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## ADA News - 05/01/2006

American Dental Association, Publishing Division

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# ADA NEWS

MAY 1, 2006

VOLUME 37 NO. 9

## JAMA studies support safety of dental amalgam

BY JENNIFER GARVIN

Two studies in the April 19 issue of The Journal of the American Medical Association conclude that children with dental amalgam fillings do not experience adverse effects related to neurobehavioral, neuropsychological (IQ) and kidney function, reinforcing the ADA's longstanding position on the safety of dental amalgam.

The ADA reports that both independent studies "reinforce the substantial body of peer-reviewed scientific

### ■ Volunteer symposium, page seven

literature that supports the safety of dental amalgam."

According to JAMA, both articles, "Neurobehavioral Effects on Dental Amalgam in Children" and "Neuropsychological and Renal Effects of Dental Amalgam in Children," are the first randomized controlled trials comparing the health effects in children

treated with amalgam fillings with those treated with composite resins.

The former was conducted in Lisbon, Portugal, and involved 507 children, ages 8 to 10, who were randomly assigned amalgam or composite fillings for large posterior restorations.

The latter took place in Boston and Farmington, Maine, and comprised 534 children, ages 6 to 10, who also were randomly picked to receive amalgam or composites.

See *AMALGAM*, page 12



**Timothy DeRouen:** Studies are the "first bit of objective evidence."

## New dental schools proposed

BY KAREN FOX

Two new dental schools are in the works—one in North Carolina and the other in Arizona—and recent developments show both are likely to become a reality.

Officials at the East Carolina University and the University of North Carolina at Chapel Hill are working together to develop plans that would significantly expand dental education in North Carolina, including a new dental school on the ECU campus in Greenville.

In the next six months, Midwestern University—a private, not-for-profit, health care university—will begin building a dental clinic for its new dental school on the university's Glendale, Ariz., campus.

Last month, the University of North Carolina board of governors approved a legislative request for \$7 million in planning funds for a joint dental education proposal that calls for a dental school at East Carolina University, expands the capacity of UNC-Chapel Hill School of Dentistry from 80 to 100 students a year and finances the replacement of two outdated facilities at UNC-Chapel Hill.

### ■ Globalization series to continue in May 15 issue

"The new UNC-Chapel Hill dental sciences building will focus on state-of-the-art teaching facilities and technologies, basic and translational research, and entrepreneurship and economic development," said Dr. John N. Williams, dean of the UNC School of Dentistry.

ECU and UNC-Chapel Hill are two of the 16 campuses in the University of North Carolina system.

The plan goes to the state's general  
See *SCHOOLS*, page 16



**MOM in Kansas:** Dr. Pam McCullough of Newton, Kan., performs a restorative procedure for a patient during the fifth Kansas Mission of Mercy program in January. Five KMOM events have treated 10,691 patients and dispensed \$4,422,997 worth of care in Garden City, Kansas City, Pittsburg, Salina and Wichita. More information about this program and the Nebraska MOM is on page 14.

## BRIEFS

**Answer time:** The ADA Survey Center is now conducting the annual survey of dentists in private practice.

The House of Delegates-mandated Survey of Dental Practice will include an additional sample of specialists in private practice as well as a sample of more than 7,500 dentists nationwide.

Specialists and general practitioners will provide information on all aspects of private dental practice, from income and expenses to patient visits and dentists' average work hours.

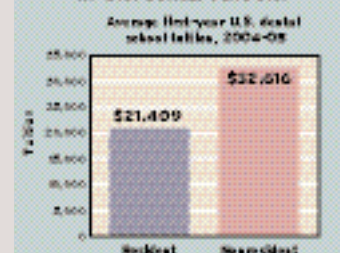
Regardless of ADA membership, the survey is being sent to only a sample of U.S. dentists. Dentists who receive the survey are encouraged to fill it out as completely as possible and return it within three weeks of receipt.

Information from this survey is published in a series of reports. The 2006 editions will include reports dealing exclusively with each of six different specialties.

Reports on each specialty are currently available from the 2002 Survey of Dental Practice. Dentists interested in purchasing these or other published reports can call the Survey Center at 1-312-440-2568 or visit "www.ada.org/goto/surveyresearch" for more information. ■

### JUST THE FACTS Student educational costs

First-year tuition costs are 34.4 percent lower for state residents than nonresidents in U.S. dental schools.



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

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**Duty calls:** Periodontal resident Maj. (Dr.) Jesse Murillo performs periodontal maintenance on Robustino Rodriguez with dental assistant Staff Sgt. Letrice Mitchell April 6 at Lackland Air Force Base's Wilford Hall Medical Center in San Antonio. The patient, a retired Army staff sergeant, volunteered to take part in the Expeditionary Field Dental Training held here April 3-7. Dental personnel rotate throughout the week, allowing them hands-on experience with patients in a deployed environment.



Photo by Master Sgt. Kimberly Spencer

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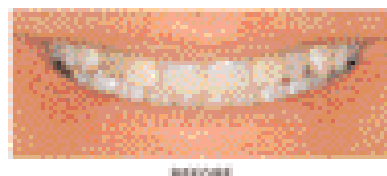
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# ViewPoint

## MyView

# Remembering Cindy



Jack Byrnes, D.M.D.

I lost a patient today. It wasn't because of insurance issues, dissatisfaction, fees or because she moved. It was due to oral cancer.

Cindy was not your typical victim of oral cancer. She didn't smoke, was not a heavy drinker and her oral health was good. She was faithful in keeping her six-month recall appointments in the 19 years I had been treating her.

She was 47 years old when I first noticed the lesion on the buccal mucosa opposite her upper left second molar. It looked like an accidental bite mark or abrasion. There was no raised irregular border or any of the typical signs that we associate with carcinomas. Cindy had no recollection of biting her

cheek accidentally. My advice was to wait to see if it would heal. I scheduled an appointment for a follow-up exam in two weeks.

It was still there at her next appointment, unchanged, so I referred her to an oral surgeon for a biopsy of the lesion. Several days later I received a call from the oral surgeon. The biopsy results were in and much to his and my surprise, it was squamous cell carcinoma. The surgeon scheduled surgery soon thereafter.

Again to his surprise, the carcinoma had spread to her neck and lymph tissues. He did as best he could and referred her to an oncologist. For two years, Cindy fought the bravest of battles. The cancer rapidly spread despite heavy doses of chemo, radiation and radical surgery.

Cindy lost a breast and most of her neck tissues to the demonic cancer early into her ordeal. Always optimistic and positive, she put up a brave front—not so much for herself as for her family. She was that kind of person. At the end it was all to no

**We are taught to do head and neck exams in dental school. But it is too easy to become complacent when only a handful of cancers are found in a span of 40 years.**

avail. Left speechless, drugged and surgically mutilated, she died today.

Just before Cindy's diagnosis, my hygienist took a course on oral lesions. Now there are two of us checking. Since that course she has already detected one pre-malignant lesion, which we then referred to an oral surgeon for biopsy.

In my dental career of 40 years, I have only seen a handful of carcinomas. There have been more diagnoses of pre-cancerous lesions—

including the husband of one of my dental assistants who chewed tobacco.

We are taught to do head and neck exams in dental school. But it is too easy to become complacent when only a handful of cancers are found in a span of 40 years.

There are other not so dramatic roles we dentists can play in saving lives. Blood pressure checks should be performed at every check-up. My dental assistants have probably saved more lives in doing this simple service than I have in diagnosing cancers. Counseling periodontal patients on the potential relation between gum disease

*See MY VIEW, page five*

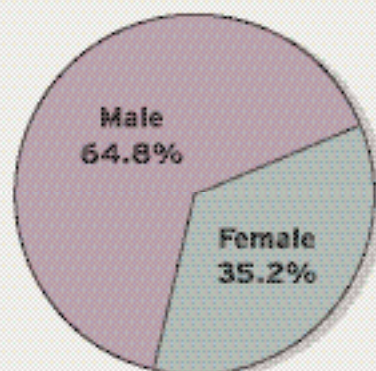
## SNAPSHOTS OF AMERICAN DENTISTRY

### Dentists' genders

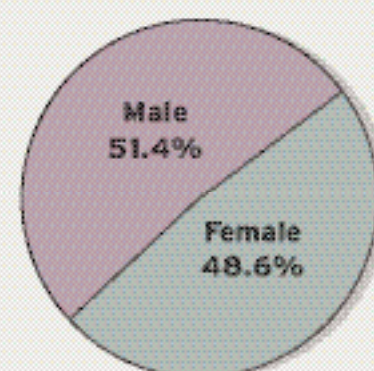
Women comprise 48.6 percent of new employed dentists (dentists who graduated from dental school less than 10 years ago), but only 35.2 percent of all employed dentists.

#### Gender distribution of employed dentists, 2003

All employed dentists



New employed dentists



Source: American Dental Association, Survey Center, 2004 Survey of Dental Practice.

## Letters

### Pondering ethics

The March 20 ADA News contained articles that relate to issues critical to the survival of our profession as a profession. Volunteerism represented by the New Orleans Mission of Mercy project and Give Kids A Smile programs hopefully reminds us of our ultimate purpose, which is to serve others. I am a firm believer that fulfilling that purpose will result in significant return both spiritually and financially.

There is no fast track to both. A second area of discussion in the News was that of ethics. Dr. Harriet Seldin's Viewpoint article, a letter to the editor on managed care by Dr. David Lurye, and Jennifer Garvin's article on the ethics summit were very thought provoking.

Dr. Seldin related the difficulty of dental students (extrapolate that to dentists) translating ethics courses into ethical behavior. Dr. Lurye was concerned, and I believe with good reason, that "plans" have a disquieting effect on the care of members and nonmembers. Then we have a piece on an ethics summit promoted by the ADA and American College of Dentists. The subject of the meeting was the effect of commercialism in dentistry.

How do these three entries relate?

Among those in attendance at the

ethics summit were representatives of the insurance and dental manufacturers industry. They were characterized as among "dental leaders." My concern is not so much with either of those two industries, as they are just trying to make a living and there is no sin in promoting their wares.



The problem is with us as dental professionals. The leaders of the dental profession discussing ethics should be dental professionals. Our patients hopefully believe that we practice our profession with their interests held above our own. This relates to Dr. Seldin's Viewpoint. She discussed Rep. Duke Cunningham's transgressions, and make no mistake they were his. Who should be the most disgraced, the lobbyist or the congressman? Without Rep. Cunningham's lack of ethics there would have been no crime.

Do we allow makeover fever to override sound clinical judgment and the use of procedures that may not be in a patient's long-term best health interests for the benefit of a quick addition to the bottom line? It is not the insurance industry's responsibility if we accept their contracts and acquiesce to their guidance in pursuit of profit.

Finally, Dr. Lurye's letter relates to this ethics discussion. Do we treat people with similar clinical circumstances differently because of their "plan"? Do we practice dentistry the way a human resources manager says we should based on the contract? The person seeking care believes their manager, insurance company and their dentist have their best interest at heart. Do all three? Who

is in a position to help the patient make decisions and who bears professional and, yes, ethical responsibility?

While attending an ethics class sponsored by the Kansas Dental Association and the ADA in October 2005, I was dismayed by the presenter when I asked him why in a discussion of professional ethics he did not discuss judgments made as a result of participating in various insurance plans. He said this was a business ethics question and not a professional ethics question. Explain to me how you separate the two! He had stated

*See LETTERS, page five*

### LettersPolicy

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# Letters

*Continued from page four*  
during the program that a problem in dentistry was that new graduates viewed dentistry as a business rather than a profession.

Drs. Seldin and Lurye made points all of us should ponder. Our survival as an honored profession and a source of unbiased consultation for the public is at stake.

*James S. Craig, D.D.S.  
Lenexa, Kan.*

## Preterm births

"Preterm Births, Perio Linked in UNC Study" (March 6 ADA News) was an interesting illustration of something a scientist does not accept.

The fact observed was that women with more periodontal disease also had more premature deliveries. To conclude that there is any relationship between periodontal disease and premature births is without basis. There is no causal relationship demonstrated. The same predisposing factors such as nutrition, genetics (race or hair color), personal hygiene and altered health states can explain the simultaneous periodontal disease and premature deliveries.

The observation that women with periodontal disease have more premature deliveries in no way establishes a connection between oral disease and pregnancy. There may be a common cause, or there may be no connection at all.

This kind of "scientific conclusion" is fallacious and makes thinking health care workers question all published works declaring a causal relationship without applying at least the first

three of the four steps of Koch's Postulates: (1) observe a correlation in every case, (2) remove the suspected cause to confirm cessation of the effect, and (3) apply the suspected causal agent to confirm the effect recurs.

Conclusions without tested facts are guesses. Science is based on certainty or declared statistical probabilities with facts that connect.

*Richard C. Masterson, D.D.S.  
Yreka, Calif.*

**Editor's note:** The ADA Division of Science responds: As pointed out by Dr. Masterson, current evidence only shows an association between periodontal disease and preterm birth. Clinical studies are under way examining the effects of treating periodontal disease on obstetric risk in an attempt to address the issue of causality.

## Ethical compass

In her column, "It's a Cautionary Tale" (March 20 ADA News), Dr. Harriet Seldin asked how U.S. Rep. "Duke" Cunningham could have slipped so fast from the high ethical standard he started out with, to become a "poster child for unethical behavior." The answer was in Dr. David Lurye's letter on managed care on the same page.

Dr. Lurye noted that "Dr. Philip Barbell goes to great lengths to explain ... that we must constantly review our systems to make sure that we are managing the managed care in our practice," without ever considering the ethical implications of the situation, as Dr. Lurye did.

Whether it is Duke Cunningham or colleagues caught up in the pressure of managed

care, when we don't even see the ethical slippery slope that we've stepped onto, should we be surprised when we slip and fall?

As dentists, we need to recognize the ethical compromises inherent in managed care. As citizens, we need to recognize the ethical compromises that elected officials engage in and hold them accountable. But do we know if our own ethical compass is reliable?

*William Hsiang, D.M.D.  
Irvine, Calif.*

## Peer review

I have some legitimate concerns about the ADA News reporting the results of a recent study of the linkage between preterm births

*See LETTERS, page six*

# MyView

*Continued from page four*  
and systemic conditions such as diabetes and cardiovascular diseases is of utmost importance.

One simple change I have made is insisting that radiographic records be updated regularly for patients of record even if the patient is in the best of dental health. That was always our policy but I let the rules be bent for some patients who objected. I now inform patients that no exceptions will be made unless they are undergoing radiation treatment. I have never had a patient refuse when I explain that radiographs can help detect lesions that would otherwise go undiagnosed.

Please, for your own peace of mind, never be put in a similar situation. Do the right thing for Cindy's memory and the Cindys in your practice.

*Dr. Byne is a general dentist in Coventry, Conn.*

**Editor's note:** More than 30,000 cases of cancer of the oral cavity and pharynx are diagnosed annually in the United States, according to the ADA Division of Dental Practice. The five-year survival rate after early diagnosis is 80 percent, but the rate falls to 20 percent after late diagnosis—for an average five-year rate of 50 percent. Each year more than 8,000 deaths in America are due to oral cancer.

Early detection through periodic dental examinations can significantly reduce the risk of these deadly cancers. The ADA offers a five-hour program on early detection of oral cancer and tobacco cessation. For more information, contact Mary Wheatley at Ext. 2839 or "wheatleym@ada.org".

Additional information regarding the prevention of oral cancer can be found at ADA.org, as well as the Web sites of the American Cancer Society, the Centers for Disease Control and Prevention, and the National Cancer Institute.

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"Revolutionary Dentistry" takes place June 22-24 at the Boston Seaport Hotel. The conference offers peer networking and extraordinary continuing education opportunities for new dentists, recent graduates and dental students. This year's speakers include Dr. Jeffrey Okeson; Dr. Cliff Ruddle; Dr. Mark Hyman; Allen Schiff, CPA; and Carol Paige.

Included among the leadership programming sessions are Hot Topics: Ask Your ADA Leaders; Orientation for New Network Leaders and Smart Start/Transition Program Training;

Leadership Skills to Empower Positive Results; and the Network Idea Exchange.

Advance registration ends at 12 p.m. on May 12; pre-registration ends June 2. Attendees can also register in-person at the event. The early registration fee for members is \$295; for dental student and graduate student members: \$195. Special rates also apply for spouses, guests, dental office staff and nonmembers.

For more information, contact the ADA Committee on the New Dentist at Ext. 2779, or "newdentist@ada.org". For more information and online registration, go to "www.ada.org/goto/newdentconf". ■

## Letters

*Continued from page five*  
and periodontal disease ("Preterm Births, Periodontal Disease, and the UNC Study," March 6 ADA News).

This study was announced during a large media conference but nowhere was there any indication that this study had been peer-reviewed or was soon to be published.

This is interesting because in the "Science News in Brief" from the NIDCR Web site ("www.nidcr.nih.gov") on Feb. 16 was the press release of another research study that had been published and peer-reviewed in the European Journal of Oral Sciences. The study titled, "Cessation of Periodontal Care During Pregnancy: Effect on Infant Birthweight" was fund-

ed by NIDCR/NIH and would have been worthy of note by the ADA News but had not been published.

However, to this date there is no information on the UNC study involving preterm births vs. periodontal disease on that NIDCR/NIH Web site.

I am concerned that there has been some bias in who gets the media attention. We should hesitate to publish or draw conclusions from studies that are still ongoing and avoid less of a media hoopla for those who have been through the peer-review process. While the ADA News is a current events publication, I am disturbed by the trend of gaining media attention in this profession to push one's agenda to the detriment of good peer-reviewed science.

Frank Varon, D.D.S.  
Omaha, Neb.

**Editor's note:** The ADA Division of Science thanks Dr. Varon for bringing this study to the attention of our readers. Authors of the NIDCR-funded study reported that after adjusting their analysis for risk factors (smoking, diabetes, older maternal age and race), they found that women who discontinued periodontal treatment during pregnancy had no increased risk of delivering a low birth-weight infant compared to women who did not receive periodontal treatment. More information on this study can be found on NIDCR's Web site at "www.nidcr.nih.gov/NewsAndReports/ScienceNewsInBrief/default.htm".

Dr. Steven Offenbacher's presentation was based on years of research published in peer-reviewed journals. He and his colleagues published one of the first studies to identify periodontal disease as a possible risk factor for adverse pregnancy outcomes in 1996 (Offenbacher S, et al. "Periodontal Infection as a Possible Risk Factor for Preterm Low Birth Weight." Journal of Periodontology 1996;67(10 Suppl):1103-13).

Since then, more than 40 studies examining the connection have been published. The most recent systematic review of this literature (Xiong X, et al. "Periodontal Disease and Adverse Pregnancy Outcomes: A Systematic Review." British Journal of Obstetrics and Gynaecology 2006;113:135-43) found that periodontal disease may be associated with an increased risk of adverse pregnancy outcomes; however, more rigorous studies are needed. At this point in time, there is not enough evidence to draw firm conclusions one way or the other. We look forward to publication of the UNC study to shed more light on the issue.

### Marfan Syndrome

About the article in the Feb. 6 ADA News ("Detecting Marfan Syndrome"), I am about to treat a patient who was diagnosed with Marfan at age 7.

He appeared with an acute periapical abscess on tooth No. 10. Severely crowded anteriors dictated an orthodontic consult. We prescribed antibiotics until he could decide about keeping this tooth.

When all was said and done, he was trying to find the means to fund the needed treatment. Since he was disabled due to the Marfan Syndrome, he inquired of Medicare, which after all takes care of his damaged heart valves, and was referred to Medicaid since there was no dental care available under Medicare.

Medicaid told him they could help but only if he quit his job, because his income was too great. Both the orthodontist and I are discounting our fees and he is scheduled to begin treatment. I plan to advise a few congressmen (particularly Rep. Charlie Norwood) that there seems to be something amiss with government funding for this treatment.

Lloyd H. Darby III, D.D.S.  
Vidalia, Ga.

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# Volunteer abroad?

## Learn the ins and outs at annual session this October

BY STACIE CROZIER

*Las Vegas*—What's it like to provide volunteer dentistry in a country or community where the culture, customs, language or working conditions might be dramatically different than those in your own office environment?

Dentists can prepare for a more rewarding volunteer experience by attending the ADA's volunteer symposium "Opportunities, Responsibilities, Rewards" in Las Vegas Oct. 14-15.

The one-and-a-half day symposium, immediately preceding annual session, is an ideal way for dentists to learn interactively about cross-cultural communications and other volunteerism issues that affect volunteers both in the United States and worldwide.

Presenters include Dr. Jo Frencken; Dr. John Gusha; Dr. Francis Serio; Christopher Holmgren, Ph.D.; and Susan Berryman. They will conduct interactive sessions that cover topics like training local providers, sustaining

**Training volunteers:** Dr. Francis Serio speaks at the 2002 volunteer symposium.

long-term projects, integrating locally specific approaches, coalition building, networking and more.

The course, sponsored by the ADA Council on Access, Prevention and Interprofessional Relations and the ADA Center for International Development and Affairs, will run Oct. 14, 5:30-9:45 p.m. and Oct. 15, 9 a.m.-5:30 p.m.

Attendance is limited to 50 dentist participants, so sign up early. Cost is \$250 and includes a Saturday evening reception for participants and a guest, Sunday breakfast and lunch, and break snacks. Course code: 9096.

For more information or to register, contact Josephine Szymczyk toll free, Ext. 2726, "szymczyk@ada.org", or consult the ADA annual session Preliminary Program or log on to "www.ada.org/goto/session". ■



Photo by Lagniappe Studio

**Communicating across cultures:** Susan Berryman, fourth from left, leads a group in a role-playing exercise designed to demonstrate how understanding cultural differences is necessary for a successful volunteer experience.



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1. Sensitivity: Serio, J. et al. The Effects of P-Optimized Peroxide Bleaching Agents on Enamel Sensitivity. JADA 136:1033-1038, 2003.  
2. Caries: Serio, J. et al. The Effects of P-Optimized Peroxide Bleaching Agents on Caries Susceptibility of Human Enamel. JADA 136:1039-1044, 2003.  
3. Microhardness: Serio, J. et al. The Effects of P-Optimized Peroxide Bleaching Agents on Enamel Microhardness. JADA 136:1045-1050, 2003.  
4. Enamel Health: Serio, J. et al. The Effects of P-Optimized Peroxide Bleaching Agents on Enamel Health. JADA 136:1051-1056, 2003.

**ULTRADENT PRODUCTS, INC.**

1. Periodic Bleaching (at ADA) (Abstract #1408, 2006)  
2. WGI Bleaching Agent on Low Sensitivity Whitening (ADA Abstract #1408, 2006)

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# Government

## Dr. Samuel selected as 2006-2007 congressional fellow

BY CRAIG PALMER

Washington—Dr. Sarah Samuel of Dallas, Texas, was selected during the April 3-5 Washington Leadership Conference to be the American Dental Association's 2006-2007 congressional fellow.

The fellowship offers a year of opportunity on the staff of a member of Congress or a congressional committee as a health policy aide. Dr.

Samuel's fellowship will begin this fall. Fellows attend an orientation program on congressional and executive branch operations and a seminar series on science and public policy.

Dr. Samuel, a general practice dentist, is a graduate of the Baylor College of Dentistry and holds a bachelor arts degree in biology from the University of Texas. The selection committee cited her

private practice, public health, academic and residency training experience as well as her "boundless enthusiasm and interest in working on Capitol Hill for the good of the dental profession and the need to promote oral health."

The fellowship is administered by the American Association for the Advancement of Science in cooperation with the American Dental



**Dr. Samuel:** Baylor graduate goes to Washington.

Association as a sponsoring society.

ADA congressional fellows bring a wealth of professional experience to the legislative process, heightening awareness of lawmakers to oral health issues while assisting congressional hearings, preparing issue briefs, writing speeches or engaging in other legislative activities.

Former ADA fellows served on staffs of members of Congress and congressional committees, working on pay legislation for military dental officers, Medicaid, aging, privacy, tobacco and other policy issues. Some returned to practice and some moved into health policy positions in government after completing fellowships. ■

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## IRS extends hurricane related tax relief

BY CRAIG PALMER

Washington—The Internal Revenue Service further delayed tax filing and payment deadlines until Aug. 28, 2006, for business and individual taxpayers in specified areas hit hardest by Hurricane Katrina, which ravaged the Gulf Coast last summer.

Taxpayers in the 10 most severely damaged parishes and counties of Louisiana and Mississippi designated in news release IR-2006-30 automatically have through Aug. 28 to file returns and make certain payments.

IRS Notice 2006-20 also extends relief by self-identification to taxpayers in other designated areas of Alabama, Louisiana and Mississippi who suffered hurricane damage. Individual, corporation, partnership, estate, trust, S-corporation, generation-skipping, employment and certain excise tax returns qualify for the extension.

Taxpayers suffering disaster-related losses from Hurricanes Katrina, Rita or Wilma in certain areas of Alabama, Florida, Louisiana, Mississippi and Texas can choose to claim losses on their current or prior year returns (IR-2006-27). ■

# Federal dental benefits update

BY CRAIG PALMER

Washington—The U.S. Office of Personnel Management is urging health insurers for federal employees to expand plan options for next year's coverage but leave dental and vision benefits unchanged for now.

During the 2006 open season in December, the OPM will offer new supplemental dental and vision coverage to government employees and retirees worldwide. "We will announce the benefits and rates for these new products in the fall," said OPM's annual call for proposals ("www.opm.gov").

"While we recognize that some federal employees' health benefits providers may be considering whether to make adjustments to their current dental and vision benefits in anticipation of this new product offering, we do not expect plans to make significant changes to their dental or vision benefits until we gain at least preliminary experience with this new program," the call letter to insurers stated.

The FEHB Program, with 278 plan options in 2006, covers approximately 8 million federal employees, retirees and dependents. Enrollees in the new voluntary dental and vision plans will pay the premium costs. ■

# Disaster medicine rates as physician specialty

Atlanta—Board certification in disaster medicine is now available through the American Board of Physician Specialties.

Applications will be accepted beginning in May, and plans to administer the first examinations are slated for the fall.

"Our country must be prepared for disasters every day, whether terrorist attacks, natural disasters like Hurricane Katrina, or health crises such as a flu pandemic," says William Carbone, chief operating officer of the ABPS. "This program is an integral step in preparing our nation's health system so when these disasters strike we can work together as a team."

The ABPS is the nation's third-largest recognized physician multi-specialty certifying body, providing medical specialty board certification for allopathic and osteopathic physicians.

For more information call 1-770-939-8555 or visit "www.abpsga.org/certification/abodm\_announcement.html". ■

# Correctional health care conference meets Oct. 28-Nov. 1 in Atlanta

Atlanta—The 30th National Conference on Correctional Health Care will convene Oct. 28-Nov. 1 in Atlanta.

The conference is designed to:

- demonstrate increased awareness of common correctional health care issues, including quality of care, access to care and cost containment;
- identify major health care, research and policy issues facing incarcerated individuals, including infectious diseases, mental illness, substance

abuse and special needs like women's issues, juvenile health, geriatrics and disability;

- demonstrate increased understanding of skills necessary to better manage common medical, dental and psychological problems found in correctional settings;
- describe legal, ethical and administrative issues and ways to prevent problems that arise in correctional settings.

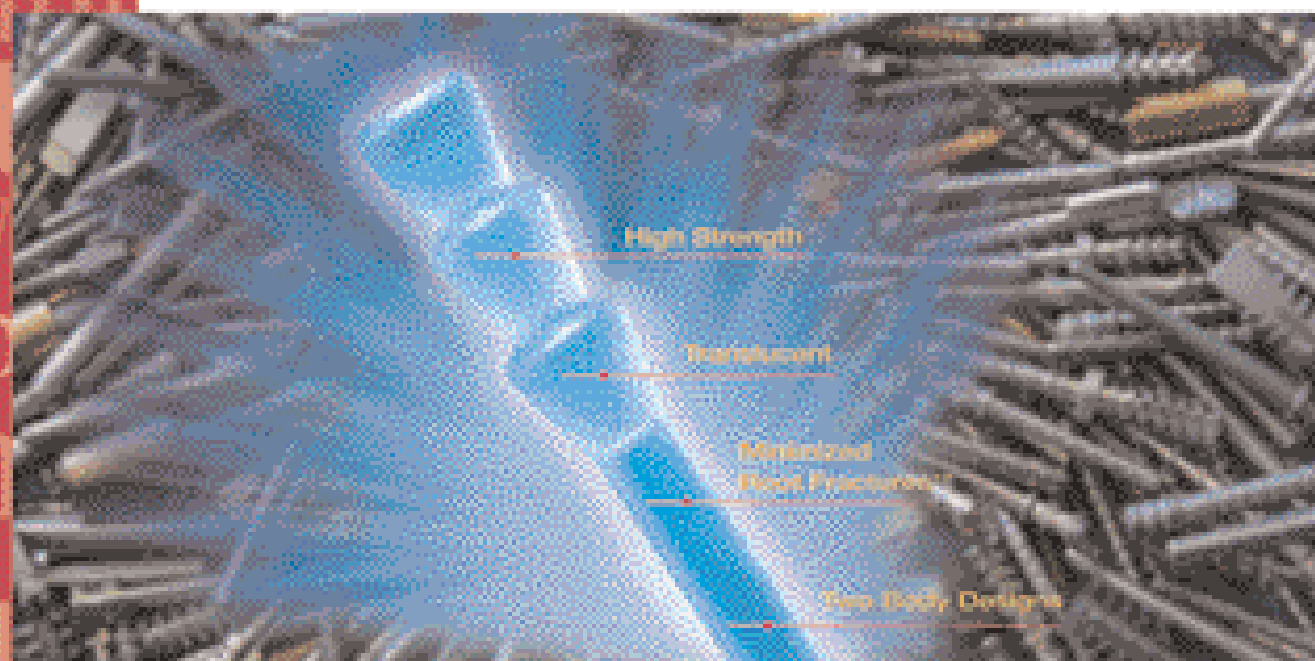
Educational tracks will cover administration and management; chronic disease; infectious dis-

ease; juvenile health care; legal and ethical issues; medical issues; mental health care; nursing issues; oral health care; professional development; research and development; and women's issues.

The conference will offer continuing education credit, networking opportunities, an exhibition with more than 125 exhibiting companies and more. For a preliminary brochure or more information, log on to "www.ncchc.org" or call 1-773-880-1460. ■



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# Health&Science

## Fluoride varnish may help prevent early childhood caries

Study results 'support bringing children for the first dental visit at age one'

BY JENNIFER GARVIN

San Francisco—A new study by University of California at San Francisco School of Dentistry researchers concludes that fluoride varnish helps prevent early childhood caries.

Pulling from an initial group of 376 cavity-free infants and young children (aged 6 months to 44

months), the two-year study divided them into three groups: those receiving varnish twice a year, those receiving it once and those who did not receive it at all in order to determine the efficacy of different fluoride varnish application frequencies. By the 12-month follow-up exam, 51 children were dismissed due to caries.

In the end, 202 children completed the 24-month study, which concluded that children who didn't receive fluoride varnish were four times more likely to develop tooth decay than those children receiving twice yearly treatments and twice as more likely than those receiving annual applications.

"There are two important points that parents

should be aware of as a result of this study," said Dr. Jane Weintraub, the study's principal investigator, in a UCSF press release. "First, the results support the use of fluoride varnish to prevent tooth decay in very young children. Second, the results support bringing children for the first dental visit at age 1 when they are getting their first teeth."

Most of the children who participated were of Chinese or Hispanic origin and from low-income, dentally underserved backgrounds in San Francisco. According to UCSF, this was the first randomized study of children as young as 6 months.

"Statewide studies have shown that children from low-income and Hispanic and Asian populations are at high-risk for tooth decay," Dr. Weintraub said.

The study results are published in the February issue of the *Journal of Dental Research*, the journal of the International Association of Dental Research.

**"Fluoride varnish is relatively inexpensive, easy to brush onto a child's teeth and can be part of a positive first dental visit to help prevent tooth decay."**

"Fluoride varnish is relatively inexpensive, easy to brush onto a child's teeth and can be part of a positive first dental visit to help prevent tooth decay," Dr. Weintraub said. "In contrast, when very young children get cavities, it is difficult for them to sit still for dental treatment. Often, young children needing many fillings receive care in the operating room, at great expense to their family and with the additional risks posed by general anesthesia. We now have an easy, low-cost way to keep teeth healthy."

The ADA urges parents to consult with their dentist regarding scheduling the child's first dental visit within six months of eruption of the first tooth and no later than 12 months of age.

For more information about the study, visit "Science in the News" at [www.ada.org/goto/sciencenews](http://www.ada.org/goto/sciencenews). ■

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### Oral health meeting in England May 30-31

Manchester, England—The Cochrane Oral Health Group will hold "Evidence for Up-to-Date Clinical Dental Practice: 10 Years of the Cochrane Oral Health Group" here May 30-31.

The symposium aims to promote high-quality dental research evidence, including systematic reviews and evidenced-based guidelines as well as encourage partnership among clinicians, researchers and policy-makers committed to advancing evidence-based dentistry.

Among the event's speakers is Dr. Amid Ismail, chair of the ADA Council on Scientific Affairs. Dr. Ismail will present information on gaps in evidence and ADA initiatives.

For more information, contact by phone at 011-44-161-955-8000 or visit [www.cochrane-oral.man.ac.uk/symposium.html](http://www.cochrane-oral.man.ac.uk/symposium.html). ■

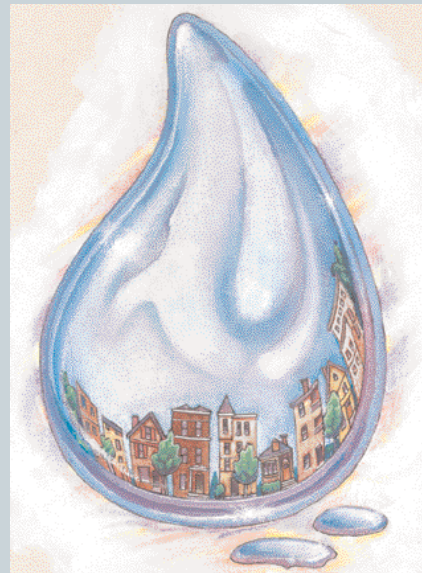


**Working together:** Drs. William Kohn (left) and Christopher Fox, of the Centers for Disease Control and Prevention and the American Association for Dental Research, respectively, converse with Council on Scientific Affairs member Dr. Bashar Bakdash (right) during a break at the CSA's April 20 meeting.

## Illinois water fluoridation efforts earn recognition

BY STACIE CROZIER

Springfield, Ill.—The Illinois Department of Public Health and the Illinois Environmental Protection Agency recognized 461 community water systems last month at the annual meeting of the Illinois Section of the American Water Works Association for



meeting state required fluoride levels each month in 2005.

Another 104 systems received an honorable mention for meeting state required fluoride levels 11 of 12 months.

"Water fluoridation is a proven way to prevent tooth decay and improve overall oral health for both children and adults," said Dr. Eric E. Whitaker, state public health director. "Community water fluoridation is an efficient, economical way to promote dental health and we commend those communities who fulfill the state mandated levels of fluoride in their water systems."

In Illinois, 99 percent of those served by public water systems have fluoridated water, compared to the national average of 67.3 percent. The average cost to fluoridate a community water supply is about 50 cents per person per year.

"It is worth every penny spent when you look at the savings in dental treatment," said Dr. Whitaker. "Studies have shown that for every dollar invested in fluoridation, as much as \$38 is saved. For a complete list, log on to the IDPH Web site: "www.idph.state.il.us/public/press06/3.15.06FluoridationAward.htm". ■

## Shortage of Marcaine possible

Due to a recent change in suppliers for Kodak/Cook-Waite Marcaine, the ADA wants to alert dentists of a possible shortage of the product.

Anytime there is a supply change for a product, the new supplier is required to file an application with the Food and Drug Administration. Marcaine is distributed by Kodak, which learned in 2005 that the previous supplier had decided to stop production. The new supplier, whose name has not been made public, is currently waiting for FDA approval to supply Marcaine. Once approval is received, Kodak will announce the new availability date. In the meantime, "there is no direct replace-

ment for single cartridge dental local anesthetic Marcaine," according to a new fact sheet from Kodak. Those dentists looking for an alternative to the dental cartridges should note that 0.5 percent bupivacaine with epinephrine—same strengths as Marcaine—is available in a multi-dose vial. Kodak's fact sheet may be accessed at "www.kodak.com/global/en/health/dental/documentation/film/marcaineQandA.pdf" or by calling 1-800-933-8031.

For more information about dental anesthetics, visit "www.ada.org/ada/seal/adaseal\_productlist.pdf". ■

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# Amalgam

*Continued from page one*

Both studies—called “The Children’s Amalgam Trial”—were funded by the National Institute of Dental and Craniofacial Research and were made up of children who had no previous restorations.

“It’s the first bit of objective evidence other than heated opinion and observational studies,” said Timothy DeRouen, Ph.D., lead author of the Lisbon study and executive associate dean for research and academic affairs at the University of Washington School of Dentistry.

In a press release sent to media outlets across the United States, the ADA says, “These studies support existing scientific understanding that the minute amount of mercury released by amalgams



**Good vs. bad science:** ADA Executive Director James Bramson (left) gives his “Facing the Future” report to the Council on Scientific Affairs during its April 20 meeting. Dr. Bramson praised the council by telling them, “It’s a huge responsibility to educate our members on what’s good science.” Dr. Douglas Dederich, CSA vice-chair, is shown at right.

during eating and drinking does not affect health adversely.” The Association goes on to reinforce that “both studies support the continued use of dental amalgam as a treatment option.”

The studies conclude that there were no clinical adverse effects on neurological and kidney function in children with dental amalgam fillings and health effects of amalgam restorations should not be an issue when choosing a restorative material.

“I think the two studies put us ahead of where we were before in terms of our knowledge. Prior to these trials, there hadn’t been any randomized studies of the issue,” said David Bellinger, Ph.D., lead author of the New England study, a neurology professor at Harvard Medical School and senior research associate at Boston’s Children’s Hospital. “The evidence was all observational and anecdotal. I wouldn’t say that we’ve settled the question entirely, but I do feel quite comfort-

**“These studies support existing scientific understanding that the minute amount of mercury released by amalgams during eating and drinking does not affect health adversely.”**

able saying that on average there don’t seem to be any adverse effects, at least under the conditions and amounts in which amalgam was used in these trials. I think people can feel a lot more comfortable. I know I do.”

The studies also noted mercury in urine increased in children exposed to amalgam restorations, but remained within the range of normal background levels.

“These studies actually sacrificed some statistical power to undergo a mid-trial analysis of data by their respective data safety monitoring boards,” said Dr. Fred Eichmiller, director of the ADA Foundation’s Paffenbarger Research Center. “The monitoring board broke the randomization code and did a complete statistical analysis of the results. This is something that is very much over and above what would be done in most clinical trials and was done to specifically address the possibility of some adverse response occurring in these children. The mid-trial analysis did not find any adverse response, and the trials went on to completion. The findings were definitive enough that they still had excellent power in the statistics, even after sacrificing some with this mid-trial analysis.”

The April 19 JAMA also includes a “misleading” editorial by child psychiatrist Herbert L. Needleman, M.D., that “draws conclusions supported primarily by his own speculation and dramatically at odds with the published science,” the ADA says.

“It is important to note that his opinion contradicts much of the hard science presented in the two published studies, as well as a huge body of existing, peer-reviewed literature,” the ADA said in a prepared statement. “The public deserves health care treatment which is based on the weight of scientific evidence, not speculative opinion. The ADA is committed to promoting sound health care policy based on science, not conjecture.”

At this time, there are no plans to continue “The Children’s Amalgam Trial,” partly because no funding remains, said Dr. Bellinger.

The ADA’s press release to the public says, “The bottom line for consumers: Dental amalgam remains among several safe, effective options for treating dental decay.”

For comprehensive information about fillings and all other aspects of dental care and oral health, visit “[www.ada.org/prof/resources/topics/amalgam.asp](http://www.ada.org/prof/resources/topics/amalgam.asp)”.

Additionally, members are advised to direct patients seeking more information to “[www.ada.org/goto/fillings](http://www.ada.org/goto/fillings)”. ■

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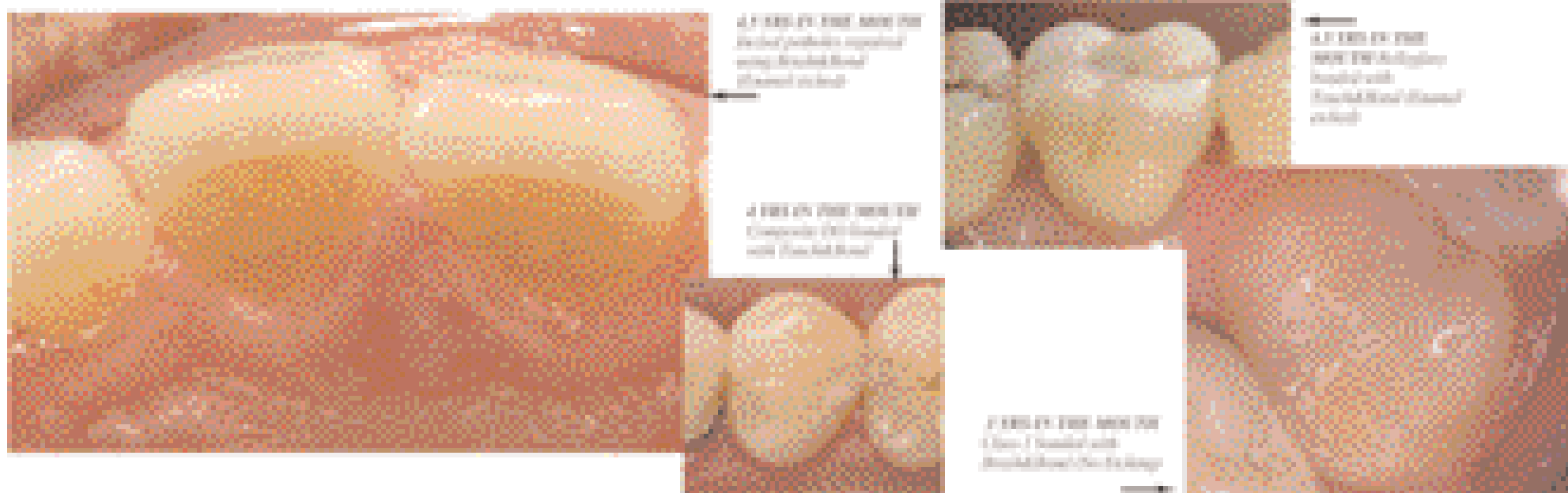
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We recently surveyed 420 randomly-selected dentists with 3-5 years experience using the systems. We asked them to tell us how their earliest restorations looked at recall and if possible send us pictures. We asked detailed questions concerning problems they'd encountered ... even the rare ones.

After 3-5 years experience, dentists liked the systems even more than when they started.

The respondents averaged 4 years experience with the systems, and they'd used them on about 2000 teeth each.

Apparently the longer dentists use these systems, the more they come to appreciate them. Believe it or not, after using 3-5 years of recalls, they awarded the adhesives even higher ratings than they did when we'd polled them 6 months after their first order.

For example ...

- Q 90% said they're easier to use than their prior bonding agents
- Q 89% said they show significantly less pick-up sensitivity than their prior agents
- Q 79.4% said the bond is more reliable than their prior bonding agents (the remaining 19.4% judged it about the same.)

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Cervical desensitization is the only application where Brush&Bond seems to have a clinical edge over Touch&Bond.

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**The difference between Touch&Bond and Brush&Bond**

With the exception of desensitization, where Brush&Bond has a definite edge, both products perform similarly in the mouth.

Nevertheless, many early Touch&Bond users have switched to Brush&Bond over the years. Brush&Bond is a bit faster (30-seconds vs 1-minute) and it can be cured with any type of curing light (Touch&Bond is incompatible with most LEDs, PNCs and lasers.) Many users also find Brush&Bond's chemically-activated Microbrush easier to handle than Touch&Bond's small sponge-pickup.

one respondent put it: "Brush&Bond is 'simpler' for desensitization. Touch&Bond is just 'good'."

88.4% of the respondents said they used them to reduce cervical sensitivity.

41% reported using it under temporary crowns to protect and desensitize the prep.

24% even told us they used it under amalgam to prevent sensitivity.\*

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\*After you use it below amalgam, Brush&Bond bonds to the metal to prevent pick-up sensitivity and create an oral sealant abutment against leakage. However, it does't bond to the amalgam so it won't improve retention. For that use Brush&Bond Plus.

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# Access

## Kansas MOM surpasses \$4 million in donated care

### Nebraska launches its first Mission of Mercy program

BY STACIE CROZIER

*Wichita, Kan.*—When the Kansas Dental Charitable Foundation hosted the fifth Kansas Mission of Mercy in Wichita in January, it boosted the KMOM totals to 10,691 patients treated and \$4,422,997 worth of care dispensed to those in need in Garden City, Kansas City, Pittsburg, Salina and Wichita.

KMOM cofounders Dr. Jon Tilton and Dr. Jeff Stasch began in 2003 with two clinics in 2003, then streamlined the program into one annual event that reaches some 2,000 patients in a different location each year.

"All of us have a passion for this concept and this project," said Dr. Tilton. "It has unified our membership, been an amazing member benefit and is the best attended event in our state."



**Exam time:** Dr. Steve Wilson (right), a periodontist from Wichita, performs triage at the KMOM's January event in Garden City.

The first KMOM event—held in Garden City during a snowstorm—challenged patients and volunteers who had to travel to the clinic site and then deal with the elements in the parking lot when they arrived, beginning at 4:30 a.m. on the first day. The first KMOM three-day event treated more than 1,700 patients with \$554,000 worth of care.

A college student from South Fork, Colo., who was juggling rent, bills and tuition, needed a

**"It has unified our membership, been an amazing member benefit and is the best attended event in our state."**

root canal and three fillings she couldn't afford. She attended the first clinic and followed up her visit with a note of thanks.

"I skipped my Spanish class and drove four hours to Walsh, Colo. Then my boyfriend's father and I got up at 3:30 a.m. and drove three hours in the snow to Garden City, Kan. The amount of people you are helping is unbelievable. All of you are very generous and have amazing hearts. Not only I, but many others will be blessed through this Mission of Mercy. I wish that I could give you all more, but this letter of appreciation and gratitude is all I can afford. Thank you all."

The next KMOM event is tentatively set for February 2007 in Topeka.

Nebraska's first Mission of Mercy program in North Platte was a perfect example of teamwork, bringing together 325 community volunteers, 155 dental professionals, breakfast and lunch for volunteers and patients each day and a semi trailer packed with dental equipment on loan from the Kansas Mission of Mercy to treat

some 900 patients during a two-day clinic last fall.

The program was financed in part by a grant and a loan from the Nebraska Dental Association and by donations and in-kind donations from many community businesses and service organizations in the North Platte area.

"Our goal now is to raise \$4 million in the next three years to support the program," says Dr. James States, the dentist who organized the North Platte event. "And we are also working to help other states organize MOMs to meet their citizens' dental care needs, just as Kansas helped us."

Future NMOM events will be held in Grand Island, Neb. in 2006 and Norfolk, Neb. in 2007. ■



**Nebraska MOM:** Terry Krohn, dental hygienist and director of the Two Rivers Public Health Department, works with a patient at the NMOM event last fall.

## It's time to nominate a rural health hero

BY CRAIG PALMER

The Robert Wood Johnson Community Health Leadership Program is accepting nominations from health professionals, consumers, community health leaders and government officials for health leadership awards honoring five individuals who demonstrated leadership in responding to challenges from the 2005 Gulf Coast storms.

Nomination forms and supporting materials, due June 30, are available online at "www.communityhealthleaders.org" or by calling 1-617-426-9772.

Nominations for this year's Minnesota Rural Health Hero and Minnesota's Outstanding Rural Health Team, are available at "www.health.state.mn.us/divs/chs/orhconf06.html" or by e-mail at "maryann.radigan@health.state.mn.us" or telephone 1-651-282-6338. The nominations are due May 9. ■



**Hangar of hope:** Dr. Don Doty of Brookhaven, Miss., and his children pause at the Brookhaven airplane hangar where Dr. Doty collects in-kind dental equipment and supplies. Since last year, Dr. Doty has distributed more than \$2 million worth of equipment and supplies to dentists whose offices were damaged or destroyed in last year's Gulf Coast hurricanes.



**Little helpers:** A GKAS volunteer poses with two GKAS participants. Ultradent assisted Give Kids a Smile in the Paterson, N.J., public schools this year by donating more than \$7,000 in dental supplies. The event was held at the board of health building in Paterson and provided free education, screenings, fluoride and sealants to children in 10 area schools.



**No more feeling:** A young GKAS patient shows Oregon Gov. Ted Kulongoski that she can no longer feel her tongue. Oregon Dental Association President Weston W. Heringer, Jr. looks in as third-year Oregon Health and Science University dental student Matthew Sheppard smiles.

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- Four Seasons Hotel Chicago, 120 E. Delaware Pl., "www.fourseasons.com/chicagofs";
- The Ritz-Carlton Chicago, A Four Seasons Hotel, 160 E. Pearson St., "www.fourseasons.com/chicagorc";
- The Whitehall Hotel, 105 E. Delaware Pl., "www.thewhitehallhotel.com";
- Wyndham Chicago, 633 N. St. Clair St., "www.wyndham.com".

Members must book reservations through the ADA to ensure the discounted rate. To check availability or book a reservation, please contact the ADA via phone toll free, Ext. 2583.

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See TRAVEL DEALS, page 18

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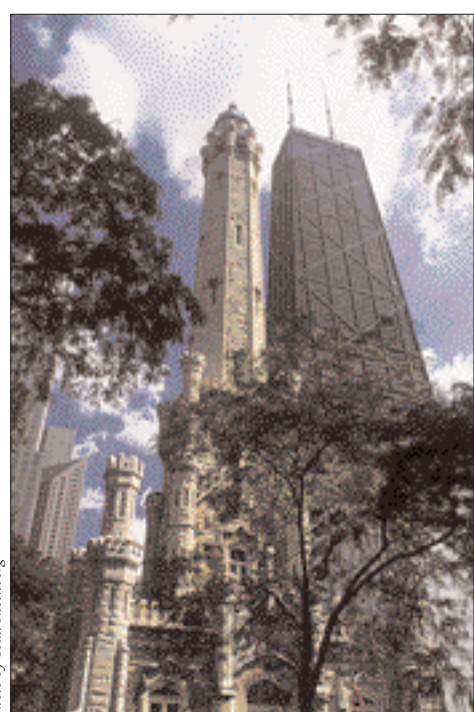
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**Chicago sights:** The historic Water Tower and the John Hancock Center are part of the distinctive Chicago skyline.

# Education

## Schools

*Continued from page one*  
assembly for approval during a session that begins this month. If all goes well, the UNC board of governors will have final say on the proposed new dental school in November.

"We are working collaboratively in the university system with Chapel Hill to find ways we can each play to our strengths and improve oral health in North Carolina," said Dr. Greg Chadwick, ECU's associate vice chancellor for oral health and

a past ADA president. "There are many things we can do collaboratively such as distance learning, and we're exploring all of those options."

There could also be opportunities for collaborative research between ECU and UNC-Chapel Hill, said Michael Lewis, M.D., ECU's vice chancellor for health sciences.

"We are excited about the collaborative process and we think it will be win-win for both institutions and the citizens of North Carolina," said Dr. Lewis.

North Carolina is facing a shortage of dentists, say ECU officials. The state ranks 47th in the nation in the dentist-to-population ratio. Four counties have no dentists and 28 have two or fewer practitioners.

The ECU component of the plan includes at least 10 rural dental health clinics in eastern and western North Carolina. ECU's dental school



Dr. Chadwick



Dr. Simonsen

would be modeled on the university's Brody School of Medicine, a program that has been highly effective in training primary care physicians who stay in North Carolina to practice. Nationally about 30 percent of all medical students pursue careers in primary care, say ECU officials, com-

pared to about 76 percent of ECU medical students.

"We will be looking for students from North Carolina who want to practice as general dentists in rural and underserved areas of the state," said Dr. Chadwick.

Pending approval of the UNC board of governors later this year, the first class of 50 dental students is projected to enroll around 2010.

Midwestern University's board of trustees approved a plan in February to found the Midwestern University College of Dental Medicine in Glendale, Ariz., and named Dr. Richard Simonsen, a former faculty member from the A.T. Still University of Health Sciences, Arizona School of Dentistry and Oral Health, the school's first dean.

The dental school is part of a \$140 million expansion of the university that is the largest in the school's history.

Among its health science education programs, Midwestern University offers degrees in osteopathic medicine, pharmacy, podiatry, biomedical science, and occupational and physical therapy. Midwestern has campuses in Downers Grove, Ill., and Glendale, Ariz.—where the dental school will reside.

"There is an extensive campus here in Glendale with all the basic sciences necessary for dental pre-clinical education available as part of the university," said Dr. Simonsen. "We expect that our simulation clinic and offices will be here on the Glendale campus with a new building slated for construction in the next six months."

The dental school will help provide access to dental care for the state's low-income populations, said Dr. Simonsen. Thirty-one percent of Arizona children have never had a dental checkup and 42 percent of Arizona seniors have bleeding gums and/or calculus present, he added.

Midwestern University officials have a "forward-looking perspective" on the school's dental clinics, said Dr. Simonsen.

"We are a traditional model dental school, but we recognize the need for our students to be out in more than one community in order to learn how to treat various patient populations," he said. "Should we be ultra-traditional and have a big clinic on campus here, or should we place the clinic somewhere where dental treatment is needed, near our patients? And why should we have one clinic? We may need two, three or four smaller clinics of perhaps 50 chairs each."

The university is also considering new cross-discipline clinics where dental students treat patients alongside medical, podiatry and pharmacy students.

"We are very excited about this new opportunity," said Kathleen H. Goeppinger, Ph.D., Midwestern University president and chief executive officer. "We are only a health care university, and one of the things missing in our mission was dentistry."

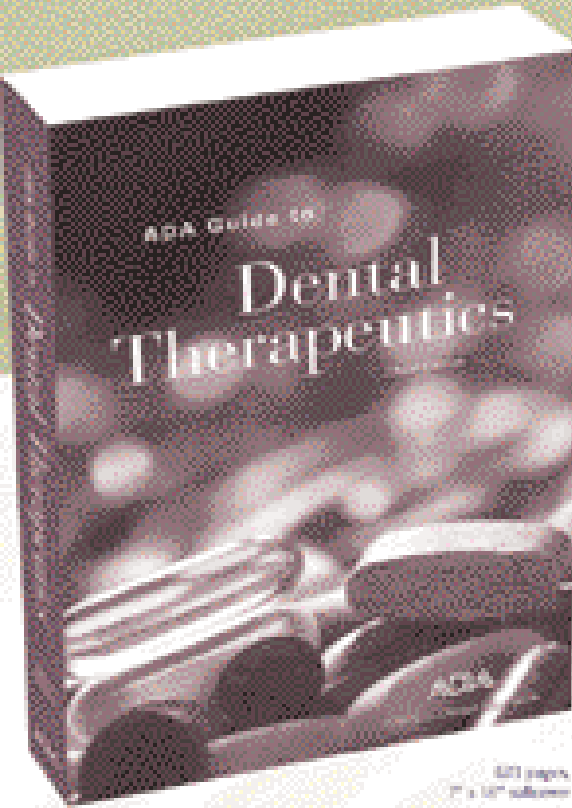
Funding sources for the dental school include cash reserves, grants and tax-exempt bonds, said Dr. Goeppinger. The project is one of the largest in the state's higher-education history, exceeding the \$122 million for a University of Arizona medical school in Phoenix.

The university has an excellent credit rating, added Dr. Goeppinger. "We spent a number of years to make the commitment to do a first-class dental program," she said.

Midwestern University is preparing its dental accreditation process now and hopes to matriculate its first class of 100 students in 2008.

Dr. Rick Valachovic, executive director of the American Dental Education Association, does not see the two new schools as a sign that dental education is safe from the financial pressures that led to seven closings in the past 20 years.

"All of us are aware of the prominence of the access to care issues in the United States," said Dr. Valachovic. "Whether these new schools are the result of a workforce shortage or a maldistribution, we believe that all of the factors related to the problem should be considered, and new schools be developed only after careful deliberation of the alternative options." ■



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# Colorado appoints dean: Dr. Denise Kassebaum

BY KAREN FOX

*Aurora, Colo.*—The University of Colorado last month appointed Dr. Denise K. Kassebaum dean of its School of Dentistry.

A professor in the school's department of diagnostic and biological sciences, Dr. Kassebaum has served in several leadership positions at CU including executive associate dean, associate dean for academic affairs, chair of the division of oral diagnosis, oral medicine and oral radiology, and interim dental school dean.

She will lead the dental school at its new home at the Lazzara Center for Oral-Facial Health on the University of Colorado at Denver and Health Sciences Center's Fitzsimons campus in Aurora.

"This is an exciting time in the school's history with our recent move to Fitzsimons," Dr. Kassebaum said. "Our clinicians and scientists are working collaboratively with faculty across the campus and university to develop new technologies and treatment methods that improve dental

treatment and overall health."

On May 1, Dr. Kassebaum takes the reins from former dean Dr. Howard Landesman, who now serves as the school's director of external relations and diversity.

Dr. Kassebaum earned her DDS degree from the University of Missouri-Kansas City and master's in oral radiology and oral medicine at the University of Texas Health Science Center-San Antonio. She also completed a fellowship in the Executive Leadership in Academic Medicine program. ■



**Dean Kassebaum:** Has served in several leadership positions at the school.

## Call for musicians

*Washington*—The VA-National Medical Musical Group is recruiting new members for its symphony orchestra and chorus for the 2006 season. Upcoming events include a Flag Day concert on Capitol Hill June 13 and a Veteran's Day performances in Oklahoma City Nov. 5.

Physicians, dentists, nurses, other health care personnel and friends both VA and non-VA may apply; string players are especially needed. For more information call 1-202-797-0700, write to 1700 17th Street, NW, Suite 508, Washington, D.C. 20009, e-mail "vanmmg@hotmail.com" or go online to "www.medicalmusical.com". ■

## ADEA, Zimmer partner on education efforts

BY KAREN FOX

*Washington*—The American Dental Education Association recently announced a new partnership with Zimmer Dental designed to strengthen undergraduate and advanced dental education, including the teaching of implant dentistry.

Zimmer is committing \$500,000 to ADEA to support the partnership over a six-year period.

"This is another expression of Zimmer's overall commitment to partner with the health care professions we serve to provide support for professional education," said Ray Elliott, Zimmer Holdings chairman, president and CEO.

The partnership also creates the Zimmer Dental/ADEA Implant Education Teaching Award that recognizes educators and schools that develop new ideas and programs to advance implant therapy education.

"This very generous commitment from Zimmer Dental will provide significant resources for ADEA as it continues its efforts to ensure the oral health of the public through the support of dental, advanced dental and allied dental education," said Dr. Richard Valachovic, ADEA executive director.

Zimmer Dental's contribution also includes sponsorship of ADEA's Advanced Dental Education Summit, which provides a forum for dental educators to strengthen and expand programs, new technologies and teaching innovations; and support of ADEA's domestic and international meetings and events to advance the knowledge of implant dentistry. ■

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**Paying attention:** Above, Dr. James W. Antoon, chair of the ADA Council on Ethics, Bylaws and Judicial Affairs (right), and Dr. Rickland G. Asai, vice chair, listen during the council's March 2 meeting at ADA headquarters. At right, Dr. Cynthia Riffle, clinical assistant professor at Marquette University School of Dentistry, speaks to the council during the meeting.



## Travel deals

*Continued from page 15*

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- Your ADA discount CDP# 42371 is the key to great savings with all your Hertz reservations. Use it with your Member Savings Card for more savings.

- Great discount "coupon-less offers" are available via the ADA Member Center at "www.ada.org".

- Visit hertz.com directly for low web rates and other special offers using your ADA discount. Or call 1-800-654-2210. Besides the ADA discount number, be sure to give the PC# of the coupon you are using for additional savings.

- Another way to save is to make advance reservations because last-minute reservations made at airports do cost more.

- If you're planning on attending this year's annual session in Las Vegas, visit the hertz.com via the link at "ada.org/goto/session". Use special reservations code CV#02QD0010. Or call Hertz at 1-800-654-2240. Don't forget to register early to access your first choice of courses and hotels.

- Hertz #1 Gold membership is complimentary for ADA members. Apply online via the ADA Member Center at "www.ada.org" or by e-mailing "murphyp@ada.org". Gold membership will offer you some great opportunities for first-class treatment.



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## Domestic air travel discounts

Delta Air Lines is an official airline for the ADA in 2006. Discounts on Delta can only be obtained by going to the ADA Member Center at "www.ada.org" and clicking on the Delta Air Lines travel link. If you plan to travel to Las Vegas for annual session, discounted travel reservations can only be made by going to "www.ada.org/goto/session" and then clicking on the Delta logo on the travel and transportation page. Delta is offering a 5 percent discount in several economy categories. In addition, a 10 percent discount is being offered for first class fares. The following additional benefits are included:

- 1,000 SkyMile bonus points;
- No service fees;
- Check-in online within 24 hours prior to departure.

Special annual session air travel discounts are also available on United Airlines by calling 1-800-521-4041 and referencing file number 523RH. International attendees can take advantage of the Star Alliance Network of airlines. Making your travel reservations is easy. For attendees traveling from other countries please contact your local Star Alliance member airline or personal travel agent and reference Event Code UA011S6 to receive the discounted fares. (Those in the United States can contact United Airline's meeting desk at 1-800-521-4041 or your local travel agency and reference Event Code UA011S6.) As always, if you're a member of one of the Star Alliance member airlines' frequent flyer programs, you'll earn points, build status and enjoy member benefits with each flight you take. ■

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## Health savings accounts endorsed by ADA Member Advantage

The number of individuals covered by health savings account-type health insurance plans has grown to 3.2 million—a seven-fold increase since November 2004—according to a recent report published by America's Health Insurance Plans.

Also known as HSAs, health savings accounts are tax-favored accounts designed to help individuals save for qualified medical expenses incurred by themselves, spouses or dependents. An individual who is covered by a high deductible health plan can make a tax-reducing contribution to an HSA and use it to pay for out-of-pocket medical expenses.

Health savings accounts were introduced in 2003 as part of the Medicare Modernization Act. Individuals and employers are adopting HSAs in an effort to cut the cost of providing health insurance and have more choices about their coverage.

About 31 percent of those purchasing HSA-type coverage were previously uninsured individuals who now find it affordable to purchase health insurance on their own. Another 33 percent were small businesses not previously offering health coverage to their employees.

Many dentists have taken advantage of a program sponsored by the ADA that provides members with a qualified high deductible health insurance plan and helps them open the tax-favored HSA account.

"It's a great tax benefit and a great way to save money, and you get a good, low premium policy at the same time," said Dr. Arvind Vakani of Stuart, Fla.

Dr. Vakani opened an HSA in May 2004 with First Horizon Msaver Inc., the ADA Member Advantage provider for HSAs, and purchased a high deductible health plan through First Horizon Insurance Services Inc.

Contributions to HSAs by individuals can be

ADA MEMBER ADVANTAGE<sup>SM</sup>

used to reduce federal income taxes, even if the taxpayer does not itemize. Contributions by an employer are not included in the individual's taxable income. Individuals, employers or both can contribute funds each year up to the amount of the policy's annual deductible, subject to a cap in 2006 of \$2,700 for individuals and \$5,450 for families. These amounts will be increased for

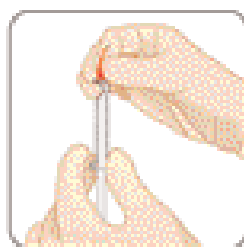
inflation in future years.

In addition, individuals over age 55 can make extra contributions to their accounts (\$700 in 2006, increasing to \$1,000 by 2009) and still have the same tax advantages.

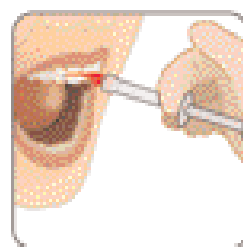
The interest and investment earnings generated by the account are also not taxable while in the HSA. Amounts distributed are not taxable as long as they are used to pay for qualified medical expenses. For example, HSA funds can be used to cover the health insurance deductible and any copayments applied to qualified medical services,

prescriptions or products. HSA funds can be used to purchase qualified over-the-counter drugs and qualified long-term care insurance, and to pay COBRA continuation coverage after leaving an employer that offers health insurance coverage.

To find out more about health savings accounts, contact First Horizon Msaver Inc., at 1-866-257-2652, or go to "www.adamemberadvantage.com". First Horizon Msaver is the only HSA provider endorsed by ADA Member Advantage. ■



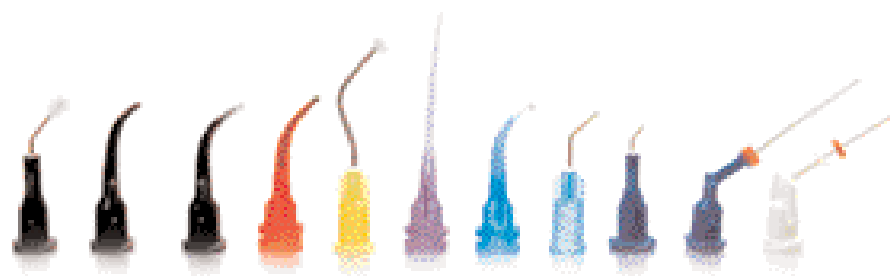
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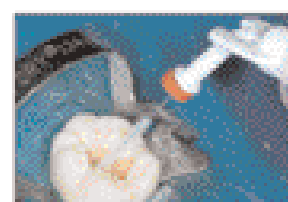
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## Pediatric meeting in Massachusetts this September

*Hyannis, Mass.*—The Northeast Society of Pediatric Dentistry will hold its annual meeting here Sept. 15-17.

This year's event, "Practice Management for the Pediatric Dental Team," includes topics on choosing the ideal dental team, hiring and retaining competent staff, and an endodontics lecture.

For more information, contact Dr. Bob Moreau, NESPD president, by phone at 1-508-337-3307, by fax at 1-508-337-3317 or e-mail "DrBobpediatricdental@comcast.net". ■

## CORRECTION

The phone number for Dr. Brian Swann of the National Dental Association in the April 3 ADA News ("Dentists Reach Out to Ethiopia: National Dental Association Plans a Return Tour For This Fall," page 22) is incorrect.

Contact Dr. Swann for more information on the NDA's upcoming tour of Ethiopia and Zanzibar by calling 1-408-595-2591 or e-mail "SwanDent@aol.com".

More information on the itinerary will soon be available from World Travel Vignettes Inc., by calling 1-800-567-5047 or 1-215-657-7522. ■

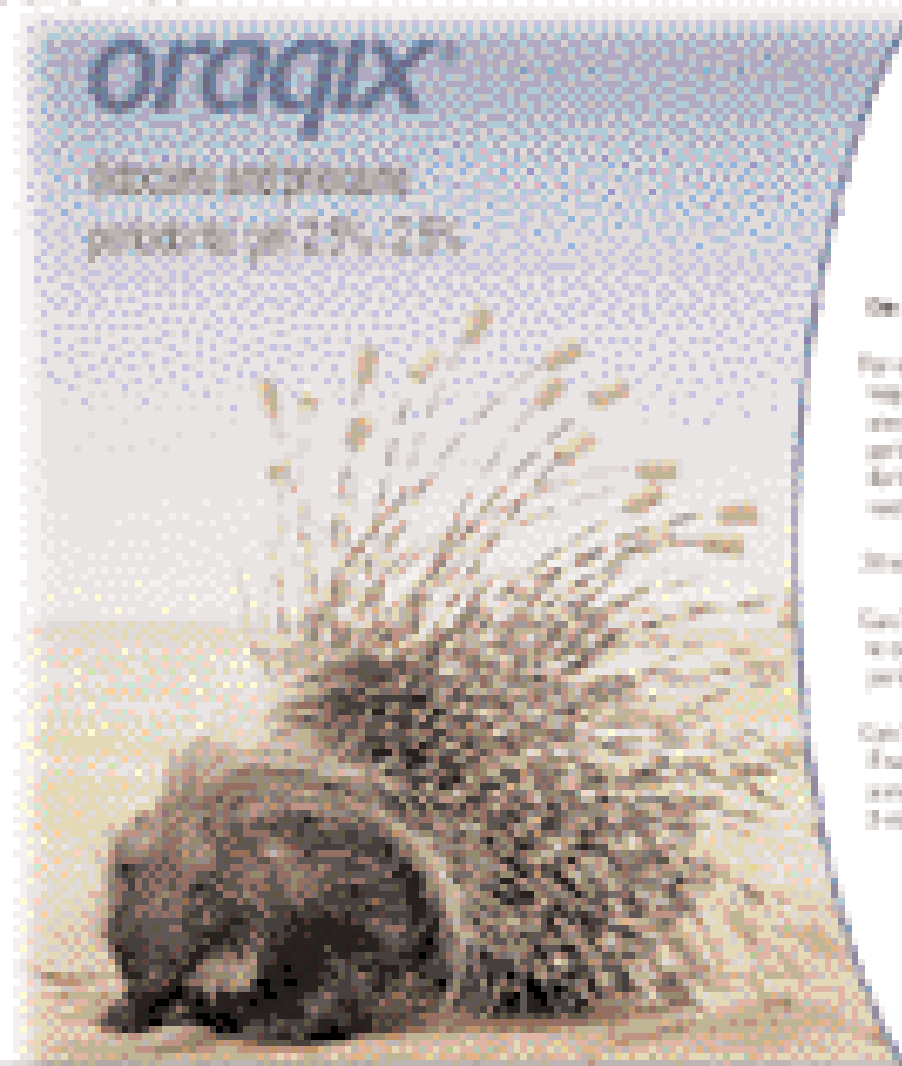
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