

American Dental Association

ADACommons

[ADA News](#)

[ADA Products and Publications](#)

12-11-2006

ADA News - 12/11/2006

American Dental Association, Publishing Division

Follow this and additional works at: <https://commons.ada.org/adanews>



Part of the [Business and Corporate Communications Commons](#), [Dentistry Commons](#), and the [History of Science, Technology, and Medicine Commons](#)

Recommended Citation

American Dental Association, Publishing Division, "ADA News - 12/11/2006" (2006). *ADA News*. 499.
<https://commons.ada.org/adanews/499>

This News Article is brought to you for free and open access by the ADA Products and Publications at ADACommons. It has been accepted for inclusion in ADA News by an authorized administrator of ADACommons. For more information, please contact commons@ada.org.

ADANews

DECEMBER 11, 2006

VOLUME 37 NO. 22

Fluoridation victories

Campaigns spur local coalitions across the nation

BY STACIE CROZIER

Voters in three U.S. communities with optimally fluoridated water systems rejected anti-fluoridation ordinances at the polls last month: Boulder, Colo.; Arcata, Calif.; and Jackman and

Moose River, Maine.

Boulder citizens rejected Proposition 2B, an ordinance that would have stopped fluoridation after 37 years. In response to the ballot measure, a coalition of dentists, dental hygienists, Den-

tal Aid (the community's not-for-profit dental clinic that serves low-income and uninsured patients) and private citizens formed a "Vote No on 2B Committee" to educate the public about fluoridation through a variety of vehicles.

Committee members produced full-page newspaper ads in local newspapers listing the names of some 400 dental professionals and health organizations that support and endorse fluoridation.

See VICTORIES, page 14

BRIEFS

Your Dental Advocate: The third edition of Your Dental Advocate is inserted between pages 12 and 13 of this issue of the ADA News.

This month's YDA, a publication centered on public affairs and advocacy, features a look at hot topics like the impact of the November election on Congress.

A first-person account from Dr. Chris Edwards gives an insider's look at working for a congressman on the Hill. Dr. Edwards serves as deputy chief of staff for Rep. Kenny

SPECIAL REPORT

His dream derailed?

New orthodontist claims failed agreements have put him in a tough spot

Suits and countersuits

BY JAMES BERRY

Dr. Michael Sawaf thought he had found the key to success—a benefactor willing to finance his education as an orthodontist and to provide him, after completing his studies, with a ready six-figure income in an orthodontic practice.

Now Dr. Sawaf and at least a dozen others like him believe they are caught in a spiral of lawsuits and counter complaints that could threaten their personal and professional futures.

After earning his dental degree from Boston University in 1995, Dr. Sawaf spent nine years in the Navy before deciding to seek post-graduate training in orthodontics.

Married and with two small children, Dr. Sawaf needed help funding his advanced education. He thought he'd found it in Dr. Gaspar Lazzara's Florida-based Orthodontic Education Co., an affiliate of Imagine Orthodontics, a nationwide chain of orthodontic practices.

Under educational and practice agreements with OEC/Imagine, the company would pay Dr. Sawaf's tuition and fees, plus a stipend for living expenses, to attend the two-year, OEC-backed orthodontics program at Florida's Jacksonville University.

He needed help funding his orthodontic education and thought he'd found it through the OEC.

Jacksonville's was one of three orthodontic residencies supported by OEC/Imagine in U.S. universities. The other two were the University of Colorado at Denver and the University of Nevada, Las Vegas. Two of the three institutions (UNLV and Colorado at Denver) have since ended relationships with OEC/Imagine; the third (Jacksonville) has declared its

OEC agreement "inactive."

In exchange for the company's financial support, Dr. Sawaf noted, he and other dentists under contract agreed to work for seven years in an Imagine practice after completing their orthodontics residency—a guaranteed job with an annual income of at least \$150,000.

Dr. Sawaf said he successfully completed the residency in July 2006 and agreed to move his family to Tennessee where he would staff a new Imagine practice in Brentwood, a Nashville suburb. He said he also secured a \$500,000 mortgage on a home, thanks to a letter from Imagine that assured lenders he would begin earning a substantial income in August.

But Dr. Sawaf said the job and paycheck never materialized, leaving the orthodontist, now 38 years old, with a hefty mortgage, a family to feed and no income.

See DREAM, page nine



ADA in 2006

Achievements in advocacy, member services highlighted

BY JUDY JAKUSH

"A terrifically successful year" is how ADA President Kathleen Roth describes the accomplishments of the American Dental Association in 2006.

Dr. Roth's comment is her reflection on what the ADA has provided by way of products, services and advocacy to ADA members as listed in the 2006 ADA Activities and Accomplishments.

ADA Executive Director James B. Bramson this month presented the Board of Trustees with the 12-page single-spaced list of what the Association has done during the past year on behalf of the profession and the patients it serves.

Some key accomplishments include transitioning into an integrated public affairs approach to advocacy, enhancing customer service through a broadened member relationship management program, launching the Professional Product Review publication along with the ADA

See 2006, page 20



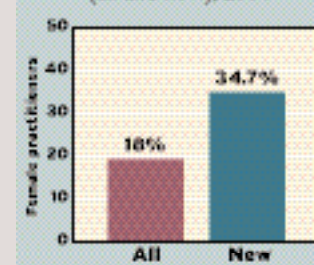
Marchant (R-Texas).

The YDA premiered in the Aug. 21 issue of the ADA News and a second edition was published Oct. 2. Next year, 10 issues are scheduled for insertion into the ADA News starting Jan. 22. ■

JUST THE FACTS

Gender

Percentage of female, active practitioners in the U.S. (all and new), 2004

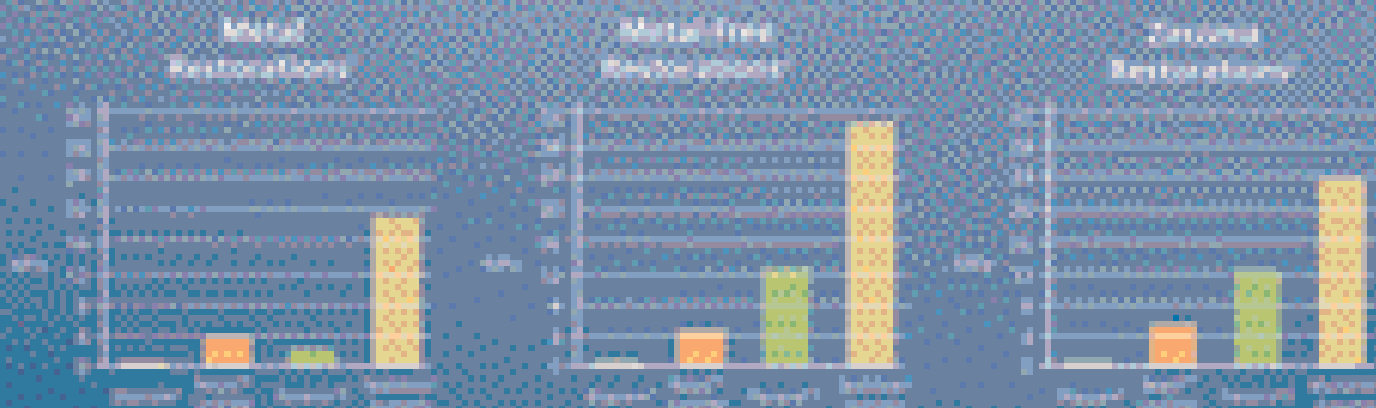


Source: ADA Survey Center
"survey@ada.org", Ex. 2568

Try Multilink[®] Today!
The dental industry's
fastest growing resin cement!

Put yourself in your Patient's Shoes...

Wouldn't you want the strongest cement?



Easy
Automatic delivery makes placement easy and accurate

Fast
Dual-cure initiators provide fast, easy clean-up with dual-cure security

Universal
For use with a broad range of restorative materials:

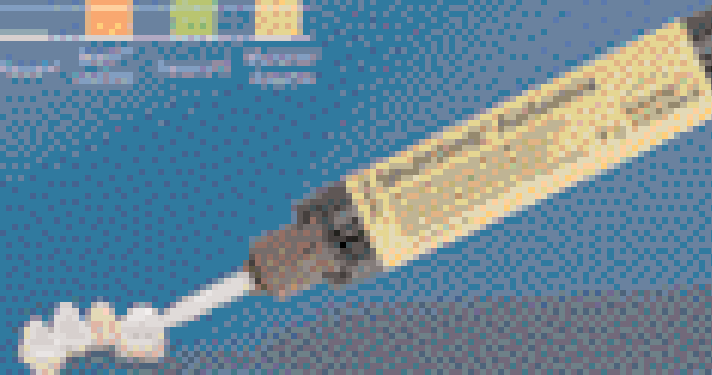
- Metal
- Metal-free
- Indirect composite
- Code ceramics (Ducoria, Alumina)

*According to Strategic Dental Marketing, Inc.
†All values based strength results. Further data available upon request.
‡Temperature based strength results (light-cure). Further data available upon request.

Visit our website at www.Ivoclar.com

www.GoldMultilink.com

Ivoclar has a 40% share of the dental resin cement market in the U.S. © 2008 Ivoclar Vivadent. Multilink is a registered trademark of Ivoclar Vivadent, Inc. Clearfil Single Bond, Clearfil Primer, Clearfil Bond, Clearfil Single Bond, and Clearfil Primer are all trademarks of Ivoclar Vivadent, Inc.



**Multilink[®]
Automix**
UNIVERSAL RESIN CEMENT

ivoclar
vivadent

AMERICAN DENTAL ASSOCIATION WWW.ADA.ORG

ADANEWS

(ISSN 0895-2930)

DECEMBER 11, 2006 VOLUME 37, NUMBER 22

Published semi-monthly except for monthly in July and December by the American Dental Association, at 211 E. Chicago Ave., Chicago, Ill. 60611, 1-312-440-2500, e-mail: "ADANews@ada.org" and distributed to members of the Association as a direct benefit of membership. Statements of opinion in the ADA NEWS are not necessarily endorsed by the American Dental Association, or any of its subsidiaries, councils, commissions or agencies. Printed in U.S.A. Periodical postage paid at Chicago and additional mailing office. Postmaster: Send address changes to the American Dental Association, ADA NEWS, 211 E. Chicago Ave., Chicago, Ill. 60611. © 2006 American Dental Association. All rights reserved.



American Dental Association
www.ada.org

PUBLISHER: Laura A. Kosden**EDITOR:** Dr. Michael Glick**ASSOCIATE PUBLISHER:** James H. Berry**NEWS EDITOR:** Judy Jakush**ASSISTANT NEWS EDITOR:** Arlene Furlong**WASHINGTON EDITOR:** Craig Palmer**SENIOR EDITORS:** Karen Fox, Stacie Crozier, Jennifer Garvin**ELECTRONIC MEDIA EDITOR:** Joe Hoyle**EDITORIAL ASSISTANT:** Chrestine Johnson**CREATIVE DIRECTOR:** Peter Solarz**TECHNOLOGY MANAGER:** Paul Gorski**SENIOR LAYOUT DESIGN COORDINATOR:** Jeanie Yu**PRODUCTION:** Susan Chauvet, Courtney Crawford**NATIONAL SALES MANAGER:** Bud McKeon**DIRECTOR OF PRODUCTION:** Elizabeth Cox**PRODUCTION ASSISTANT:** Katrina Collins**DIRECTOR, SALES & MARKETING:** Carol J. Krause**ADVERTISING SALES MANAGER:** Michelle Boyd**MARKETING MANAGER:** Jill Philbin**SALES AND MARKETING ASSISTANT:** Debby Rehn**CIRCULATION CUSTOMER SERVICE REP:**

Gwen Johnson

REPRINTS AND PERMISSIONS: Patricia A. Lewis

ADVERTISING POLICY: All advertising appearing in this publication must comply with official published advertising standards of the American Dental Association. The publication of an advertisement is not to be construed as an endorsement or approval by ADA Publishing, the American Dental Association, or any of its subsidiaries, councils, commissions or agencies of the product or service being offered in the advertisement unless the advertisement specifically includes an authorized statement that such approval or endorsement has been granted. A copy of the advertising standards of the American Dental Association is available upon request.

ADVERTISING OFFICES: 211 E. Chicago Ave., Chicago, Ill. 60611. Phone 1-312-440-2740. Eastern representative: Vince Lagana, PO Box 6, Pocono Pines, PA, 18350; phone 1-570-646-7861. Central representative: Robert J. Greco, Hilltop Executive Center, 1580 S. Milwaukee Avenue, Suite 404, Libertyville, Ill. 60048; phone 1-847-522-7560. Western representative: Audrey Jehorek, 8 Hexham, Irvine, Calif. 92603; phone 1-949-854-8022.

SUBSCRIPTIONS: Nonmember Subscription Department 1-312-440-7735. Rates—for members \$8 (dues allocation); for nonmembers—United States, U.S. possessions and Mexico, individual \$67; institution \$100 per year. Foreign individual, \$92; institution \$125 per year. Canada individual, \$81; institution \$112 per year. Single copy U.S. \$11, foreign U.S. \$13. For all Japanese subscription orders, please contact Maruzen Co. Ltd. 3-10, Nihonbashi 2-Chome, Chuo-ku, Tokyo 103 Japan. ADDRESS OTHER COMMUNICATIONS AND MANUSCRIPTS TO: ADA NEWS Editor, 211 E. Chicago Ave., Chicago, Ill. 60611.

ADA HEADQUARTERS: The central telephone number is 1-312-440-2500. The ADA's toll-free phone number can be found on the back of your membership card.



Look for the ADA Seal of Acceptance as your assurance that the product meets ADA guidelines for safety and effectiveness.

Travel deals for ADA members

Stay in Chicago this winter and take advantage of special discounted rate offers at two of the ADA hotels.

The Hilton Suites (formerly the Doubletree, 198 E. Delaware Pl., "www.hilton.com") is offering the special winter rate of \$129/night from Dec. 1-March 10 and The Whitehall Hotel (105 E. Delaware Pl., "www.thewhitehallhotel.com") is offering the special winter rate of \$129/night from Jan. 1-April 30 (rate does not apply Feb. 16-26).

To check availability of these special winter rates, please contact the ADA today by calling toll free, Ext. 2583.

Additional ADA hotels will be added to the 2007 program and updated information will be available

in the member center on ADA.org in January 2007.

Beginning in late January 2007, ADA members will be able to book hotel accommodations online. The new online booking tool will be available in the ADA.org member center along with hotel descriptions, room rates and an area map. This convenient tool will offer ADA members a centralized place for all travel needs.

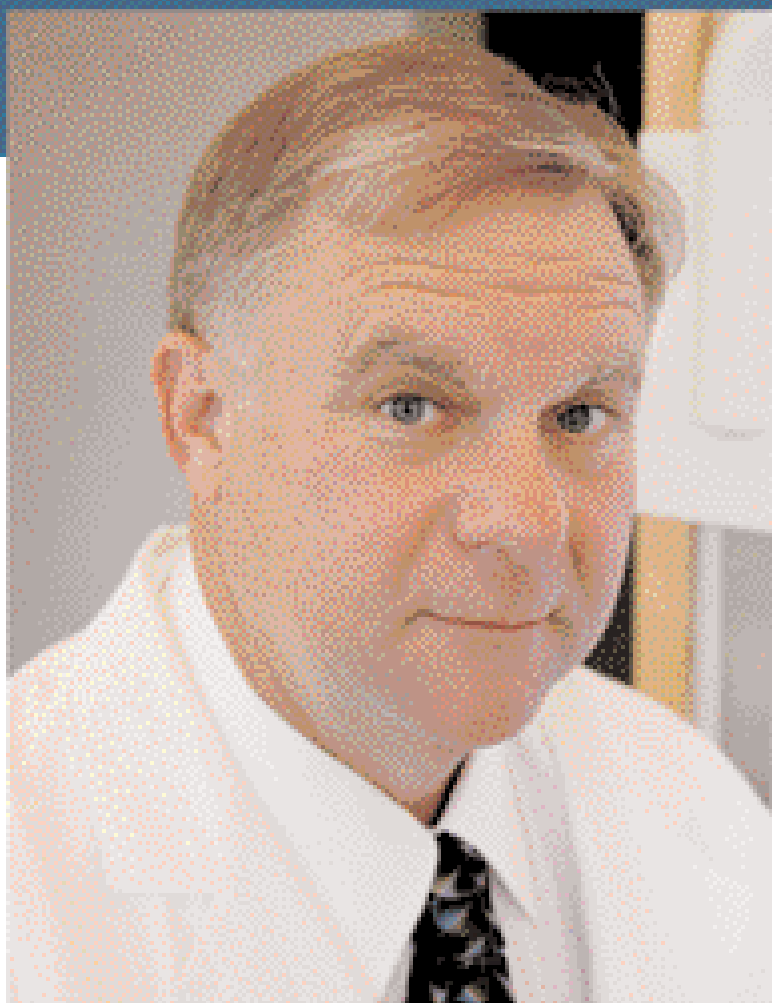
Go to ADA.org and use the Google search engine by entering the word "lodging" to learn about a variety of travel benefits for members only, including Chicago hotel discounts, discounts at Starwood Hotels and Resorts worldwide and Hertz car rental discounts including complimentary Hertz #1 Gold membership. ■



Photo courtesy of Chicago/Peter J. Schultz

Winter wonderland: Chicago offers great winter shopping and fun.

"In 21 years, my LUMINEERS patients have never needed a root canal."



"LUMINEERS are the safer way to remodel a smile. They are beneficial to continuing pulpal health due to the reduced amount of preparation necessary in the placement of LUMINEERS."

— Dr. Marcum, Endodontist

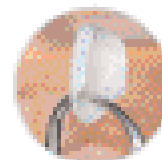
Predetermined tooth reduction (such as .5-1 mm margins) is irreversible. In cases with large pulps and small teeth, that reduction may damage the pulp forever. Once reduction has occurred, the tooth will require a restoration for the rest of the patient's life.

This is not the case with LUMINEERS®. Once you decide how little tooth structure needs to be removed without anesthetic (enameloplasty), you then tell the Cerinate® technician to make it look beautiful. This can be reversed at anytime in a patient's life.

Watch LUMINEERS placed LIVE! Attend a Cerinate Smile Design course and learn how to place LUMINEERS restorations. Bring a staff member FREE!*

Call 1-800-491-2339 today!

Your patients and their pulps will thank you!



LUMINEERS
BY CERINATE

Visit www.lumineers.com to see how dental practices LUMINEERS can treat.

*For every paid dentist registration. Not valid with any other offer. ©2006 Cerinate Corporation. World Rights Reserved. 800-491-2339-ADA 1st 12/06

ViewPoint

MyView

Was it worth it to you?



Dan Jenkins, D.D.S.

I was reading my usual daily 100-plus e-mails the other day when I started to notice a common subject thread among several participants in one dentist's group.

They were complaining about the problems they were having in their practices: difficulty with patients, staff, insurance companies, government, labs, supply houses, landlords, their cars and even their dental society. (Obviously none were from Tri-County.) Out of exasperation one dentist exclaimed, "If I had known it was going to be like this, I wouldn't have gone into dentistry. I just don't get paid enough for this!"

I began to wonder, are we paid enough for what we do? Are we compensated sufficiently for having patients come in and tell us how much they "hate the dentist"?

In your years as a dentist, have you ever applied for a loan and been treated like your practice was not a secure income to qualify, and yet your staff member who works for you is considered as having a "secure" job income and lives in a better house than you do?

I remember in dental school, the academic dean said, "Dentistry owes you a moderate income, a moderate house and a decent car. But, dentistry does not owe you two cars, a second house or an airplane. That you will have to get by saving and investing." Because of this, I have never figured out how to actually get wealthy directly from dentistry. I have met several dentists, though, who seem to do quite well financially. There was even an article in the Wall Street Journal in January 2005 about one dentist who profited over half a million dollars a year while his physician brother-in-law made a little over \$100,000 a year.

I'm not sure how much monetary compensation I received for doing these, but these patients' appreciation for what I'm doing for them is certainly of great value to me.

We are taught through ethics that money should not drive our practices. I remember one part-time teacher in dental school who made the comment that a dentist could not be considered successful unless he or she was making over \$100,000 a year. (This was in the early 70s.) I heard he was fired for that comment by implying that income was any indication of success.

As I was contemplating all of this and reading the posts on the subject, I posted my comments regarding our compensation for what we have gone through and what we all have to put up with every day. While I enjoy what I do, I questioned whether the pay was worth it. In response to my post came an e-mail from one of our members who in friendship reminded me that, "Not all of our compensation is monetary." Thanks, Bill.

See MY VIEW, page five

LettersPolicy

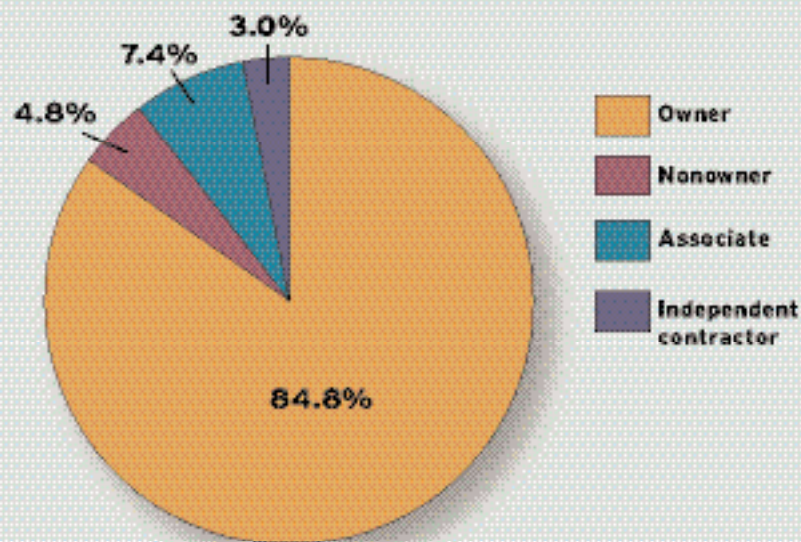
ADA News reserves the right to edit all communications and requires that all letters be signed. The views expressed are those of the letter writer and do not necessarily reflect the opinions or official policies of the Association or its subsidiaries. ADA readers are invited to contribute their views on topics of interest in dentistry. Brevity is appreciated. For those wishing to fax their letters, the number is 1-312-440-3538; e-mail to "ADANews@ada.org".

SNAPSHOTS OF AMERICAN DENTISTRY

Dental practice

Among active private practitioners who report an ownership status, 84.8 percent are owners.

Ownership status of all active private practitioners in the U.S. whose primary occupation is private practice, 2004



Source: American Dental Association, Survey: Career, 2004. Distribution of Dentists in the United States by Region and State.

Letters

Licensure

As I read the article on licensure ("Licensure Confusion," Sept. 18 ADA News), I had more questions than answers, particularly about the political nature of licensing.

One thing I discovered when I was redeveloping the Western Regional Examining Board examination with psychometric helpers was that this is a very complex arena that seems to be very difficult for us as dentists to comprehend.

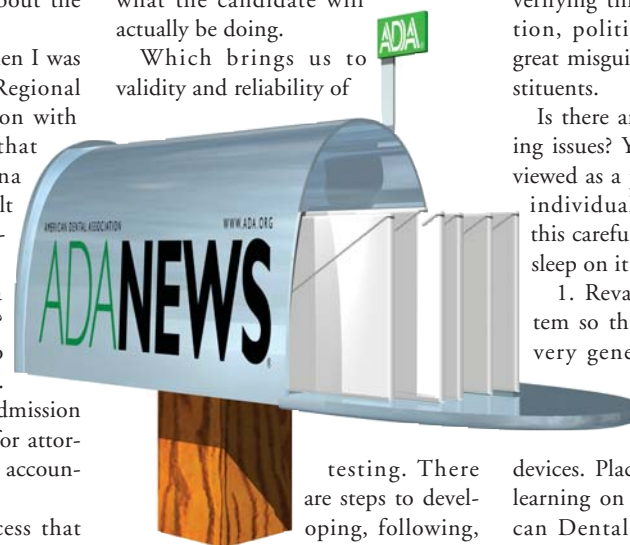
One must ask, is there a purpose for a licensing exam? If you answer no, then do away with testing in school. Do away with the Dental Admission Test. Do away with the bar for attorneys and the certified public accountants' test.

If yes, then create a process that will allow you to demonstrate minimum competence (whatever that is), assist the educational experience, and allow an outside organization to provide a check and balance to the process to ensure public protection.

It was interesting to serve as an examiner for many years. There were always at every exam site candidates who could not perform the simplest of operative techniques. Also, very seldom would you find a candidate who was capable of performing what

I would call exquisite dentistry. Which creates harm for the patient? In an exam there is a thing called fidelity of testing. The highest degree of testing fidelity is when you test on what the candidate will actually be doing.

Which brings us to validity and reliability of



testing. There are steps to developing, following, maintaining and demonstrating those principles.

Contrary to what is happening with the former Central Regional Dental Testing Service states, the WREB exam has been the only exam that has closely followed the psychometric guidelines adopted by the American Association of Dental Examiners. WREB's recent psychometric evaluation is available online at "www.wreb.org".

Those who developed the American Board of Dental Examiners exam claim to follow those guidelines also, but what is conspicuously absent is the publication of the documentation verifying this. Without that verification, political entities are doing a great misguided service for their constituents.

Is there another solution to licensure issues? Yes. Change from what is viewed as a punitive system to one of individual incentive. How? Read this carefully without judgment and sleep on it for a few days:

1. Revamp the educational system so that the first two years are very general instruction placing more learning on CDs, DVDs, iPods and other electronic self-learning

devices. Place more responsibility for learning on the student. The American Dental Education Association with its various components could put this together over time unifying the national training. Students would be required to choose what they would like to concentrate on studying the last two years. The educational experience would be more segmented and specialized for those two years.

2. On a national level, licenses would be segmented into the various specialties of dentistry with perhaps a few other areas such as occlusion and

See LETTERS, page five

Letters

Continued from page four
 esthetics. Each of those areas would have levels of 1-5 for proficiency. Graduates of an accredited program would receive certification of level 1. If they trained the last two years in an area of dentistry and are felt to be more proficient, educators would verify certification for a level 2. Anyone from a nonaccredited program would be required to petition for the areas they wish to practice at the level 1.

3. It would be necessary for the insurance industry to adapt reimbursement levels depending on the quality and expertise of their clients. Instead of limiting upper reimbursement you allow the patient to pay additional copayment to receive a higher quality of care.

4. Specialists who are board eligible would be reimbursed at level 3. Board certified would be reimbursed at level 4.

5. It would be possible to advance to levels that could be determined by specialty organizations and could be certified similar to the activities of the American Board of Operative Dentistry.

There are many other aspects of this type of program that could be discussed but cannot be covered in this letter. My personal evaluation from my experiences is that professional growth is needed and evaluation helps.

Floyd R. Tanner, D.D.S.
 Salt Lake City

Core build-up

OK, class, let's all say it together: not every tooth that is to be crowned must have a core build-up ("Letters," Sept. 4 ADA News).

As a plain, ordinary, wet-fingered dentist who is also in a position to see insurance submissions in a part-time post, I see a trend where every tooth submitted for a crown also requires a core build-up.

So before we condemn the carriers, we may have to do some professional soul searching to be sure there is a clinical need for a core build-up in addition to the crown.

Jack L. Roemer, D.D.S.
 Princeton, N.J.

MyView

Continued from page four
 Today I dried the tears of a fearful 7-year-old girl by removing her painful cavity without causing more pain. I gave hope and educational guidance to a lady in her late 30s who is facing jaw-repositioning surgery for sleep apnea.

I painlessly removed decay and filled several teeth on a 10-year-old boy without local anesthetic by using a laser. He used to be a nervous wreck worrying about having the "shot." I made a "transitional" temporary denture in one day for a patient whose denture had been lost in the hospital when she had an emergency appendectomy.

I'm not sure how much monetary compensation I received, but these patients' appreciation for what I'm doing for them is certainly of great value to me.


Sometimes we can wonder if the problems of a dental practice, or life in general, are worth it. With my kids all grown with lives of their own, I don't get to look in their eyes each day as I did years ago to have the same daily goal. But in reflection of what dentistry is to me now I have to look back on my own troubles and still say, "Yeah, it actually was worth it!" And still is.


Dr. Jenkins is the editor of TCDS Bulletin, the journal of the Tri-County Dental Society (Riverside and San Bernardino counties, Calif.). His comments, reprinted here with permission, originally appeared in the March/April 2005 issue of that publication.




Welcome: ADA President Kathleen Roth helps cut the ribbon to open the new offices of the American Academy of Pediatric Dentistry Sept. 29 at ADA Headquarters. Flanking her are Dr. John Rutkauskas, AAPD executive director (left), and Dr. Philip H. Hunke, AAPD president. "Our new space is just perfect," said Dr. Hunke. "I am very pleased that our decision to lease new space within the building was a win-win for both the academy and the ADA." Members of the AAPD board of trustees and staff were on hand to celebrate the office's expansion.


Another strong reason to prescribe zirconia...affordability





- Clinical Zirconia understructures prevent gingival graying & black lines
- Esthetics and biocompatibility of zirconia restorations are outstanding
- CZ crowns & bridges are cemented conventionally with resin ionomers





Teeth #4-12 are CZ crowns and #13-15 is a CZ bridge.

Prices as low as
\$139
 per unit

AUTHORIZED PRISMATIK CLINICAL ZIRCONIA CENTERS

- ▶ DSG Dahlin Laboratory • Lakewood, CO (\$149 with no shipping charge) . . . 800-536-8241
- ▶ Dental Arts Laboratories, Inc. • Peoria, IL (\$139 plus shipping) 800-227-4142
- ▶ DigiTech Dental Restorations • Miami, FL (\$139 plus shipping) 888-274-2480
- ▶ Smith-Sterling Dental Labs • Costa Rica (\$139 with no shipping charge) . . . 800-479-5203
- ▶ BDL Prosthetics • Irvine, CA (\$139 plus shipping) 800-411-9723
- ▶ Riverside Dental Ceramics • Riverside, CA (\$139 plus shipping) 800-321-9943
- ▶ New West Dental Ceramics • Lake Havasu City, AZ (\$139 plus shipping) . . 800-321-1614
- ▶ Glidewell Laboratories • Newport Beach, CA (\$139 plus shipping) 800-854-7256

ADAReports

CDT 2007-2008 available now

The new Code on Dental Procedures and Nomenclature goes into effect Jan. 1, 2007.

Features of the new manual include:

- The question and answer section is expanded with entries covering new and continuing codes.
- The ADA Dental Claim Form completion instructions provide more guidance than in pre-

vious versions of CDT, with special attention to national provider identifier reporting. Also included is information about the NPI, how a dentist may obtain this number as an individual and for the practice, as necessary.

- Entries in the "Implant Services" (codes D6000-D6199) section have been reorganized so

that related codes are together. This change clarifies the relationship between codes and makes coding easier.

- A postage paid response card is again included. The Council on Dental Benefit Program's Subcommittee on the Code considers every comment received when the subcommittee begins its

work on the next manual's content.

CDT 2007-2008 is available in various formats, including a spiral bound book and CD-ROM. For more information or to order call 1-800-947-4746 or visit "www.adacatalog.org". ■



IMTEC
MDI
SENDAX
LONG-TERM DENTURE STABILIZATION

Simple & Cost Effective!

Clearly a Better Choice

ENDURE™

Internal Hex Implant System

- Unique Triple Micro Threading
- Enhanced Surface Treatment
- Serialized Implants
- Mouse-Free Design
- Simplified Surgical & Prosthetic Protocols
- Variable Positioning
- Anatomical Design
- Implants \$85.00 each

2006 ENDURE Course Schedule
December 13 - Las Vegas, NV

One Hour
One Stage
Immediate Loading!

- A cost-effective procedure for any clinician
- Designed for patients with denture instability
- Minimally invasive micro-surgery

Call for your free technique video featuring the 1.8cm mandibular overdenture surgery.

2007 IMTEC MDI Seminar Schedule

January 20 - San Diego, CA
January 27 - Phoenix, AZ
February 17 - Washington, DC
February 22 - Chicago, IL
March 17 - Atlanta, GA
March 17 - Kansas City, MO

Space is limited, so enroll today!

MDI University Training
University of Oklahoma
March 3-4
April 28-29
Oklahoma City, OK

IMTEC CORPORATION

The Global Leader in Mini Dental Implants

800-879-9799
www.imtec.com

Register as an IMTEC online member for special discounts and technical information.

Time to apply for Hillenbrand Fellowship

Are you a dentist in clinical practice, education or research who has the desire and commitment to serve the profession and the public in a management and leadership role for a health-related organization?

The ADA Foundation is accepting applications for its Hillenbrand Fellowship that begins in September 2007. Applications are due by Feb. 28, 2007.

The 12-month fellowship, offered every other year, provides an intensive orientation to all ADA agencies and departments; an orientation to other oral health organizations and federal and state government agencies; academic courses through the Kellogg School of Management at Northwestern University; and hands-on project management experience.

Qualified candidates must:

- be a member in good standing of the ADA;
- be a graduate of a dental school accredited by the ADA Commission on Dental Accreditation;
- have held a D.D.S. or D.M.D. degree for at least five years at the beginning of the fellowship;
- be prepared to work from the Chicago office on a daily basis for the duration of the fellowship and travel within the United States as required by the program;
- be prepared to actively support the mission, goals and policies of the ADA and the ADA Foundation, regardless of personal agreement or disagreement with them, for the duration of the fellowship;
- be competent in core computer and Internet skills.

The fellowship also includes a \$75,000 stipend to help offset living expenses in Chicago.

For more information or an application, log on to "www.ada.org/goto/hillenbrand" or contact Lisa Barron, director of programs, ADA Foundation, 211 E. Chicago Ave., Chicago 60611; 1-312-440-4639; "barronl@ada.org". ■

Golden anniversary

PRC scientist marks 50 years with Association

BY CRAIG PALMER

Washington—This was no ordinary power lunch. At an award luncheon in the nation's capital Nov. 16, the Association paid homage to Ray Bowen, ADA distinguished scientist by service and title.

Dr. Rafael L. Bowen joined the Association Jan. 1, 1956, and the rest is dental history.

"I'm giving a 50-year service award and I just can't conceive of that," said Dr. James B. Bramson. The ADA executive director presented five-year incremental service awards to ADA employees in the Association's East Coast offices in the nation's capital and Gaithersburg, Md., Dr. Bowen among them.

"In today's environment, the way people change and move around, to have someone of that stature work for the ADA for 50 years is just incredible," said Dr. Bramson. "To look back at all that Ray's been involved in with dentistry and materials research, and he is really well known out in the community for all his research, we can say that the ADA's a pretty good place that someone would spend 50 years working for us."

Turning to Dr. Bowen, he added, "I'd love to shake your hand and tell you thanks for everything you've done for the ADA."

Dr. Bowen's modest deflection of recognition by way of response belies the breadth and depth of his contributions to what he said is the "really exciting and very promising work, right now" at the ADA Foundation Paffenbarger Research Center. A shorthand summary would describe Dr. Bowen as the inventor of the original composite restorative materials. He led the evolution of many of the contem-

porary adhesive bonding agents and formulated the glass-ceramic inserts for composites.

"In the last 50 years we developed X-ray absorbing glass reinforcing filler materials that allow enamel-like translucency for the composite restorations, surface treatments for the surfaces of the filler particles to produce chemical bonding with the resins (monomers) as they harden, and an evolution of compositions that promote adhesive bonding of composites to both dentin and enamel," he said in an e-interview.

"I've lost count of how many patents there were, around 40 plus or minus," added Dr. Bowen. "Perhaps the more significant ones include the first four on Bis-GMA, the customized glass reinforcing fillers for composites, and adhesion-promoting compositions. For me, fun is doing what I enjoy and want to do. For example, running 3-D chemical procedures on our CACHE (computer-aided chemistry) suite of programs, which can improve success rates in our

See DR. BOWEN, page eight



Photo by Anna Ng DeLort

Dr. Bowen: "For me, fun is doing what I enjoy and want to do."

'An experimental direct filling material'

BY CRAIG PALMER

It's a paper important in the annals of dental materials research and 21st century clinical practice: National Bureau of Standard Report 6333, Dec. 31, 1958, Progress Report Development Of a Silica-Resin Direct Filling Material by R.L. Bowen, research associate, research division of the American Dental Association, Dental Research Section, NBS.

Dr. Rafael L. Bowen, ADA distinguished scientist, offered the paper by postscript to a letter responding to an ADA News interview request. "PS: While going through my files at home this weekend, I found some old stuff that to me at least had some historical interest." The paper describes research on "an experimental direct filling material."

"This work is part of the dental research program conducted at the National Bureau of Standards in cooperation with the Council on Dental Research of the American Dental Association, the Army Dental Corps, the Dental Sciences Division of the School of Aviation Medicine, USAF, the Navy Dental Corps and the Veterans Administration.

"The development of a suitable direct filling material for anterior teeth that is less soluble than silicate cement (1) and more stable dimensionally than methyl methacrylate direct filling resins (2,3) is the primary purpose of this research."

A footnote says, "This investigation was supported in part by a Research Grant D-589 to the American Dental Association from the National Institute for Dental Research, Public Health Service." ■

Maintain gingival health between office visits—now that's smart.

Announcing the first published study of its kind to assess gingivitis prevention in power toothbrushing

A new study on the efficacy of Oral-B Triumph showed that patients starting with improved gingival health succeeded in maintaining considerably low levels of plaque. Oral-B Triumph helped prevent gingivitis over 6 months of daily use.

Oral-B Triumph—now that's smart.

Oral-B TRIUMPH

Plaque Quotient

A handle that motivates patients to brush

Removes up to 10x more plaque than brushing time and provides positive feedback of 2 minutes

Also helps individual brush usage

Plaque Quotient

For more information, call your representative or visit www.oralb.com

© 2006 P&G Professional Oral Health

Groups work together to solve Medicare issue

BY ARLENE FURLONG

"You can't fight City Hall."

That's the mindset that threatened to dominate dentists' attitudes during the April meeting of the American Academy of Oral and Maxillofacial Pathology about a payer's interpretation of Medicare law. But dentistry proved the old adage isn't always correct.

"At that time, we were just beginning to learn that ICD (International Classification for Diseases) codes previously reimbursed were being turned down," says Dr. Michael Rohrer,

AAOMP president.

Under NCP DENT-002, diagnostic biopsy codes previously reimbursed by WPS—a Medicare Part B carrier also known as Wisconsin Physician Services—were falling under Medicare's dental exclusion. The national coverage provision was activated Feb. 1, 2006. By law, Medicare does not reimburse for conditions that are related to the care of the teeth or supporting structures.

Many dentists' main concern was that the new provision would reverse many of the advances dentistry has made over the years for early dis-



Dr. Rohrer



Dr. Brandjord

covery of oral cancer. Diagnostic biopsy coverage would essentially become dependent on the diagnosis, not the procedure or the reason the procedure was carried out, according to Dr. Rohrer.

For example, under NCP-DENT-002, if a Medicare beneficiary went to the dentist with a non-healing ulcer in the floor of the mouth (a high risk area for oral cancer) and the patient's dentist took a biopsy of the area, Medicare would cover the surgery and pathology fee only if the lesion was malignant.

"Can you imagine the dialogue between den-

tists and patients," commented Dr. Bob Brandjord, an oral and maxillofacial surgeon and ADA immediate past president. "The good news is you don't have cancer. The bad news is Medicare won't pay for the pathology or biopsy because you don't have cancer."

ADA staff learned the provision pertained only to beneficiaries in Illinois, Michigan, Minnesota and Wisconsin. That discovery led Karin Witlich, AAOMS' associate executive director of practice management and government affairs, to key contacts at WPS.

When WPS responded to dentistry's request for a meeting to discuss claims that were turned down with a request for examples, Dr. Rohrer was ready. He submitted comprehensive documentation supporting dentistry's position that Medicare beneficiaries should be reimbursed for treatment falling under the four ICD codes in question—526.0, 526.2, 526.4 and 528.9.

"I was ready for a fight," Dr. Rohrer recalls with amusement. "So I was surprised when WPS immediately agreed with me."

Physician Michael Rosenberg, M.D., medical director for WPS told ADA News that upon reviewing Dr. Rohrer's submissions, it was quickly determined that the ICD codes in question are appropriate for conditions that do not fall under the dental exclusion.

"The provision will be revised and these non-covered ICD codes will be removed from the dental exclusion," Dr. Rosenberg said. He recommends that dentists begin checking the WPS Web site after Jan. 1, 2007, to learn when the provision is officially revised before resubmitting claims retroactive to Feb. 1, 2006.

Dr. Brandjord credits Dr. Rohrer for supplying the documentation necessary to defend dentistry's position, as well as organized dentistry's ability to work together.

"When we see something change that doesn't make sense, we have to identify it and let the ADA know about it," says Dr. Brandjord. "Don't roll over and take it if something doesn't seem right. Your interpretation might not be accurate every time, but nobody who administrates or interprets the laws will be aware there are any issues to resolve if they're never brought up."

Dr. Rohrer says, "It just goes to show what can be done when dental organizations work together. Back in April we were all thinking, 'What can we do?'"

Dentists who wish to resubmit claims for these codes should wait for the official revision to be posted at the WPS Web site—"www.wpsic.com/medicare"—before resubmitting claims retroactive to Feb. 1, 2006, according to Dr. Rosenberg. He recommends dentists wait until after Jan 1, 2007, to begin checking the status of the revision. Click on the provider tab and then policies and coverage to view current policies. ■

tdic
thedentist.com

"With TDIC, I have an insurance carrier that understands my business and will be there for me when it matters most."
Stephen Erikson, DDS
Policyholder since 1991

Choose The Dentists Insurance Company for your professional liability, employment practices liability, and office property insurance needs. See why 15,000 of your colleagues already trust us with their business.

For your no-obligation premium quote, call:

• Alaska: CRI of Alaska, Inc. 907.376.7667	• Minnesota: T291 Financial & Insurance Services, Inc. 877.345.1070
• Arizona: TDIC 800.733.0435	• Nevada: Nevada Dental Association Insurance Agency 888.319.7437
• California: TDIC Insurance Solutions 800.733.0433	• New Jersey: H&H-Adaptive Insurance Resources 877.476.4588
• Georgia: Georgia Dental Insurance Services, Inc. 606.432.4357	• New Mexico: New Mexico Dental Benefits 505.822.8114
• Hawaii: Jerry Hoy, Inc. 808.521.1841	• North Dakota: TDIC 800.733.0435
• Illinois: BR Insurance 844.804.2487	• Pennsylvania: PFAIS, Inc. 877.732.4748

MOVING FORWARD. TOGETHER.

Dr. Bowen

Continued from page seven

laboratory syntheses, is fun." That goes toward explaining the ADA's naming him the Association's first distinguished scientist in 1994.

But don't get the wrong idea about "fun." Dr. Bowen went windsurfing off Maui at 73 after receiving the 1999 Distinguished Service Award, ADA's highest honor. "You can rely on the wind," he said at the time. When we asked about his 50-year service award he said he'd been scuba diving off the Great Barrier Reef "and I have some photos." Dr. Bramson told a story at lunch, neither affirmed nor denied, that Dr. Bowen once hurried to the Outer Banks of North Carolina "so he could windsurf in the wake of a hurricane."

Dr. Bowen is emeritus director and a full-time research scientist at the ADAF-PRC, which is located at the National Institute of Standards and Technology. Before joining the American Dental Association, he practiced dentistry in San Diego, Calif.

"My health is fine, my energy is adequate and my work attitude is good." ■

SPECIALREPORT

Dream

Continued from page one

Further complicating matters, the new orthodontist reports that Dr. Lazzara, OEC's chief executive officer, asked Dr. Sawaf to sign a promissory note for \$200,000 to reimburse the company for his educational and living expenses over a seven-year period. Dr. Sawaf said he declined to sign the note.

OEC/Imagine, said the orthodontist, also offered him the unpalatable options of buying out his contract for \$120,000 and/or purchasing the Brentwood practice for the same amount—a potential combined outlay of \$240,000 for a man with no income.

"And the practice was not equipped," said Dr. Sawaf. "It would take another \$200,000 to get it ready."

On Sept. 1, attorney Ronnie J. Bitman of Powell & Pearson in Winter Park, Fla., sent a letter to OEC/Imagine on Dr. Sawaf's behalf, alleging that the company had breached its agreements with the orthodontist, thereby absolving Dr. Sawaf of any obligation to reimburse OEC.

Once Dr. Sawaf decided that, in his view, the deal with OEC/Imagine had collapsed, he started looking into job options with other practices "because I have to feed my family."

In October, Jacksonville attorney Scott D. Richburg of Foley & Lardner filed separate lawsuits against Dr. Sawaf and four other dentists on behalf of OEC/Imagine.

The suits, a sample of which was obtained by the ADA News, allege that the orthodontists breached their educational and practice agreements with OEC/Imagine and were obliged to reimburse the company. The Jacksonville Times-Union, in an Oct. 18 report on the cases, said the company could seek more than \$700,000 from each of the five dentists.

Through their attorney, Mr. Bitman, two of the five orthodontists, including Dr. Sawaf, filed countersuits against OEC/Imagine and Dr. Lazzara.

Said Mr. Bitman, "The law is fairly clear that you cannot breach a contract in the manner that OEC/Imagine has done and put the liability on a party who is ready, willing, able and eager to perform."

Dr. Sawaf's counterclaim alleges that the company and its CEO had assured the orthodontist "as late as September 2006, that his practice in Brentwood would open as planned." Instead, the counterclaim alleges, Dr. Sawaf "did not receive any of his bargained-for salary or moving expenses."

The countersuit also alleges that Dr. Lazzara tried to pressure the new orthodontist into relocating to Chattanooga, Tenn., as an alternative to the Brentwood location. Having just uprooted his family from Jacksonville and moved to Brentwood, Dr. Sawaf "justifiably refused" to relocate again, the

counterclaim states.

Among other allegations, Dr. Sawaf's nine-part countersuit accuses Dr. Lazzara of proferring a practice agreement with a limited liability company that did not exist, the Orthodontic Specialists of South Carolina. A second company mentioned in the countersuit, the Orthodontic Specialists of Florida, also is described as nonexistent, a "fictitious name used by Dr. Lazzara."

Meanwhile, 10 dentists who had been OEC-supported students in the residency program at the University of Colorado at Denver filed suit Oct. 11 in Denver County District Court. Allegations in their suit, which named OEC/Imagine, Dr. Lazzara and an associate as defendants, mirror those in Dr. Sawaf's complaint.

"We are claiming that [the defendants] induced these young dentists to enter this program, promising them extraordinary things in the future, including a lot of money," said Murray Ogborn of Ogborn, Summerlin & Ogborn, a Denver law firm representing the 10 dentists.

Mr. Ogborn said the dentists were still students in the Colorado residency program when they learned that OEC/Imagine was canceling their educational and practice agreements.

"They [the defendants] reneged on their obligations under the contract," added Mr. Ogborn. "They breached the contract, stopped paying tuition."

At the request of an aide in Dr. Lazzara's office, the ADA News submitted written questions for Dr. Lazzara via e-mail Nov. 15. The aide said Dr. Lazzara was traveling at the time and may choose to respond when he returned.

Two days later, on Nov. 17, Scott Richburg, the attorney representing OEC/Imagine in Jacksonville, telephoned to say that Dr. Lazzara would not be responding in light of pending litigation. Mr. Richburg also declined comment for the same reason.

Another side to this story centers on the three universities—Jacksonville, Colorado at Denver and UNLV—that benefited from agreements with OEC/Imagine.

Such agreements have stirred some controversy in the dental community over the use of private funds for education in exchange for practice commitments.

In 2003, for example, the American Association of Orthodontists filed complaints with the U.S. Department of Education and the Commission on Dental Accreditation alleging that CODA had erred in granting "preliminary provisional approval" to the Jacksonville orthodontic program.

Both USDE and CODA insisted that policies and procedures had been properly followed, though CODA agreed to review its standards that apply to such issues. CODA's review of the Jacksonville program concluded that the university had met the accredita-

tion requirements.

Dr. Derek Hall, associate vice president for Marketing and Communications at Jacksonville, noted that OEC and Dr. Lazzara provided \$3.5 million to build a new health sciences center on campus.

"He [Dr. Lazzara] fulfilled the pledge, and we have a building," Dr. Hall said of the structure, completed in 2003, that now houses the orthodontic and nursing programs.

Jacksonville's original agreement with OEC also called for the company to pay nearly \$1 million a year to cover tuition and stipends for a dozen OEC-sponsored orthodontic residency students—a 20-year commitment that Dr. Hall described as "still valid but inactive."

None of the students currently

enrolled in Jacksonville's program is OEC-supported, he said, though the company retains the right to sponsor a student if it's willing to cover the costs.

At UNLV, OEC pledged a one-time donation of \$3.5 million to finance a new building now under construction. The university received half that amount "before the agreement was terminated," said Dave Tonelli, UNLV's interim director of public affairs. The Las Vegas Sun reported Aug. 4 that the university had to file a breach-of-contract complaint just to get half the funds due.

Mr. Tonelli, responding by e-mail, said UNLV "had to identify other donor funds" to make up the \$1.75 million difference. He said, too, that the university received \$240,000 to cover first-year expenses for eight OEC scholarship students in its residency program, with no more money expected now that the agreement is canceled.

The loss of OEC support spurred the university to boost annual tuition and fees for the orthodontic program by \$15,000 per student. "It should be noted," said Mr. Tonelli, "that all 32 ortho students signed a letter supporting the \$15,000 per year increase in order to support the existing quality of the program."

The University of Colorado at Denver and its Health Sciences Center's School of Dentistry announced in a Nov. 6 news release that its 3-year-old relationship with OEC had been terminated by mutual consent and "without liability by either party."

The original contract, signed in November 2003, called for OEC and Dr. Lazzara to provide a one-time gift of \$3 million, funds the university earmarked for construction of a new dental health center at its Fitzsimons campus in Aurora, Colo. The School of Dentistry opened its Lazzara Center for Oral-Facial Health in September 2005.

In addition to the \$3 million gift, Colorado's agreement with OEC included a business relationship calling for the company to pay the dental school \$1.25 million each year for 30 years.

The university reported in its Nov. 6 news release that "Dr. Lazzara completely fulfilled his \$3 million gift" and made \$3.8 million in contractual payments to the dental school before the deal was canceled.

Dr. Denise Kassebaum, appointed dean of Colorado's School of Dentistry in April,

said the university entered its relationship with Dr. Lazzara and OEC with two goals in mind.

"The first goal," she said, "was to have the support to develop an orthodontic and dental-facial orthopedics program. The second was to create a funding mechanism for a clinical education facility because there were no state funds allocated to do so. The building we are in today was a direct result

of creating that unique funding model."

"We are claiming that [the defendants] induced these young dentists to enter this program, promising them extraordinary things in the future, including a lot of money. They reneged on their obligations under the contract. They breached the contract, stopped paying tuition."

The Colorado dental dean hailed Dr. Lazzara for his contribution to the university.

"Despite the fact that we have terminated the agreement at this point and will be receiving no future payments from Dr. Lazzara, his initial gift and creating the fund-

ing plan in the beginning of the construction has allowed us to have this special building without [using] state funds," said Dr. Kassebaum.

The Denver Post reported in September that Colorado was raising yearly tuition and fees in its orthodontic residency program from \$10,693 per student to about \$50,000 in order to "compensate for the loss of [Dr.] Lazzara's annual gift."

Dr. Kassebaum defended the increases as a matter of transferring "more of the cost of educating the residents to the people who are participating in the education program, the residents" themselves.

She said, too, that tuition and fees in the orthodontic residency program had been "artificially low" at the outset, that it "costs a lot more to operate that program than \$10,693 per resident," and that many private schools charge considerably more for such programs.

As for Dr. Sawaf and the other dentists trapped in a web of lawsuits and counterclaims, one of the lawyers involved predicted that the various complaints could meander through the courts for years to come unless settlements are reached, which he said is likely.

And then there is the looming, unanswered question of this story: What has happened in the life of Dr. Gaspar Lazzara that would cause him to back away from certain of his wide-ranging financial commitments?

As noted earlier, neither he nor his lawyers are talking. A Sept. 24 Jacksonville Times-Union story said Dr. Lazzara and his wife, Irene, have been "major philanthropists, bequeathing hundreds of thousands of dollars to area schools and organizations since establishing the Lazzara Family Foundation in 1997."

But the newspaper also noted that a company Dr. Lazzara founded two decades ago, the Orthodontic Centers of America Inc., filed for bankruptcy earlier this year. Dr. Lazzara, the paper said, had retired from OCA in 2001.

Finally, and for the record, the ADA News stands ready to let Dr. Lazzara have his say on any or all of these matters. ■

James Berry's direct telephone line at the ADA is 312-440-2786. He also can be reached via e-mail at "berryj@ada.org".



Dr. Lazzara: Contributed millions to support building projects and orthodontic programs at three universities.

PPR advises how to avoid handpiece burning

BY JENNIFER GARVIN

The Winter issue of the ADA Professional Product Review features an evaluation of electric handpieces and includes advice from the U.S. Food and Drug Administration about steps to take to avoid accidentally burning patients.

The PPR will mail with the January issue of The Journal of the American Dental Association.

The FDA has received reports and is studying the issue of severe burns caused by electric micromotor handpieces. Most of those investigated so far are the result of overheating components due to failure to service and maintain the handpieces in accordance with the manufacturer's recommendations.

In the PPR, Dr. Janie Fuller, an analyst in the device surveillance office at FDA, said, "it appears that when electric handpiece systems aren't well-maintained, the handpiece head can overheat very rapidly. The overheating can cause third degree burns before the user realizes there's a problem."

Electric handpieces are designed to maintain bur speed during cutting, but unlike air-turbine handpieces that can bog down or stall when something interferes with the rotation, the electric handpiece micromotor sends more power to the gears, and friction in the gears and/or the bearing assemblies transfers into heat.

Dr. Fuller added that electric handpieces are reported to become dangerously hot in a matter of seconds, without any warning to the user.

The FDA urges handpiece users to strictly adhere to the manufacturer's instructions for use,

maintenance, servicing and lubrication.

The PPR is a quarterly newsletter designed to help members select products for use in patient care. In addition to the report on electric handpieces, the Winter PPR features reviews of bonding agents and local anesthetic delivery systems.

If you experience overheating of an electric handpiece, or have any other adverse experience

with any dental equipment or material, contact the FDA's MedWatch program by phone at 1-800-332-1088 or visit the Web site at "www.fda.gov/medwatch/how".

For more information about PPR, contact the ADA by e-mail at "pprclinical@ada.org", by phone at the toll-free number, Ext. 3528 or visit "www.ada.org/goto/ppr". ■



New look: Newly elected Council on Scientific Affairs Chair Clark Stanford speaks to the council during its Nov. 7 meeting. Among the items discussed during the three-day meeting were the ADA Professional Product Review and the ADA Seal of Acceptance Program.



The NEW Optimal Solution for Overcoming Bruxism

BiteSoft™ Anterior Splint
Exclusively fabricated by
Trident Dental Laboratories



- 1. Anterior Discluding Ramp
- 2. Lingual Ramp
- 3. Centric Occlusion Table
- 4. Dual Laminate or Thermoplastic Lining

Starting at
\$129⁰⁰

- **Covers Only 6 Anterior Teeth**- ensuring retention and prevents inhalation of splint
- **Increased Patient Acceptance & Satisfaction**- non-invasive, ease of use, and extremely comfortable to wear
- **Protects All Dental Restorations**- crowns, veneers, implants, fillings
- **Lingual Ramp**- ensures mandibular stability and relaxation of tense jaw muscles
- **Worn Only at Night**- Provides low risk for any occlusal change
- **Saves Valuable Chair Time**- requires only 2 impressions with virtually no chair side adjustments
- **Premium Material Options**- Allows the dentists to customize the appliance for their patients



**Call Today
For Your Case Pickup
Or For More Information
800-221-4851
www.TRIDENTLAB.com**

FREE Appliance Case with
Your BiteSoft™ Order!

BiteSoft™ is a registered trademark of Trident™ USA. The BiteSoft™ splint is approved by the US FDA (21 CFR 178.1010). The BiteSoft™ Occluding Splint is certified under US Patent 7,004,000.

Expect Quality • Depend On Our Service • Receive Value

Web site offers health benefits information

BY CRAIG PALMER

Washington—A U.S. Department of Labor interactive Web site, the Health Benefits Advisor, offers private sector employers information on HIPAA and other federal laws governing health plans.

The advisor is designed to help employers and plan officials understand their responsibilities in operating group health plans, the Labor Department said in launching the site.

The Health Benefits Advisor at "www.dol.gov/elaws/ebsa/health" provides information on the Health Insurance Portability and Accountability Act, Consolidated Omnibus Budget Reconciliation Act (COBRA), Newborns' and Mothers' Health Protection Act, Mental Health Parity Act and Women's Health and Cancer Rights Act. Laws discussed in the advisor are covered under the Employee Retirement Income Security Act (ERISA) of 1974. The main menu opens to separate employer and employee advisors. ■

South Carolina, Michigan, Colorado earn NCDHM awards

BY JENNIFER GARVIN

Columbia, S.C.—For its statewide “Cavity-Free Community Campaign” program, the South Carolina Dental Association has received the first-place award in the 2006 Samuel D. Harris National Children’s Dental Health Month State Program Award.

Among its many initiatives, the SCDA partnered with some 200 Head Start centers, sponsored a mentoring program for adolescents and worked with the state’s division of oral health on the Bright Futures program.

ADA judges praised the program’s “impressive growth and outreach” and remarked that SCDA’s

program is one that can be duplicated by other state dental societies. The award comes with a \$2,000 check from Oral Health America.

Two other dental societies were recognized with 2006 Samuel D. Harris NCDHM awards, each receiving \$1,000 checks from OHA.

The Michigan Dental Association was selected for educating and treating more than 22,000 uninsured children and the Colorado Dental Association for its volunteer growth and for providing oral health care and education to 3,500 children.

For more information about NCDHM, call Ext. 7742 or visit “www.ada.org/public/events/ncdhm/index.asp”. ■



Photo courtesy of SCDA

Now you see it: SCDA dentist Carol French uses magic tricks as a way of teaching children about the importance of good oral hygiene.

Adventures
Await you

Western Regional
Dental Convention

Arizona Dental Association
March 8 - 10, 2007
Phoenix, Arizona

30/35 Speakers
Earn Valuable CE Credit
Outstanding Opening
Presentation!
3 Days of Exhibits
300 Booths
Social Events

Online registration now open!
www.WesternRegional.org

(800) 866-2732



Important cause: SCDA President Larry Ferguson is flanked by Dr. Cindy Hipp, a local Give Kids A Smile chair, and Charleston, S.C. Mayor Joseph P. Riley during this year’s GKAS in Charleston.

Need an answer?

Information abounds in ADA Library

When you need to know about a medical condition, a drug’s effect on dental care or oral health, or need answers for solving practice management challenges, dental books and journals have answers.

The ADA Library professionals find articles or books to fit your topic, saving you time and effort. When articles are needed, a reference package—or collection of five to seven articles on a topic—is compiled. Reference packages cost \$25, or about the average cost for a single article from a commercial supplier.

ADA librarians draw from hundreds of journals and thousands of books to deliver specific information to members wherever you are, whatever you need, whenever you need it.

For more information, call the ADA Library at Ext. 2653. ■

Catastrophe-insurance in a box

C&B-Metabond® bonds more types of materials, more securely, and is backed by a longer clinical history than any other adhesive in the world.

Some dentists reserve C&B-Metabond specifically for fixing disasters: crowns that have repeatedly loosened, short posts, broken teeth, porcelain pop-offs ... that sort of thing.

Others just cement everything with C&B-Metabond, and don't worry about fixing it later.

C&B-Metabond works where other adhesives won't. Yes, it's expensive - and it's worth it.

Starter kit: \$240



When accuracy is your primary concern

Some dentists think Super-Fast® Bio-Mousse® is just a terrific bite material.

That's a shame. Because you can also put Bio-Mousse's blaring speed and directional accuracy to work in double-arch impressions, RPD releases, matrices for temporary crowns, copper bands ... even high-speed models for chairside denture repair.

Classic Bio-Mousse®:
2-minute set (Cartridges or Tubes)
Super-Fast Bio-Mousse®:
10-second set
(Cartridges only)
\$29.95



Learn more at www.parkell.com

It's not just another website. It's an on-line library of more than 60 technique articles. There are research bibliographies. Even a technical hotline straight to our Director of Research (Dr. Nelson Gendron).

Of course, there's also complete info on all Parkell products (pricing, instructions, MSDSs, yadda, yadda) plus an on-line order function.

Parkell Inc. 2004-05



1.800.243.7446

For 800-243-7446 • info@parkell.com • www.parkell.com

If your Class V's ever stain at the margin or pop out ...

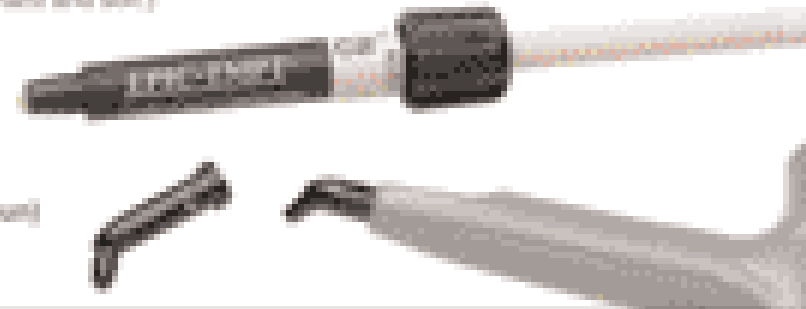
Epic™-TMPT is THE composite for cervical restorations. It's tough and resistant ... and it polishes better than any restorative material you've ever used before. It doesn't stick to your instruments. And its wonderful translucency makes shade matching a breeze.

But more important, an Epic restoration flexes slightly with the tooth. So in Class V's, it absorbs stresses that might otherwise cause pop-out and marginal opening.

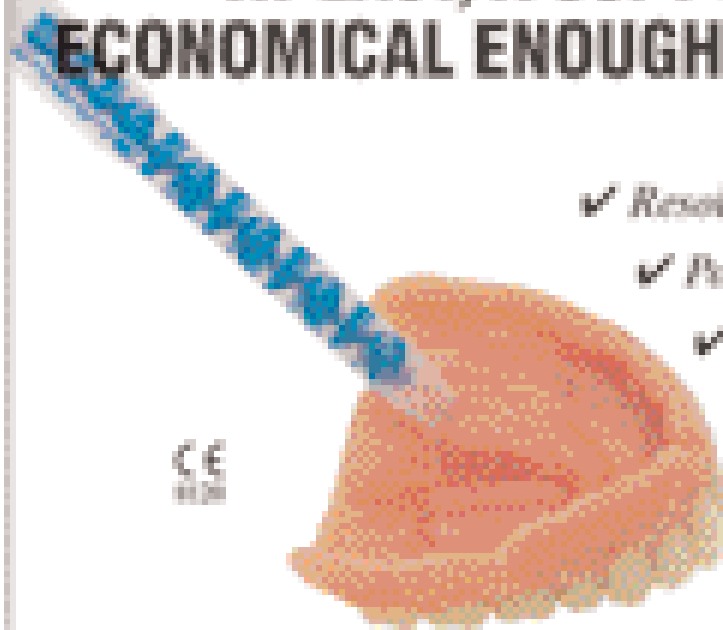
The secret is Epic's chemically-reactive organic filler. It produces a tough restoration without a lot of quartz, silica and glass (stuff that can make a restoration hard and brittle).

Available in: A1, A2, A3, A3.5, A4,
B1, B2, B3, B4,
C1, C2, C3, C4,
Ivoral, Universal (shades B1 & B2)

Springs \$26.95 (3g)
Capsules \$48.95 (15 capsules for 30 Cartra's gun)

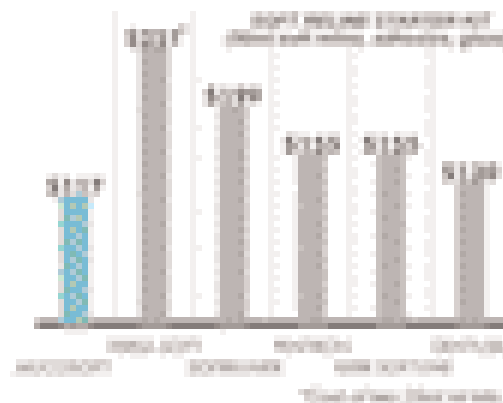


AT LAST, A SOFT RELINE THAT'S ECONOMICAL ENOUGH FOR EVERY PATIENT



CE
\$120

- ✓ Resolve sore spots
- ✓ Post-surgical tissue conditioning
- ✓ Increase retention and stability



Unlike acrylic-based relines, Maxifit's® soft silicone elastomer won't stiffen with age, so the bite here retains its conditioning softness. Its hydrophobic formula reduces water absorption (low discoloration and odor) and includes special resin additives for translucency.

The proprietary Maxifit bonding agent is built around a new molecule we synthesized in our Farmingdale lab. It chemically grabs the soft reline material to the old denture base to avoid peeling and leakage. Maxifit also can adhere to acrylic, Flexite® or Valplast® dentures.)

Restores long-term comfort and stability in just 20 minutes

Relining a denture with Maxifit is almost as easy as taking an impression. After removing a single old denture base to create some room, apply the Maxifit Bonding Layer and let it dry for a couple of minutes.

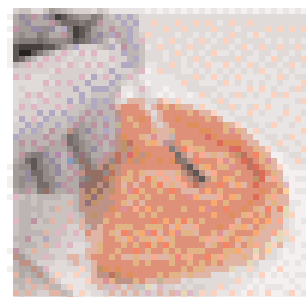
Using your impression gag, press Maxifit into the prototype and seat it in the mouth. After border-molding, leave the patient hold denture while the

reline sets. There's no heat. No taste. And the reline is out of the mouth in just 2 minutes.

Then rinse the excess material. The finished glass included in the kit lets you seal the relined surface.

And a 3-month risk-free trial.

Maxifit comes with a single money-back guarantee.



1. Apply Maxifit Bonding Layer



2. Press Maxifit into denture



3. Seal the denture



4. The finished denture

Using Maxifit is your promise. We ask you to pay within a month, but if you decide it's not what you're looking for, call us within any time within 3 months. We'll have whatever remains of the kit picked up at our expense, and we'll give you your money back. All of it, including the shipping charge.

■ Maxifit® ReLine Kit (PART #B3) \$224.95 (Full cartons of Maxifit ReLine Silicone, Maxifit Bonding Layer, Seal glass and 2 impressions, mixing tips)

*Included components are compatible with those of Maxifit Plus and Maxifit® Soft

Global panel issues fluoride call to action

BY STACIE CROZIER

Geneva, Switzerland—An international expert panel last month issued a call to action to promote dental health by using fluoride to address growing disparities in dental health and the lack of progress in reducing the worldwide burden of dental caries, particularly in disadvantaged populations.

The FDI World Dental Federation, the International Association for Dental Research and the World Health Organization gathered 80 experts from 30 countries for a Global Consultation on Oral Health Through Fluoride Nov. 17-19 in Geneva. Dr. Daniel M. Meyer, ADA

associate executive director for the Division of Science, was a panel member.

"The ADA has had a rich history of success in effective public water fluoridation efforts in the U.S. and can serve as a great resource to the international effort to improve the health of underserved populations, as well as those that have access to oral health care," said Dr. Meyer.

"The benefits of fluoride for the prevention and control of dental caries have been known to the scientific and public health community for more than 60 years," said Dr. Poul Erik Petersen, chief, Oral Health Unit, WHO.

"While fluoride in various delivery systems is widely available in many developed countries, it is estimated that globally only 20 percent of the world's population benefit from appropriate exposure to fluoride. Regrettably, particularly people living in developing countries and disadvantaged communities are deprived of fluoride for dental health."

The experts' recommendations urge governments and other influential bodies to:

- develop effective legislation, necessary directives and programs ensuring access to fluoride for dental health in all countries;

- include fluoride in health communications, health promotion strategies and programs;

- encourage governments to reduce or remove taxes and tariffs on fluoride products for dental health;

- and encourage suppliers to improve availability of effective affordable fluoride toothpaste for disadvantaged populations.

The panel confirmed that universal access to fluoride for dental health is part of the basic human right to health.

For more details on the call to action, log on to "www.fdiworldental.org". ■

**CAPTEK™
PRESSED FOR SUCCESS**

BETTER HEALTH

BETTER FIT

BETTER ESTHETICS

Keller CAPTEK crowns provide for an exceptionally healthy smile.

Something to smile about.

CAPTEK™ is the only crown and bridge material proven to reduce gingival bacteria and plaque — the leading cause of periodontal disease.

• J Periodontol Research, 2003

By using this material on all crowns, you ensure your patients will have a healthy smile.

**Call (877) 942-5871
for Your Keller CAPTEK
Case Pick-Up Today!**

keller

(877) 942-5871
www.kellerlab.com

Victories

Continued from page one

They submitted opinion pieces to local newspapers, met with local media, spoke at service clubs and organized debates, posted campaign signs throughout the city and encouraged dentists to educate their patients about the benefits of fluoride. The committee received support from the three major newspapers, the city council, the League of Women Voters, the local and state medical societies and the local and state dental hygienists' associations.

The Boulder/Broomfield County Dental Society is collecting a file of all the press coverage, advertisements and details of campaign efforts.

"We're hoping this file can help with other fluoridation battles in the future," said BBCDS President Heidi Winquist. "Batling the anti-fluoridationists isn't a cookie-cutter operation. While all campaigns need signs, advertising and media effort, the individual dentist sending a letter to each of his/her patients about the issue is just as important. We're very grateful to the members of the dental community who helped us fight this fight."

"The same ballot issue continues to appear in states across the nation each year," said Colorado Dental Association President Rhett Murray. "As professionals, we need to know the facts about fluoridation to educate our staff members and to spread the word to our patients."

In Arcata, voters overwhelmingly rejected Measure W, an ordinance that would have discontinued water fluoridation. The measure was rejected by a margin of 62 percent to 38 percent.

The communities of Jackman and Moose River in Maine also rejected a referendum intended to discontinue community water fluoridation. Voters in Jackman voted 207-121 and in Moose River 42-30 to retain fluoridation.

Voters in New Bedford, Mass., Grand Ledge Mich., and Skagit County, Wash., will also receive the benefits of optimally fluoridated water in the near future since they passed measures to initiate fluoridation in their communities.

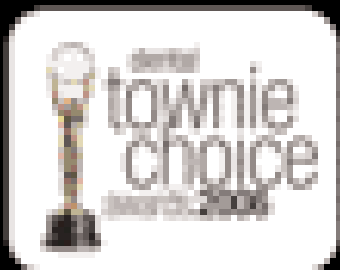
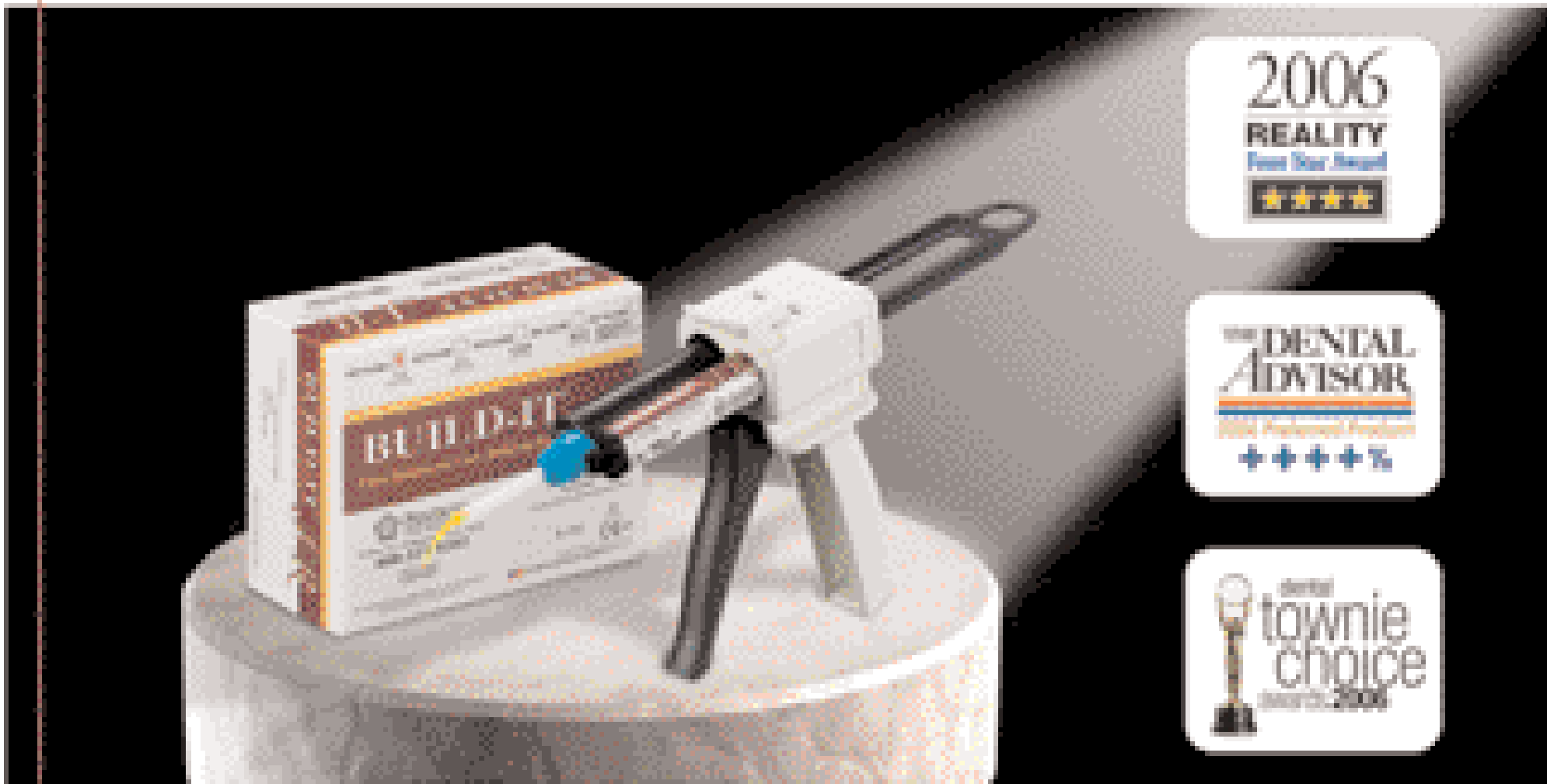
Ballot measures to initiate fluoridation in Page, Ariz., and Howland and Lincoln, Maine, failed to pass.

"The Maine voters may have rejected the fluoridation measure since much of their communities' water supply goes to a paper mill rather than to the homes of private citizens," said Dr. Lisa P. Howard, Maine Dental Association president and member of the ADA Council on Access, Prevention and Interprofessional Relations. "With mills closing here, the economy is a big issue for voters."

Dr. Howard, who also serves as chair of the ADA's National Fluoridation Advisory Committee, says the local volunteers who spearheaded the initiative will document and evaluate their efforts to consider a possible initiative in the future.

For more information on community water fluoridation, log on to "www.ada.org/goto/fluoride". ■

Build-It® FR™ is the most popular and celebrated core material in America!



Sometimes the best product does finish first!

Surprised? There's a good reason. Through our expertise in fiber reinforced composite technology, Pentron Clinical Technologies has produced a high performance, dual cure core material that cuts like dentin. Build-It FR Core Material offers a high compressive strength of 250 MPa, exceptional handling for great stackability and cures to an ideal hardness that virtually eliminates marginal ditching!

How is this possible? Our specially treated, patented chopped fiber filler and uniquely formulated resin enable Build-It FR Core Material to cut just like dentin. This advanced filler design simulates dentin's tactile character for seamless shaping and contouring.

Find out for yourself! What many dentists in America already know—Build-It FR Core Material is the best core material money can buy. And, it's from Pentron Clinical Technologies, an established manufacturer of high quality, award winning products that also delivers the best overall value in dentistry.

Special Limited Time Offer!

Buy 2, get 1 FREE!

Call Today!
800.551.0283

On average, Build-It® FR™ Core Material saves you over 50% per gram. Why buy anything else?



*This offer available on most or most select. Offer expires December 31, 2006. Subject to change or cancellation without notice. ©2006 Pentron Clinical Technologies, LLC. All rights reserved. 2500 Woodloch Forest, Wilmington, NC 28403.

Education

Educators respond to ethical breach

Recent cheating incidents lead to new safeguards, closer scrutiny of process at schools

BY KAREN FOX

In the wake of cheating incidents involving senior students at two of the nation's dental schools last year, educators and administrators are taking steps to ensure future professionals have a renewed sense of what it means to be an ethical health care professional.

Investigations and subsequent hearings led to disciplinary action for 18 students at the University of Medicine and Dentistry of New Jersey, New Jersey Dental School and 10 students at the University of Nevada, Las Vegas School of Dental Medicine.

"Cheating is much more prevalent throughout society today than it was just a few generations ago," said Dr. Richard Valachovic, executive director, American Dental Education Association.

"In a recent study of over 50,000 undergraduate students at over 60 colleges and universities between 2002 and 2005, 70 percent of students admit to cheating," said Dr. Valachovic. "Similar problems have been reported among graduate students, including medical and those in other professional schools. The concerns are widespread and not limited to any particular type of institution or profession."

"We develop a very close relationship with our students here, and when this broke out, there was a whole range of emotions, everything from anger to betrayal," said Dr. Cecile Feldman, UMDNJ dean. "How could this happen?"

Just a few weeks before graduation last spring, a UMDNJ senior approached a professor to ask about exchanging credit with another student. Officials were stunned to learn that the clinical experiences students are expected to complete were being traded among a handful of students.

"If a student needed a full denture, for example, and another had completed more full dentures than expected, they would fill out an encounter form so the student lacking would receive credit," said Dr. Feldman.

Around the same time, UNLV was preparing for the graduation of its first four-year class when a routine audit of its computer system revealed a pattern of unusual dates and times.

"An electronic password of a faculty member had been obtained and was being used illegally," said Dr. Victor Sandoval, interim dean at UNLV. (UNLV is in the midst of changing leadership unrelated to the cheating incident.) "Essentially, a group of students had authorized entries in the computer system that would have required administrative approval, and times and dates were appearing in the system that were outside clinic hours."

Grades were not changed, said Dr. Sandoval, but some of the entries manipulated the timeframe in which procedures were required to be completed. In other instances, students added a certain procedure to the treatment plan and then authorized it illegally in order to bypass quality assurance protocols.

"It absolutely shocked us," said Dr. Sandoval. "Our students reflect the principles and attitudes of the society in which we live. In dental school, we only have a tangential shot at influencing their character. If someone comes here with a moral compass that is already somewhat weakened, what can you do?"



Dr. Feldman: Those involved "were required to have additional training in ethics, students who accepted procedures were required to do those procedures, and students were required to spend anywhere from two weeks to one extra year in school."

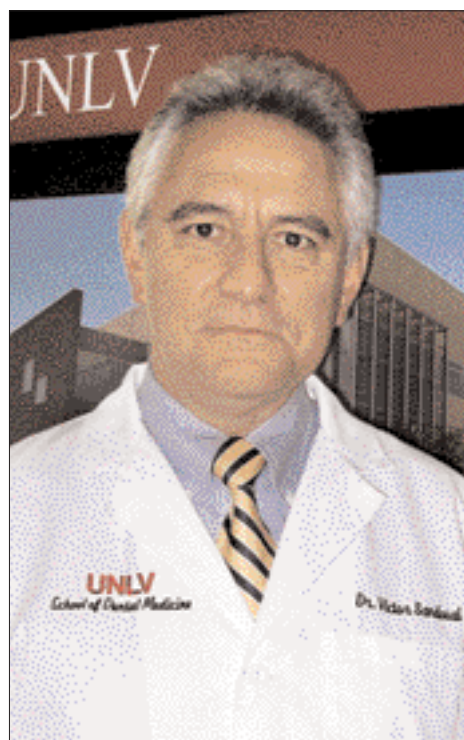
After launching a massive investigation to learn the scope of the cheating, New Jersey officials convened a number of meetings with students, group practice administrators (faculty coordinators) and conducted an audit of electronic systems and patient charts to find out if any were altered, such as procedures deleted after the cheating was discovered.

Mediation and hearing boards—bodies comprised of students, faculty and administrators—meted out disciplinary actions.

"All dental schools are required to ensure due process is followed," said Dr. Feldman. "At the New Jersey Dental School, individual hearings were held so each student was individually heard. Thus, the hearing bodies decided upon a range of disciplinary actions."

Two paths were taken: one for those who came forward and fully disclosed involvement and those who did not. Those who disclosed went to the mediation board; those who did not participated in a full hearing conducted by the NJDS hearing board. In all cases, punishments were based upon the student's level of involvement. One student will not be receiving a DMD degree.

For the other students, "all were required to



Dr. Sandoval: "What we did as an institution was assess each individual situation to the best of our ability and impose penalties that we thought were fair. There was also an acknowledgment that a sanction imposed today may trigger other punishment in the future."

have additional training in ethics, students who accepted procedures were required to do those procedures, and students were required to spend anywhere from two weeks to one extra year in school," said Dr. Feldman.

"In a recent study of over 50,000 undergraduate students at over 60 colleges and universities between 2002 and 2005, 70 percent of students admit to cheating. Similar problems have been reported among graduate students, including medical and those in other professional schools. The concerns are widespread and not limited to any particular type of institution or profession."

At UNLV, the Honors Council of students and faculty members recommended penalties for the students involved, following the policies and procedures approved by the Board of Regents.

Penalties included a 30-day suspension that appears on student transcripts along with a delayed date for awarding the DMD degree. Each student is also required to perform 1,500 hours of unpaid, supervised oral health community service in an underserved area within five years of graduation.

These activities must have prior approval by the dental school and its legal counsel. Failure to comply will result in revocation of degrees.

Were the penalties fair for the students? The schools?

"What we did as an institution was assess each individual situation to the best of our ability and impose penalties that we thought were fair. There was also an acknowledgment that a sanction imposed today may trigger other punishment in the future," said UNLV's Dr. Sandoval. "For

example, it's likely that a licensing agency will look at the fact that someone has an official suspension on their transcript and want to know more about that."

"This has a severe impact on their future," said Dr. Feldman, adding that UMDNJ kept the New Jersey Dental Association and the State Board of Dentistry informed of the process.

"Anyone who applies for a license signs an affidavit giving the [state dental] board authorization and permission to request information from the applicant's school," she said. "In this case, the board requested each applicant submit a written explanation that included an analysis of the incident, ethical concepts that were violated, and how such an incident might undermine patient trust and have implications on the profession of dentistry, the health care system and society in general. Each applicant is being evaluated on their record and response."

The effects are having a reverberating effect on all dental schools. "The very public nature of the cheating incidents surprised all of us," said ADEA's Dr. Valachovic. "Cases like these have always happened from time to time, and they have been addressed within the context of the due process procedures of the dental school and the university. We had rarely experienced the media attention that these cases attracted, even before investigations had begun."

Speculation in the media bred misconceptions that further complicated the investigations. In New Jersey, school officials found themselves forced to refute news media stories that students were selling credits and faculty members were aware of the cheating.

While less than 1 percent of the nation's senior dental students were involved in these incidents, both schools made immediate changes to bolster the integrity of their clinical programs.

Among the changes in New Jersey, the school rectified an oversight in the electronic record-keeping system.

"We used to have the computer check to ensure credit was only awarded if a student both began and completed a procedure," said Dr. Feldman. "This check was lost in our Y2K conversion. Students took advantage of the loophole and we have fixed that."

Written faculty approval is now necessary in order for students to share patients who present with complex cases, and encounter forms were changed to ensure they included both student and faculty signatures.

"The New Jersey Dental School has a reputation of graduating students with a high level of clinical skills," said Dr. Feldman. "We're aware that students are under a lot of stress, and we're taking a closer look at our clinical expectations compared to other schools. We are also examining whether less stringent patient eligibility criteria for competency exams could help students avoid the stress of finding very specific types of patients."

UNLV instituted additional electronic security procedures. Biometrics (such as fingerprint recognition) are currently being tested, and faculty passwords now automatically expire at regular intervals and must be changed. An increased number of record audits was also instituted.

The schools are also left to ponder the

question of whether conventional ethics curricula are adequate.

"We include ethics in a number of areas in our curriculum so that it can be applied to practical situations," said UNLV's Dr. Sandoval. "For example, we recently added eight hours of bioethics and health care law to the first-year curriculum, and the issue of ethics is reinforced at our annual White Coat Ceremony, where we emphasize the link between the health professions, trust and integrity. You hope it impresses the students early on so they realize that they are indeed in a profession that is firmly based in the public trust, and this trust begins when they enter dental school."

"While we've had a comprehensive ethics curriculum for several years, we've added additional materials and a segment where we review the school's honor code to make sure students know it to the extent that they have to provide examples," said UMDNJ's Dr. Feldman. "I now discuss our ethics code with the first-year students as part of their Introduction to the Profession course, and also introduce the ADA Code to show analogies between the two, demonstrating that it's similar to how they're expected to act in private practice."

Many in the profession have expressed concern about the impact unethical behavior in such early stages of one's career could have on the profession.

"Dentistry is a cottage industry with individuals who practice alone, unsupervised and unchecked," wrote Dr. Alan Felsenfeld, editor of the California Dental Association Journal. "Unlike physicians who tend to use hospitals with extensive quality assurance review systems in place, dentists answer to no other professionals. Absent peer review claims or lawsuits, little that is done in dental offices is ever evaluated."

"The deans of all of the dental schools in the United States are constantly vigilant about the ethical behavior of their students," said Dr. Vala-

chovic. "While everyone makes their best efforts to admit students of high moral character and honesty, we are dealing with adult human beings, usually 25 or more years of age on admission, who at times disappoint us. Procedures are in place at all schools to identify and address incidents of dishonesty when they occur."

Equally frustrating is the fact that in many cases, the illegal activities may have been unnecessary.

"When we're nearing graduation, we look at each student's portfolio," said Dr. Feldman. "Say a student is required to do 20 amalgam and 20 composite restorations. If they came in having done 15 amalgam and 30 composite restorations and performed well on their competency exams, we're not going to hold them to completing every last amalgam restoration."

"On the other hand, if a student completed 15

amalgams and the minimum number of composite restorations but had trouble with his or her competency exams, it would be an issue. We use judgment and it depends on what they've done overall," said Dr. Feldman.

"We accept 75 highly competitive overachievers, the cream of the crop," said Dr. Sandoval. "They are used to performing extremely well and are not accustomed to being average students, which is what happens to some of them when they enter dental school."

"We were extremely disappointed that this happened with this small group of students," he continued. "On the other hand, we had an inaugural class that not only survived the growing pains of a new school, but also proceeded to do well on national boards and had a high pass rate on regional licensing examinations. We strongly believe that we will continue to attract students

who will sustain the integrity of the profession that they are inheriting."

"I don't think that students come into dental school and think this is a great place to start cheating," said UMDNJ's Dr. Feldman.

"Our challenge, to the best of our ability, is to accept students who value ethical behavior and act in ethical ways. We reinforce ethical values throughout their four years of dental school and instill in them the importance of integrity and trust when treating their patients," she said.

"The more thought we put into teaching ethics and modeling ethical behavior, the better off we'll be as a profession. The integrity of our entire profession and the public's trust is what is at stake. No patient should ever have to question the integrity of his or her dentist, or the meaning of a DDS or DMD degree." ■

Symposium to focus on ethics in education

BY KAREN FOX

Answering the question of why students cheat will be a complex undertaking.



Dr. Young

Since unethical behavior in education is an issue that affects the entire profession, the ADA Council on Dental Education and Licensure is sponsoring a symposium in June 2007 to bring educators and members of the profes-

sion together and explore ways to develop innovative approaches to furthering ethics in education.

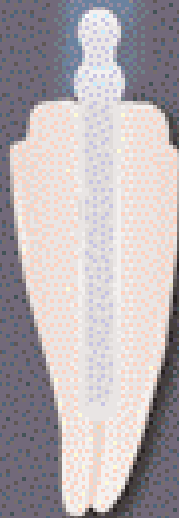
"The purpose of the symposium is twofold," said Dr. Stephen K. Young, CDEL chair. "To educate the profession on this 'culture of cheating' and to assess how the profession can best integrate ethics instruction and evaluation into the dental curriculum from admission to graduation." ■

The Perfect Pair

For Esthetic Post & Core Restorations

ParaPost
Fiber Lux

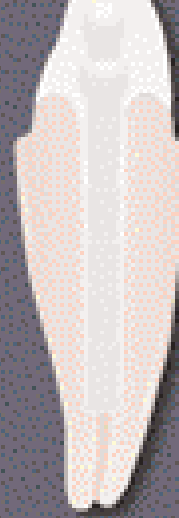
Cement Fiber Lux Post with ParaCore and light cure



+

ParaCore
ParaCore

Core Build-up Completed with ParaCore material



Translucent Fiber Resin Esthetic Post

- ✓ Rounded head reduces stress and locks-in composite core material
- ✓ Light transmitting for fast cementation
- ✓ Higher concentration of fillers for excellent strength characteristics
- ✓ More radiopaque & removable

Dual Cure Core Material

- ✓ Can be used as a post cement and core material (monoblock)
- ✓ Cuts like Dentin
- ✓ Stackable, non-slumping consistency
- ✓ 80% less waste compared to cartridge systems
- ✓ Fluoride-releasing and radiopaque

The Perfect Pair offers:

Buy a ParaCore Automix 5 ml Intro Kit, Get 1 ParaCore Automix 5 ml Refill Kit FREE!

Buy a ParaPost Fiber Lux Intro Kit, Get 1 ParaCore Automix 5 ml Trial Kit FREE!

Buy 3 Fiber Lux Refills, Get 1 ParaCore Automix 5 ml Trial Kit FREE!

Coltène/Whaledent Inc.
275 Wood Parkway
Cupertino, CA 95014 USA
Tel: USA & Canada: 1-800-321-2046
E-Mail: info@whaledent.com

Poster valid October 1, 2006 - March 31, 2007

coltène
whaledent

Dr. Kay earns president's award

ADA, HVO volunteer logs 4,000 hours of international service

BY STACIE CROZIER

Washington—An errant cab ride in the nation's capital prevented Dr. C. Neil Kay and his wife Elizabeth Kay, Ph.D., from enjoying public accolades at the Health Volunteers Overseas 20th anniversary reception Sept. 30 in Washington. But he says they enjoy their true rewards through their service.

Both Drs. Kay received the prestigious President's Call to Service Award from the President's



Council on Service and Civic Participation after each logging more than 4,000 hours of volunteer service, primarily through Health Volunteers Overseas.

"After the cab driver passed Washington National Cathedral three times I got the idea he

might be lost," Dr. Kay said lightheartedly. "It turned out to be over an hour cab ride and we missed the awards presentation and photos."

HVO conferred the honor to several volunteers this year who logged nearly 100,000 hours of combined service at volunteer sites worldwide. Since its founding in 1986, HVO has placed more than 3,600 health care professionals in more than 5,000 assignments in 43 countries to teach and train local health care

professionals and students.

Both Drs. Kay have worked with the teaching programs in their fields—orthodontics and physical therapy, respectively.

"I have enjoyed a great deal of personal satisfaction in giving back to dentistry because it's an exciting and rewarding profession," says Dr. Neil Kay, an orthodontist in Montgomery, Ill. "Helping orthodontic training in Vietnam go from an apprenticeship-type program to a full master's program has been wonderful. It's allowed me to pass on my knowledge in orthodontics to others around the world and I feel as though I've been able to make a difference."

He has participated in Dentistry Overseas programs in Vietnam and Uganda. He is also a member and immediate past chairman of the Dentistry Overseas committee for HVO, and has served on the ADA Committee on International Programs and Development.

The ADA has been a sponsor for HVO's Dentistry Overseas program since 1990. There are currently active dental training programs in Cambodia, Nicaragua, China, St. Lucia and Vietnam with programs starting in Laos, Tanzania and Honduras. Dental public health training has also been established in Cambodia and Vietnam and will extend to Laos in 2007.

For more information, log on to "www.hvousing.org". ■

THE FIRST AND ONLY ADA-ACCEPTED TOOTHPASTE WITH THIS RANGE OF BENEFITS:
Cavities | Gingivitis | Plaque | Sensitivity | Tartar | Whitening | Freshens breath

It's no longer a level playing field

Introducing an unmatched range of benefits. Now Crest PRO-HEALTH™ Toothpaste.

ADA
ACCEPTED
American
Dental
Association

Healthy. Beautiful. Smiles for life

For more information, including clinical resources, visit dentistry.org.



Volunteer in action: Dr. C. Neil Kay, center, Dr. Ha Minh Thu, left, head of the Department of Orthodontics, and other staff prepare to see an orthodontic patient at the Hanoi Institute of Odontostomatology.

Dental gold mine from the National Library of Medicine

Are you looking for an accurate, concise resource for consumer health information online?

Try MedlinePlus, the consumer counterpart to PubMed/MEDLINE, for authoritative and understandable health information. MedlinePlus now has a section on dental health which can be accessed at "www.nlm.nih.gov/medlineplus/dentalhealth.html".

You'll find an abundance of consumer information on prevention, specific conditions, screening, nutrition, treatment, statistics and age factors.

The "Latest News" feature has items from dental health organizations and news wire services. Many resources are also available in Spanish. ■

TIME TO GETAWAY?



TIME TO SIMPLIFLY

Dreaming of a vacation? ADA Member AdvantageSM and CitiSM have joined forces to offer you a perfectly simple way to stop dreaming and start traveling. Apply for the ADASM World MasterCardSM with ADA Travel RewardsSM and you could earn 10,000 bonus points after your first purchase made within 60 days of account opening. That will bring your dream closer to reality.

Take a look at the great benefits:

- Earn one point for every \$1 spent on purchases, up to 65,000 points per year*
- No blackout dates
- No Saturday night stays required
- It's easy to redeem the many points you'll collect
- The worldwide purchasing power of MasterCard

Apply now and you could earn 10,000 bonus points!

[1-800-ADA-4068 www.adacard.com]



*See all for great further information about this offer.

ADA Member AdvantageSM is a service mark of the American Dental Association. ADA Member Advantage is a program brought to you by the ADA Business Services, Inc., (ADBS), a not-for-profit subsidiary of the American Dental Association. ADASM and Registered Trademark of the American Dental Association. ADA Travel RewardsSM is a service mark of the American Dental Association.

©2008 Citicard South Dakota, N.A.

Citi, CitiCard, CitiDirect, CitiNet and Citi are the Citigroup registered service marks of Citigroup Inc. MasterCard is a registered service mark of MasterCard International Incorporated.

2006

Continued from page one

Clinical Evaluators program, which utilizes 1,600 Association members in evaluating clinical products.

“Nothing is more useful to the daily life of the practitioner than our new publication, Professional Product Review,” said Dr. Roth. “It is truly exceptional that we offer the opportunity for our members to be part of the research process.”

Said Dr. Bramson, “Every member ought to be proud of the significant and extensive work that the ADA conducted this year. This listing in the News is but a summary of all the things and can be a nice pocket resource for our grassroots member recruitment efforts when nonmembers query us about what we’ve been doing.”

The 2007 ADA Activities and Accomplishments document starts with a summary of 21 overall achievements and then is divided by categories: Operational, Finance, Communications, Legal, Science, Membership, International Activities, Practice, Governmental Affairs, Education, Annual Session, Publishing, ADA Foundation, Health Policy Resource Center and Office of Chief Policy Advisor and Information Technology, Standards and Salable Materials.

“I am very proud of the work that was done to produce the guidelines for fluoride as well as the radiographic guidelines,” said Dr. Roth in referring to two of the listings under the Science category. The ADA used evidence-based dentistry in producing clinical guidelines on topical fluoride, and a similar process is currently under way for dental sealants (See story, page 10.) Also developed was a comprehensive Council on Scientific

Affairs review and state-of-the-art report on dental radiographs.

The list reflects the fact that advocacy is a top priority for the Association. “We have advocated and successfully lobbied for a number of legislative changes for our federal dental service members this year,” noted Dr. Roth. “Every time we have a successful impact on regulation or legislation, the ADA should be very proud. Our grassroots network has served us well and we need to continue to expand that program.”

Added Dr. Bramson, “When you take a good look at this listing, it gives you the opportunity to reflect on what a busy, productive and important year it was for the Association.”

Here are some key highlights for the ADA in 2006:

- Received American Society of Association Executives award as one of the nine most



Dr. Kathleen Roth: “Every time we have a successful impact on regulation or legislation, the ADA should be very proud. Our grassroots network has served us well and we need to continue to expand that program.”

“remarkable” Associations in America in its publication, 7 Measures for Success.

- Market share at year-end 2005 was 71.3 percent.

- Added \$2.4 million in new programs in the 2007 budget.

- For year-end 2005 operations, committed a surplus of \$1.3 million to reserves.

- Maintained reserves at or above minimum of 40 percent.

- Created and launched an unprecedented, collaborative effort—named Dental Education: Our Legacy—Our Future to help address the critical challenges facing dental education. A total of 74 partners have joined this national effort so far.

- Secured House approval for \$3.8 million public affairs advocacy programming for nationally developed and state coordinated plans with outside consultants Clopak, Leonard and Schlecter.

- Adopted new workforce model for two new allied dental personnel categories—the community dental health coordinator (CDHC) and an oral preventive assistant (OPA), with ADAF funding of \$334,000 to support curriculum development.

- Amalgam advocacy included working with Connecticut to achieve favorable ruling from the state health department.

- ADA building leased at 98.3 percent, initiated reconstruction of ADA lobby project and completed renovation project for all ADA floors, including 22nd floor.

- ADA Business Enterprises, Inc., extended its endorsements to two more state societies (total now 48) and has 444 total product endorsements.

- Enhanced in-house print services with acquisition of a 4-color offset press which has accounted for savings of \$73,585 through September.

- Staged 4th annual Give Kids A Smile programming; secured four major corporate sponsors and developed framework to conduct a major ADA outreach program to improve awareness of oral health needs. Over 39,000 dental professionals participated, including 12,000 dentists.

- Extensive oral/systemic sponsorship activity.
- Provided leadership for enhanced corporate relationships resulting in several new partnering opportunities.

- Launched “En Español” content on ADA web site.

- Launched first ever ADA podcast programming.

- Supported the continuation of legal advocacy in out-of-network cases with Wellpoint.

- Assisted the California state attorney general in two successful fluoridation lawsuits.

- Published peer-reviewed recommendations for dental management and treatment of patients

MARK YOUR CALENDAR!

Attend the 148th American Dental Association Annual Session

September 27-30, 2007
San Francisco, California | Moscone Center

Pre-Session Activities
September 26

Scientific Sessions
September 27-30

World Marketplace Exhibition
September 27-29

House of Delegates
September 28-October 2

REGISTRATION OPENS MARCH 28, 2007
www.ada.org/goto/session

ADA
American Dental Association
www.ada.org



Dr. James Bramson: "When you take a good look at this listing, it gives you the opportunity to reflect on what a busy, productive and important year it was for the Association."

taking oral bisphosphonates.

- Expanded 2007 Health Screening Program to include online registration and research on salivary diagnostics and microbacterial and genetic links to latex allergy.
- Published 32 papers by ADA and ADAF scientists in peer-reviewed journals and presented 26 lectures and abstracts by ADA and ADAF researchers at 2006 AADR meeting.
- Accepted 20 new products into ADA Seal program and accepted five resubmissions.
- Completed and staffed new Member Service Center for all incoming members' calls. ADA incoming call volume is over 250,000 callers per year.
- Developed collaborative educational programming with Pankey Institute.
- Collaborated with Kellogg School of Management for speakers and programming.
- Launched pilot of ADA Community Network, a new virtual networking community for ADA member dentists and dental students attending annual session.
- Developed new ADA Humanitarian Award to be presented at the ADA annual session in 2007.
- Developed and received House approval of initiatives for elder-care programming.
- Developed and received House approval for resolutions supporting oral health literacy programming.
- Published the 6th edition of the Code on Dental Procedures and Nomenclature (CDT) manual effective on Jan. 1, 2007, with 23 new procedure code additions, 33 revisions and three code deletions. (See related story, page six.)
- Launched ADA CE Online in July 2006 offering 58 courses; first two months showed a weekly average of 700-800 visits from 93 different countries.
- Launched ADA CELL Seminar for hands-on workshops.
- Launched Your Dental Advocate in the ADA News. (Third issue is inserted between pages 12 and 13 of this ADA News.)
- Mobilized resources from numerous ADA agencies to assist constituent societies in Connecticut, Vermont, Maine and Washington to implement a public affairs approach to their key advocacy challenges.
- Lobbied extensively for health information technology legislation amendment to involve ADA in future changes to standards affecting dental transactions.
- Successfully lobbied for restoration of previously eliminated functions for the chief of Navy Dentistry.
- Achieved long-standing policy of the ADA by changing the rank of the senior dental officer

for the Air Force to major general.

- Increased the maximum stipend for the Health Professions Scholarship Program to \$30,000 per year and the maximum grant amount for the Financial Assistance Program for residents in specialty training from \$15,000 to \$45,000.
- Obtained increased funding of \$600,000 for military dental research to a level of \$4 million.
- Lobbied in support of the Child Nutrition Promotion and School Lunch Protection Act (H.R. 5167 & S. 2592), which ties the nutritional requirements for federally reimbursable meals to the latest nutrition science.
- The Commission on Dental Accreditation was recognized by the U.S. secretary of education for another five-year period with no recommendations or deficiencies.
- Completed CODA project for development

of a process for international applicants for consultation and accreditation to begin accepting applications in January 2007.

- Supported and conducted successful annual session in Las Vegas. Attendance was nearly 41,000; budget met; 12,440 dentists attended (one of the highest in past 20 years), of which 1,001 were nonmembers. International attendees were 745, highest numbers in 10 years. Conducted 360 scientific programs filling nearly 100,000 seats.
- ADA News and JADA are best read publication in their categories, according to a readership survey company, FOCUS.
- JADA Online, hosted by Stanford University's High Wire Press, went live, offering the full text of all JADA articles from 1995 forward with nearly a ten-fold increase in viewers.
- JADA published three supplements:

CAD/CAM systems (Sirona); the oral systemic health connection (Colgate); and antimicrobial mouthrinses (Pfizer).

- Development of two JADA editions, one in Spanish and one with the Indian Dental Association.
- Published the first ADA Foundation Report on Giving.
- Raised more than \$2.5 million dollars from the dental community to help the victims of Gulf Coast hurricanes and directed more than \$1 million of in-kind equipment and supplies to victims.
- ADAF conducted its Annual Fund solicitation to support core programs with 6,290 donors totaling \$1,430,872.50.
- Initiated a study of the economic factors associated with selecting a location for a dental practice. ■

Shorten your seating appointments with...

CAD/CAM Captek PFM's

"The most consistent restorations I have ever seated."

Michael C. DiToro DDS, FAGD
Director, Clinical Education & Research

3D Scanning

Designing

3D Printing

Ceramic Pressing

\$125
per unit

- Digitally equilibrated occlusion
- Virtually perfect contacts
- Beautifully consistent anatomy

For more info & nationwide pick-up:

800-854-7256

www.glidewell-lab.com

Captek is a trademark of Precision Ceramics Co., Inc.

GLIDEWELL LABORATORIES

Serving Dentists Since 1970

Maryland dentist reaches out to troops overseas

BY CRAIG PALMER

Baltimore—Dr. Robert Strahl first offered “A Taste of Home” to Maryland National Guard troops in harm’s way and the response was so enthusiastic he extended “smile kits” to children of war.

“I don’t have a military background but I don’t think you have to be in the military to appreciate these brave men and women, Maryland’s sons and daughters, that they are every day putting their lives on the line in defense of our freedoms, and that just means very much to me,” he said. “It’s completely nonpartisan and apolitical. It’s just about helping the Maryland National Guard.

“I don’t think you have to be in the military to appreciate these brave men and women ... that they are every day putting their lives on the line in defense of our freedoms.”

“One of the first questions I get is from someone who says, well, I don’t support the war. And I say this is not about the war. It’s about our men and women in harm’s way.”

Dr. Strahl started “A Taste of Home,” which is now a licensed charity, in January 2006. He tells the story at “www.atasteofhome.org” of his initial shipment of something from home, the expanded packages that followed and the “incredible” troop response. A platoon leader wrote, “I can’t tell you how important it is for me and my men

to know that we are well thought of.”

Dr. Strahl soon reached out to the tripartite profession, corporate supporters and, more recently, tomorrow’s dentists, enlisting the Maryland State Dental Association as the first sponsor of “A Taste of Home.” Others are listed at the Web site. Along the way he formed a board of directors “with dynamic professionals volunteering their time, talent and treasure.”

On Nov. 16, Dr. Strahl, a volunteer adjunct professor, and student leaders at the University of Maryland dental school took “A Taste of Home” to another level, packing “smile kits” with dental supplies and greeting cards in Arabic for troop distribution to Iraqi children.

That was the first packaging of goodwill kits for children in combat zones served by Maryland National Guard troops, the first “A Taste of Home” project involving dental students and a news event attracting local media attention.

Now Dr. Strahl wants to interest other state dental associations and the American Dental Association in “A Taste of Home.”

Doctor, we hear you. ■

Pitching in: At right, University of Maryland dental students (from left) Tareq Haddad, David McDonald and Edgar Radjabli assemble “smile kits.”



Dr. Strahl



Photos by Danielle Peterson/UMB

Keating Dental Arts
Creating smiles everyday

“We listen to our Doctors. With over a million successful cases and 1,000 years of combined experience, we are a resource you can count on every day.”

— Shaun Keating, CDT

800-433-9833
KEATING DENTAL ARTS, INC.
16881 Hale Avenue, Irvine, CA 92606
www.keatingdentalarts.com

COME JOIN US!
Feb 9th 2007
AT KEATING DENTAL ARTS
FOR THE
“MAKING IT EASY FOR PATIENTS TO SAY ‘YES’”
SEMINAR
with DR. PAUL HOMOLY

All trademarks are proudly made in the USA. “Creating Smiles Everyday” is a registered trademark of Keating Dental Arts.

VA-National Medical Musical Group looking for singers, ‘stringers’ for 2007 season

Attention musical dental professionals: are you a health care professional and musician or vocalist who aspires to combine performance and travel?

The VA-National Medical Musical Group is recruiting new members for its 2007 symphony orchestra and chorus.

Physicians, dentists, nurses, other health care personnel or friends may apply.

This season the group especially needs tenors and string players.

MMG will tour Italy for the finale of its 2007 concert season.

For more information, call: 1-202-797-0700, mail: 1700 17th Street, NW, Suite 508, Washington, D.C. 20009, e-mail: “vanmmg@hotmail.com” or visit the VA-National Medical Musical Group Web site: “www.medicalmusical.com”. ■

Dentist, former Marine donates care packages to wounded soldiers

BY JENNIFER GARVIN

New York—The motto “Once a Marine, always a Marine” is something that drives Dr. Peter Theodorou each day.

A New York City orthodontist, Dr. Theodorou joined the Marines in May 2001 and later served as part of Operation Iraqi Freedom in 2003 as a corporal in an infantry unit and later as a sergeant in a scout/sniper platoon. He spent 94 days in combat and received a presidential unit citation.

Although he’s been home for more than three years, his mind is never very far from the Marines.

That connection that led him to join Marines Helping Marines, a national program that provides care packages to wounded and recovering soldiers at major military hospitals such as Bethesda (Md.) Naval Hospital, Walter Reed Army Medical Center in Washington, D.C., the burn unit at Brooke Army Medical Center in San Antonio and Balboa Navy Medical Center in San Diego. Currently Dr. Theodorou is the director of operations for New York City.

The program ... delivers personalized care packages to Marines as well as to injured Army, Navy and Air Force personnel.

The program, which began in 2003, is supported by the Marine Corps League and delivers personalized care packages to Marines as well as to injured Army, Navy and Air Force personnel.

Dr. Theodorou said he got involved with MHM after his former platoon leader, Gunnery Sgt. Mario Monaco, asked him if he’d be willing to donate dental supplies for injured Marines.

He jumped at the chance to get involved, but said he wanted to do more than just donate toothbrushes. He thought, why not do complete care packages? Something to let the wounded know their fellow Marines and soldiers were thinking about them.

To date, MHM has delivered more than 500 such packages with more than 150 at the ready. The packages are delivered personally and contain toothbrushes and floss, but also nondental items such as DVDs, phone cards, stamps and batteries. Anything to make a hospital stay easier on a patient.

“Nine times out of 10, we give a Marine a care package and they say, ‘Give it to someone who needs it more.’” Dr. Theodorou said. “We tell them, ‘No, this one is for you and they’re going to get one, too.’ Marines look out for Marines.”

Dr. Theodorou is responsible for gathering the donated materials, which he in turn gives to Gunnery Sgt. Monaco who has them assembled before the Marine Corps League picks them up for delivery.

So far, most of the donations and supplies have come from neighboring states such as Connecticut, Massachusetts and Pennsylvania, but Dr. Theodorou would like to reach out to volunteers all around the world.

Additionally, Dr. Theodorou and his brother Spero, a plastic surgeon, have founded Marine Assist, a foundation that offers free plastic surgery and dental services to Marine veterans

who have served in Afghanistan and Iraq.

To help, contact Dr. Peter Theodorou by telephone at 1-212-688-6188, by e-mail at

“doctor@newyorkcityorthodontics.com” or visit “www.caltrap.com/ap/inc_marines_helping.asp”. ■



Dr. Theodorou: “Marines look out for Marines.”

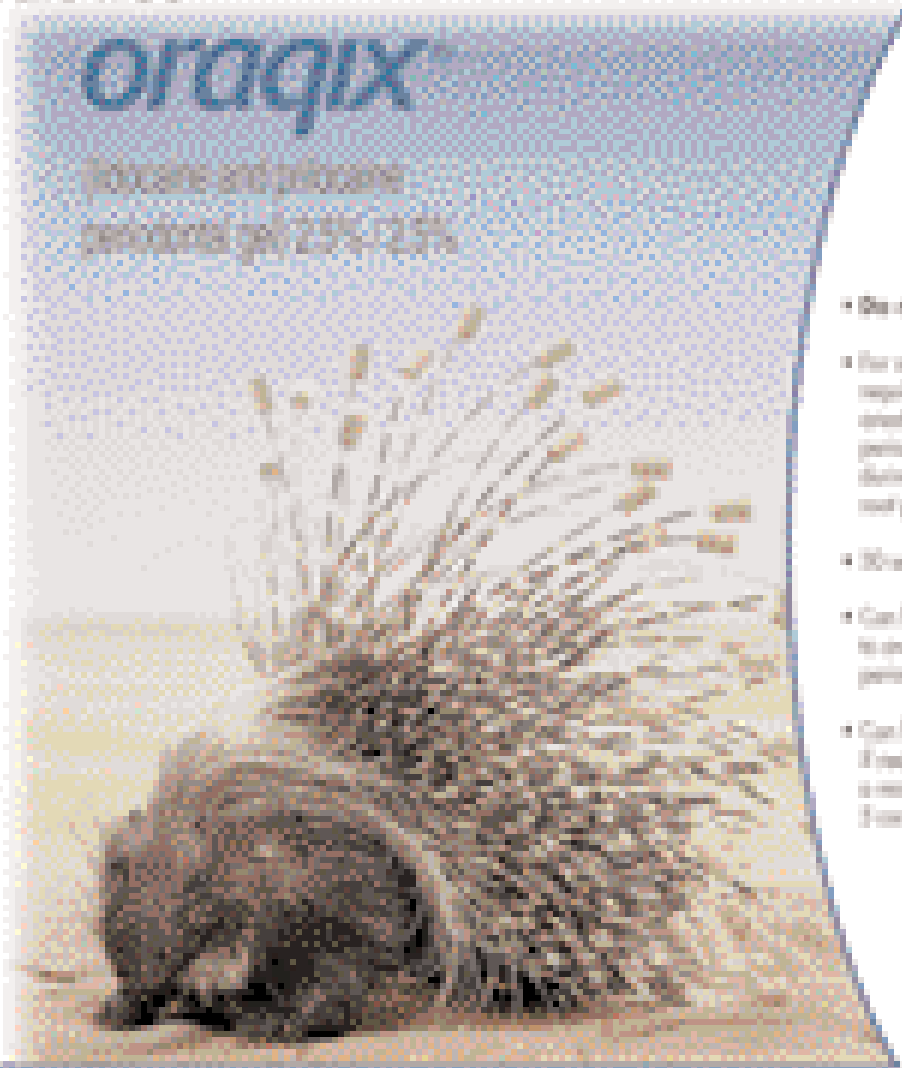
**Smart Pair.
Comprehensive Care.**

Today the “combined company” of Crest and Oral-B boasts more than 100 years of innovation and expertise. This combined heritage, coupled with a shared dedication to improving outcomes for dental professionals and patients alike, will fuel the new company, P&G Professional Oral Health, at the forefront of comprehensive oral health solutions.

Crest **Oral-B**

© 2006 P&G, Inc. All rights reserved. P&G Professional Oral Health

Needle-free



- Do not inject
- For adults who require localized analgesia in periodontal pockets during scaling and/or root planing
- Shown to not
- Can be applied to one or several periodontal pockets
- Can be supplied if needed up to a maximum of 2 cartridges

Don't Get Stuck Without It

- Oraqix provides pain relief and its needle-free application avoids patient concern regarding needles and injections.
- Oraqix should not be used in those patients with congested or idiopathic pulmonary fibrosis.
 - Rapid formulation allows Oraqix to change from a liquid to a gel at body temperature.
 - Oraqix is contraindicated in patients with hypersensitivity to aspirin type local anesthetics or any other product component.
 - The most common adverse reactions in clinical studies were application site reactions, headaches and taste perception.

Please see the accompanying brief summary of the prescribing information. To order or for more information on Oraqix, contact your authorized DENTSPLY distributor or call DENTSPLY Customer Service at 1.800.225.2787. Visit our website at www.oraqix.com.



PH09aug0718 11/09

INDICATIONS AND USAGE
 Oraqix is a topical analgesic for use in adult patients with periodontal pain. Oraqix is indicated for use in adult patients with periodontal pain during scaling and root planing. Oraqix is contraindicated in patients with hypersensitivity to aspirin type local anesthetics or any other product component. Oraqix should not be used in those patients with congested or idiopathic pulmonary fibrosis. Oraqix should not be used in patients with hypersensitivity to aspirin type local anesthetics or any other product component.

Warnings
 Oraqix should not be used in patients with congested or idiopathic pulmonary fibrosis. Oraqix should not be used in patients with hypersensitivity to aspirin type local anesthetics or any other product component.

Directions
 Oraqix is a topical analgesic for use in adult patients with periodontal pain. Oraqix is indicated for use in adult patients with periodontal pain during scaling and root planing. Oraqix is contraindicated in patients with hypersensitivity to aspirin type local anesthetics or any other product component. Oraqix should not be used in those patients with congested or idiopathic pulmonary fibrosis. Oraqix should not be used in patients with hypersensitivity to aspirin type local anesthetics or any other product component.

How to Use
 Oraqix is a topical analgesic for use in adult patients with periodontal pain. Oraqix is indicated for use in adult patients with periodontal pain during scaling and root planing. Oraqix is contraindicated in patients with hypersensitivity to aspirin type local anesthetics or any other product component. Oraqix should not be used in those patients with congested or idiopathic pulmonary fibrosis. Oraqix should not be used in patients with hypersensitivity to aspirin type local anesthetics or any other product component.

Side Effects
 The most common adverse reactions in clinical studies were application site reactions, headaches and taste perception.

How to Store
 Store Oraqix at controlled room temperature (20°C to 25°C).

How to Supply
 Oraqix is supplied in two strengths: 2.5% ibuprofen and 2.5% procaine. Oraqix is available in 15 mL and 30 mL cartridges.

How to Obtain
 Oraqix is a prescription drug. For more information, contact your authorized DENTSPLY distributor.

	15 mL	30 mL	Total
2.5% ibuprofen / 2.5% procaine			
Cartridge	1	1	2
Box	1	1	2
2.5% ibuprofen / 2.5% procaine			
Cartridge	1	1	2
Box	1	1	2
2.5% ibuprofen / 2.5% procaine			
Cartridge	1	1	2
Box	1	1	2
2.5% ibuprofen / 2.5% procaine			
Cartridge	1	1	2
Box	1	1	2

How to Obtain
 Oraqix is a prescription drug. For more information, contact your authorized DENTSPLY distributor.

How to Store
 Store Oraqix at controlled room temperature (20°C to 25°C).

How to Supply
 Oraqix is supplied in two strengths: 2.5% ibuprofen and 2.5% procaine. Oraqix is available in 15 mL and 30 mL cartridges.

How to Obtain
 Oraqix is a prescription drug. For more information, contact your authorized DENTSPLY distributor.

How to Store
 Store Oraqix at controlled room temperature (20°C to 25°C).

How to Supply
 Oraqix is supplied in two strengths: 2.5% ibuprofen and 2.5% procaine. Oraqix is available in 15 mL and 30 mL cartridges.

How to Obtain
 Oraqix is a prescription drug. For more information, contact your authorized DENTSPLY distributor.

How to Store
 Store Oraqix at controlled room temperature (20°C to 25°C).

How to Supply
 Oraqix is supplied in two strengths: 2.5% ibuprofen and 2.5% procaine. Oraqix is available in 15 mL and 30 mL cartridges.

How to Obtain
 Oraqix is a prescription drug. For more information, contact your authorized DENTSPLY distributor.

How to Store
 Store Oraqix at controlled room temperature (20°C to 25°C).

How to Supply
 Oraqix is supplied in two strengths: 2.5% ibuprofen and 2.5% procaine. Oraqix is available in 15 mL and 30 mL cartridges.

How to Obtain
 Oraqix is a prescription drug. For more information, contact your authorized DENTSPLY distributor.

