel, leadership and desire to improve dental education and the profession of dentistry.

*Estelle Meskin  
Denver*

## Cell phones

I recently attended the 2007 ADA annual session in San Francisco, Calif. The ADA has really stepped up their game and put together a cutting-edge, first-class convention.

It appears that the ADA is continually striving to streamline the process while attending to the smallest details. All of the courses I chose to attend exceeded my expectations in content and speaker quality. Unfortunately, there was one recurring event in every one of these courses that detracted from my positive experience—cell phones going off an average of 3 to 4 times during each lecture I attended. This is poor manners, plain and simple.

At the beginning of each course, every speaker host politely asked everyone to turn their cell phones to vibrate or turn them off. This seems like a simple request, yet appears to be too challenging for some of our colleagues. Perhaps the offenders were those that continually arrive 20 to 30 minutes late and thus miss the speaker host's request.

Yes, cell phones are a way of life but they are not so complicated that this simple request should not be honored. It was appalling that one particular colleague actually answered his cell phone right from his seat—not once but twice. I'm sure it must have been something very important. My request is simple: please be kind to your speakers and fellow class attendees. Turn your cell phones off or to vibrate during the lectures. There are still easy ways for you to receive an urgent message without displaying bad manners and disrupting the class.

*John Muller, D.D.S.  
Murphys, Calif*

## Jeanne Sinkford receives National Dental Association's Trailblazer Award

*Washington*—The National Dental Association has awarded Dr. Jeanne Sinkford of the American Dental Education Association its 2007 Trailblazer Award.

Dr. Robin R. Daniel, NDA president, presented the award at an ADEA Board of Directors meeting in September.

The Trailblazer Award is given to those who have created paths for others to follow in clinical dentistry, dental education, community service and organized dentistry. Dr. Sinkford is just the second recipient of this prestigious honor.



**Dr. Sinkford**

Under her guidance as director of its Center for Equity and Diversity, ADEA has been able to secure numerous fellowships and grants for underrepresented minorities pursuing dental education and positions in academic dentistry. Current programs include the ADEA/Johnson & Johnson Healthcare Products/Enid A. Neidle Scholar-in-Residence Program for Women and the Minority Dental Faculty Development Program and Access to Dental Careers Program, both funded by the W.K. Kellogg Foundation.

"As an innovator in the field for more than 40 years, Dr. Sinkford's contributions are well deserving of one of the NDA's highest honors," said Dr. Richard W. Valachovic, ADEA executive director. "Her leadership as director of the ADEA Center for Equity and Diversity has helped to greatly improve access to dental education for underrepresented students in the United States."

Prior to ADEA, Dr. Sinkford became the first female dean of a U.S. dental school—the Howard University College of Dentistry. She also served as chair of prosthodontics and associate dean at Howard. ■

# MyView

*Continued from page four*

incalculable. The intense training in behavior management makes the dental student more confident in treating any difficult dental situation.

During the past four years SUNY at Stony Brook School of Dental Medicine has partnered with New York Hospital Queens in an effort to train general practice residents in utilizing more sophisticated techniques in treating the special needs population.

Each general practice resident does a rotation in the special needs clinic for six consecutive Thursdays to develop sensitivities and management skills while shedding any preconceived anxieties or biases.

The focused training has enabled the GPR resident to comfortably incorporate any special needs patient into his or her future practice. This dental school/hospital GPR collaborative effort has been very successful based on outcomes data and resident exit interviews and could be replicated throughout the country.

As there are more special needs patients with oral health problems, a major educational effort

must be made by our profession to train general dentists in dental school and beyond to comfortably manage these patients in a private or group practice setting.

*In addition to his private practice in Flushing, N.Y., Dr. Wasserman is chairman and program director of the New York Hospital Queens' Department of Dental and Oral Medicine, chairman of the Wyckoff Heights Medical Center's Department of Dental Medicine and chairman of the Committee for Dental Services, New York Presbyterian Healthcare System. He holds academic posts as clinical professor of dentistry at Columbia University College of Dental Medicine, clinical professor of surgery at Weill Medical College of Cornell University and assistant professor of community dentistry at SUNY Stony Brook School of Dental Medicine. Dr. Wasserman is also a general dentist for the Commission on Dental Accreditation's Periodontics Review Committee and a CODA site consultant for general practice residencies.*

**Editor's note:** Dr. Wasserman poignantly describes the unique challenges that special needs patients face when accessing oral health care. According to the ADA Council on Access, Prevention and Interprofessional Relations, this

access problem is multifactorial. Not only are there difficulties with special needs patients getting to dentists but also barriers that prevent dentists from providing care to patients.

The training of dental professionals—at both the undergraduate and advanced levels—to manage and treat special needs patients competently and comfortably is critical. Dr. Wasserman describes how the programs at SUNY Stony Brook School of Dental Medicine are building practitioner competencies in the care of special needs patients. Many more such efforts are needed nationally to address the problem.

In addition, adequately trained providers sometimes face difficulties treating patients who need their care, such as bureaucratic obstacles. "Inadequate funding is often as great a barrier as the lack of skilled practitioners," adds Dr. Susan Bishop, a member of CAPIR. "Special needs patients may be turned away from care because financial mechanisms are not in place in community hospitals or clinics to support the provision of care."

The 2006 House of Delegates moved ADA efforts directed at special needs populations forward with the adoption of Resolution 5H-2006, "Strategies to Address Oral Health Issues of Vulnerable Elders."

Implementation of the resolution by CAPIR included the creation of an ADA staff position specifically focused on geriatrics and special needs populations. Res. 5H-2006 includes clear imperatives to develop new supportive programs for dentists to provide care to vulnerable populations—patient populations which share the need for specialized care because of complex medical histories, the need for interactions with other health disciplines and multiple barriers to accessing care.

GlaxoSmithKline, the American Dental Association and ADA Foundation are now sponsoring "OralLongevity," which focuses on improving and maintaining good oral health throughout life and addresses a number of issues raised in Res. 5H-2006.

OralLongevity enables the Association to: undertake activities such as providing educational content for dental professionals on the oral health needs of older adults and vulnerable patient populations; collaborate with stakeholders to raise public awareness on how good oral health enhances quality of life; and develop new educational materials that encourage self care, caregiver care and care by the dental team.

For more information and to download a free OralLongevity DVD, go to "www.orallongevity.ada.org".

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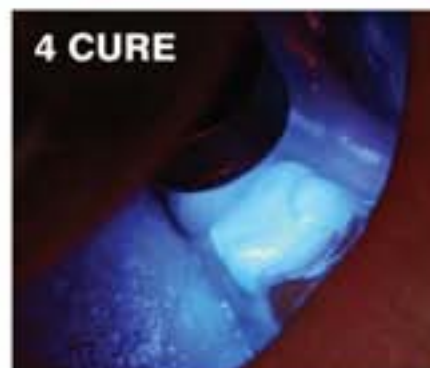
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# Dentists need to be involved in politics: Rep. Simpson

## ‘Everything that is done affects your ability to provide services to your patients’

BY JUDY JAKUSH

*San Francisco*—In remarks to the ADA House of Delegates here Oct. 1, U.S. Rep. Mike Simpson urged all dentists to get involved in politics because the decisions made at the local, state and national level reverberate in dental offices.

“Everything that is done,” said the Idaho Republican and dentist, “whether it is in Boise, Idaho, or Washington, D.C., affects your ability to provide services to your patients. You have to become involved in politics.”

He said getting to know legislators was critical, “so that when you call them in Washington, they know who they are talking to.”

Rep. Simpson thanked the House for the opportunity to speak and as a dentist, “to work on your behalf to improve oral health care of all Americans.” He cited his work on bills important to dentistry, particularly two focused on the early prevention and treatment of children: the Children’s Dental Health Improvement Act of 2007, which he introduced with Rep. John Dingell (D-Mich.), and the Essential Oral Health Care Act of 2007, which he introduced with Rep. Albert R. Wynn (D-Md.).

The CDHIA is designed to improve access to dental care for children and the second bill will improve reimbursement rates to dentists as well as tax credits for donated dental services, which he noted is “something long overdue.”

A few days after Rep. Simpson’s speech, President Bush vetoed the State Children’s



**Rep. Simpson:** “You are the best spokesmen for dentistry in the United States,” said the Idaho Republican and dentist Oct. 1 to the House at ADA annual session in San Francisco.

Health Insurance Program reauthorization that was passed in September. The bill included dental care coverage for children of the working poor.

While telling delegates that he will pledge his continued support for the bill, he predicts the House will sustain the president’s veto. “I will vote to override, but I’m only one of 435. It will be sustained, and then we will all have to sit down—Democrats, Republicans, the

administration—to work out a bill we can all agree on.”

The goal now is to make sure that any rewrite of the bill continues to include coverage for dental care.

“It is vitally important that you contact legislators that you know. You are the best spokesmen for dentistry in the United States. Members of Congress will listen to you more than anyone else because you are their constituents.”

Rep. Simpson said more people in Washington are aware of the need to include dental care in this and other health care bills. “We are in a better position in Washington today than we have ever been. I look forward to working with all of you to make sure that in this critical time we advance the oral health care of all Americans.”

He urged House members to contact his office. “If I can’t talk to you right then [when you call], I will get back to you. Because I need to hear from you, too.”

The congressman also took a moment to comment on how the ADA does its job.

“Let me say a few words about staff at ADA and those in Washington and throughout the country, in Chicago or other places. I have told my staff many times that a really good staff can make a mediocre congressman look very good. The staff you have at the ADA are some of the most trusted and respected people in Washington and Capitol Hill. They represent you in a way you can be proud of for the profession you are a member of.” ■

**“It is vitally important that you contact legislators that you know. Members of Congress will listen to you more than anyone else because you are their constituents.”**

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# House votes on amalgam separators and new restoratives brochure



**Decision time:** ADA House of Delegates members take a vote during their Oct. 1 meeting in San Francisco.

**BY JENNIFER GARVIN**

The ADA has updated its Best Management Practices for Amalgam Waste to include amalgam separators as an additional means of capturing waste amalgam for recycling.

The ADA also authorized the Board of Trustees to create a new brochure to help patients understand the materials used to create dental fillings and the advantages and disadvantages of each type of restorative material.

These actions were the result of Resolutions 61H-2007 and 62H-2007, adopted by the ADA House of Delegates in San Francisco earlier this month.

Res. 62H-2007 adds amalgam separators “compliant with ISO 11143” to the list of best management practices. ISO refers to the International Standards Organization, with which the ADA worked to develop 11143. The standard establishes laboratory test methods to measure the capture efficiencies of amalgam separators.

Compliant amalgam separators capture at least 95 percent of amalgam particles. Capture of the waste amalgam reduces the amount of amalgam entering wastewater treatment plants and allows for recycling.

“Dentists across the country have enthusiastically embraced ADA best management practices since we introduced them in 2003, which clearly demonstrates that voluntary programs work,” said Dr. Mark J. Feldman, ADA president. “Since then, we have gained a lot of experience with separator technology and even assisted the ISO in developing standards for the devices. We have learned that the systems work well, and we now feel comfortable including them in our best management practice recommendations.”

Dental offices using ADA best management practices already capture about 80 percent of waste amalgam. Separators will increase the amount of captured amalgam that otherwise would be captured downstream by municipal wastewater treatment plants.

“Like most people, dentists are committed to protecting the environment,” said ADA Executive Director James B. Bramson. “By adding separators to their best management practices, dentists have much greater control in their efforts to ensure a healthier environment for everyone.”

The fall issue of the ADA Professional Product Review evaluates the different types of amalgam separators available and is enclosed with the October issue of The Journal of the American Dental Association.

Resolution 61H-2007 ensures that everyone—not just patients who visit ADA.org—has access to accurate information about dental amalgam.

Despite a wealth of scientific evidence supporting the continued use of amalgam as a safe and effective treatment option, both the mainstream media and Internet frequently carry what the Association sees as confusing and incorrect information about amalgam.

By creating a brochure, the ADA hopes to provide all dentists and their patients with scientifically accurate information about dental materials to help them make informed treatment choices.

For more information, visit “[www.ada.org/prof/resources/topics/amalgam\\_bmp.asp](http://www.ada.org/prof/resources/topics/amalgam_bmp.asp)” or call the ADA toll-free number, Ext. 2878. ■

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# Dr. Kleinman earns ADA's highest honor

BY CRAIG PALMER

San Francisco—Dr. Dushanka Kleinman takes pride in professional partnership, public and private, and sees it defining the future of dentistry.

She received the 2007 ADA Distinguished Service Award Sept. 28 at the first meeting of the House of Delegates “in recognition of your years of service and dedication to the dental profession.” It is the highest award the Association confers on any individual.

“The profession’s future lies in our ability to proactively and creatively design and direct programs that fulfill the oral health needs of the public,” she told the ADA News Convention Daily. “This will require impeccable leadership, constant vigilance and the ability to be flexible. There is no one-size-fits-all model that can be applied, and the challenges we face today are escalating and complex. Our research, our education, our service and our policies need to be aligned with the goal of meeting the public’s oral health needs.”

Dr. Kleinman, an ADA member who rose to professional leadership in the U.S. Public Health Service, has served in the ADA House of Delegates representing the PHS. She participated as a member of the oversight committee in the development of ADA’s most recent Future of Dentistry Report.

“This (distinguished service) award has gone to giants in the profession,” she said. “My work has been that of an individual who was fortunate to find a career path that matched personal passion, program mission and financial support. My story is the same as that of many PHS Commissioned Corps officers and civilians who chose to contribute to the nation’s health through federal service. No work in public health is accomplished alone. Our work is that of a team where leadership roles and responsibilities rotate among participants and the outcome is based on group effort.”

Her career spans 28 years of government service, 26 at the National Institute of Dental and Craniofacial Research (and previously named National Institute of Dental Research). She became deputy director in 1991 and twice served as acting director.

As a rear admiral in the USPHS Commissioned Corps, Dr. Kleinman spearheaded the first-ever Surgeon General’s report on oral health published in 2000. She was the first woman to head the PHS dental corps since the position of chief dental officer was established in 1923. As the 15th PHS dental chief July 2001-April 2006 she coordinated dental programs for the Office of the Surgeon General on issues related to den-



**Top honor:** Dr. Dushanka Kleinman, left, accepts the 2007 ADA Distinguished Service Award from then-Association President Kathleen Roth Sept. 28 during the first meeting of the House of Delegates at annual session in San Francisco.

tal practice and personnel in the Public Health Service while simultaneously meeting National Institutes of Health responsibilities.

“The USPHS and the ADA are part of the same team,” she said. “When it comes to the public’s health, the ADA has opened many doors and created the opportunity for the dental profession to be a leader in disease prevention. The USPHS and the ADA have been long-standing partners and, despite occasional differences, together have many achievements nationally and internationally.

“Only by continuing to work actively and constructively across private and public practice lines will we be able to address the remaining and growing health disparities of our populations and gain further improvements in overall health.”

Dr. Kleinman is known for her work on the epidemiology of oral mucosal tissues diseases and disorders, especially tobacco-related lesions and oral manifestations of HIV. She retired from the Public Health Service Jan. 1, 2007, and joined the University of Maryland College of Health and Human Performance, which is in transition to a School of Public Health, as associate dean for research and academic affairs. She serves on the board of the PHS Commissioned Officers Foundation, which recently sponsored the second Global Health Summit.

Active in many professional organizations, Dr. Kleinman has served as president of the American Association of Women Dentists, the American Association of Public Health Dentistry and the American Board of Dental Public Health. ■

## ADA announces honorary members

BY JENNIFER GARVIN

San Francisco—The ADA Board of Trustees bestowed honorary membership on seven individuals Oct. 1 for their dedication to the profession of dentistry. The Association honored Dr. Stephen Hancocks, Fred Herbst, Faye K. Marley, Patricia M. Newton, Dr. Lakshman Samaranayake, Dr. Xing Wang and Dr. Zhenkang Zhang.

• Dr. Hancocks of London is editor of the British Dental Journal and the International Dental Journal, and was awarded the Order of the British Empire in the Queen’s Birthday Honours in 1997 for services to the dental profession. He owns a publishing company and co-owns a theater company in London. He attended University College Hospital Dental School, London and earned a master’s degree in advanced theater practice from the Central School of Speech and Drama in London.

• Mr. Herbst of Bensheim, Germany, has served as executive director of International Dental Manufacturers since 1998. In 1997, he retired as senior executive vice president of the Siemens AG Medical Solutions Dental Division after 48 years of service. He began at Siemens as an apprentice mechanic, eventually becoming responsible for the global dental market with sales in excess of \$300 million—a job that caused him to travel some 150,000 miles annually.

• Ms. Marley, of Cary, N.C., has been the executive director of the North Carolina Dental Society since 1996. She joined the NCDS



**Congratulations:** The ADA honored (From left) Dr. Xing Wang, Dr. Lakshman Samaranayake, Patricia M. Newton, Fred Herbst and Stephen Hancocks with honorary memberships Oct. 1 in San Francisco. Not pictured are Faye K. Marley and Dr. Zhenkang Zhang.

administrative team in 1969 as director of membership/annual session and in 1981, became assistant executive director. During her tenure she has designed the layout of the NCDS headquarters building, overseen construction of a 14,000-square-foot building for the North Carolina Services for Dentistry and led the growth of the annual session to one of the top southeastern association meetings.

• Ms. Newton, of Palatine, Ill., is senior vice president of the ADA Division of Membership, Marketing and Tripartite Relations. She joined

the ADA staff in 1978 as assistant to the director of the ADA Health Foundation. In 1980 she became assistant secretary of the Council on Annual Session, before being named director of the Bureau of Dental Society services in 1986. She gained her current title in 1993 and is retiring this year.

• Dr. Samaranayake of Hong Kong is the dean of Dentistry, Faculty of Dentistry at the University of Hong Kong. He is director of the Prince Philip Dental Hospital there and has served on committees of the International Association for

Dental Research, the Hong Kong Dental Association and the FDI. His major research interests are infections in medically compromised individuals, mainly oral candidiasis, clinical oral microbiology and infection control in dental practice.

• Dr. Wang of Beijing, China, is professor of oral and maxillofacial surgery at the Peking University School of Stomatology in Beijing. He is president of the Chinese Stomatological Association and is a graduate of the Beijing Medical University School of Stomatology. He is vice president and executive director of the Chinese Stomatology Doctor Association and chief editor of the Chinese Journal of Stomatology and the Chinese Journal of Stomatology Continuing Education.

• Dr. Zhang of Peking, China, is professor and chairman, Department of Oral and Maxillofacial Surgery Research at the Peking University School of Stomatology. He is also director of the Research Center of Engineering and Technology for Dental Computer, Ministry of Health. He is vice president of the Chinese Medical Doctor Association. He attended the Beijing Medical College and in 1982-83 was a visiting scholar at the University of California, Los Angeles, and Northwestern University dental schools. ■



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# 'Do what you love,' Barbara Walters advises

## Gulf Coast dentists hit by Katrina applaud ADA for aid



**The view:** Distinguished Speaker and TV journalist Barbara Walters tells the Sept. 28 ADA annual session crowd what it's like to interview world leaders and celebrities.

BY JAMES BERRY

*San Francisco*—A reel of still photographs showing the construction of the Golden Gate Bridge plays on big screens that surround the stage at Moscone West as hundreds of dentists and guests file into the auditorium.

Waiting somewhere in the wings, everyone knows, is veteran TV journalist Barbara Walters, on hand for the Sept. 28 ADA General Session and the Distinguished Speaker Series, sponsored by Johnson & Johnson Oral Health Products.

As people find their seats, a video on the 1849 Gold Rush welcomes the ADA to the City by the Bay, "to the pot of gold at the end of the rainbow." Then the 50-voice Palo Alto High School Concert Choir, in bright green robes, files on stage and entertains with a medley of local favorites—"Dock of the Bay," "I Left My Heart in San Francisco"—and

## AnnualSession

leads the crowd in the National Anthem.

Dr. Kathleen Roth, then ADA president, takes the stage to greet members and guests to the nation's premier dental meeting. Joining her moments later are Dr. Mark Feldman, then president-elect, and Dr. Jim Bramson, executive director.

The three ADA leaders urge all to take advantage of the "golden opportunities" at the ADA's 148th annual session, including more than 300 educational courses and 700 exhibits in the ADA World Marketplace.

They also highlight a host of other Association programs and activities, including Give Kids A Smile, which last year involved 14,000 dentists and delivered care to 757,000 needy chil-

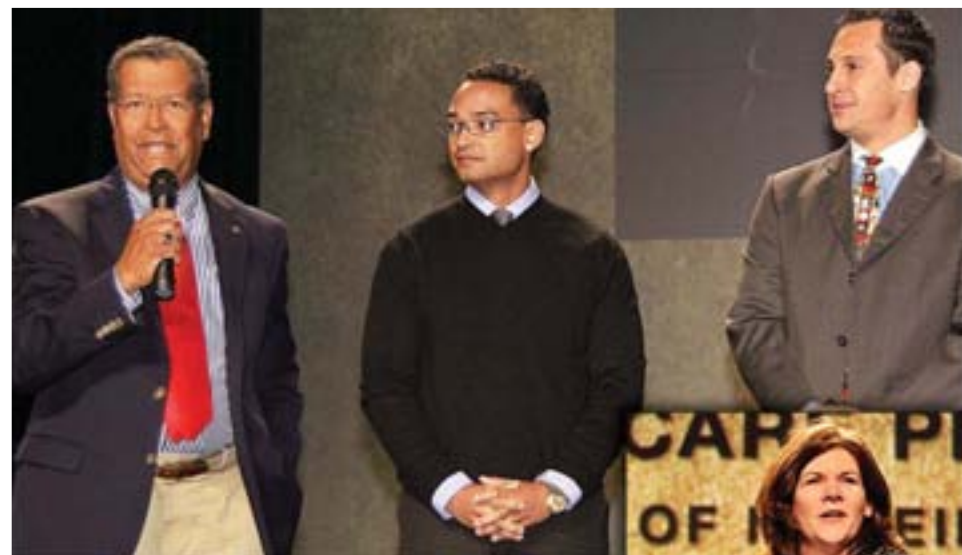
dren nationwide.

Moments later, the auditorium's big screens flicker with the sights and sounds of a remarkable video on the aftermath of Hurricane Katrina. The video centers on the experiences of three dentists—the father-son team of Drs. Willard and Jay Dumas, and Dr. Jason Parker.

The three confide that they and others like them suffered major losses to Katrina, but reclaimed their personal and professional lives with the help of their Association.

"With Hurricane Katrina, I found out the value of [ADA] membership," says Dr. Parker.

As the video ends, the three dentists mount the stage and, in person this time, again thank the ADA for



**Heartfelt thanks:** (From left, above) Drs. Willard Dumas, Jay Dumas and Jason Parker of New Orleans take the General Session stage Sept. 28 to offer a personal thanks for the ADA's assistance in rebuilding their professional and personal lives after Hurricane Katrina in 2005. At right, Kathy Weber, vice president, oral care, Johnson & Johnson, introduces Distinguished Speaker Barbara Walters.

its support. The crowd and ADA leaders respond with applause.

Kathy Weber, vice president, oral care, Johnson & Johnson, introduces Barbara Walters, who appears from behind a curtain and moves to a podium on stage. She wears a tailored red suit and gold jewelry.

It might be easier to list the famous people Barbara Walters hasn't interviewed since she broke into television journalism in 1961 as a writer and researcher for NBC's "Today Show."

Her talk Friday centers on the wisdom and insights gathered from such notables as British Prime Minister Margaret Thatcher, President George W. Bush, actress Katharine Hepburn, the Dalai Lama and many more.

She tells of explaining to Ms. Hep-



burn, "I don't always see things in black and white; sometimes I see things in gray."

"Well, I pity you," Ms. Hepburn replies.

She talks about leadership, about love and friendship, about having a sense of spirituality, a sense of humor, "a reason to wake up in the morning, a reason to get out of bed, a sense of purpose."

She advises, "Do what you love. Find out what you want to do that you love and do it." ■

# Lance Armstrong, cancer survivor

## Champion cyclist on a new tour in fight against disease

BY JAMES BERRY

*San Francisco*—It was clear from the get-go that Lance Armstrong, the record-holding, seven-time winner of the Tour de France, wasn't at annual session to talk about cycling.

He was here, drawing on his celebrity, to help fight the disease that nearly claimed his life 11 years earlier—and to fulfill what one of his doctors had advised him was "the obligation of the cured."

"I have to share my story because that's the only way I can help effect change," Mr. Armstrong told a capacity crowd Sept. 29 at San Francisco's Moscone Convention Center.

The world-renowned cyclist was on hand for the second installment of the ADA General Session and Distinguished Speaker Series. The series is sponsored by Johnson & Johnson Oral Health Products. Veteran TV journalist Barbara Walters had appeared the day before as the series' first speaker. (See story, this page.)

On Oct. 2 1996, at the age of 25, Lance Armstrong was diagnosed with testicular cancer, which doctors later learned had



**Survivor:** Lance Armstrong speaks as part of the Distinguished Speaker Series Sept. 29.

metastasized to his brain and lungs.

His treatments included brain and testicular surgery, and extensive chemotherapy. The disease, he confided, "changed my

life, changed me as an athlete, changed me as a person, changed me as a citizen."

He noted that one doctor, trying to reduce his patient's pre-surgery jitters, advised him, "Just think about Halloween."

He went on, "At Halloween, you get a pumpkin, you cut the top off it, take out the stuff and put the top back on. That's it."

Mr. Armstrong said he hasn't enjoyed Halloween ever since.

With his cancer treatments successfully completed in December 1997, Mr. Armstrong was advised to spend the next year "doing nothing," but decided "at some point during that year" that he wanted to race again.

He started training and applied to several European cycling teams, all of which turned him down as "damaged goods." In the end, he joined the American team, oddly sponsored by the U.S. Postal Service. At the time, he said, the national team was like "the Bad News Bears of cycling."

But they got better—better coaching, better equipment, better cyclists.

In 1997, Mr. Armstrong partnered with Nike to found the Lance Armstrong Foundation, introducing the familiar, Nike-made yellow "Livestrong" wristbands in 2004. To date, the foundation has raised more than \$60 million in the fight against cancer.

See ARMSTRONG, page 13

# 'Best you can do is reduce the potential' for infection

BY CRAIG PALMER

San Francisco—Your infection control is working well, doctor, but emerging and re-emerging infectious disease presents continuing challenge, John Molinari, Ph.D., Sept. 29 told a jam-packed scientific session audience during ADA annual session.

Dr. Molinari's course, "Emerging Infectious Disease Challenges," considered the challenges and manifestations of two microbial groups,

bloodborne pathogens and bioaerosols, attracting more than 300 dentists and members of the dental team. "This is not an infection control lecture per se," he said at the outset, in shirtsleeves and on the lecture floor in direct communication with his informed and questioning audience.

He immediately credited and thanked the dental team for effective infection control.

"You have really done the job. You need some updates, but you're doing it. The challenges to you as health professionals are to make sure the infection control measures you are using are working with the old against the new," the hepatitis HIV/AIDS, tuberculosis, influenza and SARS disease of continuing threat and recent headline. "You do the best you can but it is still possible to transmit infection. The best you can do is reduce the potential," he said.

The promised learning outcomes for the infectious disease course were these: Understand their transmission and impact, comprehend occupational dental risks and apply infection control practices. Dr. Molinari serves as a consultant to the ADA and the Centers for Disease Control and Prevention on infectious disease, infection control and immunology. He is professor and chairman of the Department of Biomedical Sciences at the University of Detroit Mercy School of Dentistry. ■



Dr. Molinari



**Update:** More than 260 participants learn about oral-system connections at annual session Sept. 28.

## Oral-systemic connections, evolving science explored at annual session

San Francisco—Oral health science is alive and well and evolving on a daily basis. The message Sept. 28 at the ADA annual session addressed the synergy and the competition of art and science nearly one year out from the landmark JADA Special Supplement on the oral-systemic disease connection, an update for the practicing dentist, copies of which were offered to all course attendees.

"Oral-Systemic Health: Exploring the Connection," put the continuing update in context for a capacity scientific session crowd with a full-day discussion of what were described as the evolving oral-systemic connections as they

relate to aging patients, oral lesions, oral cancer and oral infection.

The morning opened with 267 admissions and few if any empty seats, Dr. Daniel Meyer moderating a panel discussion on oral disease and systemic health. Each presentation offered "learning outcomes" for an audience quickly engaged with questions and answers from their own clinical experience.

It was a rich and generous exchange from the outset. And when it came to audience participation, there was little reticence. The course was underwritten by a grant from Colgate-Palmolive Co. ■

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\*10/2007, Comparison of Bleaching Effect of Two Different Concentrations of Hydrogen Peroxide S. Kim-Park, S. G. Cho, H. Seon, H. Seon. \*\*Offer expires 11/30/07

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## Armstrong

*Continued from page 12*

In 1999, just three years after his near-fatal bout with cancer, Lance Armstrong won his first Tour de France, a grueling 2,274-mile race through the French Alps. By 2003, he had won five straight tours, tying a long-standing record. Then came his remarkable sixth and seventh victories, making him one of the most-recognized athletes in the world.

With his cycling days behind him, Mr. Armstrong has focused his energies on raising funds and spreading the word about a disease responsible for 600,000 deaths each year.

"For me, in my life now," he said, "this is the new challenge, this is the new tour." ■

# Chosen

*Continued from page one*  
is a fellow in the American College of Dentists and the International College of Dentists and also a member of the Academy of General Dentistry.

Dr. Jane Grover of Jackson, Mich., is the ADA's new first vice president, having served a year as second vice president. A full-time clinician who worked in private practice from 1983-2001, Dr. Grover is the dental director of a federally qualified health center in Jackson, Mich., and has a Master's Degree in Public Health from the University of Michigan Department of Health Services, Management and Policy. She also is an adjunct faculty member at the University of Michigan School of Dentistry.

Dr. Edward Leone Jr. of Thornton, Colo., continues his term as treasurer. He previously served as the ADA 14th District trustee and holds a certificate in financial planning and is a registered financial consultant.

Dr. Elliott has served as a delegate to the House since 1994 and is a past chair of the Committee on the New Dentist. He also is a past president of both the Kentucky Dental Association and Kentucky Mountain Dental Society. He is a past chairman of the KDA Executive Board, serving as its chair from 1998-2004, and a member of the American College of Dentists, the Academy of General Dentistry and the Pierre Fauchard Academy.

Declared elected Sept. 28 at the first meeting of the 2007 House were Speaker J. Thomas Soliday and trustees Dr. Robert A. Faiella, 1st District; Dr. R. Wayne Thompson, 12th District; Dr. Kenneth Versman, 14th District; and Dr. S. Jerry Long, 15th District.

Continuing to represent their districts on the Board of Trustees are Dr. William R. Calnon, 2nd District; Dr. William G. Glecos, 3rd District; Dr. Murray D. Sykes, 4th District; Dr. Marie Schweinebraten, 5th District; Dr. Charles L. Smith, 6th District; Dr. Jeanne Marie Nicolette, 7th District; Dr. Dennis E. Manning, 8th District; Dr. Raymond F. Gist, 9th District; Dr. Kathryn A. Kell, 10th District; Dr. Mary Krem-pasky Smith, 11th District; Dr. Russell I. Webb, 13th District; Dr. Ronald L. Tankersley, 16th District; and Dr. Donald I. Cadle Jr., 17th District.

Brief biographies of the ADA's newest officers include:

- Dr. J. Thomas Soliday, Gaithersburg, Md., has served the ADA as speaker since election in 2002. He was parliamentarian for the Maryland State Dental Society and speaker for the American Association of Oral and Maxillofacial Surgeons' House of Delegates. He is a past president of the MSDA, Southern Maryland Dental Association and Maryland Society of Oral and Max-



**From the floor:** Dr. Findley thanks the House after balloting Oct. 1 for president-elect.

illofacial Surgery.

- Dr. Robert A. Faiella, Osterville/Duxbury, Mass., has served on the ADA Council on Dental Benefit Programs, the ADA National Healthcare Information Infrastructure Task Force and the ADA Essential Oral Healthcare Needs Task Force. He is a past president of the Massachusetts Dental Society, former general chair for the Yankee Dental Congress and former consultant to the MDS Council on Government Affairs. He is a fellow in the American College of Dentists and International College of Dentists and the Academy of Osseointegration.

- Dr. S. Jerry Long, Houston, has served as chair of the ADA Council on Government Affairs and has served as a delegate. He is a past president of the Greater Houston Dental Society, Southwest Prosthodontic Society and Southwest Society of Oral Medicine. He also is an adjunct clinical professor at the University of Texas Health Science Center Dental Branch, where he received his dental degree. He is a fellow in the American College of Dentists and International College of Dentists.

- Dr. R. Wayne Thompson, Shawnee, Kan., has served on the ADA Council on Dental Benefit Programs where he chaired a subcommittee on dental treatment codes. He is a past president of the Kansas Dental Association and served on a KDA team that created and organized a tour to provide access to oral care in Kansas. He is a fellow in the American College of Dentists and the Pierre Fauchard Academy.

- Dr. Kenneth J. Versman, Aurora, Colo., has served on the ADA Council on Members Insurance and Retirement Programs and as an ADA delegate. He is a past president of the Colorado Dental Association, Rocky Mountain Society of Periodontists, North American Society of Periodontists, Denver Academy of Clinical Dentistry and also has served on the Colorado State Board of Dental Examiners. ■



**Big topic:** Delegates break out into roundtable discussions Sept. 28 in San Francisco during the House mega topic discussion on universal health care.

## Delegates think universal health care is a possibility

*San Francisco*—The ADA held its fourth House of Delegates mega topic discussion Sept. 28, examining the potential impact of universal health coverage on oral health care.

The aim of the session was for the delegates to hear about the complexities around the subject and to begin a dialogue on it.

Here are results from the delegate polling immediately after the discussion. A detailed report will be posted on the delegates section of ADA.org ("www.ada.org/ada/about/governance/hod").

1. How likely do you think it is that there will be some sort of universal health care/health coverage by 2012?

- Very likely: 31 percent;

- Somewhat likely: 50 percent;
  - Not too likely: 17 percent;
  - Not at all likely: 2 percent;
2. How likely do you think it is that oral health will be included in universal health care/health coverage by 2012?
- Very likely: 12 percent;
  - Somewhat likely: 42 percent;
  - Not too likely: 39 percent;
  - Not at all likely: 7 percent.
3. Based on what you currently know about universal health care/health coverage, what is your prediction as to the impact on dentistry?
- Positive: 13 percent;
  - Neutral: 29 percent;
  - Negative: 58 percent. ■



**Generosity:** Dr. Foti Panagakos (center), director of professional relations at Colgate-Palmolive Co., presents a \$100,000 check to the ADA Foundation Sept. 27 at the ADA annual session. This gift, a component of Colgate's Save the World From Cavities collaboration with the ADA, will support preventive dental education grants through the ADA Foundation Harris Fund for Children's Dental Health program. With Dr. Panagakos are Dr. James B. Bramson, ADA executive director, left, and Dr. Arthur A. Dugoni, president, ADAF Board of Directors.



**Dental education:** Darin Boddicker, vice president of Citibank, left, presents a \$40,000 check to ADA Foundation Secretary James B. Bramson, right, and ADA Foundation President Arthur A. Dugoni Sept. 27 in San Francisco during the ADA annual session. The contribution has been earmarked for the Foundation's dental education fund.

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# President

*Continued from page one*  
country in the 21st century is going to be—now is the time,” said Dr. Feldman, an endodontist from Roslyn, N.Y.

He added, “We are at one of the most important transitional points in the history of our profession, and the clear call is for us to accept the inevitability of change and try to guide how change occurs.”

While change is inevitable, he said, there is one change that he would never tolerate; that is, any change in the status of dentists “as the main stewards of the profession.” Much of the expected change, said the president, will center on the existing oral health care delivery system, which currently “leaves far too many people underserved.”

In that context, he mentioned Deamonte Driver, the 12-year-old from Maryland who apparently succumbed to a raging, untreated dental infection. “We owe it to his memory to see that this commitment is made now,” said Dr. Feldman. “Our workforce model, with its emphasis on community-based prevention and advocacy efforts for adequate funding for Medicaid and SCHIP [State Children’s Health Insurance Programs] is an obvious step in the right direction.”

Another “critical area” in need of improvement, he said, is dental examining and licensure.

“We have come a long way,” he noted, “but further progress is still necessary in order to realize what every dental student, including the [American Student Dental Association] representatives in this House dream of: a common clinical exam, given on patients-of-record while still in dental school and, once completed, recognized everywhere.”

A new state-based public affairs program funded by last year’s House has emerged as “one of the most powerful tools for change we have,” Dr. Feldman told the delegates.

“This was the right program at the right time for our profession” and possibly “the best \$35 in dues ADA members have ever spent,” he said.

The program is operational in 22 states where it has made important gains.

“The public affairs program has only been around for one year, and there is no doubt in my mind that it has already proven its value,” said Dr. Feldman, who shared with the delegates one of many lessons learned from the program.

“If you want to be a leader in the policies that affect oral health in your state, you must have a positive agenda,” he said. “You have to be for something.”

He then turned his attention to dental education, an area he said needs some “innovative new approaches.”

Through the ADA Foundation, the profession has joined forces in a nationwide collaboration aimed at improving dentistry’s educational system, an initiative dubbed “Dental Education: Our Legacy—Our Future.”

“We can’t accept the number of unfilled faculty vacancies in our dental schools or the outmoded facilities in some of them,” said Dr. Feldman. “And we need innovative new approaches to help control the skyrocketing costs of providing dental education.”

In closing, he thanked his home district (the Second District) and his many friends and supporters. He introduced his family, his wife Carol, his son Sean and Sean’s wife Colleen.

Not present for the installation—and for good reason—were Dr. Feldman’s other son Eric and his wife Jenny. Jenny and Eric are the proud parents of a daughter named Hope, who was born just five days earlier, on Sept. 28. Hope’s picture was shown to the delegates on the billboard-sized video screens in the House, triggering a combination of oohs, awws and applause—and a wide smile from granddad.

Dr. Feldman concluded by repeating a pledge he’s made to the House in every address over the past six years: “to do my job with honesty and commitment, and always to remember who I am working for.” ■



**Serving members:** The ADA Pavilion in San Francisco brings the Association to dentists attending annual session. This year’s annual session at the Moscone Convention Center drew some 47,000 people, including more than 13,000 dentists.

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# Convention celebrates diversity

BY KAREN FOX

Queens, N.Y.—Representatives of nine ethnic dental associations came together Sept. 15-16 for a Diversity Convention sponsored by the Indian Dental Association (USA) in celebration of IDA's 25th anniversary.

In the spirit of professional camaraderie, IDA Executive Director Chad Gehani welcomed the audience saying, "America is a nation of nations whose citizens hail from every land."

Participants included members of the Arab American Dental Association, Bangladesh Dental Association of North America, Chinese American Dental Association, Dominican Dental Association, Korean American Dental Association, Puerto Rico Dental Association, Russian Dental Association and Spanish American Dental Association.

ADA President Mark Feldman served as special guest for the convention's awards ceremony, which was also attended by Dr. William R. Calnon, ADA 2nd District trustee, and representatives of the Latin American Dental Federation.

In his address, Dr. Feldman congratulated the IDA and convention attendees for their role in organized dentistry and welcomed all dentists to join the ADA. He reminded the group that he works for all dentists of United States, and he would welcome calls and comments.

"We need to work as a unified profession to tackle the challenges we face ahead, such as providing access to care, fixing the problems in our dental schools, and providing a fair and equitable path to dental licensure in all states," Dr. Feldman told the audience.

For their commitment to supporting diversity



**Honors:** ADA President Mark Feldman (right) presents one of the IDA-USA's 2007 Distinguished Service Awards to Stanley Bergman, president and CEO of Henry Schein Inc.



Mr. Lasky



Dr. Gehani

initiatives, the convention's participating associations presented distinguished service awards to Stanley Bergman, president and CEO of Henry Schein Inc., and Roy Lasky, executive director of the New York State Dental Association. Dr. Gehani called both recipients leaders who emphasize diversity in their organizations and support for access to dental care for underprivileged patients.

During the Diversity Convention, IDA (USA) took the opportunity to announce its partnership with the Dental Education: Our Legacy—Our Future fundraising campaign, and appealed to attendees to support their dental education programs.

"As first generation immigrants, we are busy trying to make our lives better, and we sometimes forget that dental institutions require support from outside entities," said Dr. Gehani. "The idea is to create ongoing financial support for dental education institutions, just like giving to your church, cultural center or political cause." ■

—foxk@ada.org

## ADA congressional fellowship provides invaluable experience

BY CRAIG PALMER

Washington—ADA congressional fellows will tell you they are the richer for their year on Capitol Hill. The Association speaks to the fellowship's value on the Hill and with the profession.

Dr. Sarah Samuel, the ADA's most recent congressional fellow (her term ended Aug. 31) called it "the opportunity of a lifetime, this incredible experience. One of my greatest joys was to be with the Senator when he met with his dental constituents."

Dr. Samuel, a general practice dentist, served on the staff of the Senate Committee on Health, Education, Labor and Pensions. Other fellows can relate to involvement with enacted legislation specific to dentists and oral health.

"These dentists often become a valuable resource to their member of Congress and staff, as well as an on-site source for other members and staff who know they are experts on oral health," said Michael Graham, the ADA managing director for government affairs. Mr. Graham is accepting applications through Feb. 1 for the next fellowship. Candidates must be licensed dentists and ADA members who can demonstrate sensitivity to policy issues and have a strong interest in applying their knowledge of dentistry to specific policy concerns. Interested candidates should submit the following:

- a detailed curriculum vitae providing information about educational background, profes-



**Congressional fellowship:** Was "the opportunity of a lifetime" for Dr. Sarah Samuel, who pauses for a photo at the White House Rose Garden.

sional employment and activities, professional publications and presentations, public policy and legislative experience, and committee and advisory group appointments;

- a 500-word statement addressing the applicant's interest in the fellowship and what he or she hopes to learn from the experience;
- two letters of reference from ADA member dentists.

Send completed applications to Mr. Graham,

American Dental Association, 1111-14th St. N.W., Suite 1100, Washington, D.C. 20005.

The successful candidate will spend a year beginning Sept. 1, 2008, on the staff of a member of Congress or a congressional committee. The ADA provides a \$75,000 stipend. The American Association for the Advancement of Science administers the fellowship in cooperation with the American Dental Association as a sponsoring society. ■



## HVO seeks oral and maxillofacial surgeon volunteers for Vietnam program

Washington—Health Volunteers Overseas is seeking oral and maxillofacial surgeons throughout 2008 to volunteer for two-week assignments in Vietnam.

Volunteers will teach surgery, bone grafts and dental implants at the University of Odontostomatology in Hanoi.

Health Volunteers Overseas is a private non-profit organization committed to improving health care in developing countries through training and education.

By emphasizing teaching rather than service, HVO aims to create an indigenous group of trained health workers who can teach others. This builds an ongoing capability that will benefit the population long after the volunteer has departed.

The Dentistry Overseas division of HVO is sponsored by the ADA, and all volunteers must be ADA members.

Dentists volunteer at sites worldwide, including Cambodia, China, Laos, Nicaragua, Vietnam and St. Lucia. Assignments range from one to four weeks.

Volunteers are responsible for all expenses incurred although housing is provided for volunteers at some program sites. For details, log on to "www.hvosa.org". ■

# VA dentists play crucial role in treating veterans

BY CRAIG PALMER

*Palo Alto, Calif.*—VA dentists are helping wounded warriors smile again.

"I work at the VA hospital here and we are actively involved in the treatment of some amazing Iraqi war veterans," Dr. Tim Verceles said by way of introducing the Department of Veterans Affairs polytrauma system of care and the youthful patients of war like Jason Poole, who is learning to walk, talk and smile again, and those with traumatic brain injury or post-traumatic stress disorder.

Four VA hospitals serve as "polytrauma rehabilitation centers" providing acute, comprehensive inpatient rehabilitation. Marine Cpl. Jason Poole "is able to smile once again due to the efforts of his VA oral and maxillofacial surgeon, Dr. Sabine Girod, and Dr. Larry Morrill, his VA consultant orthodontist," Dr. Verceles told the ADA News. Other centers, part of an expanding system of polytrauma care, are in Tampa, Fla., Richmond, Va., and Minneapolis.

Dr. Verceles speaks of patients who present with the wounds of war, Jason and others, and of the explosive devices and vehicular accidents that sent them here.

"The IED or improvised explosive device is the signature weapon of the enemy in Iraq," Dr. Verceles said. "Many of the wounded receive open or closed head trauma wounds. The open wounds are identified easily as the patient usually has a significant cranial defect. Closed head trauma damage can be insidious and not as easily detected. The patient may show signs of memory loss among other signs indicating that further investigation is needed."

"It has been noted that many still serving in Iraq have endured more than 10 IED blasts. As many of these young men and women return from Iraq it is imperative that dentists note any adverse history of IED exposure exhibited by the returning veteran, the most notable of which is memory loss. If it is expected that the veteran is displaying signs of a traumatic brain injury he or she should be referred for a medical evaluation as soon as possible."

Marine Cpl. Jason Poole was severely injured



**Mutual gratitude:** Dr. Verceles and Marine Cpl. Jason Poole take a treatment break.

when a tree-hidden IED detonated while he was patrolling an alley way with two other marines in a town near the Syrian border. "As part of his rehabilitation and medical treatment, Jason underwent orthognathic surgery to reconstruct his face. He is now in fixed orthodontic appliances to restore his dentition to a stable position and to provide space for implant prosthodontics."

Jason, discharged from the hospital and living independently, buses to his VA medical and dental appointments. Dr. Verceles describes him as one of the "amazing Iraqi veterans" treated here, "a shining light as he has maintained a wonderful outlook on life while undergoing some rigorous reha-

bilitation." Jason was featured in a Jan. 22, 2006, New York Times report.

"VA dentistry is playing a crucial role in the initial treatment of our returning veterans," he said. "With a few minutes of questioning during the intake process, civilian dentists can play a role in the detection of patients with TBIs or suffering from PTSD."

The ADA will continue to work with the VA to help ensure that veterans returning from war receive care by asking private practicing dentists to treat these patients in a timely manner. Dr. Verceles, a VA dentist, is one of 12 members of the 2007-2008 ADA Institute for Diversity in Leadership class. ■

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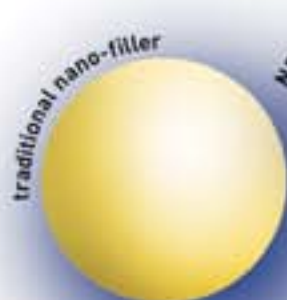
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<sup>1</sup> 48 month results in Class V, The University of Bologna, Italy. Dondi dall'Orologio, 2007.

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