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4th | Dr. Michael S. Shuman | 2013 • dishyork@aol.com

5th | Dr. David R. Larson | 2013 • dishyork@aol.com

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The mission of the Pennsylvania Dental Journal is to serve PDA members by providing information about topics and issues that affect dentists practicing in Pennsylvania. The Journal also will report membership-related activities of the leadership of the association, proceedings of the House of Delegates at the annual session and status of PDA programs.

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144TH ANNUAL SESSION Recap
By Dr. Bruce R. Terry, Editor

MEET PDA PRESIDENT DR. BERNIE DISHLER
By Rob Pugliese, Director of Communications

On The Cover: Outgoing PDA president Dr. Dennis Charlton passes the gavel to new president Dr. Bernie Dishler at our 144th Annual Session.
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Is It Safe To Drink?

When I was growing up there was no concept of healthy, all natural or organic. I was part of the space age generation whose parents bought Tang because the astronauts drank it. Coke was the preferred soft drink and considered a basic food group in many households.

My mother was a trendsetter 40 years ago when she sent me to school with pita bread sandwiches with hummus and cucumbers. Everyone else had PB&J on Wonder® bread. She bought natural apple juice and orange juice because she thought it was healthier than Coke or Tang.

As each year passes and new research is published, one thing is now painfully clear to me. I can no longer drink. I am not talking about gin, vodka or a glass of red wine. Honestly, red wine may be the only thing I am allowed to drink in the future. No, I am referring to the plethora of carbonated beverages and their effect on our dentition. When patient, family and friends ask what is safe to drink, my answer is “Nothing!”

A recent study published in the May/June 2012 issue of General Dentistry, the peer-reviewed clinical journal of the Academy of General Dentistry, found that an alarming increase in the consumption of sports and energy drinks, especially among adolescents, is causing irreversible damage to teeth - specifically, the high acidity levels in those drinks erode tooth enamel. Researchers examined the acidity levels in 13 sports drinks and nine energy drinks. They found that the acidity levels can vary between brands of beverages and flavors of the same brand. To test the effect of the acidity levels, the researchers immersed samples of human tooth enamel in each beverage for 15 minutes, followed by immersion in artificial saliva for two hours. This cycle was repeated four times a day for five days, and the samples were stored in fresh artificial saliva at all other times.

“This type of testing simulates the same exposure that a large proportion of American teens and young adults are subjecting their teeth to on a regular basis when they drink one of these beverages every few hours,” says Dr. Poonam Jain, lead author of the study. The researchers found that damage to enamel was evident after only five days of exposure to sports or energy drinks, although energy drinks showed a significantly greater potential to damage teeth than sports drinks. In fact, the authors found that energy drinks caused twice as much damage to teeth as sports drinks.

With a reported 30 to 50 percent of U.S. teens consuming energy drinks, and as many as 62 percent consuming at least one sports drink per day, it is important to educate parents and young adults about the downside of these drinks. Damage caused to tooth enamel is irreversible, and without the protection of enamel, teeth become overly sensitive, prone to cavities, and more likely to decay.

But that is only the latest research and recommendation of what not to drink. Let’s not forget the long established link between carbonated beverages and enamel erosion. In 2008 the Journal of the American Dental Association (JADA) featured an article, “Cariogenicity Of Soft Drinks, Milk And Fruit Juice In Low-Income African-American Children: A Longitudinal Study.” The findings in this study suggested that children who consumed more soft drinks relative to milk and 100 percent fruit juice as they grew older were nearly twice as likely to develop dental caries. If you are keeping score, that means no Red Bull or Gatorade. No Coke or Pepsi.

The JADA article compared soda to milk and fruit juice, but is fruit juice really safe to drink? The American Academy of Pediatrics thought that it was enough of a danger to issue a policy statement about “The Use and Misuse of Fruit Juice in Pediatrics.”

In reality, there are a lot of other more important dangers to your child’s health, but drinking too much fruit juice can be a problem. According to the AAP, “Drinking too much juice can contribute to obesity, the development of caries, diarrhea, and other gastrointestinal problems, such as excessive gas, bloating and abdominal pain.”

Maybe I just need to stick to coffee and tea. Recent studies suggest that green tea may offer health benefits and black tea may actually kill periodontal pathogens. They don’t seem to be cariogenic or carcinogenic. That’s good! But we all know the staining effect of coffee and tea. If you are like some people I know, it’s not the coffee but what’s in it. Once a week I go to Dunkin Donuts for my morning coffee on the way to the Kornberg Dental School. It’s not uncommon for the person in front of me to ask for their coffee with 8 sugars! I kid you not. Some dentists will argue that dark drinks like coffee and tea stain resin restorations and replacing restorations cause more problems. I will have to say no to those drinks as well.

We have all heard of the benefits of red wine, another power antioxidant and age reversal elixir. Red wine can lower cholesterol, blood pressure and make you look smarter (I threw that in). But like coffee and tea it can cause severe staining as well as enamel erosion from the acidic pH.

With all natural and artificial drink options off the approved list to drink, you might think that drinking tap water would be safe, but think again. The EPA prints this information on the website: “There are a number of threats to drinking water: improperly disposed of chemicals; animal wastes; pesticides; human wastes; wastes..."
injected deep underground; and naturally-occurring substances can all contaminate drinking water. Likewise, drinking water that is not properly treated or disinfected, or which travels through an improperly maintained distribution system, may also pose a health risk. You might then think that spring water/bottled water is safer. But, since many bottled water companies are producing water from springs in the shale rich areas of Pennsylvania, one has to be concerned with chemicals from “fracking.” The EPA has a whole section devoted to protection of ground water from fracking. Regardless, homeowners devoted to protection of ground water “fracking.” The EPA has a whole section devoted to protection of ground water may also pose a health risk.” You might then think that spring water/bottled water is safer. But, since many bottled water companies are producing water from springs in the shale rich areas of Pennsylvania, one has to be concerned with chemicals from “fracking.” The EPA has a whole section devoted to protection of ground water from fracking.4 Regardless, homeowners in areas of “fracking” are complaining of foul tasting well water and well water that ignites with a flame. That just makes me thirsty thinking about it.

You might ask, “What about milk?” My short answer is it can kill you if it’s not pasteurized. Additionally, cows are given rBGH, growth hormone, which is known to be carcinogenic to humans.5 I am really at a loss as to what to consider drinking. In evaluating my choices I find that almost everything is going to pose a health risk or a dental risk. Do I really have to choose between tooth erosion, caries, or diabetes? If I choose water will I be vulnerable to unknown chemicals? Maybe distilled water is the only safe choice. It’s cheap, readily available and can go into my clothes iron when I am not thirsty. But trolling the Internet for information suggests that even distilled water has its enemies. Some will say that it gathers impurities from the air during the distillation process that can be absorbed when ingested. Others claim that water without minerals creates an acidic pH imbalance in your body, which is not healthy.

Authors Note: Most of my research was done on the Internet. Some content was paraphrased for effect. OK, most of the content was paraphrased for effect!

—BRT


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For more information on our endorsed vendors, visit www.pdais.com/vendors or contact Brenda L. Kratzer, Director of PDA Endorsed Programs, bkratzer@pdais.com or (877) 732-4748.
The following letter references Dr. Terry’s Impressions column from May/June 2012 (“What’s the Clicking Sound?”)

Hi Bruce,

Good article, as always, but you left us hanging...did retreating #19 clear up the patient’s pain? Or did you have to retreat 18 as well?

Sincerely,
Howard Weinstock

Dr. Terry’s response:

Dear Howard,

The great looking root canal had a fracture when I made my access and was then extracted. The ugly looking half done root canal has still not been retreated.

Go figure!

Sincerely,
Bruce Terry

Dear Dr. Terry,

I read with interest the article, “Licorice Extract a Sweet Way to Control Decay” in the January/February 2012 Pennsylvania Dental Journal. I remembered reading about licorice recently and found the recent FDA warning about licorice and blood pressure. At the least the article should have mentioned this warning for people over 40 years of age. Maybe it was fortunate the older people did not comply as per the PDA article.

Joe Salkowitz, DMD, FAGD
Philadelphia

Dr. Terry’s response:

Joe,

Thank you so much for this warning. I will make sure that we post it in our next issue. I really appreciate your concern and thoughtfulness in letting us know. The FDA has the following website link and warning about licorice suggesting that 2 ounces per day for more than 14 days may be harmful. http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm277152.htm

In addition I did check the website www.drjohns.com and http://drjohns.com/Resources/PDF/dj/licorice-safety.pdf. I read the instructions, which direct both adults and children to use one lollipop twice daily for 10 days and then not to repeat for 3 months. When this was brought to the attention of Dr. John Reitz, the author of our Journal piece, he contacted Dr. Wenyuan Shi, the researcher from UCLA who discovered the anti decay ability of licorice extract. “Each lollipop only contains 8 mg licorice extract from the portion with antimicrobial activities. The FDA guideline about possible blood pressure effect by licorice is at the concentration 50+ fold more,” according to Dr. Shi (Professor and Chairman of Oral Biology, Professor of Microbiology, Immunology and Molecular Genetics at UCLA).

Sincerely,
Bruce Terry
PDA’s Government Relations Committee Would Like to Hear From You!

As PDA gears up for the new legislative session commencing in January 2013, we would like to hear from all of you about the issues you want PDA to advocate for on your behalf. Are there specific insurance, practice management, licensure or access to care issues you would like for PDA to focus on next legislative session? If so, we need to hear from you! Members of PDA’s Government Relations Committee want to make sure we lobby for those issues that will have a positive impact on you, your livelihood and your patients.

Please email Marisa Swarney at mss@padental.org or call (800) 223-0016.
More than 115 dentists, spouses and dental students attended PDA’s annual Day on the Hill on June 5, representing the dental profession as a whole when speaking to legislators and their staff about PDA’s legislative goals. These goals included passing legislation to prohibit insurers from capping non-covered services, passing legislation to require insurers to cover general anesthesia costs when needed to treat eligible dental patients and restoring funding in the adult Medical Assistance and the Donated Dental Services programs. Stay tuned for a feature article about Day on the Hill in the September/October edition of the Journal.

If you were unable to attend Day on the Hill, please visit with your lawmakers in your hometown during Legislative Checkup Week, scheduled for September 10-14. Look on page 10, or check out www.padental.org, for more information. The legislature is adjourned for the summer and this will be their last week at home before returning to Harrisburg for the fall session. Please meet with them during the week of September 10-14 so that our issues are fresh on their minds for the fall session!

**House Insurance Committee Votes on PDA Bills**

On May 23, the House Insurance Committee unanimously voted in support of three bills that impact the dental profession and patients. Dr. Bernie Dishler, PDA president, attended the meeting, along with PDA’s lobbyists and government relations staff.

HB 1537, and SB 1144 legislation that will prohibit insurers from capping non-covered services: It is fundamentally unfair for insurers to dictate fees on services that they arbitrarily choose not to cover. PDA believes the terms of a contact between an insurer and participating provider should only apply to those services covered under their plans. PDA is optimistic that HB 1537 or SB 1144 will pass the House of Representatives this fall.

**HB 532, legislation requiring insurance companies to cover general anesthesia costs for children and patients with developmental disabilities:** For some young children and persons with special needs, treatment under general anesthesia in a dental office, surgical center or hospital is the only appropriate method to deliver necessary oral health care. On June 12, HB 532 passed the House of Representatives with a vote of 198-0. Two weeks later, it passed the Senate and was signed into law by Governor Corbett on July 5. HB 532, now Act 94, will take effect in 180 days.

**SB 388, legislation requiring practicing dentists to purchase malpractice insurance in order to hold an active license in Pennsylvania.** This bill will require all actively practicing licensees to carry liability coverage in the minimum of $1,000,000 per occurrence or claims and $3,000,000 per annual aggregate. It is important to note that while PDA did not ask for this bill to be introduced, we were able to amend SB 388 to include the following exemptions:

- dentists maintaining an active license but not practicing clinically,
- volunteer dentists in community based settings,
- dentists whose employer provides coverage.

In June, the House of Representatives and Senate both unanimously passed SB 388. It was signed by the Governor on June 22. SB 388, now Act 65, will take effect in 60 days.

**PDA Fights Budget Cuts**

Before the budget passed on June 30, PDA strongly lobbied for the restoration of funding in two important dental care programs. Day on the Hill participants also discussed these issues with lawmakers.

**Reinstate funding for the adult Medical Assistance (MA) program:** The Department of Public Welfare (DPW) recently eliminated or reduced the frequency of some services in the adult MA dental program. These cuts and reductions will most likely result in an increase of patients seeking treatment in emergency rooms, which will ultimately cost more for taxpayers. We continue to ask legislators to speak to DPW officials about restoring funding in the adult MA program to the 2011 level.

**Reinstate funding for the Donated Dental Services (DDS) program:** DDS volunteer dentists and labs provide free care to the disabled, elderly and medically compromised who do not qualify for public assistance but are still unable to pay for care. DDS has laid off the two case workers needed to facilitate the program and the program is no longer accepting new applicants. We are asking the legislature to reinstate the $150,000 funding in this year’s budget.

Unfortunately, the legislature did not restore funding in either program when it passed the budget for fiscal year 2012-2013. However, PDA received a commitment from Sen. Ted Erickson to...
introduce legislation that will reinstate funding in the DDS program. If this bill does not pass before the end of the year, Sen. Erickson will reintroduce it during next year’s session.

**PADPAC Matters in 2012...**

*And Beyond*

From November 2011 through June 2012, the Pennsylvania Dental Association Political Action Committee (PADPAC) recorded just over $100,000 in contributions. However, this year PDA has set a PADPAC contribution goal of $200,000, and there is a long way to go before our goal can be reached. Please remember your PADPAC contributions provide essential financial support, helping to achieve one of the most important goals identified by PDA members: to advocate on behalf of members and their patients on legislative and regulatory issues.

Your PADPAC contributions are even more important this year. 2012 is not only an important election year for many state political candidates, but it is also a year when PDA is fighting some of our most difficult and controversial legislative battles. Only with a strong PADPAC presence in Harrisburg will PDA be successful in these advocacy efforts.

The following are the most recent statistics available for PADPAC contributions, broken out by district. Please do whatever you can to contribute, or if you have already joined PADPAC this year, consider making another contribution TODAY!

Please contact Marisa Swarney at mss@padental.org, or (717) 234-5941, if you have any questions. You also may make a donation online by visiting www.padental.org/padpac.

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**2012 District PADPAC Statistics**

<table>
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<th>District</th>
<th>% of contributing PDA members by district</th>
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<tr>
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<td>9</td>
<td>31 percent</td>
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<td>10</td>
<td>16 percent</td>
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Online Calendar Tutorial

The newest addition to the PDA family of membership benefits is eEvents, a premier online event calendar which allows for event, CE course and other PDA-sponsored social function registration. A few of the more distinguishable benefits eEvents offers are timeliness, ease of use and efficiency of registration. Gone are the days of multiple mailings for one single event. No more lost registrations or misplaced paperwork. The online calendar presents registration, event coordination and a master calendar all at a finger-tips reach. So how does it work?

1. Visit www.padental.org/calendar or click on “Calendar” on the main PDA website under the “Events” tab. This will automatically show the current month’s list of events, including PDA-sponsored and others (district/local, dental school, etc.) You can scroll through each monthly listing by using navigation at the top of the calendar or scroll to the bottom of the page for a drop down box selection of month and year.

2. Click on the desired event within the calendar, or for more information scroll down the page to see each individual listing. You can also search by keyword or event type.

3. Important! In order to register for an event, you must be logged in to the website. Not sure what your login and password are? Use the link on the registration page to have your password sent to you or contact the PDA Central Office (800) 223-0016 for assistance with your login and password.

4. Once logged in, select the event for which you wish to register. Complete all required fields, such as meal choice, parking pass request, etc. Click continue.

5. Also very important! Many PDA-sponsored events offer complimentary attendance. If you register to attend one of these events, please be sure to click Submit Order on the “Shopping Cart” page, otherwise your registration will not be recognized. Otherwise, enter your payment information (credit card only).

6. After clicking on Submit Order, you will be directed to your confirmation page. This acknowledges the completion of your registration and provides all necessary information and event details.

That’s it! Six easy steps to online registration. Eventually this will be the only way to register for events so please familiarize yourself with the format and don’t hesitate to call the PDA Central Office at (800) 223-0016 with questions or for step-by-step assistance. Your staff at PDA is very excited about this new use of technology and we look forward to bringing you fun and exciting events that you can now register for online!
Welcome New Members!
Following is a listing of members who have recently joined PDA, along with the dental schools from which they graduated and their hometowns.

Jennifer L. Adair, DMD
University of Pennsylvania ’10
Fort Washington

Ted O. Allerheiligen, DDS
University of Texas ’80
Eagleville

Pallavi Batra, DMD, BDS
University of Pennsylvania ’11
North Wales

Ryan A. Becker, DMD, MS
Temple University ’09
Norristown

Sara M. Bevan, DMD
Temple University ’11
Philadelphia

Andrew D. Biffen, DMD
Temple University ’11
Stroudsburg

James Bramson, DDS
University of Iowa ’79
Harrisburg

Michael M. Breskiewicz, III, DDS
University of Maryland ’11
Elysburg

Jacob J. Chae, DMD
Temple University ’11
Fort Washington

Parampreet Chhina, DMD
University of Pennsylvania ’10
Philadelphia

J. Neil Della Croce, DMD, MS
Temple University ’10
West Chester

Azita Elyaderani, DMD
University of Pittsburgh ’11
Cranberry Township

Amy E. Farrell, DDS
University of Maryland ’11
Ambler

Eveline Hamdani, DMD
University of Pennsylvania ’10
North Wales

Elizabeth Ann Harrison, DMD
University of Pennsylvania ’79
Mechanicsburg

Ly T. Ho, DDS
University of California, Los Angeles ’11
Philadelphia

William L. Hoch, DMD
University of Pittsburgh ’81
Beaver

Michael E. Hyduk, DMD
University of Pittsburgh ’11
Bethlehem
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<table>
<thead>
<tr>
<th>Name</th>
<th>University</th>
<th>Location</th>
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<tbody>
<tr>
<td>Matthew R. Sroka, DMD</td>
<td>Temple University '11</td>
<td>Johnstown</td>
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<tr>
<td>Jason R. Stetson, DMD</td>
<td>Temple University '12</td>
<td>Boalsburg</td>
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<tr>
<td>Rebecca R. Steves, DMD</td>
<td>Case Western Reserve University '11</td>
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<td>Karen A. Uston, DDS, MS</td>
<td>University of Michigan '08</td>
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<td>Jonathan G. Van Dermark, DMD</td>
<td>UMDNJ ‘90</td>
<td>Sayre</td>
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<tr>
<td>Nicholas R. Westwood, DMD</td>
<td>University of Pennsylvania '06</td>
<td>Pittsburgh</td>
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At Your Fingertips www.padental.org

Virtual Dental Van www.padental.org/van

PDA’s Access to Oral Health Committee has developed the Virtual Dental Van, offering a wealth of information on navigating public insurance programs and accessing much-needed dental care.

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- Preparing for a visit to the dentist
- CHIP and Medical Assistance programs
- Cavity prevention

Another section of the Virtual Dental Van highlights topics of importance to dentists, and offers in depth information, including:
- Understanding CHIP and Medical Assistance
- Voluntary dental services
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Advanced Fee Dental Practice

PDA has been asked about “Advanced Fee Dental Practice” (AFDP).

AFDP can consist of a few different arrangements, directed toward patients who do not have dental insurance. The most common arrangement is a situation that involves an annual fee, paid in advance, in exchange for providing “free” exams and prophys, and discounting other services. PDA staff checked with the Pennsylvania Insurance Department to determine the propriety of such an arrangement and we were advised as follows.

Depending on how it is structured, the arrangement suggested very well may be insurance. If it is, the provider would need a license to engage in the business of insurance. It is worth noting that where the department has seen the details of similar provider arrangements, it has not been uncommon to find that the arrangement would constitute the business of insurance.

The provider may wish to consult an attorney to evaluate the specifics of the arrangement. That attorney may wish to look at the case of Korn v. Avis, 8 D. & C. 3d 640 (1977) in making that evaluation, where six factors are presented to assist in determining whether an arrangement may be considered insurance:

1. Indemnification of the insured by the insurer.
2. Profit motive on the part of the insurer.
3. A future occurrence of a specific, fortuitous event over which the insured and the insurer have no control and the occurrence of which triggers payment.
4. An element of risk assumed by the insurer which is spread among a large group of insureds with similar risks at stake.
5. Present payment by the insured of a premium to the insurer which is allocated to a general fund, maintained by the insurer to which all premiums in the same risk group contribute and from which the reimbursement payments are made by the insurer.
6. The overall objective of the arrangement.

If a dentist is considering this type of arrangement, PDA suggests that the dentist contact his/her attorney, as recommended by the Pennsylvania Insurance Department.
144th Annual Session
Hershey, Pennsylvania
144th Annual Session Recap

By Dr. Bruce R. Terry, Editor

The 2012 Pennsylvania Dental Association House of Delegates met April 27-28 at The Hotel Hershey. This was the second year of our new, shortened meeting format that evolved as a response to the need to save costs and volunteer time. This also marked the second year with the number of delegates decreased from 120 to 86.

The House adopted 24 resolutions this year, several of them honorary and memorial in nature, and most of them covering “housekeeping” details on policies and procedures. Several noteworthy resolutions included:

- HD-12-07, sunsetting the Forensic Odontology Committee, as its functions are now served by other organizations and agencies.
- HD-12-16 and HD-12-17, changing the association’s process for determining the dues and approving the budget; the Board of Trustees will now determine the annual dues at the time they approve the budget.
- HD-12-19, stating that the Chief Executive Officer of PDA will present a “State of the PDA” written report to be delivered at the House of Delegates meeting.
- HD-12-21, adopting a position statement where PDA supports legislation requiring a tax on smokeless tobacco products as long as the revenue generated by the tax “is used for programs to reduce the morbidity and mortality associated with tobacco-related diseases, especially oral diseases” and does not become part of the general fund.
- HD-12-22, where the House of Delegates unanimously endorsed Dr. Charles Weber, of West Chester as a candidate for ADA President-elect 2013-14.

You can read all 24 adopted resolutions in their entirety on the Annual Session section of the website at www.padental.org.

The 144th Annual Session began on Thursday April 26, with an afternoon Continuing Education course offered by the PDA. “Advanced Technology Update: Emerging Options in Materials, Diagnostics and Devices for Dentistry,” was presented by Temple Dental School faculty member Dr. Steven Jeffries. 62 people attended the lecture and gave the course very high ratings.

Friday the House of Delegates got down to business with the First Meeting of the House followed by Reference Committee hearings. After lunch for the delegates and alternates, there was a presentation and panel discussion on Community Dental Health Coordinators (CDHC) by the Kornberg School of Dentistry of Temple University. Dr. Amid Ismail, Dean, and recent graduates from the CDHC pilot program at Kornberg gave an update on their education and current position in the dental community. Dean Ismail made some introductory remarks and described his vision for this program.
Each student then explained their personal background and further discussed how they now plan to work in a community health clinic setting. The information was well presented and generated questions and applause from the delegates.

Friday night featured a new twist on the PADPAC reception, with PADPAC’s first karaoke night fundraiser generating fun for all who attended. Saturday morning began with district caucuses to discuss the reference committee reports and resolutions from Friday. After lunch, the Second Meeting of the House of Delegates convened with awards presentations leading into the discussion and voting on the resolutions put forth. The meeting ended on Saturday afternoon and was followed by the President’s Dinner Dance on Saturday night, honoring president Dr. Dennis Charlton.

All in all the 144th PDA Annual Session was a great success. Both the format and business discussed proved to be a productive two days for the House of Delegates members.

Dr. R. Donald Hoffman (right) passes on to Dr. Samuel Selcher the true secret of budgeting success.

Dr. Michael Shuman emerged as “PDA Idol” at PADPAC’s karaoke fundraiser.

Friday’s panel discussion on Community Dental Health Coordinators.

Dr. Joseph Ross, Annual Session general chair, at the President’s Dinner Dance.
State of the Association

How can an organization that is 144 years old continue to be meaningful, current and fresh to members of all ages in the profession? That is the challenge for the Pennsylvania Dental Association as the average age of our members increases and the world around us changes daily. We don’t want to become obsolete, but there is a real risk of doing just that if this association doesn’t keep up with the manic world around us. The PDA needs to be the authentic leader of the dental profession. We have proclaimed in our Strategic Plan 2011-2015 document that we strive to be the dental leader in the Commonwealth. Part of our purpose statement reads:

Serve the Interests of the Profession

• Provide opportunities for professional growth and development and to promote the highest ideals of professionalism.
• Retain and increase membership.
• Maintain and improve inter-relationships with all groups whose activities impact on dental practice.
• Develop programs that inform and assist members in understanding and coping with the changing societal and professional climate.
• Be a strong advocate of dentists’ rights and serve as the official spokesperson for the profession.

The “state of the association” is currently very good, but the future holds specific challenges that we must prepare to meet. Does the PDA risk slipping down the slippery slope of insignificance in the years to come?

Legislative Challenges

The insurance industry has been both a blessing and an obstacle over the years. Today, they strive to make participating dentists follow new rules that seem unfair and unacceptable to most dentists. In 2009, many companies instituted the policy of dictating fees for their contracted dentists for services that the insurance company has no intention of offering coverage for. Since our member dentists feel this is unfair, we supported the introduction of legislation to eliminate this practice. The Non Covered Services bills (HB 1537 and SB 1144) have been stymied in committee during this legislative session. Despite indications that these bills might get legs and start moving, they have been met with continued opposition from the insurance lobby. The Insurance lobbyists have offered numerous amendments on many occasions. Our resistance to their changes has caused a log jam that we are having difficulty unjamming.

The insurance folks have been busy fighting the General Anesthesia for At-risk Patients bill (HB 513) and the Assignment of Benefits legislation (HB1536). These
are pieces of legislation that, at sometime during the last year, appeared to be headed for a vote in committee and never got to that point. There has been a sustained effort from the opposition that has been successful in turning back PDA and our lobbying efforts. The insurance lobby is strong and we must continue to be persistent in our efforts to move these pieces of legislation. Every member who sees value in these legislative efforts should contact their senator or representative to bring these issues to their attention. Your grassroots efforts can be more effective than the PDA officers constant nudging of these same legislators. We are not making progress using only the voices of the few, and it is necessary to rally the troops for a more effective legislative success.

The Financial Future
The immediate financial future of PDA is very healthy! The long-term financial future of PDA is questionable at best! Let me explain. While PDA has reserves that are equal to 90 percent of the annual budget for 2012, we will deplete almost $500,000 to balance the budget this year alone. Let me restate that so you don’t think this is a typo. To balance the PDA budget in 2012 we will spend nearly a half of a million dollars out of our reserves! The 2011 budget, after the figures are audited, will come in very close to balanced without using reserves. The latest ADA figures show our membership market share improved over the last year but our income from dues will decrease. Here’s the issue. The reason for dramatic change in dues income is because we are getting older. In 2011, the life members of the PDA totaled 43 percent of the total membership. Those life members who are retired do not pay dues while those life members who continue to work pay only half dues. As our membership average age increases, the money the PDA receives from dues decreases. The trend will continue into the foreseeable future and PDA cannot continue to operate “business as usual.” Without some change, the reserves we have will be gone in a few short years. PDA needs to reduce costs of operation, increase our dues income, or do both to survive through the next five to ten years. Reducing the cost of running PDA can be accomplished in many ways but there are only two ways to boost dues income. The PDA needs to take action now! We must reduce the cost of operating the most expensive entities of PDA. The three most costly parts of the budget are the Board of Trustees, ADA Annual Session and PDA Annual Session. Expenses need to be reduced in these areas. We have already started making headway on the cost of the BOT and the Annual Session. More needs to be done on both these fronts. I’d suggest restructuring the Board of Trustees. There are many ways to do this, but the goal needs to be to reduce the cost for individuals who sit around the board table. If we cut the number of Board members in half we would cut a significant expense to the PDA. This won’t be a popular suggestion, but it is one we need to consider. Can meetings be scheduled to reduce overnight stays? I believe the HOD should challenge the BOT to find more ways to reduce their draw on the PDA budget.

We have already reduced the number of delegates and alternates to the PDA Annual Session and the number of days we meet. This has resulted in reduced costs, but Annual Session is still one of the major expenses of the association. We need to continue to look for ways to reduce these costs as well. Could we do our Annual Session in one day? Can we further reduce the number of delegates and still have adequate numbers in the delegations? This is only our second year of reduced HOD so maybe it’s too soon to judge its success. We do need to continue to ask ourselves these questions.

The ADA delegation currently consists of 18 delegates and 18 alternates. The PDA has policy in effect that states that every member of the delegation will be reimbursed. We have changed the reimbursement many times and I believe it is time to make a change again. I’ve served as an alternate and delegate to the ADA through the years. The full complement of alternates has always seemed excessive whether I was sitting on the floor of the House or in the alternate section. I believe we can effectively manage the ADA House of Delegates with only a handful of alternates. These alternates could then be easily accommodated for their opportunity to sit on the floor of the House and vote. The expense to PDA will be dramatically reduced and some of the reserves saved.

Now for dues, we need to significantly increase the dues of the association. The budget talk at the Board of Trustees was to consider a dues increase of over $100
to make an attempt to balance the budget. Unless we bring in a large number of new full dues paying members the only way to bring in more dues receipts is to increase our dues. We could also consider asking our retired life members to pay some small level of dues. Anything they would contribute to the treasury would help reduce the massive budget deficiency. Is the association important enough to our retired life members to help keep it functioning effectively? We need to find out so we know how to handle the increased need for dues dollars.

Only by making proactive changes can we avoid a dreary financial future. The number of life members will increase in 2013 and the full time equivalent or FTEs (full dues paying) will be smaller than in 2012. It is the responsibility of the HOD and the BOT to operate PDA without completely depleting the reserves. So we need to examine the possibilities to ensure our bright financial future or face the ever-shrinking finances and become ineffective.

I would like to see the House of Delegates authorize the Budget, Property, and Finance Committee of the Board to set the annual dues at the time they develop the budget for the upcoming year. Currently, the House sets the dues for following year in April. This is so far in advance of the budgeting process that the House would need a crystal ball to develop a realistic dues amount. This needs to change.

Membership Challenges
So that leads me to the challenge of increasing our membership. As I stated above, our market share has increased over the last year. “The ADA just completed the 2011 National Recruitment and Retention Report that tracks membership market share for active licensed dentists. A recent email from membership committee stated: PDA’s member market share for year ending 2011 is 61.2 percent vs. 61.1 percent market share for year ending 2010. For 2011, the number of active licensed members decreased 33 members to 4,387 and the total number of active licensed dentists decreased 72 dentists to 7,167. The ADA’s active licensed dentist member market share dropped .9 percent from 68.2 percent in 2010 to 67.3 percent in 2011.” So if it wasn’t for the fact that our percent of retired life members was so high, we’d be in good shape. We need to attempt to close the gap between our market share and the national average. Can we increase our market share of membership by 7 percent? It will take local society efforts to make that kind of headway on increasing membership. The bottom line is that dentists join because someone asks them to join. Long gone is the time when everyone was just expected to be a member of organized dentistry. We need all the members we can get to boost our effectiveness in the legislative arena as well as increasing our dues income. New members, like new patients in our practices, are the lifeblood of a viable association.

The Membership Committee will supply each district with the information on current members, members who haven’t renewed yet, and non-members. Take this information and use it. If every member of the House of Delegates is able to attract one new member during 2012 our numbers for next year would begin to see improvement. It’s easy to be comfortable in our association but the truth is we need to improve our outreach to non-members and make them see the value of membership in the tripartite.

Professional Relationships
This year has seen some very positive professional relationship developments. At each of the State Board of Dentistry meetings this year, Drs. Dishler, Spruill, and I met and discussed issues with the SBOD members and the officers of the Pennsylvania Academy of General Dentistry (PAGD). I have worked with the PAGD to promote their outreach program, Nation of Smiles, One Smile at a Time, which is planned for Philadelphia on June 23, 2012. This outreach will be held at the University of Pennsylvania School of Dental Medicine. I’ve had many conversations with the PAGD officers and about this program and the other issues that have come before the SBOD during this year.

We have also worked with some of the specialty organizations during this year. The Pennsylvania Society of Oral and Maxillofacial Surgeons are planning to coordinate their annual meeting with our Annual Session this year. The American Association of Orthodontists have, for years, sent a representative to our ADA caucus and this continued during 2011-12. The AAO has asked for and received the ability to create a social network group on the PDA website. These relationships are important to keep the PDA attuned to what the dentists of the Commonwealth

Dr. Bill Spruill, 2010-2011 president, greets Dr. Charlton as he concludes his term as PDA president.
need and want from our association. In addition to the specialty organization, the International College of Dentists is presenting a course free of charge to the members of our PDA delegation the day before the Annual Session begins. The collegiality developed with these efforts is very important.

The Pennsylvania Dental Hygienists Association (PDHA) has reached out to begin to develop a working relationship with the PDA. The President of PDHA made an effort to bridge the communication gap that seemed to exist between our associations. I have had several meetings with the officers of PDHA this year and have found them to be truly interested in working with PDA to improve dental health in the Commonwealth. Dr. Bill Spruill, Immediate Past President, and I met with Deputy Secretary of the Office of Medical Assistance Programs, Vincent D. Gordon, to discuss the reimbursement of Public Health Dental Hygiene Practitioners (PHDHP). The meeting allowed us improved understanding of the how the state sees the utilization of the PHDHP. These licensed dental hygienists are able to get reimbursement they seek in the Federally Qualified Health Centers where they can work to reach the underserved. We were able to bring this information to PDHA and our efforts on their part were appreciated. The PDHA did offer to work with us in the legislative arena. Their president sent a letter of support for our General Anesthesia Bill (HB 532). I hope we can continue to work with this association to make progress in reaching our stated Strategic Planning Goal: Maintain and improve inter-relationships with all groups whose activities impact on dental practice.

Dr. Bernie Dishler and I met with Dr. James Bramson, Chief Dental Officer of UCCI in January. This is another big step in establishing communications with other stakeholders of the profession. As many of you know, Dr. Bramson was the CEO of the ADA for about eight years. He only recently came to Pennsylvania in this position with UCCI. He was frank and open in his discussion and I believe he will be a friend to the PDA in the future.

The officers of the PDA have met with numerous PA legislators and members of the state administration at almost every level during this year. I’ve had tons of help from Immediate Past President, Bill Spruill, and President-elect, Bernie Dishler during my year as president. These avenues into the state legislature and executive branch of the Commonwealth are vitally important for our professional image and effectiveness.

Goals and Objectives

The Pennsylvania Dental Association has some big challenges before us in this upcoming year and beyond. We need to face the future with open eyes and a keen sense of what changes need to be made in order to allow us to continue to be the leader of the profession in Pennsylvania. Please consider these areas to be changed.

1. The BOT needs to analyze itself and develop a plan to reorganize to be more efficient and less costly.
2. The ADA delegation to the Annual Session needs to be reduced to be leaner and more efficient.
3. The dues of the association need to be set at the same time as the budget is developed for the upcoming year. Only the HOD can give the Budget, Property and Finance Committee the authority to do this.
4. New and realistic membership goals need to be accomplished. Let’s increase our FTEs.
5. Our officers must continue to work with and communicate with each of the allied dental organizations.

Thank you! Those simple words could never express my appreciation for being given the honor to represent this association in so many places. Last April, I challenged myself to follow in the footsteps of the former presidents of the PDA. I hope by some measure I have done just that. My life has been enriched by being a Pennsylvania Dental Association member and even more so by being able to serve the association as the president. I’ve done what I could do to the best of my ability and feel confident that I’m leaving the association in able and caring hands as I take my position in support of Dr. Bernie Dishler. Thank you!

The Charlton's having a blast singing at PADPAC's karaoke fundraiser.
Dr. Ronald Bushick presented the PDA Distinguished Service Award to Dr. Charles W. Weber on April 28 during the Second Meeting of the House of Delegates.

President Carlton, officers, trustees, members, PDA Staff, guests and friends...

This afternoon I have the distinct privilege and very personal pleasure to present the Pennsylvania Dental Association’s Distinguished Service Award to this year’s recipient.

Each year the Annual Awards Committee selects for this award a member whose contribution of time, energy and effort to our association has been exceptionally significant, who has demonstrated significant achievements and high professional standards or whose public life and activities have been of such nature as to reflect great credit upon the profession. Our recipient has fulfilled these requirements. This award is the highest recognition that our association can bestow upon a member.

I am honored to present this year’s Pennsylvania Dental Association Annual Award to our well deserving colleague and my very close personal friend, Dr. Charles Weber.

His service and accomplishments span many decades since graduating from the University of Pennsylvania School of Dental Medicine and his professional contributions as a clinician, educator while at Penn, leader at the local, district, state and now national fronts is a testament to his long standing dedication and passion that he exhibits toward our profession.

I refer you to the program booklet to review his impressive background in full. However, I would like to take a little time to focus on a few of these.

Like many who have been involved in organized dentistry over a long time, Charlie has served in numerous positions of leadership, on committees, task forces, as a delegate and such working his way to the presidency of his local, district and our state association.

He has given over 20 years of service to our Second District Valley Forge Conference, many in leadership roles.

His professional affiliations and awards are numerous. Because of his unique ability to organize and plan, Charlie was sought out on more than one occasion to manage the campaigns of colleagues who were seeking higher office in the American Dental Association.

His long service as chief and as a member of the executive committee of the Dental Section of the Chester County Hospital earned him Emeritus Status in 2004. He serves as the managing partner of the Chester County Medical Center.

Charlie presently serves as the Third ADA District Trustee and as such helps to establish policy and influences solution to public (patient) and professional problems, always emphasizing accountability, ethics and mentoring of new, young dentists.

Aside from the time and many hours devoted to the dental profession, he continues to excel in one of his many hobbies as an excellent photographer where he finds time to pursue unique and frequently interesting photo excursions.

On a lighter side, I would be remiss if I did not make mention of Charlie’s quick wit, his great sense of humor and often his pranks which many of us have experienced.
Everyone must be aware that to do all that he has done over these many years requires a strong support system which he has from his lovely wife, Karen and his children Corey, Krista and Chuck. Certainly his grandchildren Owen and Emma are part of his team.

Ladies and gentlemen, I present to you our colleague, my good friend and with our help the future President-elect of the American Dental Association, Dr. Charles R. Weber.

Dr. Weber’s Remarks:
Thank you Ron for that wonderful introduction.

Dr. Charlton, officers, trustees, delegates and guests:
Receiving this honor is a very humbling experience. As I look at the long list of previous winners of this very prestigious award, I see many who have influenced my career. I see a gentleman with whom I interviewed at Penn, as well as two who authored textbooks which I used in dental school. I see dentists from the First District who, through the Liberty Dental Conference, showed me the benefits and collegiality of organized dentistry while I was still a student. I see peers and colleagues throughout the state who have mentored me though the labyrinth of organized dentistry. And, as I stand before you today, I have to admit that I have enjoyed every minute of the journey and treasure the friendships and relationships I have made along that winding path.

The real people who truly deserve this reward are not standing before you today. Certainly my wife, Karen and my children deserve my heartfelt thanks for all of their love, support and understanding. Even my grandchildren, Emma and Owen don’t get upset when I miss school events or a soccer or baseball game. Without my family’s encouragement and yes, occasional criticism, I could not have devoted the time to organized dentistry.

I must thank my friends in Second District for nominating me as well as the Annual Awards Committee for selecting me for this honor. I would be remiss if I did not thank my support team of staff, both in my office as well as the staff in Second District, the Pennsylvania Dental Association and the American Dental Association. They have all worked very hard to make my world function like a well-maintained Swiss watch and I could not function a day without them.

While at dental school, the thought of not joining organized dentistry never crossed my mind. It was something that everyone did. ASDA did not yet exist so we were members of the Student American Dental Association. Maybe it’s a generational thing, but I was a joiner and became involved in many student activities. As Editor of the Penn Dental Journal, I wrote an article about the dichotomy of selling tobacco products in the gift shop of the University Hospital. Knowing that the Vice President of Medical Affairs was Dr. Luther Terry, the former Surgeon General and author of the famous anti smoking document connecting tobacco use with cancer and heart disease, I thought for sure that I would have an ally. When I was summoned to his office several days after the editorial was published I felt sure that I would be told that whatever Pulitzer prize they gave to student journalists, I was sure to be a contender. I was brought in to an office of leather furniture and large desks, a truly important setting for such an auspicious moment in my young career. I was immediately informed that this ill thought out notion would cost the university thousands of dollars and cause a great deal of turmoil in the hospital as patients who could not smoke during their respiratory treatments might become very belligerent. Although he did agree with me, he said it was not a practical thing to do and would I consider writing a retraction. I said I would not, but would consider writing another article describing our conversation. Several weeks later, the dean of the dental school told me that the Board of Trustees of the hospital was banning the sale of tobacco products. Later smoking was banned in patient rooms and many years later smoking was banned in the hospital. The book Tipping Point by Malcolm Gladewell supports the fact that you do not need many people to actually make something happen. I think my early success with this project encouraged me to take on other causes and help make things happen.

In my third month of private practice, I was censored by the dental society for accepting credit cards, a new thing in the early 70s. I was told that accepting credit cards was unprofessional as professionals only accepted cash and checks (or in the case of Wyoming dentists, gold bullion). Therefore, I would be put on probation for six months. I did go to the board meeting and explained that accepting credit cards was not unprofessional and yes, it might be something that all dentists may do someday. During my probation period, the dental society did consider that perhaps credit cards were the wave of the future. Little more was said about my probation and I continued to accept Visa and MasterCard. Affecting positive change can only make us a better profession. It’s a good feeling to control our own destiny and it’s a frustrating experience when others tell us the best way to practice. Like that would ever happen!

These initial experiences encouraged me to become more involved with my local dental society, with children’s dental projects, oral cancer exams and the myriad of committees, councils and task forces that led to the Second District, the Pennsylvania Dental Association and the American Dental Association.

Winston Churchill once said, leaders are not made, they are just people who get cornered. I’ve even gotten cornered in the Circular Dining Room, but I have to admit, it’s been a great ride, like driving along country roads with the top down on a sunny day. Without organized dentistry, Karen and I would not have the friendships and relationships that we have with so many wonderful people throughout Pennsylvania and the entire country. The Pennsylvania Dental Association has been a part of my life for many years and I sincerely thank every one of you for making this moment possible. This award is certainly the icing on the cake but through the years, you have already given me the ultimate honor of representing you. That has been my privilege.

Again thank you very much for this wonderful honor!
Dr. Thomas Braun Honored with PDA Recognition Award

Dr. Dennis Charlton presented the PDA Recognition Award to Dr. Thomas Braun on April 28 during the House of Delegates Second Meeting.

I am honored to present the following award. The recipient of this award has been part of my entire professional life. When I entered dental school in 1977, Dr. Thomas Braun was a young oral surgeon having just completed an Oral and Maxillofacial Residency program at Presbyterian University Hospital. For those of you not from Pittsburgh, Presby is adjacent to Salk Hall, which houses the School of Dental Medicine. Dr. Braun face soon became familiar to all the dental students at Pitt. As I progressed through dental school our paths crossed many times. I’ve always admired him, I’ve worked with him on the committee to promote the Pitt Dean’s Dental Scholarship and have come to cherish his friendship over the years. As I researched information for this introduction, I was sent a 25 page curriculum vitae. We are honoring him today for one of his many accomplishments, which will be the newest addition to his CV.

The University of Pittsburgh School of Dental Medicine has been at the forefront of special needs dentistry since the 1960s. Dr. Thomas W. Braun, DMD, PhD, a 1973 graduate of the dental school and dean since 2000, has been at the head of that forefront. Through his vision, the school expanded its treatment facilities in 2008 by establishing The Center for Patients with Special Needs. The center provides quality and comprehensive oral care while giving students, residents and graduates the opportunity to learn how to treat special needs patients.

For his dedication to improving access and facilitating treatment for patients with special needs, PDA is pleased and honored to present Dr. Thomas Braun with the 2012 PDA Public Service award.

Dr. Braun’s remarks:
Thank you very much. Those of you who know me realize that I’m not one for long speeches; neither listening to them nor giving them. So, this will be brief. I do sincerely appreciate the honor that this award represents. I appreciate the nomination and the PDA and its leadership and Dr. Charlton for recognizing this. I accept it on behalf of our faculty, our staff and students at the University of Pittsburgh School of Dental Medicine, who have permitted the vision of that center to become a reality, and that is that each graduating dentist will have a level of comfort and will have a level of competency in dealing with patients with disabilities. I would invite anyone who’s in the area to stop by; it’s a dynamic and exciting area to visit.

Finally, I would like to recognize my dear wife Liz who’s sitting in the back, who inspires me each day and who makes each day better than the one before.

Thank you again for this honor.
Dr. David Larson presented the PDA Public Service Award to Drs. Harry Meyers, John Kiessling and Andy Gould on April 28 during the House of Delegates Second Meeting.

Thank you Mr. Speaker, President Charlton, PDA officers and Trustees, members of the PDA House of Delegates, distinguished guests and friends. It was with great pleasure that I learned the PDA Annual Service Award would be going to my three friends and colleagues, Drs. John Kiessling, Andy Gould and Harry Meyers. It has been my pleasure to work alongside these gentlemen in many aspects of volunteer service for our profession and our community. I can tell you without hesitation, the annual awards committee indeed made a great choice.

While there is not adequate time to share all their many achievements, suffice it to say that these three have been key foundation stones upon which our local, the Harrisburg Area Dental Society, has been built. So instead, I will focus upon that one common element that causes us to recognize them today. What distinguishes Andy, Harry and John is the approach they took in addressing the access to dental care challenge by creating Harrisburg SMILES, a truly tremendous endeavor. Somehow, they had the vision to coordinate the activities of various volunteer dental care entities, a FQHC dental care location, the local dental hygiene school and then blend these elements with a new pro-bono care network molded from volunteer members of our local dental society.

They literally spent years with numerous meetings, emails, phone calls and the frustrations associated with
trying to craft their vision into an integrated system that would best meet a patient’s dental care needs while maximizing the care capacity of each element of this collective system. This was no small task. The result was in 2011 they were able to launch Harrisburg SMILES, a collaborative effort of the HACC Dental Hygiene School, Holy Spirit Health Share, Hamilton Health Center, Christ Lutheran Church and volunteer HADS members. This system now coordinates the many caring persons and entities to facilitate providing timely and compassionate dental care to those in need. Although Harrisburg SMILES is still in its infancy, it has begun to already make a positive impact in the community. While more challenges undoubtedly await and they look forward to incorporating new entities to the system, it is clear that a solid foundation has been laid.

There is a guiding phrase in Boy Scouts that holds true to many aspects of life, “Leave the firewood pile higher.” A concept that is simple in nature but challenging in execution. It is so tempting to just use the camp site and leave. But our profession, much like a camp site, needs continual and deliberate maintenance. Through their leadership, community volunteerism and sheer persistence, I can honestly tell you that these three have definitely left our profession’s firewood pile higher. It is my privilege and honor to present to you, on behalf of the Pennsylvania Dental Association, my good friends, Drs. Harry Meyers, John Kiessling and Andy Gould, our 2012 PDA Public Service Award recipients.

Dr. Meyers’ remarks:
Dear PDA officers and staff, delegates and alternate delegates, dignitaries, guests and fellow Pennsylvania dentists:
It is with great humility and gratitude that we accept this award on behalf of the Harrisburg Area Dental Society, which has been supportive of our mission since its inception. We also accept this award on behalf of all of you, our fellow dental colleagues, who — on a daily basis — provide pro bono care both locally in our communities, as well as on the mission fields in any number of locales. Last but certainly not least, we also accept this award on behalf of the invisible — whom we are trying to help, listening to their calls for relief of suffering.

We in dentistry have an altruistic heart, which is why we selected this healing profession for our life’s work. John Kiessling, for many years, had been a lone voice in the wilderness — selflessly working in a clinic, first for the mission of mercy and then at the newly-created clinic at Christ Lutheran Church in Harrisburg. He recruited others to help him, as he donated his time, finances and talent to this endeavor. John has been an inspiration to many, myself included.

Andy Gould has been supportive of our efforts to help the indigent and underserved from the very beginning, too. While president of the Harrisburg Area Dental Society, he picked up the baton and relentlessly advanced our joint mission. He has donated his time and finances and recruited many others to volunteer their services. Andy has helped find funding for our embryonic venture at a time when money has been tight, and when a number of vocal doubters said this could not be done.

We were able to forge a coalition of community partners: while the Harrisburg Area Dental Society took the leadership role, we could not be nearly as effective without the cooperation of Harrisburg Area Community College, Hamilton Health Center, Christ Lutheran Church, the Mission of Mercy, the Foundation for Enhancing Communities and the health share program. Our coalition continues to grow, with potential partners waiting in the wings. Tom Weber, our PDA attorney, provided his pro bono legal advice as well. This truly has been a collaborative effort. But, without dental volunteers, we would have little to show for our efforts.

Andy, John and I have mutually encouraged each other, so that our efforts would not wane, and so that we could continue on our path.

It is said that where two or more are gathered in his name, the Lord is there also. We drew strength from both the divine, whom I know had implanted this vision within each of us, as well as from each other.

Last, I want to thank my wife, Darlene, who has been so supportive, and whose advice has been instrumental in this endeavor.

I thoroughly enjoyed Dr. Larson’s metaphor about stacking the wood pile higher. We have just started on a process, and with the help of our dental colleagues, we will yet do more, and the process will continue to grow.

Thank you for honoring us, for representing the best that dentistry has to offer. This is proof to our community that we as a profession do care.

Thank you.

Dr. Kiessling’s remarks:
I look out across this room today and I am aware that probably each of you have your own personal “Smiles” program. Contemplating the impact of the outreach efforts from all of you good people here today, I am proud to be just one part of it. As I look at the history of this prestigious award I am struck by the monumental work done by those previous award winners.
both individuals and organizations, and the impact that work has had on public health. To be even considered for this honor is by itself, thank you enough. But to receive this award alongside my esteemed colleagues and friends, Andy Gould and Harry Meyers, is flattering beyond description.

Harrisburg SMILES was and is at its core a way of capturing the potential in our dental community and focusing that good will, that talent, and the resources to bring about significant improvement in health. To be even considered for this honor among the best in the country is itself, thank you enough. But to receive this award alongside my esteemed colleagues and friends, Andy Gould and Harry Meyers, is flattering beyond description.

What it boils down to for me is seeing a need, harnessing the desire to meet the need, and preserving over the long haul to keep those volunteer providers happy and in the network. I do wish to thank HADS for their unwavering support of this initiative with volunteers and finance and also for nominating us. Lastly but certainly not least, I want to thank the PDA and members of the Awards Committee for selecting us.

Collaboration is defined as a deep collective determination to each identical objective. It has been my pleasure to collaborate in my community and with my colleagues in making a difference to those in the greatest need of our help.

Thank you, I greatly appreciate this honor.

Dr. Gould’s remarks:

My fellow colleagues and all in attendance, including my wonderful wife Ami and our two girls – Lydia and Meredith, as well as my mom and dad; it gives me nothing but sheer pleasure to stand before you today to receive this honor beside two of my closest friends.

Without echoing too much of what they have already covered, I would like to look at them and merely say, “Thank you.”

Thanks for all the times we have spent together to get SMILES off the ground running. We have had a lot of doubters along the way. We have had many stumbling blocks on that same path. But the three of us have persevered. Together, we have made SMILES something to be very proud of. Who knew four years ago we would be up here accepting such a prestigious award from our colleagues?

But there is lots of work to be done. In addition to the monies we have raised for the SMILES program—as grant writer—I am constantly searching for more grant monies that may be out there that we can put to good use. Since joining the Foundation for Enhancing Communities last year, we have been able to raise well over $25,000 with more in the works. With these monies, our initial goal of funding anesthesia costs so that the oral surgeons can perform patient care on children and adults who need sedation is beginning to come to fruition. Currently we are seeking an increase in area volunteer oral surgeons who can care for more of these higher-risk underserved patients.

This year, we will be making sizable donations for everyday needed dental supplies to area clinics and outreach services, such as Christ Lutheran Church, so they can continue seeing underserved patients. Joining forces with Pinnacle Health in Harrisburg is also a goal of Harrisburg SMILES this coming year. Having them as an East Shore coordinator could translate into huge accomplishments for SMILES. Member dentist volunteers will always be our highest need. I ask of any of you within the SMILES region to either continue to help our cause or, better still, join our forces so that those needing dental treatment in Central Pennsylvania can finally get the care they need and deserve.

It has been my humble pleasure to give back to the profession I love so much and to my community—in making a difference to those in need of our help. Thank you and God Bless.
Tempus fugit, in English, the expression – either in the Latin (tempus fugit) or English form (“time flies”) – is proverbial, generally with the intended sense, “Time’s a-wasting”. As such, it expresses concern that one’s limited time is being consumed by nothing in particular or by something which may have little intrinsic substance, importance, or urgency.

Well, time is flying, but I cannot say it is being consumed by nothing important. I have been very busy this year, both dealing with events and activities of the Association and planning for next year. We have a vibrant association with many activities which either benefit the public or our members. There is a fine line as to how much effort is placed in each category. As professionals, we are duty bound to care about our patients and the public at-large. As leaders of the Association, we are obligated to help our members further their professional careers. As fiduciaries, we are obligated to make membership attractive by offering benefits, so that our members will appreciate their membership and continue to pay their dues.

I have had a very close relationship with our Immediate Past President and our President. We have consulted on issues constantly and I have often represented the Association in their place. I attended the New York State Dental Association Annual Session, the Delaware State Dental Society meeting and the PA Osteopathic Association Annual Dinner.

I attended the American Dental Association Presidents-elect Conference in January. It was well attended by almost all of the state PEs, as well as the PEs of the National Dental Association and the Puerto Rico Dental Association.

It was a great opportunity to network and compare issues among representatives from different states. The conference focused on leadership issues and how we can best align with ADA. All of the top ADA staff was there and the meeting was convened by PE Bob Faiella. The ADA, and most of the other states, face the same issues that we face; declining membership, financial challenges and legislative issues.

I would like to address these issues. First, we have a declining membership. It is caused by three factors.

Number one, we are an aging group and we have increasingly more of our members reaching Active Life status or retirement which reduces our dues income.

Number two, we do not have enough younger members replacing them. This is due to the fact that not enough PA kids choose dentistry as a career.

Number three, some of our members, though not a large number, leave either for financial reasons or because they do not feel they are
receiving value from the organization. What do we plan to do about it? We cannot do anything about our aging members, except to continue to engage them, even if their dues are reduced. We have a very active program of engaging students at our three dental schools. Kornberg School is making a concerted effort to admit PA residents. They are also recruiting at the undergraduate school, trying to entice college students to think about dentistry as a career. We all can do our share by talking to our high school patients about dentistry; I went to my high school on Career Day, selling dentistry as a career. The next part is something that only can be done at the local level. Pay attention to your members and their needs. Be welcoming to young dentists in your local. PDA, in cooperation with ADA, has produced a Membership Webinar which we will introduce to all local presidents or presidents-elect in July.

The financial crunch is a real one. We at PDA are making every effort to reduce our overhead expenses. We have already cut out the fat. We are now looking at eliminating programming that is only utilized by a few members. We cannot be all things to everyone.

We are exploring some new endorsed vendors to bring in more non-dues income. Please look over these proposals when you get them. We have a special team of experts on a PDAIS committee that examines every vendor. It has to be a good deal for our members or we will not endorse a vendor. Talking about PDAIS, we would not be able to operate without the help we get from PDAIS. We could have even more financial resources if more of our members bought their products. They have high quality insurance products. So, why not call them and allow a representative to look over all of your office and home policies and let them give you some no obligation quotes?

We are planning a presidents/presidents-elect Conference on July 13 to which all of the district and local presidents or presidents-elect will be invited. We will have an outstanding, nationally acclaimed author and speaker, Mary Byers, who will talk about the challenges of leadership in 2012. In the afternoon, our PDA staff will run the program. They will talk about ways PDA can help the districts and locals. We will also have a section on the Membership Webinar and how to utilize it.

On June 5 we will again go to the Hill. Each year we are seeing more and more participants. The dental students are bolstering our numbers. Most of the past participants are coming back. They see value in expressing themselves to their legislators. This year, I would like to see an exponential increase in attendance. There are very few events in which you can participate that have the potential to affect
your practice as much as Day on The Hill. We need to make it plain that we care about these issues and we are not going away. Please seriously consider coming to the Day on The Hill. Some of the districts have instituted Legislator Week (or Month) when they visit their legislators at their district office. Those visits are equally important. Let’s do both.

The last item that I want to talk about is a Mission of Mercy, or MOM project. You may have been reading about these projects in other states. It will be our attempt to help up to 2000 patients who cannot afford dental care. We also will demonstrate that there is a problem and that our government has to be part of the solution. We are showing that we care and are part of the solution. President Denny Charlton has appointed Dr. Gary Davis, a long time advocate for access to care issues, to head a Mom ’n PA Board. This Board will be a subsidiary of the PDA and will plan MOM events. As this report is going to press, the first MOM is planned for Philadelphia in the spring of 2013. Stay tuned.

I am excited about all of the opportunities that we have in the coming year, and I appreciate the confidence you have placed in me. I look forward to your comments and feedback at Annual Session. Always feel free to contact me and tell me what is on your mind. Usually, e-mail is the best way to communicate, at least as a first go round. If we need to talk on the phone or in-person, that can be arranged. My e-mail is dishyork@aol.com.

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Stay Connected: President’s Blog

Keep up with Dr. Bernie Dishler throughout the year by logging on to The PDA Social Network (www.pidental.org/sonet) and reading the President’s Blog. Once on the Social Network, you will find the blog in the top right corner of the front page. Dr. Dishler will be discussing a wide variety of issues on the blog, updating and reaching out to you, the members, for input and feedback. It’s a great way to stay connected with him and offers members the opportunity to post comments as well.
MEET YOUR PRESIDENT — DR. BERNIE DISHLER

The Dishlers in Israel in 2011.

Dr. Dishler on one of his many visits to Israel, this in 2009.
By Rob Pugliese  
Director of Communications

With the significant economic challenges that have gripped our country and many other nations around the world, it’s no secret that many people are struggling to maintain their ability to get quality dental care.

Simply put, the public well has run dry and there doesn’t appear to be a flood of resources available any time soon.

Perhaps it is fitting that Dr. Bernie Dishler’s philosophy, both as a leader in organized dentistry, but more importantly throughout his entire life, is centered on service and charity. That approach has remained a shining example for his work through the decades.

“My philosophy of life is best expressed by a principle in Judaism, called Tikkun Olam, or ‘an obligation to repair the world,’” Dr. Dishler said. “That encompasses a lot. I try to do my part, to live my life with that in mind, by trying to do things to better the world and better the condition of people. Another way of saying that is ‘giving back.’”

That’s exactly what Dr. Dishler has done, whether promoting and improving his profession by taking leadership roles in organized dentistry, or pouring his heart into his long-time commitment to help free Soviet Jews from the former Soviet Union.

The ideal of “repairing the world” through human generosity and action is a powerful one, and Dr. Dishler leads by example through continuous involvement in charitable efforts, including the Academy of General Dentistry’s recent free dental day in Philadelphia and volunteering at HealthLink Medical Center.
As PDA president, he is helping to spearhead a vast Mission of Mercy (MOM) project in Philadelphia in the spring of 2013, with a goal of helping 2,000 people who cannot afford dental care, while at the same time bringing vital attention to access issues.

In his address to the PDA House of Delegates in April, Dr. Dishler touched on many current obstacles facing the association, including membership numbers, demographics, financial challenges and ongoing legislative battles. He is keenly aware of the dynamics on all these fronts, bringing a passion to each one of them. He is quick to engage his colleagues, understanding the magnitude of his task, and impresses upon them the urgency of the cause.

"I like to involve as many people as I can and lead by getting input from a lot of people," Dr. Dishler said. "I believe that we need to change and we need to modernize to be attractive to younger members who don’t necessarily realize the importance of an association. People don’t join [organizations] as much as they used to."

“Our biggest challenge is we need more members and we need to improve our financial base. Another challenge is becoming more technologically attractive,” he added. "I think we have it all here; I think it’s just a matter of getting people to use our Social Network and use some of the other tools we have.”

While Dr. Dishler encourages his colleagues to communicate electronically and share their thoughts on the Social Network, much like his predecessors, he realizes this is an ongoing effort, one that presents a significant change in routine for many people.

“We are dealing with different generations. There are people in my generation who still don’t have an email address," he said. "Most of them are getting them now anyway, because their grandchildren are making them, because that’s how young people communicate."

“I think that change is healthy,” he added, explaining that the Governance Task Force assembled for 2012 will be studying issues that will likely result in retooling.

“One [area of focus] for this governance task force, is to try to come up with a better way of operating, more economical, as well as more effective,” Dr. Dishler said. “My way of thinking is that our whole structure is based on something that was created probably 100 years ago and really hasn’t changed. The only real change we made is that the House [of Delegates] is a little smaller, which is significant. But it really hasn’t made a huge impact.”

While governance and structure are a point of emphasis, there are many other issues that PDA will tackle during his term.

“A lot of people said to me that the best part of the Annual Session program was when Dean Ismail brought the Community Dental Health Coordinators there and talked about dentistry and not about governance,” Dr. Dishler said.

The CDHC panel at Annual Session, featuring participants from the pilot program at Temple’s Kornberg School of Dentistry, provided a window into a potential access to care solution that ADA and PDA are supporting.

Dr. Dishler is pleased with progress PDA has made on several legislative fronts and continues to lead efforts on those, particularly "our emphasis on making issues with insurance companies more palatable.”

At Day on the Hill in June, Dr. Dishler spoke in the Capitol Rotunda about PDA’s efforts to expand access to care for children and patients with special needs via HB 532. He is pleased that through this effort, and all the effort that has been made in previous years, the General Assembly was motivated to pass that legislation and it
has since been signed into law. He also enjoyed the opportunity to talk with the large contingent of dental students who came to Harrisburg to get involved in the process and get a taste of how members from all over the state are pushing for a bright future for their profession.

“I wanted them to realize that there are a lot of forces out there that are challenging to a dentist today, and PDA is an association that is trying to work with those forces and help dentists survive in an unfriendly world,” Dishler said.

Dr. Dishler has practiced in Cheltenham Twp. at the Yorktowne Dental Group for 48 years. After earning his DDS at the Temple University School of Dentistry (now the Kornberg School of Dentistry) in 1962, Dr. Dishler served two years in the U.S. Army Dental Corps.

He has been a member of organized dentistry for nearly 50 years. At the local level, he became president of the Montgomery-Bucks Dental Society in 1996-1997 and served as chair of the Valley Forge Dental Conference in 2002 before his term as Second District Valley Forge Dental Association president in 2007-08.

His involvement at the statewide level includes extensive work with membership, and he chaired the Council on Membership from 1999 to 2001. He represented Second District as PDA trustee from 2007 before becoming president-elect.

Grassroots activism has always been a passion for Dr. Dishler, a faithful ADA Action Team Leader and participant in the Washington Leadership Conference since 1995.

Throughout the coming year, working on the MOM project will be one of the highlights for him. He also plans to take a page from immediate past president Dr. Dennis Charlton on another charitable effort to help the underserved.

“We’re going to try to build on something that Denny did in his own county, to get dentists to adopt a Head Start program,” Dishler said.

“We’re going to try to encourage more of that so we can serve kids when they’re young and get them on the right road to good dental health early.”

It is these efforts that should go a long way toward Dr. Dishler’s goal of “having the profession respected and given credit for what we do.”

“Unfortunately, when hundreds of dentists do free dentistry in their individual offices it is not appreciated by decision makers, but when we get hundreds of dentists together for two days and do free dentistry, that makes an impact,” he said.

It also epitomizes his life’s philosophy, of his genuine personal mission of building a better world, just as he did during his leadership role in the Soviet Jewry Council of Philadelphia, where he worked for 18 years to help to free 2 million people.

“We learned that there were Jews who wanted to leave the USSR and were being
prevented from doing so,” Dr. Dishler said. “We helped shine the spotlight on them, as well as make personal trips and gave them encouragement. At the same time, we worked with our government officials. And we were successful in changing the USSR’s emigration policy.”

In addition to helping innocent people get their freedom from the Soviet Union, Dr. Dishler also polished his grassroots skills and ability to deliver a message to lawmakers.

“I learned a lot about working with the legislature. We had an issue that needed to be bi-partisan,” he said. “We needed the United States government to take a leadership role in pressuring the USSR and we were able to accomplish that and that’s how it finally was successful.”

It was shortly after his success in that movement that Dr. Dishler realized he wanted to bolster his profession.

“I went to a dental society meeting and they were talking about meeting with state legislators, and I realized that that was an area in which I could help,” he said. “That was my initial involvement in organized dentistry.”

Beyond his volunteerism for the profession, Dr. Dishler has been very active in the Philadelphia Jewish Federation, holding several positions in the organization. He was a founding member and former chair of the Soviet Jewry Council. A frequent visitor to Israel, Dr. Dishler recently visited Ethiopia and accompanied 105 Ethiopian Jews, members of the “lost tribe” to Israel.

“It make frequent trips to Israel. I try to go there every year,” he said.

Married to his wife Lana Dishler, Dr. Dishler is the father of Joseph Dishler, Dr. Elyse Dishler and Dr. Michael Bernstein and has three grandchildren, Ethan, Ava and Seth.

He and Lana love to travel and have visited such destinations as Australia, New Zealand, China and Europe among other places.

Dr. Dishler’s passion for giving back shines through every time he discusses PDA and all of our ongoing efforts.

“Our mission is to improve the dental health of the citizens of Pennsylvania and to help our member dentists thrive in their profession,” he said. “As I often tell dental students, ‘the PDA has your back.’”

Dr. John Reitz Receives Pierre Fauchard Award

Dr. John V. Reitz, received the Pierre Fauchard Award from former PDA president Dr. Linda K. Himmelberger at the First Meeting of the House of Delegates April 27.
# 2012 House of Delegates Attendance Record

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Annual Session Photos Available

For those of you who attended the 2012 Annual Session at The Hotel Hershey, for the first time this year, we are making available to you the photos from Annual Session. You can go online to www.socphoto.com/pda2012 to browse and order prints from Socolow Photography. If you have any questions, please email socphoto@verizon.net.
Thank You

The Pennsylvania Dental Association is deeply grateful to the following supporters of the 144th Annual Session:

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- The Dentists Insurance Company (TDIC)
- Ninth District Dental Society and Erie County Dental Association

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IN MEMORIAM

Dr. Matthew Braman
Ventnor City
Temple University (1956)
Born: 1929
Died: 3/19/2012

Dr. John R. Callahan
Ridley Park
University of Pennsylvania
(1953)
Born: 1928
Died: 3/20/2012

Dr. Laurence K. Montalbano
Pleasantville
Temple University (1938)
Born: 1913
Died: 4/22/2012

Dr. Milton M. Silver
Rydal
Temple University (1950)
Born: 1920
Died: 4/29/2012

Dr. Melvin H. Smithgall
Chester Springs
University of Pennsylvania
(1959)
Born: 1929
Died: 12/25/2011

Dr. Wayne M. Taylor
Philadelphia
Meharry Medical College
(1982)
Born: 1955
Died: 3/7/2012

Dr. Howard R. Tolchinsky
Harrisburg
University of Pittsburgh (1973)
Born: 1942
Died: 4/5/2012

Dr. Harry N. Waterston
Media
University of Pennsylvania
(1973)
Born: 1949
Died: 4/2/2012
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icing. What's nice about it is you don't have to buy the whole cake. Small and sensible. That's the ticket.

"I was so nervous about coming here," says Red Ulcermeister, my first patient, "that I pooped three times this morning."

Red doesn't have ulcers. He's a donor. After updating his medical history I wonder what my life would have been like had my grandparents not emigrated from the lemon-scented hills of Italy. Herding goats up and down the Apennines. Chasing milkmaids 'round the village well. I would have burned calories like a locomotive. I would have been svelto.

Finally I pull myself together and for breakfast on Wednesday morning I have a soft boiled egg, a dry piece of 13-grain cardboard toast, and a cup of decaffeinated

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THE DIET
By Richard J. Galeone

When I hold in my stomach, stand akimbo at 23.5 degrees, and squint, I look quite fetching before the mirror in my new cashmere overcoat. So, I am a little taken aback when my doctor suggests I could lose a few pounds. People can no longer tell you have an inny belly button, he says. I had never considered that. Were people talking?

I think over his recommendation for a few months and then spring into action. When I make up my mind, I make up my mind. I try the gravity diet, only getting weighed when the moon is directly above my head. But all the traveling is expensive. I try the staff diet. My staff never eats in the presence of their significant others. However, at other times I think I've seen them on episodes of Wild Kingdom.

Finally, I decide to start a diet on Monday. I'll just cut back. Small sensible meals. But Monday turns out to be such a hard day. First of all there's the shock of having to work for a living. Then, most of my staff is in a bad mood because they all gain three pounds over every weekend. And, finally, little Dominic Capootz is on the schedule at ten for a pulpotomy and crown. Start a diet today? I don't think so. I'd rather claw my eye out with a rusty bur. I'll start Tuesday. After all these years, what's another day?

On a behavior scale of one to five, Dominic's score can only be calculated in light years. Thank God I'm not on call. When I get home that night I have a Belvedere on the rocks with two olives. Vegetables are good for you. My wife, Carolyn, asks how my day went. But I don't want to re-live the grief. I just want to sit in front of the TV and enjoy the news about the world's pestilence, rapine and bloodshed. It calms my nerves. After the drink I carbohydrate up on Rigatoni Abruzzi and Ben and Jerry's for the next day's marathon diet.

After the last supper I of course sleep poorly and my blood sugar zooms about the solar system. At daybreak I eat 4,000 of my 3,000-calorie diet for breakfast. My dental assistant, Mercedes calls out sick and, in any case, Tuesday is a stupid day to start a diet. I get through the morning taking a couple of extra strength Excedrin with a mocha double-shot espresso grande. And, as this is the last day before I will finally start my diet I figure I'll treat myself to one of those pieces of lemon pound cake with vanilla
ON THE LIGHTER SIDE continued

mist. Entering the office through the staff lounge I notice, squatting on their haunches, a circle of hyena feasting on wildebeest innard. A head turns. Gives me a guilty look. It’s Marlin Perkins. Shaking, I quick-waddle off to my office. Mercedes has placed a sausage, egg and cheese croissant upon my desk together with a cup of coffee. OMG! I can’t possibly offend after she’s been so thoughtful. I’ll just have to suck it up and start my diet tomorrow. Damn! And just when I was finally on my way. Unhappily, I wolf it down. During the frenzy I bite my tongue and it takes an hour to stop bleeding.

The rosy-fingered dawn of Thursday arises out of the east and I check my emails. “Good Day, Dear One, My name is Elizabeth Tupupu. Forgive me for the eftronty of contacting you in such an impersonal way. My late father was the chief executive officer of the Chad National Bank. Before his death at the hands of revolutionaries he awarded your ID 750,000 pounds and for the small fee of.......” Oh no! This was not a good omen. 750,000 pounds! A wake up call of galactic proportions.

After a small bowl of gruel I am off to work and discover that Betty Peek is coming in today. Just shoot me now. Like a nervous gladiatrix pacing the floor of the Roman Coliseum, Betty is waiting in operatory number three. She belongs to my growing cadre of patients who will not even get in the chair. We go through the same dance every six months. After not convincing her to sit down, we corner her over by the sink and get a saliva-and-plaque covered milky glimpse at the facial surfaces of what might be teeth. I’m squatting. It feels like I was shot in the knees. The pain is so intense I momentarily forget about my sciatica. Rocking, Betty is now sitting on the floor with her head buried in her left arm pit. Somehow we burrow through and I think I see the mouth. I stick an adult, soft-bristle tooth brush into the wet spot and scrub away with coarse tooth paste. This is really sophisticated stuff. Maybe I’ll present the case at our next study club meeting.

“You left before I got up,” Carolyn informs me on the phone. “Just calling to remind you that we’re going to your sister’s tonight for Bud’s birthday. She’s making homemade ravioli and meatballs.” Well, this is a no brainer. I presume she will also have a birthday cake. Just say yes. What? I have to start a diet on Bud’s birthday? Break out the circus pants. I can feel myself developing gravity.

It’s Friday morning. Has anyone in the history of the world ever started a diet on a Friday? I think not. And, besides, Henry McHenry is on the schedule. Monday’s the day. I have made up my mind!

—RJG
Foundation Donates $5,000 to Dental Clinic

The Pennsylvania Dental Foundation awarded a $5,000 grant to Tioga Dental Services, a not for profit, independent dental clinic in the northern tier of the state. Tioga Dental Services treats patients from both Pennsylvania and New York and provides a vital safety net for patients most in need.

Stavisky Honored at Dedication of New Kornberg Clinic

PDA Third District trustee Dr. Eli Stavisky and his family were the honored guests at the dedication of the Natasha Stavisky Pediatric Dental Clinic at Kornberg School of Dentistry at Temple University. Made possible by the generous contributions of Dr. Stavisky, his family, friends, and colleagues, the state-of-the-art clinic was renovated to feature the latest technologies, including digital radiography and computer charting. These advancements will allow future dentists to be trained with the highest degree of precision and learning techniques.

Natasha Stavisky was a pediatric dentist who graduated from Kornberg School of Dentistry at Temple University and did her residency at St. Christopher’s Children’s Hospital in Philadelphia. She was in the process of establishing a pediatric dental practice in Haddonfield, New Jersey with her sister, Elena Stavisky Donohue, when she passed away in 2004.

Members of the Tioga County Dental Society present a $5,000 grant check to Dr. Alicia Risner-Bauman, clinical director of Tioga Dental Services. (L to R): Dr. Nicole Quezada, Dr. Robert Bair, Dr. Alicia Risner-Bauman, Dr. Thomas Lopatofsky, Robert Borzok (Exec. Director, TDS) and Dr. Richard Black.

Back row (L to R): Mark Donohue, Chloe Donohue, Dr. Elena Stavisky Donohue, Kailyn Donohue, Dan Genel, Paula Stavisky, Dr. Eli Stavisky, and Dr. Tanya Stavisky Genel. Front row: Andrew Genel, Alexander Genel, and Ryan Genel.
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### University of Pittsburgh

**Contact:** Lori Burkette  
**Administrative Secretary**  
(412) 648-8370

**Off-Campus Programs**

**Bradford**  
**September 13**  
Restorative Dentistry  
**Dr. Jan K. Mitchell**

**October 25**  
Complete Denture Fundamentals  
**Dr. Michael Walszewski**

**Johnstown**  
**October 17**  
Issues on Treating Patients with Cardiovascular Disease  
**Dr. James Lichon**

**November 15**  
**ABCS of Pediatric Dentistry**  
**Dr. Mary Beth Dunn**

**Reading**  
**September 21**  
Mini Dental Implants  
**Dr. Richard Lipscomb**

**October 26**  
The Periodontal Patient – Management and Implications for Overall Health  
**Dr. Frank Scannapieco**

### Temple University

**Contact:** Nicole Carreno  
(215) 707-7541/7006  
(215) 707-7107 (Fax)  
Register at www.temple.edu/dentistry/ce

**September 15**  
Implementing Evidence-Based Dentistry in Practice (HANDS-ON)  
**Richard Neiderman, DMD**

**September 29**  
Telescopic Retainers – Universal Solution for the Restoration of the Deteriorated Dentition  
**Joseph B. Breitman, DMD, FACP**

**October 13**  
Harmonizing Dental and Facial Esthetics: How to Examine, Diagnose and Treat to a Predictably Successful Outcome  
**Joseph R. Greenberg, DMD, FAGD**  
**Timothy M. Greco, MD, FACS**

**October 17**  
Review of Removable Partial Denture Design Fundamentals  
**David C. Appleby, DMD, MScD, FACP, Professor Emeritus**

**November 2**  
2nd Annual Straumann Distinguished Speaker Lecture: Current Trends and Techniques in Planning and Restoring Implants in the Esthetically Demanding Patient  
**Will Martin, DMD, MS**

**December 8**  
Advanced Lawsuit Protection and Tax Reduction Strategies  
**G.K. Mangelson, CFP, Author, Senior Advisor**

### Chambersburg

**Contact:** Rebecca Von Nieda, PDA  
(800) 223-0016, ext. 117

**September 7**  
The Orchards Restaurant  
Update on Local Anesthetics and Analgesics for the Dental Professional - Old Drugs and New Drugs  
**Dr. Elliot V. Hersh**

**October 12**  
The Orchards Restaurant  
Clinical Operating Microscopes: They’re Not Just for Endodontists Anymore  
**Dr. John B. Nase**

**November 16**  
The Chambersburg Country Club  
Update in Esthetic Restorative Dentistry  
**Dr. Terence E. Donovan**

### Danville

Geisinger Medical Center, Hemelright Auditorium  
**Contact:** Rebecca Von Nieda, PDA  
(800) 223-0016, ext. 117

**September 12**  
Managing Patients with Cardiovascular and Respiratory Disease  
**Dr. Daniel Becker**

**October 24**  
Understanding the Miraculous Immune System AND The Impact of Stress on Oral and Systemic Health  
**Betsy Reynolds, MS, RDH**

### Philadelphia County Dental Society

**Contact:** Teresa F. Ravert  
Executive Director  
(215) 925-6050  
Fax (215) 925-6998  
e-mail: philcodent@aol.com or visit the web site at www.philcodent.org

**October 3**  
Advancing Your Vision in Restorative Dentistry  
**Dr. Lou Graham**  
(in cooperation with Dental Team Concepts: GC America)

**December 7**  
Possibilities in Dentistry: Cosmetic, Restorative, Implant Dentistry & How to Implement Them into Your Practice  
**Dr. David Little**  
(in cooperation with Caulk/Dentsply)

### Fifth District Dental Society

**Contact:** Dr. Steven Parrett  
(717) 263-3123  
drp@embrqmail.com

**September 21**  
Innovative Periodontics For Today’s Dental Practice  
**Samuel B. Low, DDS**

### Wellsboro

Pennsylvania College of Technology  
**Contact:** Rebecca Von Nieda, PDA  
(800) 223-0016, ext. 117

**September 14**  
Pharmacotherapeutic Considerations for Dental Practice – It’s more than Pen Vs and APAP/HCs  
**Dr. Daniel Becker**

**October 19**  
Title: Contemporary Oral Surgery  
Overview for the General Dentist  
**William L. Chung, DDS, MD**
Wednesday, November 7, 2012

Michael Glick, DMD - Buffalo, NY - "The Role of Dentists in the Care of Medically Complex Patients". Dentists play an important role as primary healthcare professionals. They need to screen and monitor patients for underlying medical conditions, and are required to render dental care to an array of medically complex patients. Pertinent medical assessment of patients has become an essential part of dentistry, as even the most common medical problems may require modifications to routine dental care. Providing oral healthcare for patients at today's rapidly changing medical environment is a daunting responsibility. This session will simply the task by reviewing common medical conditions, and explaining and providing clinical protocols for dental care of patients with complex medical conditions. Participants in this course will learn: How the obtained health information impacts on routine dental care; How to interpret information that may indicate underlying medical problems; How to alter routine dental care according to patient's medical condition; How to apply protocols that are used to provide safe and appropriate care for the medically complex dental patient. Michael Glick, DMD, Professor of Oral Medicine and Dean, School of Dental Medicine, University at Buffalo. Chairperson of the Science Committee for the New York Dental Society and the Chair of The Journal of the American Dental Association. This course is co-sponsored by an educational grant from Dukal Dental Lab and Prospec Dental Lab.

Thursday, December 13, 2012

Martin Jablow, DMD - Middlesex, NJ - "What's New in High Tech Dentistry". The goal of this lecture is to give dentists and their staff information on dental technology. You will learn about state of the art imaging, magnification, ability to provide effective perioperative analgesia, minimally invasive dentistry, maximizing the Internet, digital imaging, lasers, social media, and much more. There are easy to implement and affordable concepts that will enable you to provide better diagnosis and treatment to your patients. High Tech Dentistry makes dentistry enjoyable again! You might ask: How can I treat what you haven't diagnosed? Digital Radiography and 3D Imaging is not just for specialists, Cancer detection is "YOUR RESPONSIBILITY"! Computer Controlled Anesthesia, Minimally Invasive Dentistry, Products and techniques to reverse and treat caries, Etchless, Digital Imaging are more important now than ever before. Internet communications, Social Media, Electric handpieces, Curing lights and other small items make dentistry easier. Nothing stays the same and that includes dentistry. Martin Jablow, DMD is a clinician, speaker and author. He presents and publishes widely on many topics, including state of the art digital dentistry and dental materials. Dr. Jablow is president of Dental Technology Solutions, a lecture and consulting company. The entire staff will benefit from this day of valuable high tech information. This course is co-sponsored by an educational grant from Dukal Dental Lab and Benenden Dental Lab.

Friday, January 18, 2013

Edward McLaren, DDS, MDG - Los Angeles, CA - "Esthetics and Materials: What, Where, When?". In the search for the ultimate in esthetic restorative dentistry many new materials and techniques have been introduced to the profession. The choice of these new materials and techniques is based on many factors, including the skill of the dentist, the aesthetics of the individual patient, the function in the oral cavity, and the need to maintain longevity. This presentation will give the clinician the basic information necessary to make the decision of which materials and techniques are best suited for their individual esthetic case. This course is co-sponsored by an educational grant from Dukal Dental Lab and Benenden Dental Lab.

Friday, April 5, 2013

Stephen Chu, DMD, MSD, CDT - New York, NY - "The Latest Advances & Techniques to Maximize Anterior Implant Esthetics". Implant dentistry is continuously evolving into a more predictable form of therapy. New and innovative techniques specifically individualize implant protocols now allow for shorter treatment times with predictable outcomes. These new techniques and techniques continue to raise questions and concerns regarding the pros and cons of each. The question is when to employ the correct treatment at the appropriate time to achieve the most predictable outcome. Secondly, a significant part of treatment therapy involves ideal correction of aesthetic defects due to poor implant planning, placement, and esthetic restoration. Surgical and restorative, and restorative treatment planning options and techniques to address these aesthetic deficiencies will be presented. After this presentation, the attendee should be able to know the potential of hard and soft tissue correction around esthetically challenging anterior implants. Know that when a prosthetic restorative solution is the best treatment option, understand the one consistent technique philosophy; understand the importance of the temporary crown in soft tissue management in immediate implant placement. Dr. Chu is clinical associate, Professor in the Dept. of Prosthetics and Director of Esthetic Dentistry at Columbia University College of Dental Medicine. He also maintains a private practice with Dennis Farrow in NYC. He is widely published and is an internationally known speaker on implant esthetics. This course is re-sponsored by an educational grant from Dukal Dental Lab, Benenden Dental Lab and Prospec Dental Lab.

Wednesday, May 22, 2013

John McGill, CPA, MBA, JD - Charlotte, NC - "Achieving Financial Independence". Will you join the 5% of dentists who can afford to retire at age 65? Using these winning financial strategies, you can develop a game plan to reach financial freedom. Each winning strategy program contains "inside information" that you simply can't find elsewhere - gleaned from over 30 years of working exclusively with the dental profession. Learn how to: Reduce stress - control your money; earn less but keep it current year, Track winning savings and debt reduction strategies, Take advantage of automatic deposit savings strategies; Dramatically reduce business tax deductions. Simple steps to dramatically boost profitability; Slash children's educational cost by 50% or more. Establish professional corporation status; Discover tax-free income secrets. John McGill is a tax attorney, CPA and MBA. He serves as CEO of The McAllister & Hill Group, LLC in Charlotte, NC, and is the Editor of the McGill Advisory Newsletter, a monthly publication enjoyed by over 7,400 dentists nationwide. Mr. McGill has also been a contributing editor to Dental Economics magazine for over 30 years. This course will be of special interest to doctors and their spouses. This course is co-sponsored by an educational grant from Dukal Dental Lab.

Those taking the full DKU Series will receive both Bonus Courses at the Valley Forge Radisson Hotel

Wed., Oct. 10, 2012 BONUS #1: Harold Crossley DDS, PhD, "Know Your Patients Medications & Their Impact on Dental Treatment"

Wed.-Fri., March 6-7-8, 2013 BONUS #2: Members choose one course from the Valley Forge Dental Conference

All meetings will be held at the Springfield Country Club on Route 320, Springfield, Delaware County, PA, except for the Bonus Courses held at the Valley Forge Radisson Hotel. Registration for all courses is 8:15 AM. Lecture 9:00 AM to 4:30 PM. Continental breakfast and lunch included for all DKU courses.

FEES

Discount and/or Society Members - Entire Series plus both bonus courses - $605, Individual Courses - $195, 3 Courses - $330, 4 Courses - $465

Other ADA Members - Entire Series plus both bonus courses - $745 Individual Courses - $220, 3 Courses - $350, 4 Courses - $565

Non-ADA Members - Entire Series plus both bonus courses - $1015 Individual Courses - $260, 3 Courses - $395, 4 Courses - $645

Note: Early registration ends July 1, 2013. After July 1, 2013, fees increase as follows: Early Registration $200, $300, $450. Registration fee: $415, $550, $650. Early registration ends at noon on July 1, 2013. Registration after July 1, 2013 is $415, $550, $650. All fees include registration, lunch, postgraduate education, and other fees associated with the course. Staff members accompanied by a doctor will be $995 per course per person with 2 or more people at least once in a week at least one week in advance. $110 per course per person at door. Cancellations and Refund Policy: No refunds will be made without notice of at least one week prior to course date. A $25 administrative fee will be deducted. For information on the Valley Forge Radisson Hotel, please call 610-494-7002.
In Pennsylvania, providing ongoing professional development, financial advancement and more. Positions also available in FL, GA, IN, MI, VA and MD. For more information contact Jeff Dreels at (941) 955-3150, fax CV to dreelsj@dentalcarealliance.com or call (717) 394-9231 or email dreelsj@dentalcarealliance.com. Visit our website: www.Dentalcarealliance.com.

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National Practice Transitions

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Practice for Sale

Practice for Sale

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