

# AP NEWSLETTER

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## Polar Prosthodontics

by Izchak Barzilay

Several years ago, I had the opportunity to meet with Academy fellow Antonio Bello and Dr. Evangelos Rossopoulos (a prosthodontist in the Los Angeles Area), to discuss points of interest. We started discussing different places we'd like to visit around the world and found it interesting that each of us at some point in our lives wanted to visit the North Pole. We weren't sure exactly what there was to do up there, but figured we just wanted to get there. This being the case, we started researching the possibility of actually traveling to the North Pole. We were not sure exactly what prompted us to consider the North Pole as a travel destination, but felt it would certainly be something that we could be proud of. We tried to convince others to join us but most people (including our spouses and families) thought we were crazy and had probably sniffed too much acrylic monomer over the years.

Initially we had plans to travel to the North Pole through Canada. We felt this would be easier and just take less time. In 2009 we put down deposits for this trip but due to economic uncertainties at the time, we felt it might not be a good idea to actually travel that year. We decided to postpone the trip by two years to 2011. We recently

traveled to the North Pole (and back) and were very happy that another University of Rochester grad, Dr. Roberto Sanchez Woodworth, decided to join us on this adventure.

We had only be a three week window when we could travel and in the circumstances, we enlisted the help of a group called Polar Explorers, situated in the Chicago area, who specialize in polar explorations (both poles), Greenland, as well as other adventure destinations. I met with Rick and Annie from Polar Explorers and we discussed the pros and cons of travelling through Canada vs Norway. A decision was made to travel via Norway to the pole so that we could experience all the high arctic had to provide. After dealing with the financial issues associated with such a trip, we booked and started the planning process.

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# Editorial

by Brian Fitzpatrick



## Issues of Science or Faith

The great 56-year-old prophet Steve Jobs passed away on October 6 2011 and his global assortment of fervent Apple disciples clutched their iPhones and mourned his passing by placing tributes on Twitter and Facebook voicing their collective sorrow. The techno genius and leader of Apple Computer founded the company at 21 years of age along with his 26-year-old friend Steve Wozniak and made it one of the world's most valuable companies. He has left a legacy of music storage device (iPod), music library collection (iTunes), touch screen phone (iPhone), app database, and tablet computer (iPad) that has changed the way people live their lives. US President

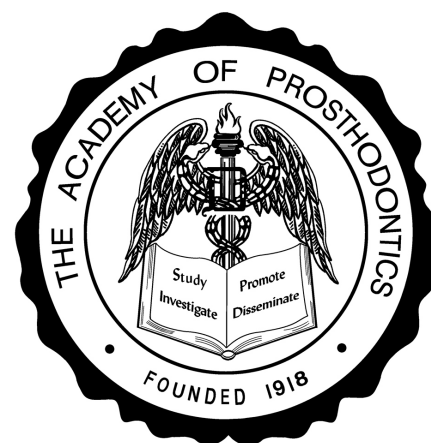
Barack Obama paid tribute to the great inventor by saying; "He quite literally has transformed our lives and changed the way each of us sees the world." Other great IT community prophets including Microsoft founder Bill Gates, Facebook founder Mark Zuckerberg and Apple co-founder Steve Wozniak each paid tribute to this remarkable man and

his contribution to the technology and media industries. Tech-devotees will debate long after his passing the contribution he has made to the world and his relative ranking amongst the technology and media prophet hierarchy. The process of his elevation to technology sainthood has commenced. Disciples of the great religions of the world have in the past made similar sounding claims to this computer technology industry with regard their prophets and the influence each had on mankind. Within each great religion other like minded prophets evolved and in time building on their core beliefs established breakaway parallel facsimiles of the great Christian, Muslim, Buddhist and other religions. Each sect once born had their accompanying loyal followers. Similarities are seen in the technology industry

with fervent disciples of Windows, Apple, iPhone, Blackberry and others prepared to debate the relative merits of their individual technology choice in a missionary quest for converts. The dental implant device industry can draw many similarities with this computer technology industry along with its many prophets and loyal disciples. The original dental im-

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## Editorial continued: Issues of Science or Faith

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plant device genius and prophet P-I Brånemark provided the vision and the science and his commercial partner Nobel-pharma (NobelBiocare) manufactured the essential implant devices which forever changed the world of prosthodontics and the lives of dental patients. From this remarkable discovery, the published revelations of the early 1980s caused the inevitable research revolution in search of better and faster implants. Accompanying this knowledge explosion were multiple prophets, facsimile commercial implant device companies and disciples of these companies each making claims of device superiority based frequently on issues of faith rather than valid science. Early implant survival studies focused on implant length and diameter, bone quality and quantity and implant number and distribution supporting the various prosthodontic devices. Much was learned from this early evolution of discovery which then progressed to focus on implant surface morphology, micro-gap technology and such other tangential issues such as platform switching, immediate loading, guided tissue regeneration, computer guided flapless surgical techniques and more. In the quest for the “silver bullet”

implant it would seem that the progress from the early 80s to the present has not been all that monumental. The observational descriptions and assumptions regarding the bone-implant interface and implant surface technology have been misinformed at best and completely wrong at worst. Our eloquent descriptions of bone union and accompanying evidence in the form of beautiful SEM images is now questioned by scientists working within the nano-surface biotechnology sector and what we have been observing is actually now more accurately described as an intimate “Velcro-like” bone-titanium interface. Nano-science now promises the world much while prosthodontists continue to work with the implant technology that has evolved over decades and continuing to reside in the space between faith and best science. Prosthodontist will make adjustments to and understanding of what is essential to the long-term survival of implant supported prosthodontic devices based on accumulated clinical observation and in the context of this current implant-to-bone interface knowledge. In the haste to invent a better implant or develop an improved surgical technique the dental research community seems to

have lost sight of the patient and the normal range or distribution of healing variables that naturally and inevitably exists. Scientific research naturally seeks to control those variables that it can with best science which embraces prediction. Decades of dental implant research and prosthesis survival studies has given us much knowledge of what is critical to implant success. We have good understanding of surgical technique, bone quality, implant dimension, number and distribution of implants to support prosthetic devices as well as prosthesis design sufficient to create high

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### AP Foundation

Contributions and  
memorials should be  
made to the

*Academy of  
Prosthodontics  
Foundation*

and sent to:

Jim Chandler DDS  
1640 Nicholasville Road  
Lexington, KY 40503



## Editorial continued: Issues of Science or Faith

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levels of predictability and long-term survival in the majority of patients if appropriate selection criteria are followed. Despite this retrospective observation, the application of research funds continues seeking to develop a “silver bullet” implant that can be commercially exploited for profit. What we have not developed is a test or specific predictor for a given patient healing response. Within the human condition and aware of confounding healing variables, experienced surgeons applying apparent standardized surgical interventions will report a range of healing response that can vary from outstanding to very poor. Basic clinical research statistically provides for such observations with a normal distribution that reports a mean, standard deviation and will also account for clustering of outcomes. The nature of our training demands mean surgical outcomes (predictability) and when outstanding healing outcomes inevitably occur one or two standard deviations north of a mean, some are given to accounting for this as evidence of outstanding or superior surgical technique. Some will report such outstanding clinical outcomes at large gatherings of like minded clinicians ac-

companied by complimentary images projected lovingly onto large screens. Those healing responses that reside within the small cohort of patients one or even two standard deviations south of a mean are inevitable accompanied by feelings of failure, guilt and responsibility by most candid and experienced clinicians. Very few of these adverse outcomes are reported yet they are followed closely by caring and concerned clinicians. Anecdotal evidence reports many early adverse healing outcomes produce surprisingly satisfactory long-term survival outcomes; further evidence supporting the adaptive capacity of the human condition. Adverse vertical bone loss around an implant during the early healing response (12 weeks) is such an example of a poor healing response that experienced clinicians will report occurring from time to time and without adequate explanation. Such a healing response in the absence of implant loss is reported as a failure according to current success criteria yet many such implants once loaded will progress at a stable or improved bone height over time and provide long-term functional support for prosthetic devices. This appears to

leave the clinician and the patient mutually stranded between failure and success respectively. Our colleague Dr Sreenivas Koka has logically discussed in the past the concept of “*osseosufficiency*” which could serve to better account for this and other similar bone healing observations than the current universal success criteria for osseointegration. Similarly, a poor soft tissue healing response in the esthetic zone is clearly a prosthetic failure but is of no consequence in another zone of the mouth and could otherwise be deemed a success. Perhaps implant success criteria can be better defined to embrace flexibility that will account for patient healing variables? Hard and soft tissue healing responses could have success criteria that are site specific within the mouth? Perhaps research funds can be directed to our scientists in the genetic and nano-biotechnology sectors to develop a simple test to assist in identifying the potential for an adverse healing outcome in a specific individual? Perhaps biological scientists and higher levels of science can substitute for prophets and issues of faith within the implant device industry? Perhaps in time we can better predict healing outcomes?

# Presidential Comments

by Steven Eckert



## What is the Academy of Prosthodontics?

Most of the time when we try to identify what something is we do it by describing what something has been. Indeed the Academy of Prosthodontics has had a stellar history. We all know that the history includes being the first and now longest tenured organization in the United States devoted to prosthodontics; being the organization that co-sponsored the development of the Journal of Prosthetic Dentistry; being the force behind the creation of the Specialty of Prosthodontics and the establishment of the American Board of Prosthodontics; being the developers and maintainers of the Glossary of Prosthodontics Terms, being the first prosthodontics orga-

nization to sponsor training in evidence-based dentistry; and being an organization that provides dental care to impoverished patients through our Outreach Program. In addition to these major accomplishments, leaders in this Academy have created the International Journal of Prosthodontics and the International Journal of Oral and Maxillofacial Implants, and members of this Academy act as editors of three major prosthodontics and one major implant journal. Throughout its history the Academy has created an opportunity for individuals to present cutting-edge material from the podium at its annual scientific sessions. This information has provided new vistas in occlusion, temporomandibular disorders, osseointegration and ceramics to name only a few.

The future of the Academy however is not simply established by its past. To remain a relevant and vital contributor to the specialty of prosthodontics, the Academy must remain innovative and responsive to the needs of the specialty. We cannot simply rest on our laurels; we need instead to constantly

evolve in such a way as to continuously stimulate the specialty.

Having been an editor of the AP Newsletter and the first Webmaster for the AP website, I am embarrassed to say that I lost track of the Strategic Plan of the Academy. When I was maintaining the web, that strategic plan was not found on the website. Instead it was a document that was located somewhere in the history of the organization, but it obviously was not a living and breathing document. In all my time on the Executive Council, I regret that the Strategic Plan that was developed in 1995 was not a guiding document for Academy efforts. This situation will be corrected in the near future.

Perhaps it is wise to consider the current strategic objectives of the Academy as documented in 1995. Those objectives were:

1. Mentor associates and active fellows
2. Provide programs and scientific communication
3. Modification of the structure and content of the annual programs

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## Presidential Comments

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4. Development of continuing education programs

5. Presentation of health-care delivery systems information to the membership

6. Maintain and add to the current outreach program

7. Maintain and expand the Glossary of Prosthodontic Terms

I think that we have done an admirable job of achieving these strategic objectives and of maintaining them over the years. The one that has fallen by the wayside is #4: "The development of continuing education programs". This effort has probably been abandoned as other prosthodontics organizations, universities, and the dental industry have assumed the banner for continuing education. All the other activities remain viable. Although each of these 7 items is not a specific topic at the Executive Council meetings, each of the items is discussed as part of other Academy activities. The fact that these items are not the first points of discussion at the Executive Council meetings indicates to me that we have not established specific quantifiable objectives with timelines to tell us whether or not we are achieving our strategic goals.

With this in mind I believe that it is time to revisit the entire strategic plan to determine if these goals remain relevant and to identify other areas where this Academy can serve the specialty and, in doing so, redefine its mission.

Many strategic questions come to mind:

- Would the Academy be a good source for mentoring of young prosthodontists or dentists interested in prosthodontics?

- Could the Academy create a commercial advisory board that would benefit our corporate sponsors and advance the quality of care by generating products that are needed rather than those that are simply available?

- Is there an opportunity for the Academy to move EBD beyond its current position of enthusiastic endorsement by those engaged in education and by reluctant acceptance by most of the remaining members of the profession?

- Should the Academy en-

ter into the debate of the necessity for randomized controlled studies in a surgical field in which technical skills are at least as critical as the specific technique being applied?

- Are there new and innovative ways for the Academy to provide continuing education?

- Should the Academy be in the business of virtual meeting presentations?

- Is there a place in the Academy for social networking?

Obviously there are a myriad of topics for discussion. While looking at these we also need to remember that the Academy must always remain true to its commitment to Fellowship. It is a formidable task, but one that the AP will address. To assist in this regard I would welcome suggestions for new strategic directions. Please contact me ([seeckert@me.com](mailto:seeckert@me.com)) or Sree Koka (Secretary/Treasurer of the AP at [koka.sreenivas@mayo.edu](mailto:koka.sreenivas@mayo.edu)) with suggestions.



# Secretary-Treasurer Notes

by Sreenivas Koka



## **2012 Annual Meeting – Jackson Hole, Wyoming**

The beauty and ruggedness of the Grand Tetons will be on display during our 2012 meeting in Jackson Hole, Wyoming. The meeting dates are May 16-20. At this time of year, the weather will be unpredictable. Cold weather (including snow) is a possibility and warm Spring weather is also possible. So watch the weather forecasts closely before you leave for Jackson Hole to give yourself an inkling of what to pack. Regardless of the weather outside, the hotel site is the Four Seasons Resort and will be wonderfully comfortable. In addition to the possibility of enjoying Grand Teton National Park, RES Incorporated, our new administrative part-

ners are organizing a post-meeting tour to Yellowstone National Park. Our tentative plan is to leave Jackson Hole on Sunday May 20 after the 2nd business meeting to arrive in Yellowstone that same evening, followed by two full days in Yellowstone, before returning to Jackson Hole on the morning of Wednesday May 23rd. Please note that while the meeting dates are firm at May 16-20, the post-meeting dates are still tentative. However, rest assured that the tour will not occur before the main AP meeting (to increase the chances of better weather). Yellowstone is an amazing experience and if you have not been before, I would encourage you to take up this opportunity (we are close by Wyoming and Montana standards!).

## **Annual Meeting 2013 – Maui, Hawaii**

The location and dates for the 2013 meeting are now finalized. The meeting is at the Sheraton Maui Resort & Spa from 16-20 April, 2013. Please block your calendars if you have not done so already.

## **Annual Meeting 2014 – Berne, Switzerland**

I am delighted to report that Fellow H.P. Weber and Nicole (from RES) have been hard at work pursuing options for our 2014 annual meeting and there are promising signs that Berne, Switzerland will be our site. Hotel rates and other food and beverage costs appear to be reasonable and within range of our typical assessments. Please note that although final dates are not set, you should set aside the week of May 12, 2014 as the meeting time. I hope that two and a half years is sufficient notice for this international location.

## **Dues Payments**

You will soon be receiving instructions regarding payment of 2012 Academy of Prosthodontics dues. As discussed at the annual business meeting, we are planning to reduced dues payments by \$100 per dues-paying Fellow from \$520 to \$420 with the additional social assessment of \$250. Therefore, the total will be \$670 (reduced from \$770 of past years).

I would like to remind all

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## Secretary-Treasurer Notes

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Fellows of two important factors related to this dues reduction that I presented in Hilton Head. First, we have lapsed from following the By-Laws in many recent years in that the dues assessment should be brought to the Fellowship for discussion and assent. The only reason we discussed it this year was to attain the assent of the Fellowship due to the change. In the future, we will bring the proposed dues number to Fellowship every year for discussion and assent. Second, please remember that the dues assessment is a flexible number that will go up and down based upon the Academy's financial health and financial needs. I realize that a reduction of \$100 per dues-paying Fellow only equates to less than \$9000 in terms of the Academy's coffers. Yet, we must remain focused on capturing sponsorship dollars to be able to sustain this dues decrease and I urge all of you to be very actively involved in helping Larry Brecht and his Corporate Liaison Committee to ensure success for our 2012 meeting. It's a simple proposition: to keep our dues reduction in place for following years requires success at raising corporate sponsorship dollars. So please be active in this regard. If the

corporate sponsorship dollar falls relative to the cost of our annual meeting commitments, we will raise dues in 2013 to compensate.

### New Active and Associate Fellows

At the recent annual meeting the following fellows were elected to each of the categories of Life, Active and Associate Fellowship. Life Fellows: Drs. Gerald Barrack, Lance Ortman and Eric Rasmussen

Active Fellows: Drs. Brian Kucey, Michael McCracken and Robert Wright

Associate Fellows: Drs. Radi Al-Masri, Nadim Baba, Hiroshi Hirayama, Julie Holloway, Robert Taft and Terry Walton.

### AP Visiting Scholar Program

If you have not already, you will soon be receiving more information on the program. Please think hard about applying to take advantage of this unique Academy opportunity to mentor and be mentored.

Sree



**Active Fellows: Drs Keith Ferro, Debra Haselton, Harold Preiskel, Francine Albert and John Zarb**



## Polar Prosthodontics

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We felt that this trip would be a good opportunity to arrange for some corporate sponsorship in return for photographs of company flags at the pole. The companies were quick to point out that private sponsorship was not on the cards so we quickly jumped on this and arranged for company sponsorship with donations going to the UofR-EDC prosthodontic department. Sponsoring companies included 3M-Espe, Biomet 3i, and Discus to name a few.

The four of us met in Oslo on April 1, 2011. While in Oslo, we had a chance to tour the city and continue with our strenuous training regime which meant eating at some excellent restaurants and partaking in some wonderful local beverages. We quickly realized that we all had very similar tastes in food; we would take turns ordering meals. One person would order a full meal and then look at the waitress and say "I would like that times four!" We would, of course, all order selected beverages on our trip and when it came to dessert; we told our server we wanted one of every dessert item on the menu. We felt this would keep things simple and would also give us the opportunity to taste test many delectable dessert creations. As a group we felt that part of our training should include us getting used to local cuisine and bulking up because of the harsh conditions at the pole. Some of us needed more bulking up than others. As such, we ate in the finest restaurants

and enjoyed only the finest that Oslo had to offer. We felt it would be important for us to strengthen ourselves, both mentally and physically and with this being the case, food became a very important part of this expedition. On April 3, we packed up our gear (this included Cuban cigars, tequila, ouzo, buffalo fire sticks, Antonio's leather shoes together with galoshes and oak shoe stretchers. Oh, and chocolate bars) and headed to the Oslo airport. At the airport, we boarded an SAS jet and flew to Longyearbyen. This town is situated in Svalbard (Spitsbergen), an archipelago in northern Norway. It is located at the 78th parallel (like northern Greenland) and is governed by Norway. The town has a population of about 2000 people and we were very surprised at how modern this town actually was. When we arrived at Longyearbyen, we were immediately taken to our hotel to try on

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our new cold weather gear and then we were taken to our snowmobile depot where we were outfitted with snowmobile gear and snowmobiles for our 3 day ride. While this was happening, gale force winds were whipping the island. Once we mounted our snowmobiles we traveled for approximately 3 hours directly into the wind. The winds combined with a temperature of approximately -20 degrees Celsius made for some very interesting weather conditions. We managed the ride relatively well with only one person falling off their snowmobile (me) and we arrived at the Noorderlicht schooner for an evening of excellent food, wine, drink, and the ability to sleep on a ship that was stuck in the ice. We were assigned our births within the ship and got crammed into the smallest of spaces. Once we finally fell asleep I am sure that we all created an incredible orchestra of snoring noises which probably kept the rest of the people on the ship awake.

The following morning, we left the ship and spent a good 8 hours on snowmobiles. During this ride, we saw beautiful valleys, mountains, assorted animals, and eventually made our way to the Isfjord Radio Station. Here we joined other adventurers and once again had a wonderful gourmet meal, starting with whale sushi. In these parts, you are told to never leave your group without the protection of your guide. In fact, all guides carry either shotguns or pistols so that they can protect clients from possible polar bear attack.

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## Polar Prosthodontics

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After a night at the radio station, we returned on an 8 hour snowmobile trip back to Longyearbyen. It was our plan to visit the pole the following day; however, we found out that the ice runway at the ice camp Barneo had split. This would mean that we would need to spend several extra days in Longyearbyen until this problem could be resolved. In fact, this did not only inconvenience us, but the North Pole marathon had to be postponed. Prince Harry of England was stuck at the North Pole and unable to return because of this same problem. We then spent some time dogsledding, as well as exploring ice caves in the Longyearbyen area. This delay was a difficult one to deal with since we had no idea at this time when we could fly to the pole or even if we would get there. We changed our airline tickets to delay our departure as long as possible but even this proved difficult. Changes needed to be made to patient scheduling back home as well as family commitments. The uncertainty also led to deep discussions. A team member (Dr. Bello) was not able to stay in Longyearbyen long enough to travel to the pole as he needed to return home. His trip to the pole was postponed and will be taken another time (with family).

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## Polar Prosthodontics

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Our opportunity to travel to the pole occurred early on the morning of April 8. We were woken with instructions to be ready within an hour to travel to the pole. We quickly assembled our gear, consumed a quick breakfast and made our way to the airport. At the airport we went through security and were notified that our aircraft did not have bathroom facilities and as such, we were encouraged to use local facilities before takeoff. We were joined by two new friends, Atul from Virginia and Jamil from Azerbaijan. We boarded a Russian aircraft, which flew us for 2 1/4 hours up to the 89th parallel. At this point we are only about 100 km away from the North Pole. This part of the trip was run by Russian based adventurers who had set up an ice camp in this location and had created an ice runway to allow us to land our jet. The ice camp Barneo is set up each year for these purposes.

Our flight was the first flight allowed out from Longyearbyen after the runway at Barneo split. Ours became the test flight and once we disembarked, it was our plane that returned Prince Harry to Longyearbyen. It appeared Harry was in a rush to leave the Borneo ice camp since when he passed us, he was totally bundled up so you could hardly tell who he was and he had his two bodyguards with him. We called to him to wish him a good trip, but he remained focused on leaving and getting back. I guess he wanted to get to London to prepare for his brother's bachelor party.

We made ourselves comfortable at the ice camp and met several people who would be work-

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## Polar Prosthodontics

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ing with us that day. We were given food and drink, and instructed on how to use the facilities (bathroom). We were then escorted to the helicopter that would take us the last hundred kilometers (1°) to the geographic North Pole. These large helicopters could accommodate over 20 people (no seatbelts and it was possible to open the windows while flying to the pole). We were joined by photographers, scientists and security personnel. Upon landing at the pole, the excitement level rose significantly as we were now in the vicinity of our destination. The first point of action was to find the actual pole; since the North Pole is on ice, it is constantly moving. Using GPS devices we searched for and found the actual poll. We took our photos and planted the EDC flag. One of our



travelers had a wrist watch that set itself automatically based on time zone. This watch stopped working at the North Pole (there is no time zone at the North Pole.) We strolled around at the North Pole taking many pictures and we drank the traditional drink of the North Pole (aurora borealis - this is a combination of champagne, vodka and North Pole snow). We tried golfing, we took pictures with flags, we called home on satellite phones and being good dentists, we also called our offices. We celebrated the fact that we had reached our destination and could cross the North Pole from our bucket list.

In addition, we did two very,

very important things. We are all educators and as such we presented a CE course at the Pole. The title of the program was "Prosthodontics at the Pole". This seminar was well attended by all dentists in the local area and I believe we can now say that we presented and attended the northern most dental seminar ever given.

After marking our territory, we then returned to the helicopter, and proceeded to make our way back down to the 89th parallel at the Barneo ice camp. While at the pole looking in any direction was looking south and walking around the pole amounted to walked through all 24 time

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## Polar Prosthodontics

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zones. Being back at the ice camp, we were once again welcomed with food and drink. Of course getting to the ice camp on the helicopter was its own experience since we had to finish any bottles of North Pole fluids that we had opened. We were all under the effects of these liquids when we arrived back to the Borneo ice camp. The Russian aircraft had returned to pick us up and we boarded the jet and made our way back down to Longyearbyen. The

North Pole portion of our trip took approximately 14 hours and is 14 hours that we will never forget. After spending one more day in the high arctic we all made our ways home on different aircraft. We made our farewells to our newfound friends and thanked Rick and Annie from Polar Explorers for being our guides and for setting up such an incredible, incredible trip. Many of us dream of these kinds of adventures, but not many of us actually

put our dreams into action. As educators we have always spread the message of prosthodontics. At this point we have spread it to the far reaches of the globe and we are now able to say that we have stood at the top of the world - PROSTHODONTICS ON TOP OF THE WORLD.

Wait till you see where we go next.....

Izchak Barzilay.

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## Fellows in the News



### Australian Prosthodontic Society National Meeting

L-R: Drs Sree Koka, Tom Salinas, Brian Fitzpatrick, Neal Garrett, Terry Walton

Academy Fellows Sree Koka, Thomas Salinas, Neal Garrett and Terry Walton joined APS President Brian Fitzpatrick among other international invited speakers at the APS National Conference at Hyatt Regency Coolum, Australia in September 2011.

Academy Fellow Tom Taylor completed his term as Co-President of the International College of Prosthodontists in September 2011 at the ICP Biennial scientific meeting held at the Waikoloa Resort, Hawaii.



ICP Co-Presidents: Drs Sang Wan Shin and Tom Taylor



## Obituary - Dr Dewey Bell



Dewey Hobson Bell, Jr., DDS, Professor Emeritus of the Medical College of Virginia / Virginia Commonwealth University, died at Riverside Regional Medical Center in Newport News, VA on Saturday, August 20, 2011 after a very brief illness surrounded by his loving family. He was preceded in death by his wife, Nancy Black Bell. Born in December 1923 in Tabor City, North Carolina to Mary Alice Carmichael and Dewey Hobson Bell he was the oldest of three children.

A graduate of Wofford College and the Medical College of Virginia School of Dentistry, Dr. Bell taught in the School of Dentistry for thirty five years and served as Chairman of the Department of Removable Prosthodontics for twenty six years. He retired from teaching in 1987 and entered private practice. He conducted a practice limited to Removable Prosthodontics with an office in the Richmond Medical Park in Richmond Virginia. He retired from private practice in 1998 and moved back to Myrtle Beach, SC.

Dr. Bell served in the United States Air Force from which he was honorably discharged in 1946 with the rank of 1st Lieutenant. Dr. Bell had a dual rating of navigator and bombardier and had extensive combat experience as a member of the 450th Bomb Group,

722nd squadron. Dr. Bell was awarded the Air Medal and three battle stars.

Dr. Bell was a revered teacher, clinician, author, researcher and a leader in organized dentistry. He was a frequently invited lecturer, gave continuing education courses, and conducted clinical demonstrations to professional groups and universities throughout the country, Canada, Mexico, Hawaii, Europe and East Africa.

Dr. Bell was a contributing author to two dental textbooks and published numerous articles in dental journals. He served as editor of the Compendium of the American Equilibration Society, and for several years was an associate Editor of The Journal of Prosthodontics Dentistry.

Dr. Bell was a consultant in Prosthodontics to the Walter Reed Army Medical Center, the Bethesda Navy Dental Clinic, the Veterans Administration hospitals in Richmond and Salem, Virginia, the National Institute of Health and the American Dental Association's Commission on Education.

Dr. Bell serves as the President of The Education and Research Foundation of Prosthodontics, The Southeastern Academy of Prosthodontics, The American Equilibration Society, The American Prosthodontic Society, the Federation of Prosthodontic Organizations and the Academy of Prosthodontics.

Dr. Bell, affectionately known as "Doc", was an avid outdoor sportsman. He was a hunter, excellent marksman, archer and passionate fisherman. His enthusiasm for life spread to all who knew and interacted with him. A memorial service was held at Ware Episcopal Church on Monday, August 22, 2011.

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# 2012 David H. Wands Fellowship

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## Dr. Blake Barney named 2012 Wands Fellow at UW School of Dentistry

**SEATTLE** – The University of Washington, School of Dentistry has announced Dr. Blake Barney the recipient of the 2012 David H. Wands Endowment Fellowship in Graduate Prosthodontics. He is a first-year graduate student at the UW School of Dentistry and the 12th recipient of the \$10,000 award.



Dr. Barney, a native of Idaho, received his DDS in 2011 from The Ohio State University and his undergraduate degree in biology in 2007 from Brigham Young University - Idaho. His earlier awards include an Achievement Award from the American Academy of Oral and Maxillofacial Radiology in 2011 and a Barlow Fellowship for outstanding academic research participation in 2010, both at Ohio State University.

“I’m grateful and excited,” Dr. Barney said at the outset of the Fall term at the UW. He said he chose the UW Graduate Prosthodontics program in part because of its close working relationship with Graduate Periodontics. “There’s an awesome understanding of how they go together, and the treatment planning is really comprehensive,” he said.

Dr. Barney said he grew interested in dentistry while on a church mission in Eastern Canada. He met a family that included a dental student, and their conversations piqued his fascination. In dental school, he initially had no intention of specializing, but that changed.

### **Wands Fellow: Dr Blake Barney**

“I really enjoyed denture class – waxing, making everything look nice. ... I wanted to learn how things work, and try everything for myself,” he said. He also took close note of school activities related to the American College of Prosthodontists’ Awareness Week.

Dr. Barney and his wife, Lindsey, have three young children. The couple are avid runners and have completed two full and four half-marathons. Dr. Barney performed missionary service in



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## Dr. Blake Barney named 2012 Wands Fellow

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Canada for The Church of Jesus Christ of Latter-day Saints from 2001 to 2003, and for two years taught a seminary class for high school students. He said that his career plans include a mix of private practice and teaching.

Dr. Wands, who was a UW School of Dentistry faculty member in the Department of Prosthodontics for 22 years, originally established the fellowship at the University of Maryland in 1994 in recognition of the shortage of dental school educators and to offer financial assistance to those interested in academic dentistry. In 1998, he launched a similar fellowship at the University of Washington with an initial \$500,000 commitment.



**Dr David H. Wands**

In 1967, Dr. Wands graduated with honors from the Baltimore College of Dental Surgery, University of Maryland, and afterward served for seven years with the U.S. Public Health Service. He then returned to the University of Washington as a half-time faculty member and taught both undergraduate and graduate Prosthodontics, achieving the rank of Clinical Professor.

In 1967, Dr. Wands graduated with honors from the Baltimore College of Dental Surgery, University of Maryland, and afterward served for seven years with the U.S. Public Health Service. He then returned to the University of Washington as a half-time faculty member and taught both undergraduate and graduate Prosthodontics, achieving the rank of Clinical Professor.

In addition to endowing the fellowship, Dr. Wands is a member of the UW School of Dentistry Dean's Club Board of Directors and was instrumental in forming the UW Graduate Prosthodontic Alumni Association. In May 1999, he was honored by the Dean's Club with its highest award; Honorary Lifetime Member. He is a Life Member of the Academy of Prosthodontics and Pacific Coast Society for Prosthodontics.

"If we don't have teachers in the dental school, then we don't have graduates. It's that simple," Dr. Wands has said. Now retired from private practice in Olympia, Wash., he is an avid saltwater and freshwater fisherman as well as a master gardener.