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NDA JOURNAL

OFFICIAL MAGAZINE OF THE NEVADA DENTAL ASSOCIATION AND COMPONENT SOCIETIES

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NDA JOURNAL

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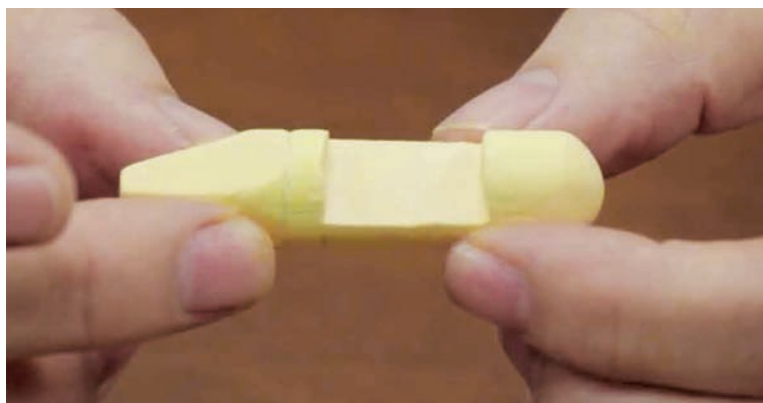
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The DAT's Lost Art



At a recent Eagle Scout Court of Honor, one of the speakers talked about “rites of passage,” in which young people participate in a culture’s ceremony in order to progress to adulthood. His example was that of the Mandan Indians’ *Okipa*—wherein young men refrained from food, water, and sleep for four days before incisions were made over their pectoral and trapezius musculature. Wooden skewers were then placed beneath the muscles and the initiates were hung from the ceiling via ropes attached to the skewers. After that, the little finger of one hand was cut off. The last *Okipa* ceremony was in 1889, but it was revisited in the 1970 movie “A Man Called Horse.”

Another rite of passage, the Dental Admission Testing (DAT) Dental Aptitude Chalk Carving was last practiced in 1972, after having been an integral part of the DAT since its inception in 1945. Fortunately, I entered dental school in 1971, thus earning the title of a true chalk carving (CC) dentist, unlike later post-modern pretenders who probably have no comprehension of the gold foil restorative ideal either. (*But Dr. Horseman does. See page 24.*)

Carving, albeit with soap, has been revisited recently with a study published in *JAMA*.¹ Shockingly, the soap carving exercise some ENT programs require during residency interviews appears to have no correlation with surgical skills. Maybe that’s because soap gets slippery when handled and chalk is specifically designed to keep hands dry—just ask Mary Lou Retton or Olga Korbut. Imagine what would have happened to them if they’d tried soaping up instead of chalking up at the Olympics. Silly ENTs...

Another problem with the ENT paradigm is the object carved...a hollowed out shark fin...are you kidding? Why would they want to carve a functional curved shape when they could demand the imaginative ‘whatever it was’ that the DAT used to require?

True chalk carving dentists, who have not repressed the event, will joyfully recognize the figures shown in the sidebar (*page 5*); younger dental aspirants can only envy those upon whose shoulders they stand. (*See Steps 1–4*)

So, since chalk carving is obviously superior to soap carving, why did the DAT discontinue this valuable exercise (was it simple coincidence it was right after receiving my most excellent carving?). (*Figure 1*) Officially, the ADA states that they found pencil-and-paper test scores were as valid as the Chalk Carving Test in predicting performance.² Humbug, I say.

Dr. Orr practices OMS in Las Vegas, is a Clinical Professor of Surgery and Anesthesiology for Dentistry at UNSOM, Professor and Director of OMS and Advanced Pain Control at UNLV SDM, and a member of the CA Bar and the Ninth Circuit Court of Appeals. He can be reached at EditorNDA@nvda.org or 702-383-3711.

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Figure 1. The Editor's "Corrected" DAT. Inconceivably, Carving Dexterity was downgraded from an 8 to a 7. Even more astounding, the Academic Average morphed from a 4 to a 6.

At present, the DAT's Perceptual Ability Test currently contains questions which include "problems in block counting" (my four year-old, Brighton, does that), "angle size" (the bigger the angle's tackle, the bigger the fish, duh), "form development" (don't we have enough forms being developed already?), "orthographic projections" (what does orthographics, orthodontics, ortho-whatever have to do with it?), "comparison of shapes of object with apertures" (what, square peg, round hole problem? Get a bigger hammer, problem solved), and "paper folding" (ah, origami).

The only realistically meaningful one of these less ideal than chalk carving ADA options is paper folding. For instance, I interviewed a dental student applicant a couple of years ago and his chart mentioned he did origami. Since I needed a boat for the elephant Dr. Fransom Tom made for me, I said "show me." He did, with my own dollar bill (Figure 2).



Figure 2. Dr. Tom's elephant in the UNLV SDM applicant's boat. Dr. Tom kindly responded to my request for an origami submission, included in this issue on page 16. Thank you so much to Dr. Tom.

Perhaps the ADA changed the DAT model because of the known complications of chalk carving. Tragically, as happened in my chalk carving session, at times masterpieces are accidentally dropped to the floor, or thrown against the wall prn, necessitating career change considerations on the spot either way. As with the Mandans, occasionally fingers were cut, albeit not amputated, an advantage of the DAT over *Okipa*. But, then again, the Mandans, like post-1972 DAT examinees, have never braved to negotiate the rite of chalk carving. ■

References

1. Tang CG, Hilsinger RL, et al, Manual dexterity aptitude testing: a soap carving study, *JAMA* 140:3, March 2014.
2. ADA, History of the Dental Admission Testing Program, 2009, http://www.ada.org/~media/ADA/Education%20and%20Careers/Files/dat_users_manual.ashx, accessed 06 November 2014.

DAT Dental Aptitude Chalk Carving

Step 1: Get stuff and look at picture.

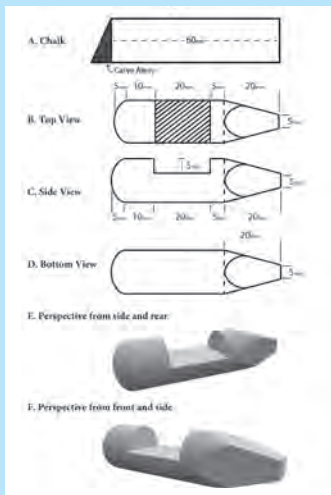


Image by Louisiana State University Health Sciences Center School of Dentistry.

Step 2: Stare at chalk.
If nothing happens, begin carving.



Step 3: Measure dust pile.



Step 4: Viola! Pick dental school.



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Thanks to all who have contributed to our NDAPAC Fund. These last few months we have raised almost \$27,000! Your support is critical to maintaining the NDA's all important governmental affairs' activities. It means a higher profile for dentistry at the Capitol in Carson City and throughout the state.

The Nevada legislative session started February 2 and continues through June 2, 2015. Two of our three bills have already been heard in the Senate as I write this and, as expected, there has been some pushback from insurance on both bills. We still believe we have a good chance to work out a compromise and get them voted out of committee. We will have a full report on how our bills did in the next issue of the *NDA Journal*. We have a full list of the bills we are tracking on the website at www.nvda.org/current-bills.

Plans are underway for our 97th Annual Summer Meeting, held at the Hotel Park City Resort in Park City, Utah on June 25–27, 2015. You will find registration material on page 11 of this issue of the *Journal*. I hope you attend our meeting and bring your family to this beautiful city. There will be a free Welcome Reception on Thursday night. Continental breakfast will be provided on Friday and Saturday. The hotel room deadline is May 25, so please make your reservations soon. The registration and event deadline is June 11 and we are firm on this date as many of the activities will not allow add-ons. Meals are particularly hard to plan for when we have last minute additions. ■

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Unlike other healthcare fields, private practices in dentistry have not been able to combine their purchasing power and build a co-op in order to negotiate with suppliers. Many attempts have been made to do this in dentistry, but all have failed for one reason or another. Thus, the average private practice dentist will pay \$3–\$4 more for the same pack of disinfecting wipes, as do the average private practice family medical office, or the corporate dental office.

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Beginning in 2015, the Nevada Dental Association contracted with SourceOne Dental to launch NDA Supplies (www.ndasupplies.com), a joint program leveraging the combined buying power of not only NDA members, but also Texas, and more recently Arizona Dental Association members, on over 50,000 of the most popular dental products from hundreds of manufacturers. Since all participating manufacturers and suppliers must agree to first reducing pricing on all items as volume increases, members can expect to see pricing come down as the program grows—rather than the more common price increases from existing suppliers.

The program is only available to active current members of the Nevada Dental Association. Members can access the online store at ndasupplies.com by using their ADA number to view the products or place orders. Members are also invited to send a list of items to NDA Supplies staff who return for a customized list showing current pricing on all of those items. ■

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Dr. Robert Talley, NDA Executive Director, commented on the new endorsement: "We selected Wells Fargo as our practice and commercial real estate financing provider for so many reasons, but primarily because we believe our members will receive excellent service from a bank that truly understands dentistry. Their highly trained and professional staffs are truly experts with practice acquisition and expansion. I encourage anyone seeking a practice loan to speak with the dental industry team at Wells Fargo Practice Finance."

For more information, contact regional Wells Fargo Practice Finance representative, Morgan Stump at 888-937-2321 or visit wellsfargo.com/dentist. ■



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A pass from the one yard line! They have the best running back in the game; why not hand it off? I hope many of you watched Super Bowl XLIX. Even as a diehard 49ERS fan, I can't deny the excitement of this past Super Bowl where the New England Patriots narrowly defeated the Seattle Seahawks on a last minute interception in the end zone. Anyone watching the game was surely on the edge of their seat and probably anticipated the Seahawks to come from behind in the waning seconds of the game. But instead of running the ball in from the one yard line, the Seahawks threw it and a miraculous interception was made by an unheralded rookie defensive back on the Patriots, and the rest is history. After the game, a reporter asked Marshawn Lynch, the star Seahawks running back, if he was surprised he didn't get the ball to score the go-ahead touchdown. His response was a brief, "No."

"Why not?" the reporter pried.

"Because football is a team sport," Lynch replied.

At the NDA, our Legislative "Super Bowl" is upon us. Our superstars are prepping and readying themselves to work diligently on our behalf. We are extremely fortunate to have our chief lobbyist, Chris Ferrari, and his wonderful team representing and defending our association. Since their

inception with the dental association we have moved our legislative agendas forward by leaps and bounds. Another stalwart in our legislative arsenal is our esteemed executive director Dr. Bob Talley—who spends almost as much time in Carson City in legislative years as he does in Las Vegas. Drs. David White and Steve Saxe have tirelessly met and informed our legislators about our dental issues.

However, our legislative team only works with the help of all of our members; especially when they are called upon to act. A new email alert system utilized by the ADA and NDA called "Engage" alerts our members to actions that need to be performed in a timely manner. This system is highly specific, so please be alert and attentive to these notifications. When asked, please utilize the respond action to ensure our voices are heard. Also, please profusely thank the aforementioned superstars of our legislative team; their hard work and dedication on our behalf goes well beyond what most of you can imagine.

Please attend our NDA Legislative Day in Carson City on Wednesday, April 15. We will showcase our many programs and services that we provide for the citizens of Nevada to our legislators. A strong showing at this event solidifies our solidarity and presence in front of our lawmakers.

Thank you to all who attended and participated in our Mid-Winter Meeting in January. We had a great presentation from Mr. Craig Busey, chief council for the ADA. He covered the legal obligations of representing our association, the legal requirements

we have to adhere to, as well as the legal contract review services that are available at the ADA for our members to access. During the business session of our meeting, a very thoughtful and progressive resolution brought forth by the SNDS was adopted and we assembled a statewide member task force to study the governance and meetings of our association. At the writing of this column, the task force has had substantial conversations and debates, and has begun drafting resolutions that will help define and guide our association well into the future.

Please attend our summer meeting in Park City, Utah, on June 25–27 to participate in these discussions and review the recommendations from this task force. As well as the business meeting, we will have CE sessions on Saturday, and time to enjoy one of the most beautiful and family-friendly areas in the world. I look forward to seeing everyone and their families!

Not only is football a team sport, but our association is also a team sport. What was left in the wake of the Seahawks defeat was second guessing and questioning of that fateful last play call. Seahawks coach Pete Carroll will be questioned about that play for the rest of his life. For our legislative "Super Bowl," please be prepared to engage, respond when needed, and most importantly, show up. We don't want any questioning or second guessing our strategy because we went through our game plan relying too heavily on our superstars. It's the whole team that ultimately wins or loses the game. ■



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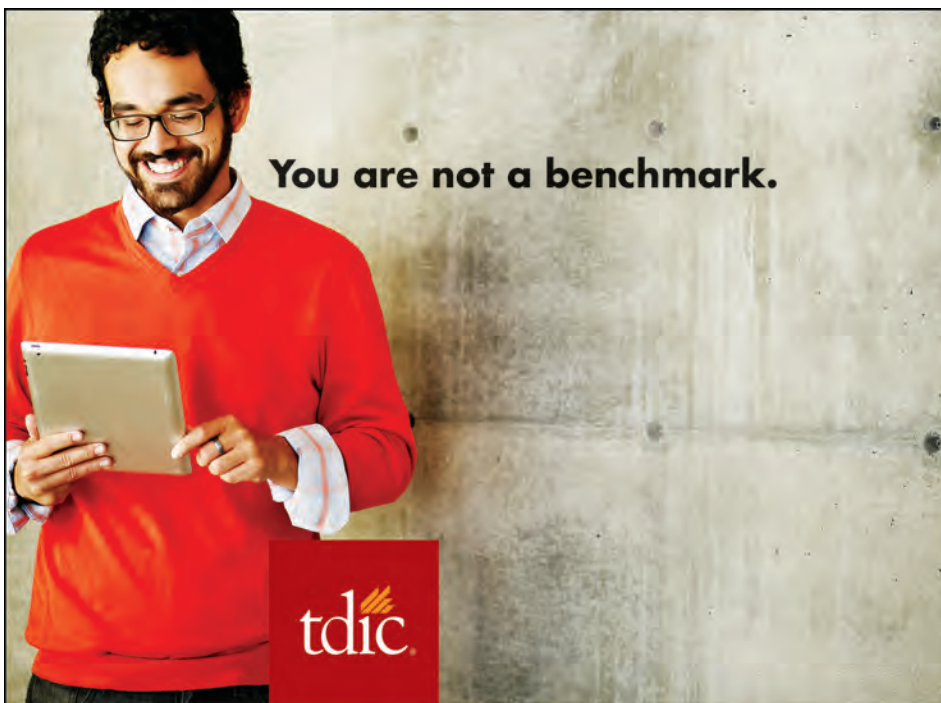
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Thursday, June 25

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Welcome Reception	6–8 PM	_____	Included in conference cost

Friday, June 26

House of Delegates (Continental Breakfast 7 am, included)	8 AM–1 PM	_____	Included in conference cost		
President’s Dinner Adult	5–7 PM	_____	x	\$ 60	\$ _____
President’s Dinner Child (5–12)	5–7 PM	_____	x	\$ 30	\$ _____

Saturday, June 27

Pliney Phillips Breakfast	7–8 AM	_____		Included in conference cost	
Continuing Education	8 AM–12 NOON	_____		Included in conference cost	
Golf Park City Golf Club (on Hotel property)	1 PM	_____	x	\$ 75	\$ _____

Grand Total \$ _____

No refunds given past June 11, 2015. Hotel reservations and pricing are only guaranteed through May 25, 2015!

Dentist or Member Name _____ ADA Number _____

Guest(s) _____

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The Nevada State Board of Dental Examiners, through the rulemaking process adopted amendments, changes and repeals of certain regulations. The review of the regulations by the Board must be completed at a minimum of every ten years pursuant to state law. Listed below are the amendments, changes and repeals adopted by the Board.



Nevada Business License Information

Pursuant to NRS 353C.1965, the Nevada State Board of Dental Examiners is required to collect Nevada business license information from all licensees and submit the information to the State Controller's Office. The Nevada business license information will be requested and collected on the renewal form and through the renewal on-line portal.

Please be advised, if you open a new dental practice, purchase an existing dental practice or contract with a dental practice as a **dental independent contractor** to provide dental services you are required to have a Nevada business license.

You may visit www.nvsilverflume.gov for more information or contact the Nevada Secretary of State office.

Repealed regulations

The Nevada State Board of Dental Examiners has reviewed Chapter 631 of the Nevada Administrative Codes pursuant to NRS 233B. The Board has adopted to repeal certain regulations that are no longer valid or enforced. The list of repealed regulations is provided below for your review:

Adopted Repealed Regulations:

- (1) NAC 631.031 Hearing to determine claim of malpractice pending;
- (2) NAC 631.039 Application for permanent license holder of temporary license;
- (3) NAC 631.060 Reapplications;
- (4) NAC 631.080 Examination-Authorization required;
- (5) NAC 631.100 Examination-practice dental hygiene;
- (6) NAC 631.120 Examination-practical portion;
- (7) NAC 631.130 Examination-requirements for successful completion;
- (8) NAC 631.180 Employment of instructor;
- (9) NAC 631.2207 Application for limited license to supervise courses of continuing education.

Amended regulation pertaining to dental assistants NAC 631.260

The Nevada State Board of Dental Examiners has amended NAC 631.260 to add additional requirements for dental assistant personnel. Beginning July 1, 2014, all Nevada licensed dentists with an "active" status shall attest on their license renewal form, the dental assistant(s) personnel while so employed have received and completed the following requirements:

NAC 631.260 Radiographic procedures: Lead apron required; certified statement and proof of qualifications required for certain persons who assist in procedures. (NRS 631.190)

1. Each patient who is undergoing a radiographic procedure must be covered with a lead apron.
2. Each licensee who employs any person, other than a dental hygienist, to assist him or her in radiographic procedures shall include with his or her application for annual renewal of his or her license, a certified statement
 - (a) **Containing the** name of each person so employed, his or her position and the date he or she began to assist the licensee in radiographic procedures; and
 - (b) **Attesting that each such** employee has received;
 - (1) **Adequate** instruction concerning radiographic procedures and is qualified to operate radiographic equipment as required pursuant to subsection 3 of NAC 459.552.
 - (2) **Training in cardiopulmonary resuscitation at least every two years while so employed;**
 - (3) **A minimum of 4 hours of continuing education in infection control every two years while so employed; and**
 - (4) **Before beginning such employment, a copy of this chapter and chapter 631 of NRS in paper or electronic format.**

Prescription Monitoring Program, annual self query NAC 631.045

All Nevada licensed dentists who hold a valid Controlled Substance (CS) permit issued by the Nevada State Board of Pharmacy are now required to perform annually a minimum of one (1) self-query report through the Pharmacy Task Force Prescription Monitoring Program for the issuance of controlled substances pursuant to NAC 631.045. The purpose of the self-query report is to ensure the controlled substances being prescribed by you are valid prescriptions, assist you in monitoring prescriptions for controlled substances that may be obtained through fraudulent means or for potential patient drug shopping.

The licensed dentist who holds a valid Controlled Substance (CS) permit issued by the Nevada State Board of Pharmacy shall submit an attestation confirming compliance with this requirement on the dental license renewal form. Failure to conduct the self-query report annually shall be deemed unprofessional conduct pursuant to NAC 631.230.

If you are not signed up to access the Prescription Monitoring Program database, you may contact the Nevada State Board of Pharmacy Task Force to receive a username/password. The contact number for the Pharmacy Board Number is 800-364-2081.

If you do not hold a valid Controlled Substance permit issued by the Nevada State Board of Pharmacy you are not required to perform the annual self query. However, you may not issue controlled substances in the State of Nevada without holding a valid Controlled Substance Permit issued by the Nevada State Board of Pharmacy.

Amended Regulation pertaining to Continuing Education Credit NAC 631.173 and NAC 631.175

The Nevada State Board of Dental Examiners has amended NAC 631.173 and NAC 631.175 regarding the amount of continuing education credit you may receive through various methods. A dental licensee with an active status is required to fulfill a minimum of forty (40) hours biennially or for those licensees who hold a limited license are required to fulfill a minimum of twenty (20) hours annually. A dental hygiene licensee with an active status is required to fulfill a minimum of thirty (30) hours biennially or for those dental hygiene licensees who hold a limited license are required to fulfill a minimum of fifteen (15) hours annually.

You may obtain the required hours of continuing education via home study, on-line study, self-study, or journal study through correspondence, webinar, compact disc or digital video disc, not more than 50 percent (50%) of the number of hours of continuing education may be obtained through the above referenced methods. A minimum of 50 percent (50%) of the required continuing education hours **must** be obtained by live lecture or hand-on methods.

Amended regulations, schedule of fees NAC 631.029

The Nevada State Board of Dental Examiners has amended certain fees. The amended fees are listed below:

<i>Application and examination fee for a permit to administer general anesthesia, conscious sedation or deep sedation</i>	<i>\$750.⁰⁰</i>
<i>Application and examination fee for a site permit to administer general anesthesia, conscious sedation or deep sedation</i>	<i>\$500.⁰⁰</i>
<i>Fee for any reinspection required by the Board to maintain a permit to administer general anesthesia, conscious sedation or deep sedation</i>	<i>\$500.⁰⁰</i>
<i>Biennial renewal fee for a permit to administer general anesthesia, conscious sedation or deep sedation</i>	<i>\$200.⁰⁰</i>
<i>Fee for the inspection of a facility required by the Board to renew a permit to administer general anesthesia, conscious sedation or deep sedation</i>	<i>\$350.⁰⁰</i>

<i>Annual license renewal fee for a limited license to practice dentistry or dental hygiene</i>	<i>\$200.⁰⁰</i>
<i>Reinstatement fee for a suspended license to practice dentistry or dental hygiene</i>	<i>\$300.⁰⁰</i>
<i>Reinstatement fee for a revoked license to practice dentistry or dental hygiene</i>	<i>\$500.⁰⁰</i>
<i>Reinstatement fee to return an inactive or retired dentist or dental hygienist or a dentist or dental hygienist with a disability to active status</i>	<i>\$300.⁰⁰</i>

Amended Regulation—Initial Infection Control Inspection NAC 631.1785

The Nevada State Board of Dental Examiners amended NAC 631.1785 to include the same language contained in the random infection control inspections pursuant to NAC 631.179. Please review the regulation change below:

- Not later than 30 days after a licensed dentist becomes the owner of an office or facility in this State where dental treatments are to be performed, other than a medical facility as defined in NRS 449.0151, the licensed dentist must request in writing that the Board conduct an initial inspection of the office or facility to ensure compliance with the guidelines adopted by reference in NAC 631.178.
- Not later than 90 days after receiving a written request pursuant to subsection 1:
 - The Executive Director shall assign agents of the Board to conduct the inspection; and
 - The agents shall conduct the inspection.
- Not later than 30 days after agents of the Board have completed the initial inspection of an office or facility to ensure compliance with the guidelines adopted by reference in NAC 631.178, the agents shall issue a report to the Executive Director indicating whether the office or facility is equipped in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the office or facility:
 - Is equipped in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.
 - Is not equipped in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice which identifies deficiencies to the licensed dentist who owns the office or facility.
- Not later than 72 hours after issuing a written notice of deficiencies pursuant to paragraph (b) of subsection 3:

Continues on page 14 ➡

➡ Continued from page 13

- (a) The Executive Director shall assign agents of the Board to conduct a reinspection of the office or facility to determine if the licensed dentist and the personnel supervised by the dentist have taken corrective measures; and
- (b) The agents assigned pursuant to paragraph (a) shall conduct the reinspection and issue a report to the Executive Director indicating whether the licensed dentist and the personnel supervised by the dentist are in compliance with the guidelines adopted by reference in NAC 631.178. If the report indicates that the licensed dentist and the personnel supervised by the dentist:
 - (1) Are in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director shall, without any further action by the Board, issue a written notice of the agents' findings to the licensed dentist who owns the office or facility.
 - (2) Are not in compliance with the guidelines adopted by reference in NAC 631.178, the Executive Director may, without any further action by the Board, issue an order to the licensed dentist who owns the office or facility and all other licensees employed at the office or

facility that any or all of those licensees or personnel must immediately cease and desist from performing dental treatments and that some or all dental treatments must cease to be performed at the office or facility until a hearing is held before the Board. The hearing before the Board must be convened not later than 30 days after the Executive Director issues the order to cease and desist.

5. Pursuant to subsection 3 of NRS 233B.127, if an initial inspection of an office or facility conducted pursuant to this section indicates that the public health, safety or welfare imperatively requires emergency action, the President of the Board may, without any further action by the Board, issue an order of summary suspension of the license of the licensed dentist who owns the office or facility and the licenses of any or all of the other licensees employed at the office or facility pending proceedings for revocation or other action. An order for summary suspension issued by the President of the Board must contain findings of the exigent circumstances which warrant the issuance of the order for summary suspension. The President of the Board shall not participate in any further proceedings relating to the order. ■

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Dentistry: Science or Art?

By Franson KS Tom, MS, DMD

Dentists are considered scholars of the health sciences who excel in analytical spatial relationship skills. We have superior technical abilities wherein a 0.2 mm discrepancy is a failure. We routinely perform our microsurgery on a virtual roller coaster through a dark tunnel, upside down, underwater, as reflected in a mirror. We are expected to, and do, change lives with our smiles and the smiles we create for our patients.

Dentists possess creative qualities that enable them to excel in producing dazzling, detailed, aesthetic, artistic, and functional masterpieces. This excellence and effort may be hard to turn off in our private lives. In over two decades as a dental school educator, I have met the lead big bass drummer of the infamous UCLA marching band, a prima donna ballerina, gifted painters, talented sculptures, website magicians, dexterous musicians, nationally recognized editors, Vietnamese vocalists, disco DJ audio and video mixers, secret balloonologists, and miniature \$1 origamist (OK, I am also the last three). The point is, our artistic capabilities are second to none.

I used to believe Mensans—those in the top 2% of IQ testing—were the most gifted, ideally for the benefit of humanity. However, the intellectual and artistic requirements to become a dentist are far more demanding and

exceptional. Dentists are expected to be selfless, excellent, and trustworthy artists. Unfortunately, ideal noble, self-sacrificing, hard-working dedication can be distorted by immediate, worldly responsibilities after 20+ years of required academic excellence at great financial expense. This dilemma can cause a conflict in our professional and private lifestyles.

Always remember you are not alone and government is not the solution. America's free enterprise and the American Dream is not just a nice idea. It is a force for good through private entrepreneurship. Sadly, government is no longer empowered by the voluntary consent of the governed and no longer benevolently serves because it prefers to master the masses. Like our Founding Fathers' Declaration of Independence, injustice can only be resolved by fighting for freedom with the liberty to do what is right, not politically correct. "...that all men are created equal, that they are endowed by their Creator with certain unalienable rights, that among these are life, liberty, and the pursuit of happiness."

Professional and private lifestyle expectations can be still achieved. I purchased an ethical general dentist practice from a retiring NSBDE GP in Paradise, Nevada in 2006, immediately before the recent significant recession. With proper planning and ethical decision making, I paid the previous owner in full in five years as promised. I have been blessed to teach Hippocratic jurisprudence courses at Tufts, Harvard, Boston, and the UNLV dental schools and to prove that our 2,500 year old Hippocratic Oath can continue to be the basis of successful practice in the health professions. I have also been gratified to see the Aloha Spirit, also known as "the more you give, the more you receive," is not just an academic concept. It worked in my

Origami artwork by Dr. Franson KS Tom



Top row:
Elephant (female,
baby, male);
DR TOM; fish
(baby, female)

Middle row:
Pig, rabbit, rat,
heart (love), WOW;
frog, star; peacocks

Bottom row:
Monkey face ring,
President's seal
wrist band, ring
(male, female), shirt
(black, tie, green),
cardigan

practices in Hawaii, Rhode Island, and Massachusetts as patients appreciate this attitude.

If you would like to join the 1000+ former students and friends I share and mentor on Facebook, please email me tlcdmd@gmail.com. Meanwhile, please enjoy the \$1 origami that I have shared with patients and many fellow professional referrals, labs, suppliers, and vendors who made a Hippocratic practice in Las Vegas possible. ■

Editor's Note

Dr. Tom has created and given away over 500 \$1 bill origami sculptures per year for more than 40 years. Many thanks to Dr. Tom for the origami received over the years and for maintaining, and teaching, the highest standards of the profession.

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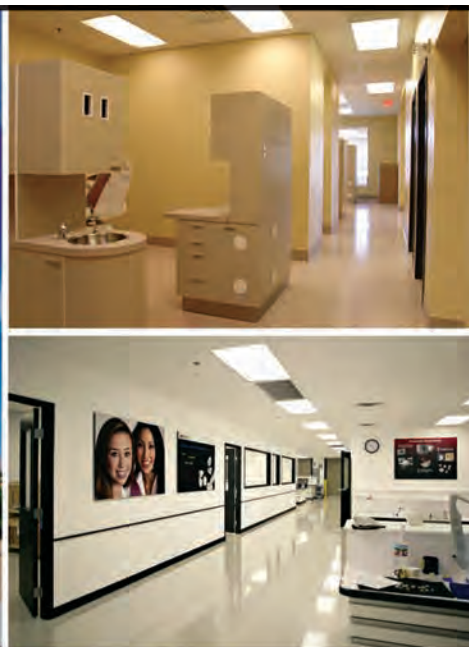


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Why Forensic Odontology Fails

An Ongoing Innocence Project Case

Reprinted with permission from the CA Innocence Project Winter 2013 Newsletter

For more than 30 years in the United States, bite mark evidence has been routinely used to identify the perpetrators of violent crime by “matching” a suspect’s teeth to an impression on the victim’s skin. But bite mark analysis is not based on scientific research. The ongoing case of Gerard Richardson, who was recently released from prison in New Jersey, shows why bite mark analysis should not be used as evidence of guilt at a criminal trial.

The dentists who specialize in bite mark identification—just one of the facets of forensic dentistry—are known as forensic odontologists. Their work includes comparing bite marks and dental casts from defendants to marks left on victims’ bodies. Since 2000, at least 24 innocent men whose convictions and/or arrests were based on evidence “matching” their teeth to impressions on human skin have been cleared. There could be many more people who were wrongly convicted based on this evidence.

In Gerard Richardson’s case, it was expert testimony regarding a bite mark comparison that helped to persuade a jury to convict him of the murder of Monica Reyes. Reyes was a 19-year-old from Elizabeth, New Jersey, who was addicted to heroin. On a few occasions she had sold drugs for Richardson and owed him \$90. Late one night in February 1994, she disappeared. Five days later, her small, 83-pound body was found partially covered in snow in a road-side ditch. She had been bludgeoned and strangled. During her autopsy, the medical examiner found a bite mark on the lower left part of her back.

At the 1995 trial, a forensic odontologist—Dr. Ira Titunik—said, “...this [bite] mark was made by Gerard Richardson... there was no question in my mind.” The prosecutor argued that the bite mark was indisputably made by Gerard Richardson: “Mr. Richardson, in effect, left a calling card.... It’s as if he left a note that said, ‘I was here,’ and signed it because the mark on her back was made by no one else’s teeth.”

There was no other physical evidence tying Richardson to the crime. Richardson was pronounced guilty. He was sentenced to 30 years in prison without the possibility of parole.

More than 19 years after Monica Reyes was murdered, new evidence shows that Richardson is innocent.

Post-conviction DNA testing of a swab collected from the bite mark revealed that the saliva left on the victim’s body does not belong to Richardson, meaning that he is not Monica Reyes’ assailant. Gerard Richardson spent nearly 20 years of his life in prison for a crime he did not commit.

On October 28, 2013, a New Jersey judge, with the consent of the Somerset County Prosecutor, overturned Richardson’s conviction based on the results of new evidence that points to another man. Vanessa Potkin, Senior Staff Attorney at the Innocence Project, who is representing Richardson, said, “DNA proves that Gerard Richardson is not the person who committed this crime. He is completely innocent.”

While he waits for the prosecution to determine whether they will re-try him, Richardson is out on bail and living with his brother, a preacher, in Pennsylvania. At a press conference following the October 28 hearing, Richardson’s son, who was only one year old when his father was convicted, said, “I’m good now that I know he’s coming home.”

Bite mark comparison comes under fire

Introduced into the American courts in 1954, bite mark analysis became recognized by the nation’s forensic community as a legitimate domain in the 1970s.

Within the last decade, however, forensic odontology has come under severe scrutiny. Scientists and legal scholars argue that bite mark analysis as a means to positively linking individuals to crimes has no place within the criminal justice system because the technique is entirely subjective and lacks an empirical basis for associating a suspect with an impression left on human skin.

In 2009, the National Academy of Sciences (NAS)—the nation’s most prestigious scientific organization—released a seminal report, “Strengthening Forensic Science in the United States: A Path Forward,” in which it describes bite mark analysis as “vulnerable” and having “never been exposed to stringent scrutiny.” According to the report, “although the identification of human remains by their dental characteristics is well established in the forensic science disciplines, there is continuing dispute over the value and scientific validity of comparing and identifying bite marks.” The report plainly states that “the scientific basis is insufficient to conclude that bite mark comparisons can result in a conclusive match” and “[a]lthough the majority of forensic odontologist are satisfied that bite marks can demonstrate sufficient detail for positive identifications, no scientific studies support this assessment.”

Members of the forensic community express similar misgivings. Dr. C. Michael Bowers—a forensic odontologist and clinical professor at the University of Southern California Ostrow School of Dentistry in Los Angeles—has authored and edited several books on forensic odontology and served on the examination and credential’s committee of the American Board of Forensic Odontology. In his 2011



Gerard Richardson (sitting) with New York Innocence Project attorneys Barry Scheck and Vanessa Potkin.

Attorney (now judge) Chris Plourd with Ray Krone.

article “Recognition, Documentation, Evidence Collection, and Interpretation of Bitemark Evidence,” published in *Forensic Dental Evidence, Second Edition: An Investigator’s Handbook*, he says, the “ability of skin to register sufficient detail of a biter’s teeth is highly variable and commonly achieves contradictory results. ...Some [odontologists] consider the ability to identify only a single person as the biter in skin an impossible task.”

Despite mounting evidence that bite mark analysis is ineffective and unreliable, testimony related to this forensic technique is currently still admissible in the country’s court rooms and carries enough weight with juries and judges to help convict people of serious crimes, sometimes wrongfully so.

A case of redemption

Eight of the people exonerated by DNA evidence in the United States were convicted based on bite mark evidence. Ray Krone is one of those people. He served more than 10 years in prison—three of them in solitary confinement on death row. Labeled the “snaggletooth killer” by the media, Krone had served in the Air Force for six years prior to his conviction. Upon receiving an honorable discharge from the military, he moved to Phoenix, Arizona, where he worked for the United States Postal Service for seven years.

On New Year’s Eve 1991, he was arrested for the rape, assault, and murder of Kim Ancona, a 36-year-old woman who worked as a barmaid at a local pub where he played darts. She had been found dead in one of the bar’s bathrooms, sexually assaulted and stabbed, and with bites on her breast and other parts of her body.

At the trial, the prosecution hired a bite mark expert—at the price of \$50,000. The dentist compared Krone’s dental casts to the marks found on the victim’s body and declared a unique match, identifying Krone as the murderer. “The prosecution called me a monster...a deviant,” Krone recalls, “because of the bite marks.”

Krone was convicted and sentenced to death for kidnapping and first-degree murder. Looking back on that moment, Krone remembers asking himself, “Where did I step into?”

In 1996, the Arizona Supreme Court reversed Krone’s conviction and ordered a new trial. Again, the same dental expert claimed that Krone’s teeth “matched” the bite marks found on the victim. He was found guilty a second time, but this time he was sentenced to 46 years in prison, taking him off death row.

Krone served another six years of his life in prison before DNA finally cleared him of his wrongful conviction. DNA testing conducted on the saliva and blood found on the victim excluded Krone as the source and instead matched a man named Kenneth Phillips. Phillips was incarcerated on an unrelated assault of a young child and, although he had lived a short distance from the bar where Ancona worked, he had never been considered as a suspect in her murder. Krone was arrested two days after the murder. Had bite mark evidence not misled investigators, Phillips might have been caught sooner. Instead, he committed another crime 20 days after he killed Kim Ancona.

Changing evidence

In both Krone and Richardson’s cases, the dental experts who testified on behalf of the prosecution declared that the defendants’ teeth matched bite marks found on the victims. The NAS report found that these types of claims are scientifically invalid. There is currently no scientific evidence that experts are capable of reliably associating a bite mark with a suspect, and no evidence that bite mark analysis can narrow a pool of suspects to one individual person because there is no scientific proof that each person’s teeth marks are unique. But, even assuming teeth are unique, skin is incapable of registering unique impressions.

A call for immediate reform

The numbers can attest; improper and invalidated forensics—like bite mark analysis—is a leading contributor to wrongful convictions. Of the 311 post-DNA exoneration cases in the U.S., unvalidated or improper forensics contributed to almost half of them.

The Innocence Project is working at local, state and federal levels to encourage better practices within the forensic community and is committed to legislation that would improve forensic science upstream of its use in court. The organization is working alongside policy makers, such as Senators Patrick Leahy and Jay Rockefeller and Congresswoman Eddie Bernice Johnson, who are all working on legislation in Congress aimed at improving forensic science practices through investing in forensic science research, establishing uniform standards for the application of forensic science and building new committees to support this work.

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The Innocence Project also supports the development of the National Commission on Forensic Science that is being established by the U.S. Attorney General and will be co-directed by the U.S. Department of Justice (DOJ) and the National Institute of Standards and Technology. According to the DOJ, the purpose of the commission will be to “develop national forensic guidance and policy recommendations.” The Innocence Project hopes that the new commission will help bring comprehensive reform to the field and application of forensic science.

M. Chris Fabricant, Director of Strategic Litigation at the Innocence Project, explains that the organization is also “collaborat[ing] with the defense bar and attorneys across the country, pursuing post-conviction innocence claims to identify convictions resting on discredited scientific evidence and to litigate against the admissibility of unreliable forensic science.” Some of that work is focused specifically on cases involving bite mark comparisons as central evidence to prevent what happened to Gerard Richardson from happening again.

A paradigm shift

Sarah Chu, Forensic Policy Advocate at the Innocence Project says, “Innocence organizations, police organizations, prosecutors, defenders, and judges have the same goals where forensic science is concerned—we all want to secure and present the highest quality and most reliable scientific evidence possible. Our safety depends on it.”

Dr. Bowers may summarize the issue best: forensic odontologists need to embrace the overwhelming data showing that bite marks do not allow for conclusive results. “The new paradigm is an obvious one. The best identification evidence from a bitemark is DNA obtained from the saliva of the biter. The scientific rationale of DNA typing needs to be adopted by the bitemark community to achieve valid results.” ■



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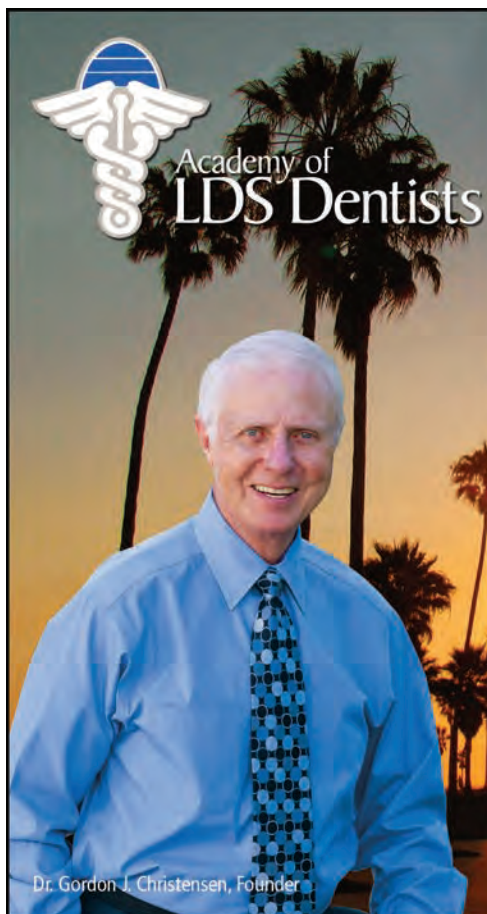
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Why Forensic Odontology Fails: A Reply

By David K. Ord, DDS

The article “Why Forensic Odontology Fails: An Ongoing Innocence Project Case” deals with one aspect of forensic odontology, bite marks. Work such as post mortem identification and opinions involving malpractice litigation generally comprise the majority of forensic odontology cases and can bring closure to grieving families or help the legal system to determine conclusions in malpractice cases. Forensic odontology is providing a much valued service to society.

As the article states there have been many reversals in convictions where bite marks were used as the prime evidence. Failures in bite mark analysis can be attributed to many factors such as poor case selection or unscrupulous practitioners. The major problems with early bite marks cases were that they were based on observation and a few possibly flawed studies. The assumption was that because each individual is genetically different no two mouths would be the same. Even in twins there would be some variation in tooth position hence a difference in the bite. However, there was no way to confirm those assumptions. Studies involving biting people and observing the markings and healing times on live tissue would not pass institutional review board (IRB) muster. So as substitutes for human skin, wet cowhide and attached pig skin were

used. The combination of the results from these various studies mixed with the practitioners’ observations of variations of dental anatomy among their patients most likely gave rise to the certainty of the uniqueness of individual bite marks among early proponents. Bite marks were considered comparable to fingerprints. With time assumptions were changed to a closed system due the impossibility of guaranteeing there is no identical bite among the billions of people on earth. Concomitantly, DNA testing became more practical. Trial evidence saved from before DNA testing was now able to be tested. Results of such DNA testing began to show that other persons beside the convicted individuals may have made the bite marks. Then came the report on the state of forensics by the American Academy of Sciences¹. AAS opined that much of the forensic evidence used in court did not have enough science to back the conclusions being presented and that the expert witnesses providing the testimony were not trained well enough to make their assertions. How we approached the science of bite marks needed to change. Recommendations in training and methodologies, such as testing the injury for DNA, were put forth. This spurred a remodeling of American Board of Forensic Odontology (ABFO) guidelines.

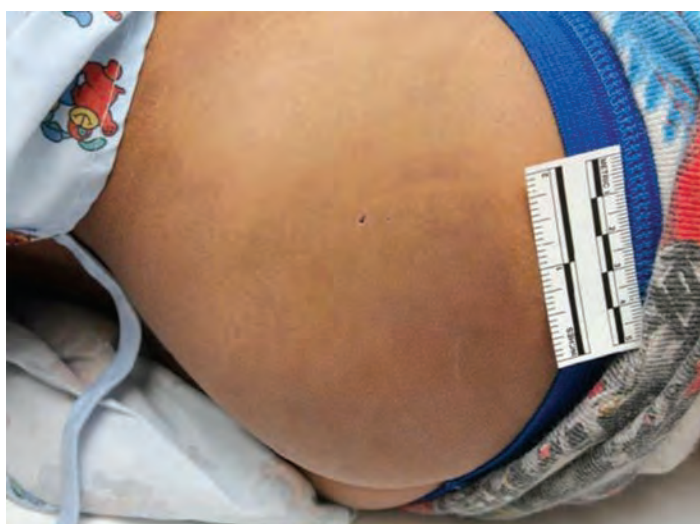
The feeling among the current crop of forensic odontologists is that bite marks are still a valuable piece of forensic evidence, but not in the same manner as prior to the American Academy of Sciences report. The methods of working, presenting, and reporting the results had to change.

Under the current ABFO² guidelines there are three degrees of confidence that the injury is a bite mark. These are (1) human bite mark, (*Figure 1*) (2) Suggestive, (*Figure 2*) and (3) not a human bite mark. By definition, analysis of bite can only be done on an injury showing class and characteristics of human teeth. Injuries suggestive of a

Figure 1. Workable bite mark



Figure 2. Diffused bite or “Suggestive of human bite mark”



bitemark are not to be analyzed, but are useful in showing that battery may have taken place. The criterion for connecting a biter to a bite depends on whether there is an open or closed population. In a closed population you have more choices ranging from “the biter” to “inconclusive.” In the open population model there are three probabilities. These are, importantly, “excluded as biter,” “not excluded as biter,” and “inconclusive.”³ Many of the cases failed because of the use of “suggestive of human bitemarks” type injuries with a conclusion of absolute certainty the person on trial was “the biter.”

As a forensic odontologist who has done a number of bitemark cases, I tend to be fairly conservative in my case selection. I know that what I find could lead to a person losing their freedom or even the death penalty. So when I accept a case it must be at the very minimum “suggestive” of a human bite. Recognitions of midlines, individual teeth and determine arch characteristics are mandatory. Proving the suspect did not produce the bite is as valuable as any finding. As a conservative forensic odontologist, I usually allow my report and the images in the report do the convincing. (Figure 3) It is important that the prosecution only use the bitemark as part of a bigger picture which includes all the evidence, while the defense can more frequently rule out the defendant as the biter, although conviction on other evidence is possible.

So is forensic odontology failing? The answer is no. Are there problems with bitemark evidence? Yes. Do odontologists need to back up what is done with science? Absolutely. Bitemark evidence is going through a transition much the same as other evidence has done prior to its full acceptance by the courts. When dealing with an individual's life and freedom care must be taken that the work we produce is accurate and has a good scientific foundation. The odontology community has taken this to

Figure 3. Comparison of bite to possible biter's models



heart and is looking at the training odontologists receive and is working to prove or disprove the protocols and procedures the odontologist uses to reach his or her conclusions. The odontologist must remember that he is trying to help the court understand the evidence. He is not there to prove or disprove a case. Articles that lump all forensic odontology with issues regarding bitemarks is not helpful. Scientific research and working together with other forensic scientists will help optimize evidence analysis. I believe that once forensic odontology gets past these growing pains it will prove that it is a valuable part of the legal equation. ■

David K. Ord, DDS, is the Chief Forensic Odontologist for Clark County Office of the Coroner/ ME, a Fellow of the American Academy of Forensic Sciences and an Assistant Professor in Residence at the UNLV SDM.



References

1. Forensic Science in the United States: A Path Forward (July 2009) http://www.nap.edu/openbook.php?record_id=12589&page=1
2. ABFO Reference Manual, February 2013, www.abfo.org/downloads
3. ABFO Reference Manual, February 2013, page 117

Editor's Note

The September 2014 American Bar Association Journal reported the ABA's Criminal Justice Section has focused on the problem of wrongful conviction during the last decade. The Section has identified ten key problems in the criminal justice system:

1. Mistaken identification and suggestive identification procedures.
2. Unreliable statements by jailhouse informants seeking personal advantage.
3. Questionable, even deceitful, forensic evidence and techniques.
4. Levels of training of lab technicians.
5. A lack of universal and uniform accreditation standards for labs and certification of laboratory analysts and examiners.
6. Misleading or overstated testimony by expert witnesses.
7. Independence of labs.
8. The lack of available forensic laboratory services to indigent defendants.
9. Inadequate precautions against human error, confirmation bias and contextual bias.
10. Inadequate understanding of DNA and other science. ■

Gold Foil

By Robert E. Horseman, DDS

Like most dentists, I have a special place in my heart just between a prolapsed mitral valve and a partially occluded aorta for that great Italian professor, Giovanni Arcolani of the University of Bologna.

As we all know, Arcolani's scholarly treatise, *Cirurgia practica*, published in Venice in 1483, dealt extensively with dentistry. If you are not conversant with Italian except for recognizing the first verse of Dean Martin's "Amore" and have difficulty following the subtitles in the early Gina Lollobrigida films, you might mistake his remarks for a recipe for pasta fagiola. The truth is, Arcolani offered the first documentation of the use of gold foil for filling diseased teeth. It was shortly after that Christopher "Giovanni" Columbus sailed off the edge of the earth in the *Nina*, the *Pinto* and the *Corvair* to discover India wasn't there, although historians have failed to find any connection between the two events.

Another authoritative surgical treatise authored by Giovanni da Vigo in 1514 also mentions filling cavities with "leaves of gold," leading some scholars to speculate he was poetically referring to autumn in Milan where it was common practice for local practitioners to stuff fallen leaves triturated with attar of roses as a protective pulpal base.

From that inauspicious beginning until the year 1983 when the California Dental Board mercifully dropped the requirement for demonstrating proficiency in gold foil placement, no dental student drew an easy breath working with this material. The term "technique sensitive" doesn't begin to cover the problems with gold foil. Even so, when it was discovered in the early 1850s that an alternative filling technique that involved pouring molten metals directly into prepared cavities was deleterious to the pulp, most reputable dentists used foil.

Fast forward to 1940 where at the College of Dentistry, University of Southern California, gold foil had become the Holy Grail for dental students. It was stated often enough to induce bruxism in the most placid of us that if you could place a good Class III foil, you could do anything. Implied was if you couldn't, a position as ribbon clerk at JCPenney's was about the most you could aspire to.

It pains me deeply to realize there is a generation of new dentists to whom gold foil is as familiar as red compound, vulcanite, silver nitrate, cocoa butter and silicate cements.

Why these young whippersnapper dentists were spared the Sisyphean task of completing the dozens of required

units of foils that my peers and I sweated out for graduation and licensure, is beyond understanding.

For many years an unholy alliance between the dental schools, the State Board of Dental Examiners and the International Gold Foil Cartel mandated that candidates for licensure demonstrate that they could, by God, pound in a gold foil a sadistic examiner couldn't flip out after repeated tries. The requirement held even if the candidate was destined to become a member of one of the specialties, or a salaried employee at an Acme Smile & Breath Clinic franchise where gold foil was as foreign as hen's teeth.

There has never been a recorded instance of a patient actually requesting a gold foil be placed in his or her mouth, especially if the procedure had been explained beforehand. The gold foil discipline became an exercise in precision, of perfecting hand-to-eye coordination and a short cut to gastric ulcers. It was like boot camp or a fraternity initiation and we emerged the better for it, we lied for years after.

Our introduction to foil came in 1940 when we were issued a number of 5x5 inch sheets of extremely thin, delicate gold. We were to carefully roll these sheets into pellets about the size of a grain of rice. The gold was so fragile that if you breathed on it, or even stared at it too long, it would suddenly vaporize into individual atoms. It would take 5,000 of these sheets rolled up in a ball to be the size of a baby pea. Hitler's Panzer divisions were rolling through Europe, but that was a minor distraction. We were rolling through foil under the hooded, watchful gaze of a red-striped overseer.

After painstaking concocting several thousand of these foil pellets, they were treated with ammonia fumes so they wouldn't stick together. Cold welding was a plus feature of gold foil, calculated to offset its other intractable frustrations. Those of us still displaying some visual acuity and able to withstand the orthopedic havoc resulting from prolonged pellet rolling, were allowed to learn the secret of cavity preparation.

There's one thing about gold foil—it exhibits an almost manic determination to return to its natural state and decamp to Ney's or Sutter's Mill, or wherever it came from. You put it in a cavity, it falls out. You put it in again, it falls out again. So, the drill was retention points, undercuts and, if the instructor wasn't looking, methylmethacrylate, commercially known as Krazy Glue.

All students were issued instruments (single-ended, of course) to accomplish this retention-making. The only other use for this armamentarium was inscribing the Lord's Prayer on the head of a pin. We were to learn later that there was a bigger market for the latter than for the foil restoration it was designed to facilitate.

In order to place a Class II or a Class III foil, it was necessary to spread teeth apart so when the task was done, interproximal contact would be intact. A device perfected by Tomas de Torquemada, CEO of the Spanish Inquisition, was used to separate teeth. The comfort level of this procedure was comparable to passing a largish kidney stone, only less fun.

Then came the actual foil placement. You needed to start this in the morning, because it was an all day job. It went like this:

- ▶ Plug in a little device shaped like a miniature waffle iron. This is the annealer and its purpose is to warm up and drive off the ammonia gas so that the non-cohesive gold becomes cohesive gold, otherwise you might as well go do something up a rope.
- ▶ Carefully pick up a pellet from the annealer. Drop it. Pick up another. Drop it. Finally spear one securely and carry it to the cavity, placing it in the retention point.
- ▶ Condense it. In the early days, you either had to tap on the end of the condenser with a small mallet, or have an assistant do it for you. A good tapping assistant was worth her weight in pellets and a dental student's chances of acquiring one equaled his chances of winning the lottery. An inept one would whack you on the wrist about as often as hitting the end of the condenser. Later, automatic condensers became available that were either ratchet-driven or pneumatic-driven and finally electric condensers. As a student, you were free to use any of these, provided you paid for it yourself.
- ▶ Continue placing, condensing. Don't breathe within 5 feet of the foil, lest it become non-cohesive again.
- ▶ Go out to lunch, continuing placing/condensing on your return. Watch the front door. They lock the building at night.
- ▶ After approximately 50,000 condenser taps, the gold begins to take some sort of form. The instructor comes by followed by his entourage of crazed students. He demonstrates that your retention points are not up to snuff by taking a sharp explorer and flipping your handiwork out on the floor. Smiting his forehead like some Old Testament boffin, he departs with his retinue. Somebody titters.
- ▶ This causes the patient to mumble through his rubber dam that he would like an aspirin or some morphine if you have it. The 50,000 blows at right angles to his tooth are beginning to take their toll.
- ▶ Finally, the filling is complete. Sometimes this is the same day you started, which is desirable, otherwise you have to take the patient home and feed him via an

eyedropper. You take off the spreader, dismantle the rubber dam and give the patient a big whiff of aromatic spirits of ammonia. This usually brings him around.

"How's that?" you ask, handing the patient a #4 plain surface mouth mirror.

He lifts a slab of numb upper lip and peers at your masterpiece.

"Huh. Is it always going to look like that?" he demands.

"Like what?"

"Like I got a piece of spinach between my teeth. How come I can't have a white filling?"

- ▶ You convince him that the eighth-inch gap between his teeth will close up by summer and he'll hardly notice the new filling except when he smiles. You give him a referral to an endodontist.

Well, that was then and this is now. I confess I haven't put in a gold foil in 55 years. I have four foils in my own teeth deftly placed there by fellow students short on units and long on confidence. I almost died. I consider that if these were done under present day fees, I'd have over \$2,000 worth of work to show for the trauma. Each one is as good today as the day it was placed, which is more than I can say for myself.

Frankly, I hope that gold foil study clubs and the members of the American Academy of Gold Foil Operators remain active for years to come. But if they are looking for volunteer patients, I gave already! ■

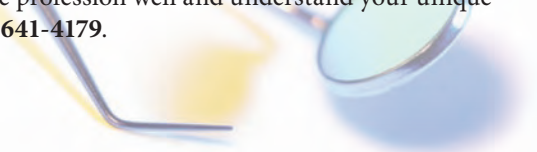
Robert E. Horseman, DDS was a general dentist for 66 years and the long-time humor columnist for the Journal of the California Dental Association. He is happily retired from both.



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Robert Anderson

s_nds@hotmail.com

With the holidays behind us, and the hot weather not quite here, we are pushing ahead to give our members the best year ever.

Looking ahead, thanks to a grant from the American Dental Association, we are expanding our New Dentist Forums. Thanks to their support, we have an event scheduled each month through June! If you are in the first ten years out of dental school, plan to attend these free events. You'll enjoy a light dinner, targeted continuing education, and plenty of time for networking. Contact the SNDS office, check our website, or watch for *The Leader* for details. The New Dentist Forums are also available to fourth year students at the UNLV SDM, and they have brought a great energy into the mix. All we ask is that you RSVP so we have a head count. We appreciate Implant Direct, Citibank, Benco Dental and TPC Summerlin for their support in this vital program.

Our Premier CE Series is also very popular for all dentists and hygienists. On March 6, we hosted Dr. LeeAnn Brady and on **April 24 we will host Dr. Gerard Kugel**. We're very pleased to be able to bring speakers of this caliber to our neighborhood at an excellent member price.

There are four more installments of the CE Café coming up, and the partnership with Henry Schein and

City National Bank has worked well for our members. Free dinner, free CE, all in a very enjoyable environment. Check the SNDS website for information on speakers, dates and times.

In this time of membership renewal, I must point out that SNDS members receive eight dinner meetings—each with one CEU—as well as the CE Café series, which provides a total of 12 CEUs—all included in their dues. That means that for your dues, you can receive 20 CEUs at no additional cost. That is an excellent value.

We are also stepping up and hosting two separate seminars for Infection Control CE (required for license renewal). Seminars are March 20 and **May 8 at the Gold Coast Hotel & Casino**. Each seminar is a four-hour program that earns you four CEUs (which meets your renewal requirement). Find information from our website or call the office to register.

In the middle of all of these events, don't forget **Shredding Day on Friday, April 10**. The first shredding day last year was very popular...enough so that we're moving the event to a site with more space. Watch for the details, but start setting aside old records for shredding on April 10. With more space we can create a block party feel for the event and we're working on some other surprises for you, too! This is your chance to not only have a great experience, clear out your storage area, but also vent some of that feeling you get right before tax day! Watch the *Leader* for updates on this fun, free event and our thanks to AMS Insurance and WestPac Wealth Partners for making this event free for members.

As you can tell, we have a great menu of member events and services. We haven't even mentioned the upcoming monthly dinner meetings! But these would not be possible without our corporate partners.

The real test of our partnerships comes each February with Give Kids A Smile. This year we completed another successful event:

- On Jan. 31, 176 patients were given exams and x-rays at the Roseman University Orthodontic Residency program. The administration, faculty and residents rolled out the red carpet, and Henry Schein and Pact-One helped make it happen.
- On Feb. 7, volunteers gathered at the UNLV SDM for the main Give Kids A Smile event. With the great head start given us the week before at Roseman, we treated over 180 children (whose families had no insurance, no Medicaid, and no ability to pay) with more than \$125,000 in oral health care. Each child received exams, x-rays, hygiene treatment and restorative care, and all in five hours!

We greatly appreciate the support and volunteers from Roseman, faculty, students, administration and staff at UNLV School of Dental Medicine, the CSN Hygiene School, the Nevada Dental Hygienists' Association, the UNLV Pediatric Dentistry and GPR Residencies, Helping Kids, Clark County Schools, dentists, residents and assistants from the 99th Dental Squadron at Nellis AFB, to say nothing of the amazing support of Henry Schein Dental (providing supplies *and* volunteers), AMS Insurance and WestPac Wealth Partners (providing breakfast and lunch for the volunteers), and United Way of Southern Nevada. We are blessed to have a network of such dedicated partners, who help to make this truly a community effort.

We hope that you'll get outside and enjoy the spring weather, but remember to take advantage of the many benefits of SNDS membership and a full slate of events! ■



The seasons are changing as I write this for you, our members. 2015 may be just a few months old, but my term as your President is rapidly closing. What a whirlwind year this has been! It has been gratifying to really talk to members and others in our dental community and find just how great a difference organized dentistry, and the SNDS in particular, really makes.

Our New Dentist Forums are taking off, and we've been able to offer them as a resource to the dental students at UNLV SDM as well as dentists in the first 10 years out of dental school. We are also making a greater effort to invite dental students to our monthly member dinner meetings, to give them a view of organized dentistry and to help them establish networks of their own. I'm happy and proud to have been a part of this, because I can see that this is offering help where it is needed!

Similarly, our 2015 Give Kids A Smile (GKAS) event was held, and thanks to you, our members, and our great cooperators, over 180 children received treatment. The list of people who helped make it possible is testimony to the strength of our relationships and reads like a "Who's Who" of the dental community. The Orthodontic Residency at Roseman University, residents, faculty, staff and administration, made it possible to do exams and x-rays on about 175 children in advance of GKAS, all in about three hours!

The following week, UNLV SDM very graciously offered their facility for the main event, where over 180 children received hygiene and restorative care, and all in five hours. Dr. Karen West, Dean of the School of Dental Medicine deserves all the appreciation we can muster for her support, hospitality, and strong commitment to community service.

The children receiving treatment came from Helping Kids, Keller Elementary, Sunrise Acres Elementary, Fay Herron Elementary, and Ruddle Elementary Schools. We were joined by residents of the GPR and Pedo Residencies, hygiene students from CSN, members of the Nevada Dental Hygienists' Association, Pierre Fauchard Academy, UNLV SDM students, faculty, staff and administration, along with dentists, residents, hygienists and assistants from our friends at the 99th Dental Squadron at Nellis Air Force Base. Pact-One, AMS Insurance, WestPac Wealth Partners, United Way and Reliable Dental Lab also added their considerable expertise. In the words my father repeatedly shared with me during my formative years, "Saying or thinking you are special rewards one person, doing special things rewards many." Thank you all for the special things you do for the community!

But of course, we can't forget the support of Henry Schein Dental. Not only is Henry Schein a national sponsor and, with ADA, a co-founder of Give Kids A Smile, they provide major support for the event locally as well. They unhesitatingly helped the dental school with the cost of supplies, and their staff even volunteered for the day, working right alongside all of our volunteer dentists in making it a successful event.

Please know you all have not only the thanks of the SNDS, but also my appreciation as well. How remarkable it is to join together to be a part of such a great, uplifting event?! I look forward to working with you for many years to come in our shared passion through other community services we have been cultivating.

Closer to home, I feel we've moved ahead in getting our standing committees organized and recruiting new leadership for them. This is more



Lydia Wyatt, DDS
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important than it may seem, since the committees not only work to enhance our member benefits and services, but also act as a sort of proving ground for future leadership for our Society. Similarly, our delegates, your representatives to the Nevada House of Delegates, are more active and informed than at any time in recent memory. My sincere thanks to them for their outstanding commitment to the process, as well as the level of engagement they have displayed throughout the year. SNDS members are very well represented at both the local and state level.

As I look ahead, it's important for the SNDS to maintain the momentum it has built up over the last couple of years. Real leaders should always be committed to the membership, to the Society's mission, and to our values. It's important to have a shared vision of not just what we do, but of how we do it. We have to hold ourselves as practitioners, and as members of organized dentistry to a higher, selfless, ethical standard. This can be difficult at times, but to do anything less is just not an option.

The greatest thing I've learned in serving as your President is what a humbling honor it is to be entrusted with such responsibility. Thank you all for the support you've provided, and for this priceless experience. ■



Lori Benvin
nnds@nndental.org

A history lesson is such an important way to educate as it can provide the evolution of something important. I want to focus 'on the now' to update you on the enhanced programs of the Northern Nevada Dental Health Program (NNDHP); its importance to our community and all of the pro-bono dentistry done by you is overwhelming.

The Northern Nevada Dental Health Program (NNDHP) now encompasses the following:

- ▶ **Low to no-cost dental care for eligible children** who are placed in volunteer provider's offices.
- ▶ Oral health education required for the parents of these placed children prior to dental treatment.
- ▶ NV Medicaid and check-up reimbursement for NNDHP future financial stability, only if you help us by completed a credentialing packet to become a provider.

Welcome to our new NNDS members

Jennifer H. Ginn, DDS
General Dentist

Michael Kanellis, DMD
General Dentist

Christian Peralta, DMD
General Dentist

- ▶ **Pro-bono dental care for eligible veterans** through our Adopt a Vet Dental Program (AAVD).
- ▶ **All administered by Community Health Alliance (CHA)**, formerly the HAWC Clinic, to provide administrative support in the form of patient case management, statistical support, grant writing and opportunities, office space, dental care program support with other CHA programs and community services.
- ▶ NNDHP providers can also participate or host a Give Kids A Smile event.
- ▶ **Fundraising efforts:**
 - Annual charity concert event in March hosted by Joe Eberle, DDS on behalf of the Jason Eberle, DDS Memorial Fund, proceeds directly support NNDHP & AAVD.
 - Annual golf tournament fundraiser in September hosted by the NNDHP/Joel F. Glover, DDS Golf Committee and chaired by Arnie Pitts, DDS. Proceeds directly support AAVD.
 - Annual Poker Run fundraiser supported by Carson Valley Area Vietnam Veterans/Harley Davidson of Carson City.

If you are a provider for the NNDHP and/or AAVD Program, I join our Executive Board in thanking all of you. If you would like to become a provider and would like more information please contact me.

We certainly want to thank *all* of the generous participants from our programs, as well as the following recent pro-bono events, who donate their time and staff in giving back to our northern Nevada community. Thank you to:

- ▶ **Dentistry From the Heart:** At the event held on Nov. 14, 2014 at Sala Family Dentistry in Reno,

Drs. Jason Sala, Todd Sala, Josh Woolley, Justin Patay, and Scott Boyden treated 124 patients and donated \$73,000 in pro-bono dentistry in one day. Through their annual event, Sala Family Dentistry has provided over \$250,000 in pro-bono dental treatment.

▶ Give Kids A Smile:

- New Dentist Committee & Community Health Alliance (formerly HAWC) held their event on Feb. 7. A total of 105 children received dental treatment with \$71,150 in donated dentistry.
- The dentist office in Fallon hosted their GKAS event on Feb. 6 and saw 96 children with \$43,555 in donated dental services.
- In Smith Valley, Drs. Scott Leinassar and Andrea Leinassar treated 31 children with donated dental care.

▶ Adopt a Vet Dental Program:

The program continues to grow with 120 dental providers, including specialists, and 17 dental labs participating. There are currently 46 veterans currently in treatment which adds to over \$1,557,000 in donated dental care since the program began in April 2010. The waiting list has 300+ veterans, but recent fundraising efforts and grants will bring the opportunity to hire two part-time retired licensed dentists to help with those veterans who have been waiting for over two years. For information on how you can help, please contact AAVD at 775-870-4358 or www.adoptavetdental.com.

Watch for our eNewsletters for information about the NNDS 2015-16 Calendar of Events (*also on page 32*). If you are not receiving our emails, contact our office at 775-337-0296, email nnds@nndental.org, and go to our website at www.nndental.org. ■

It was a pleasure to have many delegates, executive members and officers of the NDA, SNDS and NNDS at the Midwinter Meeting in January. I felt that it was a very productive meeting. Craig Busey, lead counsel for the ADA, was very informative in terms of what the rights and responsibilities were of the volunteer officers of the tripartite system.

One of the topics brought up at the Midwinter Meeting was looking at the way we conduct NDA meetings. There was a lot of discussion about streamlining the meetings to minimize the travel and economic hardships for our delegates. We created a task force, with representation from the component societies, to come up with recommendations for future meetings. A summary of these recommendations will be voted on at the Summer Meeting.

Lastly, I bring the upcoming RAM event to your attention. Remote area medical (RAM) is an organization that travels the nation and sets up mobile clinics and provides free care in the field of medicine, optometry and dentistry (to list a few). Last year they provided care for needy individuals in the Reno area by setting up a clinic at Hug High School. I was happy to be a part of the event and came out of it with an appreciation for what RAM

does for needy people in different communities. The volunteers were very helpful and the set-up was good. It was in no means perfect, but I left feeling that we provided reasonable care for people that sought it. The organization set up chairs and equipment so that 15 dentists could provide care at any given time. Unfortunately, many dentists from our community were unable to volunteer because we did not have enough of a notice.

This year, RAM is going to be in Carson City on Oct. 15-18. I hope more of our members will be able to participate at the event. Our dental community does provide a great deal of pro bono care to needy people. These nationally-known charitable clinics have a well-oiled machine when it comes to garnering attention from media outlets. They are adept at pointing out situations where there is



Perry Francis, DDS

not enough local participation. They can use these as examples as to why they believe there is a need for mid-level providers and other options to render care for the needy. I hope we can get more participation this year.

Thank you! Hope all of you have a very good Spring, in your personal and professional lives. ■

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School of Dental Medicine REPORT

Admissions and Student Affairs The office received 1,930 applications for 2015–16. Class of 2019 selection is underway. Class of 2015 Convocation is May 15. UNLV Commencement is May 16.

Advanced Education in Orthodontics and Dentofacial Orthopedics Residency Program

Dr. James Mah, Dir. of Advanced Education Program in Orthodontics presented at the American Association for the Advancement of Science meeting on Feb. 13.

Advanced Education Program in Pediatric Dentistry

The Class of 2017 consists of six postgraduate students: Quynh Bui, Univ. of Washington; Li Feng (Peter) Cao, Univ. of British Columbia; Chandler Hyer and Samuel Oh, UNLV SDM; Laurita Siu, Loma Linda; and Nasim Zarkesh, UCLA. They will begin classes on July 1, 2015.

Advanced Education publications Congratulations **Dr. Sulabh Shroff** for his publication in the *Journal of Pediatric Dentistry*, Jan/Feb 2015.

Dental Public Health Residency Program

The DPH Program is anticipated to receive CODA accreditation in Fall 2016. The aim of the program is to strengthen the public health infrastructure in Nevada by training licensed dentists with a Master of Public Health degree.

Office of Research The Dean's Symposium and 13th Annual Student Research Day was on March 2. **Dr. Linda Niessen**, Dean of the Nova Southeastern Univ. College of Dental Medicine was guest speaker and Student Research Day judge.

Faculty news **Dr. Civon Gewelber** moved to full-time Visiting Assistant Professor.

Community service From Aug. 1–Dec. 31, 2014, an estimated \$39,608 (SDM fees) in donated services were offered in school- and community-based events (excluding specialty SDM clinics).

Office of Continuing Education The office is on Facebook at UNLV Dental CE. Details on courses being offered by the UNLV SDM can be found on page 15. ■



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UNLV SDM hosts Dentistry Merit Badge Day for Boy Scouts

By Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD and Bennett Mortenson, DS IV UNLV SDM

On November 8, 2014 volunteer faculty and students from The UNLV School of Dental Medicine welcomed dozens of Las Vegas Area Council Boy Scouts for a day of education about the field of dentistry at the 7th annual Dentistry Merit Badge Day.

This dental student-organized event was open to all scouts in the Las Vegas area. The student volunteers were student members of the Academy of LDS Dentists. The group included 16 Eagle Scouts and several who have served as scouting leaders. Dental student volunteers included: Brian Jones, Justin Ewell, Taylor Foulger, Dallas Paul, Spencer Mecham, Tate Guild, Larry Hon, Ryan Broderick, Dustin Nygard, Rick Bandle, Jeff Oswell, Seth Culler, Jason Klingler, Daniel Reid, Jesse Bloomfield, Matthew Koscinski, Clayton Nielson, Tyler Davis, Marah Culpepper, and Bennett Mortenson.

Long time scout leader, Oral and Maxillofacial Pathologist, and Professor of Biomedical Sciences Dr. Edward Hershaft gave the opening remarks including: "In addition to being trustworthy, loyal, helpful and friendly, the Scouting ideals in the law teach us that a scout is clean and reverent. Learning good oral hygiene and taking good care of your mouth are a part of being a Boy Scout."

Dr. Hershaft also pointed out that: "Scientific research has shown that unhealthy mouth, specifically gum disease, is associated with higher risk of heart disease, stroke, and many other diseases. This is something you need to know,

to take care of yourself and your families. Some of you may consider going into the dental profession. And all of you should use the information you learn today to teach your family and others."

Professor and Division Chief of Simulation Laboratory of Clinical Sciences Dr. Stanley Nelson also donated his morning to the cause.

The scouts rotated through seven stations in order to fulfill the merit badge requirements which included learning about the causes of dental pathology and the latest technology and materials used to restore function and esthetics.



Dr. Stanley Nelson, UNLV SDM Professor and Division Chief of Simulation Laboratory of Clinical Sciences mentoring scouts.

Senior UNLV Dental Student Jeffrey Oswell supervising Boy Scouts. In the background are Crew Zobrist and James Orr.

Scouts learned tooth anatomy, how to read dental radiographs, and effective brushing and flossing techniques. The young men enjoyed creating a tooth from wax, taking impressions, and pouring plaster casts of teeth.

After a great morning of didactic and clinical learning, the boys enjoyed a lunch sponsored by the American Dental Education Association.

Many attending scouts, parents, and leaders expressed appreciation for the event. The student volunteers enjoyed the experience.

"We hope to instill in the next generation an understanding of the importance of oral health, and the role of the dentist," said one student volunteer. "To share what we're learning in dental school and help the scouts earn their Dentistry Merit Badge was a very gratifying experience." ■

NDA Calendar of Events

MARCH – MAY 2015

MARCH

Fri 27	<i>NNDS presents:</i> All-Day CE course. Robert Vogel, DDS	8 AM	Atlantis Hotel Casino Spa, Reno
Sat 28	<i>NNDS presents:</i> Jason Eberle Memorial Fund/NNDHP Concert, with "The Mavericks"	8 PM	Silver Legacy Resort Casino, Reno

APRIL

Wed 8	<i>SNDS presents:</i> New Dentist Committee Forum	6 PM	TPC Summerlin, Las Vegas
Thu 9	AGD General Membership Dinner	6 PM	TBD
Fri 10	<i>SNDS presents:</i> Shredding Day	10 AM–2 PM	TPC Summerlin, Las Vegas
Tue 14	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Wed 15	NEVADA LEGISLATIVE ORAL HEALTH AWARENESS DAY	11 AM	NV Legislature Building, Carson City
Wed 15	SNDS Member Dinner Meeting	5:30 PM	Gold Coast Hotel, Las Vegas
Wed 15	<i>SNDS presents:</i> CE Café (6 PM dinner, seminar 6:30–8:30 PM)	6–8:30 PM	Henry Schein, Las Vegas
Thu 16	Mario Gildone Lifetime Achievement Awards Dinner	6 PM	Atlantis Hotel Casino Spa, Reno
Fri 24	<i>NDS presents:</i> All-Day CE seminar. Dr. Gerard Kugel	9 AM–4 PM	Gold Coast Hotel, Las Vegas

MAY

Wed 6	<i>SNDS presents:</i> New Dentist Committee Forum	6 PM	Implant Direct, Las Vegas
Fri 8	<i>SNDS presents:</i> Infection Control Seminar	9 AM–1 PM	Gold Coast Hotel, Las Vegas
Tue 12	NNDS Executive Committee Meeting	5:30 PM	161 Country Estates Cir, #1B, Reno
Tue 12	SNDS Member Dinner Meeting	5:30 PM	Gold Coast Hotel, Las Vegas
Fri 15	<i>NNDS presents:</i> All-Day CE course. OSHA, Infection Control & Bloodborne Pathogens	8 AM	Atlantis Hotel Casino Spa, Reno
Wed 20	<i>SNDS presents:</i> CE Café (6 PM dinner, seminar 6:30–8:30 PM)	6–8:30 PM	Henry Schein, Las Vegas
Tue 26	SNDS Executive Committee Meeting	6 PM	SNDS Office

Coach Tarkanian Passes

By Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD

Coach Tarkanian (8/8/30–2/11/15) passed away at Valley Hospital Medical Center—an easy five minute walk from UNLV School of Dental Medicine.

I have had the great privilege of working with UNLV Sports Medicine since the days of Coach Harvey Hyde; who had Rebel Football ranked in the top 20 with a little help from Randall Cunningham. USC didn't think Randall had the makings of an NCAA All American, NFL All Pro, or NFL MVP. Coach Hyde was hired on the recommendation of Coach Tark; they were colleagues from Pasadena City College, which also had a strong USC relationship. I was recommended as a USC doctor in Las Vegas prompting Coach Hyde to call me in 1982 as he was putting together his medical staff at UNLV.

Coach Tark, a member of the Naismith Basketball Hall of Fame, perhaps did more with less than any other. Coach Tark "made" UNLV by creating sports excellence that encouraged the development of academic excellence and national recognition.

What I especially appreciate about Coach Tark is that he was a common man—one of the guys—granted, with a crazy love of basketball. When he won the 1990 National Championship, he was fighting not only teams on the court, but both the NCAA and UNLV administration. UNLV had asked the NCAA to investigate his program, which is akin to asking the IRS to audit oneself.

Not only did Coach Tark prevail on the court, but also against administrators at UNLV, and ultimately against the NCAA (*Figure 1*), a great symbolic victory for anyone who seeks to ply their craft without abusive regulatory interference. The Tarkanians donated the NCAA check to charity.

Coach Tark, in my opinion, is seriously the best ambassador that UNLV, Las Vegas, and the State of Nevada has ever had.

Rest in Peace, Coach. ■

—Doc Orr



Figure 1. The NCAA's settlement check to Coach and Lois Tarkanian.

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