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## ADA News Daily - 1999 Day 4

American Dental Association, Publishing Division

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**BRIEFS**

**Did you visit the exhibit floor yet?**

If you've been meaning to march over to the technical exhibits floor but haven't yet, relax. Your pace is just fine.

Today, the last day of session, you'll discover plenty to see and do.

Just stroll over to Kamehameha Halls I, II and III on Level I of the Hawaii Convention Center anytime between 9:30 a.m. and 1 p.m. ■

**Gourmet coffee set for give-away today**

Here's the last chance to win some great prizes; today it's a basket filled with gourmet coffee from Flying Saucers.

Just visit the ADA ECCo Marketplace at Booth 1100, register for the Marketplace and you could also win a Compaq laptop computer as part of the "Something to Smile About" sweepstakes.

Also, in the ADA Pavilion on the third floor, visit Booth 3001 to find out more about ADA ECCo Marketplace as well as Netopia, Trojan and ENVOY. ■

**TODAY**



**AT A GLANCE**

- ★ ALL EVENTS (EXCEPT WHERE NOTED) TAKE PLACE AT THE HAWAII CONVENTION CENTER.
- ★ HOUSE OF DELEGATES VOTING: THIRD LEVEL, ROOM 303A, 7 A.M.
- ★ TECHNICAL EXHIBITION: KAMEHAMEHA HALLS I, II & III, 9 30 A.M.-1 P.M.
- ★ ADA/DENTSPLY STUDENT TABLE CLINIC WINNERS: 9 30 A.M.-NOON, THIRD FLOOR CORRIDOR BETWEEN ROOMS 314 AND 317.
- ★ SCIENTIFIC PROGRAM: 8 A.M.-10 30 A.M.; NOON-2:30 P.M.

## The search for beauty

### Dr. Dunn espouses essence of esthetics

BY CRAIG PALMER

The search for youth and beauty attracted a capacity crowd Monday to Dr. James R. Dunn's scientific session seminar, "Esthetic Dentistry: the New Materials and Their Uses."

It is a drive at least as old as the biblical wish Dr. Dunn used to illus-

trate his talk, a father's wish in Genesis that his son have "teeth whiter than milk."

"We need to understand the drive for beauty, the drive to be beautiful, youthful. We are psychologists by training and demand," Dr. Dunn told some 560 dentists and assistants at

one of the session's largest clinical audiences. "We have to understand where the patient is coming from."

This search, this "physical attractiveness phenomenon," finds Dr. Dunn, faculty member at Loma Linda University School of Dentistry, See *ESTHETICS*, page four



**Dr. Dunn:** Stresses conservative approach.

Photos by Eye of the Islands Photography

## Know thyself

### Success will follow, speaker advises

BY CLAYTON LUZ

Debra Crumpton relates a story about having lunch with a friend one afternoon.

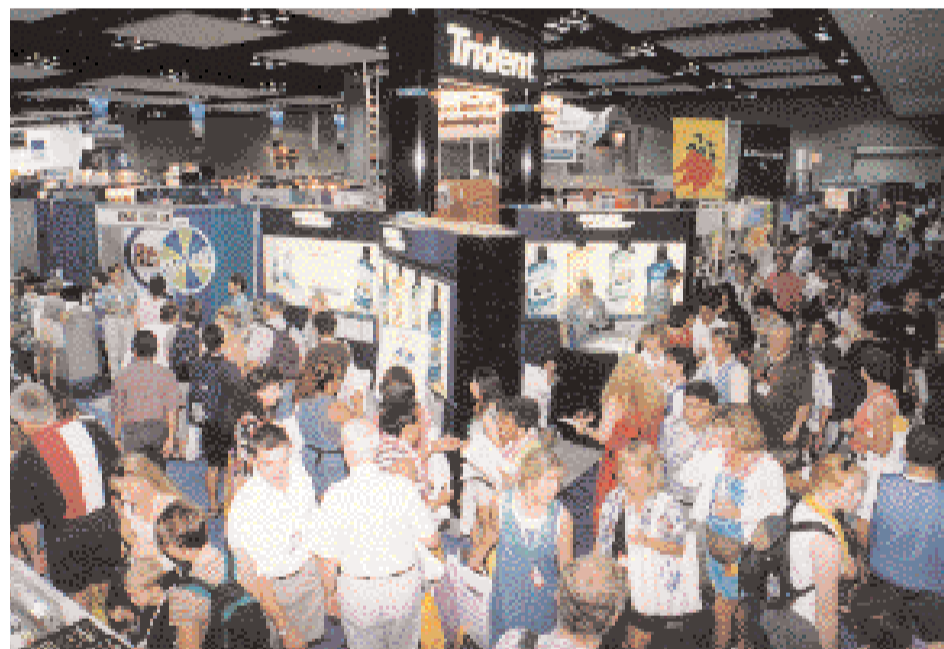
"I'm changing," Ms. Crumpton's friend told her from across the table. "I'm changing because my numbers are up."

Ms. Crumpton, wearing a black suit jacket blooming with pink-white and sea-green orchids, paused a moment from her place behind the podium. Feigning puzzlement, she looked out over the audience which had filled room 316A for her Sunday noon presentation, "New Success Rules for Maximizing People, Performance and Profit."

Changing? Numbers?

Ms. Crumpton growled for effect into the microphone: "I thought maybe she was talking about lottery numbers," she said, eliciting laughter from the audience. "Or maybe she was referring to the track!"

See *SUCCESS*, page four



**Hoolaulea:** It's Hawaiian for "a happy event." Session-goers stroll along the technical exhibits floor in Kamehameha Halls I, II and III. More than 1,100 exhibitors presented their wares at session this year. Exhibit hours are 9:30 a.m.-1p.m. today.



**Happy campers:** A scene from the ADA/Colgate Kid Camp at the Illikai Nikko Hotel this week.

## Dentists learn the ins and outs of lasers

BY CLAYTON LUZ

Dr. Janet Hatcher Rice lives and works in Bristol, Tenn. Proud of her home state ("Everyone's so honest in Tennessee"), she displayed some slides illustrating its beautiful wooded and pastoral landscapes to an overflowing room of attendees at her Saturday morning presentation.

Ah, quiet country life; the lands and hills of Tennessee which native James Agee beautifully rendered in his Pulitzer Prize winning work, "Let Us Now Praise Famous Men."

Then across the screen came a slide depicting the building signage See *LASERS*, page four

See *LASERS*, page four



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A \$5 per ticket donation benefits the ADA Health Foundation.



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# Preparing for change It takes vision

BY CRAIG PALMER

Your front desk person is leaving the practice after 18 years. You're bringing in a partner. A son or daughter will join the practice. You plan to sell. You're looking at retirement.

Paul Sletten invited dentists Saturday in scientific session Course 216, "Transition Planning in a Time of Chaos and Change," to meet the future with personal and professional planning, "to look at the next life phase with a sense of adventure."

"Vision doesn't happen from the hip. It happens in the heart."

Beyond the bougainvillea and palm fronds lining the Hawaii Convention Center a rainbow hung lushly over Moana Valley, now fading, now dazzling.

"Who are you away from your practice?" Mr. Sletten asked. The audience of dentists, spouses and dental team members was less a vision, however, than a snapshot of Oct. 9, 1999.

And the day's snapshot of your practice is all the new dentist will see without your vision, your planning, your willingness and ability to share your practice history, your understanding of your new colleague's history, Mr. Sletten told the dental audience.

Suppose, for example, you're considering retirement, 8-10 years from now, or five.

"Pick a date," he advised. "It's empowering. Otherwise, it's like running without a finish line. How can you pace yourself?"

Say you'll retire in 2007. Not only will you be far from alone, you will retire in the first year in the modern history of dentistry, Mr. Sletten said, when more dentists retire than enter practice.

Have you a plan, doctor? he asked. What are you passionate about?

"Look at the next life phase with a sense of adventure, as a new career, a new life as opposed to the ending of something."

Mr. Sletten founded Paul Sletten & Associates in Denver. He advises dentists on practice transitions. ■



Photo by Eye of the Islands Photography

**Transition tip:** "Vision doesn't happen from the hip. It happens in the heart."

## Attendance

### Dentists

U.S. Member	8,446
U.S. Non-member	153
Intl. Member	206
Intl. Non-member	423
<b>Total</b>	<b>9,228</b>

### Students

Members	156
Non-members	20
Intl. Student	32
<b>Total</b>	<b>208</b>

### Dental Team

Dental Business Assistants	2,893
Intl. Dental Business Assistants	95
Dental Assistants	3,320
Intl. Dental Assistants	112
Dental Hygienists	2,378
Intl. Dental Hygienists	62
Lab Technicians	181
Intl. Lab Technicians	34
<b>Total</b>	<b>9,075</b>

### Other

Dental Dealers	69
Intl. Dental Dealers	201
Guests	1,801
Intl. Guests	239
Spouses	3,590
Exhibitors	4,622
Other	2,505
<b>Total</b>	<b>13,027</b>

\*Figures represent registration through noon Monday.

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Pres.-American Society of Dental Aesthetics  
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TUESDAY, OCTOBER 12, 1999 VOLUME 9, NUMBER 4

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**Step right up:** ADA red and black aloha shirts will go on sale today at 7:30 a.m.

## Esthetics

*Continued from page one* describing a new era in dentistry, "an era, beginning, of conservative dentistry.

"Dentistry offers many treatments to enhance natural beauty of a smile" for example.

Dr. Dunn discussed advances in materials and treatments, acknowledging the pioneers, among them Dr. Raphael L. Bowen, ADA 1999 Distinguished Service Award winner, who

pointed the way to this dentistry for a new millennium described at Monday's convention center seminar.

"Ethical concerns caution against over treatment," he said. "Conservation of natural tooth structure is a high concern while meeting patient's wants and needs."

Dr. Dunn reviewed materials and techniques used in esthetic dental bonded procedures and vital bleaching. He discussed dentin liners, sealers, bonding systems and the variety of tooth-bleaching materials. ■

## Lasers

*Continued from page one* outside Dr. Hatcher Rice's solo practice, one which in technological contrast to the bucolic reverie: "General and Dental Laser Surgery."

Cutting-edge technology seems to be insinuating itself everywhere these days, from the urban metropolis to the rural hamlet. And dental laser devices, Dr. Hatcher Rice said during her Saturday presentation "Complete Use of Dental Laser Technology," represent the more significant advances in dental technology.

A general practitioner, Dr. Hatcher Rice has used dental laser devices in her practice since 1992. She believes the challenge for today's dental professionals is to understand and evaluate the increasing number of dental laser devices coming to the market.

One of her presentation goals was to provide attendees with a "fundamental understanding of how various lasers and their corresponding wavelengths interact with oral tissues" as well as the safety requirements and clinical applications.

"I want to show you how you can use laser dentistry as a practice management tool as well as a marketing tool," she enthused. At one point in her presentation, Dr. Hatcher Rice would demonstrate her confidence in laser surgery as a viable medical and dental treatment option by offering a personal testament.

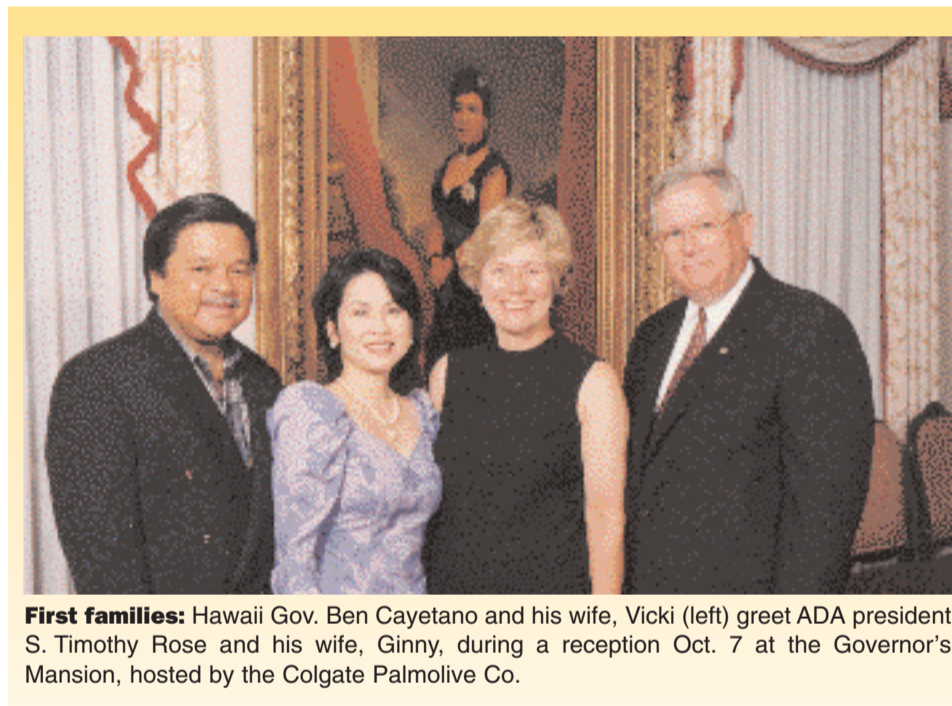
Recently her mother had undergone laser surgery to have a tumor removed from behind her right eye. The outcome? The tumor is gone and her mother is doing just fine. Best of all, the procedure saved the eye and preserved her mother's eyesight.

"That's my story," Dr. Hatcher Rice said simply, letting her testimony do the convincing.

For the next hour Dr. Hatcher Rice explained such laser terminology as stimulated and spontaneous emissions, electromagnetic spectrum, optical resonators, gated-pulse mode, repetition rate, laser tissue interaction types, diode, erbium, laser classifications, among others.

Toward the latter portion of her informative lecture, Dr. Hatcher Rice described the various treatments one could perform with dental laser devices, including a second stage recovery of implants.

By now dental laser technology had insinuated itself in Room 304. Judging by the rapt attention focused on its presenter, Dr. Janet Hatcher Rice, it was welcomed. ■



**First families:** Hawaii Gov. Ben Cayetano and his wife, Vicki (left) greet ADA president S. Timothy Rose and his wife, Ginny, during a reception Oct. 7 at the Governor's Mansion, hosted by the Colgate Palmolive Co.

## Success



**Ms. Crumpton**

*Continued from page one*

No, it wasn't either of those things, as it turned out.

Her friend was talking about her rising estrogen levels. Indeed, Ms. Crumpton's friend was changing. Her "numbers" proved it.

Ms. Crumpton related the story to illustrate one of her principles for maximizing the performance of your dental practice: 'Get behind the numbers.' In other words, pay attention to the numbers that matter to your practice in the following ways: Quantify the contributions your office is making in the way of products and services; Quantify the performance of those contributions; Modify your actions in order attain the first two principles.

By paying attention to the numbers, Ms. Crumpton said, you're digging to discover what is the most important aspect of your practice in your drive to excellence: the personality of your practice.

Ms. Crumpton, a U.S. Army veteran and for-

# Bargains galore!!

## Sales are brisk at the ADA Store

BY JAMES BERRY

The ADA Store is putting hotcakes to shame. Sales at the little shop (looks like a terrarium in the convention center lobby) have "exceeded expectations," says Heather Burns, director of the ADA Salable Materials Program, which operates the store.

Ms. Burns is a master of understatement.

Sales at the store have been astronomical. Empty-handed browsers enter at one end of the shop and exit the other with arm loads of goods, all emblazoned with the ADA logo.

Aloha shirts with "ADA Honolulu 1999" stitched on the sleeve have been top sellers at the bargain price of \$39.95, says Ms. Burns. "But everything is selling."

Polo shirts, T-shirts, hats, Dudley dolls, earrings, necklaces, small coolers, big towels, and books and tapes on everything from OSHA regulations to practice management to infection control to dental therapeutics to CDT-3. The stock has been flying off the shelves so fast that staff (desk-bound types masquerading as sales

clerks) can barely keep pace.

Still, the most requested items, says Ms. Burns, are ones the store hasn't had.

Until today.

"Everyone's been asking for those red and black aloha shirts worn [respectively] by the Local Arrangements Committee and the Council [on ADA Sessions and International Programs]," says Ms. Burns.

The store hadn't stocked the shirts, in deference to the council and committee. But starting today, the last day of exhibits, those loose and comfy shirts will go on sale at 7:30 a.m., same price as the other aloha shirts, \$39.95.

"We'll have about 400 of them, and we expect them to go pretty fast," says Ms. Burns.

The ADA Store is sandwiched between the gold and blue entrances in the convention center lobby. Hours on Tuesday are 7:30 a.m. to 1 p.m. The phone is 791-8583.

But if you ask for Heather, they may tell you she's kinda busy right now. ■



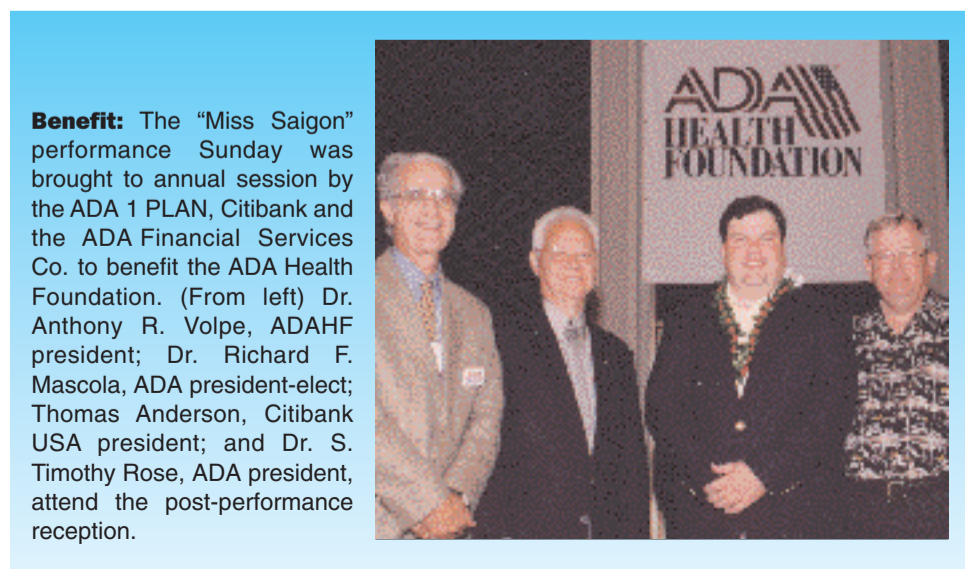
**Idea exchange:** At the new dentists' forum Sunday, Dr. Raymond Cohlmiya (background) listens to participants.

mer executive director of California's Head Start Association, believes the global marketplace has changed so swiftly and dramatically that "gone are the days of 'do as I say and not as I do' in business and leadership."

Office staff and patients, she maintains, are reeling from the effects of changes in the global marketplace. In the face of such bewildering change, practitioners who intend to infuse their

practice with trust, loyalty and maximum productivity "must be authentic, believable and credible" to their patients and staff.

The personality of your practice is "who you are naturally," Ms. Crumpton emphasized. "What's most effective for your practice is what is most natural—you. If you know the personality of your practice, you'll be better directed when it comes to making decisions." ■



**Benefit:** The "Miss Saigon" performance Sunday was brought to annual session by the ADA 1 PLAN, Citibank and the ADA Financial Services Co. to benefit the ADA Health Foundation. (From left) Dr. Anthony R. Volpe, ADAHF president; Dr. Richard F. Mascola, ADA president-elect; Thomas Anderson, Citibank USA president; and Dr. S. Timothy Rose, ADA president, attend the post-performance reception.



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# Have heart, will travel

## Dentists take treatment on the road

*Hilo, Hawaii*—Marsha Hatakeyama knew she needed to see a dentist, but she had no idea that having her teeth fixed could give her a new lease on life.

Having become disabled from brittle diabetes and failing kidneys, the 27-year-old mother of two's dialysis treatments and prescription drugs were covered by Medicare—her primary insurance—and Medicaid. But like many states, Hawaii's public aid recipients are only eligible for emergency dental care for treating pain or infec-

tion. Two years ago Ms. Hatakeyama was told she was an excellent candidate for a kidney transplant, but there was a problem: she couldn't be added to the waiting list without having her teeth fixed.

Enter Mobile Care, a joint project of the Office of Social Ministry of the Roman Catholic Diocese of Honolulu and St. Francis Healthcare System. Mobile Care offers affordable dental, medical and social services to the low-income and underinsured people on Hawaii—the largest

Hawaiian island, also known as the "Big Island."

Volunteer and part-time dentists treat patients in a 37-foot RV-type van with a fully equipped dental operator and a medical exam room at clinic sites throughout the Big Island's west side.

Last year, Mobile Care dentists restored Ms. Hatakeyama's decayed teeth and gave her an oral surgery referral. She was added to the organ transplant list in September 1998. "If it wasn't for them, I wouldn't be on the list," Ms. Hatakeyama said, adding, "they are helping a lot of people."



**Taking it to the streets:** The mobile van houses dental equipment.

The idea for a mobile unit came from a community-based task force convened by the Office of Social Ministry to address homelessness on the Big Island. A community development block grant with matching funds from the federal government funded the van, which began operating in January 1997. Dental services, however, became the primary focus due to the reduction in dental services for Hawaii's Medicaid recipients and the scarcity of dental services available to the low-income population.

The consequences of poor dental care mainly affect adults in Hawaii because children on public assistance have dental coverage under the state's Quest program.

"This is the only option for many people on the Big Island," says Dr. Bonnie Lau, a Honolulu general dentist and Mobile Care's dental director. "Many of the people who can't get to the van for treatment end up in the hospital emergency room. The van is their only alternative. Mobile health care has always been needed for these people, especially in some of the poorer economic areas."

Launched as a community-based, publicly funded project, Mobile Care soon became a beneficiary of private funding as well. "Mobile Care is a grassroots, community based initiative. It was started by people who saw a need but required help to make it work, and that's where St. Francis stepped in," says Dr. Lau. Since becoming Mobile Care's partner in 1996, St. Francis Healthcare System has provided the project's clinical and practice oversight and providers' malpractice insurance.

The Office of Social Ministry directs Mobile Care's general operation, budget and support staff. "Operational funds to cover fuel, supplies, medical and dental supplies, van maintenance and staff salaries come from private donors such as the Hawaii Medical Services Association, the W.K. Kellogg Foundation, Ronald McDonald Children's Charities and Catholic parishes," says Kaye Lundburg, Mobile Care's project coordinator.

Patients are asked to provide verification of financial resources to determine the level of participation or contributions for services. Contributions typically range from \$5 to \$20 for restorative and preventive care and \$20 to \$40 for endodontic care.

For her medical condition, Ms. Hatakeyama has gone to St. Francis' charity clinic on the Big Island, but their main dental clinic is located on the island of Oahu. Ms. Lundburg says Ms. Hatakeyama's access problems are not unique. "Her public aid does not cover dental care, she lacks private insurance, she has difficulty accessing health services and she works only part-time because of her disability so she doesn't qualify for insurance from her employer. She's one of these people in a 'Catch-22' position."

Ms. Hatakeyama said Mobile Care is "very similar to other dental offices" she has visited, except for the five-hour wait for her first visit. "I'm diabetic, and I'm on a lot of medication, so I decided to leave and go to another site that was not as busy."

The next site was further away than the first—a 45-minute drive from home—but she was able to coordinate the timing of that visit with Mobile Care staff. It took three trips to the clinic to have her dental work accomplished.

"Some people might not want to go to the clinic because they will be turned off by the wait," says Ms. Hatakeyama. ■

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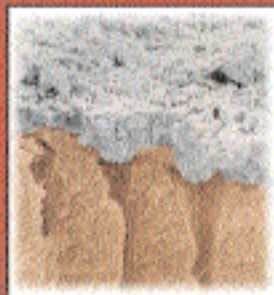
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\*The Dental Advisor, Vol 12, No. 2, June 1995    \*Dental Practice & Finance, Nov/Dec, 1998

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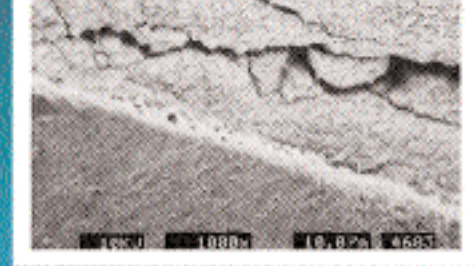
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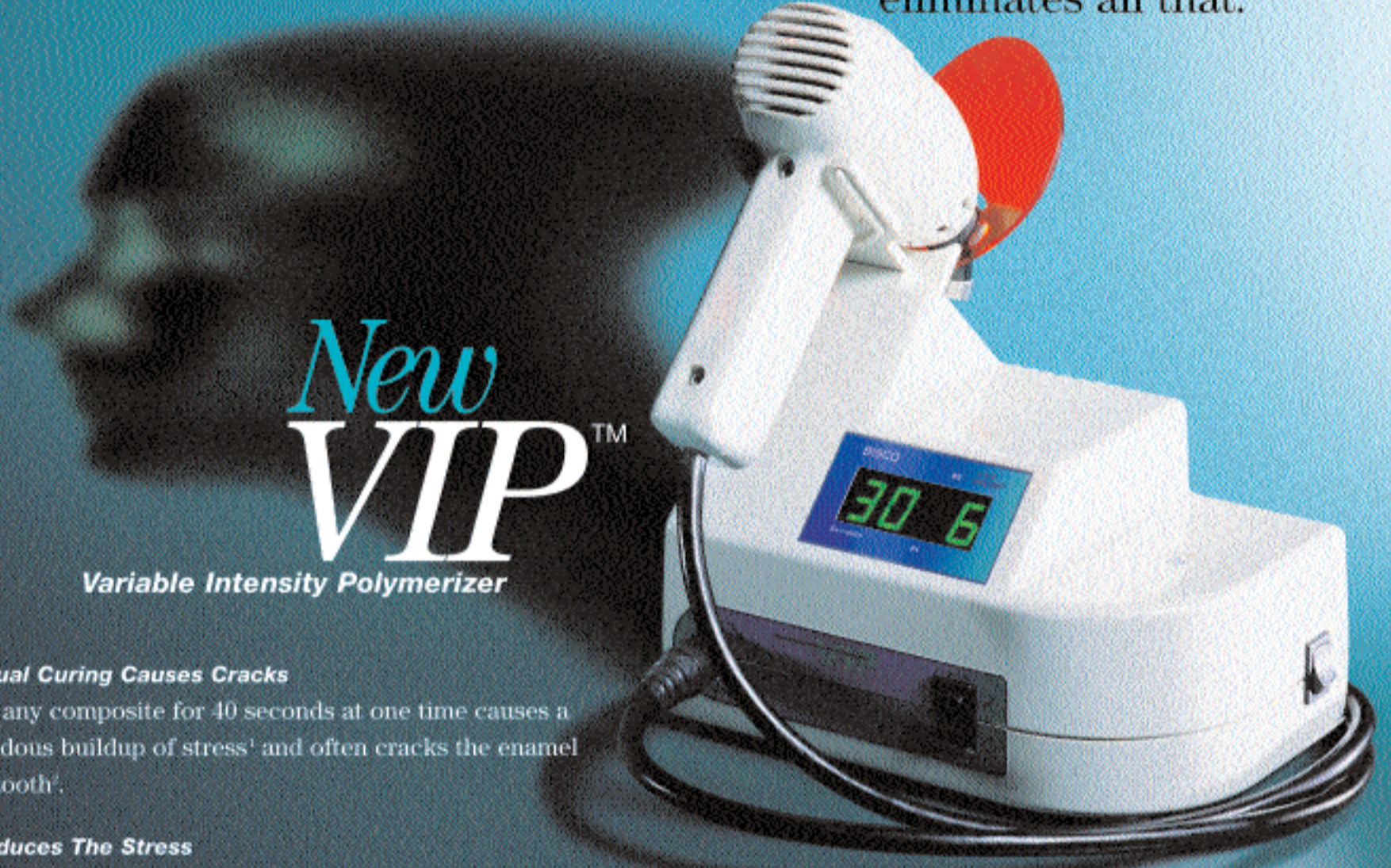
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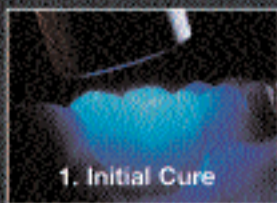
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Times may vary, depending on the composite you're using.



1. Initial Cure



2. Finish



3. Final Cure

1. Fellzer, AJ, De Gee, AJ, Davidson, CL (1987): Setting Stress in Composite Resin in Relation to Configuration of the Restoration. *J Dental Research* 66(11):1636-1639. 2. Bisco, data on file. Demetron is not a trademark of Bisco.

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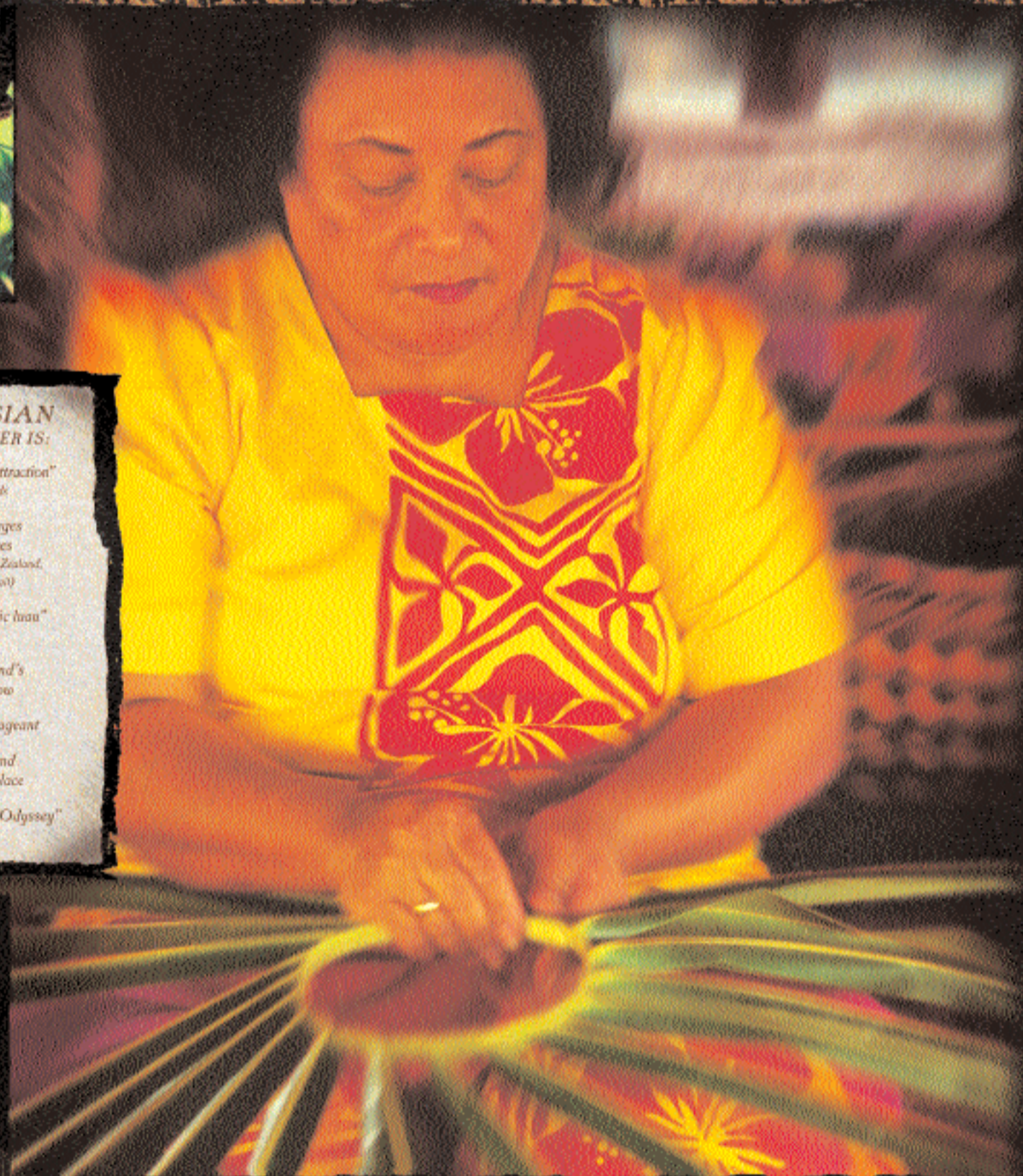
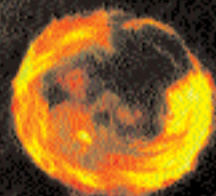
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# Splish-splash

## Park makes paradise fun, too

BY STACIE CROZIER

*Kapolei, Hawaii*—Imagine frolicking in a waterfall within this tropical paradise. Or languishing in a beautiful blue lagoon, surrounded by lush green vegetation. Or racing down one of a variety of waterslides for a refreshing thrill. Or floating down a lazy river in the bright Hawaiian sunshine.

During the 1999 Memorial Day weekend, these recreational musings became a reality when Dr. Jack Harrington and his group of planners and investors opened Hawaiian Waters Adventure Park—the only water park in Hawaii and one of the largest such facilities worldwide.

Hawaiian Waters, a \$14 million venture, is the culmination of four years of planning, research and hard work on the part of Dr. Harrington, a practicing dentist based in Zephyr Cove, Nev., near Lake Tahoe. He serves as the park's managing director.

While attending the ADA's 1995 annual session in Las Vegas, Dr. Harrington offered to treat his staff to some relaxation time at the local water park near his hotel and the convention center. But he learned at the front gate that the park was closed from October to May.

"I just looked at the closed-up park and wondered, 'How do they make any money when they're closed eight months a year?'" he says. "I also remember thinking that if the park were in Hawaii, which has one of the most ideal climates in the world, the park could be open year-round and would make a terrific financial investment."

A month later, as Dr. Harrington and his family traveled to Hawaii for a vacation, he learned that the islands didn't even have a water park.

"I was thinking that a water park would be a terrific alternative for vacationers and residents who'd enjoy a change from a day at the beach," he says.

Following his vacation, Dr. Harrington began his quest toward opening a water park with the climate and clientele to support it all year long.

He joined the World Water Park Association. He learned that most all North American water parks observe a schedule that leaves them idle about eight months a year. He talked to industry veterans about his idea. He commissioned a feasibility study for the plan. He coordinated with government officials and community leaders to bring the project to life. He gathered investors to finance the construction of the park. And, on Memorial Day weekend, the 25-acre water park opened to an enthusiastic response on the part of its first customers.

"We conducted an exit poll on the park's first day, and this was before all the attractions had opened and before the food court was in operation," he says. "One hundred percent of our visitors said they were completely satisfied with the facility and had a great time. That was great to hear."

Project coordinators projected that Hawaiian Waters would draw 400,000 people in its first year, but June figures already tabulated about 70,000 visitors—primarily island residents.

"Business has been phenomenal," Dr. Harrington notes. "We're surpassing our projected numbers and it's been a huge hit. It's really a terrific feeling to see the park itself, that it was planned, built and now serves so many people."

Another added plus, he adds, is that the project generated new jobs and is having a positive impact on the economy of Oahu.

Dr. Harrington says one of his primary motivations was to show his three school-age chil-

dren that if you have a dream, you can make it come true.

"I enjoy being a dentist and helping people enhance their lives through good health," he says. "But that doesn't mean I have to restrict my activities to dentistry. The water park project has shown me and my family that you can accomplish anything with preparation, hard work and a dream."

Dedicated to family pursuits, Dr. Harrington notes that he was late for the water park's grand

opening ceremony because he was on the water slides with his kids. Back in Nevada, Dr. Harrington is a Little League Baseball coach and his family is also active all year long with soccer, basketball and skiing.

"My family is my No. 1 priority," he adds. "I do try to visit Hawaii every couple of months to make sure things are going well, but I have to work it around the family's schedule."

Dr. Harrington says the park administrators will begin marketing Hawaiian Waters to tourists, and this venture may lead him to consider expanding or opening water parks elsewhere.

"Who knows what the future will bring?"

For more information about Hawaiian Waters, visit the Hawaii Information Desk in the entrance lobby of the Hawaii Convention Center. ■



Dr. Harrington

## Powerful Attack Without Resistance

**Subgingival, sustained delivery of chlorhexidine helps reduce probing pocket depth in adult periodontitis**

### Destroys periodontitis-causing pathogens without bacterial resistance

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### Significant improvements in PD and maintenance of CAL<sup>3</sup>

- Over 45% more effective in reducing PD vs. SRP<sup>4</sup> alone ( $P=0.00001$ , pooled data from 2 studies)<sup>5</sup>
- ≥2 mm PD reduction in over twice as many patients vs. SRP alone ( $P<0.0001$ , pooled data from 2 studies)<sup>5</sup>

### Simple to use

- Can be inserted in less than 1 minute<sup>6</sup>
- Ready to use without any need of mixing
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PERIOCHIP is indicated as an adjunct to SRP for periodontal pockets ≥5 mm

PERIOCHIP should not be used in any patient who is hypersensitive to chlorhexidine. The most frequently observed adverse events in the 2 pivotal clinical trials (PERIOCHIP vs. placebo group) were toothache (51% vs. 41%), upper respiratory tract infection (28% vs. 26%), headache (27% vs. 28%), and sinusitis (14% vs. 13%), respectively.

<sup>1</sup>PD = probing pocket depth; CAL = clinical attachment level; SRP = scaling and root planing.

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**PerioChip**  
2.5 MG (chlorhexidine gluconate)

**Delivers measurable outcomes**





# Association counts its legislative, regulatory accomplishments for '99

BY CRAIG PALMER

Successful advocacy at the federal level requires a coordinated effort involving the lobbying of Congress, the White House and federal agencies, often with the help of ADA grassroots dentists. Most issues involving the ADA Washington Office and the Department of State Government Affairs have legislative and regulatory components.

One measure of advocacy is what the profession prevents in the way of legislation or regulation derailed, minimized, strengthened, improved or otherwise altered. Another measure must be initia-

tive. The Association during this session of Congress initiated, and encouraged members of Congress to introduce, the following bills to advance the profession's legislative goals:

- H.R. 1004, the Accounting Fairness for Dentists and Physicians Act of 1999, by Rep. Donald Manzullo (R-Ill.);
- HR 2660, the Put Your Money Where Your Mouth Is—The VA Dentists Equity Act of 1999, by Rep. Bob Filner (D-Calif.);
- HR 1704, the Health Care Access Improvement Act of 1999, by Rep. Jim Nussle (R-Iowa);

• HR 385, the Health Care Access Improvement Act of 1999, by Rep. Carolyn Kilpatrick (D-Mich.);

• HR 2141 and S 1444, to expand the current deduction for interest accrued on student loans, by Rep. Philip English (R-Pa.) and Sen. Charles Grassley (R-Iowa).

## Patient and provider protections

**Congressional action:** The ADA literally put this issue on the table and kept it alive when congressional leaders tried to wish it away. The Association continues pushing for bipartisan legis-

lation. The ADA-backed Norwood-Dingell bill, HR 2723, is a comprehensive patient protection bill that meets the profession's test. Whether it will hold up in the partisan atmosphere on Capitol Hill remains to be seen. The bill's chief sponsors are Reps. Charlie Norwood (R-Ga.), a dentist, and John Dingell (D-Mich.).

**White House action:** In addition to meeting with the president's chief health care advisor, the ADA testified at hearings by a presidential advisory committee on health care quality, which subsequently issued patient protection recommendations that the president applied to federal employee health plans through executive order.

**Federal agency action:** The ADA testified in support of a Department of Labor proposal to provide more expeditious handling of claims. The proposal addresses timely payment and other benefit issues frequently raised by members. A final rule has not been issued.

## Federal tax issues

The ADA successfully lobbied Congress in 1999 for the inclusion of the following provisions in this year's \$792 billion tax cut legislative package, which was passed by Congress and vetoed by the president:

- increase income ceilings and eliminate the student loan interest deduction five-year limit;
- eliminate the tax on National Health Service Corps Scholarships and Armed Service Health Profession Scholarships;
- accelerate the allowable deduction for small business owners purchasing personal and family health insurance;
- increase Section 179 (deduction of business property) expensing to \$30,000.

## Antitrust

The Association helped craft and supports HR 1304, the Quality Health Care Coalition Act of 1999, which grants health professionals the right to negotiate collectively with health plans and insurers. The bill has 159 bipartisan cosponsors. The ADA seeks to help dentists gain leverage in negotiating with health plans and insurance companies. The bill does not permit strikes, boycotts or work slowdowns; it offers opportunity for dentists to negotiate more favorable contract provisions to help assure delivery of appropriate patient care.

## OSHA

Since introduction of the Bloodborne Pathogens Standard, the Association has made great strides in educating Occupational Safety and Health Administration policy-makers, and members of Congress who have OSHA responsibilities, about the unique aspects of the dental delivery system.

The agency now uses a phone/fax method for most inspections and has effectively removed the OSHA inspector from dental offices. Private dental offices are excluded from the OSHA TB standard. Also, OSHA has been persuaded for now against imposing additional burdens on dentists under a new Safety and Health Program Standard.

## Ergonomics

Working closely with Congress, the ADA was instrumental in delaying OSHA implementation of ergonomics regulations. The Association met with OSHA officials to explain how a standard would adversely affect private practice dentists. An ADA-recommended dentist was named to a federally mandated panel empowered with the authority to review and recommend changes to OSHA's draft ergonomics proposal.

## Electronic transmission of dental information

A 1996 law requires the health care sector to move to electronic transmission of data. The law requires federal agencies developing EDI regulations to work with the ADA (one of only four named organizations in the law), and the Association has provided advice and consultation to the Department of Health and Human Services in drafting the implementing regulations. It appears HHS will recommend use of the ADA code as the only dental code for EDI.

## Privacy and confidentiality

The ADA is working closely with HHS officials developing privacy and confidentiality regulations

## Brief Summary

001603R01

# PerioChip® 2.5 mg (chlorhexidine gluconate)

### INDICATIONS AND USAGE

PerioChip is indicated as an adjunct to scaling and root planing procedures for reduction of pocket depth in patients with adult periodontitis. PerioChip may be used as a part of a periodontal maintenance program, which includes good oral hygiene and scaling and root planing.

### CONTRAINDICATIONS

PerioChip should not be used in any patient who has a known sensitivity to chlorhexidine.

### PRECAUTIONS

#### General

The use of PerioChip in an acutely abscessed periodontal pocket has not been studied and therefore is not recommended. Management of patients with periodontal disease should include consideration of potentially contributing medical disorders, such as cancer, diabetes, and immunocompromised status.

#### Information for Patients

Patients should avoid dental loss at the site of PerioChip insertion for 10 days after placement, because flossing might dislodge the chip. All other oral hygiene may be continued as usual. No restrictions regarding dietary habits are needed. Dislodging of the PerioChip is uncommon; however, patients should be instructed to notify the dentist promptly if the PerioChip dislodges. Patients should also be advised that, although some mild to moderate sensitivity is normal during the first week after placement of PerioChip, they should notify the dentist promptly if pain, swelling, or other problems occur.

#### Carcinogenesis, Mutagenesis, Impairment of Fertility

Chlorhexidine gluconate has not been evaluated for carcinogenic potential in connection with the PerioChip. No evidence that chlorhexidine gluconate has potential to cause genetic toxicity was obtained in a battery of mutagenicity studies, including (in vitro) an Ames assay, a chromosome aberration assay in CHO cells, and (in vivo) a micronucleus assay conducted in mice.

#### Pregnancy

**Teratogenic Effects:** Pregnancy Category C—Animal reproduction studies have not been conducted in relation to PerioChip, because animal models that would permit use of a clinically relevant route of administration are not available. Chlorhexidine gluconate did not induce harm to the fetus when administered to rats by gavage at dosages up to 58.5 mg/kg/day. While chlorhexidine is known to be very poorly absorbed from the GI tract, it may be absorbed following placement within a periodontal pocket. Therefore, it is unclear whether these data are relevant to clinical use of PerioChip. In clinical studies, placement of four PerioChips within periodontal pockets resulted in plasma concentrations of chlorhexidine that were at or below the limit of detection. However, it is not known whether PerioChip can cause fetal harm when administered to a pregnant woman or can affect reproductive capacity. PerioChip should be used in a pregnant woman only if clearly needed.

#### Pediatric Use

The safety and effectiveness of PerioChip in pediatric patients have not been established.

### ADVERSE REACTIONS

The most frequently observed adverse events in the two pivotal clinical trials were toothache, upper respiratory tract infection, and headache. Toothache was the only adverse reaction that was significantly higher ( $p = 0.042$ ) in the PerioChip group when compared to placebo. Most oral pain or sensitivity occurred within the first week of the initial chip placement following SRP procedures, was mild to moderate in nature, and spontaneously resolved within days. These reactions were observed less frequently with subsequent chip placement at 3 and 6 months.

Table 1 lists adverse events, occurring in  $\geq 1\%$  of 225 patients that received PerioChip, pooled from the two pivotal clinical trials without regard to causality. Gingival bleeding was the only dental adverse event occurring at a rate of  $\leq 1\%$  in both groups.

Table 1  
Adverse events (frequency  $\geq 1\%$  for the PerioChip group)  
reported from 2 five-center U.S. clinical trials

	PerioChip Total N = 225		Placebo Chip Total N = 222	
	N	%	N	%
All patients with Adverse Events	100	85.8	189	85.1
Toothache	114	50.7	92	41.4
Upper resp tract infection	64	28.4	58	26.1
Headache	61	27.1	61	27.5
Sinusitis	31	13.8	29	13.1
Influenza-like symptoms	17	7.6	21	9.5
Back pain	15	6.7	25	11.3
Tooth disorder**	14	6.2	15	6.8
Bronchitis	14	6.2	7	3.2
Abscess	13	5.8	13	5.9
Pain	11	4.9	11	5.0
Allergy	9	4.0	13	5.9
Myalgia	9	4.0	9	4.1
Gum hyperplasia	8	3.6	5	2.3
Pharyngitis	8	3.6	5	2.3
Arthralgia	7	3.1	13	5.9
Dysmenorrhea	7	3.1	13	5.9
Dyspepsia	7	3.1	6	2.7
Rhinitis	6	2.7	11	5.0
Coughing	6	2.7	7	3.2
Arthritis	6	2.7	4	1.8
Hypertension	5	2.2	6	2.7
Stomatitis ulcerative	5	2.2	1	0.5
Tendinitis	5	2.2	1	0.5

\*Includes dental, gingival or mouth pain, tenderness, aching, throbbing, soreness, discomfort, or sensitivity

\*\*Includes broken, cracked or fractured teeth, mobile teeth, and lost bridges, crowns, or fillings

## INSTRUCTIONS FOR INSERTION

### PerioChip® 2.5 mg (chlorhexidine gluconate)



1. Open individual foil packet.



2. Grasp PerioChip® at flat end with suitable forceps.



3. Insert PerioChip®, curved end first, into the periodontal pocket.



4. Press PerioChip® apically to the base of the pocket.



5. After proper insertion, PerioChip® should rest subgingivally at the base of the pocket.

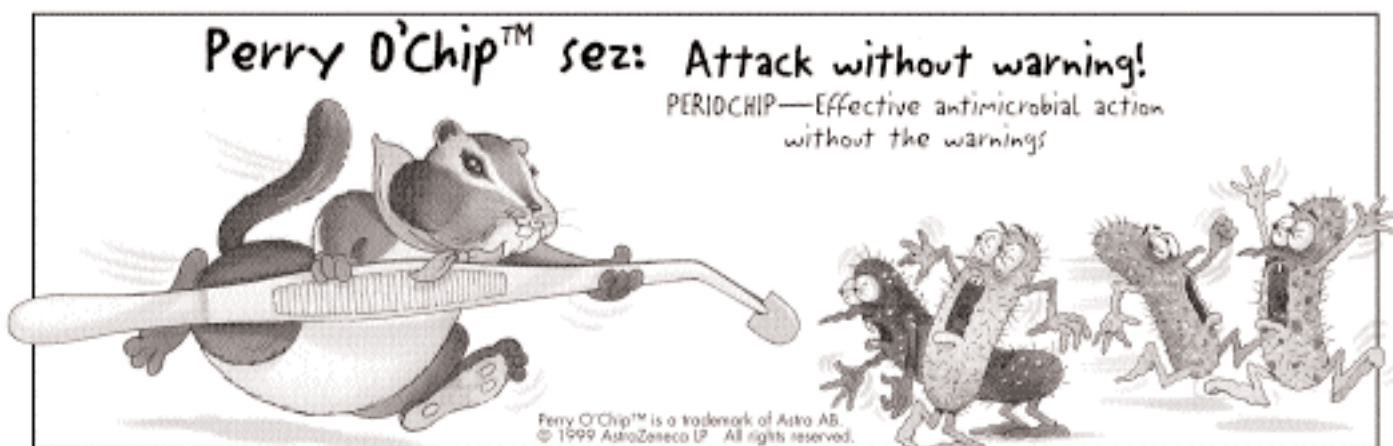
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001603R01 Iss. 5/98

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IMPRESSIONS



## President-elect Interview

# Dr. Mascola poised to take reins N.Y. dentist to become 136th ADA president

**E**nergetic, straight-to-the-point, wiry with the determined demeanor of a native New Yorker—Dr. Richard F. Mascola will need to call upon all those traits when he

takes on the ADA's presidency next month.

Whether it's the struggle over patient protection legislation in Washington, the ever-changing dental benefits marketplace or meeting

members' needs, Dr. Mascola knows that the job is brimming with challenges.

When he becomes the 136th president of the  
*See DR. MASCOLA, page 16*



**Dr. Mascola:** 'I stand today as testimony to how one individual can influence the career of another.'

## ADA

*Continued from page 10*

for electronic transmission and storage of health care data. The ADA has suggested a less complicated "security kit" for small offices, like dental offices, which will make safeguarding records less costly and complicated.

### Appropriations

The Association testifies annually to congressional appropriation committees on federal funding for dental education, research and Indian Health Service programs.

### Military

The ADA, working cooperatively with military dental corps chiefs, Congress and constituent and component societies, has devised an effective procedure to ensure that on-base dental clinics will not be established without local dental society involvement. Since the program has been instituted, there have no additional clinics established.

Largely as a result of ADA lobbying efforts, military and PHS dentists enjoy increased compensation. Also, at the request of the ADA, Rep. Bob Filner (D-Calif.) introduced HR 2660, the "Put Your Money Where Your Mouth Is—VA Dentists Equity Act of 1999," to give dentists pay parity with physicians in the Department of Veterans Affairs. The legislation would increase incentive pay for all VA dentists and responsibility pay for an estimated 150 VA dentists. Rep. Filner has continued to push for passage of HR 2660.

### State issues

More than 140 state legislators, Medicaid representatives, federal officials and state dental society leaders from 33 states met Aug. 2-3 at the ADA Chicago office. The atmosphere was collaborative and focused on problem solving. The themes developed from the meeting were that Medicaid funding must be increased, administrative policies simplified and coalitions formed to effect change.

### Grassroots action team news

The ADA Grassroots Action Team Network has been very successful in maintaining organized dentistry's involvement in congressional politics on the district level. In addition to facilitating and monitoring fundraising and other activities in all 435 congressional districts, the network strives to increase dentist participation in grassroots activities, with impressive responses from state dental societies, action team leaders and members.

Recent events include:

- On Aug. 21, 46 action team leaders attended a grassroots workshop in St. Louis.
- A number of fundraisers in ADA member homes included events for Reps. Steven Kuykendall (Calif. R-36); F. Allen Boyd Jr. (Fla. D-2); Robert Weygand (R.I. D-2, running for Senate); Debbie Stabenow (Mich. D-8, running for Senate); Ed Bryant (Tenn. R-7); Jo Ann Emerson (Mo. R-8); James McGovern (Mass. D-3) and Gary Condit (Calif. D-18).
- The Texas Dental Association with American Dental Political Action Committee assistance hosted a PAC training day for grassroots dentists in Austin. ■

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A Reason to Smile



# Dr. Mascola

*Continued from page 12*

American Dental Association tomorrow, his years of prosthodontic practice and his years in organized dentistry—both as a member and as executive director of the Queens County Dental Society, have prepared him for the task at hand.

But dentistry was not always a clear choice for him. After graduating Holy Cross college, he joined the Navy, serving from 1958-63. "I was stationed in Japan and my mother became ill," he recalls. "I had to come home and that triggered the decision that I belonged at home. I had to make a decision about what to do with my life."

And he did. After returning to Richmond Hill in Queens, he graduated New York University College of Dentistry in 1968, and while intern-

ing at Mary Immaculate Hospital met the man who became his mentor in dentistry, oral surgeon Dr. Norman Snyder.

"From day one, he had the most impact of anyone on my dental career," Dr. Mascola explains. And he has made a point of sharing the story of Dr. Snyder's influence on him with dental groups around the country to emphasize the importance of mentors for new dentists.

It was Dr. Snyder who, as the president-elect phrases it, "let me know Richmond Hill was the only place for me to open a practice. He was not one to take no for an answer and within a year, I entered private practice in Richmond Hill."

Later, as Dr. Mascola weighed the pros and cons of pursuing advanced education while trying to build a practice and raise a family, Dr. Snyder again stepped in. "Norman insisted that advanced education would only improve the

level of treatment I could provide for my patients. So the following fall I entered the four-year, part-time post-graduate prosthetic program at NYU."

His mentor also took him to the Queens County Dental Society meetings and made sure he served on committee after committee, following the footsteps Dr. Snyder had made before him in the dental society.

The closeness of the relationship continued over the years, even after Dr. Snyder retired and moved to Florida in 1988, and despite the fact that Dr. Snyder infrequently visited New York because of an aversion to flying. After his selection as president-elect last year, Dr. Mascola eagerly called Dr. Snyder. "When I called Norman to give him this news, he broke down and said he would be in Hawaii this fall for my installation as president."

But that reunion won't occur. "Just two weeks after our phone conversation, a severe stroke ended my mentor's life.

"I stand today as testimony to how one individual can influence the career of another. And it humbles me to realize everything I do as a dentist and as one of our profession's elected leaders is part of Norman's legacy."

That legacy is embodied in his service to dentistry: Dr. Mascola served as the 2nd District Trustee on the ADA Board of Trustees from 1994-97. He was chair of the ADA Council on Membership in 1993-94. Among the many posts he's held in organized dentistry are delegate to the ADA, president of the QCDS and member of the Board of Governors and the Executive Committee of the Dental Society of the State of New York.

He and his wife, Betsy, have three adult children: Richard, Michael and Elizabeth.

During the summer, Dr. Mascola was interviewed by ADA News Editor Judy Jakush about his goals and expectations for his year to come as Association president. The interview that follows here is excerpted from a two-part interview that appeared in the Sept. 6 and Sept. 20 editions of the ADA News.

**ADA News:** Given your relationship with your mentor, Dr. Norman Snyder, and your work both as a volunteer in organized dentistry and as executive director of the Queens County Dental Society, did you ever envision becoming ADA president?



**ADA presidency:** 'I really don't believe that was ever a goal. I think it's something that just happens. You get involved.'

**Dr. Mascola:** I really don't believe that was ever a goal. I think it's something that just happens. You get involved, do your job and if you enjoy doing it, you keep going forward. I enjoyed being on the ADA Council on Membership because you can see something through from beginning to end: you start a project and you end a project. I didn't want to give that up, but the timing was right for becoming a trustee, and later, the time was right for pursuing the office of president-elect.

**ADA News:** How has dental practice changed for you during your 31 years in the profession?

**Dr. Mascola:** I remember when I started my office, it was very busy. In those days you could open a practice and patients would come. Then there was the growth of dental insurance. I came to learn that as the general economy of this country goes, so does dental practice.

A major shift has occurred during my years of practice. The expense of opening a practice grew tremendously and dentists were faced with the reality of finding patients instead of waiting for them to show up. There is more debt, given the high cost of tuition. Many start in associate-ships in order to repay their student loans before they can even think about opening their own practices. Another trend is that they purchase a practice or enter into a partnership. It is rare that a new dentist can open an office that is brand new with no patient history.

Even given those conditions, things are on an upturn. The economy has changed, the times have changed and I believe this generation of

*See DR. MASCOLA, page 18*



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# Dr. Mascola

*Continued from page 16*  
dentists is facing their golden age of dentistry. While the issue of debt remains, student debt is being repaid sooner and there is less default on loans. With a strong economy, many dentists are likely to retire earlier.

Patient demographics are also key. The 1980 census showed 227 million people in the United States. The prediction for the year 2010 is 298 million, and baby boomers will be part of a rapidly expanding senior citizen population. In the early 1980s, some 6,000 dentists were graduating each year; today about 4,000 graduate annually.

Practices are growing, as are the opportunities for associateships. The new dentist certainly has to overcome a financial hump when he or

she graduates, but it really is a great time to be entering dental practice.

**ADA News:** Do you have a major goal for your year as president that you wish to accomplish?

**Dr. Mascola:** My prime goal is to make this Association more visible to the membership, so that members can understand what it is we do and what they pay dues for. My goal is that when the House meeting is over and the delegates walk out of the building, they will have a clearer understanding of what the ADA does and why we as members pay dues. In turn, we hope, they will have go home and talk about it in their states.

Every year the budget process in the House gets the leadership beat up. We meet once a year and it's our only chance to reach all the delegates at the same time. They're a captive audi-

ence. We need to do some explaining of what we've done in the past year and what we plan to do, in order to give them [the delegates] a better understanding of what goes on at 211 [ADA headquarters in Chicago]. The next step is to increase the visibility of the ADA to the profession.

**ADA News:** The budget the leadership is bringing to the 1999 House anticipates \$65.8 million in expenses against \$64.4 million in projected revenue. To make up the deficit, the Board is submitting a resolution for a \$14 dues increase. That would set 2000 dues at \$357, \$25 less than the 1999 level of \$382—the decrease reflecting the rollback of the \$25 that was added the past three years for the



**Dr. and Mrs. Mascola:** Dr. Mascola with his wife, Betsy.

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national marketing campaign for direct reimbursement. How was this determined?

**Dr. Mascola:** The 1998 House of Delegates in San Francisco told us to use \$343 as a base figure for calculating the budget for the year 2000. Which we did. They got that figure by starting with the 1999 dues of \$382 and then subtracting \$14 for programs that would only occur in 1999 and subtracting an additional \$25 for the direct reimbursement campaign, which this year is completing the final year of a three-year \$7.5 million program to promote direct reimbursement.

Given the base figure, we had to carefully evaluate the programs we have and new ones being proposed. There were things we needed to eliminate to balance the budget, and the dues increase is directly linked to programs we thought the membership should have. We felt it was inappropriate to take money from reserves that should be used for other purposes.

We have to keep in mind that a resolution from the Council on Dental Benefit Programs to renew the DR marketing campaign is also going to the House. Like the 1996 House resolution, it calls for a program to be funded at \$2.5 million annually for three years. If the delegates vote to continue the program, then that will increase dues by another \$25 in 2000. Plus, the House could add other programs or projects that may have a financial impact that could increase the dues total for 2000.

Until we increase the revenue from our for-profit companies and begin to generate more outside income, we will rely on dues to fund programs for the membership. My goal would be to generate enough income from our for-profits to equal the money we take in from dues. If we could do that, we would eliminate or reduce significantly dues increases. [The ADA Holding Co. oversees the ADA's for-profit subsidiaries: ADA Financial Services Co., ADA Electronic Commerce Co., and ADA Publishing Co.] To that end, we're asking for an outside consultant to come in and look at our for-profits and analyze what we're doing and how we could do it better. This means facing competition in some cases with state societies and their programs. The choice is to raise dues or raise revenue through for-profit endeavors. We can't be chastised for raising dues if we're also told we can't compete.

**ADA News:** You chair the Board's Public Awareness Advisory Group, which oversees the advertising partnerships with state and local societies. What's your take on the status and future direction of the program?

**Dr. Mascola:** Last year, when the public awareness campaign was defeated, it was clear that there was still a large part of the membership—more than 55 percent—who favored some sort of a marketing campaign. The resolution that passed the House last year, Res. 100H-1998, authorized \$982,000 to help state and local dental societies that wanted to launch the campaign the ADA had commissioned. The states were expected to pay for their own media

*See DR. MASCOLA, page 20*



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## Dr. Mascola

*Continued from page 18*

placements. We had also thought about getting corporate sponsors, but those efforts have been unsuccessful. Dental companies have their own marketing programs and are not interested in spending additional money. We also want to be sure we don't divert corporate money away from programs that companies already sponsor at the ADA, such as the Health Screening Program, SUCCESS and scholarship fund contributions.

So far, three states, Oklahoma, Louisiana and Georgia and a local dental society, Umpqua in Oregon, have started or will soon start running advertisements that carry both the ADA and state or local society names. There are others

planning smaller scale approaches—the New Orleans Dental Association, the Acadiana District Dental Association (Louisiana), Nebraska and Rhode Island.

I think it's right for the ADA to be the central repository of the campaign, and we should continue to develop the program, altering the message if necessary. That will depend on whether more states sign on, however. Then we can look to developing additional TV and print media materials for use by states. We expect that this effort will continue through a second year and will report to the House whether any 1999 funding will need to be carried over to 2000.

**ADA News:** In your nominating speech to the House last year, you talked about managed care as a threat to the doctor/patient relationship. In the months since your election, has that threat worsened, lessened or stayed the same?

**Dr. Mascola:** Since I've had so much feedback on that speech, I'd have to say it was better than we thought it was. In the speeches that I have made this year, I repeat what I said to the House in San Francisco: "I, like you, believe in managed care." I pause and add, "That is, dental care managed by the dentist, in consultation with the patient, without unwarranted interference from HMOs, DMSOs, PPOs, government or anyone else for that matter, who would dare to compromise the sanctity of the doctor-patient relationship."

The response to that line is incredible. It rings a bell with most dentists I've spoken to. The threat of intrusion is there. The members believe we—the ADA—will protect the autonomy of the profession legally and legislatively. Whether it's the FTC, health maintenance organizations, dental management service organizations, or

whatever other entity might make a dentist feel he or she isn't being allowed to compete on a level playing field, well, that can scare practitioners. When they pay their dues, dentists want to be able to relate to what their organization is doing on this front.

Forecasted demographic changes could lead to more stress on the traditional fee-for-service practice and the autonomy of dental practice. In 1980 there were 227 million people in this country. The US Census Bureau predicts that by 2010 there will be 298 million people. We are graduating fewer dental students than before. At some point supply and demand may come into play.

The potential exists for the growing population to outstrip the capacity of the dental profession to deliver needed services. However, we also have to keep in mind that other factors are at play that could increase supply. First, dentists are becoming more productive. Secondly, according to the data the ADA gathers, dentists are performing a higher proportion of preventive procedures. These are not as time consuming, so the dentist should be able to see more patients.

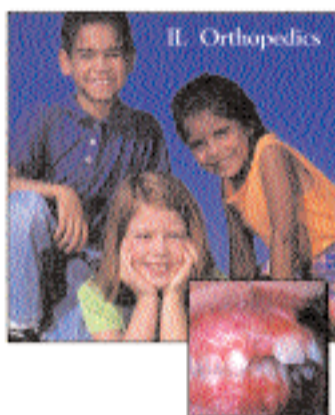
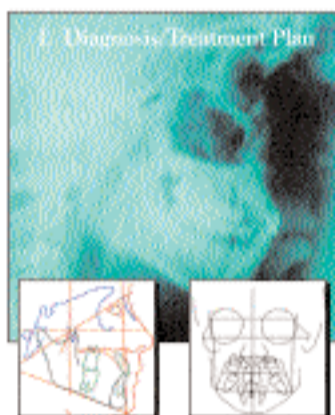
Finally, dentists, like others in our population, are living longer. Whether or not they stay in active practice remains to be seen.

The point is, the ADA has to keep watch on these trends. If demand does outstrip supply, then the profession needs to take the lead to ensure dentists provide treatment to the American public, not someone with insufficient professional education and training.

The government could conceivably step in and say that to meet the demand, we are going to

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**Future:** 'As an organization, we have to plan for the future, to ensure that properly trained dentists continue to provide dental care to patients.'

support the training of auxiliaries to provide certain dental services. As an organization, we have to plan for the future, to ensure that properly trained dentists continue to provide dental care to patients. We have to uphold the standards of the profession in order to protect our patients by lobbying the Congress and state legislatures in order for them to understand the importance of the doctor-patient relationship.

**ADA News:** What are your thoughts on the impact of technological changes on the practice of dentistry—computerization and the link it provides to the ADA?

**Dr. Mascola:** Technology has changed tremendously. The younger generation does not know what a dial telephone is. Everything is push button. When you look at the dental office, remember that the computer in the early to mid-80s represented a billing system. We have moved from a central billing system to the information highway. And it's not just the rapidity with which we can communicate that's so amazing; it's the depth and breadth of knowledge that is available to the practitioner with a few clicks of the keyboard. This knowledge was not readily attainable in the past.

Technology is driving dental practice. I would prefer to think that dental practice would drive technology, but it's not happening that way. The dental office of the future—and it's a near future—is going to be totally automated. ■



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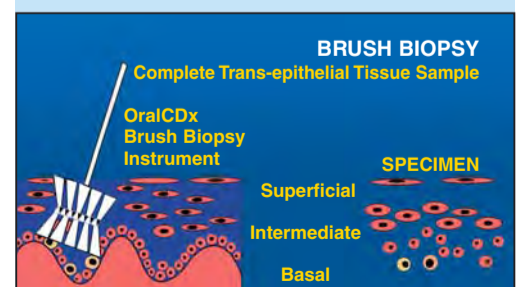
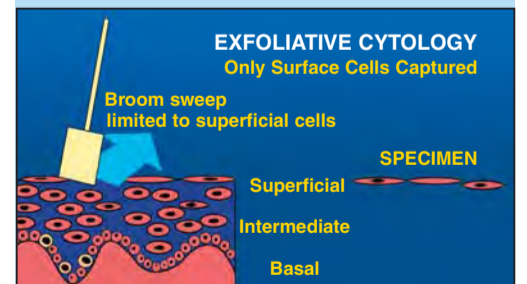


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# Heads above the rest

## Diamond Head more than a pretty face

BY JULIE A. JACOB

Honolulu—Diamond Head—a postcard favorite for generations of tourists who have scrawled “wish you were here” on the back of countless pictures of the extinct volcano—is more than just a pretty picture.

Rising majestically on the eastern edge of Waikiki Beach, Diamond Head has played an important role in Hawaii’s history throughout the centuries.

The Hawaiians called the volcano Le’ahi—“the brow”—an apt description of the shape of

the volcano’s summit, where fishermen would leave offerings for the fish god, Ku’ula. Geologically, the mountain is a 760-foot tall tuff cone and crater, formed by a steam explosion 100,000 years ago.

In the 19th century, British sailors dubbed Le’ahi “Diamond Head” after they mistook calcite crystals glittering in the rock for diamonds.

In 1909, the U.S. Army, well-aware of Hawaii’s strategic military importance, built a fort next to the crater’s base and constructed a



The extinct volcano: Was put in active duty during World War II as a site for cannons.



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series of tunnels and bunkers inside the crater. During World War II, the army placed cannons on the crater’s rim, which, fortunately, never had to be fired. Today the crater houses a Hawaii National Guard Base and a Federal Aviation Administration office.

Diamond Head is also a place for recreation. It’s a 475-acre state park that includes a .7-mile trail leading to the summit. The hike takes anywhere from 30 minutes to an hour, depending on the pace at which the short, but challenging, trail is traversed.

The trail starts in the open crater, which is now a meadow of grass, scrub trees and delicate ilima flowers. Many visitors like to picnic there; tables and facilities are available.

The trail then winds through a long, unlit, curved tunnel, and the park guide recommends that hikers bring a flashlight and drinking water.

Although the tunnel may seem like the end of the journey, it’s just the beginning of the challenges awaiting hikers: upon exiting, hikers have to climb a 99-step staircase, walk through another dark tunnel, navigate a spiral staircase that twists through a bunker and, finally, climb some more steps to the summit.

Despite the obstacle course of tunnels and stairs, tourists who have completed the trail say getting to the top is well worth the effort. The view is spectacular, providing a breathtaking view of Oahu’s leeward coast from Koko Crater to the east to the Waianae Mountains to the west.

Diamond Head State Park is open from 6 a.m.-6 p.m. The park is accessible from Waikiki Beach via the No. 22 (Beach Bus) or No. 58 (Sea Life Park) buses which stop on the makai (ocean) side of Kuhio Ave. It’s about a 15-minute ride to the park; the beginning of the trail is an additional 20-minute walk from the Diamond Head bus stop. Like any of Hawaii’s popular tourist attractions, the Diamond Head trail gets busy during peak hours, so hikers who want to avoid the crowds should plan to go early in the day. ■

## Tour the Head

The ADA is offering twice-daily tours to Diamond Head during annual session.

Visitors will learn about geological, historical and botanical aspects of Diamond Head. The tour includes an escorted 45-minute walk that ascends the 763-foot peak of Mt. Le’ahi (the Hawaiian name for Diamond Head).

The cost is \$59 per person and the tour is offered each day during annual session during the mornings (7-9 a.m.) and afternoons (1-3 p.m.). The final tour is Wednesday from 7-9 a.m.

To book your tour, you can use the form on page 48 in the annual session Preview. ■





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# 'Proud to lead AADA'

## Rosemary Grasso embraces presidential role

BY CLAYTON LUZ

Muncie, Ind.—Rosemary Grasso says, “dentistry has always been close to my heart. I believe it’s a wonderful profession.”

Indeed, dentistry is close to her heart, because Mrs. Grasso keeps it there.

Since becoming a member-at-large with the Alliance of the American Dental Association in 1972, Mrs. Grasso has assumed a variety of responsibilities within this all-volunteer organization—chair of its dental health education pro-

gram, comptroller, recording secretary, trustee, vice president and president-elect.

Mrs. Grasso will soon welcome yet another challenge: On Oct. 11 she will be installed as AADA’s 45th president during its annual meeting, which will convene in the Molokai Room at the Sheraton Waikiki.

“It’s been good to our family,” says Mrs. Grasso, citing one reason why she’s stayed involved with the AADA for nearly three decades. Married for 35 years to oral surgeon

Dr. Anthony M. Grasso, Mrs. Grasso says she became involved with the AADA “as a way to give something back” to her husband’s profession as well as her son Scott’s, who practices as a general dentist. Mrs. Grasso is the mother of two other sons, Mark and Stephen, and five grandchildren.

Mrs. Grasso outlined key issues for AADA for the coming year, including legislation, increasing membership and a reprise of last year’s successful anti-tobacco campaign featur-



**Welcome:** Rosemary Grasso is the 45th president of the Alliance of the American Dental Association.

ing baseball hero Mark McGwire.

Because she’s committed to AADA and is “proud to be leading the Alliance into the new millennium,” Mrs. Grasso’s theme is “2000 and Beyond, AADA’s Opportunity to Support Dentistry.”

Mrs. Grasso is particularly excited about something new for the Alliance this year: its Dentist Well Being Program. Mrs. Grasso states the program will complement the ADA Dentist Well Being Program.

Currently the Alliance is researching the program, says Mrs. Grasso, who’ll soon appoint a committee to investigate that program’s issues and administration.

“Spouses of dentists,” she maintains, “should have some kind of role in supporting the recovering dentist. We feel very strongly about this.”

A concentrated public relations program also lies in the works, according to Mrs. Grasso. She says one Alliance project is “to approach the dentist and make him aware of what the Alliance is about.” The new president suggests “one way to reach out is to present management seminars that focus on how to work better” in the dental office.

Mrs. Grasso says that when AADA’s Future Planning Committee met last February, specific goals emerged:

- “AADA,” she says, “wants to develop and implement a marketing plan that will promote our values to the ADA as well as to our members and the public. We want to serve as a link between the tripartite organization by using electronic and print media.”

- “We want to keep improving our relationship with the ADA Board and councils,” she says, “and continue to have opportunities to assist them.”

- “We want to develop and implement programs to promote educational opportunities through workshops,” says Mrs. Grasso. “That’s always been our strength.”

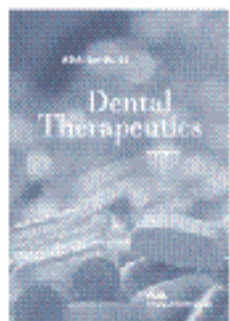
When asked what benefits there are to being an AADA member, Mrs. Grasso replies without hesitation, “The AADA dental spouse is the best public relations person the working dentist has. We have the time and energy to promote dentistry. We are now in a position to make good things happen in the Alliance.”

She responds that participation offers an opportunity for personal growth, too. “The more involved you are, the more personal growth you experience. There are no limits to what a person can do,” she says, adding, “one of our past presidents used to say she felt like she could go to any state in the United States and there would be a dental alliance representative there to contact and know.”

She smiles proudly. “We are great supporters of dentistry and the dentist,” she repeats with conviction. “Who else is going to do that?” ■

**Location:** <http://www.ada.org/adapco/>  
**subject:** annual session show specials

### ADA Guide to Dental Therapeutics



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**Manhattan kin?** (From left) Unidentified woman, Jack Barman, Mrs. Beatrice Barman, unidentified man, unidentified woman—a dentist. This photo, taken in a Manhattan restaurant in 1946, may hold the key to reuniting members of the Barman family.

## Do you know this dentist? Local woman seeks family link

The photo belonged to the days when women wore flouncing hats and men three-piece suits when dining.

In New York's Staten Island harbor, the Statue of Liberty assumed a new poignancy to those Americans who had survived the recent world war, which meant everyone.

The year was 1946.

Notice the woman on the right, facing the camera. Unlike her female companions in the photograph, she wore not a hat but a double crown of braids. But what distinguishes the woman was not how she wore her hair, but her profession. She was a dentist, an unusual pro-

fession for a woman in that era.

More importantly, to Sandy Gibson anyway, the woman is an unknown relative. Ms. Gibson, who lives in Kailua on Oahu's windward side, is hoping to make contact with anyone who recognizes the woman or any other individuals in the photograph. Because the ADA annual session is here, she thought the dental community might be able to help her genealogical quest along.

At the time the photograph was taken, Ms. Gibson said, the woman with the braided hair and her husband, seated to her right, lived in New York's Central Park West. Ms. Gibson added that the bespectacled man seated across the table is her uncle, Russian immigrant Jack Barman. His wife, Beatrice, is seated to his left.

If you have any information about the people in this photograph, Ms. Gibson asks that you contact her by phone at 1-808-262-0844 or by e-mail at "Gibsongirl@hawaii.rr.com". ■

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**How-to:** Dr. Douglas Brown of Portage, Mich., finds out how the ADA ECCo Marketplace works from Carol Blunda.

## ADA 1 PLAN expands electronic payment options

ADA Financial Services Co. announced Oct. 6 its new contract with Paymentech Merchant Services, LLC, the nation's second largest bankcard transaction processor.

Through the ADA 1 PLAN, ADA members now have the ability to accept credit and debit card payments at wholesale processing rates using state-of-the-art electronic processing. All merchant supplies are free and there are no application fees, installation fees, enrollment fees or conversion fees.

Paymentech's qualified swipe rate has been lowered to 1.85 percent—down from 1.89 percent—with no transaction fees for MasterCard or Visa.

Founded in 1985, Paymentech provides full-service electronic payment solutions with customer service designed for ADA members. Paymentech processes some 2.5 billion bankcard transactions annually with \$75 billion in credit card sales volume.

Visit the ADA 1 PLAN booth (822) in the Hawaii Convention Center and ask about the benefits of accepting payments via credit card processing. Members processing cards with another company may be eligible to receive a competitive quote.

For more information contact Paymentech's ProActive Sales Group at 1-800-767-PLAN or visit Paymentech's Web site at "http://www.paymentech.com". ■

Photo by Eye of the Islands Photography



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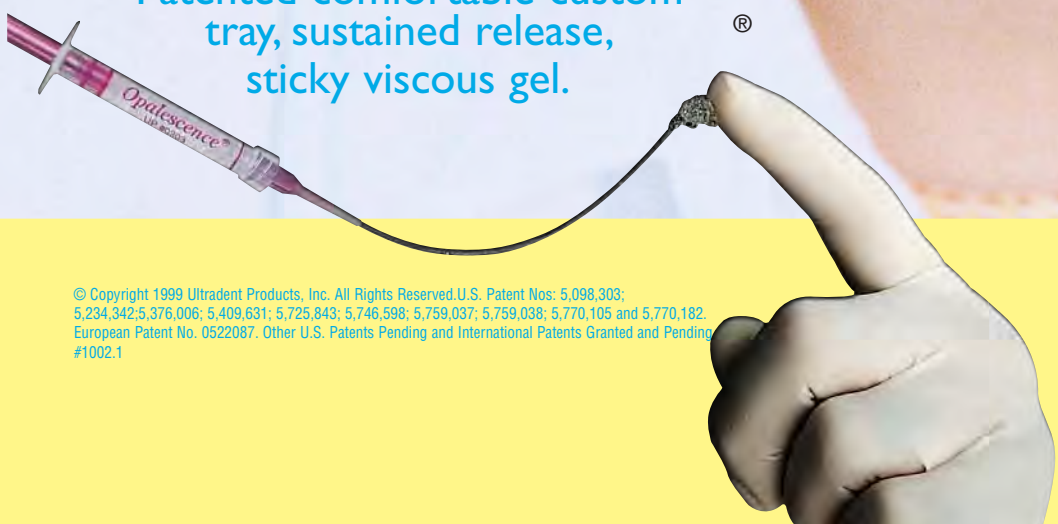
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