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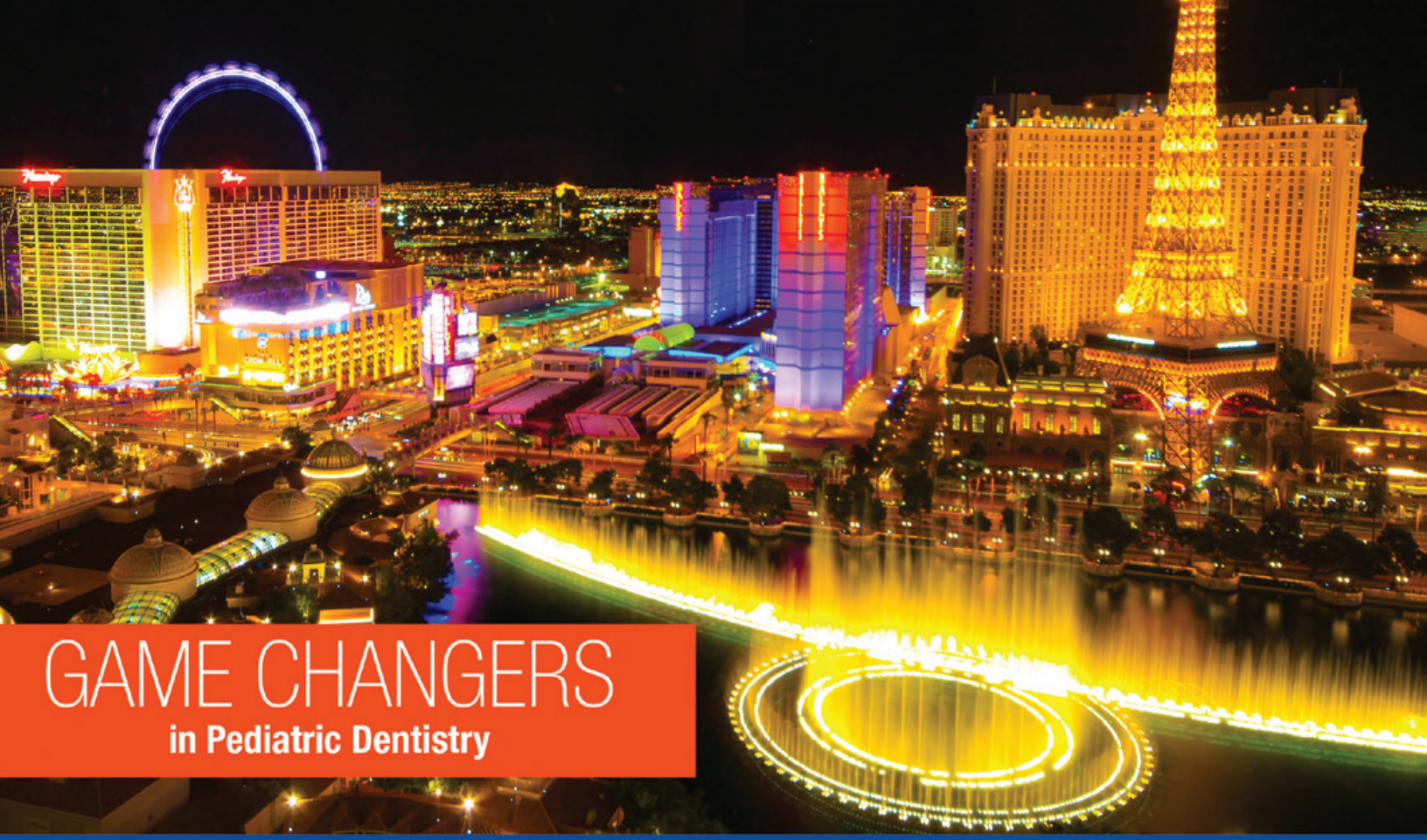

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Nevada Dental Association
8863 W Flamingo Rd, Ste 102
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PH 702-255-4211 • 800-962-6710
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EMAIL info@nvda.org
WEB www.nvda.org

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Editor
Daniel L. Orr II, DDS,
MS (anesth), PhD, JD, MD
EditorNDA@nvda.org

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NDA JOURNAL

WINTER 16-17

Diet Dr. Pepper© and SLEP

Daniel L. Orr II, DDS, MS (anesth), PhD, JD, MD
EditorNDA@nvda.org

Recently I purchased some Diet Dr. Pepper© and didn't drink it for a couple of weeks. When I did get around to sipping, it was terrible. I looked at the "best by" date on the bottle and the date stamped was well prior to my distasteful taste. No wonder it was on sale. This event is the only evidence I personally have of the value of dating consumables, as in "best by," "use by," "expires," etc.

What about the pharmaceuticals we use in our practices? The FDA mandated in 1979[1] that all drugs have expiration dates. (Figure 1.) Since pills and capsules tend to taste bad no matter what, what exactly do the expiration dates help consumers with? I recall well my anesthesiology residency faculty stockpiling all kinds of drugs, for instance cyclopropane and methoxyflurane, as they became increasingly hard to obtain. What exactly does the expiration date mean? As it turns out, not much at all, and certainly not what most would surmise.

Figure 1. Pre-1971 ASA, phenacetin, and codeine compound tablets without an expiration date.

The literature has only one disputed 1963 article possibly linking a degraded drug with an adverse reaction. In that report, fully reversed Fanconi Syndrome was initially tentatively linked with tetracycline.[2]

So, do drugs dangerously morph after the date indicated? Considering the one possible incident from 1963, it would seem very rare, and perhaps not at all.

So what are expiration dates really indicative of? The FDA mandated expiration date indicates that the drug's quality is maintained for whatever period of time the manufacturer wants to warrant. Theoretically, a manufacturer could warrant a product for just a few days. In fact, when products are expiration dated a year or two out from their initial placement on the shelf, the drug hasn't been tested for effectiveness for two years, but instead subjected to temperature, humidity, and other environmental extremes for a much shorter period of time before testing potency.

Since the expiration date likely has little, or perhaps nothing, to do with an increase in danger or loss of effectiveness for the patient, why do so many recommend, or in the case of governmental apparatchiks, demand that the drugs not be used after the expiration date? The answer to anyone with even a single recessive entrepreneur gene is obvious: manufacturers profit from early disposal of these still effective pharmaceuticals. Frances Flaherty, a former director of the FDA's testing program, stated: "Manufacturers put expiration dates on for marketing, rather than scientific, reasons. It's not profitable for them to have products on a shelf for 10 years. They want turnover."[3]

State and federal regulators, ever needing to justify their existences, predictably foist laws that are malum prohibitum (the associated conduct is illegal simply because regulators say it is, not because conduct, in this case use of an expired drug, is malum in se, or objectively bad). In our example at hand, such legislation actually primarily promotes drug manufacturers' profit margins by increasing patient drug costs, without any therapeutic benefit whatsoever to the patient.

Continues on page 4 >

> Continued from page 3

Predictably, the government hypocritically exempts itself from stale date laws foisted on mere private citizens whom now must absorb the additional billions of dollars of unnecessary annual cost for the scheme.

For federal entities, such as the military, the relatively unknown Shelf-Life Extension Program (SLEP) has been in place since the 1980's. Stale dated pharmaceuticals of all types are not discarded on the expiration date, but stockpiled in massive quantities for later use. Date expired medications are spot tested for quality and have been retained in many cases for decades after their expiration dates.

When occasionally petitioned to be allowed to participate in SLEP type protocols, non-federal entities have been unintelligibly advised that such use is: "…not feasible at this time."[4]

Admittedly, a few agents are well-known to have limited temporal potency once distributed for use by manufacturers. For example, nitroglycerin, insulin, water-purification tablets, or hydraulically activated sodium nitroprusside which must be immediately shielded from ambient light sources prior to operating room intravenous delivery. But such are rare exceptions to the general rule as recognized by everyone that honestly evaluates the issue.

In this era of chronic drug shortages and routine 100%+ pharmaceutical price increases, it would seem that the judicious use of safe and effective drugs by doctors, in spite of clinically nonsensical regulatory restraints such as expiration dates, would be applauded. This is especially true when the cost of the current ploy to our patients is billions annually, with no benefit whatsoever.

By the way, Diet Dr. Pepper© expired for one month tastes just fine. Please don't make a federal case about it. ■

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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 Anesthesiology 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.

Letters to the Editor

Dear Dr. Orr:

Recently I was at a meeting with a friend who graduated with me from dental school. During the meeting, she made the comment, "Organized dentistry is going away." Over the days following the meeting, her comment ate away at me. What would my life look like, or better yet, what would my profession look like if organized dentistry dissolved over time?

For instance:

- Who would advocate for me as a dentist, and serve as an educated and informed voice while I was able to treat patients?
- Who would also validate the ethical standards that I abide by in order to put patients first?
- Who would offer peer review so that I would be able to resolve a potential issue with a patient rather than navigate the legal system on my own, which can be expensive and time-consuming?
- Who would have negotiated a 0.25% interest savings for members on the endorsement with DRB on student loan refinancing programs rather than pocketing it? Who would acknowledge the importance of state and local societies and other loan refinancing programs as well, promoting healthy competition to give members options?
- Who would fight for dentists, on Capitol Hill, to repeal the medical device tax, promoting the Student Loan Refinancing Act and postpone compliance of Sec. 1557 of the Affordable Care Act while serving as one of the strongest national political action committees?
- Who would engage the public and be a resource through mouthhealthy.org?
- Whose members would treat 350,000 kids annually and provide over 5 million dollars in donated dental services while bringing awareness to oral health in America through Give Kids A Smile?

Answer: The ADA. Without the ADA, these efforts would not exist.

I'm proud to be a member of the ADA. I'm honored to be a part of an organization that is 159,000 dentists strong.

I know that if I need something the ADA is there not just to get me through, but also to make sure that I'm successful. And even when I don't know what I need, it's the ADA that is the first to inform me and provide me with resources so that I can spend my time doing what I do best—serving patients.

ADA discounts and offers are nice, but the peace of mind I receive knowing that for the cost of a cup of coffee a day, I have someone looking out for, for instance, dentist small business owners and young professionals, is priceless.

I'm doing my part to be a cohesive voice, active member and support an organization that works tirelessly so that I can succeed. Without active members, organized dentistry will dissolve. I hope that my colleagues see that without the ADA, without state and local societies, there is no network, no unified voice. I'd rather stand united with 159,000 ADA members than alone. Where do you stand?

Emily Ishkanian, DMD
Green Valley Dental Center
UNLV School of Dental Medicine
14th District ADA New Dentist Committee Representative
702-370-6449

Dear Dr. Orr:

You mentioned (NDAJ Fall 2016) the murders of two dentists in Las Vegas, Dr. George Monahan and Dr. J.D. Smith's spouse. Her name was Dr. Diem Ha Smith. She was married to Dr. J.D. Smith and they had three children. I had the pleasure of sitting next to her at a dental meeting and I was shocked and saddened by her murder. She was found in the parking lot of her office early in the morning by her staff. The crime was never solved as far as I know.

Sincerely,

Dr. Vaune Wenzinger

Editor's note: Consultation with the LVMPD cold crimes unit after the NDAJ Fall editorial was in print revealed that there has never been an arrest subsequent to Dr. Diem Ha Smith's murder.

Thank you Dr. Wenzinger.

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

Happy New Year to all of our members! I hope your Holiday season was happy and safe.

The Annual NDA Mid Winter meeting will be held Saturday, January 21, 2017 starting at 9:30am at the Atlantis Resort and Spa in Reno. It will be held in the boardroom on the Second floor. Our guest speaker will be Dr. James Willey, Senior Director Practice Institute, American Dental Association, who will lead us in a Strategic Planning session.

Save the date for the NDA Summer meeting being held in Whistler, British Columbia, Canada, June 22–24, 2017. The itinerary and a link to the hotel are on the NDA website. The hotel is the Fairmont Chateau Whistler and we have a rate of $249 Canadian which with the strong US dollar brings our cost down to about $199 per night.

The 2017 Nevada Legislative Session begins on February 6, 2017. Your Nevada Dental Association team will be watching closely for anything that affects the interests of your profession, your practice or your patients. During the session you may receive e-mails that urge you to contact your own legislators. As best we can, we limit our "calls to action" that we send you as we understand that too many e-mails will result in turning the member against the process. These calls to action are only sent at extremely critical junctures during the legislative process and only on issues of extreme importance. The value of a solid response by the membership to individual legislators is priceless. They do listen to their constituents and they prefer personalized communication instead of a "canned" or scripted e-mail. We will always provide talking points for you to use and then ask you to please personalize the communication.

Please save the date of Wednesday, March 1, 2017 for the Nevada Dental Association's "Oral Health Awareness Day at the Legislature." Come spend the day with us in Carson City.

Below you will find press releases on a couple of new products offered by ADA Business Resources and endorsed by the Nevada Dental Association. ■

The Lenovo Savings Program for Nevada Dental Association Members

Nevada Dental Association members save up to 30% off the everyday public web price of Lenovo's entire product line of laptops, tablets, desktops, servers, accessories and more! Whether you need a technology boost at work, a device to stream your favorite TV show, or a tool to help with homework, Lenovo has you covered. Plus, receive free ground shipping on all web orders and monthly limited-time special offers. For more information and easy ordering, call 1-800-426-7235, ext. 4886 or visit lenovo.com/ada, and experience the Lenovo difference today!

Nevada Dental Association Endorses AHI Travel

AHI is a privately held company specializing in member-based travel that has been in operation since the early 1960s. Most trips are between 7–14 days in length and feature on-site tour directors leading small groups (no more than 36 guests on most programs and no more than 28 on several others). They have land-based, river cruise, and ocean cruise choices designed to immerse travelers in the history and culture of people and places across the globe.

The AHI model excels in customer service. A single AHI staffer is designated as the member contact for each trip. This contact will help members book airfare, plan pre- or post-trip extensions, and be available to answer all questions. The white-glove treatment extends to everything from accommodating guest dietary restrictions to assuring in-country security. AHI provides travelers with trip-specific information and document holders in their fulfillment materials. They offer travel insurance, which will cover members in the event they have to cancel their trip for any reason whatsoever. Some trips are offered with no single supplement and some trips with minimal single supplements. Each ADA trip will include the opportunity to attend a dental-focused in-country reception. Additionally, a pilot program to offer a trip with CE credit is being developed. Website: https://ada.ahitravel.com/ Phone: 1-800-323-7373

David White, DDS
whitedav@umich.edu

Greetings from colorful Northeast Nevada. It's my privilege and honor to present the fall presidential report to the members of the Nevada Dental Association. Much has happened since my last communication. Finally, no more election ads over every possible media source. The voters have spoken and your lobby arm of the Nevada Dental Association is already preparing for our impending 2017 Legislative Session. Please save the date and plan to attend our Oral Health Day in Carson City, NV on March 1, 2017. This is a golden opportunity to show up at the legislature as a united profession. One that represents all dentists from every business model and includes everyone from students to retirees.

You are not alone if you feel confused on how the outcome of the election will affect you as practitioner and small business owner. Fortunately for us the ADA Lobby Conference will be held in our backyard in Squaw Valley, California on Dec. 1. This will be one of the most informative conferences of the year. Top representatives from our ADA Washington, DC office will be there to educate us on all things pertaining to post election. In addition, you are also now well represented in Congress with four elected dentists. This was an amazing accomplishment for the ADA, and I would like to personally thank all of you who gave to the American Dental Political Action Committee (ADPAC) over the last year, and kindly urge you to do so again.

The 2017 ADA House of Delegates meeting was held at the Denver, CO convention center, Oct. 21–Oct. 24. Dr. Gary Roberts was installed as President of the ADA and Dr. Joe Crowley was elected president–elect. I would like to personally thank Steve Saxe, Rick Dragon, George McAlpine and Emily Ishkanian for taking their roles as delegates very seriously. These individuals worked tirelessly to craft, testify and lobby resolutions. We have become incredibly influential for a small state within our Fighting 14th District.

The following report of the 2017 House of Delegates is courtesy of Dr. Saxe:

A $133 million budget was approved. That said, with new membership still running somewhat flat, there is a need for $10 per year dues increase, a matter that was not taken lightly.

Resolution 37H–recommends that there be an increase to 60 hours of continuing education in order to deliver moderate sedation. Also, that a capnography monitor must be used during moderate sedation

Resolution 65H–allows specialists to practice general dentistry as well as allowing general dentists to hold themselves out to declare themselves specialists if they devote a sufficient portion of their practice to that specialty. This is in response to several lawsuits that occurred across the nation and pressure from the FTC. These are only guidelines that could be adopted by State boards.

Resolution 67H–$18.3 million expenditure over three years to drive internet traffic to the ADA "find a dentist" site. This is a great program to promote all our practices and I encourage you to get on the ADA website which will direct you on how to update your online profile.

In closing, I'd like to wish everyone a Happy Holiday Season, but take a moment to acknowledge that I should not be writing this president's report, and that this report should have written by our late Dr. Lynn Brozy who would have included a paragraph on her beloved Chicago Cubs. So in her honor we say, "Go Cubs!" ■

The Illusion of Patient Privacy and Private Practice

By Susan Israel, MD. Republished with permission from the AAPS

While studying history in high school, I laughed at the 19th-century Luddites for fearing the mechanization of manufacturing. Now I feel like one of them for fearing the mechanization of medical records that makes patient privacy almost impossible.

I never dreamed our rights to privacy would be so overridden by the taking of our electronic medical records and insurance claims data for oversight and research without consent, particularly as the research may not be nuanced enough to successfully guide an individual patient's treatment plan, but will be used by governments and insurers to direct patient care and control the practice of medicine.

This control is achieved by using research to create treatment "guidelines" that will be used to define "quality care" that physicians will be pressured to follow in order to be "paid for performance." Or, the research will be used to justify mandating which treatments will or will not be paid for. If "cost effectiveness" is a criterion used in the research, a chemotherapy drug might be denied for not saving enough lives, or an aortic valve replacement denied because the patient is supposedly too old to justify its cost. This would become de facto rationing of care tucked into the mandated treatment guidelines.

The federal Department of Health and Human Services (HHS) is financing development of "medical homes" to deliver patient care through State Innovation Model (SIM) bureaucracies.[1] These will be in the forefront, along with Medicare, Meaningful Use, and Medicaid, in implementing the "pay for performance," "quality care" and "scorecard" reimbursement scales for physicians, creating a de facto single-payer system. This will be accomplished through collaboration of health plans with state and federal governments.[2] Patient and physician behavior will be tracked, scrutinized, studied, and used for research, using the electronic medical record and insurance claims data. This effectively will eliminate the privacy of medical practice and remove it from the rest of the U.S. free-enterprise economic system. Lack of competition and choice in the medical system will degrade it. Physician initiative will decline, and patients will have no recourse but to accept the treatments mandated for them by the monolithic, government-controlled system.

In 2002, HHS modified HIPAA's "Privacy Rule" [3] to eliminate patient consent for identified data being seen for treatment, payment, and healthcare operations (a 390-word definition including quality control, tech support, business associates, covered entities, etc.).[4] Additionally, HIPAA provisions [5] allow federal and state oversight agencies, including HHS, researchers, and healthcare clearinghouses to see records without patients' consent.[6] The breadth of identified medical data (including hospital discharge data) going to public health departments is jaw-dropping, and now is more at risk as it is sent over the internet. Thus, regardless of audit trails and passwords, the confidentiality of patient data depends on hundreds of people in clinics, hospitals, corporations, and government agencies nationwide not leaking or misusing it. Unfortunately, the electronic record makes intimate information more readily available to many more people who could use it to bias an individual's application for employment, schools, or the military, or worse, use it to exert political pressure on a government official or legislator.[7,8,9] Further, as we know, hackers are busy accessing the medical data of millions of people for profit and electronic espionage.[10]

A national Health Information Exchange (HIE) is planned for electronic health records, giving its access to medical practitioners across the country and to government oversight agencies.[11] Unless the HIPAA rule is rescinded or patient consent restored, we will not be able to control who sees our records even if we are given the details of any security provisions. When the public becomes aware of the broad access to their private records, many will not disclose needed medical history until their illnesses are so advanced it costs the system even more for treatment. For psychiatric patients refusing to seek treatment, one would expect increases in suicide and homicide.

Additionally, our health insurance claims data are being released to researchers and government agencies by the All-Payer Claims Databases (APCDs). These have been created by 14 states (with five states in implementation, including Connecticut and New York)[12] to mandate that the health plans turn over medical and pharmacy claims data, including all diagnoses, procedures, tests, drugs prescribed, providers' names with dates and identifiers

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(which can include enrollment data and Social Security numbers), all to a massive database managed by the state or a private company under state contract. These data are then sent to researchers in identified or de-identified forms, with varying degrees of privacy protections that attempt to prevent re-identification and leaks.

On one end of the APCD spectrum is Colorado, which may release identified claims data under extremely rare circumstances to state-approved research or public health entities. The Application to the APCD Administrator to Approve the Release and Use of Colorado All Payer Claims Data states that "this application is for a limited data set or identifiable information." This is available at the CIVHC/CO APCD Data Release site,[13] by clicking on "Data Release Pre-Application." But Colorado and other states accept only a signature as proof that the data have been destroyed after use, in spite of the existence of a large market for the purchase of medical information. On the other end is Rhode Island,[14] which allows its citizens to opt out of the APCD and does not take their names and addresses. However, to know whether the data still could be re-identified by managers and researchers, one would need to know the exact details of the data used and its handling. Massachusetts[15] is another example of a developed APCD with a comprehensive patient data submission guide for insurers.

States such as Oregon[16] can release "limited data sets"[17,18] to researchers,[4] which are still considered identified and protected health information (PHI), because only 16 of the 18 HIPAA identifiers have been taken out, leaving the full date of birth (month, day, year) and the full ZIP code with the gender and other medical data. However, it has been shown that 63–87 percent of the population can be identified by merging those demographics alone (birth date, ZIP code, and gender) with other data bases such as voter registration lists.[5,6,19,20,21]

As noted earlier, identified medical information can be released for the purposes of the APCDs, public health, researchers, government oversight agencies, healthcare operations, etc, without patient consent. But even with the 18 identifiers removed as specified by HIPAA for de-identification (Safe Harbor method), it is no longer as private as it might have been 15 years ago, before the explosion of online databases. Thus the re-identification rate for this supposedly de-identified data is not zero.

By using solely the demographics of HIPAA de-identified data, the re-identification rate of patients has been shown to be 0.04% (using the year of birth, three-digit ZIP Code for populations greater than 20,000 and gender) to 0.22%, (using the year of birth, three-digit ZIP, marital status, ethnicity, and gender), that is up to 2,200 people per million, according to Latanya Sweeney, Ph.D., of Harvard,[22] and Deborah Lafky of HHS,[23] respectively. However, those re-identification rates would be much higher if the accompanying medical histories were added to the demographics when merged with the other online databases. It is also important to note that once medical records are released in the HIPAA de-identified form, they are no longer considered protected health information (PHI) and protected by the HIPAA privacy rules, even if they subsequently could be re-identified as described above.

In the short term at least, the APCDs are raising medical costs as the third-party payers raise premiums to cover their costs of sending data to the APCDs, and researchers often must buy our data to finance the APCDs. Colorado, for example, advertises prices of $25,000 to $150,000 for the purchase of de-identified data and limited data sets (see "Pricing & Funding" under the "Get More Data" tab).[24] The result of these APCDs is the creation of a lifetime (for a newborn) medical dossier on all of us, which we can only hope is not hacked, misused, or re-identified when distributed. Whether or not the states can force the self-insured health plans to turn over patient health insurance claims data to their All Payer Claims Databases is now being heard before the U.S. Supreme Court in Gobeille v Liberty Mutual Insurance Company. Hopefully, the Supreme Court will consider patient privacy rights along with interpreting the ERISA status of the self-insured plans that may allow them not to comply with participating in the state APCDs.

These APCDs, health insurance exchanges, and the medical homes are costing billions of dollars that the federal and state governments have taken from direct patient care and medical practitioners and given to their non-medical professional bureaucrats in the hope that they can improve medical care!

At the very least, all electronic medical systems must be structured with consent requirements so that patients can control who sees their records, as was done in the "old days" when paper records, doctors' handwriting and metal cabinets protected them. Paper medical records can be shredded after seven years or so, depending on each state's law,[25] but now with the electronic medical record, it will be easier for the records to remain permanently recorded and available.

There are developed technologies for patients to keep some information from the rest of the record (segmentation, for example) and to alert a physician that information has been left out. Both should be installed into the electronic systems regardless of cost and complexities involved. As physicians, we need to advocate for record systems that engender trust and enable us to fulfill our Hippocratic Oath to protect patient information from further disclosure.

One breakthrough for privacy recently occurred when the U.S. Court of Appeals for the 2nd Circuit ruled that NSA's taking of everyone's phone records is not allowed by the Patriot Act. Most importantly, the ruling raises "one of the most difficult issues in Fourth Amendment jurisprudence: the extent to which modern technology alters our traditional expectations of privacy." Also, the Court stated, "If the government is correct, it could use (the law) to collect and store in bulk any other existing metadata available anywhere in the private sector, including metadata associated with financial records, medical records…."

I hope this ruling can be used by physicians to bolster our efforts to ensure and protect patient privacy and to convince governments, insurers, hospitals, researchers, and technology companies of this necessity. We need to foster a public debate over citizens' right to medical privacy vs. government seizure of private information without consent, because any loss of privacy rights undermines our society, and threatens our freedoms and our way of life. ■

Susan Israel, MD, is a psychiatrist and patient privacy advocate in Connecticut. Contact: sisrael78@optonline.net.

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Dental Laser Certification

Nevada Dental Association 2017

Laser Certification Course | April 28-29, 2017

2017 Laser Certification Course

UNLV School of Dental Medicine

NDA Members: $895.00 Non Members $1095.00

Presented by the Nevada Dental Association
and Robert Convissar, DDS

Participation Course In Laser Dentistry – A Standard Proficiency Certification Course

Members only will be able to register online. Non Members please call 702-255-4211 to register over the phone. Candidates who successfully complete this course and its prerequisites* will receive a Certificate of Standard Proficiency in Dental Lasers recognized by the Academy of Laser Dentistry, an international organization with more than 1200 members in over 25 countries.

Has the hoopla surrounding the introduction of lasers to dentistry been more smoke than substance? Since 1990, the U.S. Food and Drug Administration has approved the use of seven different wavelengths for dental use. These different wavelengths create a world of difference in how the lasers operate, and their usefulness in the oral cavity. The use of lasers for specific procedures found in everyday general practice will be highlighted. The first day will detail laser use in the following subject matters:

nvda.org/seminars-in-nevada/

- Non-Surgical, Surgical and Regenerative Periodontal Therapy
- Surgical and Restorative Implantology
- Fixed and Removable Prosthetics
- Oral Medicine/Oral Surgery/Oral Pathology
- Pediatric and Adolescent Operative Dentistry
- Endodontics
- Pedodontics/Orthodontics
- Esthetic/Cosmetic Dentistry
- Practice Management/Marketing

The second day workshop will give each participant hands-on experience with the various wavelengths, performing surgical procedures on in-vitro models. Real time videos of routine laser procedures will be part of the in-depth discussion of specific instrument settings and techniques for laser surgical procedures.

At the conclusion of the course, the participant will be familiar with the various wavelengths used in dentistry today, their effects on oral tissues, and their uses for specific oral diseases and pathologies found in everyday practice. They will be able to incorporate this knowledge into a basis for determining which laser wavelength is most appropriate for their practice, and be able to incorporate hard and soft tissue laser dentistry into their practices first thing tomorrow morning.

**Standard Proficiency Certification will be awarded upon successfully completing an online examination administered by the Academy of Laser Dentistry. The candidate must own a laser or have access to a laser, and have taken a previous introductory laser course. The candidate must become a member of the Academy of Laser Dentistry. A free introductory course on lasers is available on the Academy of Laser Dentistry Website at: www.laserdentistry.org/education/index.cfm*

For more information on the Certification process, please visit www.LaserDentistry.org

NDA Members: $895.00 ADA/Non Members: $1095.00

The NDS 2017 Laser Certification Course Day 1 will take place on Friday, April 28 from 8am - 4pm in the auditorium at UNLV School of Dental Medicine. Day 2 (Saturday, April 29) will take place in the Sim Lab at UNLV School of Dental Medicine (upstairs from auditorium) from 8am - 12pm.

UNLV SDM
1001 Shadow Lane
Las Vegas, NV 89106

To register for the course, please complete the form below:

Name: _____

Degree: DDS ____ DMD _____ RDH _____

Name on Debit/Credit Card: _____

Debit/Credit Card #: _____

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Do you own a laser? Available in office? _____

Nevada Dental Association
8863 W. Flamingo Rd. I Suite 102 I Las Vegas, NV 89147
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Treasures of Pioneer History

Reprinted with permission from the Daughters of Utah Pioneers

Catherine's Story

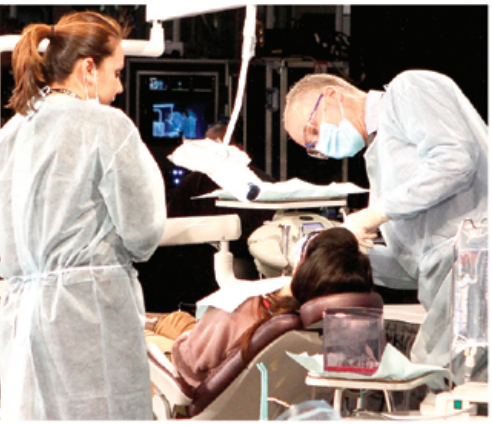
Catherine Erickson will be ninety-two years of age on December 29, 1955. She is an active, lovely lady. Mrs. Erickson is a member of a lady's trio who sing at various entertainments usually gowned in beautiful pioneer costumes of their own making. She related the following story to her daughter Melba.

When I was just a young girl of about sixteen and living in. Monroe around the year 1879, I decided to have all my upper teeth extracted. I had suffered from toothache until I was at the point of distraction. Now, of course, there were no dentists anywhere close around, so when a Mr. Joseph Sinkler Giles came over to Monroe from Fillmore, I knew he had had some experience extracting teeth and decided to talk to him. He had not only had experience in dental extractions, but in all phases of general medicine as well. After talking to me, he consented to pull my teeth. He came down to my home early the following morning ready for the job. His equipment con-sisted solely of a pair of forceps. He had me sit in an ordinary chair and I gripped the seat of the chair to brace myself.

He started with the double tooth farthest back on one side of my mouth and worked toward the front. He gave me nothing to deaden the pain, but I was so determined to have them out that I never com-plained and suffered in silence. However, when Mr. Giles got to the center of my front teeth, he weakened and told me that I simply couldn't stand to have any more out that day. He promised to come back the following morning and give me a little chloroform and finish the job. When he stopped pulling, of course, I wilted and felt not only completely exhausted, but as if I couldn't have stood another second of that torture.

The following morning my determination to finish the ordeal was as strong as it had been the preceding day. When Mr. Giles arrived, he administered enough chloroform to put me out completely and then proceeded to finish pulling my teeth.

In those days one went without the artificial teeth until the gums. were completely healed and until a dentist could be located or con-tacted who would make the plate. It just happened that several weeks. after my teeth had been pulled, two dentists, Doctors Christy and Smith, came to Monroe to practice for a while. They took the impres-sion and made my teeth for me. The plate fit perfectly and gave me-very little trouble, but in spite of this good luck dentures were so, uncommon at that time that for anyone to even mention teeth would make me so self-conscious and embarrassed about mine that I hardly dared to speak or smile for fear of exposing them. ■



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This year NNDHP raised over $42,000 for our Adopt a Vet Dental program.

This is our biggest proceed year ever! We are so grateful and thankful for our amazing sponsors, participants, volunteers and donors who make this tournament such a success. See you Sept. 22, 2017 for our 15th tournament.

Event Calendars

Nevada Dental Association

January 2017			
1/17	NDA Executive Committee Meeting	Video Conference	6pm
1/21	NDA Mid-Winter Meeting	Reno, NV	9:30am
February 2017			
2/28	NDA Executive Committee Meeting	Video Conference	6pm
April 2017			
4/25	NDA Executive Committee Meeting	Video Conference	6pm
June 2017			
6/6	NDA Executive Committee Meeting	Video Conference	6pm
6/22–24	NDA Mid-Summer Meeting	Whistler, British Columbia, Canada	

Southern Nevada Dental Society

January 2017			
1/10	Executive Committee Meeting	SNDS Office	6pm
1/11	Mentorship Legal Panel Discussion	UNLV Auditorium	6pm
1/19	Dinner Meeting, Bisphosphonates with Dr. Barry Frank	Gold Coast	5:30pm
February 2017			
2/4	GKAS	UNLV	
2/7	Executive Committee Meeting	SNDS Office	6pm
2/16	Dinner Meeting, Oscar Night with Oscar	Gold Coast	5:30pm
March 2017			
3/7	Executive Committee Meeting		
3/10	Continuing Education Premier with Dr. Michael Scherer, *"Incorporation of Intraoral Scanning with Fixed Prosthodontics Technique and Selection of Materials."* Sponsored by 3M.	Gold Coast	9am–4pm
3/16	Dinner Meeting, Dental Ergonomics	Gold Coast	5:30pm

Northern Nevada Dental Society

January 2017			
1/10	NNDS Executive Committee Meeting & Delegate Pre-Meeting	161 Country Estates Cir, #1B, Reno	5:30pm
1/12	NNDS General Membership Dinner Meeting "Forensic Odontology" with Dr. Ken Aschheim & Dr. Donna Hellwinkel	Atlantis Casino Resort Spa, Reno	6pm
1/19	AGD Dinner Meeting	TBD	6pm
February 2017			
2/7	NNDS Executive Committee Meeting	161 Country Estates Cir, #1B, Reno	5:30pm
2/9	NNDS General Membership Dinner Meeting "Dental Anesthesiology" presented by Amanda Okundaye, DDS	Atlantis Casino Resort Spa, Reno	6pm
2/16	AGD General Membership Dinner	TBD	6pm
March 2017			
3/7	NNDS Executive Committee Meeting	161 Country Estates Cir, #1B, Reno	5:30pm
3/9	NNDS General Membership Dinner Meeting "Integrated Reconstructive Dental" w/ Dr. Marc Geissberger, UoP	Atlantis Casino Resort Spa, Reno	6pm
3/10	All Day Continuing Education w/ Dr. Marc Geissberger	Atlantis Casino Resort Spa, Reno	8am
3/16	AGD Dinner Meeting	TBD	6pm

SAVE THE DATE!
NEVADA DENTAL ASSOCIATION 99TH ANNUAL SUMMER MEETING
JUNE 22-24, 2017 FAIRMONT CHATEAU WHISTLER
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Thursday, June 22nd, 2017

Executive Committee Meeting	3 PM - 5 PM
Welcome Reception (Free)	6 PM - 8 PM

Friday, June 23rd, 2017

Joel F. Glover Breakfast	7 AM
House of Delegates	8 AM - 12:00 PM
President's Dinner	7 PM - 9 PM

Saturday, June 24th, 2017

Pliney Phillips Breakfast (included)	7 AM - 8 AM
Continuing Education	9AM - 12 PM

More information on Continuing Education coming soon!

NNDS Northern Nevada Dental Society

SNDS

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NDA Executive Offices

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Northern Nevada Dental Society

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Jessica Beason
jessica.beason@sndsonline.org

As a member of the tripartite you are a member of the largest and longest standing dental professional organization. As the executive director, I am very proud to represent the local component as we strive to create a local society that reaches out to all members.

The SNDS mission statement defines the SNDS Community as a community of leaders, we will accept that role and we are determined to represent the best of this profession. But how does this community define leadership? The ADA leads the way with its commitment to ethics, celebrating 150 years of the Code of Ethics. But what were the intentions in Southern Nevada when the mission originated. Peter Economy (Inc.com, 2014) outlined nine traits that define great leadership; Awareness, Decisiveness, Empathy, Accountability, Confidence, Optimism, Honesty, Focus and Inspiration. I can easily see these qualities as I meet and interact with our community. A dentist has many challenges; as they face running a business, meeting the physical and sometimes emotional needs of their patients, act as a representative in their community and find a work-life balance. Leadership is a privilege and a large responsibility that does not always come easy; however, leadership can be extremely fulfilling. As a leader of the Southern Nevada Dental Society, I am committed to the growth and development of this society.

The typical local components role is to reach out and provide opportunities for social and educational engagement. Recognizing that not all members will connect or find value in these offering, we are working hard to re-evaluate the meaning of value to our members. Value can be interpreted differently to each member. Recently we reached out and asked you to be a part of a survey as we open the discussion and listen to our community. Your voices will guide our decision and we value your input. As we move forward, we will initiate personalized services for each member; services that represent community growth and advancement both professional and personal. We believe this is your community and hope that you will engage and take advantage of the opportunities available.

Moving ahead my hope is that we will expand in our role as leaders in the community uniting in our effort to bring positive changes. Our strength comes in numbers—the higher level of engagement, the better the reward. whether it is discounts on goods and services or moving legislative issues at the state level, our group has a voice and we can influence change. ■

Jessica Beason

Member Mixer 10/27/2016

Infection Control Seminar 11/18/2016

Tina Brandon, DDS

As the winter weather gently makes its slow transcendence into Southern Nevada, we begin to prepare for the holidays with anticipation and hope. After the long year of political campaigns I know I speak for many in that our focus has shifted away from the antagonistic to a more energetic and productive light. We are resilient. We are strong.

One of my many goals this year as president has been to facilitate Jessica Beason into her new role as Executive Director. She has blossomed. I am impressed with her accomplishments since May. Creating new relationships, rekindling old ones and guiding us into a new way of thinking has been impressionable to witness. I am enthusiastic about the future of our dental society.

Along with our Executive Director, I am equally impressed with our new and improved Executive Committee. There is diversity and dedication to organized dentistry at our local level. At meetings, there is positive energy, there is laughter and an overwhelming sense of peace. It's hopeful to witness this change in our committee members. Working together and bringing productive and new ideas to the table has been essential to our new leaf.

In September, we kicked off our first dinner meeting with Women in Dentistry Night. Benco helped us celebrate women and shined light on the Lucy Hobbs Project. The night was a success. Our own Dr. Michael Sanders shared an encouraging presentation on being leaders and mentors in our dental community. In October, we gathered at Brio in Town Square for a Halloween Mixer sponsored by 3M. Dr. Richard Featherstone and his beautiful girlfriend Anita won Best Costume. They went above and beyond as Dracula and his Bride.

Forensic Dentistry Night in November was another night not to miss. Dr. Ed Herschaft from UNLV SDM came and shared some insight on forensic odontology on domestic abuse. Dustin Abraham, a writer from the TV series "CSI" was also there to share his experiences writing for the show. The real Gil Grissom, Daniel Holstein, was also there to share his experience with CSI as a former coroner. Members were able to engage in forensic odontology exercises, pose in mug shots, and exchange a bottle of wine or a book. It was a busy night.

As the New Year twinkles its shadow on us, we plan for another active year. We will rock the night away in January on Elvis Presley Night. Dr. Barry Frank will speak on bisphosphonates. February we will celebrate the Academy Awards red carpet style. This will be our second annual Oscar Night. It's all about the movies that night. We will continue to bring interactive and interesting events to our members that bring value to their membership. ■

Until next time,

Tina Brandon Abbatangelo

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Lori Benvin
nnds@nndental.org

Way to go cubs! As a former Illinois resident for 15 years and growing up in one of Chicago's west suburbs of Wheaton, I have to say a big congratulations to Chicago and their Cubbies.

As we close out the NNDS 2016 event calendar we look forward to another successful quality offering continuing education line up in 2017 and a successful legislative year. Please watch for our event flyers for upcoming events but also help by supporting Dr. Bob Talley, your Nevada Dental Association Executive Board, the Legislative Committee, and the incredible lobbyist's team with Chris Ferrari this coming February. When called to action, they need your help.

The Northern Nevada Dental Health Programs probably made the biggest news and change this year. Over the last few months the NNDHP Advisory Board has been making necessary alterations to the management of our programs. In the past few years, we (NNDHP) had the day to day operations and Community Health Alliance had the fiscal management of our programs. The costs for these fiscal management services have risen sharply and were affecting the mission of NNDHP negatively; so changes were made and NNDHP is excited to share them.

Through the hard work of all our NNDHP Board members and staff, we have now taken back control of all NNDHP programs; these programs include Healthy Smile Healthy Child (HSHC), Adopt a Vet Dental (AAVD), and the Jason Eberle Memorial Fund.

As of August the status of the HSHC program is still in transition however, we have recently met with administrators at Renown Children's Hospital. Renown is definitely interested in taking over our children's program and we look forward to sharing more definitive news with you soon as it develops.

Adopt a Vet Dental has been taken back by NNDHP and has a new office. AAVD is now located at 1301 Cordone Avenue, Suite 100, Reno, near the VA Medical Center and is still managed by Linda Haigh, its Founder & Director; our Dental Case Coordinator, Charlotte Worthley; and our veteran Advocate, Jim Snyder. I continue as the NNDHP Liaison and now the Administrative Assistant for AAVD.

The Jason Eberle Memorial Fund is alive and well under the direction of Dr. Joe Eberle in his amazing fundraising efforts year after year for the benefit of both of our programs. Watch for more information about his upcoming benefit concert next fall.

On behalf of the NNDHP President Greg Pisani, DDS and the entire NNDHP Board, we want all our generous providers to know that we are indebted to you, the backbone of all that we do, and we are guiding all our programs back to well managed efficiency. Please continue to help those that you can and feel free to call me AAVD directly if you can assist a veteran with their dental needs. We currently have over 200 veterans on our waiting list who need dental care. Again our *thanks* for all that you do for the children and veterans of our community. ■

AAVD new address and contact information is as follows:

Adopt a Vet Dental Program / Northern Nevada Dental Health Programs
1310 Cordone Avenue, Suite #100, Reno, NV 89502
office: (775) 470-8707 / fax: (775) 470-8709

Linda Haigh, Founder: linda.haigh@nndhp.org

Charlotte Worthley, Dental Case Coordinator: charlotte.worthley@nndhp.org

Jim Snyder, Veteran Advocate: jim.snyder@nndhp.org

Lori Benvin, NNDHP Administrative Assistant & Liaison:
lori.benvin@nndhp.org or nnds@nndental.org, (775) 337-0296

Maggie Heinen, DMD

Where did 2016 go? I can't believe it is already 2017. We have some great events going on for NNDS in the New Year.

NNDS will be putting on some great Continuing Education classes

January 12: "Forensic Odontology" with Dr. Ken Aschheim and Dr. Donna Hellwinkel

February 9: "Dental Anesthesiology" with Dr. Amanda Okundaye

March 9–10: "Digital vs. Conventional Impressions" and "What's new in Esthetic Dentistry" with Dr. Marc Geissberger from University of Pacific.

On January 21, 2017, Reno will be hosting the Midwinter House of Delegates Meeting at the Atlantis Casino. Come to the meeting and get the latest news and information from the NDA and the ADA.

2017 is going to be a legislative year for Nevada. The Nevada Dental Association and Ferrari Public Affairs are doing a wonderful job looking after your needs as a dentist. They are continually sending out emails and updates to best represent you at the State level. Please read the information that they send out. This is important information for all dentists.

We need you! Oral Health Awareness legislative day is going to be on March 1, 2017. This is a wonderful event to meet your Legislators in Carson City. Please mark you calendars to attend this event. The more people we have to attend, the more we can educate the Legislators and their staff about what we do for the State of Nevada.

On a final note, the NNDS New Dentist Committee will put on "Give Kids a Smile" February 4, 2017 at Champagne Family Dentistry. If you are a new dentist and would like to volunteer please contact Lori at NNDS.

I would also like to give the Northern Nevada Dental Health Program a big "thank you" for all of their hard work on the Adopt a Vet Golf Tournament. Due to the great turnout and all of the donations, we were able to raise about $40,000 for the program. That is huge! Also, if you have not heard, the Adopt a Vet Program has moved to a new office. The office is now located at 1301 Cordone Avenue, Suite #100, Reno, near the VA Medical Center. If you have any questions or would like to become a volunteer for the Adopt a Vet Program, please contact NNDS.

I would again like to welcome the new members to the Northern Nevada Dental Society. And to all of our members, may your New Year be a safe and prosperous one! ■

UNLV School of DENTAL MEDICINE

ADMISSIONS AND STUDENT AFFAIRS

The 2016-17 application cycle is well underway. We have received 1,735 applications so far. The deadline to submit an AADSAS application for the SDM is January 1. Qualified applicants began interviewing on September 23. Interviews will continue until March 10, 2017. The first round of acceptances will be mailed on December 1.

ADVANCED EDUCATION IN ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS RESIDENCY PROGRAM

The following Residents will graduate on December 17 with a Certificate in Orthodontics and a Master's of Science in Oral Biology: Dr. Erica Crosta, Dr. David Jolley, Dr. Ryan Jolley, Dr. Erin Ma, and Dr. Allison Tomlin.

ADVANCED EDUCATION PROGRAM IN PEDIATRIC DENTISTRY

The program is happy to welcome Dr. William Buhler, a pediatric dentist who recently retired after 30 years of service in the Air Force.

OFFICE OF RESEARCH

The UNLV SDM 15th Student Research Day and Dean's Symposium will be held on Thursday, March 2, 2017. For information on this event, please contact Dr. Connie Mobley at connie.mobley@unlv.edu.

Dr. Edward Lynch, formerly Director of Dentistry in the University of Warwick in the United Kingdom (UK), has joined the UNLV SDM research faculty. His

REPORT

presence will enhance future research endeavors at SDM. He was elected as the most influential person in UK Dentistry in 2010 and has held the position of Professor of Restorative Dentistry and Gerodontology of the Queen's University Belfast as well as Consultant in Restorative Dentistry to the Royals.

FACULTY NEWS

Dr. Michael Sanders has been appointed to the Nevada State Board of Dental Examiners. Dr. Antonina Capurro has been named the State Dental Officer. Dr. Wendy Woodall was appointed to the Commission on Dental Accreditation Review Committee as a site visitor for dental therapy and a Review Committee Member. Dr. Robin Reinke is now the Assistant Dean of Clinical Sciences. We are pleased to welcome SDM alumni Dr. Gayla Raz, a Periodontist and Dr. Benjamin Barborka, an Endodontist both members of the Class of 2013 back to campus.

DEVELOPMENT NEWS

Recent donations to the School of Dental Medicine include over $20,000 of in-kind support from GlaxoSmithKline to support K-12 outreach and education and $10,000 from Delta Dental Community Care Foundation to Miles for Better Smiles. To learn more about supporting School of Dental Medicine, please contact Nikki Khurana-Baugh at 702-774-2362 or at nikki.khurana-baugh@unlv.edu.

Aging Gracefully (and other indignities)

By Robert E. Horseman, DDS. Published with permission of the American Association of Dental Editors and Journalists

When I pay one of my infrequent visits to my primary care guy, I make certain to get my $10 co-payment's worth by saving up symptoms until I'm sure I have enough to command his attention for at least 10 minutes. These are carefully recorded on a list I bring with me.

My left knee has begun to hurt. My knees, unlike some of my other body parts, had not communicated with me for more than eight decades. I compared the ailing knee with its mate. Although they are both the same age and appear to be dimpled twins, the complainant had taken on a life of its own, either refusing to bend comfortably or threatening to flex both ways without advance warning.

After six weeks of ignoring it, I finally managed to accumulate a qualifying number of unrelated complaints, including a twinge in my right shoulder and two suspicious spots on my right forearm at least 4 microns in width. In addition, an annoying extra trip to the bathroom around 4:30 a.m. convinced me that at least one or two of these symptoms confirm the presence of a fatal disease requiring surgical intervention immediately. Time to shell out the $10 co-pay.

My instinctive distrust of general anesthesia was intensified by the probability of the operating surgeon assigned to save my life being revealed as a head case on the verge of going postal from stress and fatigue. "You need to make an appointment," I told myself. I did—the following spring.

An overhead wide-angle shot of a surgical amphitheater overflowing with students and resident doctors forms clearly in my mind. Gathered from as far away as Rochester, the assemblage leans forward in hushed reverence to witness my surgeon's legendary expertise. I had just become aware of two morgue attendants standing expectantly in the background beside their gurney when I hear a female voice announce, "Robert, you may come in now."

I try to respond in kind by attempting to read her name tag pinned to her blouse just south of her left clavicle, but realize that staring any longer to make out the words would not be in my best interests. Laying aside the article I had been reading in Woman's Day on how to cope with those pesky postpartum stretch marks, I trail after the paisley-topped assistant into the inner sanctum. Young enough to be my granddaughter, she is preternaturally cheerful as she confides that we will pause for a moment to weigh me.

At the end of the hall is the scale, impossible to circumvent. The drill is always the same and her buoyancy is ill-suited for the occasion. "Hop on," she trills cheerfully. Every time I have ever mounted one of these doctor scales it is obvious the patient before me could not have weighed more than 110 pounds. There follows a deliberate, prolonged humiliation during which the weights are slowly advanced along their tracks almost to the end before balance is achieved. "My shoes weigh at least five pounds each, you know," I always offer, feeling this should be taken into account as a truer indication of my poundage. I could be wearing a full-length raccoon coat, pockets loaded with enough lead weights to anchor the QE2 and the results would be carefully recorded in my chart. Technically, one should be weighed in the buff. If nothing else, the procedure would add interest to an otherwise dull day at the office. If an inaccuracy of this magnitude is tolerated, the requisite recording of my vitals that follows is subject to plus or minus 35 percent errors and are meaningless except to satisfy blank places on the chart.

It seems under-the-tongue thermometers are an anachronism. A hand-held electronic probe is inserted three inches into my ear, beeps once and immediately withdrawn. I assume this is a rejection because of the wax buildup, but Paisley dutifully notes the 98.6 on my chart and takes my blood pressure.

Blood pressure taken in an examination room automatically initiates the white coat syndrome and elevates itself to near fatal limits. I also believe if I hold my breath, close my eyes and roll my eyeballs upward in their sockets, then focus on arbitrary numbers like 120 and 75, I can achieve any reading I please commensurate with my age. Or better yet, some kid about 25 who has matured in every way except for calling everybody "Dude!" and wearing a baseball cap incorrectly.

Paisley smiles benignly at me. Were the room to be suddenly bathed in ultraviolet light, a little "thought bubble" would appear over her head containing the words "What a porker!" In any event, Paisley is satisfied with my BP, thinking, not bad for a geezer with one foot in.

She departs to fetch the doctor, taking my 2-inch thick folder with her lest I sneak a peak at my own records that I couldn't read anyway, written as they are in Physicianese!

Modern medicine has streamlined the whole medical appointment experience to the point where the doctor is the last person encountered. When I was younger,

the next step would be the entrance of the doctor, an older man radiating compassion and wisdom, sort of like my grandfather, only richer.

In time (this is Doctor Time, different from Patient Time), the doctor breezes in. A substantial part of my wardrobe is older than he. He gets right to the point, the meter is running. "What's the matter with your knee?" he asks. Well, duh! At $10 I have to do my own diagnosis?

"It hurts when I do this," I explain, flexing my left leg gingerly.

"Then don't do that." His eyes grow pensive. "How long?"

"Six weeks." He palpates the joint in a doctorly manner. "A stretched ligament or tendon," he says, conserving unnecessary words as if texting me. "Nothing to worry about. Take a while to disappear. Couple of Advil or Aleve are OK."

"But, I ..." It is too late. Obviously, administering extreme unction to my knee is premature and the problem is too intricate and inconsequential to warrant recapitulating.

"You need a flu shot and a pneumonia shot," he states. "Take this form to the lab. See you in two weeks."

He's out the door and I am left sitting on the crinkly paper-covered table, as my list of assorted ailments flutters to the floor. Left knee, *check*.

What a nice man! Not once did he mention the fact that at my age it would be unrealistic to expect anything less than a yard-long grocery list of physical woes. Maybe I'll come back next fall after a summer of reckless hedonism. I should have a list to reckon with by then. ■

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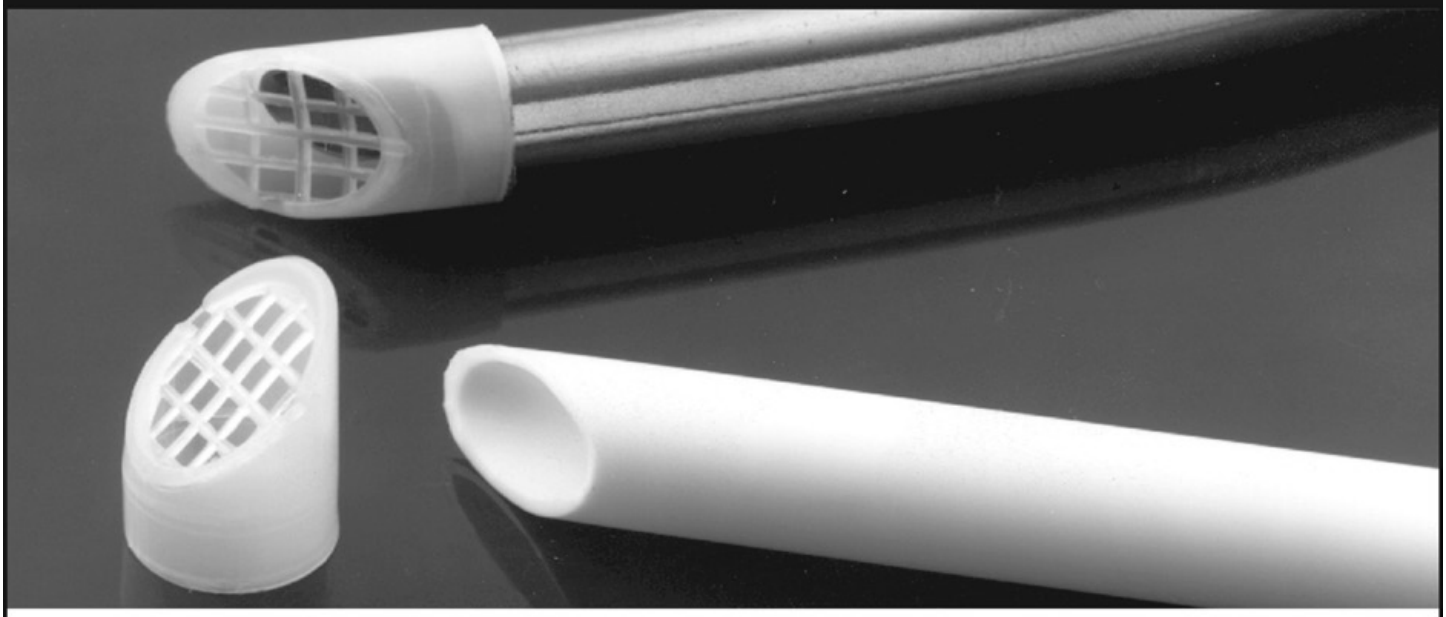

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