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ADANEWS

NOVEMBER 15, 2010

VOLUME 41 NO. 21

Dr. Gosar credits 'teamwork' for election to Congress

BY CRAIG PALMER

Flagstaff, Ariz.—Dr. Paul Gosar announced his first run for public office at the May 11-13, 2009, ADA Washington Leadership Conference in the nation's capital, launching his campaign five months later to unseat an incumbent member of Congress.

Rep. elect-Gosar told the ADA

Dentist elected education chief in Oklahoma, page 10

News just hours after his election to Congress, "It was teamwork, and that's what dentistry taught me." The newly elected representative of Ari-

zona's sprawling first congressional district, the nation's 10th largest, will join re-elected Rep. Mike Simpson (Idaho) as one of two dentists in the 112th Congress. Both are Republicans.

"I'm a health care professional and a small businessman," said congressman-elect Gosar. "I'm mainstream

America. I always represented my patients and my profession at the national, state and local levels. What's good for patients and small business is good for the country."

He cited "incredible" professional support for his campaign. "Getting dentistry behind us was number one
See TEAMWORK, page eight

Photo by Roger Hill



Tornado Alley: Dr. Thomas A. Howley pauses for a photo in front of a spectacular tornado May 31 in Campo, Colo. He retired from dentistry because of a disability and now is a storm chaser. See story, page 17.

Health Screening Program House OKs return for 2011 session

BY JENNIFER GARVIN

Orlando, Fla.—By approving Resolution 71H-2010 to ensure the return of the Health Screening Program at annual session, the House of Delegates sent a clear message that research continues to be a top Association priority.

Since 1964, more than 60,000 professionals have participated in the ADA Health Screening Program—the

largest national database on the health of dental professionals. The program has helped eliminate outbreaks of hepatitis B in dentistry and also has led policymakers to determine that HIV transmission is not an occupational hazard in dentistry, changing the way dentists and the dental health team provide care for their patients.

"As we gain greater insight into the relationship of oral health to general

health, the HSP has an opportunity to provide the profession with a wealth of scientific data on complex clinical health relationships affecting the entire health care team," said Dr. Dan Meyer, ADA senior vice president, Science/Professional Affairs.

The 2010 HSP was canceled when the ADA Foundation was forced to withdraw financial support during an

See SCREENING, page 19

Volunteers lauded in Orlando

BY JENNIFER GARVIN

Orlando, Fla.—Whatever the donation, be it time or money, the 2010 annual session celebrated its loyal volunteers.

For three days in Orlando, dental philanthropists whose efforts help create smiles worldwide were honored in the Volunteer Celebration Area in the ADA World Marketplace Exhibition.

The special exhibit was sponsored by the ADA, ADA Foundation, SS White Burs and the ADA Foundation's Give Kids A Smile National Advisory Board and committee members, and was designed to laud dentistry's heroes: GKAS program participants; donors who contribute to the ADA/Health Volunteers Overseas Adopt-a-Practice: Rebuilding Dental Offices in Haiti campaign; corporate donors and sponsors of charitable dental programs; and volunteers who participate in countless other programs and

See VOLUNTEERS, page 18

BRIEFS

CDT 2011-2012:

The ADA Practical Guide Series presents the latest in dental coding with the new CDT 2011-2012: The ADA Practical Guide to Dental Procedure Codes and CDT Companion 2011-2012: The ADA Practical Guide to Dental Coding.

The ADA considers CDT 2011-2012 a vital resource for every dental office and recommends that dentists and office managers update their CDT books on a bi-annual basis to stay current on the



latest dental procedure codes and dental terminology.

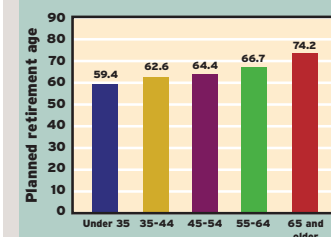
The CDT Companion, with its updated scenarios and dental/medical cross codes, works in collaboration with CDT 2011-2012 and the 27 new and revised codes to assist dentists with their coding skills and help them accurately document and report services delivered to patients.

See BRIEFS, page 19

JUST THE FACTS

Retirement age

Working dentists in older age groups estimated older retirement ages than younger dentists.



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

Forum displays dental loupes

BY JENNIFER GARVIN

Orlando, Fla.—The ADA Professional Product Review held its 6th Product Forum Oct. 9-11 at annual session.

The forum gave participants a chance to try out the different types of dental loupes—telescopes or surgical magnification devices—and learn how they can help improve vision and

posture for dentists and hygienists. There was also a video on loupes that enabled attendees to earn continuing education credit.

Lt. Anabel Natali, a general dentist from Portsmouth, Va., said she was passing by the forum and decided to check it out.

"I want to be an educated consumer," said Lt. Natali, who



Testing: Dr. Sharat Shetty, a dentist from Mumbai, India, tries out a set of dental loupes on a manikin in Orlando. The Professional Product Review Forum gave attendees an opportunity to earn CE credits.

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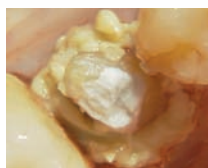
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Products: ADA President Raymond Gist watches as Lt. Anabel Natali learns about dental loupes during the Professional Product Review Forum at the 2010 annual session in Orlando.

has practiced for five years at the Naval Medical Center in Portsmouth. "I have a pair of loupes from school but the working distance was not right because the layout was different back in the operatory."

Some 160 dentists watched the video and then visited the forum's two demonstration stations. The forum also covered important elements, such as magnification, working distance, angle of the telescopes, various types of headlights and weight considerations, all of which can help dentists when making a purchase.

"I'm not ready to change yet, but mine are very heavy. This was so helpful," Lt. Natali said of the product forum.

The Review's winter issue—which mails with the January issue of The Journal of the American Dental Association—includes more on dental loupes for those who couldn't attend the forum, along with the second feature on dental therapeutics and the ADA Laboratory's evaluations of temporary cement and bridge and crown materials.

Since its debut in 2006, the ADA Professional Product Review has been a triumph for the ADA Division of Science and Council on Scientific Affairs, which publishes the publication.

Past product forums, which began in 2005, have offered hands-on evaluations of CAD/CAM systems, air and electric handpieces, curing lights, intraoral cameras and digital shade-matching devices.

For more information about The Review, visit "www.ada.org/ppr". ■

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

Matsco's new name is Wells Fargo Practice Finance

Orlando, Fla.—The only practice lender endorsed for ADA members' practice financing and commercial real estate needs by ADA Business Resources announced its new brand identity Oct. 9 during annual session.

Officials from Wells Fargo Practice Finance say the transition articulates a singular resource for finance and support for health care professionals that aspire to start, grow or purchase a private practice. Wells Fargo acquired Matsco more than three years ago as part of its acquisition of Greater Bay Bancorp. Clients will enjoy greater access to the full range of products and services that has made Wells Fargo the No. 1 small business lender.

The rebranding also reflects the company's 20-year heritage as the leading provider of health care practice financing, including start-up and practice acquisition financing, equipment, expansion and practice equity loans, and commercial real estate financing.

"As Wells Fargo Practice Finance, we will continue to distinguish ourselves by providing trusted guidance through specialized expertise, our focus on education and our commitment to our clients' success," said Allison Farey, president of

**WELLS
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Wells Fargo Practice Finance. "With our integration into Wells Fargo complete, we are excited to offer even greater levels of support by connecting our customers with the right resources at the right time."

"Running my own practice was always a dream, but there were times when I didn't know if I could actually make it work," said Dr. Gregory Libertore, a customer since 2000. "The Wells Fargo Practice Finance team provided so much more than just the financial backing. From their expert advice to aligning me with the right resources, they gave me the confidence to move forward."

For more information, visit "www.wellsfargo.com/practicefinance". ■

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Social media

Technology changes the way we communicate



Jordan L. Schweitzer, D.D.S.

In my last editorial, I talked about some ways that young dentists could benefit from the experience of older colleagues. Now, I'd like to look at a realm in which younger dentists often have a natural advantage: communication technology.

When I was 16, I bought my first album, Fleetwood Mac's "Rumours." When I say album, I'm sure different ideas popped into each reader's mind.

Some might have pictured a 12-inch vinyl disk that came in a cardboard sleeve. In addition, you thought of using a turntable and having to turn the record over halfway through the music to listen to the second side.

For others, "album" meant a compact disc in a plastic case that was wrapped in cellophane. You could listen to the CD at your house, in your car, or on a boom box.

More recent members thought of starting iTunes, searching for Fleetwood Mac, then downloading the album and listening to the music anywhere with your iPod or MP3 player.

If we want to engage our newer members, we have to adapt to—and adopt—their styles of communication.

ed for their intellectual property for another editorial. Incidentally, 95 percent of all songs downloaded in 2008 were not paid for.

The manner in which we purchase and listen to music has changed dramatically over the past 25 years. At that time, we didn't dream we would listen to music on a tiny device that would fit in our pocket, or even double as our phone. Just eight years ago, I remember buying my brother an MP3 player and thinking to myself that this would never catch on. And now, I carry around a large part of my music collection on my cell phone.

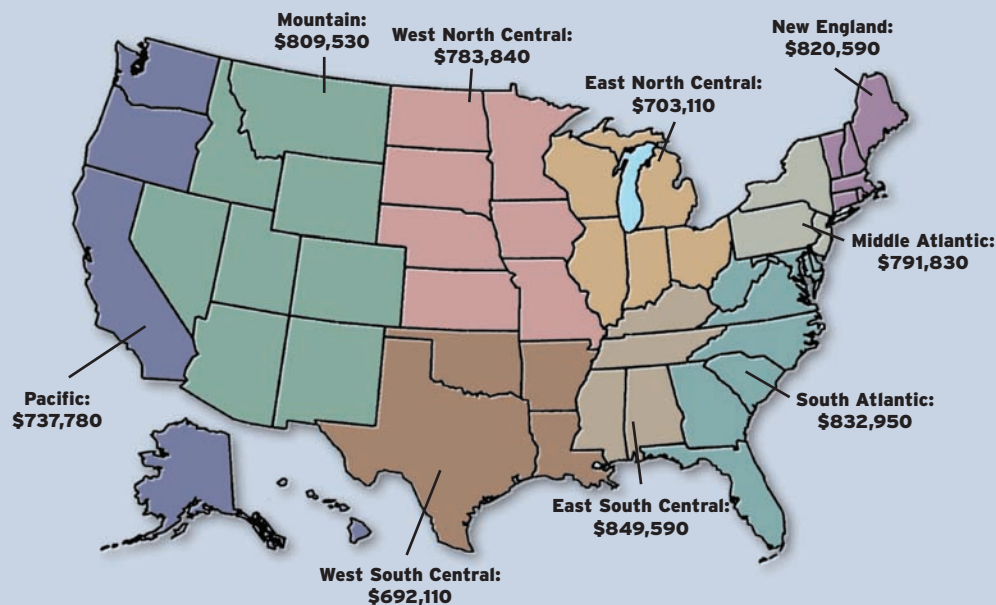
Technology has also changed the way we communicate, and perhaps more importantly, the speed at which we do so. Many of our members are familiar with and communicate through social networking sites, such as Facebook,

See MY VIEW, page five

SNAPSHOTS OF AMERICAN DENTISTRY

Gross billings nationwide

This map shows the gross billings per owner from the primary private practice of independent dentists by U.S. Census region in 2008.



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

Letters

Retiring dentists

"Golden Years" by Dr. Walter F. Lamacki (Sept. 20 ADA News) highlighted a very real growing need and opportunity, our aging population. His recognition of the dental needs of this population and the paucity of strategies for dealing with this group speaks to a potential value of the Association of Retiring Dentists.

It is increasingly clear that the concept of retirement is changing. More dentists will be gradually tapering off and working part time rather than stopping suddenly. Part-time work allows dentists to retain a sense of purpose, and income.

Who are better equipped to work with aging adults, than older dentists themselves?

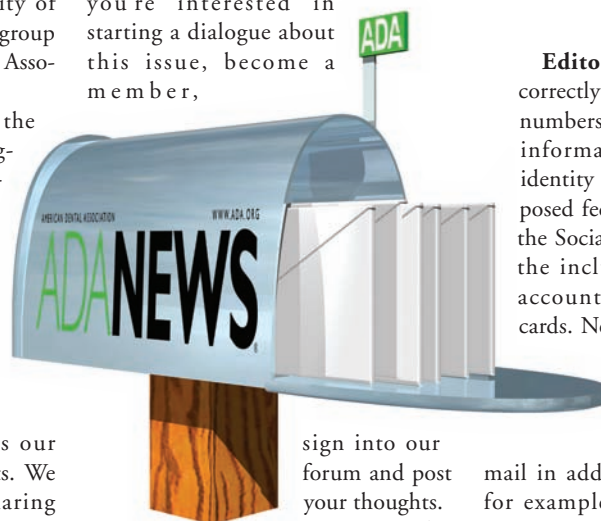
We often recognize that as our practices age, so do our patients. We have grown up with them sharing similar values and concerns of our age group over the years. Older dentists can certainly empathize and communicate on similar levels with older patients. Older dentists understand the older dentistry that is in the mouths of these patients.

It is very possible that retiring dentists could spend a portion of their retirement years serving this growing demographic.

One of the goals for the Association

of Retiring Dentists is to help connect dentists in the later stages of practice and create a network for dealing with retirement issues. Treating older patients could be one of them.

Visit our website at "www.retiringdentists.com", and if you're interested in starting a dialogue about this issue, become a member,



sign into our forum and post your thoughts.

Neil S.

Hiltunen, D.M.D.

Donald E. Johnson D.M.D.

North Hampton, N.H.

Protecting privacy

In the same week that the ADA News informed me about the new HIPAA rules with their fine nuances and Draconian penalties ("Q&A Examines HIPAA Penalties," Oct. 4

ADA News), I received my just-qualified-for Medicare card. It was dropped off in my unsecured rural mailbox and contains my social security number as the Medicare number.

Do as I say government.

Alfred Bongiorno, D.M.D.
Middleboro, Mass.

Editor's note: Dr. Bongiorno correctly notes that social security numbers are particularly sensitive information due to the risk of identity theft. In fact, there is proposed federal legislation to amend the Social Security Act to prohibit the inclusion of social security account numbers on Medicare cards. Nevertheless, a great deal of sensitive financial information and protected health information is sent via U.S. mail in addition to Medicare cards; for example, bank and credit card statements, statements from dentists and other health care providers, explanations of benefits and insurance cards. Stealing mail from a mailbox or receiving stolen mail is a federal crime.

By law, Medicare is required to protect the privacy of your personal medical information. For information about steps that Medicare beneficiaries can take to protect themselves from

See LETTERS, 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".

MyView

Continued from page four

MySpace, LinkedIn and Twitter.

For those who aren't familiar with social networking, Wikipedia describes it as websites that "essentially consist of a user profile, including his or her social likes plus a variety of other services. Most are web-based and provide a means for user interaction over the Internet, such as e-mail and instant messaging." Put more simply, it is a digital, worldwide clubhouse.

Facebook, the No. 1 social networking site, was founded by Harvard college students in 2004 as a way to keep in contact with one another. It soon branched out to other colleges, then to high schools and then the world.

Amazingly, Facebook has doubled in size since 2009, with more than 500 million users. Dallas

County Dental Society, the Texas Dental Association and ADA have Facebook pages.

Now I will readily admit that I'm not "on Facebook." (Although after putting the finishing touches on this I went online and joined.) But I do know that if the dental society wants to keep pace with its members, we need to harness the power of social networking sites, because this is the future of communication. Facebook, MySpace and YouTube, all of which didn't exist seven years ago, collectively have 250 million visitors each month. In contrast, ABC, CBS and NBC, which have collectively been in business for a combined 200 years, get 10 million visitors a month.

Our dental society needs to recognize this: new dentists (those in practice for less than ten years)

don't communicate in the same manner we do. Raised on computers from childhood, the gadgets we may struggle to keep pace with are second nature to the younger generations. If we want to engage our newer members, we have to adapt to—and adopt—their styles of communication.

While many aspects of dentistry require more explanation than a 140-character tweet, it's still important that we know what Twitter is, and how to use it when we need it. Because these media are today's version of the water cooler.

Although these websites have made it easier to reach people, it doesn't ensure that we are connecting with them. How many times have you received an e-mail that confounds you because you can't look the writer in the face and see those facial expressions and nonverbal cues that help in

deciphering the true meaning of the message? So while Facebook and LinkedIn may be communication tools, we need to make sure that we use it for purposeful communication and not as a substitute for face-to-face human interaction.

So this is a challenge the society faces. How can we effectively use social media to benefit our members, young and old? The first step is by familiarizing yourself with the social networks that are out there. And if you're not sure how to get started, do what my wife says she does for any computer question: just ask a young person.

Dr. Schweitzer is the editor of the Dallas County Dental Society's DCDS Connection. His comments, reprinted here with permission, originally appeared in the September/October issue of that publication.

Personalized with logos, Lands' End products make the perfect holiday gift

Lands' End Business Outfitters, the exclusive provider of apparel for dentists endorsed by ADA Business Resources, now offers promotional products that ADA members can use as giveaways for patients and staff. And, they were created in response to requests from members.



ADA members will find blankets, water bottles, baseball caps, clothing and more, and can have their own logo applied to them. There are hundreds of promotional products to choose from on the Lands' End website,

and online ordering is easy.

From collared shirts to polos, Lands' End offers professional and casual clothing and gear with flattering fits for men and women. The company's clothing experts can guide dentists through the ordering process, including logos and custom embroidery. Lands' End can even help design a logo for dentists who don't yet have one; just call 1-800-990-5407 to find out more.

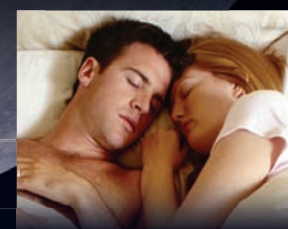
ADA members and their staff always receive up to 10 percent off products and another 10 percent off embroidery fees. Plus, there are no minimum orders on Lands' End merchandise. To shop or place an order, call Lands' End at 1-800-990-5407 or visit "http://ces.landsend.com/ADA". ■

Letters

Continued from page four

identity theft, see Preventing Identity Theft at "www.medicare.gov/navigation/help-and-support/fraud-and-abuse/preventing-identity-theft.aspx" and How to Report Fraud at "www.medicare.gov/navigation/help-and-support/fraud-and-abuse/how-to-report-fraud.aspx".

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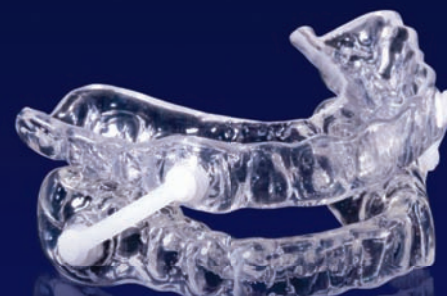
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Government

Dr. Halliday named chief of staff for U.S. surgeon general

BY CRAIG PALMER

Washington—Dr. Christopher G. Halliday, director of the Indian Health Service Division of Oral Health and former chief dental officer of the U.S. Public Health Service, assumes new management responsibilities in mid-November for U.S. Surgeon General Regina Benjamin, M.D.

"I am excited to serve as the chief of staff for the Office of the Surgeon General," said Dr. Halliday. "It's an honor and privilege to assist the Nation's Doctor as well as the officers serving in the Commissioned Corps of the United States Public Health Service." He is an assistant surgeon general and holds the rank of rear admiral in the uniformed Commissioned Corps.

The chief of staff is responsible for day-to-day direction and management of the Office of the Surgeon General. In announcing the appointment, Dr. Benjamin said Dr. Halliday and other new members of her "immediate office leadership team ... will play a vital role implementing our new structure and our new focus on our mission."

In his new post, Dr. Halliday will plan, imple-

ment and evaluate management operations of the office to ensure that program objectives are met. These operations include science and communications, readiness and deployment and the administration of 6,000 active-duty commissioned officers, 2,500-plus inactive reservists and more than 40,000 members of the Medical Reserve Corps, said a spokesman for the surgeon general. The SG chief of staff is a full-time position, and Dr. Halliday will not continue as director of the Division of Oral Health where he advised the Indian Health Service director on all matters concerning the oral health status of the American Indian and Alaska Native people.

As chief professional officer of the dental category of the USPHS four years through May 2010, Dr. Halliday was responsible for leadership and coordination of PHS dental professional affairs for the Office of the Surgeon General.

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Dr. Caron: "We care for and serve our nation's most precious assets—our military members."

Dr. Caron assumes Air Force dental command

BY CRAIG PALMER

Joint Base Andrews, Md.—Maj. Gen. Gerard A. Caron, a former private practice dentist, assumed Air Force dental command and new medical command responsibilities in a Sept. 24 ceremony.

A delegate to the ADA House of Delegates, which sets professional policy, Dr. Caron in his military capacity provides dental policy and operational advice to the Air Force surgeon general on matters involving the dental practice of 1,000 dentists and 2,500 technicians.

The new assistant surgeon general for dental services in the Air Force Office of the Surgeon General, he also commands the 79th



Dr. Halliday: "It's an honor and privilege to assist the Nation's Doctor as well as the officers serving in the Commissioned Corps of the United States Public Health Service."

Dr. Halliday has received a hazardous duty award, an isolated hardship award, several unit citations, achievement, commendation and outstanding service medals and the surgeon general's exemplary service medal. ■

—palmerc@ada.org

Medical Wing, Andrews Air Force Base, which is a mission partner with the subordinate 779th and 579th Medical Groups on Joint Base Andrews and Joint Base Anacostia-Bolling. These groups have medics posted at facilities across the national capital region and the military services, including the Pentagon.

He is also the command surgeon, Headquarters Air Force District of Washington, Andrews AFB, and the Air Force medical component commander, Joint Task Force National Capital Region Medical, National Naval Medical Center, Bethesda, Md.

"I can think of no greater honor, privilege and responsibility than to lead this outstanding group of medics, here in our nation's capital while we are at war," Dr. Caron said. Maj. Gen. Caron commands 1,475 military and civilian health care employees serving more than 400,000 beneficiaries in the national capital region with a \$59 million annual budget.

"Together with our Army and Navy partners in the Joint Task Force-Capitol Medicine, we are dedicated to excellence and timely health care for those we serve," he said.

"We care for and serve our nation's most precious assets—our military members, especially those who have been injured in the line of duty, their families and those retirees who served honorably in their time and their families."

The 779th Aeromedical Staging Facility serves as the primary East Coast hub for aeromedical evacuation aircraft returning sick or injured patients to the United States for care.

A civilian dental group, including the ADA president at the time, welcomed incoming patients March 2, 2007, as a guest of Dr. Caron's dental command predecessor, then-Brig. Gen. Gar S. Graham. Maj. Gen. Graham passed the reigns of command to Maj. Gen. Caron in the Sept. 24 ceremony officiated by Maj. Gen. Darrell D. Jones from the Air Force District of Washington.

Dr. Caron was in private practice before accepting a direct commission in the Air Force. His professional memberships include the ADA, Academy of General Dentistry, American Board of General Dentistry, International College of Dentists, Association of Military Surgeons of the U.S., Air Force Association and Military Officers Association. ■

—palmerc@ada.org

Maine voters set stage for new dental school

BY KAREN FOX

Biddeford, Maine—Maine residents said "yes" Nov. 2 to the issuance of a \$5 million bond to increase dental access by starting a new dental school at the University of New England.

In November 2008, UNE's board of trustees approved the academic program for the dental degree and charged the university with securing the necessary funds to launch the College of Dental Medicine.

"On Nov. 2, Maine voters affirmed the need for dental access in our state and expressed hope for a solution," said UNE President Danielle N. Ripich. "By moving forward with

our plans to open Maine's first dental school, UNE will continue its leadership role to educate students for the health sciences in the 21st century, while simultaneously addressing the state's most pressing health care workforce needs."

The \$5 million bond allocates \$3.5 million to establish the dental school's community-based teaching clinic and \$1.5 million to expand or create dental clinics around the state. Even if awarded, UNE must raise additional funds to make the UNE College of Dental Medicine a reality, and it has an active campaign under way.

Earlier this year, UNE received a lead gift of \$2.3 million from Northeast Delta Dental in support of the UNE College of Dental Medicine. With the addition of other generous gifts and pledges, UNE has secured \$6.5 million toward launching the college but to open its doors in fall 2012, up to \$20 million is needed.

"As we prepare our application for state bond funds and for accreditation, it is essential that we continue our successful fundraising to demonstrate the capacity to open and sustain the new college," says Kneka P. Smith, UNE associate dean for planning. ■

—foxk@ada.org

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ADA sets agenda for lame-duck Congress

BY CRAIG PALMER

Washington—The Association seeks passage of three bills of interest to the profession during Congress' lame-duck session and will focus attention on the U.S. Senate. The House of Representatives has passed all three measures.

• H.R. 4626, a bill to restore the application of the federal antitrust laws to the business of health insurance to protect competition and consumers, would repeal an exemption provided by the McCarran-Ferguson Act of March 9, 1945. The House passed H.R. 4626 by a vote of 406-19. ADA grassroots dentists have offered support for the repeal and Association lobbyists are focusing

attention on the Senate in the waning days of the 111th Congress.

• The House of Representatives by a 400-0 vote approved H.R. 2345 to exempt most dental offices from the Federal Trade Commission's Red Flags Rule, which requires financial institutions and creditors to develop written plans to prevent and detect identity theft. The Senate has not acted. However, new legislative language designed to exempt small businesses from the regulation could pave the way to bipartisan Senate consensus. The FTC has said that dentists and other health profession-

Government

als are creditors subject to the regulation depending on their credit arrangements

with patients but has delayed enforcement pending legislative and judicial review.

• H.R. 903, the Dental Emergency Responder Act of 2010, gained House approval Sept. 28 following an ADA grassroots campaign. The Association is working with lawmakers to bring the bill to the Senate floor. The legislation is intended "to enhance the roles of dentists and allied dental personnel in the nation's disaster response framework." The House passed the bill by voice vote

under a suspension of the rules, an expeditious procedure used for relatively noncontroversial or emergency measures and requiring a two-thirds vote of those members voting.

The chance of these measures improves the longer the 111th stays in session. The first order of business for the lame-duck Congress is setting a budget for fiscal year 2011. Expiring tax cuts and other tax legislation will also get attention. When a Congress expires, measures die if they have not yet been enacted.

The 112th Congress is scheduled to meet from Jan. 3, 2011, to Jan. 3, 2013. ■

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Teamwork

Continued from page one

(and) my campaign team was amazing."

The campaign team included Dr. Rob Robinson, treasurer and chief advisor; Dr. Brien Harvey, assistant treasurer and editor; Dr. Rob Roda, editor; and Dr. Brian Powley, finance chair. Drs.

"I've had wonderful support (from dentists) ... I'm humbled that they got enough of me that they would invest in this district and in me as an individual. I'm built on many shoulders across dentistry."

Robinson and Powley are former officers of ADA's Council on Government Affairs. Dr. Gosar was council vice chair when he announced his candidacy.

The Gosar for Congress campaign raised more than \$236,000 from dentists nationwide, according to federal election reports. "I've had wonderful support (from dentists)," said Dr. Gosar. "I couldn't begin to tell you how much and in what ways. They gave me the ideas to go forward with. I'm humbled that they got enough of me that they would invest in this district and in me as an individual. I'm built on many shoulders across dentistry."

He said he had tea party and Republican party support and "worked with both" during his campaign. "Give me 10 tea party folks who



Photo by EZ Event Photography

Congressman: Dr. Paul Gosar, past vice chair of the ADA Council on Government Affairs, addresses the 2010 House of Delegates in Orlando. Dr. Gosar is the first member to move from leadership in CGA to a seat in Congress. He will represent Arizona's 1st district.

really care and you can conquer mountains." Rep.-elect Gosar also credited "endorsements from wonderful people who had name recognition," naming former Alaska Gov. Sarah Palin as one. He said all but two of seven opponents in the primary "spoke on my behalf" and played "a key part" in his unseating Rep. Ann Kirkpatrick (D), who conceded defeat by offering her support in his transition to member of Congress. "I

don't think we have a closed door. She is one of the people in the district who have some knowledge and knows the issues we'll be working with."

Dr. Gosar mentioned "a government running amok with its finances" as one of the issues and said, "the biggest one is health care. It is inappropriate that the government has stepped between the health care provider and the patient. I'm definitely against this health care bill (Public Law 111-148) and would like to defund or repeal substantial parts of this and truly open up the free market."

Asked about the chances of outright repeal, he replied, "You never know. I'm a believer. Democrats realize that was a blood bath last night and people are angry." Change should begin with legislation he espoused with the ADA Council on Government Affairs and characterized in the interview as "revocation of the anti-competitive practices of the insurance industry," Dr. Gosar said.

The Association will continue to urge repeal of the McCarran-Ferguson Act's 65-year exemption from federal antitrust laws for "the business of health insurance" during the current Congress when it convenes for a lame-duck session before adjourning.

Dr. Gosar's 25 years in dentistry ended when he sold his practice in May. "I still have my license and I'm still going to keep my hands in figuratively," he said. ■

—palmerc@ada.org

Association congratulates Dr. Gosar on election to Congress

BY CRAIG PALMER

The American Dental Association offered "our sincere congratulations on your election to the United States House of Representatives" to Dr. Paul Gosar, the first dentist to move from leadership in ADA's government affairs council to a seat in Congress. He will represent Arizona's 1st congressional district.

"Now the real work begins," ADA President Raymond Gist said in the Nov. 4 letter. "And I want you to know that ADA leaders and members, particularly your friends and colleagues on the Council on Government Affairs and the ADPAC Board, as well as our Washington staff are pledged to continue supporting you however we can."

"We are delighted to have dentistry's voice in the House doubled, and we look forward to working with you to ensure that the federal issues facing organized dentistry are given the attention they deserve."

Rep.-elect Gosar will join re-elected Rep. Mike Simpson of Idaho in the 112th Congress. Both dentists are Republicans and will be in the House majority when the next Congress convenes. Rep. Simpson will be one of two dentists in the 111th Congress when it convenes the upcoming lame-duck session under Democratic leadership. Rep. John Linder (R-Ga.) is retiring at the end of this Congress.

Dr. Gosar announced his intent to challenge the incumbent Democrat at the 2009 ADA Washington Leadership Conference. He was vice chair of the ADA council at the time he told the nation's dental leaders he would make this first, and ultimately successful, run for public office, publicly launching his campaign five months later.

Dr. Gist, who is now the ADA president, extended an invitation to Dr. Gosar to return to the May 9-11, 2011, Washington Leadership as the opening keynote speaker.

"We are certain that you and your family are thrilled by your well-deserved victory," Dr. Gist wrote. "And the ADA is equally excited to have played a role in that victory. We hope the victories continue for many years to come." ■

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From dentist to schools chief

Dr. Janet Barresi elected to Oklahoma's highest education post

BY KELLY SODERLUND

Oklahoma City—A typical day for Dr. Janet Barresi would be like one any working mom would have.

She'd work in her Oklahoma City dental practice until around 4 p.m. then switch to mom mode, driving her twin sons to soccer practice, helping them with their homework and cooking dinner. But once the kids were in bed, Dr. Barresi would switch into a third mode: education reform advocate.

Dr. Barresi would spend her late evenings studying education research and policy. Unsatisfied with the public schools in her area, she tried to find better middle school options for her sons. Her passion led her to open Independence Charter Middle School and later Harding Charter Preparatory High School.

It also led her to run as a Republican for Oklahoma's state superintendent post, which she was elected to earlier this month.

"I'm one of those people that when I'm interested in doing something, I want to do it extremely well," Dr. Barresi said. "Excellence is always the focus."

It was about a 15-year transition for Dr. Barresi to completely make the switch from a full-time practicing dentist to a full-time education reformer. Dr. Barresi sold her practice about two years ago to completely focus on her campaign, but she plans to maintain her license



Dr. Barresi: "I'm one of those people that when I'm interested in doing something, I want to do it extremely well."

and CE hours.

She's a past president of the Oklahoma Association of Women Dentists and received the Thomas Jefferson Citizenship Award from the Oklahoma Dental Association. Dr. Barresi has a bachelor's degree in education and a master's degree in speech and language disorders, which she used to work in public schools as a speech pathologist.

Dr. Barresi graduated from the University of Oklahoma dental school in 1984. She later attended The Pankey Institute in Key Biscayne, Fla., where she is still a board member. Her time there focused on working on complex restorative cases, seeing only two to three patients each day but spending a lot of time on each case. An initial evaluation could take 90 minutes to two hours.

Her experience there has shaped the way she attacks education reform.

"The philosophy of the institute is patient-based, relationship-based. You focus on the individual patient and their needs. It teaches you to be flexible and evaluate patients in a comprehensive way. It taught me that the prescribed type of treatment for every patient isn't what each individual patient needs. That taught me to look at students and see them as individuals with different learning styles," Dr. Barresi said.

Being a dentist also taught Dr. Barresi a lot about customer service, which she believes is lacking in education. It's important to listen to parents, teachers and superintendents, hear their concerns and work with them collaboratively, she said.

"I learned a lot of lessons from dentistry," Dr. Barresi said. "I miss it, but I'm very excited about having this opportunity." ■

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Voters in Nebraska, California consider fluoride at the polls

BY STACIE CROZIER

Burwell, Neb.—In Burwell, a central Nebraska town with a population of about 1,000, Mayor Chuck Cone and two city council members narrowly averted a recall attempt related to implementing fluoridation to comply with state law.

In spring 2008, the Nebraska unicameral legislature overrode Gov. Dave Heineman's veto of a bill requiring statewide fluoridation. LB245 required cities with populations of more than 1,000 to add fluoride to the water supply but allowed communities to opt out of the requirement by 2010.

In August 2008, the Burwell City Council only received one suggestion about putting the measure on a ballot, said Mr. Cone.

"That was from me. I had filed to run for



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mayor but came forward as a citizen and as the director of the local health department," said Mr. Cone. "But the incumbent mayor and the city council did not place the issue on the ballot."

Mr. Cone said he had no objection to the plan, since he considered fluoridation a safe, effective and cost-effective way to help the community.

In November 2008, Mr. Cone ran for and was elected mayor.

On primary election day in May of this year, he said, a resident presented a petition to put the issue on the ballot.

"But it was too late. It was already election day," he said. A petitioner in turn sued Mr. Cone and asked for an injunction to stop the fluoridation process. Judge Karen Noakes ruled that Burwell must comply with the fluoridation law.

Mayor Cone and two city council members were then hit with a recall petition that said that they had "failed to allow the public to vote and decide democratically whether to prohibit the addition of fluoride to the drinking water of the city of Burwell and have failed to keep the public adequately informed on important issues affecting the safety, health and well-being of city residents."

By a 290-278 margin, the mayor avoided the recall, and both city council members also survived the vote.

"As public health director for a nine-county area—about 30,000 people—I am proud to say that we have a terrific dental health program in our schools," Mr. Cone said. "Kids who have parental permission get exams, fluoride varnish and a toothbrush and immediate referral to a dentist if they need it for free if they are covered by Kids Connection (a state Medicaid program) or for a \$10 donation if they are not. It can be hard to have a good rural public health program, but we have one. My legacy is that I will be the mayor that fluoridated the water in Burwell. There's a state law and a court order and there's nothing else we can do. Am I happy about it? Yes! I'd have it no other way. But now the town is divided, and I hope we can move forward. We have a bright future, and we have to focus on that."

"My legacy is that I will be the mayor that fluoridated the water in Burwell. There's a state law and a court order."

Voters in the Northern California coastal town of Crescent City rejected a ballot measure 57 percent to 43 percent that would have removed the fluoride from the water of some 7,500 city residents and thousands of water customers in unincorporated areas.

Local dentists, physicians, community groups, city and school leaders and the California Dental Association took the lead to encourage citizens to vote no on Measure A in the city that has been fluoridated for some 40 years.

In Keizer, Ore., where fluoridated water has been flowing for nearly three decades, the city council opted Nov. 1 not to place a moratorium on a city water fluoridation system improvement project.

The 5-2 decision was reached after council members listened to nearly four hours of public comment from more than 30 individuals. The moratorium was discussed months earlier at a budget committee meeting as a way for the city to save money.

For more information on community water fluoridation, contact Jane McGinley, RDH, MBA, manager, Fluoridation and Preventive Health Activities, by calling toll-free, Ext. 2862 or e-mailing "mcginleyj@ada.org" or visit the ADA.org fluoride page at "www.ada.org/fluoride.aspx" for news, resources and policy statements. ■

—croziers@ada.org

California city seeks amalgam ban

BY CRAIG PALMER

Sacramento, Calif.—The California Dental Association is "working with locally elected officials in Costa Mesa and Orange County to educate them on the use of amalgam," said Dr. Thomas Stewart, CDA president.

Costa Mesa claims to be "the first city in America to endorse a ban on dental amalgam." The city council approved 5-0 a nonbinding resolution Oct. 19, calling on state and federal agencies to take steps "to eliminate the use of mercury in dental practices."

"While this action does not have the force of law, it is extremely troubling," Dr. Stewart said in a memo urging component leaders to monitor dental amalgam activity "in your area."

Resolution No. 10, a resolution opposing the use of dental mercury, includes resolving clauses requesting that all dental practices in Costa Mesa "voluntarily cease use of dental amalgam" and directing that copies of the resolution be disseminated to the other three cities in Orange County, Calif.

"The passage of this unfortunate resolution is

a reminder to us that we need to be vigilant in monitoring all branches of government to make sure policymakers receive accurate information about dental issues," Dr. Stewart said. "We would like to see Costa Mesa City Council members reconsider this issue once they have all the facts."

In an agenda report prepared for the council's Oct. 19 meeting, the city manager said, "It is unclear at this time as to whether the City of Costa Mesa, as a general law city, has any legal

See AMALGAM, page 12



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Dental schools, labs

House urges interaction to meet future needs

BY KELLY SODERLUND

Orlando, Fla.—The House of Delegates is encouraging U.S. dental schools to interact with U.S. dental laboratories and encouraging dental laboratory technicians to be presenters at continuing education seminars, according to resolutions passed at this year's annual session.

Resolution 69H-2010 states the American Dental Association will encourage all U.S. dental

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schools to use dental labs in the United States for students' restorative prostheses instead of sending the prescription abroad. The ADA believes the students' education would be enhanced by interaction with local dental labs.

"I think we have a concern that by eliminating the interaction and the educational value of having dental students working directly with master technicians that the quality of the overall educational process of dental students will be diminished," said Dr. Bill D'Aiuto, chair of the Subcommittee on the Future of Dental Laboratory Technology and a member of the Council on Dental Practice. "Learning how to communicate

with dental laboratory technicians is essential for their professional success."

CDP formed the subcommittee at its October 2009 meeting to examine significant issues facing the dental lab industry.

The resolution also encourages dental schools to use their own in-house dental labs whenever possible in order to facilitate the interaction between students and dental lab technicians. The ADA is also encouraging dental schools to combine their dental education programs with dental lab technology programs whenever dental lab technology programs are located within commuting distance of the dental school. The programs or curriculum could include dental morphology/occlusion, prosthetic design and fabrication, waxing, casting, surveying of study casts and incorporation of CAD/CAM technology.

The resolution, proposed by CDP, is in response to a concern about a significant decline in the number of independent accredited dental lab technology programs. The number of Commission on Dental Accreditation-accredited dental lab technology programs has decreased from 58 in the mid 1980s to 20 today.

CDP is also keeping an eye on the trend toward offshore outsourcing, which puts competitive pressure on U.S. labs and causes concerns about domestic dental prosthetic production.

Res. 68H-2010 amends the current policy "Support of the Dental Laboratory Technician Certification Program and Continuing Education Activities." The House added a sentence that encourages dental technicians to attend the appropriate continuing education seminars as presenters.

The ADA and other interested stakeholders have spent the past several years meeting, discussing and brainstorming ways to make the dental laboratory industry better.

Many groups are dedicated to achieving the ultimate goal of fostering better communication between dentists and dental lab technicians. CDP believes the interaction between the two groups is one of the most critical issues facing the dental lab industry.

"We see, as a council and as an ADA House, the long-term value in rekindling this working relationship, starting in the dental schools," Dr. D'Aiuto said. "It's vital to the care of the American people." ■

—soderlundk@ada.org

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Amalgam

Continued from page 11

authority to ban the use of Dental Mercury. As a general rule, regulation of the medical professions is outside the purview of local government. However, the City clearly has the authority to express as a matter of public policy its support for a ban on Dental Mercury and to convey that support to the appropriate State and Federal authorities.

"This is a matter of public policy in expressing the City's position. Should the City Council adopt the attached Resolution, it will represent a policy statement on behalf of the City but does not have the force of law."

Dental amalgam is a stable alloy that has been studied extensively and has an established record of safety and effectiveness, the CDA said. CDA believes that the choice to use amalgam, which is a safe and effective filling material, should remain an informed choice that is made by the dentist in consultation with each individual patient.

American Dental Association public and professional amalgam resources are posted on the respective oral health topics pages on ADA.org. ■

—palmere@ada.org

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New sedation course a hit

‘Eye-opening’ course teaches dentists patient monitoring, airway management

BY KAREN FOX

There's a big difference between learning about the management of medical emergencies in the dental office and actually performing what's needed to save a life.

That's why Dr. Guy Rosenstiel of Birmingham, Ala., came to Chicago for the ADA's new continuing education course, Recognition and Management of Complications During Minimal and Moderate Sedation.

"I'm extremely interested in emergency preparedness for myself and my staff," said Dr. Rosenstiel, a general practitioner who provides moderate sedation services in his practice. "There is nothing like this training for dentists. You want to prevent this type of thing from happening, but if it does, I will know what to do. This will help me continue to treat patients and support the treatment of medical emergencies."

Dr. Rosenstiel was one of 34 dentists attending the hands-on portion of the new course Oct. 28-29 at ADA Headquarters. The generally accepted training for dentists administering minimal and moderate sedation has been Advanced Cardiac Life Support. As an alternative to ACLS, the ADA course is tailored to the unique needs of dentists with an emphasis on patient monitoring and airway management.

"I'm very proud of the ADA for taking the lead

"What we've developed is an approach that recognizes the importance of a well-trained dentist and well-trained team that can respond to an emergency."

and giving this type of education to every part of our profession because anyone could have a medical emergency," Dr. Rosenstiel said.

"What we've developed is an approach that recognizes the importance of a well-trained dentist and well-trained team that can respond to an emergency," said Dr. Morton Rosenberg, a member of the workgroup that developed the course.

"The dentist cannot do everything him- or herself," said Dr. Rosenberg, professor of oral and maxillofacial surgery and associate professor of anesthesia at the Tufts University Schools of Medicine and Dental Medicine. "What dentists take away from the course are four things: the ability to diagnose a situation, determine how emergent it is, methods to ensure oxygenation and ventilation, and recognition of when to call for help."

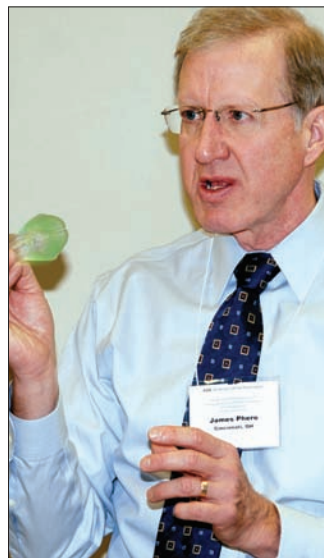
Participants described the experience as intense but eye-opening. The scenarios they encountered are ones that dentists administering minimal and moderate sedation could actually face with patients in the office, such as airway obstruction and respiratory depression. Through a series of team and individual assessments, they gained confidence in their ability to successfully monitor a patient and minimize the impact of a medical emergency.

"This course just opened my eyes to all the things that could happen in the office," said Dr. Scott Stanke of Peru, Ill. A periodontist who provides both minimal and moderate sedation, Dr. Stanke pursued the course in order to improve patient safety in his practice.

"A team approach is needed for the overall success of these situations," said Dr. Stanke. "An example that was emphasized in the course is the importance of communication and reiterating instructions and how the team works



Under pressure: Dr. Anjoo Ely of Novi, Mich., rescues a "patient" with airway obstruction.



Faculty: Dr. James C. Phero demonstrates equipment.



Expert: Dr. Joel Weaver, member of the Committee on Anesthesiology, answers questions.



Communication is key: Dr. Scott Stanke (center), Peru, Ill., leads a team-training exercise Oct. 28. Dr. Ralph Burgess (left), Flint, Mich., and Dr. Franco Cordini, Louisville, Ky., assist.

Education

together to minimize mistakes."

Dr. Robert Peskin of Garden City, N.Y., attended the course and has been observing its development over the past few years. As a dentist anesthesiologist, he is one of several dentists undergoing faculty training to teach the course.

"This is a wonderful adjunct for practitioners who are utilizing minimal and moderate sedation, and one that has tremendous potential once we are able to offer it in a variety of venues," said Dr. Peskin.

"It's incredibly satisfying to see the course launched with the ADA at last," said Dr. Karen E. Crowley, a workgroup member and an oral and maxillofacial surgeon. "It is a credit to the participants who take part in the course, as it is very challenging, and nothing like sitting with coffee in a lecture. I saw the confidence of the participants increase geometrically throughout the five hours they spent in the course."

Recognition and Management of Complications During Minimal and Moderate Sedation was three years in the making. The 2007 ADA House of Delegates approved revised anesthesia guidelines documents and called for the development of a CE course for minimal and moderate sedation providers that would focus on proper monitoring and airway management and serve as a complement to ACLS training. The ADA Foundation provided a grant, and the Anesthesia

Reviews are in

Evaluations of the faculty and course, Recognition and Management of Complications During Minimal and Moderate Sedation, were overwhelmingly positive and included comments like these:

- "This course really brought complications to life for me. My IV training was made up of mostly uneventful sedations, so I always felt deficient in emergency management."
- "The tuition I spent on this class was worth every penny."
- "It was the best course by far as compared to others I have taken on this topic. Starting the course as you did with the pre-assessment was an eye-opener and great life experience. Can I bring my staff?"
- "I will do this yearly if available."
- "The hands-on course was excellent; very helpful to get into my head such that I can perform under stress." ■

Research Foundation of the American Dental Society of Anesthesiology received the grant to develop the course.

That workgroup included some of the most

distinguished experts in sedation and anesthesia. In addition to Dr. Rosenberg and Dr. Crowley, the group included Dr. Daniel E. Becker, Dr. James C. Phero and Dr. Ken Reed. The workgroup also has expertise in a range of other relevant topics, such as dental education, emergency management, pharmacology, simulation education and patient safety.

"An incredible amount of work was devoted to developing this curriculum and we are very happy with the results," said Dr. Becker, associate director of medical education for the general practice dental residency at Miami Valley Hospital in Dayton, Ohio. "However, the curriculum can be improved further, and we need to make courses readily accessible to all sedation providers."

To complete the course, participants were required to take the didactic portion on ADA CE Online. Part two brought them to ADA Headquarters in Chicago for pre-assessment, task training, high fidelity activities and a post-assessment. Task training covered oxygenation/ventilation, airway adjuncts, monitoring and drugs.

Efforts are under way to identify a 2011 date to offer the course again at ADA Headquarters. For more information, contact Lois Haglund at "haglundl@ada.org" or Ext. 2694. ■

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Members sought for standards organization

BY JENNIFER GARVIN

With the expansion of the global market in dental products and supplies, international standards play a crucial part in keeping everyone safe.

Many countries are now adopting International Organization for Standardization (ISO) standards as the criteria for the regulation of dental products in their respective countries.

By participating in the standards development process, participants help shape that criteria used by various governments.

International standards also help the global marketplace thrive in many ways, including providing identifiable, clearly defined references from one country to the next that help establish better quality control, eliminating duplicative requirements and promoting the worldwide acceptance of products. Such standards are developed through the dedication of knowledgeable volunteers who contribute their expertise to help develop the U.S. position on international documents.



ISO is a worldwide, nongovernmental organization comprised of the single most representative standardization body from more than 145 countries that works to coordinate standards development in a multitude of different fields. The American National Standards Institute is the U.S. member to ISO and it has designated the ADA to be the sponsor and Secretariat of the U.S. Technical Advisory Group for ISO/Technical Committee 106 Dentistry, which provides the voice and casts the U.S. vote on all international dental standards.

The U.S. TAG is composed of seven sub-TAGS, each responsible for the development of international standards in a particular category: orthodontic and restorative materials; prosthodontic materials; dental terminology; dental instruments; dental equipment; oral hygiene products and dental implants.

"Getting involved in the U.S. TAG provides a means for those who have interest and expertise in dentistry to play an active role in shaping international standards, which are playing an increasing role in regulatory requirements in many regions," said Jeff Zawada, Ph.D., chair of U.S. TAG for ISO/TC 106. "It also gives members insight to

emerging international trends in dentistry and access to an exceptional network of experts from the U.S. and abroad."

Membership on these sub-TAGs is open to anyone from the U.S. who indicates he or she is directly and materially affected by the activity of the U.S. TAG. If you are in the dental field, either as a dental practitioner, academic or industry professional, you may join either as a voting or observer member. Each organization may have only one voting member. Observer members receive most of the same responsibilities, except they are not allowed to vote on ISO ballots.

For more information about becoming a member of the U.S. TAG for ISO/TC 106 Dentistry, call Kathy Medic at 1-312-440-2533 or email "medick@ada.org". ■

—garvinj@ada.org

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ADA, DTA to co-host ISO meeting

Phoenix—The ADA and Dental Trade Alliance (on behalf of the American National Standards Institute) are co-hosting the 47th annual International Organization for Standardization/Technical Committee 106 Dentistry meeting Sept. 18-24, 2011.

This is the first time in 14 years the ADA has helped host this important meeting that affects all aspects of dentistry through the products used by dentists and patients and produced by companies involved with dental materials, instruments and equipment. More than 350 attendees from 24 countries are expected to participate in the weeklong set of meetings that provide a central venue for the discussions that will shape the direction of future dental products, services and systems.

Those interested in contributing support to the meeting may contact Christa Martin, ADA Corporate Relations, at 1-312-440-7738 or "martinc@ada.org". ■

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Dentist weathers career change

BY STACIE CROZIER

Perkiomenville, Pa.—When injuries sustained in a pair of auto accidents forced Dr. Thomas A. Howley to retire from dental practice, he took a path that few would consider: chasing tornadoes and dangerous storms.

Since 2001, Dr. Howley has chased storms throughout Tornado Alley, from Oklahoma City northward to Rapid City, S.D., and into Canada. He works as a guide for a Texas-based extreme vacation company, aptly named Silver Lining Tours. For more than 80 days from April through July of this year, Dr. Howley witnessed 77 tornadoes on seven weeklong and 10-day tours. He logs between 30,000-40,000 miles of travel each season and has seen tornadoes that range from tiny to almost two miles across.

"I've always been interested in tornadoes, and for years I tried to get storm chasers to take me along but no one would do it," said Dr. Howley. "Then the movie 'Twister' came out [in 1996] and all of a sudden storm-chasing tour companies started popping up."

He chose to work with Silver Lining Tours ("www.silverlining.tours.com") because its co-owner and tour director Roger Hill is renowned in the storm-chasing world.

"Anyone in the chasing world knows Roger," he said, "and if you're serious about this you definitely want to do it with the best in the business."

One of the 2010 tours Dr. Howley and Mr. Hill led was featured in August on ABC's "Nightline" as reporter Eric Hong joined a group of thrill seeking storm chasers. (See the video

"It can be absolutely beautiful if you know where to go, what angle to be at and where you're safe."

online at "<http://abcnews.go.com/Nightline/video/tornado-vacations-11347890>". Dr. Howley is wearing a blue shirt in several shots and is also the one driving the van as Mr. Hill navigates and tracks storms on a laptop from the front passenger seat.)

The group—experiencing a typical storm-chasing vacation—spent 10 long days traveling 400-700 miles a day in vans equipped with state-of-the-art storm tracking technology for finding and safely navigating storms and sharing data with the National Weather Service; eating fast food on the run on "good days" (days with stormy weather); and relaxing on "bad days" (days with fair weather). This particular tour wound through North and South Dakota, Kansas, Nebraska, Iowa and Wisconsin in search of violent weather and adventure, seeing towering twisters and riding through battering hail, driving rains and dangerous winds.

"With all our equipment, we are safer than the other folks near the storms and we are quite good at what we do," Dr. Howley said. "Our vans have dents in them from hail storms. I've seen hail the size of grapefruits. And we generally end up with a few broken windshields every year, but we emphasize safety by approaching the storm from a safe vantage point and getting out of the way in plenty of time. It can be absolutely beautiful if you know where to go, what angle to be at and where you're safe."

Now the executive director of the Montgomery Bucks Dental Society, the 55-year-old Dr. Howley said a car accident sidelined him more than a decade ago. After several surgeries and rehab stints, the doctors told him he would not be able to return to dental practice.

"But I didn't believe them," he said. "I was going to prove them wrong. And then I was in

another accident. Your life can change pretty much in an instant through no fault of your own. I loved being a dentist. I was good at it. I enjoyed it. I would still be a dentist if I could. But the one bright spot was that having to retire gave me the opportunity to do some storm chasing."

During his dental career, Dr. Howley was also active in organized dentistry, serving on the standing committee for the ADA Continuing Education Recognition Program and holding most constituent and component offices in the Academy of General Dentistry and serving as

People

AGD's national president in 2004-2005.

"That experience serves me well in my role as executive director," he said. "And I feel that as a retired dentist with other interests I can offer some balance between the issues dentists face in their practices and in their lives as well."

Over the years, Dr. Howley has collected hundreds of tornado videos and books and owns one

of the best tornado book collections in the world.

"In 1887, John P. Finley wrote the first book devoted to the study of tornadoes," Dr. Howley said. "I was able to acquire a first edition copy signed by the author, but when I received it and read the inscription Mr. Finley wrote on May 11, 1887, I realized it was the first copy of his book ever sold. That was really exciting."

Dr. Howley is already looking forward to the 2011 season. "I will continue to do it as long as it's fun," he said. ■

—crozier@ada.org

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Volunteers

Continued from page one

causes in their own communities or in remote areas abroad.

"Dental team and industry volunteerism is at an all time high," said Steve Kess, vice president, Henry Schein Global Professional Relations and chair of the GKAS National Advisory Board. "All of the programs helped address local, regional or national needs and collectively represent a cross section of innovation and commitment of public and private programs. It was a truly inspiring exhibit and reinforced the need for proper resources to address this national unmet need."

The Volunteer Celebration Area was also a hub for dental professionals interested in learning

how they can make a difference.

"I think it was a great concept," said Dr. Sally Hewett, chair, ADA International Development Subcommittee. "We made supportive contacts and shared ideas from interactions with the other groups. It was good visible access for people interested in learning new opportunities for donating or volunteering."

The tent that was displayed was donated to the organization Tents for Haiti and will be used as a future classroom in Haiti. It was meant to give volunteers a feel for what they might encounter when volunteering in another country and was used to promote the Adopt-a-Practice: Rebuilding Dental Offices in Haiti campaign.

Col. Nasrin Mazuji, a U.S. Army dentist who was moved to donate \$1,000, said she was inspired by her friend and fellow dentist, Dr. Rhonda Mar-



Global education: From left, Drs. Wing Djaya and Bill A. Octave learn about Health Volunteers Overseas from Dr. Jack Levine, member, ADA International Development Subcommittee and HVO volunteer, and Nancy Kelly, HVO executive director, during the 2010 annual session last month in Orlando.

ADOPT-A-PRACTICE Rebuilding Dental Offices in HAITI



In January 2010 an earthquake devastated Port-au-Prince, Haiti.

Today, nearly a third of the dental offices remain destroyed. Without help, most Haitian dentists will be unable to rebuild their practices. Join the ADA Division of Global Affairs and Health Volunteers Overseas (HVO) to help raise \$300,000 by the end of 2010 to rebuild dental practices in Haiti.

Donate today!

Help rebuild dental offices and restore a sustainable system for oral health delivery in Haiti.

Visit ada.org/goto/international for more information and a link to HVO to donate.



Child's play: A couple of youngsters autograph one of the exhibits in the Volunteer Celebration area in Orlando.

tini of Georgia, who has volunteered in Haiti.

"Since I cannot currently volunteer," said Col. Mazuji who is currently stationed at Fort Huachuca in Arizona, "I decided to donate money instead to help build the infrastructure. Simple story."

For more information or to donate to the Adopt-a-Practice campaign, visit "www.ada.org.4412.aspx". At press time, total donations for the campaign exceeded \$72,000.

For more information on GKAS and other domestic volunteer opportunities, visit "www.givekidsasmile.ada.org".

To learn about international dental volunteer opportunities, visit the ADA International Volunteer website at "<http://internationalvolunteer.ada.org>" or contact the ADA Division of Global Affairs, 1-312-440-2726 or "international@ada.org".

To donate to the ADA Foundation's GKAS fund, contact the Foundation by e-mail at "adaf@ada.org". ■

Groups showcased

The programs featured at the Volunteer Celebration Area were:

- ADA Give Kids A Smile Program;
- America's Dentists Care Foundation (Missions of Mercy);
- Health Volunteers Overseas;
- ADA American Indian/Alaska Native Dental Placement Program;
- TeamSmile;
- National Museum of Dentistry;
- American Academy of Pediatric Dentistry Head Start Dental Home Initiative;
- Colgate Bright Smiles Bright Futures Program;
- ADA National Children's Dental Health Month;
- Smiles Change Lives;
- National Association of School Nurses. ■

Align announces preliminary settlement

BY KELLY SODERLUND

San Francisco—Align Technology Inc. announced preliminary details of a proposed settlement between itself and dentists as part of a class action lawsuit against the company.

The lawsuit was filed May 10 in federal court in northern California by dentists who allege the company instituted a case quota, failed to reimburse dentists for thousands of dollars in training fees and reportedly decertified doctors who didn't comply with the company's rules. More than 22,000 dentists are included in the class, said Jason Hartley, attorney with Stueve Siegel Hanson LLP, the Kansas City law firm representing the class.

The settlement could mean class members can obtain reinstatement to prescribe Invisalign under certain circumstances, and certain class members could have the option to elect a cash remedy instead, according to a news release posted on Align's website Oct. 21. The proposed settlement remains subject to the execution of a formal settlement agreement and approval by a judge.

"We are extremely pleased with the settlement with Align," Mr. Hartley told the ADA News. "It provides complete relief for the class. We expect full support from all the dentists and orthodontists who are in the class."

If the court grants preliminary approval of the settlement, the terms will be sent to all class

members. Align reported a \$3.3 million change in its third quarter financials because of attorney fees and administrative costs related to the lawsuit, according to the news release. Mr. Hartley said he will comment more specifically on the terms once the settlement is finalized, which he expects to happen this month.

The lawsuit claims Align Technology Inc., which manufactures and sells Invisalign, violated California public policy by requiring doctors to prescribe at least 10 cases each year in order to make money. The lawsuit alleges Align was not concerned about patient welfare but about its own bottom line. It describes Align's practices as unfair and fraudulent.

The class action complaint asked Align to refund dentists the fee they paid to be certified to prescribe Invisalign and said as a result of the practices, the class suffered injury in fact and lost money or property.

Align required doctors to pay about \$2,000 for a training course to be certified to prescribe Invisalign. In June 2009, the company announced doctors would have to start at least 10 cases each year in order to retain their certification.

This was met with protest from numerous groups. The American Dental Association communicated with the company a number of times and in April, Align announced it was dropping

the requirement.

Doctors who have had their Invisalign accounts deactivated or suspended as a result of the proficiency requirements program are included in the settlement class and will be notified of their options after a final settlement agreement is preliminarily approved by the court. Doctors who have questions regarding the status of the lawsuit can contact Mr. Hartley at 1-619-400-5822 or his partner, Patrick Stueve, at 1-816-714-7110. Align's website states dentists can also e-mail the company with questions at "settlement@aligntech.com". ■

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Screening

Continued from page one

evaluation of all ADAF programs and activities and making sure they were aligned with its mission and status as a 501(c)(3).

With Res. 71H-2010, the House of Delegates has assured the program will be back in 2011, and the ADA Board of Trustees has approved the "expenditure of up to \$350,000" to fund it.

The HSP program is a collaboration between the ADA councils on Scientific Affairs and ADA Sessions, which registers HSP participants and administers the logistics of the program.

"This is a great member benefit on several levels," Dr. Kevin Laing, CAS chair. "Both councils worked together with the HOD to make sure this key member benefit was not lost, and will happen in Las Vegas in 2011."

"The HSP has been instrumental on a number of issues related to dentistry," said Dr. John Hellstein, CSA chair, citing mercury hygiene and infection control as examples. "Continuing the collection of data through the HSP will help ensure that the database remains current and will remain important to ADA members for decades to come. We're very grateful to the House of Delegates for funding this very important project for 2011, and we hope that the Health Screening Program will continue well into the future." ■

—garvinj@ada.org

BRIEFS

Continued from page one

The CDT 2011-2012 with Companion Kit (K015) is \$84.95 for members and \$127.95 for nonmembers and includes both CDT 2011-2012 and the CDT Companion—a \$14.95 savings off the individual book prices.

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