

Bulletin

Summer 2001

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President's Message



Dr. Dave Perry

After the CSPD Annual Session in Sacramento I spent ten days in Mexico. I traveled with a group of four friends by motorcycle from San Diego to La Paz, Mexico. From La Paz we put our bikes on a ferry and took a seventeen-hour ride to Mazatlan. After docking, we had a day's trip south through a beautiful agricultural area to a fishing village called Punta de Mita just

north of Puerto Vallarta. Bruce, one of the foursome, has a condo in the village and we spent a day enjoying the beach, local restaurants, scenery and rested up for the return trip. We covered 2,800 miles and arrived safely back in San Diego ten days later.

One of the highlights of the trip was a 23-mile excursion to the Paleolithic cave paintings. The dirt road winds its way up into the Sierra over sometimes-rocky roads passing splendid scenery along the way. Upon arriving at the small village of Sierra de San Francisco we obtained a permit to visit the prehistoric site. The 10,800-year-old murals that we visited were on a 30-foot high rock overhang in the 1200-foot Canon San Pablo. The well-preserved paintings depicted a man with arms raised over its head adjacent to a drawing of a puma. My dual-purpose R 1100 GS BMW motorcycle performed well on the (XX) dirt roads.

The book *Motorcycle Journeys Through Baja* by Clement Salvadori became our guide for a vast array of information from places to stay and eat, to a list of rules that assured a safe trip. The first rule and most essential was that Baja pavement can change from a smooth 100-mph surface to shock-busters in a hundred yards, therefore it is essential to slow down at the first sign of pot holes. Secondly, the paved roads generally do not have what we think of as shoulders. The roads are often narrow, and oncoming trucks often take up most of the pavement. Bruce, a very experienced motorcyclist, had a scary experience as two large trucks tried to pass each other while coming down a hill toward him. With no shoulder to escape to, Bruce slowed and hugged the side of the pavement as the trucks passed him side by side with only a foot to spare. Finally, don't travel at night. "It's hard to see a black cow lying on the black asphalt on a black night."

We as pediatric dentists also have a guide so we know how to avoid the "shock-busters" that can unexpectedly happen in the dental office. Our guide is the Reference Manual: Journal of the American Academy of Pediatric Dentistry. Six-

teen Oral Health Policies and twenty Guidelines have been developed and updated regularly and approved by the members of the The American Academy of Pediatric Dentistry. AAPD has a similar rule as the "Don't Travel at Night." rule. It is "Don't sedate a child without monitoring with a Pulse Oximeter." It is difficult to observe the respiration of a child when you are working in a dark mouth, with a raincoat on and with a papoose board wrapped around a child. It is essential that you read the guidelines of the latest issue of the Journal containing the reference manual. Make them a part of standard operating procedures in the office.

Two CSPD members are facing criminal charges of child endangerment. One incident was a result of an untoward outcome with sedation and the other was because of behavior management techniques. Both members could have avoided permanently damaging their professional practices and avoided injuring the patient if they had followed AAPD guidelines. CSPD will be able to support members when they have followed the AAPD Guidelines.

CSPD has formed a Patient Safety Committee. David Rothman, as chairman of this committee will be collecting information on events that effect patient safety in the pediatric dental office. Rather than CSPD reacting to problems that occur, we will be actively collecting information and looking to improve our safety record. Please take the time to fill out the Patient Safety Committee Incident Report by going to <http://www.cspd.org/incident.html>.

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CSPD

Honors

Past President Dr. Larry Luke acknowledges the legislative efforts of The Honorable Virginia Strom-Martin, State Assembly Member from Santa Rosa and author of AB 2003 (Access to General Anesthesia).



Salivary Streptococcus mutans: Protocol for Testing and Follow-Up

By Dr. Wenyuan Shi, Director
Oral Microbiology Laboratory

The science: Dental caries is a S. mutans associated bacterial infectious disease. Although several local environmental factors including dietary pattern, fluoride level and salivary flow contribute to the development of dental caries, it is cariogenic bacteria that are ultimately responsible for the disease. These bacteria have the ability to make a gel-like plaque from sucrose in the diet, and then to create an acid environment deep in the gel-plaque whenever sugars are eaten. The acid dissolves the crystalline structure of the tooth to create a cavity. Among the cariogenic bacteria, Streptococcus mutans is the principal bacterium responsible for the initiation and progression of human dental caries. Previous clinical studies have established a close relationship between salivary S. mutans level and the risk of developing caries. Similar relationships also exist with disease activity state. These data strongly indicate that salivary S. mutans can serve as an index of both the state of activity and the risk or susceptibility of developing caries. Salivary S. mutans counts can be used as an aid to patient motivation and compliance to reduce caries risk or activity, to help check that patients remain at low risk after treatment, and as an aid in assisting parents and infants in delaying or avoiding initial S. mutans infection.

THE TECHNOLOGY: MONOCLONAL ANTIBODY BASED METHODS FOR DETECTING S. MUTANS

Monoclonal antibody based bacterial detection methods have been recognized as an excellent diagnostic tool. UCLA recently developed highly species-specific monoclonal antibodies against S. mutans. In conjunction with fluorescent microscopy and flow cytometric techniques, the antibodies allow quick, low-cost assays that detect salivary S. mutans with nearly 100% sensitivity and specificity and which count the number of bacteria with great accuracy. The new technique was described in Hybridoma (17:365-371, 1998; Shi, Jewett and Hume) and granted US Patent No. 09/378,247. This new technology is now available to you conveniently and at low cost and by mailing samples to the Oral Microbiology Laboratory at UCLA School of Dentistry.

THE TESTING PROTOCOL

1. The testing kit includes a disposable cup, a pipette, and a tube with fixing solution. You can request the testing kits by e-mail: wenyuan@ucla.edu; fax: 310-794-7109; or phone 310-825-8356. Please address your request to Dr.

Wenyuan Shi at the UCLA Oral Microbiology Laboratory. Please include your name, mailing address, phone/fax number, e-mail address (if any) and preferred method of payment (see below).

2. At your chair side, ask your patient to spit normal (unstimulated) saliva into the cup. Use the pipette to transfer 0.5 ml of saliva into the tube with fixing solution, then mix the saliva with fixing solution for 5 seconds by shaking. For patients less than 2 year old, use the pipette to collect saliva directly from the floor of child's mouth, then transfer the collected saliva into the cup. After enough saliva is collected, transfer 0.5 ml of saliva into the tube with fixing solution, and mix.

Warning: Do not re-introduce the pipette into the mouth if it has touched the fixing solution. The pipette is single use only and should not be re-sterilized.

3. Label each tube with a unique identifier for your office and the individual patient using a fine point, permanent marker pen. To protect patient confidentiality please do not include the patient's name or related medical information in any material sent to our laboratory.

4. Please make a record on whether the patient has consumed food within 2 hours of collection. Salivary S. mutans may increase 2-4 fold in the hours immediately after food intake. You may consider this information when you examine the report.

5. The fixed saliva samples can be stored at room temperature for up to three weeks. Unless you require results more quickly, we recommend that you mail one week's samples together in a padded or bubble cushioned envelope. Please mail the saliva samples to Dr. Wenyuan Shi, Oral Microbiology Laboratory, UCLA School of Dentistry, 10833 Le Conte Avenue, Los Angeles, CA 90095-1668. Please include a cover letter stating your contact information (name, address, phone/fax number and e-mail address), a list of saliva samples using each patient's identifying code only.

TEST RESULTS

UCLA Oral Microbiology Laboratory will use the mono-
Please see page 3

Monoclonal antibody based bacterial detection methods have been recognized as an excellent diagnostic tool



Dr. Wenyuan Shi

Membership Report

The size of our membership continues to grow. In March of last year the membership totaled 499. That number represents active members, faculty, associate members, life members, retired members, honorary members, and students. In March of this year our membership in those categories totals 516.

NEW MEMBERS

Dr. Thuan Q. Le
San Francisco

Dr. Erik H. Roos
Chico

Dr. Maria Isabel Bradley
Huntington Beach

Dr. Nina Le
Philadelphia, PA



Dr. Margaret Santiago
Hermosa Beach

Dr. Amybeth Harmon
Pleasant Hill

Dr. Anthony J. Scoma
New York, NY

California Society of Pediatric Dentists BULLETIN

CSPD members are encouraged to contribute to the Bulletin. Articles, Letters to the Editor, or other items of interest are welcome. Items for publication may be submitted by e-mail (rhansen@cspd.org), in computer format on a 3.5" disk or typewritten in double space format.

Product and informational content presented in the Bulletin by contributing authors is not necessarily endorsed by the Executive Board of CSPD.



Published 4 times annually
Editor
Roland Hansen, DDS, MS

MISSION OF THE BULLETIN

The Bulletin of the California Society of Pediatric Dentists shall be to examine and identify the issues that affect the specialty of Pediatric Dentistry and the oral health of teenagers and children. All of our readers should remain informed and participate in the formulation of public policy and personal leadership to advance the purposes of the Society. The Bulletin is not a political publication and does not knowingly promote the specific views at the expense of others. The views and opinions expressed in the Bulletin do not necessarily represent those of the California Society of Pediatric Dentists.

Salivary S... Continued from pg. 2

clonal antibody based detection method to determine the number of S. mutans cells in per milliliter (ml) of saliva. The results will be reported to you through either fax or e-mail, 2-3 days after we receive the saliva samples. Individuals with less than 100,000 S. mutans cells/ml of saliva are considered low caries risk or activity; 100,000 to 500,000 S. mutans cells/ml are medium, and 500,000 or above cells/ml are high risk or activity.

THE FOLLOW-UP

Bringing about biochemical and behavioral change to prevent and cure caries relies on the development of a therapeutic alliance between the dental professional, the patient and any caregiver. We recommend using one or more of the following at your discretion to treat patients who either have high salivary S. mutans indicated by salivary bacterial count, or who you know from other signs (continually progressing lesions, low stimulated salivary flow) to have active caries or high risk:

1. Provide oral health education for better and more frequent brushing and flossing.
2. Change the dietary pattern through sugar reduction and reduction in the frequency of eating.
3. For individuals younger than 6 years advise the use of a fluoride-containing dentifrice formulated for children. For individuals over 6 years of age advise the use of a toothpaste that contains both fluoride and an anti-bacterial compound.
4. Provide frequent in-office prophylaxis, fluoride treatment (liquid or varnish) and counseling.
5. Advise the use of a high-fluoride home treatment of your choice (e.g., over-the-counter fluoride rinse, or a tray or stent with pH-neutral fluoride gel).
6. For individuals with very high initial counts, prescribe chlorhexidine (Peridex) 0.2% as a daily rinse for 2 weeks at a time several hours removed from any fluoride rinse.

Salivary S. mutans tests can then be used one week and then one month after treatment and then at recall appointments to re-estimate risk or activity level.

Using salivary S. mutans counts as an index of caries risk and activity is much more beneficial to the patient than waiting for signs of cavity development and is a service for which appropriate professional fees should be charged.

THE TESTING COST AND PAYMENT

The salivary S. mutans test costs \$10/ per test including the testing kit. Payment (to the Regents of the University of California: Oral Micro Lab) is due through invoice that will be issued at the time of purchase. A 10% discount will be applied if you purchase over 100 test kits.

THE CONTACT

INFORMATION

If you have any further question, please contact us at:

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UCLA School of Dentistry
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Set the dates aside on your calendar and watch for more information on our Annual Meeting and Scientific Session.

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An Editorial Communication...

THE ESSENCE OF CONSENSUS BUILDING

As dental practitioners we often attempt to resolve every difficult decision using our intellect and intuition based upon professional training and experience. Since we are often individually responsible for the diagnosis, care and treatment of our patients, the concept of team solutions in society committee work is often overlooked. While organization into defined teams is often the method of choice for corporate America, it is not often utilized to the same degree in the administration of local and state dental society committees.

Most dental organizations have a large number of committees that have been formed in response to administrative planning. Very often the committee chair carries much of the administrative burden when specific goals are identified and a plan of action is developed. The chairs are given the responsibility to meld the committee into a responsive unit...one that can capably define issues and seek solutions. Essential to this effort is the involvement of each committee member. Each committee member must be able to clearly define the issues and suggest solutions to the committee as a whole. The chair of the committee may not be able to contact committee members on a regular basis and may be forced to make unilateral decisions that have far reaching consequences. Members of the committee may have been too busy, disinterested or unable to contribute to the deliberations. When the entire committee is able to discuss and understand the position of each member, the final result will most often be an improvement over unilateral decisions reached in the vacuum of misinformation.

Corporate America utilizes the skill of every employee who can deliver competent dialogue and intelligent discussion in the decision making process. They know that every employee has the capability of delivering a specific asset when difficult solutions are contemplated. Small dental society committees may not utilize their committee members to that same degree. Several factors contribute to this inefficiency, including lack of mutual support in the attainment of objectives, poor definition of goals, and lack of continuing and regular dialogue. Omnipresent dialogue presents many opportunities for committee members to thoughtfully consider alternatives and build consensus. It is interesting that corporate training programs instill a cooperative effort to a great degree and develop the team concept in the attainment of their objectives.

Business schools use a variety of training tools to illustrate the effectiveness of a unified effort. A common method is to divide the class into several teams. Each team is given the same example of a difficult problem that is to be solved individually and then collectively. The Human Synergistics corporation has created a simulated desert survival exercise to teach this concept. This learning device is designed to understand the value of group dynamics in consensus building. The salvaged assets of a survival group are enumerated and each participant must rank the relative value of each of fifteen items retrieved from an aircraft accident. Individuals who take such an examination will invariably find a solution that overlooks one or more of the essential elements for survival. A team review of the assets results in a revised ranking that represents group consensus. Invariably, the team score will be a substantial improvement over the ranking that is provided by individual members of the team. The team agrees upon the more correct final solution for survival because they have new information provided by individual team members. At this stage of the consensus building effort, every member of the team is more likely to be convinced that the final solution generated by the team is superior to individual solutions.

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The Dental Board of California

February 9, 2001
Meeting

By Paul Reggiardo

2001 LEGISLATIVE AGENDA

1. In the upcoming session of the California Legislature, the Board intends to seek statutory authority that would require a Dental Management Service Organization (DMSO) operating in California to obtain a license from the Board and would grant the Board authority to set in regulation the services a DMSO may and may not provide.
2. Grant the Board oversight authority for dental Independent Practice Associations (IPAs).
3. Establish December 31, 2001 as the final opportunity to apply for the oral conscious sedation certificate by the submission of cases.
4. Remove current restrictions on the amount paid to examiners who perform the clinical and practical examinations for licenses and permits, increase delinquent and late fees for licensure renewal, and reduce the license renewal fee for disabled dentists.

ORAL CONSCIOUS SEDATION CERTIFICATION

The Board received a staff proposal to amend current regulation concerning the administration of pharmacologic agents to minors by caregivers at home prior to the dental appointment, when the effect is consistent with Level 1 Mild Sedation (Anxiolysis), as defined in Appendix 1 of the AAPD Guidelines for the Elective Use of Conscious Sedation, Deep Sedation and General Anesthesia in Pediatric Patients (published 1999). After considerable discussion, during which CSPD provided testimony that current regulation clearly governs this situation and that no ambiguity exists, the Board voted to uphold current regulation in the Dental Practice Act.

The record will show the Board recognizes Business and Professions Code Section 1647. 10, which states:

a) *"Oral Conscious Sedation means a minimally depressed level of consciousness produced by oral medication that retains the patient's ability to maintain independently and continuously an airway, and respond appropriately to physical and verbal command"*

The Board will recognize that when a "minimally depressed level of consciousness" is produced, the result is a measurable alteration (or depression) of the patient's vital signs or cognitive abilities. This requires possession of the oral conscious sedation certificate by the dentist intending or producing this result and such medication cannot be given outside the office or be given by anyone other than the dentist. Conversely, medication may be prescribed for the minor dental patient by the dentist, and administered outside of the office, if the result of such medication does not alter the patient's baseline vital signs or cognitive ability. Such prescribing does not require possession of the oral conscious sedation certificate.

This policy and language was approved by the Board's legal counsel and legal counsel for the state Attorney General's office and will be published in the Board's quarterly mailing to licentiates.

A complete summary of this report is available.

Oral Conscious Sedation means a minimally depressed level of consciousness

News Briefs

The Patient Safety Committee requests that reports of Morbidity/Mortality incidents be sent to him using the anonymous form provided on our website. Locate the form at <http://www.cspd.org/incident.html> or alternatively go to Organization and click on Incident Report. Please print the form and return it to Dr. David Rothman.

The University of California San Francisco Pediatric Dentistry department has recently signed an affiliation agreement with the practice of Drs. Roger Sanger, Ray Stewart and Peter Chiang to rotate students and residents to their Salinas practice to obtain clinical experience at the various facilities at that location. Beginning in the summer of 2001, a full-time pediatric dental resident will begin their training in Salinas at Natividad Medical Center and with the sponsoring practice. This program was "enthusiastically" approved by the Council on Dental Accreditation at the American Dental Association as a model for expanding the number of pediatric dental residents in training. This novel approach does not require the expansion of clinical facilities or faculty positions at the dental school.

Dr. Ken Troutman has recently accepted a position at the University of California San Francisco School of Dentistry in the Pediatric Dental section. Ken was formerly a member of the faculty of Columbia University School of Dental and Oral Surgery in New York.

Dr. Steve Chan installed the newly elected officers at our Annual Meeting in Sacramento using the "Heart Light." Each officer received a piece of the light...the lens, bulb, battery, housing, reflector. It was assembled but would not immediately light. The best laid plans of mice and men...

The Curriculum Committee has selected four outstanding Pediatric Dentists to present a 20 hour integrated CD-ROM based lecture series. The committee met in Chicago in late January to outline the course work that is divided into three modules consisting of age 0-3, 3-6, and 6-12.

The committee has enlisted the services of Dr. Steve Adair from the Medical College of Georgia School of Dentistry to prepare course work on Prevention/Cariology. Dr. Barbara Sheller from the Children's Hospital and Medical Center in Seattle will develop a curriculum in Behavior Management.

Dr. Bill Waggoner from Las Vegas, Nevada will prepare instructional material for Diagnosis and Treatment Planning. Dr. Kevin Donly from the University of Texas, San Antonio has been asked to deliver Restorative/Intervention, including Space

Management. The initial round of videotaping will occur in Sacramento in late September with finalization of the course scheduled for late this year. Final tapes of the twenty-hour course will be used to create 20 one-hour integrated CD-ROM disks to be used in the training of generalists in Pediatric Dentistry. Integration of the lecture enables the computer monitor to be divided into several windows that display video, audio, text (in one of fourteen languages), a table of contents, a note taking window and PowerPoint slides all in simultaneous fashion. The lecture material is searchable and the student may review any portion of the lecture by clicking on the table of contents. Delta Dental funded a demonstration CD featuring Dr. John Featherstone of UCSF speaking on "The Science and Practice of Caries Prevention." The funding for this project comes from Delta Dental of California, CDA, CSPD, and AAPD.

The Board approved the Bylaws of the California Society of Pediatric Dentists Foundation. The Past Presidents will play a vital role in the Foundation fundraising during the first year. It was suggested that each Past President personally invite their peers to join with them in their contribution efforts, and become a charter donor to the Foundation. The Foundation perceives the funds that CSPD allocates to the professional activities committee for research projects will eventually come from the Foundation.

Nominations were made for the offices of President, Treasurer, and Secretary. The Candidates were reviewed and the Board of Trustees voted in the following officers with the understanding that the proposed treasurer would need to be approved by the CSPD Board as a Foundation Trustee:

President	Dr. Dave Good
Treasurer	Dr. Ann Azama
Secretary	Dr. Mark Lisagor

Dr. Mungo reported that 128 attended the Annual Meeting in Sacramento. Of that number 23 were students. The Table Clinics numbered 18 with 21 students participating.

Dr. Ray Stewart reported to the Board that the CDA Council on Community Health is drafting paperwork that will direct CDA to provide training to general dentists so that they will be able to recognize pediatric oral disease. They are also drafting a policy statement on early childhood caries.

Dr. Parvathi Pokala has applied for a grant to establish a Pediatric Dental Residency Program in San Diego.

Dr. Jack Dillenberg is the new State Dental Director of the Department of Health Services.

*The Board approved
the Bylaws of the
California Society of
Pediatric Dentists
Foundation.*



Dr. Steve Chan installs Dr. David Perry as President for the coming year by turning on the "Heart Light."

OPPORTUNITIES

CALIFORNIA - LONG BEACH - Two positions available:

Residency Director, Children's Dental Health Clinic (CDHC), Long Beach Memorial Medical Center. Seeking a pediatric dentist with hospital experience. Responsibilities include training of residents in pediatric dentistry and their integration into the full range of inpatient and outpatient dental services within the clinic, operating rooms and the wards. Residents are based at Miller's Children's Hospital as part of the Pediatric Dentistry program at the University of Southern California School of Dentistry. Applicants should be board-certified or board-eligible in pediatric dentistry and licensed by the Dental Board of California. The applicant must be eligible for a faculty appointment at the University and will be required to obtain hospital privileges.

DENTAL DIRECTOR OF CDHC

This position requires the individual to manage the clinical activities of a large nonprofit pediatric dental clinic for disadvantaged children within a medical center setting. Duties include responsibility for personnel management, in services to other professionals, as well as developing clinic policy, and may al-

low for patient care. Previous administrative experience is preferred, and the applicant must be licensed by the Dental Board of California. The Clinic and University are both equal opportunity employers. Curriculum vitae should be sent to: Dr. Melvin Rowan, Search Committee Chair, Children's Dental Health Clinic, Memorial Medical Center, 2801 Atlantic Ave., Long Beach, CA 90801.

POSITION AVAILABLE - NOEVALLEY

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*The Annual Meeting
social functions
proved to be
memorable.*





Among those enjoying the festivities were Drs. Dave Perry, Incoming President, Richard Mungo, Meeting Chair, Dr. Larry Luke, Past President.

DISTRICT VI TRUSTEE REPORT

By Ray Stewart

ASDC/AAPD Merger: The membership of ASDC voted in October to "continue to study" the proposed merger with AAPD rather than to approve an immediate unification. A committee composed of members from both organizations will continue to hold meetings on the proposed merger. The ASDC Assembly will vote on the proposal at their next Annual Session in October 2001. Meanwhile, ASDC has leased space directly adjacent to the AAPD offices in the ADA building which will assure a close working relationship in the short term.

AAPD is in the final stages of forming a Political Action Committee (PAC). The PAC will support candidates for political office that support and are sympathetic to issues pertaining to pediatric oral health advocacy.

AAPD will be sponsoring and organizing two Consensus Conferences which will be held in the next two years. The first will be held in Texas and will address issues surrounding Pediatric Dental Restorative Procedures; the second will deal with Contemporary Issues of Behavior Management. The Academy Board has voted to create a new Council on Behavior Management and Sedation to develop policies and guidelines concerning issues related to this discipline.

The AAPD Board of Directors and the American Board of Pediatric Dentistry continue to have a dialogue on issues of mutual concern. Most recently there has been an agreement to extend Board eligibility indefinitely. Our President Elect Paul Kennedy has proposed an Ombudsman Council to resolve member complaints and grievances which are leveled concerning the Board process.

The Provisional Section on Pediatric Dentistry in the American Academy of Pediatrics has applied for permanent status. The Section is currently involved in developing a draft

statement on the one-year dental evaluation in an effort to persuade the AAP to place an appropriate date on the Periodicity Table.

In District VI we are attempting to bring "closure" to the formal organization of a District in accordance with AAPD policy and bylaws. A draft of the District Constitution and bylaws is to be circulated and then hopefully voted on at the District Caucus in Atlanta. The single most important and possibly contentious issue relative to the governance of the proposed District will be centered on the issue of representation. Should it be proportional relative to membership in the State Units or should it be based on one state one vote? District Board Members selected by their State Units will meet once a year either at the AAPD Annual meeting, or they may have a teleconference to discuss and vote on issues including but not limited to nominations for the AAPD Nominations Committee, nomination for District VI Trustee, nomination for AAPD Council appointments

It is a pleasure and honor to serve you as the Trustee of District VI of the AAPD.

Annual Business Meeting Report CSPD Approves the Patient Safety Committee

By Dr. David Rothman

At the annual business meeting of CSPD, the Board requested that a new standing committee be formed to respond to the changing climate surrounding patient safety in our offices. Subsequent to that request the Patient Safety Committee (PSC) was formed to promote and improve patient safety specifically in the areas of anesthesia, sedation and other behavior management modalities used while providing care to infants, children, adolescents and persons with disabilities. We believe that a proactive stance will improve these objectives using patient safety data derived from our membership.

There are numerous sources for acquiring mortality data relating to behavior management, sedation and general anesthesia but none that is comprehensive on morbidity while using these modalities. There is no required reporting forum other than information that is reported to liability carriers in California unless the claim is greater than \$10,000.

The liability carriers are not responsible for reporting any action under this amount and in general do not release their morbidity information. By partnering with liability carriers, the PSC will begin to construct a database on morbidity incidents. During the CSPD annual session held in Sacramento, PSC members had the opportunity to meet with leaders of the risk management and claims departments of TDIC who offered their assistance in the development of data retrieval forms.

Please see page 9

*The membership of
ASDC voted in
October to "continue
to study" the
proposed merger with
AAPD.*

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS

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THE SUPPORT OUR SPONSORS CONTRIBUTES TO THE SUCCESS OF THE ANNUAL MEETING AND HELPS TO UNDERWRITE THE PROJECTS OF OUR SOCIETY THROUGHOUT THE YEAR. PLEASE LET OUR SPONSOR KNOW WE APPRECIATE THEIR CONTINUED SUPPORT.

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Letter to the Editor

Men are from Mars, Women are from Venus

By Steve Chan, DDS., FAAPD.

Our practice recently sought a female associate, who would bring a new skill set to the male dominated specialty of Pediatric Dentistry. After the new associate joined us, we have been seeing some interesting behaviors. Our conclusions are that men are from Mars and women are from Venus. I talk to all my parents as the patient leaves the office. I always introduce my new female associate to the parents during the exit dialogue. I noticed that even my long-time moms would face my associate while I talked, apparently bonding with her. A woman reacts differently to a woman than to a man. I would learn even more from the following case. Due to scheduling conflicts with my associate, a child was placed on my sedation schedule. The case went smoothly. I gave my usual post-op instructions to the mother. We received a call from the mom a couple of days later. Her child was swollen, in excruciating pain, not eating and losing weight. This was puzzling since the treatment consisted of a few alloy restorations.

I offered to reappoint the patient and redo a filling without charge even though nothing appeared amiss,

The next day, I was out of the office and my associate was covering the emergencies at another office. She examined the child and found nothing out of the ordinary even though the parent reported severe symptoms. Her first available appointment would be in a week. If the patient went back to Dr. Chan, there would be no charge and the remedy would be complete in two days rather than a week. She reassured the patient and managed to soothe her anxieties. From your students you learn. In the post discussion with my associate, she observed the same clinical findings. I now believe that I was not meeting this mother's emotional needs. My associate was giving the mom the nurturing she sought. Tips on communicating with women say you should face a woman directly rather than standing at an angle. Talk to the patient soothingly, reassuringly, even though the child may be combative. Women respond intuitively, emotionally.

Well, it's not just the facts, ma'am. It is the messenger. Men are from Mars, and women are from Venus.

Patient Safety... Continued from pg. 8

Through their continued association and vast network, they will continue to offer assistance and coordinate our activities.

Most of the information we will retrieve and review will come directly from our largest and most active resource, the membership of CSPD. By utilizing the proposed form, the PSC will build the necessary databank using actual and anecdotal accounts. Your help in reporting incidents in your office and in other offices will give us additional insight as we gather information that will educate our members and the laity. All of the information contained in the report will be anonymous and only identifiable by general location and date. The committee expects to receive multiple reports on high profile cases.

Another goal of the PSC is to develop a policy statement on the application of criminal versus civil action suits against dentists involved in behavior management issues. This will require partnering with many associations, agencies and individuals. The PSC looks forward to any input from our members and participation on the committee is always welcome.

Legislative Day in Sacramento

By Dr. Santos Cortez

"Legislative Day" at the annual meeting in Sacramento proved to be very productive as members of the Board of Directors were well received by Senator Deborah Ortiz, Chairwoman of the Senate Health Committee as well as The Honorable Richard Polanco, leader of the Hispanic Caucus.

CSPD president David Perry, Treasurer Ann Azama, Secretary Santos Cortez and Chairman of the Governmental/Legislative Affairs Andy Soderstrom presented the goals of the organization emphasizing access to care for underserved children in California and other legislative initiatives affecting our profession.

Richard Mungo, chairman of the Sacramento meeting declared our opportunity to meet with legislators an "overwhelming success" as it is in line with one of the seven goals in the strategic plan of CSPD.

Editorial... Continued from pg. 4

We think that it is imperative that committees are structured around a group effort. Individualization of effort can often result in ineffective problem solving. Consensus building should be the objective of every committee of reasonable size. When multiple individuals in a committee each seek answers and then collectively decide on a course of action, we can expect the most appropriate course of action.

Essential to every committee effort is communication. The essence of corporate effort is continuing and regular communication between every person on the team. The common thread at the highest levels of corporate America is early and cogent delivery of thoughts and ideas over the company Intranet. Central to this theme is the use of electronic mail. Prior to the advent of the telephone, a letter was considered to be the most appropriate vehicle to communicate in the business world. Today the cost of composing, typing and mailing a letter often overlooks the economies of the digital world. The telephone may be the method of choice for occasional one-time messaging, but an effective dialogue requires regular and ongoing communication. The inability of committee members to establish a durable communication link with team members over long periods of time results in ineffective and wasted effort. The digital world provides the tools that can make communication highly desirable and cost effective. Dental team members must use the most up-to-date communication method that is available. Email fits the requirements of this directive because it allows each member of a team to maintain informational continuity within the committee.

While some committee members may not be able to use the services of an Internet Service Provider (ISP), or to effectively use a computer for word processing, the future holds much promise for digitally based correspondence. Many dental society officers and members believe that an email dialogue is the best method to review alternative solutions. Regular contact between committee members and the chair can vastly improve the final result of any decision making and will often finalize a decision in much less time.

Some observers believe that it may be several years before a large percentage of dental society members have the ability to use computer-based communication. However the future is clear...most committee activities in the dental arena will depend on electronic communication to define questions, resolve issues and come to a corporate decision based on the considered judgment of every member of that committee.

It is time for every administrative officer; committee chair, society member and supporting staff to embrace a computer based communication system. It is an effective and compelling adjunct to informational exchange and consensus building in the 21st century.

--RWH

*Consensus building
should be the
objective of every
committee*

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS **BOARD BRIEFS**

DATE: MARCH 29, 2001 • TIME: 9:30AM TO 4:00PM

LOCATION: HYATT REGENCY AT CAPITOL PARK, SACRAMENTO, CALIFORNIA

The 108th meeting of the Board of Directors of the California Society of Pediatric Dentists was called to order by Dr. Larry Luke on Thursday, March 29, 2001 at 9:25 am. In attendance were: Doctors Stewart, De Lorme, Udin, Christensen, Luke, Rowan, Mungo, Hansen, Lovingier, Cortez, Brennan, Chiang, Azama, Perry, Grossman, Jackson, Doroskar, Soderstrom, Reggiardo, Aspis, and Mrs. Lynn Marian (secretarial assistant).

DISTRICT VI TRUSTEE REPORT - DR. STEWART

Dr. Stewart reviewed the proposed bylaws for District VI of the AAPD. Of the six districts only four have a formal Constitution and Bylaws. After considerable discussion and revision the proposed bylaws were adopted by the Board.

EDITORIAL - DR. HANSEN

Dr. Hansen reported that the printing costs of The Bulletin have increased 10.6%. The estimated cost per member per year to receive the bulletin is \$42.00.

LEGISLATIVE REPORT - DR. SODERSTROM

AB 564 - Dentistry: conscious sedation. This bill would increase the number of hours required for training to obtain an oral conscious sedation permit. CDA strongly opposes this bill. It was designed to gather information about adverse incidences with oral sedation.

AB 1428 Dentistry: licensure. This is CDA sponsored legislation, which would establish a process for licensure by credential.



Drs. Mel Rowan - Executive Director, Roland Hansen - Editor, and Lonnie Lovingier - Chair for Annual Meeting in Anaheim in 2002.

WORKFORCE - DR. GROSSMAN

The San Diego program has finished their HCFA proposal for funding for a new program. This program will provide two residents per year, hopefully to start by July 2002. The Anderson Foundation is supporting the proposal. Dr. Hal Slavkin met with the committee and gave them an approval to affiliate with USC.

Dr. Grossman reported that in 1998-1999 there were approximately 187 first year residents. The lowest number of residents in training in the past has been 160 and that number currently stands as high as 240.

Dr. Larry Luke adjourned the 108th meeting, of the Board of Directors at 3:43pm.

Respectfully Submitted,
Lonnie Lovingier, DDS, Secretary

CALIFORNIA SOCIETY OF PEDIATRIC DENTISTS - ORGANIZATIONAL BOARD OF DIRECTORS

SUNDAY, APRIL 1, 2001

HYATT REGENCY SACRAMENTO AT CAPITOL PARK

The CSPD Organizational Board meeting was held on Sunday, April 1, 2001 and was called to order at 12:33pm by the President, Dr. Dave Perry.

Those in attendance were Doctors Lovingier, Luke, Hansen, Rothman, Brennan, Doroskar, Jackson, Perry, Rowan, Udin, Christensen, Azama, Cortez, Mungo, and Soderstrom. Also in attendance were Jan Moffett & Ann-Marie L'Etoile (event planners) and Lynne Marian (secretarial assistant).

Dr. Perry welcomed the new Board members. Each new member made a brief introduction.

Annual Meeting Site Selection - 2004 Yosemite

The Site Selection Committee is to be reformed and alternate sites be examined.

UNFINISHED BUSINESS:

1. CSPD Statement on Dental Amalgam.

Motion: Rothman/Christensen: 1 move to approve the CSPD statement on Dental Amalgam.

Action: Andy Soderstrom to take the CSPD Policy Statement on Dental Amalgam to CDA along with a list of the names of the six Academy trained spokespersons.

2. Dr. Soderstrom reported on the position of CSPD on several legislative issues.



*Dr. Richard Mungo,
President Elect*

California Society of Pediatric Dentists Statement on Dental Amalgam

Dental amalgam has a long history of success as a safe and cost-effective dental restorative material. Durability and ease of handling are its primary advantages. The safety of dental amalgam is supported by the absence of documented toxicity in non-sensitive individuals. The California Society of Pediatric Dentists therefore joins the American Dental Association, the American Academy of Pediatric Dentistry, the National Institutes of Health and the U.S. Public Health Service in their support for the continued use of dental amalgam.

Allergies to components of dental amalgam do exist. These reactions are generally self-limiting and subside over a period of two to three weeks. The claim that dental amalgam is toxic is not supported by current data. For toxicity to exist, the causative agent must elicit a specific disease or condition that is not present in the non-exposed population. Utilizing an evidence-based approach to evaluate the current data, the current research does not support the claimed health risk of dental amalgam.

As clinicians, we need to use an evidenced-based approach for dental care. All restorative materials have their own assets and liabilities. The choice of the appropriate dental restorative material is based on durability, strength, and ease of handling, esthetics and cost. Dental amalgam has the strength and durability required for small to moderate sized restorations. It tends to inhibit recurrent decay. Its ease of handling allows it to be used successfully in situations where placement conditions are less than ideal. In situations where time is a concern, dental amalgam is often the material of choice. The lack of esthetic quality is a liability of dental amalgam.

Access to dental care is a major health issue in California. The cost of care, the lack of low cost facilities, the lack of providers and under funded government programs are but a few of the factors that have an effect on access to dental care. Limiting the use of amalgam could further hinder access by increasing costs, discourage providers from treating children and decrease participation in already financially starved government programs.

As the American Dental Association continues to research the safety and efficacy of restorative materials, we will continue to monitor their findings so that we can continue to provide the highest quality of care with our patient's best interest in mind.

- a. AB 564- Oppose
- b. AB 1026 - Support
- c. AB 1428- Support

COMMITTEE ASSIGNMENTS/CHARGES:

Dr. Perry supplied committee charges and assignments. He encouraged the Board to read them and submit changes to him.

The Committee Liaison Assignments are as follows:

Rick Udin - Liaison to Professional Activities
Gila Dorostkar - Liaison to Continuing Education

Alison Jackson - Liaison to Membership Services

Cathy Christensen - Liaison to Peer Review

COMMITTEE CHAIR REPORTS:

Child Advocacy

An Ad Hoc meeting was held. It dealt with reimbursement for IV sedation for Denti-Cal patients to try to improve access to care. The committee will try to commission a survey of the members. It will look at what they would see as fair reimbursement for oral conscious sedation as well as IV sedation. The plan is to take the results to the Department of Health Services and present what the members feel is a fair reimbursement to Denti-Cal.

Membership

Dr. Brennan reported that the committee met and came up with several goals.

- 1. Our directory to be reformatted by zip code.
- 2. To place forms on the website for member usage.
- 3. Employment opportunities will be placed in the private section of our website.

Workforce

Dr. Brennan reported that some success has been achieved in increasing the number of residents in training. We now have 220 residents in training as compared to 160 previously.

She suggests that we not forget the residents but focus attention to increase the manpower at the school level on the faculty side.

Patient Safety

Dr. Rothman reported that they had a wonderful meeting with the committee. In attendance were the head of risk management and the head of claims from The Dentist's Insurance Company (TDIC). Their main focuses will include those listed below.

- a. Gathering morbidity data via The Patient Safety Incident Form.
- b. Policy statement about the use of civil vs. criminal charges in dental office cases.
- c. The committee will place an article on the website and the next issue of the Bulletin that will introduce the Patient Safety Committee and will disseminate the Patient Safety Incident Form.

OTHER BUSINESS:

Dr. Luke received the accolades of the Board for serving as President this last term and for his contributions made to CSPD.

Barbara Luke and Joan Luke were thanked for their help with the registration table.

Dr. Perry adjourned the meeting at 12:31 PM
Respectfully Submitted,
Santos Cortez, Secretary

Web Notes

RECENT POSTING ON THE CSPD WEBSITE

WWW.CSPD.ORG

Reprints from the Spring Bulletin

- President's Message Summer 2001
- Board Briefs, Sacramento
- News Briefs - Summer 2001
- Officers and Committees 2001-2002
- Sponsors 2001-2002
 - *Salivary Strep Mutans Testing
 - *Dental Board of California Report
 - *Foundation Report
 - *Dental Amalgam

NEW - Dental Incident Report form at <http://www.cspd.org/incident.html>

HRSA has an Oral Health Initiative. For more information on this Initiative • <http://www.hrsa.gov/oralhealth>

Sources of Information About Medicaid

Health Care Financing Administration (HCFA) • <http://www.hcfa.gov>
Medicaid, Medicare & State Child Health Insurance (SHCIP) Program descriptions, data sections

Gene-Linked Diseases with Oral Component at the National Institutes of Health, National Center for Dental & Craniofacial Research • <http://www.nidr.nih.gov/cranio/index.html>

National Center for Fluoridation Policy & Research • <http://fluoride.oralhealth.org>

U. S. Centers for Disease Control, Division of Oral Health
• <http://www.cdc.gov/nccddp/oh>

New Website:

The National Oral Health Surveillance System • <http://www.cdc.gov/nohss/>

Non-Dental Sites of Interest

Need help with that computer? They use the Net to access your PC remotely and fix the problem. www.expertcity.com

In the market for a new computer? • <http://www.compaqfactoryoutlet.com>

Plug in all your passwords, and this site will pool all your financial information. • <http://www.yodlee.com>

Investigate any neighborhood in the U.S. by simply typing in the town's ZIP code. • <http://www.iptace.com>

Fix that troublesome PC problem all by yourself • <http://search..support.microsoft.com>

This site teaches rookies everything they need to know about networking home computers • <http://www.procticallynetworked.com>

CSPD Website Activity

Program requests from Wed-14-Mar-2001 08:18 to Thu-19-Apr-2001 23:40 (36.64 days).

General Summary

(Figures in parentheses refer to the 7 days to 20 through Apr-2001 00:00).

Successful requests: 12,458 (2,043)

Average successful requests per day: 339 (291)

Successful requests for pages: 2,346 (389) Average successful requests for pages per day: 64 (55)

Distinct files requested: 84 (54)

Distinct hosts served: 1,223 (262)

Data transferred: 63.395 Mbytes (10.832 Mbytes)

Average data transferred per day: 1.730 Mbytes (1.547 Mbytes)

INTERNET FACTOIDS

Number of students currently using the Internet

14.5 MILLION

Number of retirees currently using the Internet

8.6 MILLION

Average number of days students spend online per month

8.3

Average number of days retirees, spend online per month

15.9



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 Randall Wiley ('03)
 Suzanne Berger ('04)

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Peter Chiang
 Consultant: Ken Traubman

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 Francisco Ramos-Gomez

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 Chrys Cultrone
 Jacob Lee
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 Michael McCartney

FINANCE (Ann Azama)
 Richard Mungo
 Larry Luke
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ANNUAL MEETING (2002)
 (Anaheim) (Lonnie Lovingier)

ANNUAL MEETING (2003)
 (Victoria) (Ann Azama)

ANNUAL MEETING SITE SELECTION (2004)
 (Yosemite) (Santos Cortez)
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