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# ADA NEWS

FEBRUARY 20, 2006

VOLUME 37 NO. 4

## GKAS rocks and rolls

### Cleveland, rest of country Give Kids A Smile

BY STACIE CROZIER

*Cleveland*—In four short years, Cleveland's Give Kids A Smile has evolved from a well-planned dental access-to-care program to a community-centered event that celebrates kids' well-being and self-esteem.

Inside Case School of Dental Medicine's wide and windowed lobby, the opening ceremonies crowd Feb. 3 was treated to a jazz, gospel and rhythm and blues show performed by the Jazz Arts Ensemble, a group of high school students from the Cleveland School of the Arts who sing, dance and play keyboards, bass, drums and trumpet.

Outside, parked in front of the dental school, the Sullivan-Schein/ADA Tomorrow's Dental Office Today truck, or TDOT, rolled in to the Rock and Roll City to help provide comprehensive restorative care to some two dozen kids in immediate need of dental care on Feb. 2 and 3.

State Rep. Claudette Woodard clapped and tapped her feet as the jazz ensemble performed, and said events like GKAS are important to the community, not just for the access to dental care that local kids receive, but also for the chance to show kids that they have role models in the community who can help them pursue interests in the arts and sciences and community involvement.

"Give Kids A Smile is wonderful," said Ms. Woodard, who was a public school teacher before she turned to a political career. "We are in such need here. Jobs are not plentiful. People have to do the best they can to feed and clothe their families and keep them healthy. And having groups here,

See GKAS ROCKS, page 18



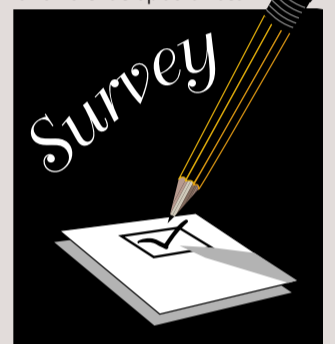
**Souvenir:** Nautica Atkins, a student from John W. Raper Elementary School, presents ADA President Bob Brandjord with a commemorative poster signed by students Feb. 3 during opening ceremonies.

Photo by Stacie Crozier

- GKAS California, page four
- Orlando, page five
- Hawaii, page 10
- Illinois, page 11
- Virginia, page 12
- Texas, page 14
- New Jersey, page 16

## BRIEFS

**Dental income:** The typical dentist in general practice had an average net income of \$177,340 in 2003 according to a new report published by the ADA Survey Center. "Income from the Private Practice of Dentistry," a report from the ADA's 2004 Survey of Dental Practice also shows that specialists'



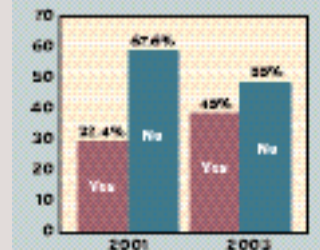
average net income was \$300,200 in 2003. The report includes data on dentists' expenses, gross billings and sources of gross billings. Five-year trend charts are included for many of these statistics.

To order the report (catalog number SDPI-2004) call the ADA toll-free, Ext. 2568 or dial 1-312-440-2568. The cost of the report is \$80 for ADA members, \$120 for non-members, and \$240 for commercial firms.

For more Survey Center reports, visit "www.ada.org/goto/surveyresearch". ■

## JUST THE FACTS

**Fluoride products**  
Percentage of customers who used over-the-counter fluoride products for children.



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

## Professional Product Review offers a 'sneak peek' inside

BY JENNIFER GARVIN

You asked for it, and the Council on Scientific Affairs delivered.

A sneak preview of the ADA Professional Product Review is included in this ADA News between pages 10 and 11.

The PPR, which will officially

launch in July, is a member benefit intended to provide members with comprehensive dental product information that is unbiased, scientifically sound, clinically relevant, concise and user-friendly.

The Winter 2006 preview features test results from ADA laboratories on

rotary diamond instruments, including data on cutting rates, run-out, neck strength and corrosion resistance with repeated sterilization cycles. The issue also includes survey comments from member dentists and overall laboratory score

See REVIEW, page eight

**Mercy in New Orleans:** Volunteer dental professionals reach out to patients in need Feb. 6 during the New Orleans Missions of Mercy event at the Audubon Zoo. The Feb. 6-12 medical and dental clinic drew more than 400 dental volunteers from 38 states and treated more than 4,000 dental patients. Watch upcoming issues of ADA News for in-depth coverage of the event.

Photo by Annette B. Drodzy, Louisiana Dental Association



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# Law

# Fluoridation victory

## California state Supreme Court declines to hear final appeal

BY STACIE CROZIER

*Watsonville, Calif.*—After a three-year legal fight by the local city council, community water fluoridation is set to come to Watsonville.

The state Supreme Court declined to hear the final appeal by the Watsonville City Council. In addition, the Supreme Court denied the motion of the petitioners to depublish the California 6th District Court of Appeals' opinion which was rendered in December 2005.

"We are thrilled with the California Supreme Court's decision to reject the Watsonville fluoridation case," said Jon R. Roth, executive director of the California Dental Association Foundation.

"Because this case is precedent-setting for all California courts, the decision affirms, once and for all, that community water fluoridation is safe, effective and a matter of statewide concern in California," Mr. Roth added. "We're glad to finally move ahead with helping improve the oral health of the families in Watsonville."

The CDAF has nearly \$1 million set aside to cover initial fluoridation capital costs in Watsonville and will now be able to move ahead with the process.

"We appreciate all parties who helped see this case through," Mr. Roth added, "particularly the California Department of Health Services and the ADA legal team. Their support was critical to the outcome of this case."

"The California Supreme Court's denial of the petition for review in Watsonville, as well as its earlier denial of the petition for review in the Escondido case, provides the dental profession with two great victories involving fluoridation," said ADA Chief Counsel Peter M. Sfikas.

"In achieving the Watsonville victory there was excellent collaboration between the American Dental Association and the California Dental Association," Mr. Sfikas added.

Peter DuBois, executive director, California Dental Association, expressed gratitude to the ADA for its assistance in the case.

"Thank you for your enduring support and assistance with this important effort," said Mr. DuBois. "It was a model of ADA-constituent-component collaboration, and it has produced a significant step forward in the fight for fluoridation."

In 2002, the Watsonville City Council chose not to comply with California state law mandating fluoridation for water systems with 10,000 or more hookups and the funding to fluoridate, but took its case to the courts, contending that a referendum by city voters who passed an antifluoridation measure in November 2002 should be enforced.

The court of appeals last December upheld a trial court ruling that the state's fluoridation law preempts a city law banning fluoridation and ruled that the decision be published.

The appeals court decisions ruled that the state statute supersedes local ordinances.

The decision, certified for publication, also called fluoridation of public water systems a statewide concern, saying "the state's extramunicipal concerns tip the scales in favor of statewide regulation of water fluoridation."

The decision also stresses that a "patchwork of

local measures cannot provide" assurance that citizens throughout the state receive water that con-

forms to all current public health standards and that decreasing the burden of state health care

programs will help prevent tooth decay, "a major public health problem in California." ■

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# Sacramento smiles on GKAS



**Party time:** Dahria celebrates the morning of her sixth birthday having her first oral exam.



**Ashley:** "I'm two." What Ashley doesn't know is that she has dental caries.



**Jose:** "I don't mind getting my teeth cleaned at all."

**BY ARLENE FURLONG**

*Sacramento, Calif.*—There's just no getting away from it. GKAS in Sacramento, that is.

Name a town in any of five participating counties and you'll find dental office waiting rooms filled with kids. These are kids who haven't had a dental appointment in a long time. Maybe never. Some 28 offices opened their doors, 150 dentists provided treatment, and an army of dental team members cleared their schedules to care for kids. Eight-hundred kids, that is.

They came in all shapes and sizes, ages and moods. Their only shared characteristics—vulnerability and need—Sacramento GKAS volunteers were prepared to address.

"Adults can make choices about seeking treatment, but kids are victims of circumstance," explains Dr. Russell Webb. "We do everything we can to help these kids get their teeth fixed and to help them and their parents understand the importance of making that same choice in the future."

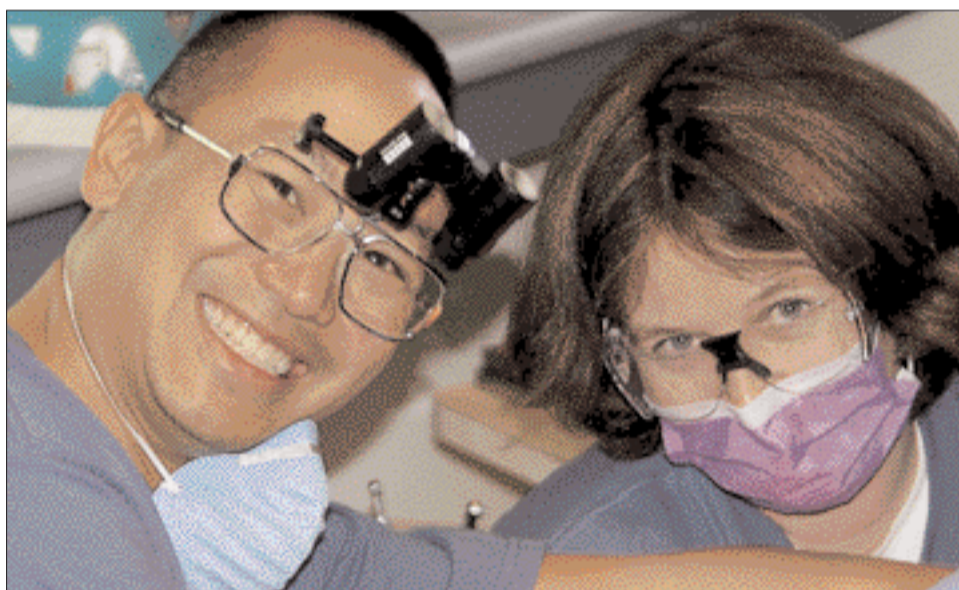
GKAS dentists here aren't leaving many choices to chance today. Dr. Webb has just finished extracting a tooth for 11-year-old Diana and will be doing the same for her 10-year-old sister Brenda. Oral surgeons, endodontists and orthodontists are among the specialists working with general practitioners to provide a network of care. They're providing as much treatment as they can today, because despite their best follow-up efforts, they can't be sure they'll see these kids again.

"I still can't stop thinking about this precious 4-year-old girl I treated on GKAS last year," says Dr. Matthew Campbell. "She had decay in 17 of 20 teeth. I treated her entire right side and told her parents to make an appointment so I could take care of the left side. They never did."

Dr. Donald Rollofson is routing 9-year-old Maritza to Dr. Michael Phelps' office one floor below for an extraction.

Maritza needs braces and neither she nor her mother speak English. It's early and the translator hasn't arrived yet, so Dr. Rollofson enlists the translation skills of another young patient, a boy in his early teens, who takes his role very seriously.

"Awesome," is how Dr. Rollofson describes the success of this annual day of pro bono dental care in Sacramento. One of the reasons dentists here are so successful is they've got a lot of practice. The dental society and its foundation began encouraging its membership to participate in the event called Smiles for Kids in 1991. Dr. Rollofson was a pioneer of that program.



**Time out:** Dr. Kevin Tse and his dental assistant smile for a frightened patient before resuming treatment.

From that program evolved the Adopt-A-Child follow-up treatment program so children who need more care than what can be provided in one day are more likely to get it.

"GKAS just made it bigger and better," says Cathy Levering, executive director of the Sacramento Dental Society. "And organization is key."

She points to last year's statistics as some indication of this year's probable successes. In 2005, SDS dentists provided more than \$320,000 in pro bono dental treatment and services, followed by more than \$75,000 through their Adopt-a-Child follow-up treatment program reaching 178 kids.

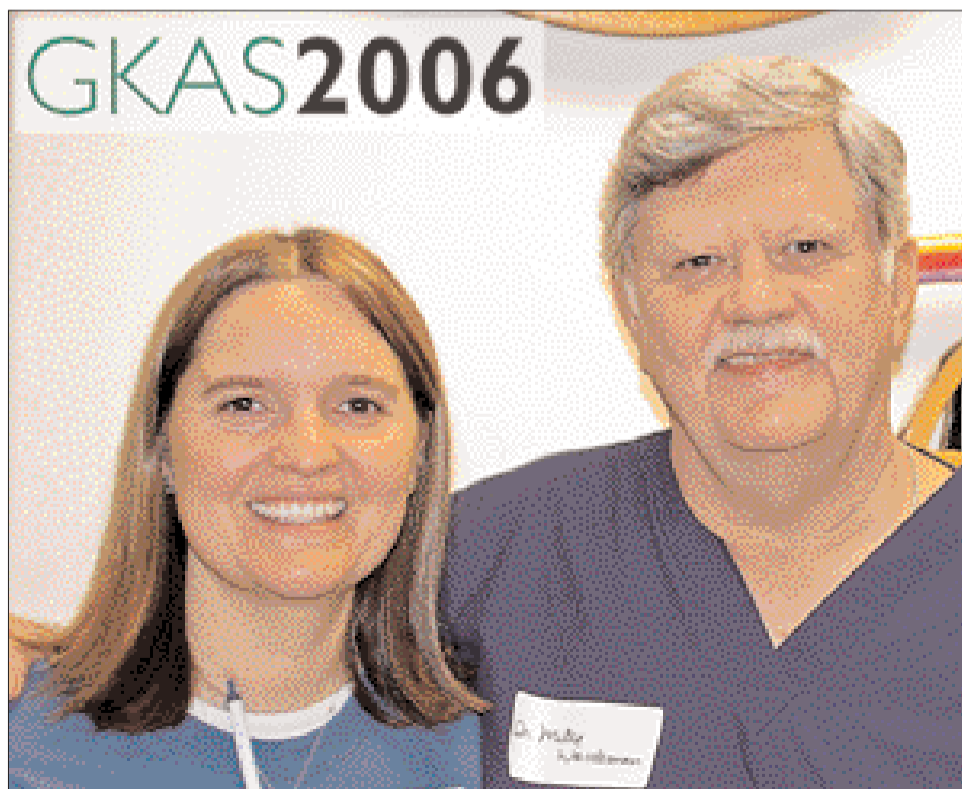
"It couldn't happen without the help of dental team members, school nurses and contributing sponsors," says Dr. Robert Daby, who was among the 80 dentists who helped screen some 18,000 kids for Sacramento's designated GKAS 2006, Feb. 4, and is dedicated to the Adopt-A-Child program.

Dr. Cynthia Weideman, a pediatric dentist, has got her hands full today. She, the volunteer dentists and dental team members in her office are scheduled to treat 85 kids today.

"There's too much decay among kids in Sacramento," says Dr. Weideman, who helped bring fluoridation to the city three years ago. Now, she's working on developing resources necessary to bring what she calls "a much-needed" community dental clinic for kids to Sacramento. "We have to do whatever we can." ■



**Informed:** "Number 19 has to come out," 10-year-old Brenda Lopez announces.



**Like father, like daughter:** "To reduce the rate of childhood decay in Sacramento, both the kids and the dentists need more than what's currently available to them," says Dr. Cynthia Weideman, pediatric dentist, pausing for a breather with her dad, Dr. Michael Weideman, a retired pediatric dentist.

Photos by Arlene Furlong

# Give Kids A Smile

## 'What a wonderful saying'

BY JAMES BERRY

Orlando, Fla.—The grand opening of Orlando's Orange Blossom Family Health Center was made grander still when center officials decided to combine the event with the ADA's yearly Give Kids A Smile day.

About 70 needy children climbed eagerly—or warily—into dental chairs Feb. 3 to receive care from 20 area dentists and 20 dental assistants who volunteered their time and services for the Association's fourth annual celebration of GKAS.

The health care providers were among more than 250 Florida Dental Association members and teams of dental hygienists and dental assistants expected to provide care to more than 1,300 children statewide through "Project: Dentists Care," a nonprofit charitable organization of the FDA.

"It's Give Kids A Smile, and what a wonderful saying that is," beamed Florida Lt. Gov. Toni Jennings, who weathered heavy rains and high winds to join more than 100 other dignitaries, health center supporters and volunteers gathered to mark the official opening of the combined medical/dental clinic for low-income, uninsured patients.

The new center, said the lieutenant governor, is "about coming together to take care of maybe the least fortunate in our community." Later, she noted that "the key to good health is good oral health."

The Orange Blossom Family Health Center is a service of the Health Care Center for the Homeless, a nonprofit organization that was the brainchild of a prominent local physician, Dr. Rick Baxley, who was working on a master's degree in public health in the late 1980s when he wrote a thesis on how to establish a model health center for the homeless.

After earning his M.P.H. in 1990, an area representative of the Coalition for the Homeless asked Dr. Baxley to try putting his theory into practice. With an initial budget of about \$600, Dr. Baxley prevailed on area colleagues to "help some people who fell through the cracks" of society. By 1992, the center had become a reality, opening in two cramped rooms in the offices of the Coalition for the Homeless, and relying heavily on private donations and volunteer help. HCCH served more than 10,000 low-income, uninsured patients in 2005 alone.

The center purchased its current facility, just west of downtown Orlando, about 18 months ago and unofficially opened its doors in mid-January.

"Whatever your contribution to the community is, keep it up," Dr. Baxley told the grand opening crowd. "You never know what's going to happen."

Early on, the health center focused on patients' medical needs, "but most of the people we were seeing had some kind of dental issues." So Dr. Baxley linked up with Dr. Bruce Gordy, a general dentist in private practice who enlisted other area dentists to volunteer their time and help establish a dental facility within the larger health center.

About 2,500 of the center's roughly 8,600 square feet are devoted to a dental clinic, administered by Dr. Michael Allen. The clinic has six operatories, with three more nearly set to open, and four full-time staff.

"We're treating the people of this district who can't get treatment otherwise" beyond a hospital emergency room, said Dr. Gordy. For GKAS, he said, "we get the kids from the school nurses, because who knows more about what the kids need than the school nurses?"

The nearly 70 children expected for dental treatment Feb. 3 were among about 125 youngsters offered free dental examinations, oral health instruction, cleanings, fluoride treatments and

sealants Jan. 28 at Orlando's Valencia Community College.

Parents and guardians of children needing more extensive care were instructed to come to the health center Feb. 3.

And so they came, children gathered in the center's waiting areas and hallways, damp from the rain, smiling, laughing, eager, apprehensive, waiting for the treatment they need for a better life, treatment provided by men and women who care enough to help. ■



**Taking a break:** Dr. Bruce Gordy and dental assistant Terry T.C. Thomas take time for a smile with 3-year-old Brieann Davis at Orlando's Orange Blossom Family Health Center Feb. 3.

Photo by James Berry

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# Education

## Make the 'connection'

### ADA, Pankey Institute to offer joint CE

BY KAREN FOX

Key Biscayne, Fla.—The ADA and the Pankey Institute are joining forces to bring new continuing educational programming to ADA members, especially new dentists, through the “ADA-Pankey

Education Connection.”

The Education Connection is a joint collaborative programming initiative from the ADA and the L.D. Pankey Dental Foundation to develop new content for presentation at venues such as the

ADA annual session, the ADA New Dentist Conference, and other settings such as regional dental meetings, online CE, podcasts and more. Course content is designed to support the needs of new dentists.



Dr. Barichello



Dr. Becker



Dr. Murphy



Mr. Sager

“I have a son who graduated from the University of Florida dental school a few years ago, and I understand the financial burdens and challenges faced by new graduates,” said Dr. Irwin Becker, chair of education, Pankey Institute. “New dentists need an easier way to access this kind of educational opportunity, and the agreement with the ADA provides that.”

“We are eager to launch this program and very interested in ensuring that new dentists gain insight from the experiences we’ve derived over the last 34 years,” added Christian Sager, executive director of the L.D. Pankey Dental Foundation.

“The Pankey Institute is well-known for its quality CE,” said Dr. Teri Barichello, chair, ADA Committee on the New Dentist. “New dentists often have to wait for many years to save the money to attend a Pankey course. This is an incredible opportunity.”

A workgroup will evaluate current Pankey CE programs and develop new content for the ADA-Pankey Education Connection. Representation will include members of the Committee on the New Dentist, the Council on Dental Practice and the Council on ADA Sessions, two at-large members and faculty from Pankey.

The workgroup, which is expected to be named later this month, will also ensure there is programming of interest to diverse occupations of dentists, including nonowner dentists in private practice and community health dentists, said ADA Executive Director James Bramson.

“The ADA is committed to CE for dentists across all dental occupations,” said Dr. Bramson. “I’m particularly excited by the ADA-Pankey Education Connection because of the Pankey Institute’s strong reputation and commitment to quality.”

“The concept of comprehensive care is something that is not just relevant to private practice,” added Dr. Mark Murphy, director of professional relations, Pankey Institute. “It crosses a wide spectrum of the profession, and we’re very pleased for the opportunity to work with the ADA to refine CE programs especially for young dentists.”

In addition, the ADA-Pankey Education Connection includes price reductions for ADA member new graduates to attend Pankey Institute programs at its CE center in Florida. In the first year following their graduation from dental school (or completion of a post-doctoral program), ADA member dentists will receive a 20 percent tuition reduction and 50 percent lodging reduction, and will be offered an i-CONNECT laptop (including Pankey materials) for \$395.

Price reductions for ADA members in their second year following dental school graduation are 10 percent tuition reduction and 25 percent lodging reduction. For more information about the Pankey Institute, visit “www.pankey.org”.

For more information on other ADA CE opportunities, visit “www.ada.org/goto/ce”. ■

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Black History Month

# Achievement followed struggle for Dr. Freeman

BY KAREN FOX

The first African-American to graduate from a U.S. dental school was the son of slaves who bought their freedom in the 19th century.

February is Black History Month, a time to reflect on Dr. Robert Tanner Freeman, who with the support of a mentor and a conscientious dean left a tremendous legacy to the dental profession.

Dr. Freeman was born in Washington, D.C., in 1846.

Having a strong interest in the health professions, he sought work as a dental assistant and clerk from Dr. Henry Bliss Noble, a white dentist who tutored Dr. Freeman and encouraged him to pursue his own career in dentistry.

Dr. Noble "was a reputable dentist whose humane acts of employment and encouragement of an African American were indeed remarkable, especially in the nation's capital where residents were sensitive to Confederate values and traditional interracial dogma," wrote dental historian Dr. Clifton O. Dummett in "Courage and Grace in Dentistry: The Noble, Freeman Connection," from the Journal of the Massachusetts Dental Society (1995).

Dr. Noble "encouraged him to think seriously about pursuing a dental career, pointing out that Freeman would be in a better position to help alleviate human suffering and serve the dental health needs of his fellow African Americans in this way."

Having been rejected from two dental schools on racial grounds, it would take the support of Dr. Noble and Dr. Nathan C. Keep, Harvard University School of Dental Medicine's first dean, for Dr. Freeman to thwart tradition and gain acceptance to dental school.

On Dr. Keep's recommendation, Harvard decid-

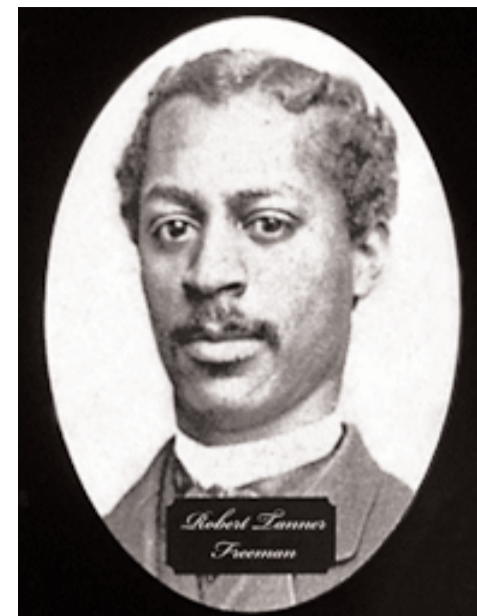
ed the school would "know no distinction of nativity or color in admitting students," Dr. Dummett wrote in "Salute to Harvard School of Dental Medicine," in the JMDS (2003). Dr. Freeman became one of 16 members of Harvard's first dental school class.

At the time, Dr. Dummett wrote, the promotion of higher education for African-Americans was

virtually nonexistent.

"Despite the great need for basic health services among minority populations, African Americans were unwelcome in health professional education institutions. Dr. Freeman could not have succeeded without the support of those two white dentists," said Dr. Dummett, distinguished professor emeritus.

See DR. FREEMAN, page nine



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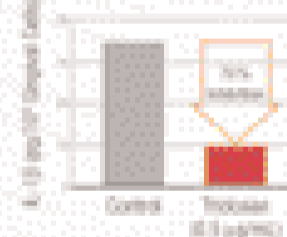
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After Howard, the exhibit moves on to The African American Museum in Philadelphia from October through December 2006.

The exhibit was developed by the National Museum of Dentistry, a Smithsonian Institute affiliate, with support from the NDA Foundation in partnership with Colgate-Palmolive and additional support from individuals and the ADA Foundation. ■



# Inventor of 'Schilder Technique' in endodontics dies at age 77

BY JAMES BERRY

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In an e-mail message to BU's endodontic alumni, dental school Dean Spencer Frankl and Associ-



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ate Dean Jeffrey Hutter hailed Dr. Schilder as "an exceptional, generous and dynamic man whose devotion to our school and to all of us was unparalleled."

They added, "We have lost a light of our profession, our school and our community. Although he is no longer

with us, his accomplishments provide a living memorial to his dedication, hard work and commitment to excellence. He is truly missed."

A native of Brooklyn, N.Y., Dr. Schilder earned a bachelor of arts degree from NYU's Washington Square College before entering the university's dental school. After receiving his dental degree, he completed a teaching and research fellowship in endodontics at Philadelphia's Temple University School of Dentistry in 1956. He served two years in the U.S. Army Dental Corps.

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ited with developing the vertical compaction of warm gutta percha technique, now widely known as the "Schilder Technique."

BU's Goldman School of Dental Medicine honored Dr. Schilder with its first named chair, the Herbert Schilder Chair in Endodontics. Dr. Schilder and his wife, Joan, donated a laboratory to the school dedicated to endodontic research.

Dr. Schilder authored more than 100 scientific articles, contributed chapters on endodontics to many textbooks and lectured around the world. He was a past president of the American Association of Endodontists, a former director of the American Board of Endodontics, a first vice president of the ADA (1990-91), and president of the Massachusetts Dental Society.

Dr. Schilder is survived by his wife, Joan; a son, Richard; and a brother, Dr. Stanley Schilder. He also was the father of the late Edward Schilder. ■

## Dr. Freeman

*Continued from page seven*

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After graduating from Harvard in 1869, Dr. Freeman returned to Washington, D.C., and practiced in the same building as his mentor, Dr. Noble. Unfortunately, his death came only four years after dental school.

"As the first to have formal dental training, Dr. Freeman set the precedent for African-Americans to pursue dentistry as a profession," said Dr. Leslie E. Grant, president of the National Dental Association, the organization of minority dentists.

His career also began a distinguished legacy for his family. Dr. Freeman's grandson, Robert C. Weaver, Ph.D., became the country's first black presidential cabinet member, serving as Lyndon B. Johnson's secretary of Housing and Urban Development.



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"African-Americans are slightly more than 12 percent of the U.S. population but we are less than 6 percent of dental school enrollment," said Dr. Grant.

For her presidential year, Dr. Grant's theme is "Committed to Health Equity Through Unity and Collaboration." She believes that equitable health care is an issue of social justice, saying it is "a disgrace that more than 100 million individuals in this country do not possess dental insurance." Dr. Grant's platform focuses on bringing national attention to disparities that exist in health access.

"As we become more and more aware of how oral health has a significant impact on overall health, organized dentistry needs to work more collaboratively in order to eliminate disparities in health care and overall health," said Dr. Grant.

"Dentists have historically embraced communities," she added. "We like going to schools, we like being part of the community. We are in a unique position where we can educate and encourage individuals about the importance of good oral health in maintaining overall health." ■

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# Health&Science

## Review

*Continued from page one*  
and clinical ratings. An August 2005 preview issue focused on an evaluation of intraoral cameras.

"The new Professional Product Review will set the bar in scientific rigor in evaluating dental products and materials in the United States and worldwide," said Dr. Amid Ismail, CSA chair. "The goal of the Review will be to provide dentists with objective and unbiased clinical and laboratory evaluations of materials and devices that they may use

in their practice."

The council designed the PPR program to replace the professional product part of the ADA Seal Program, which began a three-year phase out process in January 2005. The council based this action on extensive surveys and focus groups that showed that members wanted more information than the professional product Seal could provide as a program in which manufacturers could choose not to participate. The new PPR program will evaluate products selected to meet member needs and will deliver more information than the Seal program was able to provide.

### ■ Turn to pages 10-11 for PPR and reply card

The Seal of Acceptance for consumer dental products continues to be an important program for the profession and general public, and efforts are under way to strengthen it. The July debut issue of the Professional Product Review and each subsequent issue will be delivered quarterly with The Journal of the American Dental Association and will usually review three dental product categories. Product selection for each review is based

on input from members of the ADA Clinical Evaluator Panel. The ACE Panel consists of volunteer member dentists who participate a few hours each month by responding to product evaluation surveys and taking part in panel discussions or interviews. ACE members also help by providing input on important clinical problems they may be having in their practice or sharing clinical tips and techniques. Currently, about 850 ADA members have joined the ACE Panel.

User forums will also gather dentist input on products for the newsletter. The first forum at the 2005 annual session in Philadelphia provided input from registered dentists on eight light-emitting diode curing lights. This information will be published in the fall. Details on the 2006 forum in Las Vegas will be included with upcoming annual session announcements.

"The ADA's product evaluation program will provide timely information that members can count on to be scientifically sound," said Dr. David C. Sarrett, who edits the publication. "The member-driven ACE Panel will make this publication truly unique by accessing the opinions and experience of practicing dentists."

The next sneak preview will appear in the April 3 ADA News. Some members will also receive reader surveys that give them the chance to tell the council what they like about the publication and what could be done to better meet their needs and expectations. Some of the products scheduled for review later this year and in 2007 include digital X-ray systems, posterior composites, electric handpieces, resin-based cements, rotary endodontic files, LED visible light curing units, bonding agents, impression materials and bleaching products.

If you are interested in joining the ACE Panel, fill out the business reply card found between pages 10 and 11 and return the postage-free card to the ADA. You may also join or request more information about the panel or the professional product evaluation program via the ADA toll-free number and ask for the ACE desk or e-mail "pprclinical@ada.org". ■

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## Colgate, Forsyth enter research partnership

BY JENNIFER GARVIN

*New York*—Colgate-Palmolive and the Forsyth Institute have joined forces to advance research in oral health and its effects on overall systemic health by creating the Colgate-Forsyth Center for the Advancement of Global Oral Health.

Colgate said it will provide financial support to the center for five years and in turn, will receive exclusivity to research uncovered by Forsyth scientists. The center's research is expected "to yield unique diagnostic tools and innovative preventive and therapeutic approaches to oral health," according to a news release from Colgate.

"Partnering with the world's most prominent oral care researchers should lead to identification of leading-edge science and transform exciting, innovative discoveries into new products," said Reuben Mark, Colgate-Palmolive's chairman and chief executive officer. "External research partnerships are an important part of our plan to strengthen oral care innovation."

Said Dr. Dominick P. DePaola, Forsyth Institute CEO and president, "We are looking forward to working with Colgate to accelerate the promise of today's scientific research. Establishing this center will enable our scientists to bring new technologies to the benefit of the public at a much faster rate." ■

Black History Month

# Achievement followed struggle for Dr. Freeman

BY KAREN FOX

The first African-American to graduate from a U.S. dental school was the son of slaves who bought their freedom in the 19th century.

February is Black History Month, a time to reflect on Dr. Robert Tanner Freeman, who with the support of a mentor and a conscientious dean left a tremendous legacy to the dental profession.

Dr. Freeman was born in Washington, D.C., in 1846.

Having a strong interest in the health professions, he sought work as a dental assistant and clerk from Dr. Henry Bliss Noble, a white dentist who tutored Dr. Freeman and encouraged him to pursue his own career in dentistry.

Dr. Noble "was a reputable dentist whose humane acts of employment and encouragement of an African American were indeed remarkable, especially in the nation's capital where residents were sensitive to Confederate values and traditional interracial dogma," wrote dental historian Dr. Clifton O. Dummett in "Courage and Grace in Dentistry: The Noble, Freeman Connection," from the Journal of the Massachusetts Dental Society (1995).

Dr. Noble "encouraged him to think seriously about pursuing a dental career, pointing out that Freeman would be in a better position to help alleviate human suffering and serve the dental health needs of his fellow African Americans in this way."

Having been rejected from two dental schools on racial grounds, it would take the support of Dr. Noble and Dr. Nathan C. Keep, Harvard University School of Dental Medicine's first dean, for Dr. Freeman to thwart tradition and gain acceptance to dental school.

On Dr. Keep's recommendation, Harvard decid-

ed the school would "know no distinction of nativity or color in admitting students," Dr. Dummett wrote in "Salute to Harvard School of Dental Medicine," in the JMDS (2003). Dr. Freeman became one of 16 members of Harvard's first dental school class.

At the time, Dr. Dummett wrote, the promotion of higher education for African-Americans was

virtually nonexistent.

"Despite the great need for basic health services among minority populations, African Americans were unwelcome in health professional education institutions. Dr. Freeman could not have succeeded without the support of those two white dentists," said Dr. Dummett, distinguished professor emeritus.

See DR. FREEMAN, page nine



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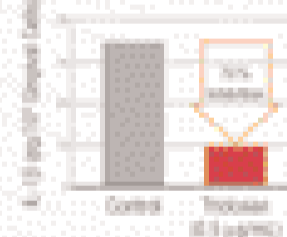
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# Hawaii dentists screen 500 Oahu students

BY MARK BERTHOLD

Waianae, Hawaii—Ask the children of Maile Elementary School, and they're quick to relate yesterday's adventures on the sprawling, picture-postcard beach just across the roadway. And when 6-year-old Kiani adds, "but it was freezing last night!" meaning she had to wear a second T-shirt to bed,

her classmates emphatically agree.

But ask these youngsters from the Leeward Coast of Oahu about what they should do to keep their teeth clean or why it's important to visit the dentist regularly, and you get only blank stares and embarrassed laughs.

"In many areas of Hawaii, almost everyone holds down two or even three jobs. That doesn't leave the parents a lot of time to teach their children about good oral health," says Dr. Russell Masunaga, director of the Hawaii Dental Association's Dental Samaritans.

Thus, for this fourth annual Give Kids A Smile, the national children's dental health access day, the Samaritans' primary goal was to raise dental awareness.

"We try to provide early intervention, identifica-

tion and education, because these are the keystones missing from the quality-assurance loop of care," says Dr. Masunaga.

His team of volunteer dentists, hygienists and assistants arose before dawn this Feb. 3 morning, heading far away from Waikiki to the "other" Hawaii known as West Oahu, a place where tourists hardly go and local citizens deal with challenging socioeconomic issues every day.

At Maile and Kamaile elementary schools, the

volunteer dental team provided puppet shows on dental education and dental screenings to some 500 children. They also handed out toothbrushes, toothpaste and informational packets donated by GKAS corporate partner Crest Healthy Smiles.

"What's interesting to me is that some of these children have had some dentistry performed, but the awareness still isn't there," notes Dr. Edmund Cassella, a GKAS volunteer, as the last group of children heads back to class.

Indeed, explains Dr. Masunaga, dental services are being performed, and local clinicians/advocates have made significant strides in improving dental access, but these gains have not translated into a noticeably better understanding of good oral health.

Unlike many other regions of the United States, "in Hawaii, we have managed to achieve dental access, in terms of providers and Medicaid coverage, for most of our low-income areas and populations—a fact that we're very proud of," he says.

At the same time, the state of Hawaii has one of the worst caries rates in the country, Dr. Masunaga notes, and several legislative attempts to fluoridate the water have been soundly defeated.

Honolulu City Council Member Todd Apo, who teamed with the Dental Samaritans for the GKAS event, agrees on "the unfortunate reality of a shortage of knowledge by local citizens about what needs to be done to maintain oral health, how to take care of our teeth. This knowledge, which many of us might take for granted, is sometimes just nonexistent here."

In Mr. Apo's district, medical problems are taken care of "right away," he says, but dental problems "can persist for years, 'unnoticed' by parents and the medical community, until it's too late."

Among Mr. Apo's major goals as a politician is the revitalization of West Oahu, and he echoes Dr. Masunaga's strategy that one very effective way to improve awareness of oral health and raise daily hygiene habits is to educate the children.

"We talk about the importance of oral health, but for that to become a reality, it has to start with the kids," he says. "It's very difficult to change the behavior of some of our older people, but if we can take that message straight to the kids, that's what will really change communities."

As he sits among the students of Maile Elementary School, quizzing them on the right way to brush and floss, Mr. Apo is hopeful the children will take their excitement home with them, and continue to practice good oral health habits.

"The impact that Give Kids A Smile has on our keiki (children) is extraordinary," he says, "and we must again thank the Hawaii Dental Association's Dental Samaritans for choosing the Leeward Coast as the location to run this event." ■



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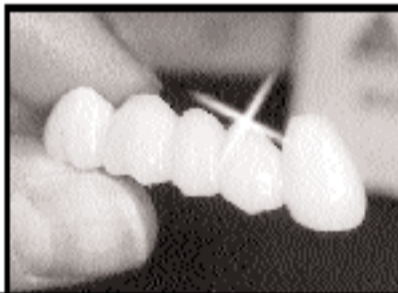
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# Clinics help those who fall through cracks

BY JUDY JAKUSH

Wheaton, Ill.—Snow mixed with rain tying up rush-hour traffic didn't deter the patients who had signed up for Give Kids A Smile Feb. 3 in two clinics here.

The DuPage County Department of Public Health and the DuPage Community Clinic hosted their scheduled patients—and then some.

In the DuPage County DPH Dental Clinic, two young girls, at best no older than 4 years of age, peek around the corner of a door to watch their brother, Mario, get his teeth X-rayed. He is one of 14 patients expected for restorative treatment ranging from pulpotomies to restorations to extractions. Mila Tsagalos, program manager,

explains that all the patients had been pre-screened and that two dentists are scheduled for the morning (Drs. Edward Chavez and Michael Peske) and two for the afternoon (Drs. Sal Storniolo and Denise McAllister).

Across town, at the Community Clinic, 56 children come for dental care worth an estimated \$6,000. The plan was not to provide the same depth of treatment as at the county clinic. Here, treatment includes exam, prophies, fluoride, X-rays and a few easy restorations and extractions of primary teeth. "What we can't do today we will follow up on," says Patricia Ciebien, who directs the clinic.

By follow up, she means the clinic will deter-



**Well done:** Dr. Michael Peske congratulates his patient, Mario, age 7, on his patience in the dental chair Feb. 3 at the DuPage County Department of Public Health dental clinic in Wheaton, Ill.



Photo by Mark Berthold

**I'd rather be ... :** Mikaele, who prefers boogie boarding on nearby Maile Beach to studying in school, is screened for dental caries by Dr. Russell Masunaga as Honolulu City Council Member Todd Apo cheers her on.

## HDA Dental Samaritans work year-round to help

BY MARK BERTHOLD

Honolulu—From Dr. Russell Masunaga's dental office in the bustling heart of "old" Honolulu, it's an easy drive to Dr. Edmund Cassella, who practices in an oceanview high-rise overlooking Ala Moana, the upscale shopping center near Waikiki beach.

And these old friends often meet to "talk story"—the easygoing, Hawaiian-style sharing of ideas, experiences and opinions. But you won't find these local boys at the country club, even though Oahu has some of the finest fairways in the world. That's because Drs. Masunaga and Cassella don't golf.

"Our shared 'extracurricular' activity, outside of our dental practices and family, is, well, dentistry," says Dr. Cassella.

He does not add, "outreach" or "for the underserved," though they might help describe the dentists' efforts. Dr. Masunaga is director and founder of the Hawaii Dental Association's Dental Samaritans, whose mission is to tackle dental access issues for Hawaii residents who can't afford oral health care. Dr. Cassella regularly donates money, dental services and other time for the Samaritans. He's also active in numerous health organizations.

"Reaching out to the community allows us to draw upon our skills of dentistry in a different way," says Dr. Masunaga. "And it grounds us so we keep in touch with our extended 'ohana.'"

Ohana is the Hawaiian word that literally means "family." But in the local vernacular, ohana is also used figuratively to describe the affinity, the "aloha spirit," that isle residents try to extend to others.

"In Hawaii, you feel only one or two people removed from everybody; it really is a small community," says Dr. Cassella. "In fact, one of the teachers [of Maile Elementary School, the site of this year's Give Kids A Smile event] wanted to meet me because her husband is a patient of mine. She thanked me for helping the kids, then she thanked me for having a positive effect on her husband; he's taking better care of his teeth and gums."

In 2007, Drs. Masunaga and Cassella hope to extend the Give Kids A Smile ohana to Oahu's neighbor islands of Kauai, Maui and the Big Island.

"We can't transmit the rewards of volunteerism to people who have never volunteered; it can be experienced only when you volunteer. But if we can get dentists to try it just once, we can get the ball rolling."

Dr. Cassella agrees. "Dentists have constraints in our practice and our lives that don't permit us to be as charitable as we'd like," he says. "But as I'm driving home right now from GKAS, I feel good emotionally about what I've done and I want to run out and do it again. In general, I wish I could do more." ■

mine if a family qualifies for public aid. Like the county clinic, the DCC mission is to treat those patients who don't qualify for Medicaid and who have no dental insurance and few resources to pay for dental care.

If patients do qualify for Medicaid, then Ms. Ciebien said the clinic will help them find a dentist. If they don't qualify for Medicaid, depending on the treatment need, they may come back or be referred to a dental office that will treat them at a reduced cost. "We will find a way," she promises.

Six dentists are volunteering at the DCC today: Drs. Montie Abbott; Sal Storniolo (morning at DCC, afternoon at the county clinic); Mike Durbin (whose mother founded the People's Resource Center, from which the DCC evolved); Annette Mehren; Thomas Sullivan and Jerry Ciebien (Patricia Ciebien's husband). Everyone knows each other and the easy camaraderie gives the clinic a family-like feel.

Also on hand were Gloria Ward, assistant director of the clinic, and Judy Knight, an Ultradent

employee who also serves on the clinic's board of directors. Both assisted in the operatories, as did Melissa Torres, a volunteer who also acted as translator all day long and Jamie Bottoms, a full-time assistant.

Besides the GKAS supplies ordered from ADA.org, the two clinics also benefited from donations of materials from the Chicago Dental Society. For both clinics, GKAS offers additional resources to do what they do anyway—treat those who fall between the cracks between public aid and private dental insurance.

"I often say I don't believe in miracles—I depend on them," said Ms. Ciebien. She credits the 36 dentists who volunteer on a regular basis with the success of the clinic and she thanks them and the myriad dental suppliers for the donations they make to the clinic in terms of materials and even, in one instance, cabinets.

At the county clinic, GKAS isn't just one day: six dentists, in their own offices, have treated patients referred by the clinic this week. Drs. Patrick Blaney, Imaad Shaikh, Mark Doll, Dean Francis, Yihsung Huang and Neeraj Khanna.

Ms. Tsagalos says a total about 50 children are expected to receive restorative care this week through the GKAS effort, care worth an estimated \$8,000.

Dr. Edward Chavez volunteers regularly at the county clinic, and helping in the operatories for GKAS are dental hygiene students from the nearby College of DuPage. (COD hygiene students also help out at the DCC on their senior rotation.)

Today, Dr. Chavez and dental hygiene student Anecita Phipps, see Maria, age 6, who received two two-surface restorations. But the work isn't done, notes Dr. Chavez: Maria will need to come back for more restorative treatment.

Dr. Storniolo, who treated children at both clinics today, offers a quick insight into why he is there.

"Why not? I'm a dentist. These patients need a dentist. Who better to do this?" he answers when asked why he volunteers. After a moment's thought, he adds, "Many hands make light work."

And those many hands are exactly what make GKAS work. ■

Photo by Judy Jakush



**Hat trick:** Wearing one of his own balloon creations, Dr. Montie Abbott treats a GKAS patient at the DuPage Community Clinic in Wheaton, Ill. Standing is dental assistant Jamie Bottoms.

# Giving back in northern Virginia

BY CRAIG PALMER

Manassas, Va.—Jose Calderon may be what Give Kids A Smile is all about.

Children across the country had the dental team's attention Feb. 3, many seeing a dentist for the first time and many with smiles demanding and getting attention. Jose, 8, wore his through a day that began with his first visit to a dentist, Dr. Thao Bui-Nguyen, who organized this first GKAS event in fast-growing Prince William County, "We treasure our past and the promise of our future."

Dr. Bui-Nguyen's office team got him start-

ed, Krystal White with the paperwork for Jose's guardian to complete and Maria Cecil polishing Jose's teeth. "We need to take that tooth out," Dr. Bui-Nguyen explained to Jose, making her second referral of the day to Dr. Barry Argintar, a local oral surgeon who offered his services for Give Kids A Smile referrals and welcomed Jose within the hour. Sullivan-Schein sales representative Susan Byrd-Harvey, who encouraged and provided supplies for Dr. Bui-Nguyen's GKAS venture, was on hand as well. Sullivan-Schein, a Henry Schein Co., is a GKAS founding corporate partner.

But this is Jose's story. He's in the dental care system and smiling, his dental treatment continuing. "All are appointed to come back," Dr. Bui-Nguyen said of her first 14 patients at this first GKAS event for doctor, patient and community.

As it turned out, Jose's was the only tooth extracted during a day of child/parent oral health education, dental exams and a range of treatment services for 14 of 18 children scheduled for smile enhancement and a welcome to dentistry. As for Jose, the afternoon ahead, he left smiling and anxious to get to

school.

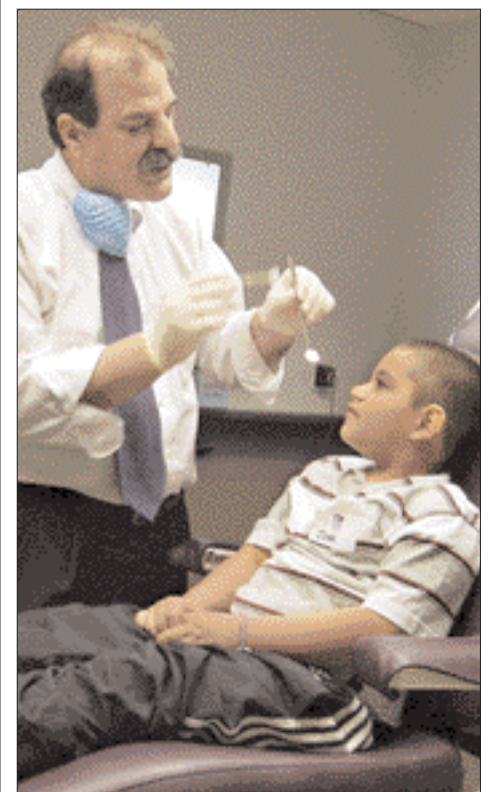
"I'm at a point where I want to give something back," said Dr. Bui-Nguyen, who came to the United States 26 years ago and will tell you when asked, though she doesn't make a point of it, that she arrived at age 17 as one of the "boat people" from Vietnam. Jose, says his guardian, came to the United States from El Salvador. They met, doctor and GKAS patient, in a northern Virginia dental facility fronted on Sudley Road with an office sign, "For Your Smile."

Dr. Bui-Nguyen said her first GKAS referral of the day, Jasslyn Iniguez, age 5, "has a few teeth that can't be saved." For unknown reasons, language perhaps or a misunderstanding, Jasslyn didn't get to Dr. Argintar's office this day. Dr. Bui-Nguyen intends to follow up with the school who sent her the GKAS patients to be sure Jasslyn returns. "I intend to give her a space maintainer." ■



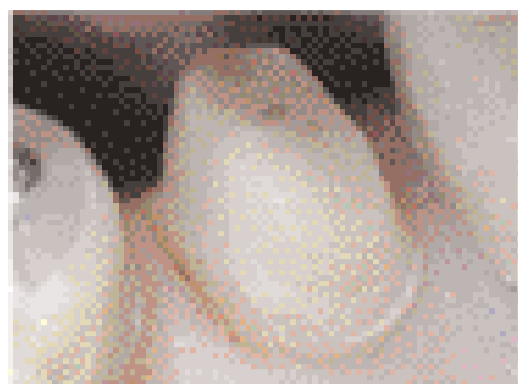
Photos by Anna Ng Delort

**Exam time:** Dr. Thao Bui-Nguyen checks Jasslyn Iniguez's radiographs during her Give Kids A Smile visit.

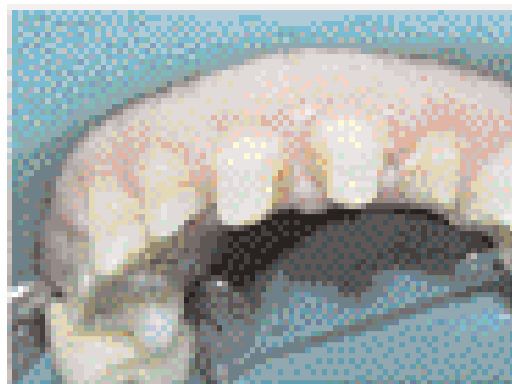


**Referral:** Dr. Barry Argintar explains a procedure to 8-year-old Jose Calderon.

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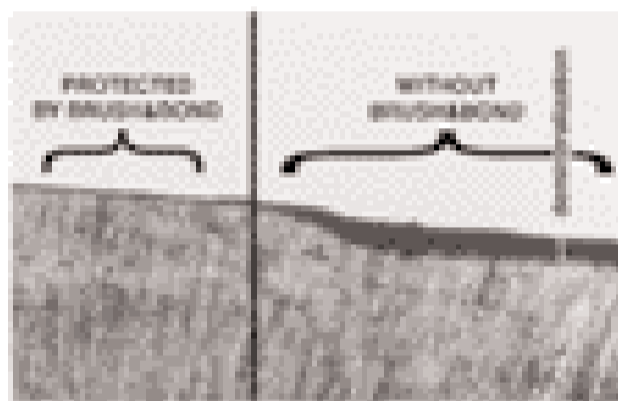
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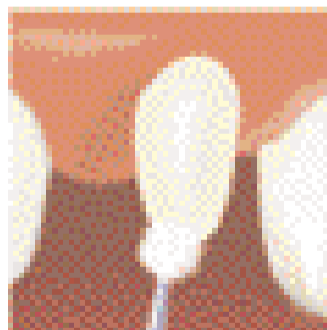
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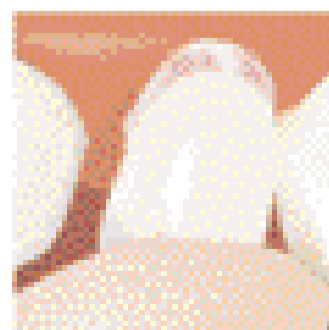
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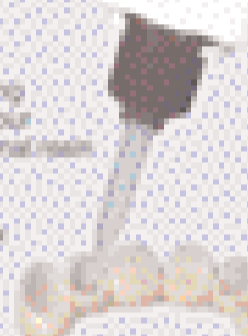


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\*Reference: Lee et al. Protective bonding agents for self-etch bonding systems. J Biomed Mater Res Part B: Appl Biomater. 2004; 68:60-67  
†Reference: Lee et al. Evaluation of bonding ability of self-etching bonding systems. J Biomed Mater Res Part B: Appl Biomater. 2004; 68:68-77  
‡Reference: Lee et al. The use of a bonding primer after a self-etching bonding system. J Biomed Mater Res Part B: Appl Biomater. 2004; 68:78-84

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# 'Everyone is smiling at the end'

## University of Texas Health Science Center treats 'high-need area'

BY JENNIFER GARVIN

San Antonio, Texas—Second-grade teacher Lorelli Ward knows how it feels to be embarrassed by your smile.

"My teeth were crooked when I was younger and I never smiled," she said. "I would see people with pretty teeth and be jealous. I finally said, 'I'm gonna do it.'"

"Do it" meant saving up for braces on a teacher's salary at the age of 27. But her students paid attention and soon, her personal orthodontics progress was an additional lesson she taught

in the classroom.

"Every time I would go in for an appointment, I would come back and show the kids everything they had done," she said. "I would tell them about tartar and how if they had food on their teeth 'little bugs' would get in there and cause cavities."

Today, Ms. Ward, 30, is hyperattentive to her teeth and says she brushes and flosses at least twice a day.

"We talk about oral health care all the time. Especially this month."

Feb. 3 marked the ADA's annual Give Kids A Smile day and a field trip for Ms. Ward's class from Cenizo Park Elementary, part of the Edgewood Independent School District on the city's west side. About 300 kids were bussed in to take part in the event, held at the University of Texas Health Science Center at San Antonio. Although the ADA's national event began in 2003, the dental school at UTHSCSA began its annual treatment of the children from Edgewood in 2002.

"The school district that we're treating today is



Photos by Jennifer Garvin

**Look what I got:** Second-grade student Isabella Bustamante holds up her stickers after receiving sealants and fluoride at GKAS IV.

in a very high-need area," said Dr. Tim Henson, director of UTHSCSA's pediatric dentistry post-doctoral program. "This is just another swipe at trying to attack the disease at its roots. It's a well-known fact that 80 percent of dental disease is in 20 percent of the children. This school district is in that 20 percent, so that's our target."

Dr. Henson took the day off from treating patients to play school ambassador, even dressing the part of SpongeBob Squarepants. SpongeBob, along with Dora the Explorer, were the two cartoon themes of the day.

Ms. Ward said her students were looking forward to the event. However, her coworker, fellow second-grade teacher Clyde Schmittow, admitted his kids "were a little scared."

"I don't talk about their teeth all the time like she does," he said, pointing at Ms. Ward.

The GKAS event at UTHSCSA is coordinated by Dr. Gary Guest, assistant dean for predoctoral clinics at the school. Dr. Guest estimated approximately \$50,000 worth of treatment was doled out Feb. 3, in the form of oral exams, sealants and fluoride.

"The children are happy and smiling when they leave," said Dr. Guest, "and our students enjoy the pediatrics experience they get. It's community service for them. I've always said the telling thing is that everyone is smiling at the end. If this program continues, they'll (the stu-

See TEXAS, page 15

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**Cool field trip:** Xavier Menjares and his second-grade teacher, Yaalily Cosme, enjoy their trip away from Stafford Elementary School. Xavier, 7, said he "likes it when dentists floss my teeth."

## GKAS draws nonmembers to ADA activities

BY KAREN FOX

There's more good news to report on Give Kids A Smile.

Some societies are finding that the national children's access day is a meaningful event that draws members and nonmembers alike.

"Through our Give Kids A Smile events, we have had the opportunity to become reacquainted with some nonmembers who were members in the past, people who are attracted to these types of events," said Dr. Terry Dickinson, executive director of the Virginia Dental Association.

How members determine value is changing, added Dr. Dickinson.

"Many dentists are looking for something that affects them in a profound way, and our profession is known for its heart and what it gives back to the public," he said. "People ask, 'What value does the ADA bring to its members and society as a whole?' Give Kids A Smile is tremendous. It has served a population that needs care and helps identify us as a profession and as people."

"The passion and commitment of the GKAS volunteers are inspiring," added Dr. Raymond A. Cohlma, chair of the ADA Council on Membership. "If the dentists who participate don't already belong to the ADA, it is a great loss for us. We need to reach out to these vibrant members of the dental community and invite them into ADA membership." ■



**Forward brushing:** Denver Nuggets forward Nenê Hilario shares a laugh with a Give Kids A Smile day patient as they practice their brushing skills on a puppet.

## Colorado's stars show on GKAS

Denver—Colorado Lt. Gov. Jane Norton and Denver Nuggets forward Nenê Hilario were among the highlights of Denver's Feb. 3 Give Kids A Smile.

The Colorado Dental Association and the University of Colorado School of Dentistry worked together to treat 200 kids in the UCSD clinic. In all, 1,500 kids were treated statewide and more than 3,500 received oral health education. More than 240 dentists took part in Colorado's GKAS and approximately \$375,500 was donated in dental services, according to the CDA.

"Each year Give Kids A Smile Day gets better and better. The event was very successful and everyone involved felt really good with their contribution at the end of the day," said Dr. John Hanck, CDA president.

"When you see an event like the one we had this year, it's no wonder why more and more dental professionals want to be a part of Give Kids A Smile day." ■

## Texas

*Continued from page 14*

dents) be the ones doing Give Kids A Smile one day. It's serendipitous that we did this from the beginning. That's what it's all about."

Seven-year-old Xavier Menjares was excited to climb back in the dental chair. His mother, Norma, said he went to dentist when he was younger, but that "it was hard to get insurance with Medicaid."

"I like when they floss my teeth," Xavier said, smiling as he waited his turn for an exam, "but we don't have floss at home."

Norma, who was accompanied by her husband and Xavier's father, Mario, said they decided to chaperone Xavier's class from Stafford Elementary, "to see what they would say about his teeth." Mario even took a vacation day from work. "We wanted to come," the senior Menjares said.

With the Menjareses hovering nearby, third-year dental student Heather Bronkhurst indicated to them that Xavier would need to get one of his permanent teeth (in this case, No. 3) checked out. Every child seen at UTHSCSA was given an evaluation form to take home after treatment. Those with signs of decay were flagged for follow-up care. Children who qualified were urged to visit the Ricardo Salinas Pediatric Dental Clinic, which treats children in the Edgewood area.

"We're going to sit you up and give you some minerals for your teeth," Ms. Bronkhurst told Xavier as she and first-year student Jonathan Collette prepared a fluoride treatment for him.

In another examining room, 8-year-old Victoria Sanchez sat patiently as third-year student Rose Vuong applied sealants to her teeth. "I wish all my patients were as good as you," Ms. Vuong told Victoria. "You're perfect." ■



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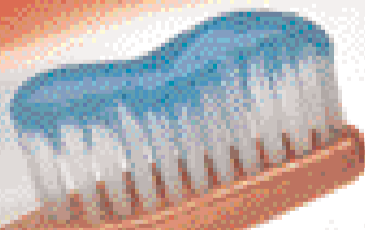


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# 500 more kids? No problem for GKAS-N.J.

BY KAREN FOX

Newark, N.J.—You know your Give Kids A Smile program is a success when the university's fire marshal pays you a visit.

All's well that ends well, and University of Medicine and Dentistry of New Jersey/New Jersey Dental School staff had crowd control in hand Feb. 3. Before the day was over, more than 1,000 children were scheduled to receive free dental care for Give Kids A Smile.

It's the largest program in a state that can boast more than 1,000 GKAS volunteers, 27 public sites and 47 private dental office sites treating an estimated 2,600 children.

The New Jersey Dental Association and NJDS teamed up for their fourth annual event, reaching out to schools and a number of community agencies to find children in need.

"The beauty of this event is that it's national but distributed on a state and local level, bringing together a host of ancillary groups to work toward one goal," said Dr. Cavan Brunsten, statewide chair of Give Kids A Smile.

"Give Kids A Smile ignites a passion for dentistry," he added. "We have answered the call by delivering care to disadvantaged children and bringing attention to a problem that exists."

"It's a phenomenal day," said GKAS Co-Coordinator Michael Conte, assistant dean of NJDS. "What you'll see are people feeling good and having a good time, knowing they're doing something good for people who truly need help."



Photo by Karen Fox

**Ready to go:** Aminah Knight (at left) and Muhammed Kabir, both age 1, try out their new toothbrushes on the way out of New Jersey Dental School Feb. 3. New Jersey's statewide events featured 1,000 volunteers, 74 sites and 2,600 children.

Last year's events drew 2,400 children from around the state, said Dr. Brunsten. More than half required continued dental care beyond prophylaxis.

On this day the clinic's "overflow" space wouldn't stand empty for long, especially after a Newark Elementary School announced it was en route with an additional 500 unregistered—and unexpected—children.

The dental school set aside almost all its facilities specifically for Give Kids A Smile. Emergency cases, children in pain and those needing immediate attention would be treated by residents in the pediatric dental clinic, first floor. Halfway through the day, Dr. Nanci Tofsky, clinic director, said the residents had treated 20 patients so far—some had pulpotomies, abscessed primary teeth, extractions. A father brought in his son, a clearly exhausted 4-year-old who had been awake all night suffering pain from multiple caries.

"We learn something new every year on making Give Kids A Smile happen," said Dr. Conte, multitasking on a tour of the dental clinic holding a two-way radio while dental students ferry groups of children from station to station.

In 2005 the program implemented a "control center" hotline run by NJDA staff members to assist GKAS program sites in finding additional locations and help connect families, schools and agencies with appropriate facilities.

New this year were online consent forms—saving the dental school valuable resources spent distributing forms to elementary schools and Head Start programs.

Even the New Jersey Department of Health and Human Services takes part in GKAS. HHS staff are on hand to instruct parents about Medicaid coverage and registering children for the NJDS pediatric clinic or other eligible facility.

"The goal here is not to give care for just one day but to open a door to a dental home," said Dr. Brunsten. "What we're doing is giving people an opportunity to walk through that door."

New Jersey Dental Association has strong participation in GKAS activities, which Dr. August D. Pellegrini Jr., NJDA president and clinical instructor at the dental school, attributes to dentists' charitable nature. It helps, too, by having the state dental board offer continuing educa-

tion credit to dentists who volunteer.

"Give Kids A Smile is one way to start breaking down barriers," Dr. Pellegrini said. "When we talk to legislators about funding for Medicaid and other issues, they ask, 'What are you doing about it?' It really makes an impact down in Trenton to tell them how many children we treated in statewide events supported by volunteers."

Along with dentists, 160 junior and senior dental students perform the Give Kids A Smile screenings and prophies under supervision of faculty, making referrals when necessary. Having students play an integral role in the event is part of the school's emphasis on service learning, said Dr. Cecile Feldman, dean of the New Jersey Dental School.

**"What we're doing is giving people an opportunity to walk through that door."**

"Once they graduate, our hope is that they are more willing to participate in these types of activities," she said.

Senior students at NJDS already have an opportunity to spend 80 percent of their time embedded in a community based site as part of the school's "Community Oriented Dental Education" program.

Dr. Elisa Velazquez is a CODE program graduate. She's now a pediatric dentist and NJDA member who closed her office for the day and drove an hour through the rain with two staff members to volunteer for GKAS.

"Unfortunately, dentistry gets put on the backburner for so many of these patients," said Dr. Velazquez between patients. "We're trying to instill in parents that the suffering they experienced in childhood can be prevented."

Give Kids A Smile is an opportunity for dentistry to make an impression on the lives of disadvantaged children, said GKAS Co-Coordinator Richard Mahevich, professor of clinical affairs at NJDS.

"For the most part, it's the first dental experience most of these kids have had," said Dr. Mahevich. "That's the point of today, give them a positive dental experience." ■



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# More GKAS scenes



**Waiting their turn:** Kids line up at the University of Illinois at Chicago College of Dentistry dental clinic.

Photo by Andrew Campbell Photography/Courtesy Chicago Dental Society



Photo by Jim Brozek

**Wisconsin smiles:** ADA President-Elect Kathleen Roth speaks with a young patient at the GKAS event at Marquette University School of Dentistry.



Photo by Andrew Campbell Photography/Courtesy Chicago Dental Society

**GKAS Chicago:** Drs. Sherece Thompson and Henry Moore provide treatment at St. Basil's Free People's Clinic in Chicago.



**Louisiana celebration:** Dr. Brian Basinger, chair of the Northwest Louisiana Dental Association event, shows a GKAS participant his digital X-rays.

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# GKAS rocks

*Continued from page one*

like the JazzArts Ensemble, is good for these kids. Some of them have nothing going for them at home. They may have to go home from school and be the family babysitter, and it doesn't give them much chance to participate in other activities that are such an important part of a good education."

ADA President Bob Brandjord, also on hand for the GKAS event, praised the efforts of the Greater Cleveland Dental Society and the Ohio Dental Association for their hard work in planning a first-class event.

"GKAS is all about giving dental care to kids who are falling through the cracks and not getting access to dental care," said Dr. Brandjord. "It also emphasizes the need to make the public and policy-makers aware of the problem and motivate positive change in the future."

"Our members take this program to heart," said ODA President Joseph Crowley. "We have dentists throughout the state who have been preparing for this event for months, and others have been holding GKAS programs since the fall and will continue beyond Feb. 3."

Cleveland's non-stop GKAS event hosted nearly 400 children in the dental school clinic for dental exams, X-rays, preventive care, dental health education, referrals for free dental care as needed and lots of kid-friendly fun activities and special guests, including Cleveland Indians major league baseball team mascot Slider, Cavaliers pro basketball mascot Moondog, the Tooth Fairy and Radio Disney deejay Jag.

Children received goodie bags stuffed with oral care products and educational flyers, toothbrushes, toothpaste, wrist bracelets, stickers,



**Groovin':** The JazzArts Ensemble from the Cleveland School of the Arts entertains with three selections featuring the talents of singers, dancers and musicians.



**Safe!** Slider, mascot for the Cleveland Indians baseball team, looks on as a youngster gets a dental exam at Case School of Dental Medicine.



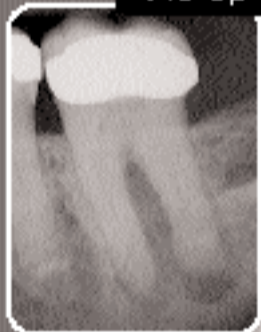
**Rolling in to help:** The Sullivan-Schein/ADA Tomorrow's Dental Office Today truck, or TDOT, parked outside Case School of Dental Medicine, offers comprehensive restorative care to kids Feb. 2 and 3.



**Ready to smile:** Students from Cleveland's John W. Raper Elementary School take a seat before GKAS opening ceremonies at Case School of Dental Medicine.

February 2006

Pre-Op



Post-Op



20 months



## Epiphany® Case of the Month

Epiphany case description and radiographs courtesy of Dr. Noah Chivian, Diplomate American Board of Endodontics, West Orange, New Jersey



A 68 year old Caucasian female patient presented with periradicular periodontitis and no acute symptoms. The case was treated in 2 visits. During the first visit, the pulp was extirpated and a crown down mid-root enlargement was performed. After root length determination, a glide path was established using a 20/02 stainless steel handfile. The canals were subsequently irrigated with 2.60% sodium hypochlorite and FC Prep™ was used as a lubricant. UltraCal X8™ calcium hydroxide paste was placed in the canal as an inter-appointment medication.

On the second visit, the mesial canal were shaped and enlarged using a .08/20 GT™ rotary file and a 30/04 Profile™ rotary file. On the distal canal, a .08/20 GT™ rotary file and a 40/04 Profile™ rotary file were used. The canals were flooded with 17% EDTA for one minute followed by a rinse of 0.12% Chlorhexidine Gluconate. Epiphany® Primer was placed in the canals, with paper points, for 30 seconds. The excess was removed with paper points. Epiphany 30/08 points were used as master cones in the mesial canal and a 40/08 point was used in the distal canal. The canals were coated with Epiphany Sealer using the master cones. Vertical condensation was accomplished with the System B™ for the down pack and the Obtura II™ with Epiphany Pellets for the backfill.

At the 20 month check up, the patient presented with no symptoms and the comparative radiograph displayed evidence of bone regeneration.

For available research and more case radiographs using the Epiphany System and Resilon™ obturation material, please visit [www.resilonresearch.com](http://www.resilonresearch.com).

For information on the Epiphany Soft-Resin Endodontic Obturation System call Pentron Clinical Technologies at 1-800-551-0283 or visit [www.pentron.com](http://www.pentron.com).



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activity books and more, courtesy of the Ohio Dental Association, Procter & Gamble and Radio Disney.

Dr. Brandjord also noted that TDOT's participation is not only a great way to show local dentists the latest, state-of-the-art technology available, but also to help people in need. Several dentists, hygienists and assistants from the Cleveland area had the opportunity to volunteer in TDOT, including Dr. Renee Commarato, a pediatric dentist who said working in the mobile dental unit was "a great experience."

"It's beautiful and it made volunteering as easy as working in my own office."

Sullivan-Schein recently sent TDOT to

spend seven weeks in Mississippi, where dental volunteers treated more than 600 victims of Hurricane Katrina for the first three weeks, and then the Federal Emergency Management Association contracted the vehicle for another month, using federal dental professionals to treat victims. In total, more than 1,000 patients received care during the seven-week stay. TDOT also swung to New York for the Greater New York Dental Meeting and then to New York University College of Dentistry before heading to Cleveland.

The ODA says its 2006 GKAS programs statewide will reach nearly 30,000 children with dental care valued at more than \$1 million. ■

## Volunteers make Give Kids A Smile happen

Cleveland—It's Feb. 3 and Dr. Tom Kelly and Dr. Renee Commarato move at top speed through the Case School of Dental Medicine's clinic, usually going in opposite directions.

Two shining examples of the many Ohio dentists who work hard to bring access to dental care to underserved children in their community, Dr. Kelly, past president of the Greater Cleveland Dental Society, and his wife Dr. Commarato, a private practice pediatric dentist, are the kind of volunteers that make programs like GKAS come together like clockwork.

Dr. Kelly has directed the Cleveland GKAS program since the ADA launched it nationally in 2003 when he was GCDS president, and according to his wife, "does all the legwork for the program."

"It's a great day," Dr. Kelly said as he hurried off to handle something on his almost endless "to-do" list. "It's really fun to see all the kids here and all the volunteers and to see

how enthusiastic everyone is. It's a really great day."

Dr. Commarato, who spent much of her day taking radiographs in the dental clinic, paused for a moment to give her impressions of the program.

"It's awesome to see the smiles on the kids' faces and wonderful to have the dental students working with us," she said. "You can just feel the connection when we match up a dental student and a patient and they go through the process together."

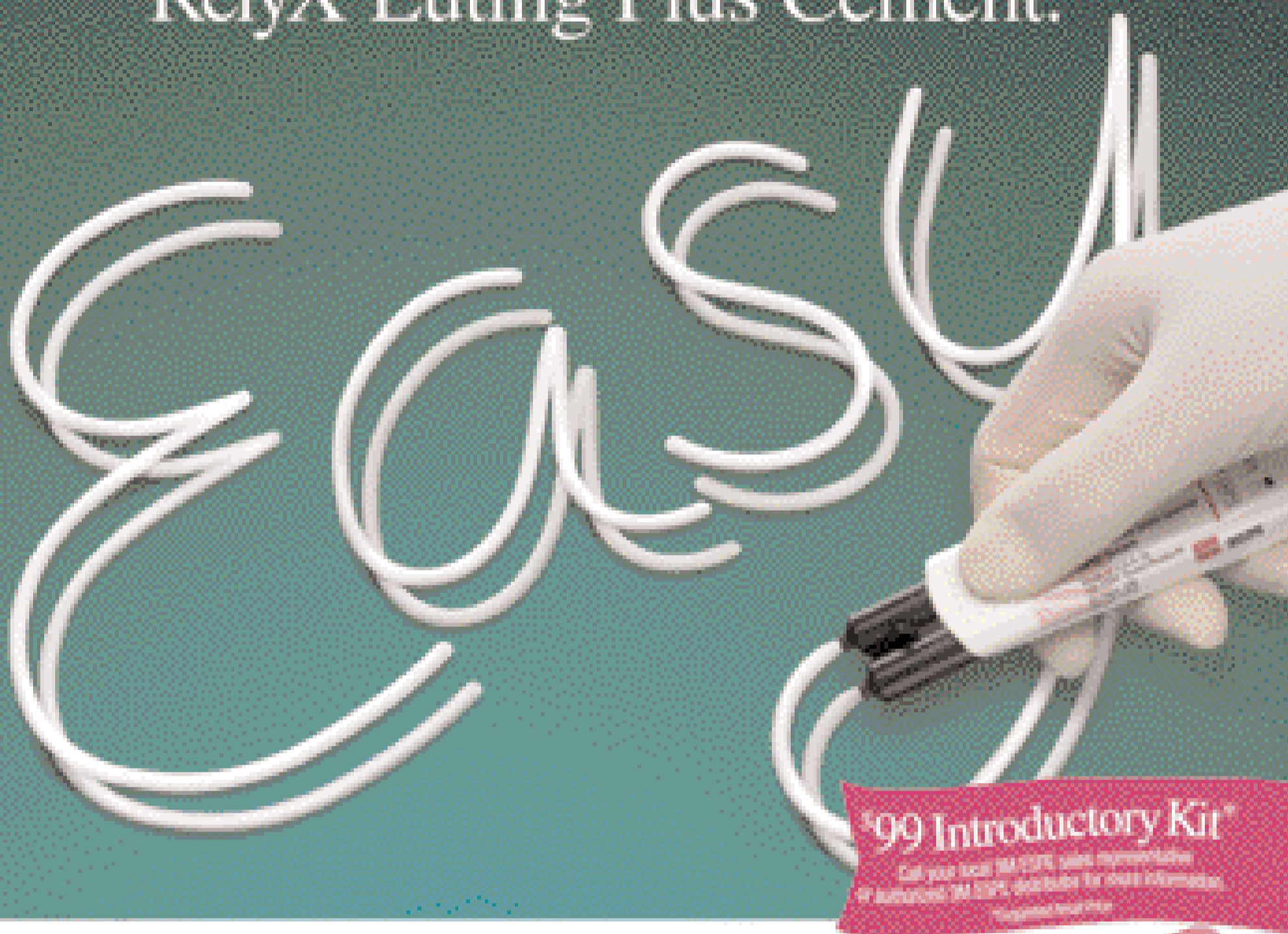
"Access is one of the biggest problems with kids' dental health today," she added. "But through GKAS, the contacts with those who help are made and the groundwork has been laid. It's growing every year, and the ADA makes it easy for any private dentist or local or state dental society to get involved."

Dr. Commarato says her favorite part of GKAS "is just being with the kids." ■



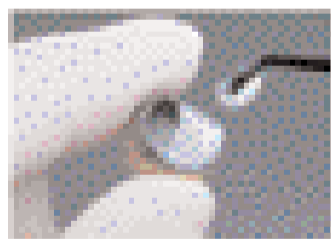
**Drs. Commarato and Kelly**

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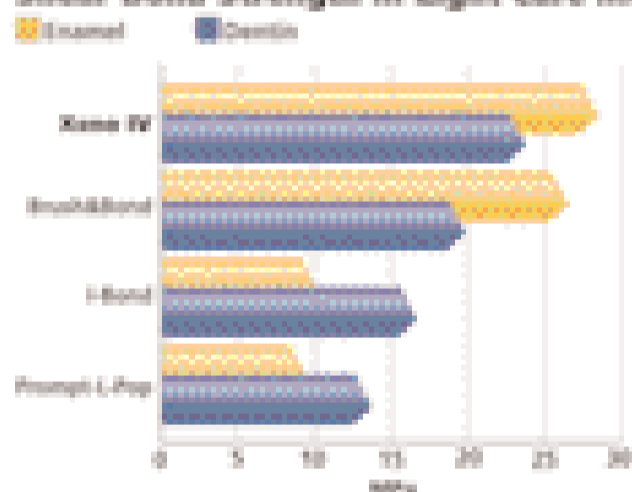
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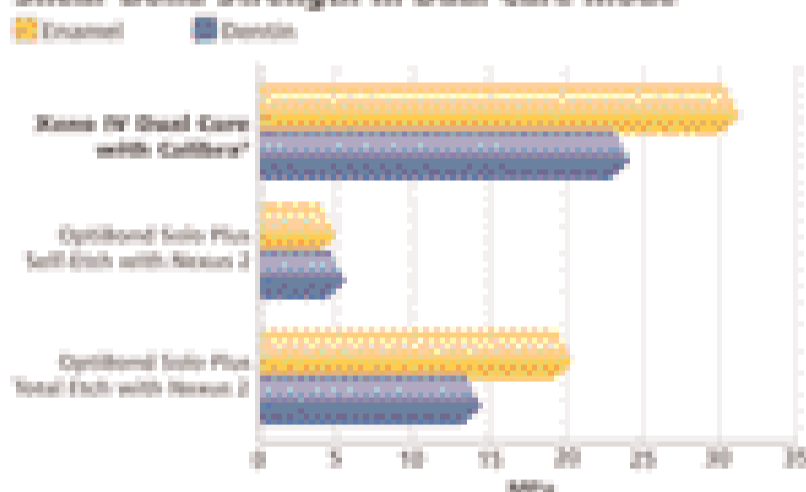


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## SEM Data



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