

# Bulletin

Fall 2001

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## President's Message



Dr. Dave Perry

Due to recent media reports that amalgam is not safe, parents are questioning its safety. Therefore, we as pediatric dentists, need to be well informed about the materials that we use and the risks and benefits to our patients. Currently, the most widely used and cost effective restorative material, dental amalgam, is under attack

despite its safety. Scientific research has proven that dental amalgams are safe. Reports that its use should be eliminated in pediatric dental offices are unfounded.

The following is a summary of the most recent press releases:

The American Academy of Pediatrics reported in June that they support the elimination of mercury-containing thermometers. A lawsuit filed in June accuses the American Dental Association and the California Dental Association of unlawfully deceiving patients about the presence of mercury in the most widely used type of dental fillings. The class-action suit, on behalf of several individuals and organizations, seeks to eliminate the use of mercury-containing dental amalgam. It also seeks "restitution" for payments that the ADA allegedly received to endorse amalgam products. Regulatory bodies have been trying to link dental wastewater to concerns about mercury in the environment. California Dental Association Government Relations Office reports that consumer activists are expressing concerns about amalgam use and patient safety.

This year 80 dental offices were served with 60-day violation notices for failure to post warning notices required by Proposition 65. Prop 65 requires that a business must post warnings if they use or manufacture products that contain any of over 550 chemicals. Two widely used products, dental amalgam and stainless steel, contain chemicals found on the list. Mercury is contained in amalgam and nickel is found in stainless steel that is used in orthodontic wires and metal crowns.

Under Proposition 65, offices with 10 or more employees are required to post warnings about known toxins. Prop 65, known as the Safe Drinking Water and Toxic Enforcement Act of 1986, requires the Governor of California to publish a list of chemicals known to cause cancer or reproductive toxicity. The purpose of Prop 65 is to protect California's drinking water and

allow the consumers to make informed choices about the products they purchase. Since dental amalgam is an alloy composed of a mixture of approximately equal parts of elemental liquid mercury and an alloy powder, and because mercury is known to have toxicological effects, this product would qualify under Prop 65. As pediatric dentists we are asking our parents to take a leap of faith that dental alloy is different than the chemicals that make up the filling material since very little mercury is being released from the product.

In response to Prop 65, the California Dental Association strongly advises members with 10 or more employees to post an interim warning notice which states: **WARNING** Restorative materials such as composite and amalgam fillings, crowns, orthodontic appliances such as brackets and wires, and other materials used in dental treatment contain chemicals known to the State of California to cause cancer, birth defects or other reproductive harm. For more information go to CDA's website at [www.cda.org/member/alerts.html](http://www.cda.org/member/alerts.html).

In a report published in the JADA, April 1998, titled Dental Amalgam: Update on Safety Concerns, the ADA Council on Scientific Affairs reviewed and discussed recent studies concerning the safety of dental amalgam. It reported that during 1991 and 1992 the National Institutes of Health and the U.S. Public Health Service, convened panels of experts to review the current state of knowledge on amalgam safety. The expert panels were unable to identify, in the general population, any human health detriment arising from the placement of dental amalgam restorations, and all concluded that amalgam was a safe and effective restoration material. The report proposed the question: So is amalgam safe? Here is the report of the JADA. "The FDA, in defining safety, requires that an ingredient or a material have a low incidence of adverse reactions or significant side effects when used according to adequate warnings and directions. Inherent in this definition are considerations of the risk versus benefit relationship of the material. In relation to mercury exposure from dental amalgam, available data have not identified any significant side effects, other than the rare allergic reaction, after more than 150 years of use.

Based on this overwhelming body of scientific data supporting the safety and efficacy of dental amalgam, and the absence of any similar database attesting to the safety



Dr. Tom Barber  
The Thomas K.  
Barber Institute

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# Framing Children's Oral Health

*[Framing Children's Oral Health Excerpted from a Frameworks Institute Memoranda by Susan Bales, President of the Frameworks Institute. Ms. Bales has served a director of strategic communications and children's issues at the Benton Foundation where she served as the founding editor of www.connectforkids.org, an award-winning website on children's issues.]*

The Challenge The assumption throughout this memo is that children's oral health advocates wish to advance systemic reforms as the solution to this social problem, especially such public health measures as increasing children's access to regular dental care through increased private and public insurance coverage, expanding the Children's Health Insurance Program to include dental care in every state, enhancing children's dental screening and referral through the schools, subsidizing dental clinics and private practitioners to increase the services available to children making sealants broadly available to children and increasing water fluoridation. It is assumed that parent education, while certainly valuable as a tool for reaching a certain segment of the child population, requires a separate discussion, with targets and objectives appropriate to reaching those parents whose circumstances (affluence, literacy, access, cultural predisposition) allow them to change their behavior through better information. This kind of campaign is not the subject of this memo. The challenge in promoting children's oral health is not unlike the challenges that attach to other children's issues. Content analyses of children's issues finds that news reports rarely connect children's problems to public policies, while parental responsibility is a recurring theme. The story of children's issues "privatizes" easily, with parents the most likely "solution" to a child's needs, while systemic reforms, public health remedies, and legislative responses are rarely considered. It is little wonder, given this media representation, that children's issues must fight an uphill battle to be deemed "public" in nature, appropriate for policy solutions as well as familial ones. The idea of the "bad or irresponsible parent as the major stumbling block to child well-being is a deeply held conviction by Americans of all political persuasions. While this idea can be tempered to some degree through persuasive discussion, and Americans can rally to supporting those parents who demonstrate that they are trying hard, working hard, and therefore worthy, this may be a Pyrrhic victory. The outcome of this discussion, unless carefully considered, is likely to be volunteerism, health education, sporadic programming, and social marketing. As such, this kind of persuasion does little to advance understanding of the need for systemic reforms and public policies to support children and families. And, if the problems are presented as uniquely those of poor and minority families, Americans will further classify the issue as related to welfare, broadly defined in the vernacular as the reluctance or inability to work and take responsibility for oneself and one's family. This assessment will further erode the support for policy solutions, as the need for appropriate values displaces any economic or social analysis. Moreover, in a media environment that stresses negative news, it is often difficult for Americans to imagine solutions to such chronic problems as children's poverty, hunger and health. They are depressed and overwhelmed by the problems that impede children's progress and the seeming intractability of these problems. They do not understand what could be done to alleviate these problems

and they most certainly do not understand how they personally could contribute to a solution that is beyond their own family's bounds. At the same time, Americans feel that the country's public priorities are often out of kilter with their own values, and would prefer public investment in children over support for stadiums, the Starr report, foreign aid, and other "frills." Children's needs are basic, they say, and deserve attention. They are, however, cynical that in a money-driven political system, politicians will pay heed, and suspect that any money allocated to children will never get to them. Finally, the millennium connects powerfully to a sense of progress that Americans feel they have enjoyed, and they would like to leave a legacy behind of good works and social improvement, including creating better futures for the next generation. As Americans look to the future, they automatically look to children as its most visible and compelling symbol. Bringing this overall climate of public opinion to bear on the discrete issue of children's oral health, one would expect to find that parents are seen as solely responsible for resolving the issue. One would expect an emphasis on educating parents with little thought to mote systemic and social solutions. One would expect to find overall concern about the issue, and willingness to resolve it, but little understanding of how individuals who are not parents could contribute. These expectations are, in fact, confirmed by research. Left unaided by a smart communications strategy, calling attention to the sorry state of children's oral health is more likely to result in an outpouring of free toothbrushes than in clinic expansion or fluoridation.

But in some important ways, the challenge of children's oral health differs from other children's issues. Such issues as child poverty, child care, child abuse, juvenile crime and public education, for example, have been widely covered in the media and have evolved to the point that Americans have attitudes about them. Some of these attitudes - juvenile crime is on the rise, child poverty is associated with race, child care does not need to be developmental until a child reaches school age - pose major problems for advocates who

*Please see page 3*

*Content analyses of children's issues finds that news reports rarely connect children's problems to public policies.*

## 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.



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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.

# The Thomas K. Barber Institute for Pediatric Dentistry

Our friend, mentor, researcher, artist, lecturer, and scholar has achieved another milestone in his prestigious career. The University of Illinois has recognized his many professional talents by creating an Institute named after our esteemed colleague. Tom was the fourth President of our organization and truly represents a dental professional in every sense of the word. His counsel and support are legendary and CSPD was honored to have him serve on the Executive Committee for several years and later become our first Executive Director. His contribution to our specialty is well-known throughout the world. He is widely traveled and has spoken to students all over the world on his life's work - preventive and interceptive orthodontics. We are proud to recognize his many talents and take this opportunity to inform our members about his extraordinary contribution to our specialty. The University in announcing the establishment of the Institute has much to say about the remarkable career of Tom. In part, they describe his professional activities during his tenure at the University of Illinois and his subsequent affiliation at the University of California, Los Angeles. Quotes from several paragraphs of the brochure created by the Office of Advancement and Alumni Affairs follow. "Throughout its history, the Department of Pediatric Dentistry at the University of Illinois at Chicago College of Dentistry has been committed to innovation, excellence, and leadership. Now, to provide maximum benefit to students, the public, and the profession, the College is ready to become a national leader in pediatric dentistry expertise through the Thomas K. Barber Institute for Pediatric Dentistry."

The Thomas K. Barber Institute will extend the Department of Pediatric Dentistry's excellence beyond teaching to create a center for education, research, patient care, and service to the profession of national and international stature. The career of Dr. Barber, a 1949 graduate of the College, has been a pathbreaking one. His list of 'firsts' began in Dr. Barber's student days, when he became the first student in the University's history to simultaneously earn a master's and DDS degrees. Not about to let such a brilliant scholar go, the great Dr. Maury Massler, the nationally known head of pediatric dentistry at the College, convinced Dr. Barber to join the College's faculty in 1950.

The master expected great things from his protégé, and was not disappointed. Dr. Barber became associate head of pediatric dentistry in 1961, was promoted to head in 1965, and all the while continued achieving firsts.

A pacesetter in research, Dr. Barber was one of the first pediatric dentistry researchers and teachers to address preventive orthodontics. An innovator in teaching, Dr. Barber was the first to introduce tape-slide presentations in dental technique training, and was universally respected as a friend to students and as an extremely effective communicator. A practitioner of high expectations, Dr. Barber was the first to help set up standards for pediatric dentistry when it was expanded from a one- to two-year specialty. It is Dr. Barber's work in preventive and interceptive orthodontics that has truly changed the practice of dentistry worldwide. He and Dr. Earl Renfroe, the re-

nowned UIC orthodontics professor, wrote the seminal article on preventive and interceptive orthodontics for the general practitioner in 1957. The prevention of malocclusion, as opposed to the correction of it, had seldom before been addressed.

Preventive and interceptive orthodontics has taken him to more than 85 countries and has earned him more than 300 academic appointments, honors, research grants, professional affiliations, special assignments, consulting and administrative positions, and published works. He launched the postgraduate program in pediatric dentistry at UCLA, and now holds the rank of professor emeritus from that institution. Internationally known as a clinician, teacher, administrator, and researcher, Dr. Thomas K. Barber set the standard for preventive pediatric orthodontic expertise through much of the latter half of 20th century."

For more information contact the University of Illinois Office of Advancement and Alumni Affairs at (312) 996-8495.



Dr. Tom Barber

## Framework... Continued from pg. 2

must overcome these opinions in order to get the public to consider appropriate policies. Some researchers have found little awareness of children's oral health: what defines it, what contributes to it, what are the consequences of ignoring it, what can be done to improve it. The answers to these questions are virtually unknown to most Americans. While this may present a challenge in getting the issue on the public's agenda in the first place, it also means that there are few negative stereotypes to confront and reverse. Sometimes a blank slate is preferable to a deeply held viewpoint. This is likely to be its salience to other children's advocates; the opportunity to advance a "fresh issue" that helps them make a new case for broader investments in children's health and well-being.

Secondly, this particular children's issue appears to connect powerfully to an issue that the public already wants resolved: the fragmentation of health services through spotty insurance coverage. In such an environment, children's issues can greatly benefit from becoming the "worst case study" in an already evolving public mandate for reform.

Finally, the timing of this issue's ascendancy onto the public radar screen is propitious. At a time when all the presidential candidates are talking about children and health care, there is a real opportunity to use the news coverage to force this issue onto their platforms. Americans will be open to the suggestion by these candidates that this issue can and should be solved through public efforts. The news peg afforded by the Surgeon General's Report is certain to result in extensive coverage. Americans will be looking to the "experts" to tell them how serious a problem this is for the nation. They will look to scientists and doctors to tell them how this compares to such widely accepted priorities such as breast cancer and immunizations.

*Children's issues can greatly benefit from becoming the "worst case study" in an already evolving public mandate for reform.*

*Dear Editor...*

## A Question of Support

I am hugely disturbed with what was implied about CSPD Policy in the President's Message of the previous issue of the Bulletin. In it, reference was made to the fact that two of our members have been criminally charged because of outcomes related to the practice of Pediatric Dentistry. It was stated in the President's Message that "CSPD will be able to support members when they have followed AAPD Guidelines." Does the statement mean that if our members do not follow the AAPD Guidelines that CSPD will not support them? We need to



*Dr. Suzanne Berger*

remember that any accuser can allege that "the Guidelines have not been followed." We also need to remember that these AAPD guidelines are exactly that, guidelines, and are not meant to supersede clinical judgment, nor are they "the law." Further, we need to remember that bad outcomes can occur whether or not

mistakes are made. If I truly believed that my professional organizations (CSPD, CDA, ADA and AAPD) would not support me or would disavow me at the first sign of trouble, I would not be a member. I expect my organizations to say, "Hey, we have a member in trouble, what can we do to help?" My chief reason to join with organized dentistry is to be able to wield more influence as a part of a body than I can as an individual. There are many ways this organization can support a member in trouble without supporting actions that conflict with our principals or by sidestepping our child advocacy commitments. As an organized body we need to speak out when the law is distorted so that "informed consent" is interpreted as "deliberately and knowingly placing a child in harm's way!" As an organized body, we need to speak out when actions related to dental treatment are labeled as "felony child abuse," and Child Protective Services subsequently removes the accused dentist's own children from his/her home!

As an organized body, we need to speak out when plaintiff's attorneys and/or prosecutors create false and misleading impressions of pediatric dentistry, like "the child left the office crying" to bolster the impression of child abuse! As an organized body, we need to follow these cases closely, keep our members informed, and be ready, willing and able to speak out in the face of injustice; and we need to not rely on the news media for this information! As an organized body, we need to inform member dentists of the existence of legal defense funds, not just to help a fellow dentist defray crippling legal expenses, but to help defeat bad applications of child abuse statutes that, if become established as precedent, threaten the practices of all doctors treating children!

Sincerely,  
Suzanne Berger, DDS

## DISTRICT VI TRUSTEE REPORT

By Dr. Ray Stewart



*Dr. Ray Stewart*

The 2001 AAPI Annual meeting in Atlanta was well organized and very well attended. A new attendance record was set with over 30% of Academy members in attendance. The scientific sessions and CE courses were of excellent quality and uniformly well attended.

During this past year under the capable leadership of outgoing President Paul Casamassimo, AAPD has pursued an aggressive agenda on several fronts. Our advocacy efforts continue to pay major dividends both in Washington, DC and in several States especially in the area of Medicaid reform.

The Board of Trustees wrestled with several complex issues during the week not the least of which was to devise a Policy Statement on the use and application of fluoride varnish. Much discussion led to a compromise wherein fluoride varnish application is supported only following a thorough examination and under the "direct" supervision of a dentist.

Perhaps the most important and significant action taken by the Board was the allocation of funds to thoroughly revamp and replace the computer systems for the Headquarters Office and to fund the start-up of the GOCHILD project. This project will bring AAPD into the 21st century with an exciting new web site and Internet capabilities. Watch future issues of Pediatric Dentistry Today for details.

The District VI Caucus was well attended with 38 members present. The main topic of discussion was the proposed Constitution and Bylaws for the District. Many hours were spent during the week discussing and negotiating the details of the Constitution and By-laws. There was much interest at the AAPD Board table that all six districts should govern themselves by the "one state one vote" system. CSPD had proposed a proportionate system based on "one vote per 50 active members." CSPD President Dave Perry negotiated very effectively and took a very strong position for proportionate representation. A compromise was finally reached with the officers of several other State Units that modified the proportion to one for every 100-state unit members. Under this scenario California would have 4 members, all other states would have one for a total of 11 until such time that Wyoming, Idaho and Alaska form state units for a potential number of 14. The draft Constitution and By-laws are being altered to reflect this change and will be circulated to each state unit for ratification. We hope that District VI will apply for formal recognition by the end of 2001 and that we will install our first District Board prior to the next Annual Meeting in Denver.

New AAPD officers and board members were installed at the President's Dinner and Awards Banquet. Dr. Paul Kennedy from Corpus Christi, Texas was installed as our new President. Our own Paul Reggiardo was installed as Vice-president. Dr. David Good was elected as a director on the American Board. Dr. John Liu was nominated as Trustee at Large for a three-year term beginning in 2002. Dr. Sue Seale from Dallas Texas was named Pediatric Dentist of the Year.

Respectfully submitted,  
Ray E. Stewart, District VI Trustee

*The AAPD Board has allocated funds to replace their computer system including a revamp of the web site.*

# The Dental Board of California

The Dental Board of California is the target of a bill (SB 26 Figueroa) that expresses the legislature's findings and declares that the present Dental Board has failed to administer and implement the provisions of the Dental Practice Act in an effective, efficient and timely manner. It would repeal the provisions creating the Board as of January 1, 2002. Operative the same date, the bill would provide for the reconstitution of the Board in its present format, the appointment of new members to the Board, and for the appointment of a new Executive Officer. From the date of the bill's enactment through December 31 it would provide authorization to the Department of Consumer Affairs (DCA) to perform the duties of the DBC and its Executive Officer. The bill would also authorize a review of the scope of practice of dental auxiliaries and require the Department of Consumer Affairs to appoint a Dental Board Enforcement Program Monitor to evaluate and improve the dental disciplinary system.

**SB 134 (Figueroa)**, a companion to SB 26, would:

- Establish the procedures and terms of office for the initial appointments to a reconstituted Dental Board of California. The composition of the Board and other features of the current appointment scheme would remain unchanged.
- Require the next dental licensing occupational analysis to include a survey of the training and practices of oral and maxillofacial surgeons and further require the Dental Board of California to inform all oral and maxillofacial surgeons of statutory limitations on the services permitted under the dental license.
- Require all Registered Dental Assistants to successfully complete Board-approved courses in radiation safety and coronal polishing by January 1, 2005 as a condition of licensure.
- Require dentists to provide a Dental Materials Fact Sheet developed by the Board to all patients prior to the placement of any dental restoration and further require that an acknowledgement of the receipt of the fact sheet signed by the patient be placed in the patient record. It would also require the posting of the Fact Sheet in a location visible to patients.
- Extend the provisions creating the Committee on Dental Auxiliaries (COMDA).

## CSPD Foundation

The initial Board of Trustees meeting of the CSPD Foundation was held on March 30, 2001 in Sacramento. Those in attendance were Mel Rowan, Warren Brandli, David Perry, Richard Mungo, Weylund Lum, Ann Azama, and Mark Lisagor.

Dr. Rowan, Executive Director reported that the Articles of Incorporation were drafted and filed with the Secretary of State and that the Foundation bank account will be established pending an IRS letter of determination to verify not-for-profit status.

Dr. Lum stated that the first Board of Trustees was approved at the CSPD January meeting. Drs. Mark Lisagor, Warren Brandli, Dave Good and Weyland Lum will serve as members of the first Board of Trustees of the Foundation, along with CSPD President Dr. Dave Perry and President-Elect Dr. Richard Mungo. Dr. Mel Rowan will serve ex-officio.

## The California Society of Pediatric Dentists Presents the 27th Annual Meeting and Scientific Session March 21-24, 2002

### Disney's Grand Californian Hotel

Standing majestically inside the new Disney's California Adventure park, Disney's Grand Californian Hotel is a fitting tribute to the things that make the Golden State great. Featuring an architectural style reminiscent of the romantic Craftsman movement of early California, the luxurious, 750-room hotel is as much a celebration of human creativity as it is a world-class resort.

The doors at Disney's Grand Californian Hotel lead to endless magical thrills. Merely footsteps away is Disney's California Adventure park, Downtown Disney District, and the original Disneyland park.

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

#### SPEAKERS

Dr. Jim Hilgers, Dr. Norman Tinanoff, and Dr. Don Duperon have been announced as the speakers for our Annual Meeting to be held in Anaheim in March.

Dr. Hilgers will be speaking on orthodontic functional problems in a presentation entitled "The Primary Common Thread in Dentistry."

Dr. Tinanoff, from the University of Maryland, will deliver a lecture on "Risk Assessment-Evidence Based Decisions." He has considerable expertise in early childhood caries.

Dr. Duperon will provide a course for the staff members. His topic will be "Dental Caries and Understanding it as a Disease."



*"The present Dental Board has failed to administer and implement the provisions of the Dental Practice Act."*

## Professional Opportunities Registry

Looking for an Associate or Partner? Complete this form and return it to:

#### South Chair:

Dr. Joseph Jedrychowski  
UCLA/Dent/CHS 23-020/Box 951668  
Los Angeles, CA 90095-1668  
Email: jjedro@dent.ucla.edu

#### North Chair:

Dr. Arthur Rabitz  
100 O'Connor Drive #11  
San Jose, CA 95128

Name \_\_\_\_\_

Address \_\_\_\_\_

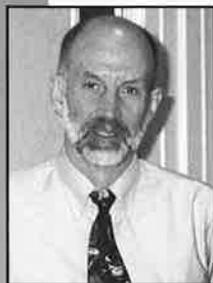
City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_

E-mail Address (please!) \_\_\_\_\_

# Caries Prevention CD-ROM Finalized

Dr. John Featherstone, Professor and Chair of the Department of Preventive and Restorative Dental Sciences at the University of California, San Francisco has finalized a 55-minute multimedia CD-ROM entitled "The Science and Practice of Caries Prevention."



Dr. John Featherstone

The project is funded by Delta Dental, CDA, AAPD, and CSPD. The facilities of Digital Lava in Los Angeles were utilized in the production of this multimedia demonstration project. The CD will be used as part of a three phase learning module that is designed to train generalists in the treatment of the pediatric patient. The committee believes that the CD-ROM will eventually be available on the web at viewer selected modem speeds of 56K, 100K, and 200K. The product runs on Microsoft Internet Explorer and does not require proprietary software. The monitor displays Dr. Featherstone in a separate video/audio window with Power Point slides, scrolling text and a table of contents. The CD will be available to our members this summer.

Future filming is planned for this fall featuring Drs. Kevin Donly, Steve Adair, Barbara Sheller, and Bill Waggoner.

## Membership

CSPD membership continues to climb.

Active members .....	381
Faculty .....	16
Associate Members .....	29
Life Members .....	30
Retired .....	5
Honorary .....	1
Graduate Students .....	415
Total .....	507

## CONGRATULATIONS NEW MEMBER

Drs. Gilbert A. Trujillo, Young Pak, Stephanie A. Brandli, Allen I. Pearson.

*President... Continued from pg. 1*

and efficacy of an alternative material, there appears to be no justification for discontinuing the use of amalgam. Responsible public policy-making must be grounded in science and requires a thorough accounting of the benefits and detriments arising from the use of any technology. Failure to conduct such an analysis results in unbalanced risk assessment and can lead to the waste of limited health resources. Most importantly, it can deny the public access to beneficial therapies. In this light, the benefits of dental amalgam as a durable and cost-effective restorative material are well documented." CSPD should continue to insist that regulations and legislation affecting the use of dental materials be based on sound scientific evidence. We as pediatric dentists should inform our parents about the materials and address their concerns. We have several materials that may work equally well depending on the concerns of the parents. However, we need to make sure that these choices are not taken away from us by well intentioned but ill-informed laity.

*The CD-ROM will eventually be available on the web at viewer selected modem speed.*

# Paris Pediatric Dental Meeting

The 18th Congress of the International Association of Paediatric Dentistry will be held conjointly with the 32nd meeting of the French Society of Paediatric Odontology from 12 to 15 September 2001 at the Palais des Congres in Paris under the Patronage of Mr. Jacques Chirac, President of the French Republic, and of the World Health Organisation. The official languages used during the Congress will be English, French and Spanish. For more information: Congres 1APD-SFOP 2001-ADF, 7 Rue Mariotte, 75017 Paris, France. Tel: +33 (0) 1.58.22.17.29 Fax: +33 (0) 1.58 22.17.36. Email information: congres.sfop@wanadoo.



## Opportunities

### LONG BEACH, CALIFORNIA

#### 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 allow 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.

#### CALIFORNIA

San Diego Pedito practice has an excellent opportunity for a skilled pediatric dentist, for association leading to partnership. Competitive salary & bonus available for full time or part time position. Please fax resume to (619) 425-9887

#### POSITION WANTED

Pediatric Dentist - Looking for a part-time position in Southern California. If interested, please call 909-393-8894.

# Oral Conscious Sedation Certificate

## CONTINUING EDUCATION REQUIREMENTS

CSPD members are advised to carefully review their continuing education credits in anticipation of the renewal of their Oral Conscious Sedation (OCS) certificates.

The OCS certificate (like all Dental Board of California-issued permits) must be renewed at the same time as the dental license. There are no exemptions for newly-issued documents and the "grace period" for the first renewal cycle extends only three months from the date the original certificate was issued. For members holding the OCS certificate on January 1, beginning with the first dental license renewal occurring after April 1, seven (7) hours of qualifying continuing education must have been completed in the immediately-preceding two year period if the credential is to be re-issued. Any course approved by the DBC for California continuing education credit may be used in satisfying this requirement, so long as it is "related to oral conscious sedation of minor patients."

Members may take advantage of courses offered by the American Academy of Pediatric Dentistry in partial or complete fulfillment of this requirement. The Academy in Atlanta this year presented a three-hour Clinicians and Academicians Workshop entitled "Risk Management in Oral Sedation" and last year in Nashville offered a three-hour course on "Sedation Safety: Drug Combinations, Monitoring and Prevention of Emergencies in Pediatric Dental Patients."

According to the Dental Board, slightly over 400 OCS certificates have been issued, of which approximately 220 are held by pediatric dentists.

Paul Reggiardo

CSPD Liaison to the Dental Board of California

## PEDIATRIC DENTISTRY FIRST-YEAR TRAINING SHOWS DRAMATIC INCREASE FOR 2001

The ADA recently released the long-overdue 1999-2000 Survey of Advanced Dental Education, which reported a small increase in the number of first year pediatric dentistry training positions. These figures typically lag by about two years the release of numbers from the MATCH program, which places all but about 50 residents into available postdoctoral locations. Looking at these numbers and adding the approximately 50 additional positions offered each year by programs not participating in the MATCH, it appears about 220 positions were filled by last July's entering class and about 240 future pediatric dentists started training this month!

### Pediatric Dentistry First Year Residency Positions

Year	MATCH Positions	ADA "Full Count"
1998-99	142	197
1999-00	157	205
2000-01	170	220 (Estimated)
2001-02	191	240 (Estimated)

Beginning with a base of 180 training slots, the Academy set a goal of increasing that number by ten each year until 280 pediatric dentists are trained annually. We are making great progress toward meeting this important goal.

Reported by Paul Reggiardo

## News Briefs

### ADA HEALTH FOUNDATION RECEIVES

#### LARGEST LUMP-SUM CONTRIBUTION EVER

The American Dental Association Health Foundation (ADAHF), the charitable arm of the American Dental Association, has received its largest lump-sum contribution ever from an individual in the form of a \$1 million gift from Dr. Samuel Harris, a retired Detroit pediatric dentist. Dr. Harris, who celebrated his 98th birthday in April 2001, is a lifetime member of the ADA and longtime supporter of the ADA's National Children's Dental Health Month and the Foundation's efforts to help improve the oral health of children.

"Dr. Harris is a giant in pediatric dentistry at the national and international levels, and is a moving force in our efforts to help reduce the incidence of oral disease among children who are most at risk," said Anthony R. Volpe, DDS, president of the ADAHF Board of Directors. "We are grateful for his contributions to the ADAHF that have enabled the Foundation to assist dental professionals who are advancing the national movement to provide more preventive dental education and care for underserved children."

During 1998-1999, the ADAHF raised \$550,000, which was matched dollar-for-dollar by Dr. Harris, helping to establish the nationally recognized Samuel Harris Fund Children's Preventive Dentistry Grants Program. His latest gift nearly doubles this permanent endowment fund and the amount available for program grants made each year.

### SB19 - ESCUTIA, D-COMMERCE

The state bill that would put limits on fats and sugars passed the Senate on June 6. The Orange County Register reported that Capistrano Valley High School in Mission Viejo is home to 22 Pepsi vending machines that sell 1,500 sodas a day. The measure would require that sugar could make up no more than 35 percent of a snack, sweet or side dish by weight. The article also notes that this legislation could hinder a strong financial relationship between soft-drink companies and schools. Coca-Cola pays about \$40,000 for exclusive rights to vending machines and food services at Brea-Olinda High. Read the entire bill at [www.sen.ca.gov](http://www.sen.ca.gov).

*About 240 future pediatric dentists started training this month!*

## The California Association of Oral and Maxillofacial Surgeons Presents CONSCIOUS SEDATION IN THE DENTAL OFFICE

A Review Course for Doctors and Office Staff  
September 29 & 30, 2001 • Irvine Marriott Hotel Irvine, CA

### Course Agenda

- \* Overview of Conscious Sedation
- \* Patient Monitoring
- \* Management of Airway Emergencies
- \* Pharmacology of Sedative Drugs
- \* EKG Interpretation
- \* Preparing for the Office Evaluation
- \* Office Emergencies
- \* Venipuncture Techniques/Complication
- \* Management of Syncope/Drug Reaction/Seizures
- \* Medical Evaluation of the Sedation Patient

### Course Director:

Stuart Green, DDS, Instructor at Loma Linda University OMS Dept, Private Practice-Santa Ana/Lake Arrowhead, Chairman of the Anesthesia Committee for CALAOMS

### Faculty

Ray-Michael Smith, DDS  
George Maranon, DDS  
John Yagiela, DDS, PhD  
Michael Marshall, DDS  
Bruce Whitcher, DDS Michael Blum, DDS

### Accreditation

This program will satisfy 12 hours of Continuing Education Credits. Space is limited in this course, so early registration is recommended. To request information, contact CALAOMS (800) 500-1332

## An Editorial

# Education and Distance Learning

An imbalance between the number of pediatric dentists graduating from specialty training programs and the need for more specialists to treat our young patients is a matter of concern for all oral health practitioners. We are acutely aware of the large number of unfilled pediatric dental faculty positions in our dental schools. At the same time many of those same departments are being asked to increase the number of specialty training positions that are available each year in response to an increasing demand for practitioners.

A recent membership poll indicates that many of our members are planning to retire in the near future, but they are experiencing some difficulty in attracting associates who will purchase these practices. Improving the balance between graduating residents and the demand for practitioners would seem to be in the best interest of our members and our patients. This objective is one of the priorities as expressed by our Executive Committee and the Board of Directors.

Over the past several years we have watched dental schools close, and the departure of their faculty to seek other positions. During this period of time organized dentistry has fretted as our dental schools have sought to stabilize their professorial staff. This ongoing problem does not seem to be self-correcting to any great degree and many faculty positions remain unfilled. This dilemma has also impacted the private practitioner of Pediatric Dentistry, by creating a relatively static pool of practitioners who cannot meet the increased demands

of a growing patient pool. The response of our specialty has been directed toward increasing the number of graduate students in our universities and support for voluntary staff. We have also been encouraged to present continuing education programs for generalists in the belief that such support will improve access to care.

We are all aware of the growth of information highway, however many are not convinced that we have effectively utilized this technology to train our undergraduate and postdoctoral students who are interested in a maximum return on limited educational dollars. A realignment of teaching methods using elearning modules might eventually lighten faculty instructional loads. Some university observers have suggested that distance learning needs to be dramatically improved before it is a widely accepted instructional tool.

The profession should not assume that all e-learning methods are ineffectual, or should we assume that poor learning is inherent in every distance learning software program. Considerable attention should be given to the distinction between text based online education vs. high-speed multimedia education delivered by CD-ROM or over the Internet. New software has been developed combining all of the attributes of a multimedia instructional course that would typically be utilized in an onsite lecture. These new educational software products will place video, scrolling highlighted text, x-rays or Power Point graphics on the computer monitor as a separate screen with each "window" in synchrony. This system mimics a presentation in a lecture hall yet it has considerable versatility and may be superior in some respects to conventional lectures in that the student may review difficult sections, search for words or phrases, and pause or rewind the lecture at any time. The streaming text can be in one of 14 languages, which creates a potential for learning by non-English speaking audiences.

At the present time computers can deliver information over Internet broadband networks with great speed and utility. Many observers have predicted that the information age will revolutionize our society. We recognize that such predictions are likely true but we often fail to understand the complexities of information systems as applied to education. Some prognosticators know that with the arrival of multimedia for Internet delivery, whole new schemes for education will emerge. There is little doubt in the minds of many that professional schools will adopt learning systems based on this emerging technology. The economics of dental school administration will most likely dictate that instruction must be improved using technology driven instructional packages.

Dental schools in concert with organized dentistry could consider the adjunctive use of multimedia software as they attempt to weave a balance between limited faculty and the need to streamline the educational process. The information age is well named. It promises a New World that will beneficially transform the educational process. Some educators envision a growing number of dental students receiving their education via new forms of information technology, a paradigm shift that has major implication in the educational process. -

-RWH

*Evolving software has created new opportunities in Internet delivery of educational packages.*

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# Oral Health: Dental Disease is a Chronic Problem Among Low-Income Populations

Dental disease is a chronic problem among many low-income and vulnerable populations. Our analysis of the most recent national health surveys (1994-97) showed that relative to more affluent segments of the population, low-income populations had a disproportionate level of dental disease. For example, poor children had five times more untreated dental caries than children in higher-income families, and poor adults were much more likely to have lost six or more teeth to decay and gum disease than higher income adults. Minority populations also faced high levels of dental disease. Dental problems result in pain, infection, and millions of lost school days and workdays each year.

Although every state Medicaid program offers dental coverage for children and most programs cover adults eligible for Medicaid, use of dental services by low-income people is low. States are required to provide comprehensive dental benefits for children enrolled in Medicaid, and the State Children's Health Insurance Program (CHIP) provides variable but often substantial levels of dental coverage to eligible low-income children in all but two states. Adult dental services, although optional under Medicaid, are covered to some extent in about two-thirds of the states. The availability of coverage does not, however, bridge the income gap to equalize the likelihood of visiting a dentist. For example, our analysis of 1995 Medicaid claims data showed that only 29 percent of enrolled adults had visited the dentist in the preceding year, less than half the rate of higher-income adults. National survey data also showed that in 1996 poor children and adults visited the dentist at about half the rate of their higher-income counterparts—numbers that had stayed relatively unchanged since 1977 (based on the most recent survey data available for our analyses).

Recognizing the importance of good oral health, HHS established oral health goals as part of its department wide Healthy People 2000 initiative. HHS set goals, such as reducing untreated caries in children and increasing regular dental visits by adults, for the population in general and some minority groups. Interim assessments showed that progress toward these goals was mixed, with poor and minority groups being furthest from reaching them. HHS established a new set of oral health goals in its Healthy People 2010 initiative, announced in January 2000.

Tooth decay, the most common chronic childhood disease, is most prevalent among poor children. About 25 percent of all children have untreated caries in their permanent teeth. Eighty percent of untreated caries in permanent teeth are found in roughly 25 percent of children who are 5 to 17 years old, mostly from low-income and other vulnerable groups. Left untreated the pain and infection caused by tooth decay can lead to problems in eating, speaking, and attending to learning.

Our analyses of national survey data show that the prevalence of untreated caries in the lowest income group was much greater than that in the highest income group for children of all ages. For example, among children aged 2 through 5 who had family incomes below \$10,000, nearly one in three had at

least one decayed tooth that had not been treated. In contrast, only 1 in 10 preschool children whose family incomes were \$35,000 or higher had untreated caries. These income-based disparities generally hold for untreated caries in both children's primary teeth and permanent teeth across all age groups.

Another key indicator of dental health is the number of missed activity days, such as days of school or work, because of dental problems. Surveys show that missed activity days are concentrated in low-income groups. Poor children suffer nearly 12 more restricted-activity day, such as missing school, than higher-income children as a result of dental problems.

## *Tribute...*

### **Dr. Daniel C. Chen**

It is with great sadness that we inform the membership of the California Society of Pediatric Dentist of the loss of one of its own. Dr. Daniel C. Chen, who practiced in Fremont, California, passed away Saturday, June 2, 2001. He suffered a heart attack playing his beloved game of tennis. He was 44.

Born in Taipei, Taiwan, February 5, 1957, he was the youngest of five children. He came to the United States when he was 18 years old, received his undergraduate degree at the University of Minnesota, received his master's degree from the University of California, Berkeley, and attended dental school at the University of Southern California. He completed his residency in pediatric dentistry in Kenosha, Wisconsin. Ten years ago, Dr. Chen associated briefly before opening his practice in Fremont. His practice incorporated sedation as well as full general anesthesia for physically disabled children. Dr. Chen's office featured a relaxing aquatic theme which hinted at his fascination with tropical fish. He was also on staff at Washington Hospital. He resided in Fremont until moving to Pleasanton, CA, last year.

Dr. Chen was devoted to his wife of six years, Flora, and twin daughters, Margaret and Sabrina, 2. His family was the center of his universe. He will be remembered most for his quiet nature, generous smile, subtle wit, and his love for children. He was a good friend who openly shared his wisdom and experience.

An educational fund has been established for his daughters. Remembrances may be made to "Flora Chen - Children's Educational Fund", and sent to: Flora Chen, 39572 Stevenson Place, Suite 126, Fremont, CA 94539.



*Dr. Daniel C. Chen*

*Minority populations are faced with high levels of dental disease.*

# BOARD BRIEFS

JUNE 16, 2001 • HYATT REGENCY AT CAPITOL PARK, SACRAMENTO, CALIFORNIA

The 109th meeting of the Board of Directors of the California Society of Pediatric Dentists was called to order by Dr. Dave Perry on Saturday, June 16, 2001 at 9:08am

In attendance were Drs. Stewart, Rowan, Perry, Lovingier, Cortez, Jackson, Luke, Dorostkar, Ramos-Gomez, Azama, Brennan, Gross, Hansen, Reggiardo, Mungo and Mrs. Marian (secretarial assistant).



*New Board Member  
Dr. Bernard Gross and  
Paul Reggiardo, Vice-  
President AAPD.*

## OFFICERS' REPORTS

### PRESIDENT - DR. PERRY

A letter in support for a periodicity change from age 3 to age 1 was sent to Maridee A. Gregory, MD at the Child Health and Disability Prevention program (CHDP). A letter over the signature of the Dr. Perry was also sent to Rosemary Monehen, Dental Accreditation, San Diego expressing CSPD's strong support for the application for Preliminary Provisional Approval of an Advanced Specialty Education Program in Pediatric Dentistry.

Dr. Pokala received a letter expressing the appreciation of CSPD for her effort in establishing a hospital-based program in San Diego.

CDA President Dr. Broussard headed an "Anesthesia" meeting held at CDA on March 7, 2001 to review state anesthesia laws. The committee agreed that the current General Anesthesia, Conscious Sedation and Oral Conscious Sedation permit/certificate processes are working and defensible.

### PRESIDENT ELECT - DR. MUNGO

Dr. Mungo reported on the new CSPD Foundation, presenting a brief history of the Foundation and its mission. The CSPD Board of Directors has approved the Board of Trustees of the Foundation as presented.

### TREASURER - DR. AZAMA

To date the organization has received 89% of the budgeted income and spent 82% of the budgeted expenses. Reserve funds have been monitored and are currently at mandated levels. The organization is in good financial condition and should remain healthy.

### CHILD ADVOCACY - DR. UDIN

**Access to Care** Dr. Ramos-Gomez highlighted the action that has taken place in regard to the goals charged to the committee including. 1) Reform of Denti-Cal program, 2) Advocate and Educate that Oral Health is part of Total Health and 3) State Dental Needs Assessment.

Dr. Ramos-Gomez reported that they are planning for an Access Retreat with all California key leaders and stakeholders for a coordinated effort in oral health for the state. This retreat will be held September 28, 2001. He also reported that Dr. Robert Isman and Dr. Dillenberg have requested that 5 million dollars be al-

located for an oral health plan for the state. He also reported that San Diego was awarded 1.9 million dollars for a dental health project and that San Francisco received \$350,000.00 for a dental home program.

**Mandated Dental Exams** Dr. Cortez announced that the Executive Committee and Dr. Reggiardo met with Dr. Dillenberg via a conference call to discuss mandated dental examinations for children entering kindergarten in the state of California. The Executive Committee believes that mandated dental examinations are an important issue to be brought before the Board. Dr. Cortez moved that CSPD support mandated dental examinations for students entering kindergarten.

### MEMBERSHIP SERVICES COMMITTEE - DR. NIETHAMER

**Subcommittee on the New Pediatric Dentist** Dr. Jackson reported that the second annual New Pediatric Dentists course was held April 27, 2001 in Los Angeles. Attendance was a little lower than the year before. Of the 16 attendees, 8 were residents, 6 were new pediatric dentists, 1 established dentist and 1 general practitioner. Dr. Jackson reported that a CSPD member would be in charge of continuing education at the 2002 AAPD Annual Session

### CONTINUING EDUCATION - DR. FISHER

In order to discharge the committee's charge to help educate general practitioners in pediatric dentistry, a joint meeting with the pediatric dental department of UCSF was proposed. They would like to organize a one-day meeting at UCSF in the fall of 2002.

Dr. Stewart reported that CSPD is engaged in partnering with CDA and Delta Dental to produce a continuing education course for generalists. There will be four speakers and the seminar will be video taped and a multimedia CD-ROM will be produced for instructional use. This initial project is the first stage of a three-stage project.

### FINANCE COMMITTEE - DR. AZAMA

**Budget for 2001-2002** A change has been requested to increase the research award to \$7,000.00. The reserves will be increased by that amount as well. It was suggested that \$1,000 from Access to Care and \$1,000 from Child Advocacy be earmarked for the Oral Health Initiative. This change would result in a \$2,000 increase to the Access to Care budget.

### PATIENT SAFETY - DR. ROTHMAN

Dr. Brennan shared a report from Dr. Rothman, which states that CMA is concerned about the criminalization of an untoward anesthesia result.

She reported that the CMA met with the California District Attorney's Association. The CMA requested that a prosecutor secure the concurring opinions of at least two qualified medical experts with substantial current experience in the same specialty and practice prior to initiating prosecution of a physician

Respectfully submitted,  
Santos Cortez, Secretary

*CSPD supports  
mandated dental  
examinations for  
students entering  
kindergarten.*

## ***Bills of Interest***

### **2001-02 California**

#### **Legislative Session Summary**

**AB 447 (Firebaugh)** Would require that of the eight "practicing dentists" appointed to the DBC, one be a full time dental faculty member and one be a dentist who practices in a non-profit community clinic.

**AB 564 (Lowenthal)** Would require written notification within 7 days to the DBC of any patient removed to a medical facility for more than 24 hours as a result of dental treatment. It would give authority to the DBC to inspect an office upon receipt of such report. It would require the DBC to submit to the legislature by January 1, 2003, an account of the reports of deaths and hospitalizations as a result of dental treatment it has received.

**AB 668 (Chan)** Originally proposed as legislation to make educational loan forgiveness grants to dentists practicing in designated California health professional shortage areas, as amended it now requires a report to the legislature by 10/1/02 on the feasibility of establishing a dental loan forgiveness program.

**AB 1045 (Firebaugh)** Legislation signed into law last year established a Task Force on Culturally and Linguistically Competent Physicians and Dentists and a subcommittee of that task force to examine the feasibility of establishing a pilot program allowing Mexican and Caribbean licensed physicians and dentists to practice in non-profit community health centers in medically-underserved areas. This bill would extend the deadline for the report of the subcommittee and would require that the recommendations of the Task Force be incorporated into law.

**AB 1360 (Pescetti)** Would require dentists and physicians without liability coverage to reveal this information to their patients and obtain a signed disclosure to be placed in the patient record.

**AB 1428 (Aanestad)** Would authorize the DBC to establish a process for licensure by credential, under which dentists holding a valid license to practice in another state and meeting certain other requirements could practice in California without taking the state licensure examination. Would allow special provisions for dentists agreeing to practice in designated shortage areas.

**SB 573 (Chesbro)** Would create a special permit allowing a dentist licensed in another state and meeting certain other requirements to practice in a primary care community or non-profit clinic without having to hold a California license or pass the California licensure examination.

**SB 724 (Committee on Business and Professions)** An omnibus committee bill on behalf of the Dental Board (and DCA) which, among other provisions, (1) includes language to extend without expiration current law allowing a physician holding a permit from the Dental Board to administer general anesthesia in a dental office; (2) removes the existing provision allowing for issuance of the oral conscious sedation certificate by case submission; (3) provides for a disabled inactive license at a reduced fee for a disabled dentist.

**SB 826 (Margett)** Would extend by one additional year the authority of the Director of the Department of Consumer Affairs to assign 7 additional peace officers to the investigative unit of the Dental Board and would require an outside entity to perform an analysis examining the Board's need for sworn peace officers.

Prepared by Paul Reggiardo

## *Web Notes*

### **RECENT POSTING ON THE CSPD WEBSITE**

[WWW.CSPD.ORG](http://WWW.CSPD.ORG)

## **What's New...**

#### **Reprints from the Fall Bulletin**

- President's Message Fall 2001
- Board Briefs, Los Angeles, June 16
- News Briefs - Fall 2001
- Officers and Committees 2001-2002
- Sponsors 2001-2002
- Legislative Bills of Interest
- Dental Board of California
- District VI report - Fall 2001
- Tom Barber Institute - Fall 2001

#### **Meetings - Web sites**

18th Congress of the International Association of Pediatric Dentistry, Paris, France  
September 12-15, 2001

More information: <http://www.iapd.org/uk>

#### **Read the State Physical Fitness Report at**

[www.eddataOnline.com/fitness](http://www.eddataOnline.com/fitness)

Scientists have sequenced the genome of *Porphyromonas gingivalis*, a bacterium believed to play a major role in adult periodontitis, and posted the annotated sequence on the Internet for use by researchers worldwide. Log on to: [www.tigr.org/tigr-scripts/CMR2/CMRHomePage.spl](http://www.tigr.org/tigr-scripts/CMR2/CMRHomePage.spl). For additional information on the genome project, visit [www.pgingivalis.org](http://www.pgingivalis.org).

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

Medicaid, Medicare, and State Child Health Insurance (SHCIP) Program descriptions and data sections

Web site: [www.hcfa.gov](http://www.hcfa.gov)

National Center for Fluoridation Policy & Research at: [fluoride.oralhealth.org](http://fluoride.oralhealth.org)

U. S. Centers for Disease Control, Division of Oral Health at:  
[www.cdc.gov/nccdphp/oh](http://www.cdc.gov/nccdphp/oh)

#### **New Website**

The National Oral Health Surveillance System at: [www.cdc.gov/nohss/](http://www.cdc.gov/nohss/)

## **Website Activity...**

### **GENERAL SUMMARY**

Program started at Thu-28-Jun-2001 00:00.

Analyzed requests from Wed-23-May-2001 to Wed-27-Jun-2001 (35 days).

(Figures in parentheses refer to the 7 days to 28-Jun-2001 00:00).

Successful requests: 12,436 (3,303)

Average successful requests per day: 351 (471)

Successful requests for pages: 4,282 (1,819)

Average successful requests for pages per day: 121 (259)

Distinct files requested: 63 (56)

Distinct hosts served: 1,127 (290)

Data transferred: 76.338 Mbytes (25.452 Mbytes)

Average data transferred per day: 2.159 Mbytes (3.636 Mbytes)



*Drs. Richard Mungo, President-elect & Ann Azama, Treasurer.*



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 (Anaheim) ..... (Lonnie Lovingier)

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

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