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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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The cover photograph of John Henry "Doc" Holliday and Wyatt Earp statue was provided courtesy of the Southern Arizona Transportation Museum, Tucson, AZ, <http://tucsonhistoricdepot.org/>

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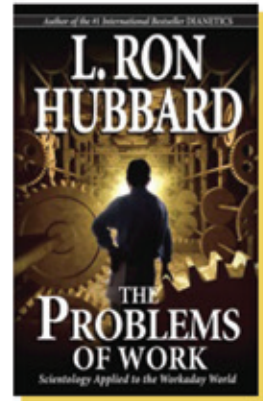
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Amendment II

I recently had the non-dental end of my GI system checked at a local surgery center, opting to forego anesthesia in order to watch the procedure on the video monitor. My doctor was a good navigator so things went well. A few days later a survey from the facility appeared. One of the questions asked if safety was a concern during the visit. In spite of the fact that the staff was exemplary, patient safety was indeed a concern. The reason for uneasiness was the boldly displayed “No Weapons Allowed” on the front door. (Figure 1) There was no NRS statute referenced because private facilities cannot restrict the right to keep and bear arms.



Figure 1. No self-defense allowed for health professionals and their patients

NDAJ readers may recall other gun-free zones noted recently in the media, such as those at military recruitment facilities. It is incongruous that our own soldiers are disarmed in a military facility. However, it is not surprising, and totally predictable, that such gun-free zones are exactly the targets sought out by armed criminals intent on optimizing the work of death. (Figures 2 and 3)

Logic and experience have now been supplemented by a recent study by Dr. John Edeen demonstrating that health care facilities are attractive for attack. Dr. Edeen's work is reprinted on pages 14-17 of this issue and validates thousands of publications documenting measures that would actually reduce gun violence—none of which advocate disarming the innocent.

That health care facilities and doctors are under fire should come as no surprise to the dental profession.

Here in Nevada, statute identifies dentists as a protected class from hate crimes. (Figure 4)

Do compassionate health professionals really need enhanced statutory protection from violent criminals? At least four Las Vegas area incidents quickly come to mind, all involving homicide. 1) Dentist George Monahan was murdered by Samuel Howard.



Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD
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Figure 2. Compromised USAF recruiting office after the predictable attack.

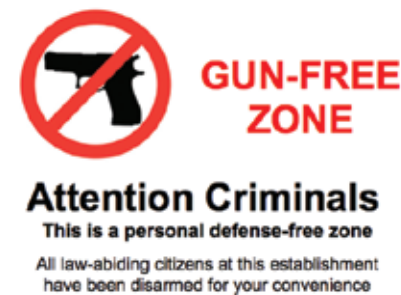


Figure 3. The real message of gun-free zone notices.

2) Dentist Diem Ha Smith, spouse of Dr. J.D. Smith, was found murdered in a parking lot in 1992. No arrest has been made. 3) Esther Makabenta, MD was murdered in her office while treating patients. 4) Earlier this year, two armed robbers were legally shot, one killed, at a dental/medical complex, by an armed employee after the doctor was pistol whipped.

Of our small NDAJ sample size, most would probably prefer the outcome of 4 above wherein no health professionals or patients were killed secondary to defensive firearm use, which occurs up to 3,000,000 times per year in the United States according to the CDC.



Figure 4. NRS 200.471(1)(c).

Dentists are circumspect treatment planners, including preemptive preparations for emergencies, and certainly have the intelligence and dexterity to safely handle firearms. Pre-eminent examples of such defensive use of weaponry by dentists include John Henry "Doc" Holiday, DDS, pictured on this issue's cover and also featured in this issue of the NDAJ, and dentist Medal of Honor award recipients Drs. Alexander G. Lyle, Weedon E. Osborne, and Benjamin L. Salomon. Dr. Salomon's citation is particularly impressive:

For conspicuous gallantry and intrepidity at the risk of his life above and beyond the call of duty.

Captain Ben L. Salomon was serving at Saipan, in the Marianas Islands on July 7, 1944, as the Surgeon for the 2nd Battalion, 105th Infantry Regiment, 27th Infantry Division. The Regiment's 1st and 2d Battalions were attacked by an overwhelming force estimated between 3,000 and 5,000 Japanese soldiers. It was one of the largest attacks attempted in the Pacific Theater during World War II. Although both units fought furiously, the enemy soon penetrated the Battalions' combined perimeter and inflicted overwhelming casualties. In the first minutes of the attack, approximately 30 wounded soldiers walked, crawled, or were carried into Captain Salomon's aid station, and the small tent soon filled with wounded men. As the perimeter began to be overrun, it became increasingly difficult for Captain Salomon to work on the wounded. He then saw a Japanese soldier bayoneting one of the wounded soldiers lying near the tent. Firing from a squatting position, Captain Salomon quickly killed the enemy soldier. Then, as he turned his attention back to the wounded, two more Japanese soldiers appeared in the front entrance of the tent. As these enemy soldiers were killed, four more crawled under the tent walls. Rushing them, Captain Salomon kicked the knife out of the hand of one, shot another, and

bayoneted a third. Captain Salomon butted the fourth enemy soldier in the stomach and a wounded comrade then shot and killed the enemy soldier. Realizing the gravity of the situation, Captain Salomon ordered the wounded to make their way as best they could back to the regimental aid station, while he attempted to hold off the enemy until they were clear. Captain Salomon then grabbed a rifle from one of the wounded and rushed out of the tent. After four men were killed while manning a machine gun, Captain Salomon took control of it. When his body was later found, 98 dead enemy soldiers were piled in front of his position. Captain Salomon's extraordinary heroism and devotion to duty are in keeping with the highest traditions of military service and reflect great credit upon himself, his unit, and the United States Army.

Unlike the endoscopic surgery center, many dental offices welcome legally-vetted concealed firearm permit (CFP) holders. There is no question, these facilities and their patients are safer when these legally armed individuals are present. ■



Figure 5. CFP renewal target scored 350 of a possible 360. As with inferior alveolar blocks and a 25-gauge needle, the Editor was just a little off-target with a 9mm Beretta, but close enough to be effective.

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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Dear Editor:

As Nevadans learn about the November's Question 1 gun control initiative, largely bankrolled by former New York City Mayor Michael Bloomberg, opposition is growing. It would impose new government mandates and fees on virtually all private firearms transfers. The Bloomberg cabal misrepresents the measure as one that would keep guns out of the hands of criminals. Our state law enforcement officers know better. Attorney General Adam Laxalt noted: "it would not prevent criminals from obtaining firearms and would instead cost Nevadans time, money, and freedom." Governor Brian Sandoval and 16 of 17 sheriffs oppose Question 1 (one offered no opinion). This measure will not make anyone but criminals safer.

Clark County Undersheriff Kevin McMahil told KNPR radio that: "You have people that are out there committing a number of crimes using more often than not stolen firearms, firearms with obliterated serial numbers, firearms that they trade in the drug world." This conduct is already illegal so Question 1 only affects law-abiding citizens. A recent study by the University of Pittsburgh found nearly 8 of 10 gun crimes are committed with illegally-possessed guns. The Washington Post, which is usually in favor of more gun control, even agreed with the National Rifle Association's long-held posture that

"since criminals don't follow laws, new regulations on gun ownership would only serve to burden lawful owners while doing little to combat crime."

So, while criminals will continue their offenses under Question 1, if a law-abiding gun owner wanted to share a firearm with friends while target shooting, the owner and his friends would all be required to go to a federally licensed firearms dealer. The friends would have to pay fees for a background checks. When finished with the firearm, the owner and friends would all have to return to a federally licensed firearms dealer, pay additional fees and undergo another background check. This process would somehow have to happen each time the firearm changed hands.

The initiative provides a self-defense exception but only if the victim is facing imminent death or great bodily harm; and lasts only as long as immediately necessary to prevent such. Basically, one couldn't borrow a friend's pistol for protection unless the attacker was literally about to strike.

Clearly, Question 1 would not make Nevadans any safer but only cost us time, money, and freedom.

Sincerely,
Robert Uithoven, President, j3 Strategies, Ltd, Reno, NV

<https://www.votenoquestion1.com>, accessed 23 August 2016.

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Robert H. Talley, DDS, CAE
robert.talleydds@nvda.org

We here at the NDA mourn the passing our colleague and officer Dr Lynn Brosy. She was a great leader, a champion of the underserved, and had a passion for her profession. Our heartfelt condolences go out to the family on this terrible loss.

Your ADA delegates and I just returned from our first 14th District meeting preparing us for the ADA House of Delegate meeting in Denver this year. The Nevada delegation prepared three resolutions for consideration at this meeting. The topics were election reform, resolution report accountability and communication reform. The ADA Council on Dental Benefit Programs has introduced a resolution for a new "Comprehensive ADA policy on Inappropriate or Intrusive Provisions and Practices By Third Party Payers" which when passed will give us some firm ADA policy to use in our upcoming battle with insurance practices in our state. Here is a link to the resolution on our website. <http://www.nvda.org/services/advocacy>

I hope all of you have seen the NDAPAC campaign emails and will consider a contribution to our State PAC fund (NDAPAC) and the ADA's PAC fund (ADPAC). This was a campaign meant to educate those members that might not understand what the PAC funds are and why they are important. The key points are:

- Health care is heavily regulated and we must protect our profession
- Understanding our issues allows policy makers to make informed decisions on our behalf
- The PAC Fund is our only resource to directly support these candidates
- We are strengthening our profession's position in the dental health care industry
- Member participation creates long term benefits to NDA members and protects your practice, patients and profession

Here is a link to our PAC contribution page on the NDA website. Thanks.

www.nvda.org/services/advocacy. The form is at the top of the page under NDAPAC ■

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David White, DDS
whitedav@umich.edu

As I write this many of us in the North have just attended the service for Dr Lynn Brosy. This should have been her first journal article as President of the Nevada Dental Association. I would be remiss if I didn't speak about this. At the memorial, I learned a great deal about Lynn I never knew. I feel in many ways my obligation over the next year is to lead as she would. The first thing I learned was, "It's not worth doing—unless you're doing it at 110%." Many examples were given of Lynn going to extraordinary lengths to ensure a task was not only completed, but done to an exceptional level. The second thing I learned was its very important while performing these passionate things, to wear a costume. My take away here is, that Lynn didn't allow the work to take away the fun. I feel many of us can use that reminder from time to time.

I'd like to thank Brad Wilbur for his exceptional service to the Nevada Dental Association as President this last year. Brad's summer meeting in Napa, California was a hit filled with exceptional comradery, discussion, and partaking. I feel very fortunate to have Brad for one more year on the executive committee. I'll admit that I am not ready to lose his sense of humor quite yet.

Much of our business in Napa was centered on our upcoming legislative session in Feb of 2017. However, as many of you know, to be successful at the legislature we must be equally if not more active in the off years. Your legislative team has been hard at work led by our Lobbyist Chris Ferrari and his associates. We have spent time over the past year interviewing multiple candidates helping to identify potential friends of dentistry to aid us along the way. Currently, we are exploring bills on topics such as non-covered service, coordination of benefits, and reimbursement. However, we cannot do it without your help. Contributions to the Nevada PAC funds are used solely for legislative purposes and ensure our greatest success at the legislature. Please consider giving today.

In August, George McAlpine and I attended the Western States Presidents Conference in Waikiki, Hawaii. This annual event houses some of the brightest minds in dentistry. The small venue provides an excellent opportunity to discuss challenges and opportunities experienced in other states. As a member of the 14th district we are very fortunate to interact with many neighboring states often. However, this event includes California. And like many things, California leads the charge in helping to challenge and shape the landscape of dentistry. Medicaid and Membership were the hot topics of the meeting, along with individual state legislative agendas and treats. Much was gleaned from conference and George and I look forward to bringing many of these ideas back to Nevada.

In closing, I'd like to thank the Northern Nevada Dental Society's executive committee which has trusted me to fill in Lynn's absence. I am humbled at their trust and merely feel I am continuing the agenda set forth by those before me. I hope to see many of you at dinner meetings over the next year. Please feel free to reach out to me anytime should you have concerns about your association. So with that—let's have a great year, filled with success and comradery—but let's do it while having fun! ■

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Doc Holliday

By Susan Ballard

"Few men of his character had more friends or stronger champions." – Denver Republican, November 10th, 1887.

"He was a dentist whom necessity had made a gambler; a gentleman whom disease had made a vagabond; a philosopher whom life had made a caustic wit..." – Wyatt Earp as told to Stuart N. Lake, Wyatt Earp, Frontier Marshal, copyright 1931.

"Doc had but three redeeming traits. One was his courage; he was afraid of nothing on Earth. The second was the one commendable principal in his code of life, sterling loyalty to friends. The third was his affection for Wyatt Earp." – Bat Masterson, Wyatt Earp, Frontier Marshal, copyright 1931, Stuart N. Lake.

John Henry Holliday was born in Griffin, Georgia to Henry Burroughs Holliday and Alice McKey Holliday August 14, 1851.

John Henry was born with a serious birth defect, a cleft palate. His mother, Alice, using a spoon, an eye-dropper and a small cup fed her newly born child who could not nurse due to the nature of his defect.

Doc's uncle, Doctor John Stiles Holliday, operated on the infant and repaired the cleft palate. In his honor the baby was named John with his father's name, Henry, secondary. In all probability, John Henry retained a slight speech impediment due to the cleft palate.

Doc was the second child born to Henry and Alice. His only sibling, a sister named Martha Eleanora Holliday, was born December 3, 1849 and died a scant six months later.

Doc's mother died of consumption when John Henry was 15 years old. Sadly, in all likelihood he contracted the fatal disease from her.

Doc's father served in the George Volunteer Infantry as assistant quartermaster of the Twenty-Seventh Regiment during the War Between the States, attaining the rank of major.

Doc graduated from the Pennsylvania College of Dental Surgery on March 1, 1872. John H. Holliday's thesis was titled "Diseases of the Teeth."

Doc, like most of his male Holliday cousins, stood nearly six feet tall.

Doc was fair-haired, a platinum blond so said Virgil Earp's wife, Allie, upon meeting him for the first time. Wyatt described him as "long, lean and ash blond."

Doc's weapon of choice early in his western career was an 1851 Colt Navy revolver given him by his uncle, one of four. The remaining three pistols were given by Uncle John to his own sons. Later Doc carried a nickel-plated .41 caliber Colt Thunderer or the .38 caliber Colt



Statue of Doc Holliday and Wyatt Earp in Tucson, Arizona.

Lightning, both double action pistols. Never was Holliday's weapon of choice a shotgun, let alone the .10 gauge Meteor "whipit" (a double-barreled shotgun cut down to a mere 20") with which he was often credited. He used a shotgun at the Tombstone gunfight because Virgil handed it to him. In Stuart Lake's Wyatt Earp, Frontier Marshal, Wyatt states, "Doc Holliday never carried a sawed-off shotgun into a fight but once in his life and upon this one occasion (the Tombstone gunfight) he threw the gun down in disgust after firing one shot and jerked the nickel-plated Colt's which was for years his favorite weapon."

Doc was an award-winning dentist. Exhibits John Henry prepared for dental school were entered at the Annual Fair of the North Texas Agricultural, Mechanical, and Blood Stock Association at the Dallas County Fair by Holliday and his dental partner Doctor John A. Seegar. Holliday took all three awards—"best set of teeth in gold," "the best in Vulcanized rubber" and "the best set of artificial teeth and dental ware." The prizes, a plate and five dollars for each display, were quite a tidy stipend for 1873.

While on the trail of outlaw Dave Rudabaugh, Wyatt Earp crossed Doc's path for the first time in Fort Griffin, Texas in 1877. Upon visiting an old acquaintance of his, saloon owner John Shanssey, Wyatt is introduced to Doc Holliday. The rest, as they say, is history.

It is also in Fort Griffin that Doc meets the only woman who will feature prominently in his life from that point on, Mary Katherine Harony (or Haroney), aka Big Nose Kate. The couple remains together, off and on, until Doc's death ten year later.

Kate was well-educated and came from a fine Hungarian family; her father was a physician. Doc must have found her to be a pleasant surprise in the often crude surroundings he was forced to endure as she did him. Although Kate stated on more than one occasion that she and Doc were legally married, no license exists.

Doc actively practiced dentistry in Dodge City taking out this ad in the local newspaper. "J.H. Holliday, Dentist, very respectfully offers his professional services to the citizens of Dodge City and surrounding country during the summer. Office at room No. 24, Dodge House. Where satisfaction is not given money will be refunded."

Doc was not the prolific killer myth has alleged. Proof points to the fact he killed only one man for sure, Tom McLaury at the Tombstone gunfight near the O.K. Corral. However, by his own admission to Ike Clanton, whether the truth or just a ploy to goad Ike to action, Doc also killed Newman Haynes "Old Man" Clanton while a member of Wyatt Earp's federal posse in Guadalupe Canyon in August of 1881 while in pursuit of cattle rustlers.

When confronted by Frank McLaury at the gunfight Doc's reply to McLaury's challenge, "I've got you now," really was "Blaze away! You're a daisy if you have!"

Doc was wounded by Frank McLaury. Years later Wyatt gave this account of the matter. "Morgan wheeled around and in doing so fell on his side. While in that position he caught sight of Doc Holliday and Frank McLaury aiming at each other. With a quick drop he shot McLaury in the head. At the same instant McLaury's gun flashed and Doc Holliday was shot in the hip." Fortunately for Doc, the wound is a superficial graze.

Doc spent two plus weeks in a Tombstone jail in the company of Wyatt while both awaited a hearing pertaining to the October 26, 1881 gunfight. They, as well as Virgil and Morgan Earp, were acquitted. According to the statement of presiding Justice of the Peace, Wells Spicer, "I cannot resist the conclusion that the defendants were fully justified in committing these homicides, that it is a necessary act done in the discharge of official duty."

Doc Holliday's last shootout occurred in Leadville, Colorado on August 19, 1884 when Doc shoots Billy Allen in Manny Hyman's saloon, wounding Allen. Doc, having fallen on hard times, had borrowed five dollars from Allen. Allen then threatened the physically frail Holliday with a severe beating, at the very least, if the fiver wasn't paid back by the 19. Due to corroborating witnesses and Doc's own impassioned plea, "I knew that I would be as a child in his hands if he got hold of me; I weight 122 pounds; I think Allen weights 170. I have had pneumonia three

or four times; I don't think I was able to protect myself against him," the final verdict was "not guilty."

On November 8, 1887, John Henry "Doc" Holliday, DDS. died in The Hotel Glenwood, in Glenwood Springs, Colorado. Doc was just barely into his 36th year, but lived an amazing 14 years after being diagnosed with consumption. For a man who many claimed had a "death wish," Doc's ability to cling to life with a tenacity second to none puts those claimants to shame.

Among the many books available to those interested in reading more about John Henry "Doc" Holliday, these are three of the best.

The Illustrated Life and Times of Doc Holliday by Bob Boze Bell. Illustrated beautifully throughout with BBB's original artwork, this book also boasts excellent photographs, maps and sketches. Sprinkled among the pages are a host of highly entertaining topics such as "There's Nothing New Under the Sun," "How to Play Doc's Favorite Game" and "Was Doc Holliday a Lousy Shot?" It also contains a wealth of well-researched, accurate information in an easy to follow format.

Doc Holliday, A Family Portrait by Karen Holliday Tanner is an in depth look at John Henry Holliday as seen through the eyes of his family, past and present. Packed with information and rare photographs, it manages to entertain as well as inform. Especially interesting is the section on Holliday genealogy.

John Henry (The "Doc" Holliday Story) by Tombstone historian, Ben T. Traywick is chockfull of facts all backed up by extensive research and illustrated with copies of rare original letters, documents and photographs. Traywick smashes through the lies and misconceptions to present an honest straightforward look into John Henry Holliday, the man behind the legend. ■



Susan Ballard shares a small ranch in Pearce, Cochise County, Arizona with her husband, Brian. She is a member of the Western Writers of America and the Ranching Heritage Association. Her work, both fiction and non-fiction, has been published in Wild West, Out West, Voice in the Desert, War Journal, Chronicle of the Old West, and the Tombstone Times.

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Lost His Teeth

By William B. Daugherty, *Lost His Teeth*, Reno Evening Gazette, February 19, 1891

Two attractive and gentlemanly looking emigrants sat the other day on the depot steps sunning themselves and making classic observations on Reno and her people, when one remembered suddenly an amusing incident which occurred just beyond Wadsworth and broke into a hearty laugh. Says he, "Do you remember those teeth which that tall Missourian lost?"

"No."


"Well, Bill Smith, who is only 35 and who lived in Osage county for just 35 years, had several bad teeth as well as several places where a number of tusks once had flourished. A traveling tooth carpenter happened along one day and showed Bill a set or two of new fangled teeth. He told Bill that tobacco would not stain store teeth, and that if he would have his remaining teeth drawn out and allow a set to be made for him, that he could go to California and marry a rich California girl and live like a Bonanza king. Bill could not stand any further melting arguments, and raised up the top of his head for the dentist to insert his machinery. The base man soon got in his work, Bill bearing the agony with a

Piper's fortitude. The usual results followed. Bill lived on spoon stuff and unchewed grub for two weeks; then his mouth was filled with soft white paste and the shape of the biggest mouth in Old Missouri drawn out. Bill himself, after he got both parts of his head together, was scared at the impression. Well, he finally got the teeth; but to have seen him use the things would have made you laugh your buttons off. He stuck to these teeth, though. The day came for starting, and Bill wiped the tears from his eyes with a big cotton handkerchief that was colored and had pictures all over it, wrapped his teeth carefully in it, put on a white shirt he bought from a Jew peddler, and set sail for the West. Well, he didn't want to use his teeth too much, and they weren't very good things to use at the table, any way. He had put them in his mouth a few times along the route and gone into the air castle business with great success, and then he would slyly take them out and tie them up. In answer to an inquiry the conductor told him that he was nearing California. So just beyond Wadsworth, Bill took out the treacherous things and placed them in position. This time he thought that he would go out on the platform and see how they

would act in the fresh air. But Bill began to catch cold and reached over to sneeze, and, by golly, do you believe me, his second story teeth dropped out. Bill knew that the future was a blank unless he got those teeth, so he jumped off and rolled down the bank after them. After looking around for a few minutes the torments were found and shoved into his mouth and it tightly shut. Then he started on a fast walk, overtook the train and got aboard. I believe that he would have walked into Wadsworth a half an hour ahead of the train, but the engineer told him the company didn't allow opposition on their track, so Bill not being well acquainted with Nevada roads, jumped on."

The conductor called "all aboard," the men brushed their pants, took passage, and the train moved slowly out of town. ■

This article was researched and submitted by Dr. John DiGrazia of Reno.



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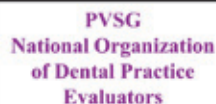


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In the Crosshairs: Are Our Hospitals Targets for Terrorist Attacks?

By John Edeen, MD

With the increase in terrorist activity by ISIS around the globe and the influx of Syrian refugees and ISIS cells into North America, we have to ask ourselves: What will be their targets and how will they attack?

John Giduck, in his book *When Terror Returns*, describes the optimal target site for a high-magnitude hostage siege. It will be a structure that could quickly be secured and defended by a small team. It would allow large vehicles to approach with the terror team and weapons. It would have little security and contain a sufficiently sized central location to hold hostages. It would possibly be in an elevated position with a large expanse of ground surrounding it. It would contain a victim population of desired composition whose scheduled presence was either predictable or easily ascertainable via rudimentary intelligence gathering.

Giduck describes four types of attacks: decimation assault, mass hostage siege, synergistic and symphonic attacks. In a decimation assault, the terrorists must be able to get their weapons on target and activate them. Most commonly, this is an explosives attack. It might also be a lone wolf or small cadre of attackers with firearms (rapid mass murderers). This type of attack inflicts maximal damage in a short time. Because of its limited time frame, it results in a short media focus. Last year's attack in San Bernardino, California, is an example of a decimation assault.

The second attack type is a mass hostage siege. This involves the taking of a number of hostages and holding them for a period of time. This allows for an exponential increase in the terror of the incident and results in large media exposure. The aim is often a high body count, ransom or political negotiations. The attack on the Bezlan School in Russia on September 1, 2004, is a prime example of the mass hostage siege. The typical hostage siege has six phases: attack on the building, control of hostages, fortification, stabilization to delay counter attack, negotiation, and rescue or assault by government forces.

The third type of attack is the combined decimation and mass hostage siege also known as a synergistic attack. The events of September 11, 2001, are an example of a combined attack. The terrorists combined hijacking of an airliner containing multiple hostages combined with a decimation attack of flying the hijacked airplanes into occupied buildings. In a larger metropolitan area, diversionary attacks would be used to delay police and other emergency responders. The most likely targets are

schools and hospitals. Also, mega stores like WalMart, SuperTarget and Super KMarts make good targets.

The final and most complicated is the symphonic attack. This involves multiple targets struck simultaneously. The attack in Mumbai, India in November 2008 was one of these complex attacks. Ten terrorists made multiple coordinated attacks against a railway station, multiple hotels, a hospital and a Jewish community center. This type of assault requires increased intelligence-gathering, planning, target selection, training of the assault team, and complex execution.

HOSPITALS AS TARGETS

Denis Fischbacher-Smith and Moira Fischbacher-Smith looked at *The Vulnerability of Public Spaces in the United Kingdom* and focused on hospitals in particular.

There is an assumed level of trust that a hospital is a generally safe environment. This is combined with a belief that no one would ever consider attacking a hospital. These assumptions are flawed. Hospitals have easy access to buildings and public areas. A Mumbai-style attack on a hospital could generate mass casualties in a confined space. Further damage using low-level nuclear material might make hospital unusable for many years and cost large sums of money to decontaminate.

Health care centers and workers concentrate on how they will respond to the aftermath of an attack, but they don't see themselves as targets. They are part of critical infrastructure and core elements in any civil contingency planning for mitigating the effects of any mass-casualty crisis. Disruption in services acts as a force multiplier for the damage caused elsewhere.

Information technology is a valuable source of intelligence. Computers are vital in security monitoring; they control access and contain data on hazmat locations and supplies. If hacked, they contain information on key modes of attack or pathways within the system to cause failure. Customers of the system constitute a potential target group and a means of testing the permeability of the site.

Doctors may be actors in the terrorism and may have accomplices in the hospital. The role of doctors in the attacks on the Tiger Tiger nightclub in London and Glasgow Airport leaves little room for doubt that staff working within a hospital has the potential to be involved in terrorism or other malicious acts.

Extreme care must be taken in the recruitment and selection of staff. Careful background checks must be

undertaken to detect those with bogus qualifications. Despite the best pre-employment background checks, there is no predicting radicalization after screening and employment. A short list of terrorist physicians includes:

- **Dr. Ayman Al-Zawahiri**—surgeon/psychiatrist and Al-Qaeda mastermind and mastermind
- **Dr. Abdel Aziz Al-Rantisi**—pediatrician and co-founder of HAMAS
- **Dr. Mahmoud Al-Zahar**—surgeon and co-founder of HAMAS
- **Dr. Fathi Abd Al-Aziz Shiqaqi**—surgeon and co-founder and Secretary-General of the Islamic Jihad Movement in Palestine
- **Dr. George Habash**—pediatrician and founder of the Popular Front for the Liberation of Palestine (PFLP)
- **Dr. Wadih Haddad**—doctor and leader within the PFLP
- **Dr. Bashar Assad**—ophthalmologist and President of Syria/state sponsor of terrorism
- **Dr. Rafiq Sabir**—emergency physician in Boca Raton, Florida, and Al-Qaeda terrorist plotter
- **Dr. Mohammed Jamil Abdelqader Asha**—neurologist and London bomb plotter
- **Dr. Bilal Talal Abdul Samad Abdulla**—doctor and plotter for London bombing and Glasgow Airport bombing
- **Dr. Nadal Hassan**—Fort Hood shooting—Army psychiatrist and Fort Hood, Texas, murderer

THE HISTORY

In 2013, Dr. Boaz Ganor and Dr. Miri Halperin Wernli of the International Institute for Counter Terrorism wrote a white paper titled *Terrorist Attacks Against Hospitals: Case Studies*. They looked at approximately 100 terrorist attacks against hospitals in 43 countries spread across every continent. Approximately 775 people were killed in these attacks, which took place between 1981 and 2013, and 1,217 others were wounded.

The large number of patients, visitors and medical staff ensure that an attack on a hospital will produce multiple casualties. It would also be expected that an attack on a facility dedicated to health and healing will receive extensive media coverage. An attack on a hospital is demoralizing to a community and increases anxiety due to the familiarity of the setting and the fear that such an attack could involve them or someone else close. Hospitals also hold materials and knowledge that can be put to use to cause further harm, such as medications, poisons, radioactive materials and biological cultures. Also, confidential health information can be hacked and used for nefarious purposes.

A hospital can either be a primary or secondary target of attack. As a secondary target, such an attack can be used to distract response assets from another, primary attack. As a primary target, we could see suicide attacks,



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bombings, kidnappings, shootings and even mortar or rocket attacks.

Examples include:

Musgrave Park Hospital bombing, Belfast, Northern Ireland, 1991—An IRA bomb killed 2 soldiers and injured a number of people, including 2 children.

Kigali, Rwanda Hospital attack, 1994—Tutsi patients, who were at the hospital for treatment, were systematically executed.

Bujumbura, Burundi Hospital attack, 1996—Hutu rebels killed four Tutsis including a 6-month-old baby.

Zaire-South Kivu, Democratic Republic of Congo Hospital attack, 1994—A Tutsi subgroup, the Banyamulenge, killed 50 patients and hospital staff at two missionary hospitals.

Mozdok, Russia Military Hospital attack, 2003—A truck bomb driven by a Chechen terrorist exploded outside the hospital, resulting in 50 deaths and 80 wounded.

Tikrit, Iraq Hospital Attack, 2011—A suicide bomber blew himself up at the University Public Hospital of Tikrit resulting in 11 deaths and more than 30 injured.

BUDENNOVSK AND KIZLYAR

The most costly example of a hospital attack occurred in Budennovsk, Russia, from June 14 to 19, 1996. Led by Shamil Basayev, one hundred fifty Chechen terrorists took 2,000 hostages and killed 129 civilians, 18 police and 18 soldiers. More than 400 others were. The attack occurred six months after Russia invaded Chechnya. The operation was intended to attack deep into Russian territory: A convoy, consisting of three large military trucks and a car painted like a police car, set out for the Russian state of Stavropol. Terrorists dressed as police told the checkpoints that they were escorting Russian soldiers' bodies home. They made it through many checkpoints but were unable to pass a bribe at Praskayeva. The "police officers" were arrested and brought to the police station in Budennovsk. This triggered an attack on the police station and the local government offices. After a few hours, they regrouped at the city hospital.

In the initial assault on the city, more than 100 people were killed. While moving from the police station, up to 600 hostages were herded toward the hospital. Another 1,100 were taken at the hospital. Of these, 650 were patients and 450 were hospital workers. Many hostages were women and children.

The rebels mined the first floor. Hostages were reportedly divided: men to the basement and elderly women and children placed in the first-floor corridors. Russian Special Forces soldiers surrounded the hospital. Two doctors were sent out with their demands: 1) Stop the war in Chechnya. 2) Pull out Federal troops.

3) Start direct negotiations with Chechen separatist leadership.

On day four, an attempted rescue operation was launched. Russian troops successfully captured part of the first floor, freeing some hostages and killing some Chechens. However, the Chechens were able to regain control by using hostages as human shields. After several hours of fighting, 30 hostages were killed by crossfire and grenade fragments. Negotiators offered a flight out of Russia; it was refused. Later that day, a second assault using tear gas was launched and failed.

On day five, Prime Minister Chernomyrdin and Basayev came to an agreement: Russia was forced to capitulate to the terrorist's demands and allow the terrorists and hostages to have free passage to Chechnya.

On day six, hostages and rebels left, with a hostage shackled to each rebel. They took a convoluted route and changed directions several times. At the village of Zandak near the Chechen border, the hostages were released and the terrorists vanished into the forest.

As a result, the Russian government and people were shaken. The Russian leadership was humbled and seen as inept. President Boris Yeltsin was condemned. The security and interior ministers resigned. A law was passed banning accepting terrorist demands during a hostage situation. Also, an X-ray machine and Cesium-137 were stolen and later used to threaten a dirty bomb attack.

Six months after Budennovsk, on Jan. 9, 1996, a group of 300 to 400 terrorists, led by Salman Raduyev, attacked the Kizlyar Air Force Base in Dagestan. There they were able to destroy several helicopters and seize the weapons depot. From there, they moved to the Kizlyar city hospital. There were only 100 hostages initially, so the terrorists gathered 3,600 hostages from the surrounding area over the next three hours.

Once inside, the terrorists barricaded themselves inside the first floor and wired the second floor with explosives. The terrorists were on the first floor and the hostages were kept on the third, fourth, and fifth floors. Three uniformed police officers were executed and a counter-attack with an armored personnel carrier was repulsed on the first day.

The terrorists learned important lessons from their attack on Budennovsk and applied them to Kizlyar. They were forced into a siege due to a poorly coordinated counter attack on the bus convoy near the village of Pervomaiskoye. The ensuing battle destroyed the town and the terrorists were able to elude the Russian forces and escape to Chechnya. The treaty to end the First Chechen War was signed three months later.

We see that attacks on hospitals have had a significant effect on the countries that are targeted, from a psychological standpoint but also a political one. The

bigger the attack and the larger number of hostages, the larger the effect on the populace and the more media coverage is gained by the terrorists.

SECURITY GAPS

Most attacks targeting hospitals have been suicide bombings, with the second-most common scenario being armed assault. Hospitals are soft targets with multiple entrances, visitors are seldom identified and their baggage is seldom screened or searched. Many hospitals do not have a significant armed security presence and the large size of the buildings and long, straight hallways give the advantage to would-be hostage-takers.

Further complicating matters, there has also been an upsurge in female suicide bombers. Hospitals have a large number of female employees who could be exploited by radical Islamists, and as stated earlier, physicians are not immune from radicalization.

CHEM/BIO CONCERNS

Hospitals contain radioactive and biological materials that can be weaponized, and the security of those materials is often inadequate. Sadly, hospital administrations need to look at their hospitals through the eyes of potential terrorists when planning security. They need to examine the external threats but also be aware that the biggest

threats could be from the inside. Unfortunately, most hospitals do not see potential terrorism as a significant problem worthy of expending valuable resources.

Hospitals have a legal responsibility to provide a safe and secure environment for staff, patients and their families. Do hospitals have a liability risk in the age of terrorism? Is an attack a foreseeable event? Does your hospital have a plan? In the event of a local terrorist attack, does your hospital have a plan to secure the Emergency Department from suicide bombers? Is there a plan for ambulances and vehicles to be searched before they are allowed to approach the hospital itself?

Would a plan to have trained and armed hospital staff already in place be an advantage? Could it possibly deter or disrupt the plans of hostage-takers and allow staff and patients to escape?

Imagine the devastation in your community if there was a Boston Marathon-type bombing followed by a suicide bomb attack on the emergency room as casualties begin to arrive. Just like Boston, it can never happen in your city ...until it does. ■

Dr. John Edeen is a pediatric orthopedic surgeon in San Antonio, TX and is active in seeking the right to carry for qualified hospital staff.

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Event Calendars



September 2016			
9/27	NDA Executive Committee Meeting	Video Conference	6pm
October 2016			
10/20-25	ADA Annual Meeting	Denver, CO	
November			
11/8	NDA Executive Committee Meeting	Video Conference	6pm
December 2016			
12/1-3	ADA Lobbyist Conference	Squaw Valley, CA	
January 2017			
1/17	NDA Executive Committee Meeting	Video Conference	6pm
1/21	NDA Mid-Winter Meeting	Reno, NV	9:30am



September 2016		
9/6	Executive Meeting	6pm
9/15	Dinner Meeting	5:30pm-8:30pm
9/16	White Coat Ceremony	8am
October 2016		
10/7	Dr. Hawkins Seminar	9am-4pm
10/11	Executive Meeting	6pm
10/20	Opiates Course	6pm-7pm
10/27	Member Mixer	5:30pm-8pm
November 2016		
11/4	Dr. Schuster Seminar	9am-4pm
11/15	Executive Meeting	6pm
11/17	Dinner Meeting	5:30pm-8:30pm
11/18	Infection Control	8am-Noon



September 2016			
9/13	NNDS Executive Committee Meeting	161 Country Estates Cir, #1B, Reno	5:30pm
9/16	NNDHP/Joel F. Glover 14th Annual Charity Golf Tournament	Lakeridge Golf Club, Reno	8am
9/24	Spouses/Guests Wine Tasting	Whispering Vine Wine Co., 4th St. Reno	5pm
October 2016			
10/11	NNDS Executive Committee Meeting	161 Country Estates Cir, #1B, Reno	5:30pm
10/13	NNDS General Membership Dinner Meeting "The New Economics of Dentistry" presented by Tim Giroux, DDS	Atlantis Casino Resort Spa, Reno	6pm
10/20	AGD General Membership Dinner	TBD	6pm
November 2016			
11/10	AGD Dinner Meeting	TBD	6pm
11/15	NNDS Executive Committee Meeting	161 Country Estates Cir, #1B, Reno	5:30pm
11/17	NNDS General Membership Dinner Meeting "Cad Cam Zirconia Implant Reconstruction" with Dr. Harel Simon	Atlantis Casino Resort Spa, Reno	6pm
11/18	All Day Continuing Education Course Implants, "Treatment planning to fixed Restorations" with Dr. Harel Simon	Atlantis Casino Resort Spa, Reno	8am
11/19	Hands-on CE with Dr. Harel Simon	nSequence Dental	8am

Treasures of Pioneer History

Reprinted with permission from the *Daughters of Utah Pioneers*

John A. Sutton—Blacksmith

Nearly a hundred years ago John A. Sutton, Sr. was a country doctor of his own making. He also set fractured limbs and pulled teeth. According to Dr. O.H. Budge, of Logan, Utah John A. Sutton, being a blacksmith by trade, had the patients sit on that “good soft anvil” on which he pounded out horse and ox shoes. This country doctor was a great reader, so naturally he learned something about sterilization, and especially sterilization by heat. He kept his forceps behind the bellows. When someone put in an appearance for an extraction, he located the offending member, selected a forceps, pumped up the bellows and when the flame of the forge reached a blue stage, placed the instrument into it and then counteracted what he had done by wiping the forceps on his old leather apron before placing it in the mouth. If the tooth came out in one piece, that was fine, but, if it broke off, that was too bad.

One very amusing incident occurred, when an old Indian came in for a pulling and, like all other patients, sat on the anvil. When all was ready for the operation two or three squaws and a couple of half grown papooses formed a circle around the seated buck, dancing and howling at the top of their voices and continued doing so until the operation was pronounced done.

The Bullet Mold

In 1862 the Hooper-Knowlton stock ranch was taken up under squatters’ rights in Skull Valley, Tooele County. It was the largest ranch in Utah, usually employing 30 men at a time. Later the sole owner was J.Q. Knowlton. The Indians were very unfriendly and the first ranch house and sheds were destroyed by fire and stock driven away. The land was so deeply burned that the grass never grew there again and it was afterwards called Burnt Springs. The ranch proper was then established near deep springs and fine pasture lands to the south, and the Indian reservation was situated some miles further south. The Indians under Chief Tabby became very friendly.

Willard Richards (Dick) and James (Jimmie) Larkin did all the rough riding and broke the wild horses. One day in the early fall all the men had gone out to Cedar on a roundup leaving young Richards at the ranch alone, save for the Knowlton family. Willard was sitting on the bunkhouse repairing a lariat. He looked up and saw an Indian riding through the big gates on a sweating pony. The Indians ran towards the bunkhouse, and as he passed

Following Dr. Sutton’s lead, two sons, a grandson, and a son-in-law entered the dental profession. One day, Mr Sutton asked his son and son-in-law what they charged for pulling a tooth. He was informed that the charge was fifty cents, whereupon he said, “You’ll go to hell, both of you. I never did make a charge.”

In the early days in this section of the country the so-called self-made dentists spent considerable time traveling from settlement to settlement pulling teeth. One day one of these ambitious seekers of profit rubbed his hands together and said to my father: “I’ve had a good day today. I’ve pulled a considerable number of teeth.”

“Well,” said my father, “how many teeth did you pull that should have been left in?”

On another occasion a traveling dentist examined my mother’s teeth and the only fault he could find was that they were all too close together; so he took a ribbon saw and soon remedied the defect—for a proce. The result of the operation was that not long afterwards that much needed attention made it necessary to extract a good and beautiful set of teeth.

the woodpile he picked up the ax and brought it to Willard motioning for him to gut off his head. His face was swollen and he was in great agony from an ulcerated tooth.

Dick knew that the tooth must be pulled, but there was nothing to do the job with. Suddenly he thought of the bullet molds the boys had used the night before to make bullets. He could at least try. Taking the suffering Indian by the hand he led him along a row of buildings to the blacksmith shop where he found the bullet molds on a bench by the bellows. Picking them up, he gently pulled the Indian by the hand out into the bright sunshine where he seated him on a stool by the wall. With this instrument William managed to extract the offending molar.

That was Dick’s first experience at dentistry, but some years later and after his marriage, he became a dentist and practiced his profession in Cache County for a number of years. He died in Salt Lake City at the age of 90 years, loved and respected by everyone with whom he came in contact. — *Beatrice Knowlton Ekman*

2016 NDA Summer Meeting

Here are some photo highlights from the 2016 NDA Summer Meeting.



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Jessica Beason

jessica.beason@sndsonline.org

Looking the wall of the SNDS office I see glimpses of the past; black and white pictures of Las Vegas from the 1900's, multiple plaques listing presidents from the prior Clark County Dental Society to the Current Southern Nevada Dental Society and I reflect on the importance of recognizing the past as we look to improve the future. The dental industry has experienced dramatic changes as it has embraced innovation of products and technology, advances that came through research and companies taking time to understanding the needs of dentists. Through these changes Dentists have sought advanced education to adapt and provide patients with the best possible services.

As you advance and progress it is our responsibility as a society to also press forward to provide, you the dentist the very best support and services. Our primary initiative has been focused around creating a financially stable society. This has included us looking at our operating expenses, our event expenses, and making financially prudent decisions. To add to this we are building strategic alliances with our sponsors, alliances that help make our events a possibility. A financially stable society is critical in allowing us to look ahead, directing our efforts towards member services and events that meet the needs of our society.

Just like with the evolution in dentistry, we realize our changes will not happen overnight but will occur as a process as we research and gather information from you the members. As we navigate through this next year, we are asking for your feedback through surveys and event questionnaires. Our hope is that you will take the time to share your thoughts and suggestions. With this we will process the data and provide this to the Executive Committee and Board to use as a tool, aligning services that meet the needs of our members.

The Executive Board has worked very hard to put together a complete listing of events in an effort to find value for all. There are some new events you will see pop up this year including the new state required course on substance abuse as well as free Member Mixers. All of the events are listed on our new website sndsonline.org under event calendar. We hope that you work with us in sharing your thoughts.

Some people are uncomfortable about change; however, I see change as the catalyst that will spark the Southern Nevada Dental Society in a member focused direction. My goal is to embrace and learn from the past as we understand how to advance today.

Additionally, special thanks for the warm welcome I have received coming from the SNDS members, the NDA, UNLV, and all of our corporate sponsors. We truly have an amazing group around us in Southern Nevada! ■



My year as President has started out riveting with some advance in novelty. The society has fallen upon the era of Enlightenment; change in thought, direction and innovation. Our emphasis is to make our society a place for everyone, the “go to place” for dentists in Nevada to succeed. Our direction is to provide the tools and the support all members need to prosper. The objective is to continue to shine our light throughout our community. Whether it’s a new dentist being harmonized with a strong mentor, attending a dinner meeting to meet other dentists in our community or attending a CE course that is required by the state of Nevada for licensure, we are here to help and facilitate your journey.

Much talk in our modern society is about “value”. What is my “value” as a member of the SNDS? How does being a member of the SNDS benefit my dental practice and me? How do I financially justify SNDS membership dues? What is my return on investment? These are all questions I continuously reflect on as I serve as your President. I deliberate on making sound, logical and fiscally responsible decisions for the long-term vitality and continuous growth of our society.

We are laboring to establish systems and programs that are compatible with your “value” but also to sustain our cultivation.

Change many times goes hand in hand with resistance. We as humans tend to migrate towards comfort and what once was. So as we make these changes we want to hear your input and feedback. Expect emailed surveys from the SNDS office. Be veracious with your responses so we can actively progress together. Remember this is your society. Your voice and participation contributes to this advancement. Most importantly I want your experience with SNDS to be significant and authentic.

We all chose dentistry because we care about people. Our patient’s overall health is one of the many missions we face daily as health care providers. We embrace this profession because we find peace in making people smile. We embrace being a part of their dental transformation. These experiences are meaningful because everyday we are reminded that we are instrumental in our patients oral health. In our dental office with a handpiece, a forcep or a syringe in hand, it is our way to change a patient’s life forever. These changes take time and patience. Just as you are rebuilding your patient’s oral health, we too are rebuilding a dental society that will help you do what you love to do day to day.

So take this journey with us and help revitalize a society that has unlimited potential and energy. Be a part of the enlightenment as we move forward to shine our light on Southern Nevada. Help us find your “value”.

The ADA’s annual session is scheduled for October 20–24. This year we are pleased to see members’ head to Denver to be apart of this bountiful meeting.

During the second week of September, I will be in Chicago at the ADA’s Institute for Diversity in Leadership. I was selected to join this national group of impressive dental leaders. I will return with sharpened skills to continue our progressive surge.

Let’s continue to flourish and be tenacious together. Power in numbers is the key to this equation. We need each and every one of you to make this happen. I am impressed with the progress we have made thus far and I have faith in how far we will go. We are on a pilgrimage together. I look forward to seeing you all at dinner meetings, CE courses, SNDS meetings, and social gatherings. Namaste* ■

** A Hindu salutation that translates to, “I honor the place in you which is of love, of truth, of light and of peace.”*



Tina Brandon, DDS

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Edward Herschaft, DDS

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Wayne Pulver, DDS

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James Mah, DDS, MSc, DMSc / Robert Danforth, DDS

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Michael Scherer, DMD, MS

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Lori Benvin
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Autumn is upon us and the NNDS is looking forward to a highly educational and productive society year. We have some excellent continuing education opportunities reserved for you in 2016 & 2017 before your license renewal date and into late 2017. Please watch for our monthly eNewsletters in your inbox. If you are not receiving our emails, please notify the NNDS office and I will be happy to add your email address to my list of recipients.

It is with a heavy heart and great sorrow that we said goodbye to one of our leading ladies on 7/29/2016; Lynn A. Brosy, D.M.D. Dr. Lynn was a forerunner on so many levels, not only as a female dentist, but as a true contributor to this community, to organized dentistry, to her patients, to her family and friends, and her love of baseball. Lynn will be missed.

The Mario Gildone Lifetime Achievement Award Selection Committee did however choose Dr. Lynn to receive the 2016 Mario Gildone Lifetime Achievement Award before her passing. The MGLA Award is an exclusive honor and the Committee selected Dr. Brosy this year because she made a significant difference in our profession and our community through her contributions, volunteerism, and commitment. We'd like to share your comments with her family as to why you agree with the committee selection of this award for 2016, you may submit those comments to the NNDS office before 4/1/17. Lynn is the first female recipient of Mario Gildone award and we will be celebrating Dr. Lynn with her surviving family and friends on Thursday, April 13, 2017 at the Atlantis Casino Resort in Reno. Please join us.

Our veteran dental care program, Adopt a Vet Dental (AAVD), part of the Northern Nevada Dental Health Programs (NNDHP), is MOVING their administrative office. As of August 29, 2016 Adopt a Vet Dental Program will be located at 1301 Cordone Avenue, Suite #100, Reno, NV 89502. AAVD new office telephone number is (775) 470-8707. We are going back to where the program began in 2010 as it will no longer be administered by Community Health Alliance. We are excited for the future of our program and going back to the way AAVD works best. Watch for our announcement letter to be mailed in the next few weeks. ■

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Here we are in the fall already! Can you believe how this year has already zipped by? Before we know it, we will be in 2017.

As the 2016–2017 NNDS president I would like to first thank Brandi Dupont, DMD for the wonderful job she did as last year's president. Thank you Brandi for all of your hard work. Secondly, I would like to thank all of the executive board and chairs for your continued dedication. Without you, we would not be the strong society that we are. Thank you:



Maggie Heinen, DMD

- Spencer Fullmer, DDS—Vice President
- Adam Welmerink, DDS—Secretary Treasurer
- Jason Doucette, DMD—Member at Large
- Craig Andresen, DDS—Member at Large
- Lori Benven—Executive Director
- Ryan Falke, DDS—CE Chair
- Eric Dean, DDS—Health and Wellness Chair
- Paul Brosy, DMD—Peer Review Chair
- Perry Francis, DDS—Chief Delegate
- Eric Pendleton, DDS—Membership Chair
- Erin Brosy Anderson, DMD—New Dentist Committee Chair
- James Mann, DDS—New Dentist Committee Chair
- Jade Miller, DDS—Mario Gildone Lifetime Achievement Chair

We have some great Events and CE classes coming up this fall. September 24, the NNDS is going to be doing a wine tasting night. Come out and mingle with your fellow dentist and sip some wine. October 13, Dr. Tim Giroux will be giving a class on “The New Economics of Dentistry.” We also look forward to having Dr. Harel Simon, a well-known Prosthodontist, who will be discussing CAD/CAM dentistry and implants. This will be a great CE series on November 17, 18, and 19, that includes a hands on workshop for a passive fit in implant dentistry. And starting the New Year off on January 12, Dr. Ken Aschheim and Dr. Donna Hellwinkel will be discussing “Forensic Odontology.”

On a very important note, please be aware that 2017 is going to be a legislative year for Nevada. The Nevada Dental Association and Chris Ferrari from Ferrari Public Affairs are doing a wonderful job looking after your needs as a dentist. They are continually sending out emails and updates about what they need from you to best represent you at the State level. Please read all their information because this truly does affect you and your business as a dentist!

Last but not least, I would like to welcome all the new members to the NNDS and look forward to meeting each and every one of you. I'm sure you will enjoy the great year that we have planned for you. Have a great fall! ■

ADMISSIONS AND STUDENT AFFAIRS

The Office of Admissions and Student Affairs is nearing the end of the selection process for the incoming class of 2020. There were 1,961 applicants for the 2015–16 application cycle. We are gearing-up to welcome approximately 83 new students to the UNLV School of Dental Medicine family.

The Class of 2019 White Coat Ceremony will take place at 3 pm on

September 16 at Artemus Ham Hall on the UNLV main campus. This ceremony signifies their transition from preclinical to clinical instruction. Participants will affirm their commitment to uphold the ethics, integrity, and professionalism expected of health providers as well as sign the UNLV SDM Honor Code agreement. We are privileged to have Dr. Irene Marron-Tarrazi, American Dental Association Second Vice-

President as our keynote speaker.

The 2016–17 application cycle for the recruitment of the Class of 2021 began on June 1. As of August 5, 1,140 applications have been received.

The UNLV ASDA Fair will take place on Friday, October 14 from 12–4 pm. To learn more about this event or to register as a vendor, please visit <http://www.unlv.edu/dental/vendorfair>.

Important Dates:

- Class of 2020 OrientationSept. 6–9
- Fall Semester Begins Sept. 12
- Interviews Begin Sept. 23
- Fall Semester EndsDec. 16

ADVANCED EDUCATION IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS RESIDENCY PROGRAM

During the Jasper Dental Congress held May 26–29, the University of Alberta School of Dental Medicine named Dr. James Mah, Director of Advanced Education Program in Orthodontics its 2016 Dental Alumnus of the Year in recognition of his leadership in professional achievement, contributions to the oral health profession, and exceptional community involvement.

Orientation for new Ortho Residents began on July 6. Residents will complete the program in 34 months and graduate in December of 2019. New class members include the following:

- Megan Baker, DMD**
Oregon Health & Science University
- Haley Buchanan, DMD**
University of Kentucky
- Joseph Cinelli, DMD**
Temple University
- Cale Forgues, DMD**
Midwestern University–Arizona
- Jason Klinger, DMD**
University of Nevada, Las Vegas School of Dental Medicine
- Mark Whiting, DMD**
University of Nevada, Las Vegas School of Dental Medicine

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ADVANCED EDUCATION PROGRAM IN PEDIATRIC DENTISTRY

The UNLV Advanced Education Program in Pediatric Dentistry has recently established a relationship with Sunrise Children's Hospital and anticipates residents treating patients there by the end of the year. The hope is that this relationship will further integrate the program into the pediatric medical community and open doors for residents to provide services to more children with special needs.

The program is also happy to welcome Dr. Stephen Wilson as a consulting faculty member. Dr. Wilson brings a wealth of knowledge and experience with him. He will serve in various capacities, such as instruction, administration, CODA preparation, and research.

GENERAL PRACTICE RESIDENCY

The Class of 2017 began their program on July 6. New class members include the following:

Laura Cabrera, DMD

University of Florida

Conrad Drinkwater, DDS

University of CA, San Francisco

Rachel Findlay, DMD

Oregon Health & Science University

Hye Yeon (Heidi) Huh, DDS

University of the Pacific,
Arthur A. Dugoni

Sara Liu, DMD

University of Nevada, Las Vegas School
of Dental Medicine

Cory Wurman, DDS

University of Toronto, Ontario, Canada

SDM ON MAIN

Dr. Tina Brandon, Director of SDM on Main reports this clinic is seeing more students, staff, and faculty from UNLV and is growing everyday due to word getting out about the services provided. Dental students are being exposed to more 4-handed dentistry with dental assistants.

Continues on page 30 >



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On a side note, we wish Dr. Brandon good luck as she participates in the Ms. America Pageant over Labor Day weekend representing our great state as Ms. Nevada America 2016.

OFFICE OF RESEARCH

Congratulations to the Class of 2016. The following graduates were recognized as the 2016 recipients of the following awards for their outstanding research efforts:

Oral Biology Award

Dr. Mehrnaz Khadiv

Quintessence Award

Dr. Saro Oknaian

Innovation and Originality Award

Dr. Arin Alexander

Dr. Karl Kingsley co-authored three abstracts and presented this research at the International Association for Dental Research (IADR) conference in Seoul, South Korea in June. Dental student John Silvaroli was the keynote oral speaker for the nutrition section with his research presentation, "Folic Acid Administration and DNMT3 Dysregulation in Oral Cancers." Dental School student Kristi Agari presented her research "Folic Acid-Modulated Growth of Dental Pulp Stem Cells (DPSCs)." Dr. Kingsley presented the study "Melatonin (MLT)-Mediated Modulation of MicroRNA Transcription in Oral Cancers" by Michelle Farnoush, Sukhdeep Sandhu, and Karl Kingsley.

Dr. Wenlian Zhou and Dr. Rick Thiriot met with faculty and students at Nankai University's School of Medicine and Dentistry in Tianjin, China to discuss comprehensive dental care and treatment to planning. During the two-week visit, the professors presented five to six hours of classroom education each day, which included dental cases. This is the fourth time UNLV faculty have visited the dental school in China. The exchange of information furthers Nankai University's goal of obtaining international accreditation.

FACULTY NEWS

On July 1, Dr. Marcia Ditmeyer was named Assistant Dean for Assessment and Instruction. Dr. Cicon Gewelber, Assistant Professor in Residence and Dr. Tanya Al-Talib, Assistant Professor in Residence attended the ADEA Emerging Leaders Conference in July. Dr. Bernard Hurlbut is serving as the Digital Dental Director at SDM, implementing the CAD-CAM and digital impressions here and helping with digital caries detection.

During the 2016 American Academy of Oral & Maxillofacial Pathology annual meeting in May, Dr. Victoria Woo presented a poster "Intraosseous Perineurioma Associated with Facial Cellulitis and Abscess Formation." Dr. Woo's study described a rare case of extraneural perineurioma arising in the mandible of a 13-year old patient that presented as an expansile radiolucency with clinical evidence of cellulitis.

COMMUNITY SERVICE REPORT

Faculty, students, and staff continue to provide preventive services in community-based, underserved settings in Clark County and Nye County. Services are offered at health fairs, career fairs, back to school events and various other community-based settings. From May 10, 2016 – July 31, 2016, we attended 11 events in which 221 screenings for kids and 63 screenings for adults/seniors were completed. The total value for donated services is \$16,304.

Give Kids a Smile events took place on May 14 and May 21 in Las Vegas with a total of \$113,896 in donated services

Total Number of Children: 120
 Total Number of Dentists: 47
 Total Number of Hygienists: 30
 Total Number of Assistants: 52
 Total Number of Students: 89
 Total Number of Volunteers: 9
 Total Oral Hygiene Instructions: 120
 Total Oral Screenings: 120
 Total prophylaxis (cleaning): 71

Total X-rays: 511
 Total Fluoride Treatment: 69
 Total Dental Sealants: 209
 Total Restorations with Fillings: 235
 Total Restorations with Crowns: 7
 Total Tooth Extractions: 25
 Total Pulpotomies: 2
 Total Other Procedures: 3

On July 21, the Sergeant Clint Ferrin Memorial Veterans Dental Clinic received the 2016 Best Service for Veterans Award from local publication Vegas Seven. Thanks to the faculty, staff, and students who contribute to the operation of this clinic.

CONTINUING EDUCATION

Courses being offered by the UNLV School of Dental Medicine include the following:

"Pharmacological Implications in Dental Practice" will be presented by Edward Herschaft, DDS on October 1.

Roger Sanger, DDS, Ray Stewart, DMD, Bill Waggoner, DDS, and Stephen Wilson, DMD will present "ICPPD: Fundamentals of Pediatric Dentistry" on October 7 and 8. Registration is available through the Institute for the Clinical Practice of Pediatric Dentistry.

"Infection Control" will be the topic of a course presented by Edward Herschaft, DDS on October 8.

Wayne Pulver, DDS discusses "Increased Success Through Restorative Endodontics" on October 15.

To register for any of these courses or for more information on Continuing Education at SDM, please visit <http://sdm.unlv.edu/ce>.

DEVELOPMENT NEWS

Recent donations to the School of Dental Medicine include almost \$200,000 from Isolite Systems and \$16,360 from Shaktin First; both in-kind gifts of equipment and materials to enhance patient care. In addition, \$2,500 was received from the Kara Foundation to support the Sgt. Clint Ferrin Dental Clinic. We thank

all of our donors for their support and generosity. To learn more about supporting the UNLV School of Dental Medicine, please contact Nikki Khurana-Baugh at 702-774-2362 or at nikki.khurana-baugh@unlv.edu.

INTERNATIONAL VISITORS

From May 23-27, Dean Yousef Al-Thomali from the University of Taif, dental school in Saudi Arabia met with Dr. William Davenport, SDM Associate Dean for Academic Affairs and other faculty to assist in the development of Taif's clinical program with the goal of obtaining international accreditation from the Commission on Dental Accreditation.

On July 26, the School of Dental Medicine welcomed Dr. Mariana Garza Enríquez, Director for Accreditation and Certification and four other faculty members from the University of Nuevo Leon School of Dentistry (UANL). UANL School of

Dentistry, located in Monterrey, Mexico is the third largest dental school in Mexico with approximately 3,000 students. The goal of their visit was to get a better understanding of competency assessments, quality assurance, clinic operations, and outcomes assessment. Information learned during this visit will assist UANL as they pursue international accreditation through the Commission on Dental Accreditation.

On August 11, it was the UNLV School of Dental Medicine's privilege to host two visitors from Princess Nourah University College of Dentistry. The Dean, Dr. Ebrissam Al-Madi and the Vice Dean of Student Affairs, Dr. Hoda Abdellatif, were in attendance for the purpose of planning an education conference in their College in February.

Princess Nourah University (PNU) is an all-female university with more than

50,000 students located in Riyadh, Saudi Arabia. The College of Dentistry was established in 2011 and is one of 15 colleges within PNU. Dental students at PNU attend for a period of seven years which includes a preparatory year, five years focusing on dentistry, and a one year internship program.

The PNU College of Dentistry has been selected by the SA Ministry of Health to be the host university for a newly created country-wide organization for dental educators, and has been selected to host an international conference on dental education. The purpose of the meeting here was to assist the faculty from PNU with elucidating the focus, schedule, and guest speaker list for their conference. This meeting continues the School of Dental Medicine focus on global outreach. ■

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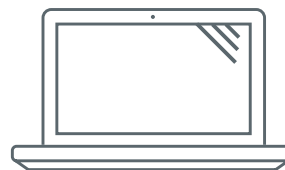
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