

# the probe

VIRGINIA COMMONWEALTH UNIVERSITY  
SCHOOL OF DENTISTRY NEWSLETTER

VOLUME 3, ISSUE 2  
SPRING 2010

## Inside this issue

### Jamaica Project

Kime Whitman (D2010) 2

### Flag Football Championship

Dr. Cole Johnson 3

### Pre-Dental Student Clinic Day

Jason Schoener (D2011) 4

### Dentistry: Isn't it Great?

Dr. Craig Dietrich 4

### The 'Hypertensive Crisis' Crisis

Rudy Wolf 5

### The 2010 ASDA Annual Session

Arya Namboodiri (D2012) 6

### VCU Dental Students Brave Snowmageddon 2010

B. Alex Barton (D2013) 7

### Saving the Profession

David Jones (D2010) 8

### Impressions Program

Ruth Molokwu (D2012) 9

### Word in the Halls

Hot or Not? 10

### The View Through My Loupes

Dr. Cleckner 11

### In Memory of Carl Wendell Harding

12

## Dean's Message



I want to thank all the students I have been able to speak with since becoming Interim Dean. I am a very informal person and administrator so I welcome hearing from you, or just stopping me if you see me moving through the clinics or halls. As interim dean, I still have

another position at VCU as associate vice president for health sciences so I am a bit of a split personality these days - please bear with that. I also like to share information - the more the better as I believe if people have the correct information they will not speculate on what is going on. Recently I met with the student leadership and shared some thoughts and a set of slides to talk to. I have posted those slides on the School of Dentistry website.

Over the next several years, VCU will face some challenging times as resources from the state shrink - specifically \$43M from \$180M to \$140M - a substantial percentage. What does this mean for the dental school is hard to tell at the moment, but cannot be good. However, the school has control over its situation because clinical revenue is something we can influence. If you look at the following table, you can see that 46% of the money to run the school comes from

University support which is a combination of state funds and tuition. This is the piece that is most at risk and over which we have limited control. 31% of the school's revenue comes from patient care delivered by students, residents, and the faculty - this we have some control over. As the school navigates these difficult times, keeping our eye on the dental practice of the school is critical. Quality oral health care is the

standard, and should never be sacrificed for money but clinical efficiency it good for the practice and good for patients. I welcome your suggestion on how to achieve this goal. I would love nothing more than to find ways to keep future tuition and fee increases lower. It took me nearly 15 years to pay off my student loans so I do understand that issue.

If you would like to know more about my background, here is a link to a brief biographical sketch. [http://www.people.vcu.edu/~dsarrett/cvbio/sarrett\\_bio.html](http://www.people.vcu.edu/~dsarrett/cvbio/sarrett_bio.html)

~ Dr. David C. Sarrett

## Letter From The Editor Kime Whitman (D2010)

Thank you to everyone who contributed to the last issue of The Probe and helped VCU to win the highest award for best newsletter in competition. This issue takes a look back at events from the end of last semester through spring break. Also, a big welcome to our Interim Dean, Dr. David C. Sarrett!

## School of Dentistry Income and Expenditures in FY 2009

Funds Sources	Amount	Percent	Expenditures	Amount	Percent
University Support (State & Tuition)	17,645,052	46%	Full-time Faculty	13,666,906	37%
Active Grants & Contracts	2,326,356	6%	Staff	7,484,751	20%
School Share of FACP	1,078,657	3%	Supplies	4,216,968	11%
Unrestricted Non-State Source	1,684,159	4%	Part-time & Residents	1,901,375	5%
Restricted Non-State Source	1,438,132	4%	Facilities and Perkinson Bldg. Loan	1,813,412	5%
Other	43,553	0%	Scholarships	846,985	2%
Completed Grants & Contracts Residuals	86,493	0%	Faculty Development, Training, Travel	713,263	2%
MCV Hospital Services	956,178	2%	All Other	6,088,811	17%
<b>Total Funds in University Accounts</b>	<b>25,258,580</b>	<b>65%</b>	<b>Total Expenditures</b>	<b>36,732,470</b>	<b>100%</b>
Student Clinical	2,159,714	6%			
Graduate Clinical	7,693,915	20%			
Faculty Practice	2,258,531	6%			
<b>Total Clinical Revenue</b>	<b>12,112,160</b>	<b>31%</b>			
Endowment Payout from MCVF	581,778	2%			
Gifts (deposited into MCVF)	790,984	2%			
<b>Total from Donors</b>	<b>1,372,762</b>	<b>4%</b>			
<b>Total Income</b>	<b>38,743,502</b>	<b>100%</b>			

**Note on University Support:** SOD has tuition target expectation from VCU and agreement to receive excess tuition. 20% of University Support is derived from exceeding tuition target. To maintain current funding level requires tuition increases in line with university increases for graduate tuition.

**Note on University Support:** Total reductions for 2008, 2009 and 2010 total \$1.8M. Potential \$2-3M additional in 2012. This would represent a 27% reduction.

# Jamaica Project

by Kime Whitman (D2010)

In November of this past year, I had the chance to be a part of the 23rd annual Jamaica Project. This three week outreach project was made possible with the help of many donors, numerous fundraisers, and the Jamaican Ministry of Health. Along with seven classmates and four attending doctors that went just in the final week, we treated about 400 patients. In short, it was the experience of a lifetime.

We arrived Sunday to a cozy house situated on the beach in the village of Duncans in the Trelawny parish. We sat out on the patio the first evening completely mesmerized, watching the warm thunderstorm. By 6 am the next day, most of us had risen for a morning swim to witness the sunrise from the water. We even went snorkeling one morning and did some local shopping in the evenings. The weather was beautiful and the scenery immaculate. The sandy shores were lined with hundreds of seashells in all shapes, sizes, and colours. The pellucid water had mingled hues of green, blue, purple, and pink. It was hard to believe that in a place this beautiful, there were so many people without access to dental care.

By 9 am each morning, we had piled into a rented van and car, made our way via a cir-

cuitous and rocky road without lanes or side rails up what felt akin to a mountain, and arrived at a nearby run down building. Long Pond Clinic came to feel like our second home. Upon arrival everyday, there was already a long line stretching out and around the building of patients waiting to see us. We triaged, performed oral surgery and restorative procedures, and did cleanings until 4 pm daily through Thursday in the sweltering heat, stopping at most 15 minutes for lunch or a short water break. Five chairs

including a lawn chair (that was pretty painful to do maxillary extractions in for both the patients and the clinicians) were set aside for extractions, one for prophylaxis, and two for restorative.

All day, patients peeked in through every window and door of the building eagerly awaiting their turn to be treated. Some attempted to sneak in or cut the line to avoid the hours of wait and heat to relieve the pain they were in. Most of what we did were extractions of permanent teeth ranging from kids as young as 10 to geriatric patients. A few of us had the oppor-

tunity to go to some local schools to treat children. The patients came from all over the area, some from hours away, and were very grateful for our services. We spent part of Friday seeing patients but most of it tearing down and cleaning up. It was sad to have to turn away some late patients, but by that day we had run out of anesthesia and many restorative supplies.

We became good friends with Nurse Reed, who ran the clinic, and people from the local area, a wood carver, the ladies who took care of our house, and many more. There was never a dull moment that entire week. Near the end of our trip Tyler Williams jokingly remarked, "They came from a ship in the sky. They all wore blue and had third eyes" (referring to our head lamps). Behind that very witty comment about our appearances, I'm sure he meant that all of us who participated left a profound impact on the Jamaican community, hopefully changing lives in the process. I encourage all undergrads to partake in this project as it is one of the most rewarding experiences you will ever have. **P**





## The Ortho “Intruders” Win All-Campus Flag Football Championship

by Dr. Cole Johnson



*In spectacular form the “Intruders” were crowned champions of VCU’s Intramural flag football tournament. The team rose victorious over some 50 teams during the 3 month season and left their stunned opponents weeping like so many premenarchal females. Using simple plays named after their mentor-muses Dr. Lindauer, Dr. Shroff and Dr. Tufekci the mighty men of VCU Ortho marched their way down the turf and into the hearts of students, faculty and citizens the campus over. The following is the legendary tale of 9 commonplace men turned flag football phenoms.*

IT’S EARLY SEPTEMBER. The siren song of competition resonates throughout the annals of the Orthodontic department beckoning the 8 residents and one assistant. With no prior experience and nary a minute of practice between them the “Intruders” gird up their athletic loins and convene on the turf to face their nominal nemesis; the “Penetrators” in a season opener.

Immediately upon the first snap of the ball it was clear upon whose shoulders the team would be carried to victory. Some say that Brandon Burke is a machine, others that he is a spirit. He claims to be just a “mutton-busting farm-boy from Smalltown, USA.” The towering Dr. Burke stands as tall as a tree; a 6-foot 3-inch tree. His arm was a veritable mortar, his legs two churning pistons and his chin, a prognathic beacon of hope which the team would follow to a decisive victory over their first opponent.

Morris Poole’s sinewy hands were steel traps during games 2 and 3. Whenever a pass sailed toward him his outstretched hands held steady as his luxurious curls would rebound atop his noble forehead in perfect time with his speedy steps. Reception after glorious reception Dr. Poole’s efforts helped the “Intruders” pile 2nd and 3rd helpings of sweet, sweet victory upon their proverbial platters.

Midseason, Chase Prettyman became a furious force to be reckoned with as rusher for the “Intruders.” Dr. Prettyman’s wild-eyed intensity was as legendary as his uncanny ability to could go an entire game without blinking. His near psychotic West Virginian zeal for rushing

left the opposing quarterback’s hips raw and chafed as he tore at the dangling flags without relent or regard for appropriate language. This flag-snatching opportunist became known simply as “Mr. Big Sack.”

As the season progressed Quoc Lu began to blossom gloriously upon the turf like some steroidal seedling as he transformed from an unassuming Asian lady-killer to the illustrious lineman extraordinaire. Dr. Lu’s stolid menace struck fear and incontinence into the puny blockers that faced him. His supple palms became so feverishly preoccupied with tireless flag grabbing it made post game high-fives and butt-pats a burden. His constant presence in the trenches kept VCU Ortho on a roll.

The residents chose but one other to join their cleated clan. When called upon Ryan Minga could be employed at any and every position on the field. He darted around the field with chameleon-like adaptability and instinct; returning a punt, rushing the quarterback, or snatching flags. Young Minga was a fierce as a water-spawned gremlin yet as spry as young palomino colt. His ethnically ambiguous athleticism helped the “Intruders” clinch a spot in the playoffs.

Larry Scarborough or “Papa Scarborough” as he was affectionately known was but another bullet in the chamber of the Intruder Ruger. His signature ‘gallop’ made him as elusive as a Pegasus, as looming as Sasquatch and more mythical than either. As he racked up yard upon elegant, breathtaking yard the perplexed defenders knew not whether to curse inwardly

and snatch at his flags or simply shed a tear and write a haiku. Dr. Scarborough's poetic plays paved the "Intruder's" path deep into the final rounds of playoffs. Cole Johnson served as captain, coach and shepherd of this motley crew. His pregame, halftime and postgame pep-talks were spat with the fervor and fire of a much more competent man. To his opponents he pretended to know nothing about the game and to his teammates he pretended to know everything. In reality however, Dr. Johnson's only real contributions included underhandedly procuring the football for each opening drive, obfuscating opponents with passive-aggressive mind games and, of course, showing up an hour early each game with full football regalia draped over his freshly-shorn Clay-Aikenesque body.

Known to the league as simply "the Hobbit on steroids" Dan Pennella's aptitude as ace receiver and lock-down defensive back was the stuff of legend. Nary a game concluded without his trunk-like legs miraculously carrying his burly body underneath a desperation bomb for a clutch touchdown. On defense he seemed to calmly pick passes like so many ripe tangerines off the great tree of mediocre throws. Dr. Pennella's dominating post-season performance against a fraternity team left them pitifully relinquishing their pudgy sorority girlfriends at his cleats following the game.

Nathan Granillo's blocking talent was surpassed only by his ability to lock-down the vulnerable defensive flat. As cornerback, Dr. Granillo swatted more leather than a rogue vaquero on cattle drive and the few times opponents dared venture into 'Granilloville' his fists consumed their flags like a hobo on a ham sandwich. It was upon those same tender fingers that the fabled 60 yard touchdown bomb fell to clinch the championship game. Dr. Granillo secured his spot in the chronicles of VCU flag football folklore.

And just like that the "Intruders" defeated all foes and were magnificently laden with eternal sheaves of glory and a cotton-poly blend screen print T-shirts. Who would have guessed it possible? Who knew that these fledgling doctors would defeat all bumbling brawn in their path to win it all? Who could fathom that intramural flag football would snatch these 9 commonplace men from the cesspool of mediocrity and spew them out champions upon the shores of everlasting glory? So, ladies...please form a line to the left for make-outs and gentlemen, form a line to the right for high-fives; "VCU Ortho" is in the building. **P**

## Pre-Dental Student Clinic Day

by Jason Schoener (D2011)

"Pre-Dental students are like snowflakes. From a distance you all look the same. But when I look at you really close, you are all different and unique," said Dr. Michael Healy as he finished the day with his famous pre-dental snow analogy. Joking around with the pre-dents, Dr. Healy said, "Now you do realize I hate snow."



Pre-Dental Student Clinic Day was hosted on November 12, 2009. 126 students from seven universities across the Commonwealth signed up. 84 students attended with many canceling due to the heavy rainstorm that hit Richmond in the afternoon. Schools in attendance included UVA, George Mason, Virginia Tech, VCU, William & Mary, JMU, and Mary Washington.

In past years, pre-dents would visit VCU School of Dentistry for a presentation and Q&A session with Dr. Healy. This year VCU's ASDA chapter decided to host a clinic day for undergrads to get more Virginia students interested in dentistry while also giving insight into what life is like as a dental student. VCU's ASDA chapter had the opportunity to talk with dental students at University of Kentucky and Marquette at the ASDA Central Region meeting in Indianapolis in October of 2009. Both schools gave insight into what pre-dental clinic day was like at their school.

Pre-Dental students registered on the 3rd floor of the Perkinson Building and ate lunch with 16 dental students from the 2nd and 3rd year classes. After lunch, Pre-Dents split into groups. Some students went on tours through the clinic and classrooms while others were down in the dent-sim lab to drill a class I prep on #19. There were a few interesting prep designs.

A special thanks goes to all the dental students, Proctor & Gamble, Chris Conklin, Dr. Ronald Hunt, and Dr. Healy for their help with Clinic Day.

## externships

### Dentistry: Isn't it Great? by Dr. Craig Dietrich

What is it about dentistry that really excites you? Have you given it any thought, or are you too busy with school, family, or any of a thousand other things that might occupy your consciousness in a given day? When you decided to become a dentist what did you think you would be doing? All of these questions and many more are questions that you may find yourself thinking about in the days, months, and especially years ahead. You may find yourself wondering why you ever got into the profession in the first place.

Having been in private practice for almost 20 years (10 years as an associate and now almost



10 years in solo practice) I am still very much excited about my profession. However, I still look back and remember my time in dental school and especially the first few years of practice. Volunteering at the Piedmont Virginia Dental Clinic in Martinsville and working with the dental students there has brought back many memories not only of dental school (University of Pittsburgh) but also of the challenges of the first few years of practice. It has given me an opportunity to reflect on what keeps me excited to go to work and on some of the important things I have learned.

First, education is everything, and you definitely get out of it what

you put in. Your opportunities now and in the future are a key to staying excited about your career. Your first couple of years in practice let you really start to use the knowledge from dental school but you will also find out how big a challenge it can be to apply that knowledge. You will have opportunities to try things that you may have only talked about. Things are changing all the time in dentistry and it is important to know what is going on, not because you have to change but because you need to keep an open mind to the changes to see if they are right for you.

Second, having some backup lets you be more adventurous. Being in an office with another

dentist or at least having a dentist close by that you can call on gives you the confidence to try things you might shy away from because you either haven't done it before or because you had trouble with it previously. For me, the constant variety of dental procedures that I am comfortable performing makes every day exciting. Study clubs and other continuing education opportunities provide avenues to investigate procedures you would like to incorporate into your routine.

Third, be careful not to get isolated. Make sure you talk to your dental colleagues and not just about dentistry. Get involved in your community in the schools, government, civic organizations

etc. You are the face of dentistry and you have a valuable perspective as such. Also remember organized dentistry (the VDA), there is power in numbers and there are people who do not understand dentistry who will from time to time try to make decisions that can drain the excitement out of being a dentist. Organized dentistry helps keep your profession yours.

Finally, as a dental student, take advantage of those who have gone before you. Talk to as many dentists as you can about what they do and why. There are as many different ways to do things as there are dentists, and as many reasons too. There is no "right way" or "wrong way" but I certainly have made

mistakes and found out what works for me, and what doesn't. Working with the dental students in the clinic in Martinsville helps remind me of how different a dentist I am now then as I was 20 years ago and I know I am not alone when I offer to answer any questions any of the students have, anytime.

I am delighted to have the opportunity to express these thoughts in this forum and truly invite anyone who has questions to contact me by phone at 276-632-0010 or 276-666-4041 or by email at [cdietrichdmd@gmail.com](mailto:cdietrichdmd@gmail.com). If I can't help you I can try to find someone who can or you can contact the VDA and I'm sure they can help. **P**

## The 'Hypertensive Crisis' Crisis by Rudy Wolf

How do you go from hours of powerpoint presentations, dynamic lectures and an occasional catnap in the back of lecture hall to clinical application of all that information you've only read about? Next time you're in the student clinic, listen to the students around you and you're bound to hear the occasional "hmm, well Mrs. Jones, I'm not exactly sure, but I've read about it." We've read, studied, memorized and even practiced on dummies, but all of that preparation still can't prepare you for when it actually happens.

Suddenly I found myself in the middle of Lynchburg faced with a scenario I had only read about, hoping I would know what to say to my patient. Apparently I said the right thing, otherwise the editor of *The Probe* probably wouldn't have asked me to write this article...or was it because you can learn from me what NOT to do? Hopefully it's the former. This encounter of the patient kind is about hypertension...the silent killer.

It was a normal morning in an off campus office, nothing exciting, when my automatic blood pressure cuff blinked a reading of 205/145. I had to squint my eyes to make sure the reading was correct. I grabbed my manual blood pressure cuff and started squeezing...and squeezing, and squeezing. Sure enough, as the needle lowered to around 200 it started bouncing and the sphygmomanometer beat distinctly in my ears. It was confirmed, this man was

about to blow right in my chair. Now what?

All of the training I had received rushed through my head in a flash. I knew what I had to say. "Sir, when's the last time you've seen a physician?" His response was as I had expected: "I haven't seen a physician in years."

I continued, "Your blood pressure is through the roof. You have what is called hypertension. In your case, not only are your blood vessels

and asked, "But I don't get it, I feel fine. Can't you just take my tooth out, it's killing me?"

"Sir, there is a reason hypertension is called the 'silent killer.' You may look fine and feel fine, but you're not fine. As a matter of fact, if I took your tooth out today, there's a very high chance that you could die in my chair of a hypertensive crisis and let me tell you why. You have three things going against you. 1: You're already in a lot of pain which increase your already high blood pressure. 2: As soon as you walked in this office, you saw the white coats, maybe some instruments, heard the whine of the drill; that increases your blood pressure even more. 3: In a few minutes time, I would be approaching your mouth with very sharp instruments, possible causing you additional discomfort. All three of these factors combined is a recipe for disaster and could be the straw that breaks the camel's back. I don't want to put your life at risk. Does this all make sense?"

Fortunately, he was listening attentively and understood what I was saying. After that, he was more than willing to go up to the front desk with me, and arrange a ride over to the emergency room. I was grateful to be able to put all of those years of lectures to good use and potentially help save someone's life. The next time I'm in lecture, or a CE course, I'll be sure to pay extra close attention to what's being taught. I'll never know when I'll need to use it, but I do know that I will. **P**



being worked really hard each time your heart beats, but they're not getting any rest. I would be lying to you if I told you this wasn't serious. With a blood pressure of 205/145 I would be rushing you to the emergency room at the dental school in a wheelchair. Being that we're not at the dental school, I can only call the ER to alert them that you're on your way and help you arrange transportation. Without the proper medication and possibly some changes in your lifestyle you could die."

He looked at me with concern in his eyes



# The 2010 ASDA Annual Session

by Arya Namboodiri (D2012)

Over Spring Break while many got away to destinations warm and cold, a group of VCU dental students had the honor of attending the ASDA 40th Annual Session in Baltimore, MD. Complete with student networking events, breakout sessions and some inspiring keynote speeches, we were able to fully experience what it means to be active members of ASDA. As a first-time delegate, I was a little overwhelmed, but soon began to realize that all of us had a common thread: a passion for our profession of dentistry.

Through the years, ASDA has fought tirelessly to ensure that the student voice is heard at both state and national levels, and will continue to do so even as challenges appear on the horizon. It was amazing to see what these students have accomplished at their own chapters, and to hear about some of the ideas that we can incorporate into our own school. One of the most anticipated events was the general session on four key issues that students will have to face in the coming years: universal healthcare, national boards and a specialty acceptance exam, licensure, and the rise of mid-level providers. Following a short briefing on these topics, breakout sessions were held for in-depth discussions with experts. These were some of the highlights:



## Universal Health Care

Dr. Ron Tankersley, ADA President, led this session to underscore that the ADA believes that all Americans should have access to essential oral healthcare. At the same time, he felt that those who are able to seek “state-of-the-art” treatment should be allowed to do so without limitations. However, many groups are at odds about how this can be accomplished simultaneously and at a high standard. The current legislation does not seem to greatly affect market-based dentistry, however it does not fully address provisions for public health dentistry either. Dr. Tankersley noted that this dilemma is just the beginning, and it is our responsibility to educate ourselves on the different perspectives in order to speak intelligently in support of our profession.

## National Boards and Specialty Acceptance Exam

Perhaps the most important issue currently affecting all schools nationwide is the increased failure rate of the NBDE II. These exams are recalibrated by the Joint Commission on National Dental Exams (JCNDE) every six years, with the last being in February 2009. Failure rates have steadily risen since the summer of 2009. The ADA House of Delegates, a separate body, has urged the JCNDE to look into this matter and will, along with student representatives from ASDA, meet on April 14 to discuss this among many issues. Another topic discussed was that in 2012, the NBDE I will go to a pass/fail form. Alarmed that this will prevent accurate assessment of candidates for postgraduate programs, the ADA has formed a task force to develop a separate exam to provide evaluation or another solution by 2012.

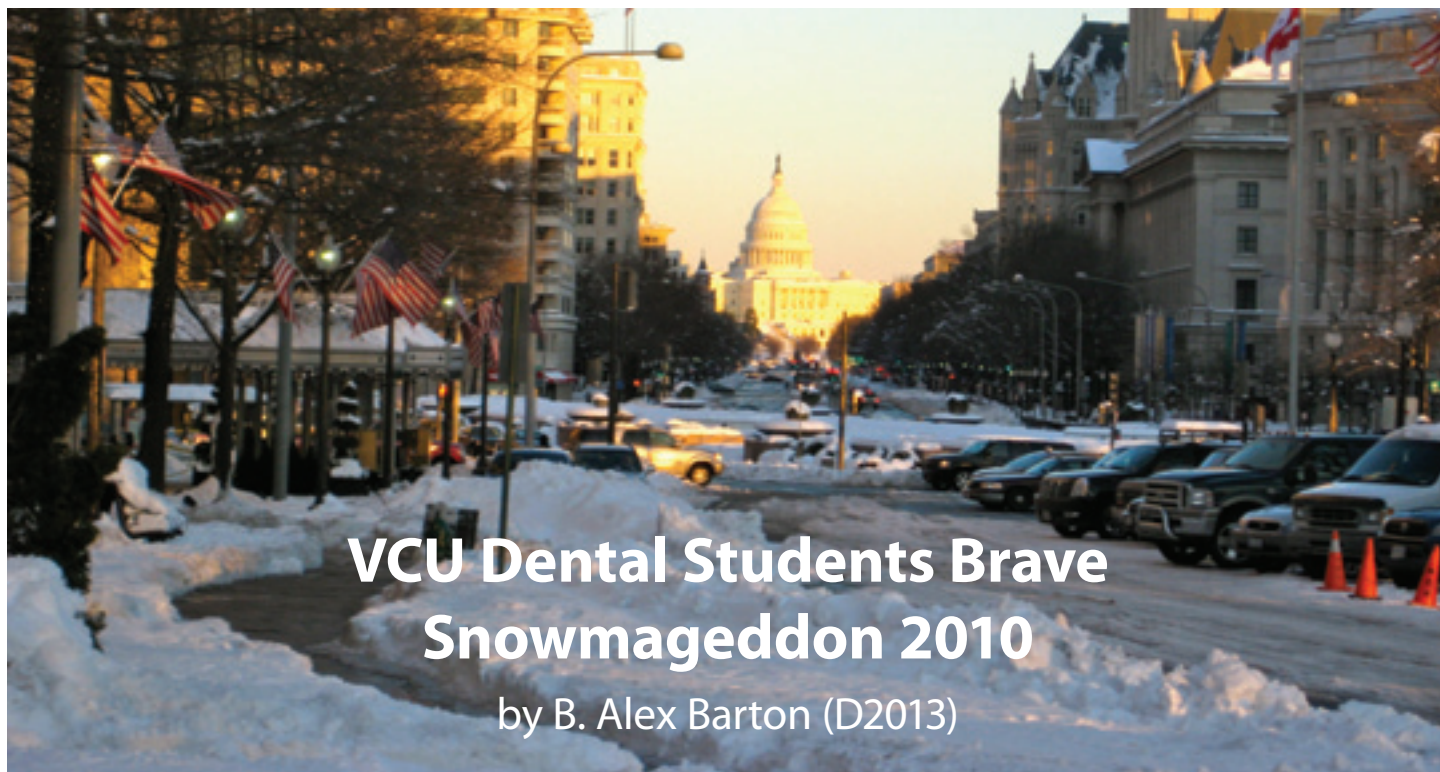
## Licensure

ASDA continues to advocate, along with the support of members of the ADA, that there should be a move towards a single licensure exam to assess all students that does not use live patients. Dr. Brian Kennedy said that the current state of exams, “is a disservice to students and a disservice to the public.” Debate on this issue started in 2000, yet it remains to be seen what states do with the new policies of the ADA. ASDA believes that this is where students can have the most involvement.

## Mid-Level Providers

Several models are currently in operation in many states. The aspect that has become most unsettling is that many of these providers are being certified to perform irreversible procedures as pulpotomies with minimal training. Unfortunately, due to the ability of these auxiliaries to tackle the access to care issue, many states are looking favorably upon adopting such training programs. Mr. Jon Holtzee of the ADA stressed the importance of advocacy on this issue, and said that students need to be acutely aware of how this may affect the profession. As an example, the University of Minnesota School of Dentistry presently has a dental health aide therapist (DHAT) training program.

I’m sure many, if not all, of these issues have piqued your interest. I urge all of you to seek out more information on ASDA and ADA policy so that you can let your voice and opinion be heard. All that has been accomplished so far could not have been done without the support of many students, and we need as much of your involvement as possible. For more information, visit the American Student Dental Association website at [www.asdanet.org](http://www.asdanet.org), or visit their new blog at [www.asdablog.com](http://www.asdablog.com)! **P**



## VCU Dental Students Brave Snowmageddon 2010

by B. Alex Barton (D2013)

Six VCU dental students made the trek up to DC this February in the midst of the famous “Snowmageddon” blizzard. Unfortunately we did not go to play in the massive piles of snow and get a few good sled runs in. Instead we drove (very slowly) to DC to lobby for the rights of dental students at ASDA’s National Lobby Day. The purpose of the event was for dental students from around the country to come together and discuss some of the issues facing dental students today, and then go to Capitol Hill and speak with our nation’s congressmen about those issues.

ASDA projected that this year’s National Lobby Day would have broken the records for attendance with over 300 students registered to attend the event. That was, however, before the snowstorm of the decade hit, and dental students across the country were left stranded in airports trying to get to DC. One group of students I spoke with couldn’t get into DC, so they flew into Pennsylvania, rented a van, and drove overnight just to get to the event. Another student I spoke with said that she flew from her school in California to Texas for a layover, then found out that the flight from Texas to DC was canceled. Her only option at that point was to fly back to California, where she waited in the airport all day until she fi-

nally got a seat on a red-eye from California to DC. Listening to some of these students’ stories astonished me, but what really amazed me was that these people put such enormous amounts of time and effort, as well as risk their safety and well-being, just to be given the opportunity to fight for and make Congress more knowledgeable about our profession.

Though all 300 registered students couldn’t make it to DC because of the weather, on Monday, February 8th, we met up with around 175 dental students to discuss what we would be talking to the Congressmen about the next day. At this time, the President of ASDA and a few lobbyists spoke to us about how to address the congressmen and what to say on behalf of ASDA, and as representatives of all the dental students in our nation. The two main issues that we were lobbying for were Student Loan Interest Deduction (SLID) and for H.R. 855 and S. 616- Enhancing Safety in Medicine Utilizing Leading Advanced Simulation Technologies to Improve Outcomes Now (SIMULATION) Act.

The first issue, SLID, is a provision that assists student borrowers in reducing their loan burden by allowing a tax deduction, which ultimately allows them to deduct up

to \$2,500 of their interest payments, on their tax returns each year. However, as it stands, only individuals who make under \$70,000 (or couples under \$140,000) are eligible for this tax deduction. Therefore, ASDA was hoping to increase both the income limit that was set at only \$70,000 and the tax deduction that is currently set at \$2,500. With the income cap at only \$70,000, very few of us will be eligible to receive this tax deduction when we are practicing because we will be making more than this. Once the income cap is increased, and more new dentists are eligible to use this tax reduction, we hope to lobby harder to increase the tax deduction amount from \$2,500. Though this may not seem like a lot of money, anything will help during our first years out of school while we are still trying to pay back our loans.

The second issue (Enhancing SIMULATION Act) was aimed at increasing federal funding for simulation technologies in health professional schools, including dental, medical, nursing, etc. Many schools aren’t as fortunate as VCU to have a room filled with a million-or-so dollars worth of dent-sim devices. So this legislation would provide funding to schools that need help in acquiring this type of technology. If funding was increased with





this act, it would allow dental students from across the nation to have a more standardized education and become better prepared for clinic, no matter what school they attended.

After 10 hours of talking about these legislative issues, and learning a lot more about Congress than I ever hoped to know (honestly, all I could remember about passing a bill before this was what the cartoon bill “sitting on top of capitol hill” sang to me in elementary school), we found out that the federal government would be closed Tuesday because of the snow. This meant, of course that we would not be able to speak to anyone about the issues that we had just learned so much about! So although we did not get to speak to anyone directly, each of the students involved learned a great deal about current issues facing dental students today and how we can get each of our schools involved in this process.

Despite the failings of our attempted national student lobby day this year, we are fortunate that the dental community has organizations such as American Dental Political Action Committee (ADPAC) and the Virginia Dental Political Action Committee (VDPAC) that enable us to hire lobbyist that fight for the rights of dentist and dental students everyday. The catch is, of course, that you as dental students (and as dentists when you get there) have to support these organizations by donating money and becoming a member so that we can continue to have people lobbying for us every single day. You can help out now by becoming a student member to either of these organizations (its only \$5!).

The six students who attended the event this year were Stephanie Vlahos (D1), David Stafford (D1), Aaron Laird (D1), Alex Barton (D1), Heather Brooks (D2), and Jason Schoener (D3). If you are interested in attending National Lobby Day next year, please contact me at [bartonba@vcu.edu](mailto:bartonba@vcu.edu). More importantly though, if you are interested in contributing to the success of our future profession by ensuring that we have a voice representing us in Congress and all legislative matters, please join ADPAC and/or VDPAC by contacting Stephanie Vlahos at [vlahossn@vcu.edu](mailto:vlahossn@vcu.edu). **P**

## Saving the Profession

by David Jones (D2010)



As most of you know, we were recently faced with one of the greatest threats in the history of our profession. With Delta Dental of Virginia as the lead organization, many dental insurance companies, labor unions, and other businesses, known as the “Coalition for Affordable Care”, were seeking to mandate fees for procedures that insurance policies would not cover.

These insurance companies have amended their contracts that set the fees dentists can charge not only for covered procedures, but also for procedures they will not cover. Millions of dollars were spent by these organizations towards advertising and lobbying against the Virginia Dental Association’s House and Senate bills, SB 622 and HB 1263. These bills basically prohibit dental insurance carriers from mandating caps on non-covered services. If dental insurance companies are successful in achieving their contractual changes, insurance companies and not the treating dentist will control the fees for all dental services provided to the insured. Without the passing of these two bills, patients covered by dental insurance companies that do not have these contracts and patients without dental insurance will carry more of the costs for high quality dental services, resulting in unfair cost-shifting. Ninety-two percent of all dental practices involve one or two dentists, and it is unrealistic to think that the typical office can bargain effectively on these new contracts with multi-state and multi-million dollar insurance companies.



Thanks to the efforts and organization of our Virginia Dental Association and our lobbyist, Chuck Duvall, we were all alerted to the potentially devastating consequences of these bills being rejected. Virginia dentists and dental students refused to stand by idly, and instead showed huge support for these bills by bombarding Virginia Senators and Delegates with letters, phone calls, emails, and personal visits to the Virginia General Assembly Building. With budget cuts all around, our main talking points at the annual VDA Lobby Day were not to ask for funding, but to urge our Legislators to support our respective bills. The enormous presence of Virginia dentists and dental students on Lobby Day and at the House and Senate Committee hearings truly demonstrated organized support for our profession and was a major factor in educating and persuading Legislators to sign these critical bills.

Both SB 622 and HB 1263 have been passed and signed by the Senate and House and are currently awaiting signature from Governor McDonnell, indicating a huge victory for Virginia dentists and the future of our profession!



# Impressions Program

by Ruth Molokwu (D2012)

The Student National Dental Association (SNDA) Impressions program was hosted on the 6th of March 2010, by the VCU dental school chapter. We had about 80 students in attendance with registration starting at 8am and the program running until about 4pm. The program is designed to expose underrepresented pre-dental students to a career in dentistry and the application and financial aid process. This program allows such pre-dental students to learn about the hosting dental school network and to become a stronger dental school applicant.

We had a host of activities planned which included: Introduction

to the Dental school Admissions process, Introduction to Dentistry, a Free Kaplan DAT prep session, Mock Interviews, and the students had an opportunity to network with dental students and community dentists. The Highlight of the Impressions program was the Sim lab activity which was held in the Woolwine Lab. The students got a chance to cut simple occlusal preparations and eventually got to keep the teeth they had worked on. It was a huge success this year and probably the most turn out we've had in recent years thanks to our members, who were all actively involved in planning the program.



<b><i>HOT</i></b>	<b><i>NOT</i></b>
Lunch and learns	Lunch and leaves
Clinic jackets	Disposable gowns
Being a senior	8 AM classes
Dansko clogs	Crocs
Taking radiographs in clinic	Waiting in radiology
Packed post-gross parties	Packed elevators post-gross class
Amalgam	Skit night without Dr. Robertello
Perio dance off	Pockets gettin' low low low low...
Bow ties	On Dr. Svirsky
Playing golf in the clinic PM session	Getting called in by your PCC at tee off
Dental school	Medical, pharmacy, anything else school
Learning to give injections	Paresthesia
Perkinson building	Increase in tuition
Bunsen burners	Endo Ice
Nitrous oxide	Face bows
Playing on your iPhone/Blackberry	Doodling in class
Escalators to/from the 2nd floor	Escalators breaking down
Hospital scrubs	Class scrubs
Paper charts	Axium
Preceptorships	Waiting for swipes/signatures

# The Hopi Indian Health Reservation

Since the last issue of *The Probe*, my wife and I have spent two weeks as ADA volunteers at the Hopi Indian Reservation in Arizona. We have taken multiple trips as dental missionaries to help those less fortunate than ourselves, including Guatemala, and New Orleans. This time, I also hoped to see first hand the life of an Indian Health Service dentist. My hope is to be able to share my experiences from the trenches of the IHS, the US Naval Dental Corp, and private practice with anyone that needs help making career decisions.

To serve the American Indian population as a dentist, there are three options. The first is to be employed directly by the tribe. This is usually the highest pay, the best areas to live, and the lowest long term benefits. The dentist must have a state license in the state they are going to work. The contract is solely at the digression of the tribe, and may or may not be renewed year to year. The second way is to be a US civil servant as a GS employee. This way all of the benefits and protections of being a government employee are provided. A license in any state is required to serve on the federal facility. Loan repayment bonuses, and contract signing bonuses are available as a civil servant, as is government health, life and disability insurance. The third way is to be commissioned in the US Public Health Service. Commissioning and benefits are the same as a military dentist. The exception is that you apply to where you want to be stationed and when you are ready to move. Jobs can be with the Indian Health Services, the Coast Guard, the Federal Bureau of Prisons, or many others including NIH, CDC and the FDA. Retirement, loan repayment and health care benefits mirror those of the military.

The Hopi Nation is one of the few tribes that has never been displaced by white man, or other tribes. They have always been a peaceful people, and remain very true to their heritage. Their land is remote (no money making casino)

and rugged, so it is considered remote duty by the IHS. What that means to the professional staff is that there is a 4 ten hour day work week, and every other weekend is 4 days long. That allows time to travel and enjoy the Great



Dr. Dennis E. Cleckner

Southwest without taking vacation time. The clinic and hospital is beautiful and bright, and very well equipped. The IMS tray system is used, and we were never short of them. Operatories were equipped with ADEC systems and well maintained. The rubber dam is used routinely for operative and endo, but currently few posterior composites are placed. No fixed prosthodontics is available, and removable prosth is limited by when funds are available from the tribe. After endo, a CPA, or cusp protected amalgam is placed. All of the nice gadgets to do modern endo are available. More than half of the work done is on an emergency basis, which involves broken teeth and fillings, extractions and starting endo that may or may not be completed. The Hopi clinic had a pedodontist, who handled the kids, and did

space maintenance, but no ortho. There were 2 senior dentists (both 2 year AEGD), 2 mid career dentists, and one recent graduate that is learning under the two senior staff. They were a mix of civil servants and PHS Commissioned Officers, and some with an MA in Public Health. There were also two PHS hygienists that often go out independently to the schools. They are able to use telemetric medical services to interact with the pedodontist in the facility.

The reservation housing for the staff is far nicer than anything else available, and very inexpensive. As an investment and weekend getaway, several dentists that plan to stay long term have purchased houses in Flagstaff. None of the staff have school age children, as the available school is below par (Remember they applied for this location, and were not just sent there). Most Hopi students that are college bound go away to boarding school. Employment for spouses is almost impossible, so families with very young children or singles are the norm. Married couples that both work at the same facility are also common.

As a dental student, there are competitive PHS scholarships for 1-4 years, with a monthly living stipend of around \$1200, which





keeps debt to almost nothing. There are also opportunities for summer externships, with most cost paid by the IHS. These range from 4-6 weeks, any time after the freshman year, and the student is allowed to do procedures they would be doing in school. After graduation, the loan repayment is limited to \$25,000 a year, and a \$75,000 sign on bonus. Four years of service may not erase the entire educational debt, but it will go a long way toward it.

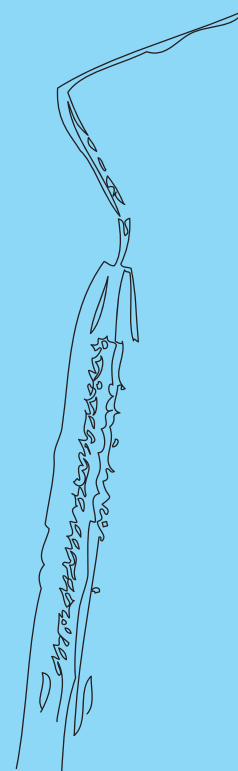
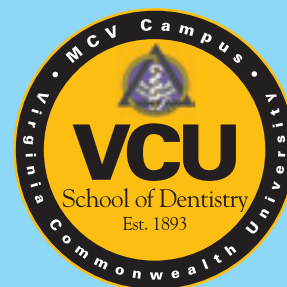
Having also experienced Navy dentistry, PHS and IHS dentistry is not as sophisticated, but ability to chose duty station, and not being ordered to a combat zone is worth something. The people I had exposure to were all very friendly, and proficient at what they do. If anyone is interested in exploring it further, I have made contacts in the trenches that will be glad to talk to you. If you want to see my powerpoint, I am in GP5 on Tuesdays. **P**



the  
probe

*Sponsored by*

**ASDA**



Please submit story ideas, questions, comments or concerns to Kime Whitman at [vua@vcu.edu](mailto:vua@vcu.edu)

Design and layout by Jason Sullivan  
[jasonmichaelsullivan@gmail.com](mailto:jasonmichaelsullivan@gmail.com)



**T**his issue of The Probe is dedicated to the memory of Mr. Carl Wendell Harding, who leaves behind a loving wife, three sons, and a school that is thankful for all he did.

As Manager of Clinical Services, Carl was a very intricate part of the VCU School of Dentistry. He made sure the needs of the faculty, students, and visitors were met with courtesy and a smile. He was a very outgoing person. He loved his family, friends, helping underprivileged kids, and basketball. He always did these things with a smile on his face.