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2001

## ADA News Daily - 2001 Day 2

American Dental Association, Publishing Division

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# ADA NEWS<sup>®</sup> Convention Daily

OCTOBER 14, 2001

www.ada.org

VOLUME 11, NO. 2

## Association must 'hear the music'



**KC cousins:** Kansas City Mayor Kay Barnes (right) interviews her cousin, veteran newsman Walter Cronkite, during the opening ceremony of the ADA annual session yesterday at the Municipal Arena. Coverage of his remarks appears on page three.



Photos by Lagniappe Studio

**Presidential:** ADA president Robert M. Anderton calls for a moment of silence in honor of the victims of Sept. 11 during yesterday's opening ceremony. Later, he addressed the House of Delegates.

### Dr. Anderton addresses the House

BY JAMES BERRY

As a young man, he was an accomplished trombone player who could play all the notes but "never heard the music," ADA President Robert M. Anderton said in his address to the ADA House of Delegates Saturday afternoon.

"Sometimes at the ADA," he said, "we're playing the notes, but we're not hearing the music. Or we're hearing the music but not playing the notes."

Repeating an observation he made last year—that the Association is a "work in progress"—Dr. Anderton zeroed in on a broad range of issues confronting the profession today.

He began with one of the Association's most visible recent actions on behalf of the membership—the class-action lawsuit filed Aug. 15 against Aetna Inc. That suit, said Dr. Anderton, is likely "just the start" of legal

See DR. ANDERTON, page four



### Trustees, second VP, treasurer elected

At its first meeting Saturday, the 2001 ADA House of Delegates nominated candidates for the office of president-elect, first vice president, second vice president and House speaker. Also nominated were trustee candidates from four districts.

Candidates except those for president-elect and first vice president were declared elected at the meeting. Balloting for those races will be Tuesday.

Drs. George L. Bletsas, Henry W. Finger and T. Howard Jones are the

See ELECTED, page six

## ADA candidates offer statements First vice president platforms, pages 14, 16

Dr. George L. Bletsas



The ADA is at a crossroads. Our future success as a dental association will be determined by how well we meet the needs of our members. It is our responsibility to accept the challenge to shape our future. If we do not, others outside of dentistry will. We must preserve and protect our right to deliver quality dental care in an environment free of excessive government regulation and economic coercion.

Our future programs must directly address these underlying criteria:

- Reflect our profession's high values
- Meet members' needs
- Directly engage members in their development
- Be prioritized
- Planned for action

See DR. BLETSAS, page eight

Dr. Henry W. Finger



"But the broadest are surely those who have the clearest vision of what is before them, glory and danger alike, and yet notwithstanding go out and meet it."

—Thucydides

Our tripartite structure is blessed with visionary leadership and many of our members have demonstrated remarkable clarity and perceptiveness. The social, demographic, scientific and technological changes now occurring at an ever-accelerating pace require our vigilance to maintain the standards that positively serve our patients and the profession. The partnership between volunteer visionaries focused on strategic issues and staff on implementation can effectively address these challenges.

See DR. FINGER, page nine

Dr. T. Howard Jones



Meeting so many talented and committed members this year and discussing our common issues has been educational and energizing.

However, our issues continue to grow as others pursue control of dentistry's future. Our foundations of the tripartite relationship, education, membership, and workplace control are beginning to crack under the stress.

Recently, The Washington Post declared the AMA was no longer medicine's voice since they represent only 31 percent of physicians. Dentistry must refuse to follow medicine's footsteps. Reversing declining market share can happen if we engage students early in their school career and provide a nurturing, mentoring influence that will lead them to become life-long, member colleagues.

See DR. JONES, page 12

### TODAY



#### AT A GLANCE

- ◆ ALL EVENTS (EXCEPT WHERE NOTED) TAKE PLACE AT THE KANSAS CITY CONVENTION CENTER.
- ◆ ADAHF HEALTH SCREENING PROGRAM, AISLE 3700, 9 A.M.-1 30 P.M.
- ◆ ADA REFERENCE COMMITTEES, WESTIN CROWN CENTER, STARTING AT 8 A.M.
- ◆ UMKC DENTAL SCHOOL OPEN HOUSE, 5:30-7:30 P.M., VIA BUS ROUTE 2
- ◆ CIRQUE, TO BENEFIT ADAHF, MUNICIPAL ARENA, 8 30 P.M.

# Stabident system

Intraosseous Anesthesia for the New Century



## STEP 1

### Anesthetizing the attached gingiva

Bevel of injection needle is slid beneath the surface of the attached gingiva at a point mid-way between two adjacent teeth and about 2 mm. apical to the gingival margin. Blarched area appears after one or two rings of anesthetic have been injected.



## STEP 2

### Performing the cortical bone

The perforator is a solid 27G needle with a sharp beveled end. It is mounted in a latch-type counter-angle handpiece and held perpendicularly to the cortical plate. Within 2 secs. of drilling time there will be a feeling of "give" or "break-through" in passing from the hard cortical to the softer cancellous bone.



## STEP 3

### Injecting the anesthetic

Ultra short 27 Gauge injection needles ("regular" or "modified" - see below) are supplied with the kit. Injection should be performed slowly and gently. Not more than one couple of anesthetic with or without epinephrine must be used per patient per visit. Deep pulpal anesthesia is achieved within about 70 seconds of injecting.

### Dr. Lorin Berland writes...

"I use Stabident intraosseous anesthesia all the time, on its own or in conjunction with blocks and infiltration. I have used this system several times daily for over seven years... In fact, I never use a block on its own but always add a Stabident injection. This way my patients are guaranteed maximum comfort.



I do not find any difficulty locating and inserting the Stabident regular injection-needles in the drilled hole. However, there is a learning curve. In the early stages of learning, an area explorer can be useful to quickly find and prepare the hole and indicate the angle at which the needle has to be advanced into the hole. The resultant anesthesia is profound and almost instantaneous. Stabident is neat, clean, efficient, and fast!

Lorin F. Berland, D.D.S. — Dallas, Texas

Stabident is a trademark of Fairfax Dental and is used in Canada, Australia, and other countries.

The Stabident kits are provided with **27 Gauge** injection-needles with a sharply-pointed bevel tip ("regular" needles) or with a flattened bevel tip ("modified" needles). Some doctors prefer to use the "modified" needles when using Stabident as a back-up to block injections.

Stabident Standard Kit - 20 perforators, 20 needles → **\$27.00**

Stabident Economy Kit - 100 perforators, 100 needles → **\$104.75**

\* Please state whether "regular" or "modified" injection-needles are required. Free instructional video and booklet with first order.

U.S. Pat. Nos. 5057013 and 5173050 — EUROPE Pat. No. 292252.

Alternative Stabident Standard Packs  
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U.S. and Foreign Pat. pending.

### Dr. Gary Gluck writes...

"Stabident is one of my number one "dental finds." I have been able to numb patients who come to me with histories of failed anesthesia resulting from traditional injection techniques. Stabident is essential for these "hot" teeth which just will not succumb to traditional injections.



At the beginning of my four years of Stabident use I found that I was encountering difficulty in inserting the needle into the perforator cortical plate in about three percent of cases. Then I found that the problem was eliminated if I inserted a number 10 k-file into the perforation. I could then visualize the angle to insert the needle. I removed the file and the needle dropped in. The procedure is painless to the patient and utilizing the Stabident system is half the cost of guide-sleeve systems. Patients are truly appreciative of comfortable dentistry. Stabident is definitely a Practice builder."

Gary Gluck, D.D.S., B.S., F.A.C.D. — West Milford, New Jersey

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makes "finding the hole" with the syringe an automatic procedure.

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## STEP 1

After using the 30 Gauge needle to give 2/3 drops of anesthetic to the attached gingiva, drill through the cortical bone with the Stabident perforator.

## STEP 2

Manually insert the Stabident guide-sleeve into the perforation which has been drilled in the bone. The conical taper at the end of the guide-sleeve locates and inserts in the drilled hole effortlessly.

## STEP 3

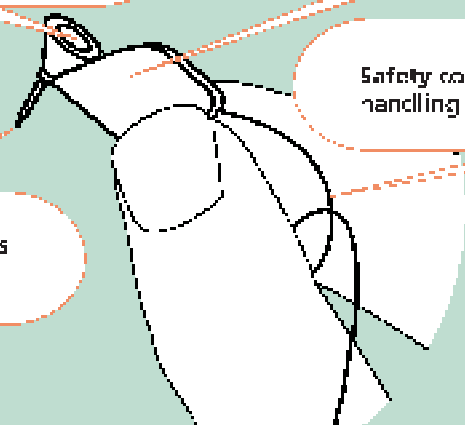
With the syringe, simply place the 30 Gauge needle within the cone-shaped cavity in the plastic funnel and slide the needle forward until it is guided home automatically into the guide-sleeve. Now inject.

Plastic funnel has a cone-shaped cavity leading to the guide-sleeve. Simply place the needle in the cavity and slide it forward until it is automatically guided into the guide-sleeve. Now inject.

Finger-grip for readily placing and removing the guide-sleeve.

Safety cord gives security when handling the guide-sleeve.

Conical taper locates and inserts effortlessly in the drilled hole.



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# A chat with Walter Cronkite

## Veteran newsman shares his views on current, past events

BY JAMES BERRY

"It is my distinct pleasure to welcome all of you to Kansas City," said KC Mayor Kay Barnes, who also had the pleasure of introducing her cousin, Walter Cronkite, to the dentists and guests attending Saturday's opening ceremony of the ADA's 142nd annual session.

Mayor Barnes and the veteran newsman sat on the stage in the Municipal Arena in wing-back easy chairs, a floral arrangement on a coffee table at their feet. It was a cozy setting of living-room intimacy, except for the presence of several thousand onlookers.

The two cousins chatted amiably about Mr. Cronkite's remarkable 60 years as a journalist—a career that earned him the respect of world leaders, a dozen U.S. presidents and the many millions who tuned in each night to hear what "Uncle Walter" had to say about the day's events on the "CBS Evening News."

A Kansas City native whose grandfather, father and uncle all were dentists, Mr. Cronkite anchored the nightly news for 19 years, gaining a reputation for integrity and fairness. Generations of Americans came to know him as "the most trusted man in America." It is a moniker that, after 20 years in retirement, still seems to fit him as comfortably as a blue suit.

His conversation is like a narrative history of the 20th century. All the familiar names of the last six decades live in his memory—from Herbert Hoover (an "incredibly dull" man) to Richard Nixon ("he had no small-talk at all") to Lyndon Johnson ("he would grab you by the lapels and lift you right off the ground") to the late Egyptian President Anwar Sadat ("a man of great physical courage who paid with his life for it").

Inevitably, the conversation turned to the events of Sept. 11 and their aftermath.

"It was the most heinous attack against civilians that we've seen in our lifetime," said the retired newsman. "It was a terrible disas-

ter, unbelievable, incredible."

Of the ensuing war in the Middle East, "I think we're only at the beginning of what will be a long, drawn-out affair," he said.

He urged all Americans to support the president and the armed forces in the current conflict. Americans, he said, have "proved in other crises" that they are a "sympathetic people, a caring people," a nation that "unites behind its government" in times of crisis.

In times like these. ■

### Attendance

Dentists		Students		Dental Team		Other	
U.S. Member	4,760	Members	355	Dental Business Assistants	1,163	Dental Dealers	39
U.S. Non-member	95	Non-members	73	Intl. Dental Assistants	16	Intl. Dental Dealers	17
Intl. Member	70	Intl. Student	18	Dental Assistants	1,627	Guests	529
Intl. Non-member	61			Dental Hygienists	1,408	Intl. Guests	35
				Intl. Dental Hygienists	27	Spouses	1,514
				Lab Technicians	50	Exhibitors	4,745
				Intl. Lab Technicians	3	Other	937
<b>Total</b>	<b>4,986</b>	<b>Total</b>	<b>446</b>	<b>Total</b>	<b>4,308</b>	<b>Total</b>	<b>7,816</b>

\*Figures represent registration through noon Saturday.

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**ADA News**  
Convention Daily

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See us at the ADA Annual Session, Booth # 3420

## Dr. Anderton

actions aimed at protecting dentists and patients against unlawful intrusions from insurance companies and dental management organizations.

"This is an area where we have put the notes together and we also hear the music," he said.

The Association, also in August, signed an agreement with Great West Life and Assurance Co. to manage the ADA's Members' Life Insurance Plan—the first such agreement in 67 years, said the president.

What's more, he added, "we wrote and published for the use of our members a model contract for computer practice management system vendors." During the last year, "your Association has remained strong, both fiscally

and professionally," Dr. Anderton told the delegates. "Your Board of Trustees, councils, committees and task forces worked diligently and effectively to carry out the directives of this House and to efficiently conduct the business of the Association."

Among other, major actions, the Association recruited and hired a new executive director, Dr. James B. Bramson, who came on board July 1.

"Dr. Bramson is the right person for the job," said the president. "He's here, and we're happy to have him."

On dental education, Dr. Anderton noted that the Association, with help from the House and the Council on Education and Licensure, convened two summit meetings on educational issues.

Held in April and July, the meetings spot-

■ **"It has been said that vision without action is fantasy."**

lighted such issues as faculty shortages, student debt and the cost of dental education. Resolutions and budget requests to continue the summit meetings are before the House this year.

"These are serious concerns for our profession," he said. "As I've said before, we don't have education because we're a profession; we're a profession because we have education."

On the international front, the president urged the Association to understand its importance to the global dental community. "The world is getting smaller," he said, "and we are

expected to play a larger role in it."

On the legislative front, he said it appeared unlikely that an acceptable patients' rights bill would emerge this year from conference committee deliberations over disparate measures passed in the U.S. House of Representatives and the Senate.

He noted, too, that the ADA had backed successful legislation to rescind "oppressive ergonomics regulations" and had secured "some clarification" of the rules in the Health Insurance Portability and Accountability Act of 1996.

The Association also has commented on and supported several bills addressing access to care, the president said.

Continuing on the subject of access, Dr. Anderton lauded several well-known programs that have succeeded in bringing dental care to the needy: the Virginia Dental Association's Mission of Mercy project; the Su Salud Clinic in Stockton, Calif., the DDS program supported by the National Foundation of Dentistry for the Handicapped.

On membership, Dr. Anderton talked about the respective, complementary roles played by the ADA and its tripartite colleagues. The challenge, he said, is to "make all dentists proud to be members of each element of the tripartite and not only willing to support them, but also willing to go out and educate and recruit those dentists who are not but should be members."

Dr. Anderton touched on the Future of Dentistry report before the House this year as a "living document" meant to change with the times. Though not policy, the report is a "dynamic guide with a vision for this profession" that should lead to action, he said.

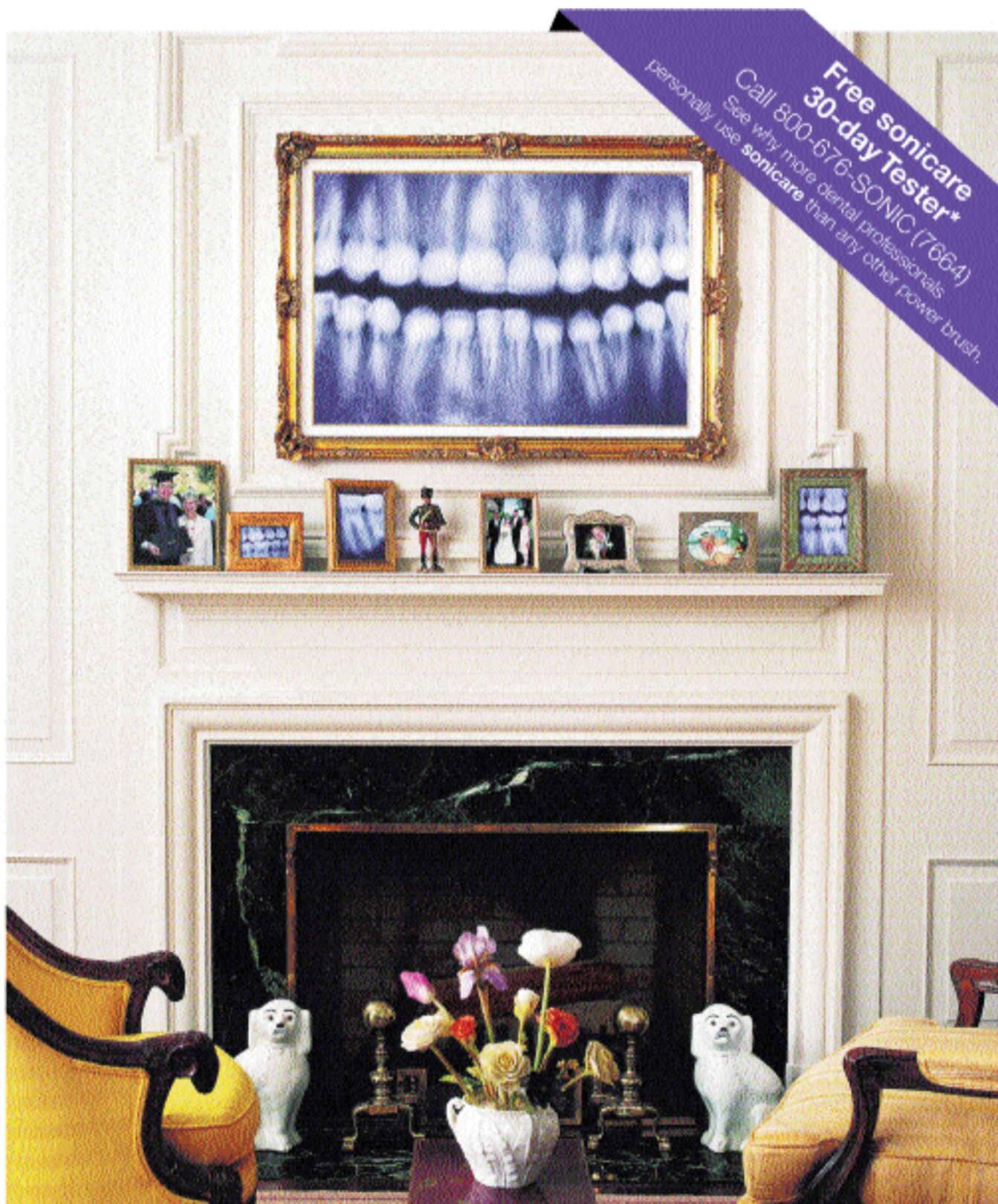
"It has been said," he observed, "that vision without action is fantasy."

The president called on the Association to take a hard look at how annual session is conducted and to examine governance issues: the composition and numbers and representation within the Board of Trustees, the councils and the trustee districts.

In a written report to the House, Dr. Anderton suggested a number of resolutions touching on access to care, litigation and annual session.

In closing, Dr. Anderton thanked his wife, Eddie, and other family members in the audience. He thanked his colleagues on the Board and the ADA staff. And he thanked the House.

"I want to thank you all for the opportunity you have given me to serve as your president," he said. "Our future has never looked brighter. This has been a great experience. You are great people, and I know our profession is in good hands. Thank you all." ■



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1. Titter CB, Armitage CG. J Clin Periodontol. 1996; 23:641-648.

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# Elected

Continued from page one  
three candidates for president-elect. Their platform statements start on page one of this issue.

The candidates for first vice president are Drs. Dennis E. Manning and James F. Smith. Their platform statements begin on pages 14 and 16, respectively, of this issue.

Dr. Felix C. Crawford is the 2001-02 second vice president. Elected for a seventh term as speaker of the house is Dr. James T. Fanno.

The four new trustees are Drs. Ronald B. Gross, 3rd District; Bernard K. McDermott, 4th District; Zack D. Studstill, 5th District; and Kathleen Roth, 9th District.

Brief biographies of elected candidates follow:

- Dr. Crawford, a general dentist in Plainview,



Texas, has served as an ADA delegate, ADA Political Action Committee chair, Council on Government Affairs vice chair and a member of a committee on chemical dependency issues. He is a past president of the Texas Dental Association—and recipient of the TDA's Distinguished Service Award—and the Texas Section of the American College of Dentists. He is a fellow of the ACD and the Pierre Fauchard Academy.



**Dr. Crawford**



**Dr. Fanno**



**Dr. Gross**

meetings of the Board of Trustees and serve as its parliamentarian. He served the ADA as delegate and chair of the Council on Ethics, Bylaws and Judicial Affairs. Dr. Fanno was president of the Ohio Dental Association, speaker of its house of delegates and recipient of its Distinguished Dentist award. He is also a guest lecturer at Case Western Reserve University dental school and was president of its alumni association.



**Dr. McDermott**

• Dr. Gross, an orthodontist in Pottstown, Pa., served the ADA as a delegate or alternate delegate for 16 years, and as chair of the Council on Ethics, Bylaws and Judicial Affairs. He is a past president of the Pennsylvania Dental Association, the Montgomery Bucks Dental Society, the American and Pennsylvania Associations of Orthodontists, and a fellow of the International and American Colleges of Dentists and the Pierre Fauchard Academy.



**Dr. Studstill**

• Dr. McDermott, a general dentist in Washington, D.C., served the ADA as a delegate and Council on ADA Sessions and International Relations chair from 1992-93. He is a past president and editor of the District of Columbia Dental Society, and currently serves on the DCDS foundation's board of directors. He is a fellow of the International and American Colleges of Dentistry, and holds the U.S. Army Commendation Medal for active duty in Vietnam and the 1990 Distinguished Service Award from Georgetown University School of Dentistry.



**Dr. Roth**

• Dr. Studstill, a general dentist in Montgomery, Ala., served the ADA as delegate and as chair of the Council on Governmental Affairs and Federal Dental Services. He is a member of the American College of Dentists and a past president of the Alabama Dental Association and the board of governors of the Alabama Academy of General Dentistry. He also holds an M.Ed. degree in counseling education and has been a group therapy facilitator for nine years.

• Dr. Roth, a general dentist in West Bend, Wis., served the ADA as a delegate and a member of the Council on Membership and Communications—later as vice-chair of the newly formed Council on Membership—and on a task force on dental hygiene education. She is a past president of the Wisconsin Dental Association and has chaired the Workforce Study for Dentistry in Wisconsin since 1998 and the WDA-Milwaukee Brewers' Fifth Grade Smokeless Tobacco Education Program since 1999. She is a fellow of the International and American Colleges of Dentists and a member of the Pierre Fauchard Academy. ■

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WHITENING



## Dr. George L. Bletsas

*Continued from page one*

We have experienced a decade of decline in our membership market share placing us dangerously on the brink of falling below 70 percent, thereby weakening the voice that speaks for dentistry and our financial stability. We must draw the line. To reverse this trend, we must immediately focus our recruitment and retention efforts at the local dental society and dental school level. We know members join their local dental society, not the ADA.

We must move forward to revamp our critical issues task force so it becomes a proactive force engaged in issue identification and prioritization, proposing solutions and the development of action plans to meet the challenges that lie ahead.

Many of the problems in dental education have been clearly identified as a result of the Education Summit meetings held this year. It is now our responsibility to move forward with action plans to address the shortage of full-time faculty, the high costs of education for the student and the integrity of funding for our schools.

We must carefully evaluate the recommendations made in the Future of Dentistry report as we shape our future. They should be assigned to the appropriate councils, commissions and staff for analysis and report on their impact on the profession.

To be the proactive advocate that speaks for our members on the critical issues we face on ergonomics and the disposal of amalgam particles in wastewater, we must have our best spokespersons at the table at the right time and place. If we do not, we will be perceived as a reactionary orga-

nization protecting its own self-interests.

We must increase the effectiveness of our fine grassroots legislative program by becoming involved earlier in the campaigns of candidates seeking office. Early support is the most-remembered support. To keep pace with the rising costs associated with political campaigns and to heighten our lobbying effectiveness, we must increase our fundraising efforts at the state PAC and ADPAC levels.

We must support ongoing scientific research as it relates to the safety of the products we use and their disposal. To preserve the high public esteem we currently enjoy, we must be perceived as acting in the best public interest. The way we treat the environment is of vital concern to the public. Its personal safety must be a major concern of our profession.

It's time for action. ■



## PROFILE

**Candidate's name** George L. Bletsas, D.D.S.  
**Residence** Grosse Ile, Michigan

**Dental school attended** University of Detroit Mercy Dental School

**Year received dental degree** 1966

**Post-graduate education/specialty** General Practice

**Years of ADA membership (include ASDA membership)** 39

**Other professional memberships** American College of Dentists, International College of Dentists, Federation Dentaire Internationale, Detroit Dental Clinic Club, Pierre Fauchard Academy

**Volunteer posts/elective offices held in organized dentistry** Michigan Dental Association, president; ADA Council on Dental Practice, chair; Dentpac of Michigan, chair; ADA Success Seminar, presenter; ADA Delegates, delegation chair

**What are the three most critical issues facing dentistry today?** Excessive and unwarranted intrusion by governmental regulatory agencies and third-party benefits corporations into the doctor/patient relationship. Critical erosion of our membership market share that threatens our ability to speak as the profession's advocate and weakens the financial stability of the ADA. Crisis in dental education relative to student costs, faculty shortages and the lack of new, accredited training programs to increase the supply of hygienists, assistants and laboratory technicians that will ultimately curtail the delivery of quality dental care.

**What are your three main goals if elected?**

Vigorously advocate policies that improve our patients' oral health and protect the doctor/patient relationship in all areas against unwarranted intrusion by regulators, public policy makers and third parties. Develop innovative programs aimed directly at reversing our declining membership market share by targeting our recruitment and retention efforts at the local dental society and dental school level. Promote the development and use of innovative, nontraditional accredited training programs for hygienists, assistants and laboratory technicians to satisfy our profession's current and future needs. Utilize the most advanced communication technology available to dental educators to drive down the costs and permit sharing of faculty and resources.

**What are your main qualifications?**

I am a full-time practicing general dentist with many years of dental school clinical teaching and lecturing experience. I understand the issues we face every day in our offices. My role as a dental PAC chairman, ADPAC board member and grassroots action team leader has strengthened and honed my skills as an advocate for our profession. While on the ADA Finance and Administrative Review committee, I have dealt with the difficult decisions we face in matching our high-priority member programs with available financial resources. As liaison to the Council on Communications, Dental Benefit Programs, Council on Scientific Affairs and the Commission on Dental Accreditation, I've learned that the horizontal communication and information sharing between councils and commissions is absolutely essential to achieving our goals. Serving as DMSO task force chairman enabled me to use my leadership skills in coordinating and bringing to conclusion a project that crossed over all the divisions of the association.

**Why do you want to be an ADA officer?** I believe the ADA is the preeminent dental organization representing our profession's values and the patients we serve. I have the passion, commitment and strength of character to lead our association in fulfilling this vision. I will use all my capabilities, skills and determination on behalf of our members to ensure the dynamic future we all share for the ADA.

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**PROFILE**

**Candidate's name** Henry W. Finger, D.D.S.  
**Residence** Medford, New Jersey  
**Dental school attended** Temple University School of Dentistry  
**Year received dental degree** 1963  
**Post-graduate education/specialty** General Practice  
**Years of ADA membership (include ASDA membership)** 38  
**Other professional memberships** American College of Dentists, International College of Dentists, Pierre Fauchard Academy, Academy of Dentistry, Academy of Dentistry International  
**Volunteer posts/elective offices held in organized dentistry** New Jersey Dental Association, president; ADA Delegates, District IV chair; American Dental Political Action Committee, treasurer and chair; Academy of General Dentistry, president; New Jersey State Board of Dentistry, president  
**What are the three most critical issues facing dentistry today?** Erosion of membership market share particularly of our diverse colleagues that will negatively impact on our resources and advocacy efforts. Dental education crisis due to faculty shortages, high cost of dental education and high student debt. Unwarranted interference in the patient/doctor relationship and intrusion into professional decisions by outside agencies.  
**What are your three main goals if elected?** Promote patient and member advocacy to maintain our autonomy and protect the sanctity of the doctor/patient relationship. Work with educators and private practitioners to resolve the dental education crisis while encouraging educators to serve as role models to assist us in our membership recruitment and retention efforts. Expand membership initiatives to embrace the increasing numbers of women and minorities joining our profession. They represent America's proud diversity and our membership and leadership must reflect this diversity if we are to remain a strong and vibrant organization.  
**What are your main qualifications?** I have been actively involved in organized dentistry at all levels of over 30 years including serving as President of my component and NJDA. Most of my involvement has been in the legislative, government affairs, political action or dental benefits areas which gives me great insight into the necessary advocacy issues and methods to protect the doctor/patient relationship and the autonomy of our profession. I have served as chairman of the Legislative Council in N.J., consultant to the ADA Council on Government Affairs, chairman of NJDPAC, and treasurer and chairman of ADPAC. As president of both the Academy of General Dentistry and New Jersey State Board of Dentistry, I have developed necessary leadership skills. I have met with or testified to numerous legislative committees and regulatory boards including the OSHA Bloodborne Pathogens Panel. I experienced national leadership in working with other organizations for the betterment of our profession, and serving on the Strategic Planning Committee has allowed me to understand our priorities and the perceived value of membership.  
**Why do you want to be an ADA officer?** I have been a full-time practicing dentist for 37 years and intend to continue active patient care so I have a vested interest in protecting the autonomy of our profession. Having extensive experience at all levels of organized dentistry has provided me with the opportunity to understand the issues and develop the experience and skills to address these issues. I desire to utilize the experience I have gained as a leader in organized dentistry, as an associate professor in dental radiology for 25 years, and a state board member for five years to help define the future of our profession so that those that follow will be as fortunate as we have been to share in this great legacy.

**Dr. Henry W. Finger**

*Continued from page one*

Membership must be our top priority. A declining market share continues despite substantial efforts, however, recent sociological scholarship seems to indicate that all types of organizational and civic participation have become a decreasing value for the current American generation. They are simply not joining anything to the extent of previous generations! Our Association has been identified as being counter to this societal trend by maintaining a high percentage of market share. Nevertheless, we must reinforce our local level membership initiatives to promote the values of our Association and to demonstrate relevancy to the burgeoning diversity of our new members and dental school students.

Education and its professional ramifications are another area of considerable concern. Increasing student indebtedness creates restrictions on career choices, and the rising costs of dental education and severe faculty shortages require our combined efforts and focused attention to ensure the best, most effective educational experiences for our future members and the oral health of their patients. Meaningful partnerships with educators and private practitioners are imperative to identify solutions for these seemingly intractable problems.

Dental hygienists, assistants and laboratory technicians are important parts of the dental team. Many of our members are experiencing difficulties in locating available auxiliaries and these shortages must be concretely addressed. Our recruitment efforts must improve by the utilization of training and educational innovations and by demonstrating the value of such a career.

Advocacy on behalf of our members and our patients will become even more critical in the future. In the dental benefit, legislative and bureaucratic arenas, we must safeguard the sanctity of the doctor/patient relationship and oppose uncontrolled managed care that undermines professionalism and our ethical base. We must ensure that our patients receive appropriate dental care without unwarranted interference from others in our professional decisions. Regulation must be based on scientific evidence, rather than overzealous fiats by legislators and bureaucrats.

The nature of life's experiences amply demonstrates that we are always faced with concerns, challenges, tensions, pressures and problems. Together, we can "go out and meet" the future with confidence that we have created and support appropriate management structures to shape our vision. ■

1. Sharma NC, et al. J Dent Res. 2001;80(special issue):Abstract 171. 2. Wilson PK, et al. Am J Dent. 2001, in press. 3. van der Weiden CA, et al. J Dent Res. 2001;80(special issue):119. Abstract 612. Visit our websites at www.braun.com and www.oralb.com. ©2001 Oral-B Laboratories.



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**Dr. T. Howard Jones**

*Continued from page one*

Our organization has many good models from which to learn. Many states have over 80 percent membership market share and ASDA has 85 percent. Success is member retention, and retention is increased by demonstrating value and by developing relationships. The ADA should provide resources to assist with solutions to our membership challenge.

Our grassroots political process is successful. However, we feel an onerous impact in the workplace and the potential for devastating changes from the regulatory arena. Such agencies are beyond our vote and sometimes act on faulty science in their decision making. Our intensified presence is necessary to build on our history of

good science and commitment of doing the right thing for our patients. The ADA must be the foremost authority on all oral health decisions.

Access to care is important, and the best solutions are critical. Concerns in this area are affecting expansion of welfare, licensure and credentialing, scopes of practice, education and our public image. Adequate care for everyone is primary among our profession's goals, but not at the risk of destroying the "health care system that works." Organized dentistry understands the problems and knows the solutions. Advocacy in Washington will be my highest priority.

Effective examples of education models also exist. The Education Summit will bring attention to this issue and offer solutions from the establishment. However, final solutions will occur locally. We must learn from models that are utilizing distance learning, extended associate and

part-time faculty members, sound financial endowments, educational experiences that produce appreciative graduates, participating alumni associations and other effective ideas.

One person cannot overcome the challenges facing our practices, our association and our profession. However, the power of each member cannot be ignored. We can't change something that we don't control, and we can't arrive without a vision of our destination. We share that vision and can take charge of our journey. I want to work with you in directing our course through this transition period and reestablishment of our foundations. I offer my willingness to listen, my grassroots knowledge, my experience of achieving results, my history of advocacy and my passion for our profession. I ask for your enthusiastic participation as we enable our association and our profession to reach its potential. ■



**PROFILE**

**Candidate's name** T. Howard Jones, D.M.D.  
**Residence** Carrollton, Georgia  
**Dental school attended** University of Alabama School of Dentistry  
**Year received dental degree** 1969  
**Post-graduate education/specialty** General Practice  
**Years of ADA membership (include ASDA membership)** 34  
**Other professional memberships** American College of Dentists, International College of Dentists, Pierre Fauchard Academy, Georgia Academy of Dental Practice, L.D. Pankey Alumni Association.

**Volunteer posts/elective offices held in organized dentistry**  
 ADA Board of Trustees; ADA Delegates, Delegation chair; Georgia Dental Association, president; ADA Council on Dental Benefit Programs and Council on Dental Practice; Georgia Dental Education Foundation, board of directors.

**What are the three most critical issues facing dentistry today?**  
 With the political and legislative environment in which we practice today, freedom-of-choice and the preservation of patient and doctor rights are faced with constant threats.

Workplace unwarranted intrusion by regulatory agencies impacts our ability to deliver quality patient care. The Association's foundations of education, membership and the tripartite relationship must remain viable.

**What are your three main goals if elected?**  
 Working to strengthen and enhance the tripartite relationship at every level will be one of my priorities. Having a triple-win relationship within our tripartite system has been the secret to our past successes and holds the key to our future. Critical to growing this relationship is facilitating grassroots involvement.

Equally important will be my efforts to collectively and effectively increase the value and participation of membership. Reality teaches that without significant membership numbers and active participation, we are hampered in every initiative. I intend to work on this issue.

Finally, the greatest threat to our workplace environment and practice resides with the legislative and regulatory agencies. I will place my greatest attention on increasing our influence with these agencies in Washington.

**What are your main qualifications?**  
 My experiences as a private practice general dentist and as a volunteer provide insight into the concerns facing our profession. Serving on the Council on Dental Benefits and as liaison to the Committee on the New Dentist, Commission on Dental Accreditation, Council on Dental Practice and Council on Governmental Affairs have provided me with a broad understanding of the Association and the working relationships necessary to make things happen.

I bring a willingness to listen, my grassroots knowledge, my experience of achieving results through consensus, my history of advocacy and my passion for our profession.

**Why do you want to be an ADA officer?**  
 I truly love dentistry and plan to practice for a long time. Being involved has always been a part of my career.

I welcome the opportunity for further involvement in finding solutions to our issues and defending against outside influences that may have an impact on our practices and our patients' welfare.

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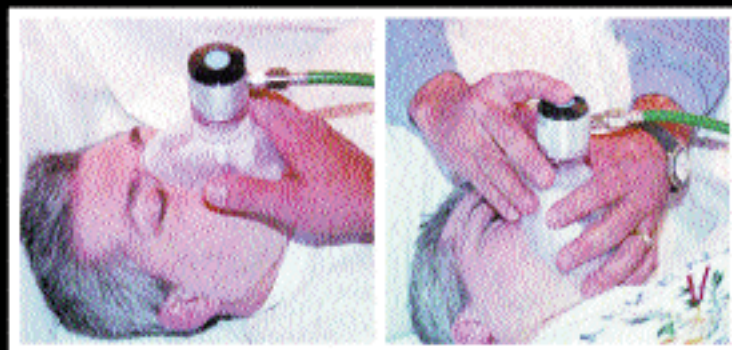


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**Dr. Dennis E. Manning**

**First vice president candidate**

The American Dental Association faces many challenges today. Membership retention and recruitment, access to affordable health care for the underserved, dental education and the unwarranted intrusion of outside agencies into the practice of dentistry are a few. To be successful, we must address these challenges and focus the resources of the ADA to find solutions.



The complexion of dentistry is changing; we

must recognize that diversity and focus on the needs of all dentists. We must communicate, communicate and communicate the values of membership. Membership in the ADA is a responsibility, not a luxury. Our programs and services are designed to assist dental students, new dentists, seasoned dentists and those nearing or actually in retirement. How we communicate these benefits may make a difference when a dentist decides to become a member. A number of our membership does not fully realize our advocacy role. Our recent success with Congress in the patient rights area and the rescinding of OSHA's ergonomics rule was achieved by strong Grassroots efforts by our membership, the Council on Government Affairs, ADPAC and our science department working in tandem with our professional staff in Washington. Only an inclusive ADA can be a potent political voice in ensuring that

laws and regulations are reasonable and maintain the doctor/patient relationship.

As former vice chair on the ADA Council on Government Affairs, I became acutely aware of how recruitment and retention affects our advocacy as an association. I am concerned about our ability to grow as an association. I know that recruitment and retention efforts are labor intensive—the best such exchanges are one-on-one. As an officer of my component society and as a member of various ADA committees I have learned the value of active listening. But I also want to share my excitement about our profession and our professional association with my colleagues. The ADA is only as good as its strongest link. I would encourage more people, particularly those in the early years of practice, to join us as active ADA members. What I do for the ADA is a way for me to give back to a

profession that has been good to me.

One of the beliefs that will guide my vice presidency is that we must capture a large market share of doctors. To retain a healthy market share of dentists as members, we need to address the younger dentists and those in special sectors, such as the military or state prison employees, more aggressively. It might be a good idea to explore dues modifications and convenient continuing education accreditation as well as other methods to attract these groups.

The future of dentistry depends on our ability to reach out to all. We are currently engaged in the development of a Future of Dentistry report. This report will impact the ADA strategic plan. It will recommend proactive legislative activities at all levels of government. It will recommend modifications to the current format of dental education, including education of allied dental personnel. ■

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**PROFILE**

**Candidate's name** Dennis E. Manning, D.D.S.  
**Residence** Highland Park, Illinois  
**Dental school attended** Loyola University, Chicago College of Dental Surgery  
**Year received dental degree** 1966  
**Post-graduate education/specialty** General Practice  
**Years of ADA membership (include ASDA membership)** 39  
**Other professional memberships** American College of Dentists, International College of Dentists, Pierre Fauchard Academy, Odontographic Society of Chicago, Academy of General Dentistry  
**Volunteer posts/elective offices held in organized dentistry** ADA Council on Government Affairs, vice chair; Chicago Dental Society, president; Illinois State Dental Society, executive council; Illinois State Dental Society Allied Personnel Committee, chair; ADA, delegate  
**What are the three most critical issues facing dentistry today?** Unwarranted intrusion of outside agencies into the practice of dentistry that cause disturbance of the doctor/patient relationship by non-clinical institutions. Access to quality, affordable oral health care for the underserved. Membership recruitment and retention is vital to the effectiveness of the ADA in advocacy, patient care and education.  
**What are your three main goals if elected?** Utilize the vast resources of the ADA to promote policies critical to maintain the sovereignty of the dental profession to prevent unjustified intrusion in the doctor/patient relationship. Actively participate in the legislative arena to provide adequate funding for access to care for the underserved. Communicate the value of ADA membership to students, young professionals, members of our Federal Dental Services, those who feel disenfranchised and our membership as a whole.  
**What are your main qualifications for the office you seek?** I am a full-time practicing dentist and identify with the membership and issues facing dentistry today. Experience as Vice-Chairman of the ADA Council on Government Affairs and participation in the legislative arena at the state and federal levels has enhanced my understanding of the importance of advocacy for the profession of dentistry. As Chairman of the ISDS Allied Personnel Committee, we were instrumental in the development of five new dental hygiene programs in the State of Illinois. Serving as a Lake County Board of Health member and officer has increased my appreciation of access to oral health care for the underserved. Leadership at all levels of the tripartite has provided me with the necessary skills to serve as First Vice-President.  
**Why do you want to be an ADA officer?** Serving as First Vice President of the ADA affords the opportunity to bring the concerns of the membership to the forefront. As leaders of the association, we must be proactive in our assessment of the issues affecting the future of dentistry and the patients we serve. Through experience, knowledge, and commitment I will work tirelessly to ensure the future of the ADA by promoting membership to all dentists, foster access to care, strengthen legislative activities and safeguard the health and welfare of our patients.

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**Dr. James F. Smith****First vice president candidate**

**T**he vice president of the ADA is a one-year term with six Board of Trustees' meetings. Realistically, that time frame does not lend itself to any major policy changes coming from me.

I am an ADA delegate before this election, and I hope to be an ADA delegate for years to come after this election. This is an opportunity for a dentist from a small state,



like Nebraska with three delegates, to participate in the process.

A big issue for me, as a member of the Board of Trustees, would be accountability. In all walks of life, our society would be so much better if we were all more accountable for our own actions.

Within the American Dental Association, accountability runs from the staff to the executive director, the executive director to the Board of Trustees, the Board of Trustees to the House of Delegates and, ultimately, from the delegates to our dentists and patients back home.

In the past, some of our House of Delegates meetings have seemed very contentious with a noticeable "us vs. them" mentality between the House of Delegates and the Board of Trustees.

To the contrary, I was very pleased with the smoothness of last year's meeting in Chicago, and I would strongly encourage the openness and efficiency of that meeting.

I think our new treasurer, Dr. Mark Feldman, is doing a great job and I am very excited about our new executive director, Dr. Jim Bramson.

In addition to accountability throughout the ADA, two other important issues for the House of Delegates are the Future of Dentistry report and the governance of the ADA.

The Future of Dentistry report should generate a lot of discussion, and any changes as to how we govern the ADA will be a very difficult task.

In regard to the dentists and our patients back home, there is a significant concern

regarding dental amalgam.

Hopefully, these environmental waste issues and physical health issues of dental amalgam can be resolved with valid scientific information and not with emotional political correctness.

Finally, I appreciate and support all the work done by the various ADA commissions, councils and committees. I promote our attempts to maintain a presence in the legislative arena. I applaud our legal staff for their advocacy of our profession.

I am particularly proud of the latest class-action lawsuit filed against Aetna for unlawful business practices. These efforts are very responsive to the members' needs and should be viewed as a benefit value to membership in the American Dental Association. ■

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**PROFILE**

**Candidate's name** James F. Smith, D.D.S., J.D.

**Residence** Omaha, Nebraska

**Dental school attended** Creighton University

**Year received dental degree** 1964

**Post-graduate education/specialty**  
Prosthodontics

**Years of ADA membership (include ASDA membership)** 41

**Other professional memberships** Nebraska Dental Association, International College of Dentists, Pierre Fauchard Academy, American College of Prosthodontists, Nebraska Bar Association

**Volunteer posts/elective offices held in organized dentistry** Nebraska Dental Association, president; Omaha District Dental Society, president and trustee; ADA, delegate; Direct Reimbursement Project, chair; Prosthodontic-Endodontic-Periodontic Study Club, chair

**What are the three most critical issues facing dentistry today?** Supporting the efforts of our legal staff to act as advocates for our profession. Encouraging the Grassroots attempts to maintain a presence in the legislative arena. Evaluating the proposals in regard to the governance of the ADA and the Future of Dentistry report.

**What are your three main goals if elected?**

To always be prepared; To insist on open and fair presentations and debate; To act in the best interests of dentists and patients.

**What are your main qualifications for the office you seek?** I feel my main qualifications

for becoming a vice president and a member of the Board of Trustees have to do with having been President of the Nebraska Dental Association. If you are from a small state like Nebraska, involvement means being on almost all of the committees, and dealing with all of the problems and issues that face dentistry today. We have been very involved and successful in the legislative arena, as evidenced by three Golden Apples in Legislative Achievement during the last eight years.

Earlier in my career I was in the Air Force for five years, and in the Veterans Administration for five years, where I took my prosthodontic training and I was the Director of the General Dentistry Residency.

I taught at the Creighton University Dental School for 5 years, and the UCLA Dental School for 5 years. I am a board certified Prosthodontist, and I have been a solo, fee-for-service, private practitioner for over 25 years.

Finally, I started law school in 1985 while maintaining my busy dental practice. I graduated from law school in 1990, and now I practice dentistry three days a week, and my law practice involves mainly case review and some expert witnessing.

**Why do you want to be an ADA officer?** I enjoy the process and I enjoy being a part of the process. I know I am a good board member, and I can contribute positively to the deliberations of the Board of Trustees' meetings.

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**Helping hands:** Mike Testa (right) gives Dr. Bramson a \$25,000 donation to the Tragedy Fund Saturday. Doug Hammond, vice president of sales for CareCredit, is at left.

## CareCredit gives \$25,000 to American Tragedy Fund

BY KAREN FOX

Care Credit LLC, a company that specializes in patient financing for the dental community, and its employees made a \$25,000 donation to the ADA American Tragedy Fund Saturday to assist victims of the Sept. 11 terrorist attacks.

Mike Testa, president of CareCredit, presented the check to ADA Executive Director James B. Bramson at the Westin.

"As a long-time service provider to the dental profession, we are pleased to be able to give something back to that community," Mr. Testa

said. "And we thank the ADA for giving us the opportunity to participate in such a worthy effort."

CareCredit offers multiple financial options to patients, including interest-free and low-interest payment plans. ADA Business Enterprises, Inc., welcomed CareCredit to the ADA Member Advantage program in March.

"We're so appreciative of CareCredit's generosity at such a critical time in this nation's history," said Dr. Bramson. "As a business and as an ADA Member Advantage provider, CareCredit has always been a strong supporter of dentistry, but they've really shown their commitment to the profession by contributing to the fund and to those affected by this tragedy."

Individual dentists, state and local dental societies, related dental groups, manufacturers and distributors, and all others worldwide are welcome to contribute to the ADA American Tragedy Fund for assisting victims in the Sept. 11 disasters.

To donate funds, during session, look for the "ADA American Tragedy Fund" sign in Aisle 1700. Credit cards are accepted, and checks should be made payable to the "ADA American Tragedy Fund." Donations may also be mailed to Dr. James Bramson, ADA Executive Director, 211 E. Chicago Ave., Chicago 60611.

For more information about CareCredit, visit Booth 2619 in the ADA Pavilion during annual session. ■

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## UMKC invites visitors tonight

*Kansas City, Mo.*—The University of Missouri-Kansas City School of Dentistry invites everyone attending the ADA annual session to an open house tonight from 5:30-7:30 p.m.

The school will present an evening of hors d'oeuvres, wine, live jazz and guided tours of its facility.

The UMKC School of Dentistry wants to share the spectacular results of a three-year, \$18.2 million renovation of its building, which originally opened in 1970. The open house also will include demonstrations of the school's newly instituted electronic patient record system.

The evening's musical entertainment will feature Bobby Watson, a nationally known, locally loved jazz saxophonist.

Transportation will be provided to the UMKC campus from the Kansas City Convention Center.

Look for signs at the convention center for bus information. Bus Route 2, which departs from Lobby 100, will provide a stop at the reception. Buses will run until 6 p.m.

To return to the convention center or to access evening transportation, those attending the reception can depart from the nearby headquarters hotels, the Hyatt and the Westin.

Buses for the Cirque benefit for the ADA Health Foundation will leave from the headquarters hotels and the evening transportation system leaves from Union Station.

The event is sponsored by Gateway, the Gendex Division of Dentsply, the Dr. Roy J. Rinehart Memorial Foundation, the UMKC Dental and Dental Hygienists' Alumni Associations, and the UMKC School of Dentistry. ■

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