

DCDS connection

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Mission Statement

Serving the professional
needs of our members

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Humanitarian Award

T. Bob Davis, DDS, Honored by ADA

In recognition of 40 years of volunteer service in Latin America and his community in Texas, the American Dental Association (ADA) has selected Dr. T. Bob Davis of Dallas as the 2018 ADA Humanitarian Award recipient. In addition to DCDS leadership positions, he has contributed locally to organizations such as the Academy of General Dentistry, the Southwestern Baptist Theological Seminary and the Southern Baptist Convention. His work abroad has included many dental humanitarian missions to Mexico and Central America since 1977. DCDS Connection sat down to talk with him regarding the honor.

Connection: T. Bob, congratulations on your award! How did you come to settle and practice in Dallas?

TBD: As I was graduating from University of Alabama (U of AL) my Uncle ordered me to go to Texas. Gotta admit I had been through Texas three times and had no desire to be in such flat, hot dry places! I joined the US Air Force to see the world, and they sent me to orientation at Sheppard AFB in Wichita Falls then to Perrin AFB in Sherman. That was seeing the world—ha! First weekend in Wichita Falls I took some buddies to Six Flags Over Texas on Saturday then to First Baptist Church (FBC) in Dallas, on Sunday. Their youth choir concert was so exciting to me since I had done youth choirs and youth rallies in Birmingham all my Samford University and U of AL Dental School days. With only 70 miles from Sherman, I started commuting on Sundays to FBC for church, where I was asked to play the piano for their evening worship service. Atlanta was my target for practice after the USAF. When our Heavenly Father puts as much as He did on my plate in Dallas, T. Bobby would have been crazy to go to Atlanta, right? Then the door opened for a partnership with Dr. Bert Lisle in the Medallion Shopping Center area on Northwest Highway. I am currently in a full time solo general practice just north of North Park Mall.

Connection: Someone who knew and appreciated your mission efforts nominated you for this

prestigious award. Who was that person?

TBD: My friend and DCDS colleague Dr. Todd Baumann was the nominator. Dr. Baumann was my Mexico Student Dental Mission Trip leader during his days in school at Baylor College of Dentistry. That trip flourished under his wise and steady guidance, and his quiet and genteel leadership!

Connection: T. Bob, when, where and why did you first begin your dental mission work, and what was your main motivation?

TBD: In 1977 my wife was at FBC Wednesday night Prayer Meeting where the Chairman of the Deacons, Dr. John Bagwell, told of the need for a dentist to join him for a weekend at the newly created Baptist Children's Home in Matamoros, Mexico, which our church and other East Texas churches were supporting. Janis, having heard me so often say I would like to go on a dental mission trip *some day*, immediately volunteered me!

Continued on page 18



Dr. Davis (center, in white) celebrating his award at the ADA Conference with other DCDS members.

The Write Stuff

Jodi D. Danna, DDS, President



As I sit and write this article, I cannot believe we are into the holiday season already. Where has the time gone? Thanksgiving is now behind us and we are coming upon the Christmas season.

There is so much to be thankful for. Let's all take the time to thank the special people in our lives for the many blessing we have.

The numbers are in and Southwest Dental Conference was very profitable. Even though the number of attendees was down, monies received from courses were up. The Scientific Committee scaled down the Exhibit Hall, which was also helpful to the bottom line. Next year, the Conference will be held October 10 & 11, 2019. Conference Chairman Dr. Todd Baumann has almost put the finishing touches on the newly formatted two-day Conference. This will be different but many meetings all over the country have gone to a two-day event.

The Dallas County Dental Society Dental Assisting School is set to be completed by December 15th. We hope to have our first class of candidates in March 2019. If you have not already done so, please visit the DCDS office and take a tour of the school facility. You cannot believe the progress that has been made. Ashley Smith (the school's Program Director) is well on her way towards promoting the school for our inaugural class.

The 159th Annual ADA Conference in Hawaii was held on October 18-22, 2018. The delegation was very busy due to the number of membership issues that went before the ADA House of Delegates (HOD).

The ADA HOD approved a \$22 dues increase for 2019, but voted against a special assessment to fund the third year of the pilot project for the Find-A-Dentist campaign. The funds as directed by the House will be taken out of reserve funds to pay for the project through 2019.

Other House actions include:

- Appointing an ad hoc committee to review and update policy on the delivery of dental care to the elderly.
- Adopting a comprehensive policy on dental licensure.
- Creating a clinical data registry that will position the ADA as the source of comprehensive data to support the development of health policy, treatment guidelines, medical necessity rules and to define population health and quality of care.
- In an effort to help the ADA better address members' third-party payer issues, the HOD passed 32S-1 which organizes a taskforce to create a broad-reaching strategy for state-based dental benefits advocacy. The taskforce will report its strategy to the 2019 ADA HOD.
- Texas' own 15th District Delegation passed Resolution 81, requiring child support orders to include dental benefits as already required for medical benefits. A healthy mouth and teeth are an integral part of a child's wellness, and requiring dental support for a child through a child support order is an important step in ensuring that children have access to oral health care.

Lastly, Dr. Richard Black's tenure as trustee ends in 2019 and the delegation elected Dr Craig S. Armstrong as trustee-elect.

In closing, we will not have a General Membership Meeting in December or January. Our first scheduled in 2019 is on February 19th, and includes a presentation by Dr. Bryan Henderson reviewing and updating anesthesia regulations.

"The best and most beautiful things in the world cannot be seen or even touched. They must be felt with the heart. Wishing you happiness."

-- Helen Keller



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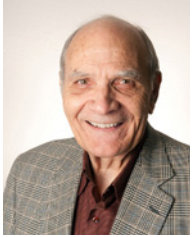
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Impressions

Editorial by Larry W. White, DDS, MSD, Editor

Whose evidence?



It takes only a short time for some popular phrases to transform into clichés. Back in the late '60s and early '70s, one such cliché that all commentators and writers with “gravis” used too

frequently was “living life on the cutting edge.” This clearly implied that unless people engaged in unusual, risky and even unproven behavior, their lives lacked conviction and high purpose.

Writers and speakers who favored and promoted this exciting call to action also suggested that those who failed to live life on the cutting edge had somehow sacrificed their God-given innovation and curiosity for intellectual and spiritual stupor. But was this a fair assessment of more socially conservative people who lived comfortable, productive and somewhat predictable lives away from the so-called frontiers of progress? Of course not, and that general appreciation probably contributed to the phrase's quick loss of potency and degeneration into a cliché that no longer holds much relevance.

Dentistry has recently coined a phrase that, for me, has quickly turned into a tired, impotent and overused slogan — evidence-based-dentistry. This has evolved as a mantra of academia because scientists rule in this environment and have opportunity to engage in objective studies that limit the force of extraneous influences. Professional journals and organizations have eagerly hoisted this new banner and dedicated entire issues and conferences to its primacy. But the implication remains that prior to this new dedication to evidence, dentistry operated by myth and magic. This impugns the integrity, dedication and usefulness of previous efforts to discover the truth of professional matters and denigrates the developments and applications of our collective experience.

Several years ago, the Journal of the American Medical Association sanctimoniously demonized some technologies and the companies that develop them, further declaring industry-sponsored research untrustworthy and unpublishable unless written by an academic researcher who would take responsibility for it. An editorial from the New York Times also

advised physicians to exercise a cautious skepticism about any industry-backed studies. These messages could not have a clearer meaning: Health professionals can trust scientific researchers to display a selfless devotion to discovering the truth, while corporations will devote their efforts to enriching themselves at the expense of those who prescribe and use the products.

However, in a later article in the *New England Journal of Medicine*, Dr. Thomas Stossel reported, “No systematic evidence exists that corporate sponsorship of academic research contributes to misconduct, bias, public mistrust or poor research quality.”

More recently John Ioannidis of Stanford published an article accessible online at <https://doi.org/10.1371/journal.pmed.0020124> entitled “Why Most Published Research Findings Are False.” Ioannidis claims that in simulations of most study designs and settings, it is more likely for a research claim to be false than true.

Even the gold standard random controlled trial (RCT), which most academicians now rely on has received a consequential challenge from the new science of causal inference and posits that you are smarter than your data; and that data do not understand causes and effects, humans do. In other words, data collection and the use of statistics to probe for significant probability have limitations without consideration of actual causes and effects.

In orthodontics for example, no one has a clearer view of what patients and doctors need more than clinicians, and that accounts for a preponderance of the diagnostic and therapeutic processes developed by them through corporations. Private clinicians have developed every popular treatment planning protocol orthodontists use today; e.g., The Tweed Triangle^[1, 2], The Steiner Analysis^[3, 4], The APO Line^[5], The Visualized Treatment Objective^[6, 7] [8, 9], The Radney Line^[10], The A Line^[11], and the Bass Analysis^[12, 13]. Practically every therapy ever developed has had a clinical genesis or collaboration, e.g., headgears, bands, brackets, adhesives, functional appliances and elastics.

I don't offer this as a screed to excoriate academia — far from it, since I have belonged to

orthodontic department faculties. All of us profit from the discoveries made in our universities, and we need to support those efforts. Nevertheless, we must also acknowledge the roles clinicians and corporations play, and we must promote more cooperation while foregoing exclusion simply on the basis that one doesn't have sufficient statistical evidence. Bertrand Russell once said, “There is an unbridgeable gulf between knowledge by description and knowledge by acquaintance and no way of going from one to the other.” (i.e., there is no substitute for experience). I agree with Russell, and in dentistry, the clinician supplies the knowledge by acquaintance.

•••

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From The Hub

by Jane D. Evans, Executive Director



WHAT A YEAR!!!!
DCDS Dental Assisting School – 2018 has been focused on planning and construction of the DCDS Dental Assisting School. After a few construction delays we

are nearing completion—the vision of DCDS having a dental assisting school has become a reality. By the time you receive this edition of Connection we should have the Certificate of Occupancy. This school will provide member benefits that no other society offers their members. You can stop by any time for a tour with the DCDS team.

Graduate Student Meet & Greet – Texas A&M College of Dentistry graduate students were invited to a meet and greet on December 5th, funded by an ADA Grant. What a pleasure it was to see several students who attended the D1 Great Expectations dinner at the DCDS Executive Office years ago now finishing their graduate program!



Veteran's TMOM – DCDS Foundation sponsored another Veteran's TMOM which is one of the most rewarding events to be a part of. Many thanks to all that gave their time to put smiles back on these deserving individuals and especially to the three labs who worked nonstop to provide 102 partial or full dentures. Read more about the event on page 14 of this issue.

DCDS Leaders Elected – May 2018 Dr. Bill Gerlach was installed as TDA President at the TDA Annual Session. Dr. Sarah Poteet was recently elected as Vice President on the ADA Council on Communications. DCDS continues to have great leaders serving on your behalf.

Legislative Plans - Our November General Membership Meeting was hosted by Dr. Bill Gerlach and Dr. Matthew Roberts from TDA. Our

format was structured a little different in that we equipped TDA dignitaries with questions that were provided from our membership about very important issues involving legislative issues that could affect dentistry. Below is a recap of the issues that were discussed and what TDA has plans to pursue in the next legislative session.

The Texas Dental Association (TDA) aims to reduce the number of adults and children with untreated dental disease through oral health education and prevention, and by providing treatment now to people in need of care. The goal is to make Texans healthier through access to a dentist. TDA's pilot Dental Education Loan Repayment Program provides an incentive to dentists in return for their practice in selected underserved areas in the state. Based on TDA's custom analysis, the pilot program will target Texas' locations with the greatest need for dentists: Clarendon; Coleman; Ft Stockton; and Victoria.

TDA has a proven track record at the Texas legislature of securing insurance protections for Texas' dentists. Examples of TDA's legislative victories include ensuring that state regulated insurance plans pay contracted and non-contracted dentists the same reimbursement rates for dental services covered by the patients' insurance plans; prohibiting Texas regulated dental insurance companies from capping fees on dental services they refuse to cover; requiring state regulated insurance plans to better coordinate patients' primary and secondary insurance coverage; and preventing secondary carriers from using coverage terms to avoid payment. All of these examples help make dental care in Texas more affordable, cost-predictable, and accessible for all Texans. Most importantly, these successes improve on patients' abilities to be treated by dentists of their choice.

TDA member dentists report that one of the more challenging aspects of running a dental practice is understanding the complicated world of third-party payers. Dental benefits and third-party payer issues are one of the most pressing concerns raised by TDA-member dentists. To that end, TDA identified the following insurance and third-party payer topics as part of the Association's 86th legislative agenda.

- TDA will pursue legislative and/or regulatory actions that prohibit state-regulated dental insurance plans from collecting overpayments from any dentist who did not treat the patient for which the claim was filed and overpayment occurred.
- TDA will pursue legislative and/or regulatory actions to prohibit state-regulated insurance plans from denying dental claims approved in prior authorization.
- TDA will pursue legislative and/or regulatory actions requiring state-regulated insurance plans to allow dentists to choose the method by which they are reimbursed for dental services performed.
- TDA will pursue legislative and/or regulatory actions to create and implement patient information online web portals for use by credentialed and non-credentialed provider dentists to include patient specific dental insurance information, policies, benefits, and administrative claims processes, to support functionality and reduce administrative burdens for provider dentists.



Dr. Bill Gerlach, TDA President, at the November DCDS General Membership Meeting, presenting recent TDA news, actions and changes, along with TDA's efforts for the next Texas Legislative session.



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DCDS Member's Message Board

Upcoming Events

February 19, 2019 – General Membership Meeting and Election of Officers

March 19, 2019 – General Membership Meeting

April 16, 2019 – General Membership Meeting



Welcome New Members!

General

May Amria
Pedro Barea
Durga Buchupally
Diala Chahine
Vu Dang
Shakir Feroz
Golden Foster
Anna Ganeyer
Carolina Gonzales
Vaishnavi Gummadi
Maria Joseph
Min Sung Kang
Janice Jinju Kim
Ngoc Nancy Luu
Dana Ly

Bhavik Makwana
Troy Molitor
Kiran Narra
Alisha Steiger
Amanda Vinh
Tanya Williams
Prosthodontics
Mireya Imitola
Orthodontics
Yoon Chang
Adam Patenaude
Katherine Skillestad

Grad Students

Jacob Bleyer
Eric Faby
Jonathan Havener
Brendan Hubbard
Oral & Maxillofacial Surgery
David Schwitzer
Pediatric, Oral & Maxillofacial Surgery, Orthodontics
Sabin Ewing
Pediatric
Joseph Anwah
Periodontics
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DCDS Foundation (DCDSF) is the philanthropic arm of the Dallas County Dental Society. Our mission is to enhance oral health in our community, including funding and supporting volunteers for activities such as the Veteran's Texas Mission of Mercy, schools and health fairs, scholarship program assisting Public Health Residency students, oral health education and dental sealants to DISD students and new smiles on the faces Hopeful Smiles women.

DCDSF is a 501c(3) non-profit organization. Please consider making a tax-deductible end-of-year gift at <https://www.dcdsfoundation.org/> to ensure we have the financial resources to continue to enhance oral health in our community. THANK YOU for your continued support!

www.dcdsfoundation.org

**Registration for the 2019
Southwest Dental Conference
begins in March!**

swdentalconf.org

DCDS Membership Benefits

- Free registration for members to the Southwest Dental Conference
- Peer Review mediation service to reconcile complaints between patients and doctors
- Rent the DCDS meeting facility at special member rates
- Continuing education via seminars & General Membership Meetings
- First opportunity to hire fully trained world-class dental assistants from DCDS Dental Assisting School
- Pre-printed school excuse forms provided free of charge to dentists treating school-age children
- Confidential free notary public service
- DCDS Connection, the bimonthly newsletter of Dallas County Dental Society (member advertising at reduced rates)
- Member mailing labels available for purchase
- Grassroots legislator contact program with state and national legislative representation
- License and permit renewal reminders
- All membership benefits offered by Texas Dental Association
- All membership benefits offered by American Dental Association, including photo directory and public referrals through Find-a-Dentist

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Need Meeting Space?

As a member of the DCDS, you can take advantage of low member rates for renting the Society's Executive Office for your next meeting.

The Dr. O.V. Cartwright Reception Hall is perfect for registration and a pre-function gathering.

The Dr. Paul P. Taylor Executive Board Room can seat 14 around a large conference table.

The Dr. D. Lamar Byrd Auditorium is 1,650 square feet of meeting space that can seat up to 200.

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For more info, please call
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Dentists Concerned for Dentists

Founded by Dr. James Hill in 1979, the Dentists Concerned for Dentists program provides a free, strictly confidential peer assistance program for health care professionals, their staff, and family members who struggle with drug and alcohol abuse. This award-winning program saves lives; please share with your colleagues and friends.

Call the 24-hour confidential hotline:

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TEXT MESSAGE REMINDERS

Have you ever wished you could receive reminders for DCDS meetings and events? We have heard so many say they did not put an event on their calendar or forgot about a meeting.

DCDS implemented text messaging so you will not forget another meeting. All you need to do is sign up for the service and you will be reminded of future meetings and events. To get text message reminders for DCDS meetings & events:

**Text
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Applause, Applause!

Dr. Wade Barker, AAOMS Humanitarian Award for Residents

For his dedication to service and in recognition of thousands of donated hours, Wade Barker, DDS, earned the 2018 Humanitarian Award from the American Association of Oral and Maxillofacial Surgeons. He has attended 46 TMOMs over the course of 11 years, served on the TDA Smiles Foundation Access to Care Committee and joined the Board of Trustees in 2017. He has also participated in 7 humanitarian trips with Tejas Missions since 2007.



Dr. Barker (second from right) with other volunteers, thanking the veterans at the 2018 TMOM Dallas event.

Great Expectations

Representatives from TAMU College of Dentistry, Texas ICD and DCDS held Great Expectations for D1 students in early November. With it's vision to share life and inspire dental students, Great Expectations mentors professionalism by connecting dental students, faculty and practicing dentists; fosters responsibility and commitment to the community and the dental profession; and creates an environment of trust and open communication that allows students to address their unique issues.



Spring 2019 DCDS General Membership Meetings

February 19th

Review and Update on Regulations of Anesthesia

Bryan Henderson II, DDS



March 19th

An Update on Oral Cancer and Pre-cancerous Lesions

John M. Wright, DDS, MS and Ilse Anderson



April 16th

Oral Cancer in Young People and the Role of HPV

Thomas Schlieve, DDS, MD, FACS





Jerri Grant, Director of Transitions | Marshall Johnson, DDS (Periodontist) | Kathleen Hamilton, DDS, MBA
 Joel C. Small, DDS, MBA (Endodontist) | Lynne Gerlach, DDS | R. Lynn White, DDS (Oral Surgeon)

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2019-2020 Nomination Slate

POSITION	TERM	NOMINEE	VOTE FOR ✓	WRITE- IN NOMINEE
Board of Directors - Director	3 Years	Celeste Latham		
	3 Years	Eduardo Tanur		
Program Chairman	1 Year	Dan Bishop		
Southwest Dental Conference Vice Chair-elect	1 Year	Sarah Poteet		
Delegate to the Texas Dental Association	3 Years	Jean Bainbridge		
		Todd Baumann		
		Lynne Gerlach		
		Celeste Latham		
		Danette McNew		
		Chris Miller		
		Sarah Poteet		
		Matt Roberts		
		Drew Vanderbrook		
Wayne Woods				
Alternate Delegate to the Texas Dental Association	1 Year	Missy Jaynes		
	1 Year	Cora Marsaw		
	1 Year	Beverly Rice		
	1 Year	Phillip Newton		
	1 Year	Carmen Smith		
Financial Advisory Committee	5 Years	Carmen Smith		
Judicial Committee	5 Years	Martin Kahn		
Nominating Committee	2 Years	Todd Baumann		
		Sarah Poteet		
		Carmen Smith		
		Mary Swift		
		Wayne Woods		
Peer Review Committee	3 Years	Dan Bishop		
	3 Years	Kendall Baginski		
	3 Years	Kerin Burdette		
	3 Years	Peter Guirguis		
	3 Years	Hollon Meaders		
	3 Years	Rupesh Singla		
President-elect	1 Year	To be nominated from the floor	N/A	

Legal and Ethical Considerations

Editorial by Robert M. Anderton, DDS, JD, LLM

HIPAA Rules and Breaches



Fiscal year 2018 has brought a significant number of changes and challenges for the dental community—among them are new anesthesia and sedation rules, prescription monitoring

requirements and changes in CD and license renewals. Particularly troublesome this year has been a significant increase in HIPAA violations or breaches. Most breaches are not the fault of the doctor or entity but can cause considerable difficulties and must be properly dealt with. Like all agencies dentists are governed by, Health and Human Services has rules applying specifically to HIPAA breaches. Breach notification requirements are a must for HIPAA covered entities. According to the Breach Notification Rule (“the Rule”) breaches involving electronic or physical copies of protected health information must be reported by covered entities and their business associates.

A breach is, generally, the unauthorized acquisition, access, use or disclosure of protected health information (PHI) that compromises the security or privacy of the protected health information. An impermissible use or disclosure of PHI is presumed to be a breach unless it can be demonstrated that there is a low probability that the protected health information has been compromised based on a risk assessment.

Not all breaches have to be reported. There are a number of exceptions to the definition of “breach” that are exempt from the Rule, including:

- a) Breaches of secured PHI, such as encrypted data without access to the key to unlock.
- b) Unintentional, good faith acquisition, access or use of PHI by an authorized person not resulting in further disclosure.
- c) Inadvertent disclosure of PHI by an authorized person to another equally authorized person within the organization.
- d) Disclosure of PHI to a covered entity or business associate where there is a good faith belief that it was not retained by the person it was disclosed to.

Examples of reportable breaches include but are not limited to ransomware attacks, improper disclosures, exposure of PHI, office break-ins that result in theft of PHI, social media posts,

and unauthorized access by employees and third parties.

Following a breach, a full investigation must be carried out without unreasonable delay and in no case later than 60 calendar days after discovery of the breach. The reporting requirements under the Rule vary depending on the number of patients affected by the breach. A breach affecting less than 500 patients requires:

1. The entity must provide notice to the affected individuals within 60 days after discovery of the breach.
2. The breach must be entered in a log of all breaches which must be submitted annually to HHS no later than 60 days after the end of the calendar year in which the breaches are discovered.

If the breach affects more than 500 patients, the following is additionally required:

3. HHS must be notified of the breach no later than 60 calendar days from the discovery of the breach
4. In a breach affecting more than 500 residents of a single state or jurisdiction, the entity in addition to notifying the affected individuals is required to provide notice to prominent media outlets serving the state or jurisdiction within 60 days after the discovery of the breach.

The preferred mode of individual notice is in written form by first-class mail, or alternatively, by email if the affected individual has agreed to receive such notices electronically.

Often it may be that there is insufficient or out-of-date contact information for those affected. In the case where there is missing or incomplete contact information for 10 or more patients, a substitute individual notice must be provided by either posting the notice on the home page of the organization’s website for at least 90 days, or alternatively by providing the notice in major print or broadcast media. In addition, a toll-free phone number that remains active for at least 90 days must be provided where individuals can learn if their information was involved in the breach. If there is insufficient or out-of-date contact information for fewer than 10 individuals, a substitute notice by an alternative form of written notice, by telephone or other means may be provided.

Where notice is required to be made through the media, notice may be provided in the form

of a press release to appropriate media outlets serving the affected area. As with individual notice, this media notification must be provided within 60 days following the discovery of a breach and must include the same information required for the individual notice.

Notification should be made to the Secretary of the Department of Health and Human Services by visiting the HHS web site and electronically submitting a breach report form. If a breach affects 500 or more individuals, covered entities must notify the Secretary within 60 days following a breach.

After notifications are completed, there is an ongoing burden on organizations to demonstrate that all required notifications have been provided or that a use or disclosure of unsecured protected health information did not constitute a breach and was not reportable. It is, therefore, imperative that, with respect to any impermissible use or disclosure, documentation be maintained demonstrating that all required notifications were made, or alternatively, documentation to demonstrate that notification was not required.

There are also certain administrative requirements with respect to breach notification that must be met by organizations. For example, there must be written policies and procedures regarding breach notifications in place, and employees must be trained on these policies and procedures. Appropriate sanctions against workforce members who do not comply with these policies and procedures must be developed and applied.

Being a victim of a ransomware attack, computer viruses, theft, water damage or other physical catastrophe is bad enough, but having to deal with a HIPAA breach can be a catastrophe all its own. Of course, the best practice is to take every precaution to avoid a breach rather than to respond to one. This can be achieved by practicing preventive measures ensuring that all PHI, when possible, is encrypted and that there are other required policies and administrative, technical and physical safeguards in place to protect PHI. In the event of a breach, however, swift action is required to ensure that the notification deadlines can be met, and a full investigation can be completed quickly and thoroughly. Meeting deadlines and notification requirements is confusing and failure to comply can result in severe penalties.

Insights

Book Review by Larry W. White, DDS, MSD, Editor

Life after Google: The Fall of Big Data and the Rise of the Blockchain Economy



With a hegemon as ubiquitous as Google, it seems almost foolish to predict its loss of influence and diminishment, but George Gilder succinctly and persuasively describes

the paradigm evolution that will slowly but surely overcome this behemoth and others that now seem in such ascendancy, e.g., big data, artificial intelligence, cloud computing and the monopolistic university system, etc.

George Gilder, a polymath American who can opine on a range of topics that would confound most university faculties, has published 20 books, the best-known of which, "Wealth and Poverty" (1981), sold more than a million copies and made him about two-thirds rich. Mr. Gilder has immersed himself in technology, but he doesn't enjoy all that he sees. The idea of the "new catastrophe theory" which posits that robotics via artificial intelligence will soon make human brains obsolete particularly irritates him. He refers to this as "Google Marxism." Just as Marx considered the Industrial Revolution as a final stage in social evolution — an eschaton, Google and Silicon Valley also see their products as another end of history moment.

Mr. Gilder adamantly and convincingly dismisses this notion as nonsense and a violation of Claude Shannon's information theory that advances the idea of information as surprise, and that surprise remains the fount of creativity. Machines have no capability of creativity regardless of how useful they prove, and, in fact, surprise with machines results in breakdowns.

Gilder references the development of the computer age beginning with the mathematical

insights of Kurt Gödel, John von Neumann and Alan Turing along with Claude Shannon's information theory. But those developments have become as dependent on the propinquity to an affordable electrical power source as the industrial revolution was to water.

Gilder concedes that Goggle will continue as a valuable and useful search engine, but finds fault with Google's free products. One might wonder what could possibly be bad about free. Anyone reading this review knows by now or certainly should know that nothing is truly free. In order to use these "free" features, users must give up their sovereignty, privacy and most precious possession - time. As Tim Cook, CEO of Apple, reminds us with this trenchant insight that "if the service is free, you are not the customer but the product." Recall how your life recoils at the super abundance of junk mail, robocalls, hacks, malware and unwanted omnipresent ads that waste our time and threaten our economic and social tranquility.

So what does Gilder see as the inevitable replacement for the Age of Google, which he calls the cryptocosm? It starts with the introduction of the open, distributed and unhackable ledger, conceived by the unknown person or persons known as "Satoshi Nakamoto." By now there are multiple blockchain companies vying for our attention, but how do they develop and who funds their efforts? Enter Peter Thiel whose megawealth via PayPal and Facebook investments has set up Thiel Fellowships known at first as "20 under 20." These two-year fellowships of \$100,000 induce people in their early 20s or below to skip or drop out of college to work on their own projects and passions. Thiel and colleagues believe as suggested by Matt Ridley that when ideas have a chance to mingle, they have sex

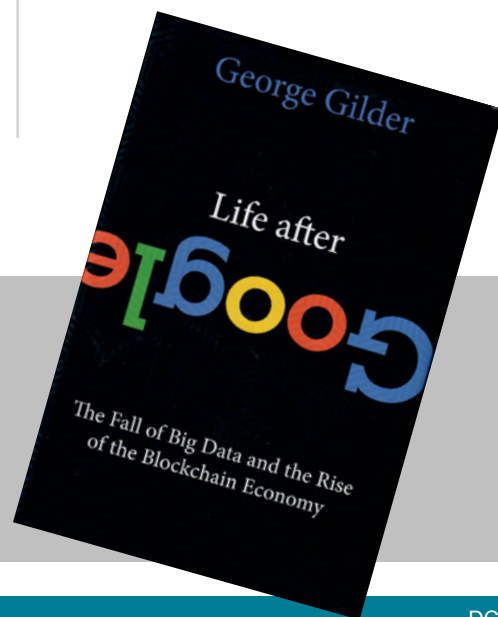
and produce offspring. When someone develops a promising idea from these fellowships, they receive funding from the 1517 Fund named after the year Martin Luther nailed his 95 Theses on the church door at Wittenberg, which protested the selling of indulgences by The Church. The 1517 Fund explains the parallel by saying that today universities enrich themselves by selling a piece of paper called a diploma at great cost and telling people it is the only way to save their souls.

In summary, Gilder posits that the new world system, the cryptocosm, must rely on security first and foremost, which the age of Google has never emphasized nor even addressed. Security is at the heart of the current Net's problems, and in this, Google offers obstacles rather than answers. Furthermore, it must exalt creativity: mind over matter, human consciousness over mechanism, intelligence over algorithmic search, artificial reality over artificial intelligence, purposeful learning over otiose evolution and truth over chance, heterarchical instead of hierarchical, i.e., bottom-up over top-down. He feels this new age will open a heroic age of unprecedented human accomplishment, and one feels optimistic after reading his presentation.

Whenever George Gilder gives his attention to a subject, no one on earth does it better. This book is a reliable reference and a valuable addition to any library, and you will benefit greatly from its contents.

Life after Google: The Fall of Big Data and the Rise of the Blockchain Economy

George Gilder, 320 pp, \$28.99
Regnery Gateway Publishing, Washington, D.C, 20001



Texas A&M University College of Dentistry

by Jennifer Fuentes

Understanding genetic dental diseases

Dentin disorders of the teeth can have a devastating effect on a person's quality of life. What if preventing these conditions was as easy as taking a drink of water? A new \$1.7 million NIH grant brings Texas A&M College of Dentistry researchers one step closer to that possibility.

Inherited dental diseases affecting dentin might not happen often, but they wreak havoc on those who must live with them. One condition known as dentinogenesis imperfecta (DGI) hampers tooth formation as a result of gene mutations that impact the proteins found in dentin. The result: disfigured, discolored teeth that wear easily and often fall out; if left untreated, both physical and emotional suffering can result.

"The enamel in some DGI teeth is totally gone at a pretty early age, the dentin underneath is exposed and the teeth look brown," explains Dr. Yongbo Lu, associate professor in biomedical sciences. The condition happens to one out of every 6,000 to 8,000 people in the U.S., who find their treatment options an uphill battle, at best. Type II DGI impacts teeth by obliterating the dental pulp chamber, and Type III affects teeth through pulp chamber enlargement and thinner dentin.

"All teeth can be affected, and the treatment presents a big challenge to dental practitioners," says Lu, who is the contact principal investigator on a five-year, \$1.7 million National Institutes of Health – National Institute of Dental and Craniofacial Research grant aimed at exploring just what goes wrong at the molecular level with the gene known as dentin sialophosphoprotein (DSPP) to cause the disease. "Moreover, the treatment is a severe financial burden for the family," he adds.

Initial steps may include restorative and prosthodontic procedures to prevent severe tooth wear, and dental implants can be considered later if teeth are lost, but these measures come with a sizable price tag — in excess of \$20,000 per patient "And that's not including subsequent maintenance and retreatment," Lu says.

To help prevent such an outcome for patients, Lu hopes to accomplish two goals with the study. First, his team will work to confirm a

hypothesis on the precise cause of DGI: that the mutated DSPP accumulates in the endoplasmic reticulum, which acts as the cell's manufacturing and packaging system. Second, Lu and Dr. Chunlin Qin, professor in biomedical sciences and a principal investigator on the project, will see if small molecules can help clear the mutated protein from the endoplasmic reticulum. Specifically, they will test a small molecule known as 4-phenylbutyrate (4-PBA) on mouse models that mimic human DGI tooth defects. This same small molecule has been found to successfully treat children born with urea cycle disorders, among other conditions. The eventual goal is to allow patients to take a pill, orally or as an additive to food or drink, that prevents the onset of DGI.

"We expect that treatment with 4-PBA would be short-term instead of lifelong," says Lu.

Timing could be a factor.

"It's difficult to predict what time would be the optimal point that the medication should be used, because different teeth have different developing points," Qin explains. "It takes a space of over 10 years for all of the teeth to develop. The first permanent molar, which is one of the most important for chewing, erupts around age 6; for it to have normal structure you would have to apply the medicine, the small molecule, before its eruption.

"Small molecules are one of the hot topics in medical research and treating diseases: They may serve as agonists or antagonists in regulating key molecules in the pathways associated with certain diseases."



Texas A&M College of Dentistry (formerly Baylor College of Dentistry) in Dallas is a part of Texas A&M University and Texas A&M Health Science Center. Founded in 1905, the College of Dentistry is a nationally recognized center for oral health sciences education, research, specialized patient care and continuing dental education. Learn more at dentistryinsider.tamhsc.edu or follow @TAMUdental.

Dr. Roger Alexander, first dentist-veteran to be invited as Keynote Speaker for the City of Rowlett's Veterans Day Ceremony, spoke on the "21 Basic Skills Learned in Military Service that Later Contribute to Success in Life."

Dr. Alexander's presentation can be found on Rowlett's YouTube channel at https://youtu.be/_qcQuluQMKS.



Texas Mission of Mercy

DCDS Members Serving Our Veterans

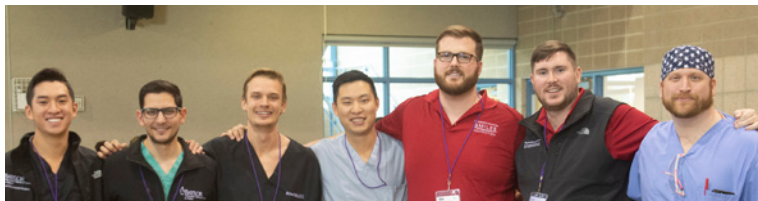
DCDS Foundation teamed up with Texas Dental Association Smiles Foundation to bring their Texas Mission of Mercy's (TMOM) mobile clinic to Dallas over Veteran's Day weekend. DCDS Foundation's primary role was to encourage a network of caring dentists, dedicated community members and generous sponsors to provide free dental care to North Texas veterans.

Pre-screenings of approximately 250 veterans in dire need were completed in Dallas at the Veterans Resource Center, Dr. Mary Swift's office, and Dr. Erwin Tang's office prior to the TMOM weekend. Dallas County Dental Society member dentists and staff volunteered at these locations to determine dental work needed and prep the veterans.

Mary Swift, DDS, chaired the DCDS Foundation pre-screening efforts for TMOM. "I would love to thank the volunteers who helped with the pre-screen. Pre-screening allowed us to deliver a record breaking number of removable units. I think it is obvious from the number of removable cases we completed that there is a desperate need for dental care for veterans."

The pre-screened individuals were joined at the TMOM weekend event by an additional 300+ individuals who were provided basic dental care such as cleanings, fillings and extractions. Held at the Farmers Branch Community Recreation Center, this clinic brought much-needed oral health care to our nation's heroes who do not receive basic dental care as part of their government care. TDA Smiles Foundation stated that \$622,888 of charitable dental services were provided to 561 patients at the event. Hundreds of individuals from all over the state joined DCDS member dentists in volunteering their time and talents.

TDA Smiles Foundation hosts four TMOM clinics a year traveling across the state to provide free dental care to uninsured Texans in underserved parts of the state. Services are provided on a first come, first served basis, and turnout at mobile clinics is usually high. This is the seventh time that DCDS Foundation has assisted with the TMOM clinic in Dallas, twice focusing on serving our U.S. veterans and their families.



"The veterans we saw were very appreciative of our help," explains Dr. Swift. "Along with providing care for those in need, we also demonstrated to our legislators dentistry's capability to take care of underserved populations."

On the weekend of the TMOM event, Dr. Sloan Hildebrand oversaw the volunteer dentists, while Dr. Michael Rainwater oversaw the removeables labs. "Many thanks are due to the hard workers who provided lab work on-site and off-site for the event, including Affordable Dentures & Implants, Dental Plus Laboratory and Griffin Dental Lab, Inc." explains Dr. Rainwater. "One hundred and two removable units were made, with over 25% of those full or full immediate dentures; plus approximately twenty additional procedures such as relines and repairs."



Lab volunteers never seemed to take a break, working all day Friday and Saturday to provide removable prosthetics for our veterans in need. Here's a glimpse of the results (pictured at bottom from left to right):

Ms. Flora was excited to show off her new full maxillary and mandibular partial, stating that she never smiled so she had to practice prior to taking photo. She was seen on Friday and almost couldn't get her work done as she didn't have transportation to return the next day for additional try-ins. One of our volunteers (Eric) picked her up so she could have treatment. Right after she received her dentures, she called her brother and said, "You won't believe my smile!"

New dentures made a big impact on Daryl. "I thought this would never happen!" were his words when he received not only the needed repair on a mandibular partial but a brand new maxillary denture as well. His previous was broken in many pieces, and coated with his failed attempts to repair with superglue.

Bobby came in from Tyler with his veterans group. He works as a cook, and can now serve up a big smile with his food.

James, a proud Veteran, attended a pre-screening in dire need of dental care. Dr. Jon Williamson found a lab to fabricate full dentures, which were delivered at the Veterans TMOM.

And finally, veteran Frank's big grin says it all!



India 2018 Student Dental Mission

by T. Bob Davis, DMD

Three senior dental students of Texas A&M College of Dentistry traveled to the Class President's homeland in July to provide dental care to the community that had never had dental care. Pan Kaping spent his first nine years in Ukhrul, Manipur, India before moving to Dallas, where he finished Lake Highlands High School and the University of Texas at Dallas. Having worked in Dr. T. Bob Davis's general dentistry practice for over three years in Dallas, he was fully aware of the need observed upon arrival.

Joining him were close friend classmates Leke Olowokere and John Ratliff. Born in USA, Leke is of Nigerian descent and has been on mission trips with Pan to Guatemala, as has John. John has spent several years since graduating from Ole Miss founding and operating a week-long sports camp for disadvantaged youth spreading the message "You Gotta Believe", currently located in Jackson, Mississippi. The proceeds go to help the underprivileged youth in Jackson. His interest in impacting young people has stimulated his participation in several dental mission trips.

Joining the trio were two seasoned Dental Missions Mentors, Dr. Bob Meyer and Dr. T. Bob Davis. Dr. Davis's younger son, Creth, and Dr. Meyer's wife, Diane, provided sterilization, instrument and supplies management.

As Executive Director of the Christian Dental Society, Dr. Meyer and his wife experience dental missions all over the world, enjoying retirement from the U.S. Army. As a Colonel in the Dental Corp, Dr. Meyer's last assignment was Dental Director of the Ft. Carson Colorado Army Residency Program. After receiving his degree from West Point, Dr. Meyer was assigned the Army responsibility of establishing a dental unit whose charge was to deliver dental care to remote troops by paratrooper with portable dental equipment in a backpack. His expertise at portable dental care led to his current opportunities. Dr. and Mrs. Meyer have authored the definitive book on portable dental missions, *Portable Dental Missions Manual*.

Dr. Davis has mentored Texas A&M (Baylor) students for over 37 years with annual student dental mission trips to Mexico, Nicaragua and Guatemala and was recognized with the 2018 ADA Humanitarian Award. The India trip was literally half way around the world, where dental care is urgently needed and where economics are limited; but love and deep appreciation for the gift of dental care are so valued. The trip was conceived by Pan and Dr. Davis early in Pan's employment but took six years to bring to fruition, a timely wait so that the students could actually provide supervised dental care.



The trip was coordinated by Pan's mother and father, Zak and Gia Kaping who had been on site for a month to set up. They provided the cooking and transportation, which included restoring a WWII Military Jeep-like-vehicle for the team's use. On the R & R Day, Wednesday, the team traveled through the mountains near Myanmar to a family wedding where the elders there reported no white nor black person had ever visited their remote village, this team being the first in their memory. They honored the volunteers with local custom-made ties, scarves and vests, which are part of the economy (as well as agriculture).

One of the special treats on the last day of the mission was a visit and tour of the premier dental school in India, Maulana Azad Institute of Dental Sciences. Dr. Meyer demonstrated his portable dental systems and the team was treated to lunch and roundtable discussion of dental missions. The on-site observation of their Mobile Dental Vans and their Preventive Dentistry Department was exciting to see. The warm gracious reception by the founding Dean Dr. Mahesh Verma and staff reaffirms the wonderful colleagues our profession has throughout the world!



Dentistry with a Heart

Dentistry with a Heart was a big day for Dallas residents of low income, hosted by Salvation Army Rehabilitation Center, Senior Source and All Nations Church. In addition to improving the lives of our guests with oral hygiene education, over \$ 27,000 of basic dental services were provided at no charge.

Big thanks to Agape Clinic for hosting our event and of course their amazing staff, Park Cities Rotary, Texas A&M Dental School along with students who were a great help; Josh Sok , Anson Hooper, Victoria DeLeon, Sarah Jackson and oral surgery resident Dr. Bhavin Trivedi. Dentists giving their time effort and care; Sara Kong, Todd Ayars, Rupesh Singla, Lute Nguyen, Jeff Johnson, Terry Darden, Martin Kahn, Michael Rainwater and hygienist Lan Ho. Nothing gets done without assistants, thank you Sharon Beltran and Petra van Beveren. Great way to spend a Saturday!!



TDA Annual Session

by Dr. Edwin McDonald

As Meeting Chairman, I want to invite all of my fellow Dallas County Dental Society members to the Annual Session of the Texas Dental Association to be held on May 2-4, 2019. It is a great member benefit and an extraordinary value in continuing education, just like the Southwest Dental Conference.

In 2019 we have redesigned and reinvented the meeting experience for each TDA member and their team. Registration, shuttle drop off, exhibit hall entry and our meeting-wide Thursday evening live music festival are all located in the beautiful new atrium of the Henry B. Gonzalez Convention Center. Most of our classes are in the new section of the convention center as well. In addition, we will have an education theatre, book signings, fun social activities and (of course!) a happy hour in our new convenient exhibit hall.


We have brought the best-of-the-best educators that dentistry has to offer, including more lecture and participation courses for the team than we have ever had. Please visit our preliminary program when it comes out in January.

With all these changes, **we need your help as volunteers and hosts to provide great Texas hospitality to our speakers and our VIP guests from around the country.** It is one of the most important aspects of any meeting, as many of you know. Our TDA Board Of Directors has approved a resolution that designates the responsibility for providing volunteers to a different district on a rotating basis. For the 2019 year, it is our turn in Dallas. I know that you will make this happen in a big way, continuing the long standing tradition of great leadership from DCDS. As a bonus, whoever hosts our speakers can enjoy a complimentary lunch alongside the other presenters and hosts at TDA.

After the meeting and the meeting events, San Antonio is one of the most entertaining and enjoyable cities in all of the Southwest. Just steps away on a typically warm spring night are great restaurants, entertainment venues and world class margaritas! That is a recipe for a great night!

This meeting will mark the conclusion of Dr. Bill Gerlach's year as the president of the Texas Dental Association. It will be a great time for all DCDS members to gather together to celebrate Bill's accomplishments as President

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lawmakers, but you
are the dentist.



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and the role that DCDS plays in dentistry around the state of Texas. So, please join us for a time of great celebration!

I look forward to seeing you and your team in San Antonio in May next year, and I encourage you to check the list of volunteer opportunities when you register so that we can bring that Dallas hospitality to our state meeting.

Update on The Family Place Dental Clinic at Ann Moody Place

The Family Place empowers victims of family violence by providing safe housing, counseling and skills that create independence. Operating three emergency shelters, including a 47-bed facility at Ann Moody Place, The Family Place will soon be able to provide dental cleanings and exams at that location through a new dental clinic space.

Many clients have had little if any dental care, and have suffered dental trauma during their abuse. Providing dental cleanings, exams, x-rays and minor dental treatment is a dream that is now very close to fruition. **They are still in need of donations of a Perio-Pro x-ray developer as well as x-ray film, holders, lead apron shields, etc.**

At year end, people looking at their giving pledges are asked to consider The Family Place dental clinic. Donations are tax deductible and can be made online at <http://www.familyplace.org/donation/donate>. Checks sent to The Family Place should be labeled "dental clinic" in the memo area.

After the first of the year The Family Place will be in need of dentists and hygienists that can volunteer their time to provide dental cleanings and exams as they begin seeing patients. Please contact Kim Greer, 214-616-9484, kimberligreer@yahoo.com or Dr. Dale Greer, 214-616-9479, dr.dalegreer@yahoo.com if you would like to volunteer your dental services, or if you have any questions.



Continued from page 1

I panicked because I had never been on a dental mission trip, did not know portable dental equipment and had no idea of what crossing the border legally might mean. And what would it cost and who could I talk into going with me? I had to do my homework quickly! You learn fast when necessary!

Connection: Is there some country and/or city where you have worked the most?

TBD: 34 years in Matamoros for four days, Thursday thru Sunday, each year. The past 7 years we spent a week to 10 days in San Raymundo, Guatemala, which is about a two hour drive thru the mountains and winding roads.

Connection: How were you able to gather enough supplies and equipment for these missions?

TBD: Honestly that was my very first challenge! Our colleagues in Texas are generous and supportive, and I developed a reputation for needing everything. They gave used equipment, instruments and supplies. The supply houses donated, the school occasionally gave and professors loaned us their personal stuff. Dental conventions vendors would give me leftovers they did not want to ship. We would take van loads or car loads down to the border. In 2010, a patient of mine drove a 26 foot U-Haul filled to the brim with used equipment, including a pano and x-ray units. We helped build a medical/dental clinic building in the early days where 25 teammates worked on 150+ children, storing the equipment and supplies. We often traveled into Brownsville, TX to buy supplies that were not donated. We are reinventing that wheel



Dr. T. Bob Davis with his younger son, Creth Davis, during a dental mission trip to India. Read more about Dr. Davis and his recent mission trip on page 16 of this issue.

in Guatemala. I will have a huge surprise to announce later next spring in this regard.

Connection: Did you do these missions on your own or did you enlist others to augment your effect?

TBD: My first five years were staffed by my own staff and then others who volunteered. Dr. Bagwell and I paid/split the expenses 50/50 totally for all who went.

Connection: Was it hard to recruit other dental professionals, and how did you do it?

TBD: During a Christian Medical Society Baylor Dental Student Ministry Breakfast in September 1982, I announced to the dentists and students that I wanted them to pray for our team's safety on our October trip. Freshman Jeff Fleming asked if he could join us and bring his girl friend Suzie (a hygiene student) and a couple other students. I had to pray about that! What if one of them got hurt or got killed, as had an UT- Arlington student on a previous trip? Six joined us. The rest is history, as they were sold on the concept and brought increasingly larger crowds with us, for which I had to recruit more doctors. The now periodontist, Dr. Jeff Fleming, and his two college-aged sons joined us for the 25th anniversary trip. We had nearly 100 teammates that year! All because of one student's influence!

Connection: You have held leadership positions not only in the DCDS but also in the Texas AGD and the Academy of Dentistry International. How were you able to find time to attend to those responsibilities, conduct a successful practice and then organize, implement and serve as a mission dentist?

TBD: When God opens doors I have found He provides the resources and guides the results! I've just had to be responsive and timely. Gotta admit on some of the 100+ group trips I got very little sleep while managing it all!

Connection: Did you ever have any trouble obtaining permission from city, state or professional organizations to conduct these clinics?

TBD: So far not! When we were first going to the Children's Home in Matamoros, we stayed on the Texas side at night in dorms built for us by First Baptist Church of Brownsville and we crossed over the border every day. I thought we were incognito but in reality I think those border guards knew everything we did. When I thought we were unknown, I found they were announcing in Spanish over the local radio that the dentists were in town! The Matamoros

Mayor's wife invited us to use their facilities and work in them throughout the city on the days we were there. We did! We had a city wide medical day one year at their facilities and the Mayor's wife planned a huge event with all the schools, teachers and parents attending. Hardly a problem getting permission! They were so appreciative and encouraging.

Connection: As the chairman of the DCDS Community Health Committee you were able to convince Dallas County authorities to develop a dental facility for the Dallas County Juvenile Detention Center. How did that come about?

TBD: I had visited the Center and found they put the juveniles in handcuffs to get them to a local dental office for emergency care only. I did not cherish the idea of a handcuffed kid entering my private office with a waiting room full of people! The executive director was amenable to my suggestion for her to give me a room where I could put a dental set up for their use on site for emergencies and maybe some routine care. Later I found they were about to build another building next door where I proposed a 5 chair dental clinic with all new equipment and a dentist to supervise. The rest is history as they followed through. Oh well, almost! Only 3 dental chairs—ha!

Connection: Another of your great talents is music. Can you tell us about that?

TBD: At age 4 my sister-in-law took my sibling and me to see the movie that had the song "Good Night Irene" in it. When I went back home I sat at the old upright piano my dad had got for my sisters to play on if they wanted. I had heard them try to play popular sheet music, so I just started playing the song from the movie. It was the first inkling that I might have an ear for music. "God Gives the Song" is a Christian song that I attribute as the reason why I have been able to repetitively do what I do best. I stick to what I hear in my head and heart and try to communicate it to my listeners. Having recorded over 13 CDs/albums that feature over 100 different songs, I still have another couple CDs in my head, I think! Just need the time to record—ha!

Connection: Thank you, T. Bob, for sharing your philanthropic experiences with the readers of "The Connection." And finally, if you could compose a song that would convey a message for your dental colleagues, what would be the title?

TBD: "While Down in the Mouth, I Thought This Out."

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“Happy New Year!”

A phrase we share so freely— sometimes lightheartedly, sometimes meaningfully. What does that phrase mean to you or your friends or your loved ones? Just as important, what does it mean for your patients?

As providers of optimal dental health, the new year is an opportunity for us to reflect on our treatment modalities and methods and to continually move towards excellence. With a new beginning, we have the opportunity to explore, contemplate, dream, and establish goals for exceptional patient experiences in our office.

As practitioners, we realize that many things do not happen overnight; our successes build upon each other. The 2019 Southwest Dental Conference lends itself towards your success with world class speakers and unparalleled learning opportunities. I invite you to set aside October 10-11 to become “Inspired · Empowered · Equipped” at the 2019 Southwest Dental Conference, as you move towards excellence in the new year.

Dr. Todd Baumann
 2019 Southwest Dental Conference
 Chairman

