

Tufts

DENTAL MEDICINE



Practicing dentistry
behind bars

INSIDE JOB

PLUS: A CONVERSATION WITH DEAN THOMAS • RE-THINKING PAIN MEDS



RESTORATIVE WORK

Peter Arsenault, D94, an associate clinical professor of prosthodontics and operative dentistry, counts woodworking and furniture refinishing among his skills. This past summer, he volunteered to restore the conference table in the Becker Board Room on the seventh floor of One Kneeland Street. The board room, Arsenault notes, was dedicated the same year that he and his wife, Karin Andrenyi Arsenault, graduated from the dental school. The project, he adds, wasn't all that different from what he does for a living: "It's kind of like buffing out a composite restoration," he says. "It's like working on a big tooth."

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Cover illustration by Stephanie Dalton Cowan

THE TIME OF MY LIFE

I retired this summer from Tufts University School of Dental Medicine with mixed feelings.

I will not miss getting up at 5 a.m.

I will not miss those cold winter mornings, plowing my driveway with my 40-year-old snow blower, and then driving through the snow to make the 6:11 a.m. commuter train to Boston two days a week.

I will not miss driving into Boston at 6 a.m. two days a week.

I will miss the students, who always kept me on my toes.

I will miss the atmosphere of excitement and the students' faces filled with optimism, enthusiasm and, on occasion, stress.

I will miss the many gives and takes with the administration, staff and employees.

I do have mixed feelings. But the positive feelings I always will have from being a part of students' lives far exceeds any other feelings. I have had the privilege of passing through the lives of more than 2,000 students.

I am privileged to have been a part of the Tufts School of Dental Medicine team. I will always treasure this time in my life as most enjoyable and rewarding.

FRANK A. ODLUM
ASSOCIATE PROFESSOR OF
GENERAL DENTISTRY

PROUD OF MY CLASSMATE

I just read the article in *Tufts Dental Medicine* magazine about my classmate, Gerard Caron ("The General Dentist," Spring 2011). I am so proud to see how well he has done. I remember him well, and it is no surprise that he would excel in the path he took. Our country, as well as our dental school, are fortunate to have him as one of our own. I love to hear about Tufts graduates making their mark in the world.

PAUL B. HELLER, D78,
LIDO BEACH, NEW YORK



2 NATIONAL AWARDS

Your school magazine, *Tufts Dental Medicine*, received two top honors in the 2011 International College of Dentists Journalism Awards Competition: the Platinum Pencil Award for Outstanding Graphic Design for the Spring 2010 issue ("Sleep Interrupted") and the Fall 2010 issue ("Dental Force"), and the Golden Pen Award for an article on a subject of interest to the profession, for Jacqueline Mitchell's cover story, "Snooze Control" (Spring 2010), about the dental school's pioneering sleep medicine program.

The awards were presented at the annual meeting of the American Association of Dental Editors on October 9 in Las Vegas.

TALK TO US

Tufts Dental Medicine welcomes letters, concerns and suggestions from all its readers. Address your correspondence, which may be edited for space, to Helene Ragovin, Editor, *Tufts Dental Medicine*, Tufts University Office of Publications, 80 George St., Medford, MA 02155. You can also fax us at 617.627.3549 or email helene.ragovin@tufts.edu.

Tufts

DENTAL MEDICINE

VOLUME 15, NO. 2 FALL 2011

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Tufts Dental Medicine is published twice annually by Tufts University School of Dental Medicine, the Tufts University Dental Alumni Association and the Tufts University Office of Publications. The magazine is a publication member of the American Association of Dental Editors.

Send correspondence to:

Editor, *Tufts Dental Medicine*

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80 George St., Medford, MA 02155



Tufts Prints Green

Printed on 25% post-consumer waste recycled paper. Please recycle.

It's Good to Be Here



Greetings! And welcome to the latest edition of *Tufts Dental Medicine*. My first three months at this outstanding institution have been most exciting and enjoyable. I have met with some wonderful faculty, students, staff and alumni, and they have warmly welcomed me into the Tufts family.

I have 'survived' an earthquake, hurricane, my first winter storm and an 'escape' from the 20th floor of my condo building at 2:30 in the morning for what turned out to be a false fire alarm. It's good to be in Boston....

This is a time of significant change at Tufts University. Our new president, Dr. Anthony Monaco, began his tenure in August, and a national search is under way for a new university provost. I was pleased to appoint Mark Gonthier as our school's new executive associate dean. Mark has served our school with distinction for the past 25 years, most recently as associate dean for admissions and student affairs. His expertise and experience will be invaluable as we embark on the next chapter of our journey.

The proud legacy that the faculty and students of Tufts University School of Dental Medicine

exemplify continues. Dr. Aidee Nieto Herman was recently recognized by the Hispanic Dental Association with the Women's Leadership Award for Education. Eunice Lee, D12, won first place in the clinical research/public health category of the American Dental Association/DENTSPLY Student Clinician Program at this year's ADA annual meeting. It is the second time a Tufts dental student has won this award in the past three years. Three of our students (out of eight nationally) experienced life as ADA interns in Chicago this past summer; two others have been selected for National Institutes of Health (NIH) Clinical Research Training Program Fellowships in the new NIH Medical Research Scholars Program and have elected to take a year off from their dental studies (see story, page 9). And all our D14 students successfully passed Part I of the National Board exam with an average score that is significantly above the national average!

The stories, profiles and news items contained in this issue represent the broad spectrum of our faculty, students and alumni and their wonderful contributions to the dental school and to Tufts University. I have enjoyed reading them and getting to know more about our community. I trust you will, too.

I look forward to meeting more members of the Tufts Dental family in the coming months. I want to hear what's on your mind. Please drop me a line at huw.thomas@tufts.edu.

HUW F. THOMAS, B.D.S., M.S., PH.D.
DEAN AND PROFESSOR OF PEDIATRIC DENTISTRY



A previous study by Nathaniel Katz, an adjunct assistant professor of anesthesiology at Tufts School of Medicine and director of the Tufts Health Care Institute Program on Opioid Risk Management, found that up to a quarter of those pills—roughly 2,150 doses each day—never get used by the intended recipient, a phenomenon known as drug diversion.

In March of last year, Mehta and Katz convened a panel of experts from academia, law enforcement and governmental agencies to explore the role of dentists in preventing opioid abuse and drug diversion. Among the team's findings was that dentists write about 12 percent of all opioid prescriptions—a number that surprised Mehta and his colleagues. "Initially, people didn't think dentists prescribed these opioids, but 12 percent is an extremely high level. It's becoming more evident that there is abuse potential," says Mehta.

In the July 2011 issue of the *Journal of the American Dental Association*, Mehta, Katz and their colleagues present their findings and provide a number of common-sense steps that dentists can take to curb opioid diversion and misuse.

"The first thing a dentist needs to do is understand the patient," Mehta advises. "Many dentists don't understand the ramifications, both short- and long-term, of these opioids."

The consequences are myriad. A patient struggling with addiction to drugs or alcohol could experience a life-threatening drug interaction, while a recovering addict might relapse if prescribed opioids. Nor is the danger limited to the patient in the dental chair. A spouse or child at home may be wrestling with addiction. That's why Mehta and his colleagues suggest that questions about substance abuse become a routine part of taking medical histories. "Those questions can be very difficult for the average dentist to ask, but in this day and age, that is part of what we have to deal with," he says.

But even asking your patients these tough questions may not be enough. Mehta and his

Prescription for Trouble

How you can prevent your patients from abusing painkillers
by Jacqueline Mitchell

THE MAN ON THE PHONE TOLD A COMPELLING STORY. A FORMER PILOT in the Israeli air force, he'd been injured in a plane crash that left him in constant pain. He hoped that the dentist could prescribe just enough painkillers to get him through the weekend.

"What he didn't remember is that he'd already called me," says Noshir Mehta, DG73, DI77, professor and chair of general dentistry, who suspected the man—injured in a plane crash or not—was addicted to pain pills and likely seeking prescriptions from multiple sources. "It's not unusual for us to get calls like this over the weekend," says Mehta, who is also director of Tufts' Craniofacial Pain, Headache and Sleep Center.

Prescription painkiller abuse has skyrocketed in recent years. More than 10 million Americans took opioid painkillers such as Percocet and oxycodone for nonmedical reasons in 2002, according to the National Survey on Drug Use and Health. It's no surprise then that opioid overdose-related visits to the emergency room visits more than doubled between 2004 and 2008.

One reason for the rise in painkiller abuse has been the huge increase in prescriptions written for legitimate medical reasons. In 2002, health-care providers wrote 29 million oxycodone prescriptions, up 50 percent since 1999.

coauthors encourage specialists to check in with the referring dentist before prescribing heavy-duty drugs. Likewise, general dentists would be well-served to confer with their patients' physicians or even have the physicians write the prescriptions.

"If I am giving out a prescription to a patient, I want to make sure I have spoken to the primary-care physician," says Mehta, adding that coordinated care between dentists and physicians is good practice—even when the medications in question aren't addictive—and can prevent accidental drug interactions. "We train our students here to call the doctor, especially when there are multiple medications involved."

If there's still doubt, dentists can also use prescription-monitoring programs, electronic databases available in 35 states, to verify patients' prescription drug history. (You can find information about what's available in which state at www.pmpalliance.org/content/state-pmp-web-sites).

The most obvious way dentists can minimize the risks of potentially addictive painkillers is by writing fewer prescriptions. Dentists in the Tufts clinics rarely prescribe opioids for routine dental procedures. Over-the-counter analgesics such as ibuprofen and acetaminophen work for most people and won't mask pain from infections or other post-op complications, Mehta notes.

Of course, some patients, including those undergoing painful surgical procedures, will require stronger analgesics. For these patients, Mehta and his research colleagues suggest that simply reducing the number of pills prescribed would keep many doses out of the hands of recreational users.

"Many medications are misused because they hang out in the bathroom cabinet," says Mehta, who notes that more than 65 percent of teens who have tried prescription painkillers report getting them for free or buying or stealing them from friends or family.

Jacqueline Mitchell, a senior health sciences writer in Tufts' Office of Publications, can be reached at jacqueline.mitchell@tufts.edu.

CHAIRS FOR CHARITY

With dental faculty, alumni and students providing much-needed care around the world, there's no denying Tufts' global impact. Now, even the chairs are getting into the act.

After the completion of the dental school expansion in 2009, facilities manager Robert Aronson had five dozen used, but otherwise perfectly good, dental chairs on his hands. "It would have been a waste of a good piece of equipment to throw it away—even if it didn't cost us anything," says Aronson, who estimates the chairs are 15 to 20 years old, about middle-aged for a dental chair. "The first thing we like to do is to be philanthropic. There are a lot of clinics around the world, and even in this country, that are in need."

One of those clinics is the X-ray suite at Northeast Metropolitan Regional High School, a vocational high school in Wakefield, Mass., that has a dental assistant program. Some of the chairs, which Aronson estimates cost about \$12,000 each, found new homes much farther away. Alumni and faculty have taken chairs to Haiti, the Dominican Republic and Zambia.

No matter where they wind up, Tufts' old chairs can weather heavy usage. "We get the tank version of what a private practice would get," says Aronson.

—JACQUELINE MITCHELL



Tufts President Anthony P. Monaco visits with Samuel Siegel, D33, of Chevy Chase, Md., during an alumni reception on September 27 in Washington, D.C. The Tufts University Alumni Association is hosting a series of events throughout the year to welcome Tufts' 13th president. To find a reception in your area, turn to page 49.

War Correspondent

Michael Lepore, DG83, gives voice to Vietnam's 'Forgotten Heroes'
by Julie Flaherty

A CORPSMAN IN BLOOD-SOAKED fatigues pleads for his mother. A survivor is overcome with guilt as he stands before a war memorial. A homeless veteran shuffles toward his night abode under an overpass, "eyes fixed to the ground, avoiding/stares from those he swore/to protect."

Through vignettes that are at times sad, beautiful, horrific and powerful, *Forgotten Heroes: Poems for and about Veterans of the Vietnam War* (Grayson Books, 2010) by Michael Lepore, DG83, pays tribute to the men who fought in a war unlike any before it.

"When the veterans came back from

the combat zone, they were not treated as heroes," Lepore says. "They were more like the scapegoat of everything going on in the country. They were never really respected coming home."

Lepore met many bright, eager Marine recruits on their way to Vietnam when he served for two years as a lieutenant in the U.S. Navy Dental Corps at Camp Lejeune, N.C. After the war, he saw friends and relatives who were permanently changed, not just by their combat service in the jungle, but by the cold reception they received at home.

"I found that a lot of the veterans have issues, and the government did not know how to handle it at that time," he says.

RELIEVED OF DUTY

Back and forth
before the metal gate, she paces,
bites her nails, squints
against the night lights
for a view.

He exits the plane,
wears the same uniform
as when they last kissed
eight years ago. Shifts weight
to the new cane, steadies
his loose-fitting cap.

Safety of home beneath his feet,
his ears thirst to hear the voice
of the name he engraved on the cell wall.
Hands yearn to touch that which soothed
wounds, calmed senseless nightmares.

Closes his eyes to chase away demons,
smile guarded, he fears another trick,
another disappointment, must keep
his thoughts prisoner, not risk words
that would return him to the cage.
Essence of Chanel brings him back
from the jungle.

She is there; auburn hair bleached
to a straw yellow, eyelids adorned
with shades of blue. Thick lashes flutter,
unrestricted by the confines of glasses.
The weight of eight years concealed
beneath the clothes of a younger woman.

Within his grasp, like a mirage,
she is beyond his reach. He feels again
the isolation of jungle cell walls,
stares into a face he thought he knew,
hears her first words,
I thought you were dead.

Veterans who have read his book are sometimes surprised at the details he includes. How can you describe it so well, they ask? Behind his poems is a great deal of research—historical facts, dates and battles combined with personal reflections he found in journals that some vets kept as part of their therapy after the war. The journals were key, because as he has found from his longtime work in veterans affairs, World War II vets share plenty of war stories, but Vietnam vets are reluctant to talk.

"I tried to put into words what their feelings were, what they had a difficult time saying," he says.

Lepore, who is retired from his orthodontics practice, came to poetry almost by accident six years ago, when he wrote a eulogy for his cousin's funeral. An elderly woman approached him afterward in appreciation and told him she was also a poet.

When he protested that he wasn't, she replied, "You are a poet, whether you know it or not."

Not long after, another cousin, who was also a writing teacher, began to tutor him. Soon he was working with a local writing group, where the members would critique each others' work.

"At first, like anyone else, I wrote about the birds and the river and things like that, and it was fine," he said. Then, searching for a topic for the month's workshop, he wrote about Vietnam. The poetry group was wowed and told him to write more.

"I said, 'I don't know how many of these I can write.' They said, 'Keep going; you'll know when it is over.'"

So he delved into Vietnam, creating poems about a wife receiving news of her husband's death, a mother trying to reconnect with her now-distant son and a prisoner of war returning home to the girl he left behind eight years before.

Unbeknownst to him, the leader of the writing group ran a small publishing company that specializes in poetry. Last May, to his delighted surprise, she asked whether she could publish a book of his work, and *Forgotten Heroes* was born. Proceeds from the book go to the Marines Helping Marines, Wounded Marine program, which supports injured Marines and Navy corpsmen returning from Afghanistan and Iraq.



the **d** list

A smattering
of dentistry tidbits
to inform, amuse
and amaze



99.6%

Percentage of the population receiving fluoridated water in Kentucky, the state that ranks first in the nation for fluoridation rates, according to the most recent figures from the Centers for Disease Control and Prevention. The state with the lowest ranking is Utah, with 2.2 percent.

166 Number of “likes” for the Facebook page of “Bay Area Buster,” a pug belonging to a Palo Alto, Calif., dentist. Buster sits on the laps of anxious patients to help calm them during treatment.



40,000 The number of objects in the collection of the Dr. Samuel D. Harris National Museum of Dentistry in Baltimore, an affiliate of the Smithsonian Institution. Visit www.dentalmuseum.org.



Among the many treasures in the dental museum: Toothpaste containers featuring Queen Victoria; the longtime monarch was an advocate of oral health.



500 The number of pounds of salvaged steel the New York sculptor Steven Rolf Kroeger used to create “Global Gobbler.” The work, which stands four feet high, was on display for five months in Great Barrington, Mass., as part of a public art project.

8 Number of years that dentists have been taking part in the Halloween Candy Buy-back Program, in which dentists offer children prizes or cash for turning in unopened trick-or-treat goodies. Operation Gratitude then sends the sweets to troops serving overseas.



3-8 YEARS OLD

Recommended ages for the “Barbie I Can Be A Dentist” play set, which comes with a dentist doll, chair, stool and X-ray stand. Dr. Barbie wears a miniskirt and high heels; unfortunately, she does not wear gloves, a mask or goggles.

SORE SPOT

Perplexing, painful lesions are likely an autoimmune disease

by **Jacqueline Mitchell**

A DIFFICULT-TO-diagnose disorder that causes painful mouth sores is, in fact, an autoimmune disease, according to an oral pathologist at Tufts.

With just 39 cases of chronic ulcerative stomatitis (CUS) documented in the English-language medical literature, a dentist could be forgiven for not recognizing it in a patient, says Lynn Solomon, an associate professor of oral and maxillofacial pathology at the School of Dental Medicine. Her most recent study, published in the April 4 issue of the journal *Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology and Endodontology*, classifies CUS as an autoimmune disorder caused by the body attacking its own healthy tissues.

CUS is easily confused with lichen planus, a more common ulcerative disorder that can be triggered by allergies or other conditions, including hepatitis C. A definitive diagnosis of CUS is made with an elaborate biopsy technique called direct immunofluorescence. Because it can take up to 10 days to get the diagnosis, most dentists start patients on topical or oral steroids, the standard treatment for lichen planus. But those medications don't work on CUS, which is treated with an antimalarial drug used for other autoimmune disorders.

Researchers already had

circumstantial evidence that CUS was an autoimmune disorder. And like its better-known counterparts, rheumatoid arthritis and lupus, CUS also is primarily found in middle-aged women. More telling, CUS patients test positive for specific antibodies. Identifying those through a tissue biopsy is the current, if unwieldy, method of diagnosing the disease. Until now, the antibodies represented a chicken-and-egg problem: No one knew whether they caused the oral ulcerations that characterize CUS or whether they were simply the body's immune response to the disorder.

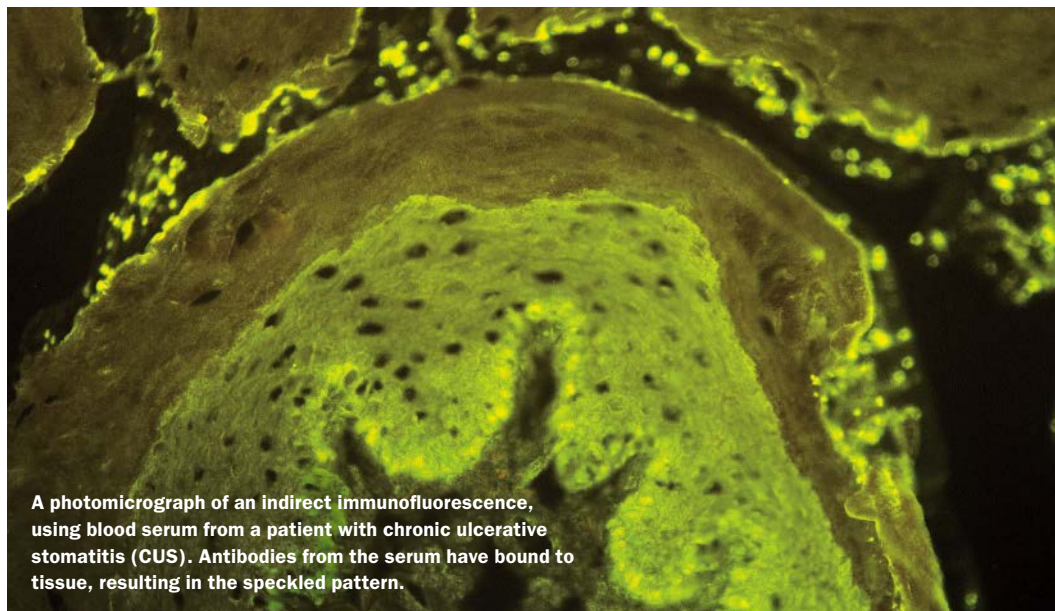
In her recent study,

Solomon and her colleagues, Jonathan Garlick, director of the dental school's Center for Integrated Tissue Engineering, and former postdoctoral researcher Mark Carlson, demonstrated that the antibodies do indeed cause the ulcers. The team treated three-dimensional tissue models with various concentrations of the antibodies derived from the blood of CUS patients. Grown from human skin cells, the tissue models are stratified into several layers that are anchored to a base membrane, just as they are in our own skin.

Sure enough, the tissue models treated with the

antibody began to fray, with the upper layers of skin pulling away from the base layers, mimicking the way CUS ulcers form. More damning, the tissue samples treated with a higher concentration of antibodies fared far worse than the models treated with the lower concentration. "Whole sections were losing their connections, weakening the tissue," says Solomon.

So what's going on? These CUS antibodies bind with a key cellular protein that acts as a genetic switch. Under normal conditions, this switch regulates the expression of integrins, cellular structures that Solomon calls "the little molecular hooks" that hold cells and tissues together. But in the Tufts study, the tissue models treated with the CUS antibodies produced fewer integrins than the untreated control samples. That suggests that the CUS antibodies interfere



A photomicrograph of an indirect immunofluorescence, using blood serum from a patient with chronic ulcerative stomatitis (CUS). Antibodies from the serum have bound to tissue, resulting in the speckled pattern.

with the genetic switch, which in turn decreases integrin production. As a result, the tissue loses its structural integrity.

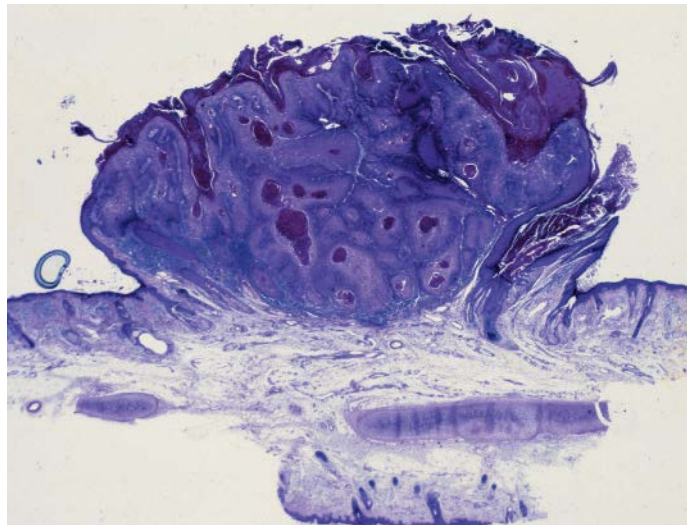
Solomon suspects there are many more cases of CUS than the handful already documented. “Some argue that people with lichen planus also have [these] antibodies,” she says.

To know for sure, Solomon is trying to develop a more efficient way to diagnose CUS. In a 2010 study with colleagues from Tufts and SUNY Buffalo, she demonstrated that a widely available test known as ELISA (enzyme-linked immunosorbent assay) could reliably identify CUS. That’s an advantage, because the ELISA test is done on a blood sample, while the current standard, immunofluorescence, requires a biopsy, which some dentists may be reluctant to perform.

Now Solomon will attempt to determine whether a CUS diagnosis can be confirmed by analyzing saliva instead of blood. “Blood isn’t a dentist’s medium,” she says, “but saliva is.” And a quicker diagnosis means patients could get the correct medication for CUS right away, rather than waiting for the treatment for lichen planus to fail first.

That’s good news for CUS sufferers. “It can be miserable to live with a sore mouth,” says Solomon.

Jacqueline Mitchell, a senior health sciences writer in Tufts’ Office of Publications, can be reached at jacqueline.mitchell@tufts.edu.



A light micrograph of squamous cell carcinoma. Helen Fassil, A05, D13, is investigating the oral form of the disease, which is unusually prevalent in African American men.

squamous cell carcinoma is unusually prevalent in African American men. She wants to find out why.

“This would bring together my interests in public health and cancer research,” says Fassil, who also holds a master’s degree in public health. “Dentistry is a sector of public health where the importance of clinical research in improving access and quality of care deserves particular attention.”

Fassil chose to work in the NIH lab investigating a precursor to oral cancer, known as chronic graft-versus-host disease, which often occurs after stem-cell transplants. In the mouth it manifests as mucosal and salivary changes, including small growths, redness and ulcerations, which can become squamous cell carcinoma if untreated.

A native of Ethiopia, Fassil’s goal is to return there one day to “do something in oral health or public health. Seeing the scarcity of oral health care internationally really brings awareness of how privileged we are,” she says.

Tsai said it was a tough decision to take a year off from dental school. “You have a group of patients at the Tufts clinic who you are treating, who you have established

TRAILBLAZERS

Students pursue basic research through elite NIH training program by Gail Bambrick

RESEARCH IS no longer second chair to the clinical care that is the foundation of dentistry. Consider the three Tufts dental students who this year joined their medical school peers in prestigious research training programs at the National Institutes of Health.

Two students, Helen Fassil, A05, D13, and Jeffrey Tsai, D13, are taking a leave from dental school to participate in the Clinical Research Training Program (CRTP) on the NIH campus in Bethesda, Md. Alayna Corden, D14, conducted research through the NIH Summer Internship Program.

They are cellular explorers, examining some of the

biological underpinnings of oral disease—the kind of basic science that could, one day, produce treatments to address some longstanding national health problems. And they are also pioneers: Fassil and Tsai are among just eight dental students out of the 320 students, most in medical school, who have been selected since the NIH initiated the CRTP program in 1997. This year they are the only two dental students out of 30 CRTP participants.

For Fassil, this year at NIH is an intensely personal one. She’s interested in oral squamous cell carcinoma, the disease that her father, a nuclear pharmacist, was researching before he died from it. Oral

relationships with, and now you have to transfer them to others for their care,” he says. “But I could not pass up this opportunity.”

At the dental school, Tsai has done research on treatment protocols and access to care for the developmentally disabled. “I realized that through epidemiological research, you can affect the lives of millions of people, because this is how we frame policies or enact guidelines that can benefit patients,” he says.

Now he’s part of the NIH lab investigating a drug for treating fibrous dysplasia, which causes bone loss and is seen in patients with McCune-Albright syndrome, a genetic disease that results in severe bone malformation, most commonly in the craniofacial area. The drug, Denosumab, is commonly prescribed for osteoporosis, because it disrupts a protein signal that causes bone to weaken.

Tsai and Fassil chose their lab assignments after an NIH mentor helped them explore their options. Earlier, they had gotten the inside scoop from Ed Lahey, D99, who was just the second dental student, and the first from Tufts, to participate in the program, in 1998.

Lahey returns to the dental school every year to encourage more students to consider the NIH research experience.

“This was a life-changing event for me,” says Lahey, an oral surgeon who earned his medical degree from Harvard after graduating from Tufts. His research year at the NIH provided the impetus for him

to begin clinical studies on the use of corrective jaw surgery to alleviate sleep apnea.

“The NIH campus is a very enriching environment,” says Lahey. “You are constantly exposed to the work of world-renowned scientists. It is home to the National Library of Medicine, the largest medical library in the world.”

It’s also where Alayna Corden spent this past summer researching the genetics of Sjögren’s syndrome, an autoimmune disease that damages the tear and salivary glands. Sjögren’s causes extremely dry mouth, and those with the condition have difficulty eating, swallowing and speaking. It can lead to gingivitis, tooth decay and mouth infections. This is her second research experience at the NIH; as an undergraduate at Northwestern University, she participated in another research program.

Among the 27 research institutes and centers that comprise the NIH campus is the National Institute of Dental and Craniofacial Research, where Bruce Baum, D71, a dental school overseer, is chief of the gene transfer section.

“I have been active in the clinical training program since it started, in 1997,” says Baum, who was Lahey’s mentor. “It is rare for dental schools to support this yearlong program, and Tufts has been the unquestionable leader.”

Gail Bambrick, a senior writer in Tufts’ Office of Publications, can be reached at gail.bambrick@tufts.edu.

TEENS MEASURE UP

Survey records attitudes on oral health
by **Jacqueline Mitchell**

NO LONGER children, not yet adults, teenagers are in a class by themselves. That’s why a public health dentist at Tufts has developed a teen-specific questionnaire to measure adolescents’ attitudes about their oral health and its link to quality of life.

Seeking to eliminate oral health disparities in the United States, Wanda Wright and her colleagues first needed a way to quantify those inequities in dental care. Research already exists on how oral health problems affect young kids at school and adults’ social and professional lives.

“But adolescents are in a unique stage of growth and development, and there were no tools capturing the things unique to what teenagers go through,” says Wright, an assistant professor of public health and community service.

Using a pediatric oral health-related quality-of-life questionnaire (POQL-T) as a launching point, Wright, then at Boston University, devised and tested the first such tool for teens, ages 13 to 18.

Her 16-question survey asks respondents to think about how often their oral health affects their well-being and to what extent that bothers them. Questions such as, “Did you not want to laugh or smile around others because of your teeth or mouth?” and “Did you worry that you were

less attractive to others?” are designed to measure the impact teens’ smiles can have on their social and emotional development.

A cross-sectional study of 363 adolescents demonstrated the strength of the questionnaire as a research tool. The participants were screened to determine their oral health status and then asked to complete the survey. Wright found the teenagers’ actual dental health matched up nicely with the scores generated by the questionnaire, which also differentiated between teens with a lot of decay and those with relatively little. Wright presented her research at the annual meeting of the International Association for Dental Research last spring.

The questionnaire can be used to establish oral health baselines in certain communities, as well as to determine whether public health interventions are actually working, says Wright. Likewise, dentists can use the survey to screen new adolescent patients and measure their progress over time.

Wright developed a similar tool for measuring quality of life among orthodontics patients. It’s one more step toward understanding the inscrutable American teen. “When we started five years ago, there were no instruments,” she says. “There was a real need there.”



A scanning electron micrograph (SEM) of a decaying tooth; a cavity can be seen in the foreground. Two Tufts dental students say both dentists and physicians can provide education to parents to help lower rates of childhood caries.

CLOSING THE GAP

Students examine data behind childhood caries
by Jacqueline Mitchell

TOOTH DECAY is entirely preventable, yet more than 40 percent of children have at least one cavity, according to the Centers for Disease Control and Prevention, with poorer and minority kids shouldering a disproportionate burden. For the last two years, Ramya Bhat and Carolyn Ferrick, both D12, have been examining some of the socioeconomic causes at the root of these persistent disparities.

Using extensive health and demographic data from hundreds of children treated at the Children's National

Medical Center in Washington, D.C., and Columbus Children's Hospital and Cincinnati Children's Medical Center, both in Ohio, Bhat investigated the reciprocal relationship between body mass and tooth decay, while Ferrick focused on the socio-economic factors that may influence children's oral health. Both presented their findings at the International Association for Dental Research conference last spring.

In her study, Bhat followed two groups of children, 454 with cavities and 429

cavity-free, studying what happened to their body mass index (BMI) over 12 months. Previous studies had provided contradictory data. Some researchers found an association between decay and malnutrition, probably because toothaches or missing teeth interfere with eating nutritious foods, while other scientists linked the presence of cavities with obesity, both conditions likely the result of high-fat, high-sugar diets.

Bhat's data bolstered the latter hypothesis. The cavity-free kids' BMI remained pretty stable while the BMI of kids with cavities crept up. At the end of a year, Bhat found significant differences between the two groups. What's more, the more extensive the tooth decay, the greater the increase in BMI. Children with seven or more cavities experienced the greatest change in BMI.

Despite the strength of her data, Bhat doesn't dismiss the tooth decay-malnutrition hypothesis altogether.

"It's interesting to see kids could go in two completely different directions," says Bhat. "There is no clear predictor that shows us why some kids go down one road versus the

other. The nutrition data might give us more answers to that."

Meanwhile, Ferrick tried to tease apart the relationship between early childhood decay and socioeconomic factors, including race, family income, insurance type and family size. These last two factors turn out to have the biggest impact on children's oral health. More than half of children with extensive decay came from large families, defined as six to 10 members, while the majority of cavity-free children came from families with fewer than four members.

Children with cavities were also more likely to be uninsured than their decay-free counterparts. But perhaps counter intuitively, family income didn't stand out as a major risk factor for childhood tooth decay. "It was a little surprising that family income was not as significant a predictor. We can surmise we got that outcome because the study population was generally low income," Ferrick says.

To prevent childhood tooth decay in this population, Ferrick would like to see oral health education piggy-backed onto existing programs, including the well-child health care often available to uninsured families.

"Children at this age are more likely to be seen by a physician than a dentist," says Ferrick. "Physicians need to be informed about basic oral care, so they can spread that knowledge to mothers."

Bhat's data led her also to conclude that education is the key. "I think dentists providing nutrition advice to parents of their pediatric patients would help, too. There's such a big overlap on all these topics."

CHILDREN WITH MORE TOOTH DECAY GAINED MORE WEIGHT, WITH HIGH-SUGAR AND HIGH-FAT DIETS A LIKELY CULPRIT.

Gatekeepers of Health

**In a wide-ranging conversation, Dean Huw Thomas
talks about the growing importance of dentistry
to our national welfare BY HELENE RAGOVIN**

IT'S A DAMP, DRIZZLY DAY IN BOSTON. FOG FLOATS ATOP THE SKY-scrapers, and the view from the 15th floor of One Kneeland Street barely extends beyond Chinatown. It's the kind of day that—if you grew up in Wales, at least—brings back the feel of home and the desire for a proper cup of tea.

Huw F. Thomas, the 16th dean of Tufts University School of Dental Medicine, was into his second month on the job. Since arriving from the University of Alabama at Birmingham (UAB) over the summer, Thomas had experienced the tremors of an East Coast earthquake, the fury of Hurricane Irene and a fire alarm at his high-rise apartment building that sent him racing down 20 flights of stairs at 2:30 in the morning. And on this particular afternoon, the Red Sox were coming off their sixth loss in eight days. But Thomas' enthusiasm for leading the dental school remained undiminished.

"I think this is a very warm, friendly and inviting place," he said. "I'm continually impressed by the people here at all levels, whether it's staff, students, faculty or administration. I definitely get a sense of the Tufts family."

A pediatric dentist, Thomas is also an accomplished researcher, with more than 150 articles, chapters and abstracts to his credit. His recent work examines the relationship between vitamin D deficiency and early childhood caries. Among his top priorities for the dental school, he says, are further integrating clinical practice and research, expanding the rubric of community service activities and developing a curriculum that embraces interprofessional education.

Thomas grew up in Wales and received his dental degree from Guy's Hospital, University of London. He earned a certificate in pediatric dentistry from the Eastman Dental Center in Rochester, N.Y., a master's in dental research from the University of Rochester and a Ph.D. in biomedical sciences from the University of Connecticut Health Center.

PHOTOGRAPH BY KELVIN MA





Dean Huw F. Thomas

He narrowly missed an earlier opportunity to come to Tufts in 1974, when as a dental student in the U.K., he was offered a traveling scholarship to the United States, where he had the chance to spend six weeks either at Tufts or the State University of New York at Buffalo. He chose Buffalo on the recommendation of a friend who had been there the previous year. He served on the faculty at the University of Connecticut Health Center and later headed the pediatric dentistry department at the University of Texas Health Science Center at San Antonio. In 2004, he was appointed dean of the dental school at UAB, where he was also a professor of pediatric dentistry.

His CV unfolds in a more personal way along the shelf beneath the expansive windows in his office: an old microscope he “inherited” during his doctoral work in Connecticut; a sculpture of an armadillo, given to him by his daughters as a reminder of their Texas days; another sculpture, titled “Agony,” of a dentist extracting a tooth in a most forceful fashion, purchased at a fair in Rochester. “It fits the sort of mindset of what dentistry used to be,” he says.

There are many photos of his daughters, Caty, an assistant district attorney, and Megan, a nurse. “We’re great friends, the three of us,” Thomas says, beaming. It was during their time in Connecticut that the father and his daughters discovered the Red Sox, and Fenway Park was among his first destinations when he moved to Boston this past summer. And, since he did grow up in the U.K., he was also looking forward to watching the 6 Nations rugby championship broadcast live on TV (“You couldn’t get that in Alabama!”).

His other pursuits outside dentistry include hiking and reading fiction (he’s currently into Scandinavian detective novels). And every few years, he re-reads his favorite, J.R.R. Tolkien’s *The Hobbit*. “It’s such a wonderful allegory for life,” he says. He’s also quite fond of the riddle that Bilbo Baggins poses in the book:

*Thirty white horses on a red hill,
First they champ,
Then they stamp,
Then they stand still.*

The answer, of course, is teeth.

We sat down with the new dean earlier this fall to talk about his path to Tufts and his aspirations for the School of Dental Medicine.

Tufts Dental Medicine: What led you to dentistry, and dental research, in particular?

Huw Thomas: My father was the principal of a school for developmentally delayed children. He was a tremendous, positive influence on me, and still is. When I was at those formative years trying to decide what to do with my life, he arranged for several of his friends from Rotary to entertain me for a day. So I went to spend time with a dentist, time with a physician and a few other people. Seeing what the dentist was doing and how he was doing it, I thought, “That sounds like a good thing to do.”

What was interesting was that once I started in dentistry, I never really envisioned myself in private practice. I really enjoyed dental school, and I did have an ‘aha’ moment when I had the opportunity

to visit the Eastman Dental Center in Rochester. I just knew I wanted to go there and pursue more education. I graduated from dental school [in the U.K.] in June 1975, and moved to Rochester in August. After I completed my pediatrics training, one of my professors persuaded me to enroll in the master’s program. I think it was then that I got bitten by the research bug.

My experiences coming over here on that traveling scholarship for those six weeks—even though it was January in Buffalo!—were amazingly positive, and it’s the reason I’m here today. One of the things I’m very supportive of, and want to develop more of here at Tufts, are student-exchange programs. I’m delighted to see some established already. I think it’s a great opportunity for us.

Why did you choose pediatrics?

I had two reasons. I have a sister who is almost nine years younger than I am, so I grew up with this young kid around all the time and have always had an affinity for little kids. I think that was part of it, but it wasn’t a conscious part. The conscious part is that while I was a dental student doing a rotation in pediatric dentistry in London, we had a very unruly patient. He was shouting, screaming. And one of the faculty members on the clinic floor went up to this kid, and within two minutes had him eating out of hand. I thought that was just so fascinating to see how that happened. I remember talking to this faculty member afterward, and I found out he had undergone pediatric training in the U.S. I think that was the real flashpoint.

It’s a wonderful specialty—the whole spectrum of care that you can provide to children, and really have an influence on their lives, especially if you help them become disease-free and establish patterns that they’ll have for life.

Talk a little about your research.

My thesis work was essentially in developmental biology, looking at the development of the tooth root and the attachment mechanism to the surrounding bone. But I also got involved with a lot of national groups that were looking at health disparities, infant oral health and preventive programs for children.

In working with children who have a very severe and rampant form of dental caries, called early childhood caries, I was struck by the pattern of the expression of the disease on the tooth surface. It occurred in a very specific location. And so we went back into the lab to find out what was going on.

The caries lesion appears in the part of the tooth that forms immediately after birth. We thought that maybe there was some sort of nutritional influence on that postnatal enamel that might affect the quality of the enamel, and therefore, make it more susceptible to caries. It had been known for a long time that vitamin D and vitamin A have an impact on developing teeth. There was also data that was coming out that showed that many children—especially impoverished children, in whom this disease is prevalent—are vitamin D deficient.

We hypothesized that vitamin D deficiency is a potential mechanism to explain a poorer quality of enamel in the tooth, which may make it more susceptible to caries attack. And we discovered that was true.

Eventually, you moved into administration, as a department chair at the University of Texas and at UAB. What did you accomplish in those positions?

I had the opportunity to chair the department of pediatrics at San Antonio, and the good thing about that was it was a large department, with a large number of faculty positions. I was able to recruit research people to the department, as well as clinicians. And we had a general theme of craniofacial molecular biology, and all of the people we hired were part of that research. It was, in fact, a clinical department, but it reinforced for me that you can integrate research within a clinical department and make it very successful.

I took the job [as dean at UAB] because I felt I had accomplished what I set out to in San Antonio. We had successfully integrated research into clinical programs and successfully changed a lot of the curriculum within the department, and, I believe, improved it. So here was a chance to do that on a school level.

“Pediatrics is a wonderful specialty – the whole spectrum of care that you can provide to children, especially if you help them become disease-free.”

—HUW F. THOMAS

I think we got a lot accomplished at Birmingham, despite significant economic challenges in the last three years. That’s been a major challenge for all dental schools, but much more so at a state school. It was our state funding that was hit; we had about a 30 percent reduction in state funding over three years.

How do you see the role of dentistry in the broader health-care system?

The mouth is connected to the rest of the body, and as such—and I’ll paraphrase the Surgeon General’s report—you can’t have good general health unless you have good oral health. The two are intricately linked, and I think the dental profession needs to be very cognizant of that. Some of the ideas that are coming out now in interprofessional education—educating dental, medical, nursing, public health, nutrition, optometry students, all in the same environment—present some tremendous opportunities for us. And I think that community-based health-care approaches are an ideal way to do that, marrying those two areas together. Where better to provide that opportunity for students than in a community setting?

I think dentists should become leaders of the health-care team. More adults in America visit a dentist than they do a physician. Seventy percent of middle-class Americans have regular dental appointments, but just 30 percent of that population have regular medical appointments. And if that is the case, I can certainly envision a situation where the dentist could be a gatekeeper into the

health-care system. There is no reason why certain tests that would be markers of systemic disease couldn’t be conducted in the dentist’s office. Diabetes and heart disease are two of the most expensive diseases that we spend money on in this country. And typically you don’t do anything about them until it’s too late.

There is a prototype now for a diagnostic tool where you can take a saliva sample, analyze it with an instrument no bigger than a cell phone and identify risks for a variety of systemic conditions. There’s no reason why a dentist couldn’t do that kind of test. I’m not suggesting that dentists should be the only gatekeepers, but certainly they can be a gatekeeper.

What are some of your goals for Tufts Dental School?

In order to have optimal clinical programs, you have to have very strong research programs. At some level, we need to be able to focus our research efforts to bring them in line with our clinical programs. The two are intimately linked. It’s not clinical *or* research; it’s clinical *and* research.

The other thing that we did in Birmingham that’s happening here is curriculum reform, from both didactic and clinical aspects. I think some of the curricular reform that has taken place at Tufts is really outstanding. Some very careful thought is being put into how to develop the optimal curriculum for our students. That’s an ongoing process, as it should be. We also have to look at the impact of science and technology on our profession. There’s something new almost every day, and we’ve got

to be able to give our students the best opportunities to evaluate and use those technologies for the benefit of our patients.

The area that Tufts has always been known for is community service, and we have some phenomenal outreach programs in the city and across the state. I think there are some tremendous opportunities for us to expand on that so we not only provide service to the community, but also educate our students in a community health environment. Hopefully, by doing so, we can make our students more likely to provide care to underserved populations after graduation.

The improvements in the oral health of Americans have been significant over the last few decades. But there are certain segments of the population that don’t have good oral health: the poor, children, the elderly, those with developmental disabilities. I think that educational institutions have a responsibility to serve those populations and educate their students in the delivery of those services.

My short-term goal is to identify where we can form additional alliances so that more of these community-based programs can be developed.

Personally, I’m looking forward to a fulfilling time at Tufts. I’m excited about the opportunity to work with a lot of excellent people, and, together, meet the challenges of our profession. **TDM**

Helene Ragovin, the editor of this magazine, can be reached at helene.ragovin@tufts.edu.

DENTISTS





TRY ND BARS

Their patients wear jumpsuits, and they can't hand out floss, but prison practitioners say it's still business as usual

BY HELENE RAGOVIN PHOTOGRAPHS BY KELVIN MA

THE CORRIDOR LEADING TO THE HEALTH SERVICES WING OF THE NEW HAMPSHIRE State Prison for Men in Concord is cool, almost chilly—intentionally so, to help calm any jitters as inmates head to a medical procedure or a visit to the dentist. Once inside the dental clinic, though, the scene is fairly unremarkable: a small waiting area, four open-bay operatories, dentists and assistants hovering over patients as soft rock plays in the background, punctuated every so often by the whine of the drill.

But the young man awaiting his turn *is* wearing an orange jumpsuit. Supplies—whether syringes, Lidocaine capsules or just gauze—are under lock and key. During the exam, equipment is kept behind the patient, out of his reach, rather than on a bracket table. Before a patient can leave, there's a careful accounting of all the instruments. And no one gets a floss sample because as important as it is to oral health, floss is contraband in a prison cell.

These small details are among the things that set prison dentistry apart from other kinds of practice. It may seem like a confounding mix of the familiar and the peculiar. But those who do it say it becomes a dental job like any other: your patients need your help; you're there to improve their oral health, and, more often than not, to put a stop to their pain. The ever-present mindfulness about security becomes unremarkable, and the protocols of providing treatment behind bars become part of the work routine.



Victor Stetsyuk, D12, treats a patient during his externship at the New Hampshire State Prison for Men in Concord. Tufts Dental School offers student externships at two prison sites.

“I know that look when you first walk in and hear that door slam. I was like that, too, at first,” says Edward Dransite, D85, chief dental officer for the New Hampshire Department of Corrections. “Then it just becomes second nature, like everything else.”

Dentists choose this work for any number of reasons: freedom from the business chores and financial risk of running a private practice; opportunities for part-time employment and family-friendly hours; the chance to gain experience as a young professional or stay

involved after closing a practice.

And there’s the element of caring for an underserved population, one for which oral health care has been particularly lacking. “It’s self-serving to have a job, yes, but I knew I was really providing a very valuable service, and that was important to me personally,” says Susan Albert, D78, who has worked intermittently at several maximum- and medium-security Massachusetts prisons over the past 13 years, including Cedar Junction, Bay State and Norfolk.

YOUR PATIENTS ARE CRIMINALS

Working in a prison isn’t for everybody. Doubtless, there are those who would chafe under the rigid structure that governs so much of the day. Dentists who have worked in state corrections systems also point to other issues, ranging from cutbacks in state funding, to frustrating bureaucracy, to shifting priorities from the contractors who manage the dental facilities. (Most states outsource dental and medical services.) A staff dentist may not receive benefits and may have to pay out-of-pocket for insurance and licensing, although some prison systems offer fairly thorough benefit packages.

And then, there’s the not inconsiderable issue of knowing that the person in your chair has been found guilty of a crime—perhaps something unthinkable violent.

“When I treated them, I tried to never, never find out what they did for a crime,” says Roland H. Bryan, D91P, a dentist who had worked at the New Hampshire prison and is a former assistant clinical professor at Tufts School of Dental Medicine.

Bryan is not alone in those thoughts. Albert, for example, is an Orthodox Jew whose lifestyle outside the office keeps her fairly insulated from popular culture. “I don’t pay attention to the media, which, for me, is an advantage,” she says. Prison dentists repeat similar observations about their inmate-patients: “I’m not judgmental.” “They’re human beings, too.” “Sometimes you’re in the wrong place at the wrong time.”

Most times, Bryan says, it’s best to just focus on the task at hand. He recalled treating an inmate who had been convicted of a notorious murder. “I didn’t look at him. I just looked at his tooth. I had to sort of dissociate myself,” he says.

The prison dentists note that the state and federal corrections systems have a legal obligation to provide health care for inmates, based on the constitutional prohibition against “cruel and unusual” punishment, and, often, on specific court orders.

Another way to look at it is this: “Every human being deserves basic health care,” says William Del Gizzo, D85, chief of dental services for the Rhode Island Department of Corrections. “[The inmates] have had their issues on the outside; they’re doing



their time here ... but we don't punish people by withholding health care.

"We're a great triage for the public health system," he adds. Once they're released, inmates with long-festered, untreated oral health problems would likely end up as uninsured patients in local emergency rooms or draw on public assistance programs, such as Medicaid, for dental work. "Either you can pay when they're locked up, or pay when they're on the street," Del Gizzo says. "We're a big part of the public health system, but nobody recognizes that."

"EVERY HUMAN BEING DESERVES BASIC HEALTH CARE. WE DON'T PUNISH PEOPLE BY WITHHOLDING HEALTH CARE."

—WILLIAM DEL GIZZO, D85

The prison dentists say that most inmates are incredibly grateful patients.

"Inmates are the most appreciative," says Kunio Chan, D04, who worked in the Rhode Island prison from 2004 until this year. "You've helped them get rid of pain and given them the kind of examination they never had on the outside. Sometimes you're the only dentist they've had in their lives."

Says Del Gizzo, "They're very polite and very happy with whatever we can do

for them. Even the littlest thing, like teaching them how to brush their teeth, is a big thing," he notes. "They'll sit in the chair, sometimes for hours, with a student extern, and then they'll immediately get up and thank the student."

Some Tufts graduates have found their way into prison dentistry through the school's externship program, which offers five-week training experiences at the prison systems in both New Hampshire and Rhode Island. The prisons have been externship sites for at least two decades, with the number of

students varying over the years. Recently, as many as 15 to 20 Tufts students have trained in prisons each year.

The student feedback has been mostly positive, says Cynthia Yered, D90, who directs the externship program. Working with a prison population presents dental students with challenges they may not have encountered before, she says.

"The Tufts dental students have a great resource at the prison regarding restorative

opportunities," says Dransite. At the dental school's in-house clinics in downtown Boston, "most students have not seen patients requiring such extensive restoration of multiple decayed teeth," he notes.

Victor Stetsyuk, D12, completed an externship at the New Hampshire prison in August. "The first thing that I'm learning is speed," he said, two weeks into the experience. "You have to work fast and more confidently. That's a big difference from the [dental school] clinic. There we book patients for three-hour appointments, and you have to be your own assistant, and you have to constantly find a professor to check your work."

GOOD FIRST JOB

In private practice, getting a patient in and out of the chair in a timely fashion makes good business sense. "When you go into private practice, you usually start as an associate, where the main thrust is production, production, production," Dransite says. "There is quite a bit of stress, and most fresh graduates are not paid a salary, but a percentage of collections, or of production, if you're lucky."

That's one reason, Dransite says, that prison work is a good first job for a dental school graduate.

Prison staff dentists are paid an hourly rate, roughly \$60 to \$72, based on experience. In the New Hampshire corrections system, benefits include malpractice insurance, retirement plan, subsidized health insurance, paid holidays, earned paid days off and continuing education benefits. "Ultimately, you may not be making as much as you could in the private sector, but you don't have the pressure of having to sell dentistry," Dransite says.

That's what was the attraction for Chan, who did his externship in Rhode Island and was asked to stay after graduation. "Even though it doesn't pay as much as private practice, it was fixed pay and fixed hours," he said. The job also offered a degree of flexibility that working in private practice wouldn't have.

And, "it was a chance to get my feet wet," gaining additional experience with extractions and fillings and learning new things, he says.

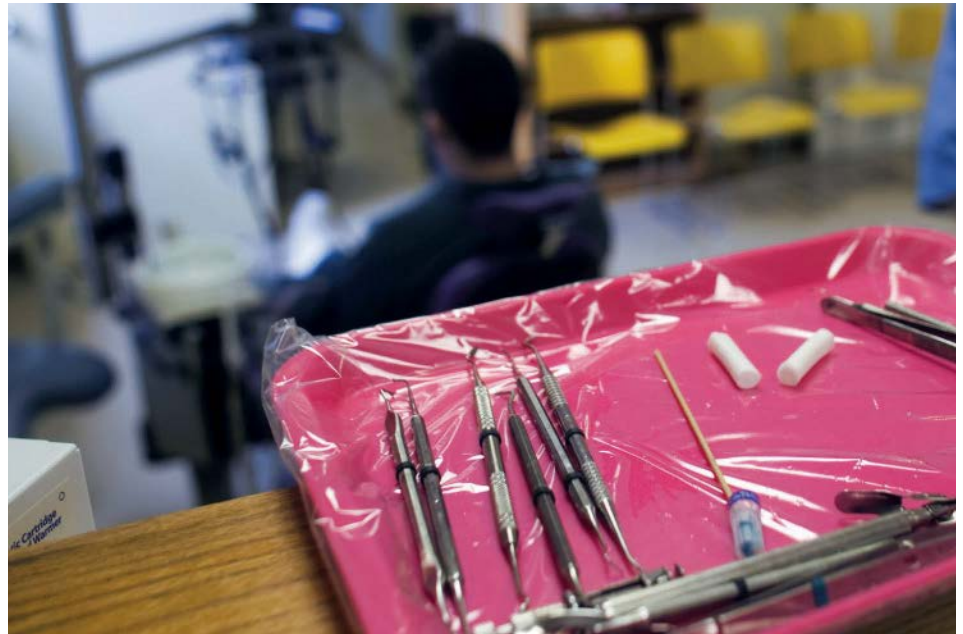
Despite the considerable differences in workplace environment, “the actual dentistry itself is not really different than on the outside,” says Dransite, who was an assistant clinical professor of restorative dentistry at Tufts for 10 years and is now an assistant clinical professor in the department of public health and community service. “You have a chair-side assistant; you use the same materials; you do things the same way you were taught in dental school. The difference is that here, we keep any kind of treatment plan down to the bare necessities rather than trying to rehabilitate the whole mouth.”

A DIFFERENT PHILOSOPHY

The rules governing what kinds of dental treatment inmates receive vary by state and are also different in the federal prison system. Some states use the guidelines set forth by publicly funded health plans, such as Medicaid or MassHealth.

For instance, Dransite says, “on the outside, if someone came in with meth mouth”—the rampant caries that develop among users of methamphetamine—“we would do a lot of root canals. We might try to do posts and crowns and restorative dentistry. Here, we’ll restore the teeth we can with fillings, and the ones we can’t, we’ll extract, and the patient will receive a removable prosthetic.

“That takes a certain change in philosophy from dental school, where we were



disease are significant issues.

“Dental care is listed as an essential health service by the National Commission on Correctional Health Care; nonetheless, the oral health of prisoners is generally poor,” according to an editorial published in the October 2005 issue of the *American Journal of Public Health*. A 2003 survey of inmates in Maine found that smoking-related ailments and dental pain were the most commonly reported health problems, after mental illness and substance abuse.

Of course, substance abuse and other

mouth as a result of cocaine abuse.

“They’ll tell you all about [their drug abuse] once they’ve cleaned themselves up and they’re not addicted anymore,” Dransite says. “They’ll take a different perspective: now they want their teeth taken care of, even though they’ve neglected them over the years.”

In the 25 years that he’s been a prison dentist, Del Gizzo says he’s noticed a gradual improvement in Rhode Island inmates’ oral health, which he attributes to increased fluoridation, better oral health education and wider access to dental insurance. “When I first started working here, a lot more of the inmates were edentulous. There are fewer and fewer who need dentures than there were 25 years ago,” he says.

Prison dentists are also well aware that some inmates fake a toothache to acquire painkillers—a phenomenon not limited to the prison population (see related story, page 4).

“We have patients who come in self-diagnosed, reporting, ‘I have a dry socket’—they’ve got all the terminology down,” says Dransite. “Some of them are repeaters on that, but eventually we get to know who they are. And some of them have a technique called ‘cheeking’—they’re not getting the pills for themselves. They’re pretending

“YOU MAY BE AN INMATE, BUT WHEN YOU CROSS THAT THRESHOLD, YOU ARE MY PATIENT.”

—SUSAN ALBERT, D78

taught to save every tooth,” he notes. “Here you can’t. Everything has to be triaged, and you have to figure out the best treatment from there. Our clientele come in with great dental needs. Most have neglected their dental health, for whatever reason.”

While detailed data on the oral health of U.S. prison inmates is scarce, evidence indicates that it mirrors that of lower socioeconomic groups in the general population: extensive caries and periodontal

environmental factors, such as poverty and poor nutrition, are intricately tied to oral health. Over the past decade, prison dentists have seen increasingly more incidences of meth mouth. Also prevalent is periodontal damage caused by cocaine use, including the practice of rubbing the drug along the gum line, which causes ulcerations of the gums and underlying bone. Chan remembers one patient who had necrosis of his nasal cavity that extended to the roof of his



Edward Dransite, D85, chief dental officer for the New Hampshire Department of Corrections, in his office at the prison dental clinic. “The actual dentistry itself is not really different than on the outside,” he says. Opposite page: Dental instruments, which are counted after every patient, are kept well out of reach of the inmates.

to swallow [them], and they’ll sell or trade them later. So, we’re not very big on giving out pain meds—even Motrin can be used as a bargaining tool.”

Albert said that the strict controls on prescription painkillers often discouraged inmates with real dental problems from seeking care. “They knew they were going to be turned down for drugs and were afraid that they were going to be in pain afterward,” she says.

In this world ruled by boundaries, the relationship between doctor and patient is more uneven than on the outside. Albert says she would set the tone by saying ‘You may be an inmate [in the rest of the prison], but when you cross that threshold, you are my patient.

“I always called them ‘mister,’ never by their first names,” she says. “There was a mutual respect.”

But there is also the acknowledgment that the dentist ultimately has authority over the inmate. “They know that if they misbehave, they may not be able to come to dental for a while,” says Dransite. “If they want their teeth taken care of, they best be on their best behavior.”

Physical harm is seldom a threat under the highly controlled conditions inside a prison. Yered, the externship director, says students, particularly women, are sometimes hesitant to take the prison assignment precisely because they’re uneasy about their safety. Yet as one student reported on an externship evaluation: “The

inmates do not cause any trouble. Don’t be scared of them because they want to see you to get rid of their pain.”

“I never felt threatened at all,” says Chan. In fact, most inmates have learned how to work the prison system, and know that being cooperative is the best way to get what they want. “They say the squeaky wheel gets the grease, but not in a prison,” Albert says. “I have to say, murderers make the best patients,” she adds matter-of-factly. “They are resigned to their fate, and they become very passive.”

And even tough guys have their weaknesses. Albert remembers a corrections officer bringing in one patient who had a reputation as a rough character—and he was absolutely huge. But the petite Albert wasn’t the one who was sweating: “Turns out, he was scared of the dentist.” **TDM**

Helene Ragovin, the editor of this magazine, can be reached at helene.ragovin@tufts.edu.

chew^o this

If you want a healthy pet, don't brush off regular dental care

TODAY HASN'T GONE AS BILL ROSENBLAD, V95, had planned. An emergency has cropped up: a 16-year-old cat with heart, lung, kidney and adrenal gland disease is being prepped for a tooth extraction, and Rosenblad, an oral surgeon, needs to see her safely through the procedure and recovery.

And while it may seem ill-advised to anesthetize an animal with multiple chronic health conditions for a procedure that may, on the surface, appear minor, veterinary dentists would disagree. Most vets wouldn't hesitate to put critically ill or infirm pets under anesthesia to treat dental disease. That's because in animals—just like in people—good oral health is conducive to overall health and quality of life.

"If you made a list of the things that are right with this cat, it would be much shorter than the list of what's wrong," says Rosenblad, the head of dentistry and oral medicine and surgery at Angell Animal Medical Center in Boston. "But she has an upper canine tooth that is in such bad shape that it's soon going to stop her from eating. And this cat cannot afford to lose any more weight, given her extensive medical issues."

Even so, a recent American Animal Hospital Association study found that two-thirds of dog and cat owners do not take care of their pets' teeth.

Veterinarians take their cues from human dentistry when it comes to determining how pets' oral health affects everything else in their bodies. In humans, researchers have documented the link between dental disease and conditions that affect the brain, heart, liver, kidney, lung, skin and joints.

Dental health also can play a part in controlling diabetes in pets, notes Jean Joo, who performs advanced periodontal treatment, oral surgery and restorative work at the Cummings School of Veterinary Medicine and at Tufts VETS in Walpole, Mass.

"Chronic inflammation and stress, both of which are consequences of dental disease, are two of the biggest factors in causing the insulin resistance" that leads to diabetes, says Joo. "In quite a few cases, we've seen pets with fetid mouths and hard-to-control diabetes. Often, once we clean up these pets' mouths, their insulin needs go down within just a few weeks."

BY GENEVIEVE RAJEWSKI
ILLUSTRATION BY
AARON MESHON



Dental disease likely plays a part in animal health issues that are still not well understood, says Andrea Moolenbeek, V98, chief of staff at the Natick Animal Clinic in Natick, Mass. Oral health problems “may be why cats have so much unexplained kidney disease,” she says. “Kidneys are the filters of the bloodstream, and if a cat’s mouth is constantly shedding bacteria, that has to hurt that system.”

EQUAL OPPORTUNITY BACTERIA

Eighty percent of dogs and 70 percent of cats show signs of oral disease by age three, according to the American Veterinary Dental Society. However, problems can start at a much younger age. “I have taken puppy or kitten teeth out of animals that are six or seven months of age, and there is already tartar buildup,” notes Rosenblad, who teaches veterinary dentistry at Tufts and is president of the Veterinary Alumni Association.

Just as in humans, tartar begins life in the mouth as plaque, a film of bacteria that can be scrubbed away by brushing (and, to some extent, chewing). But in less than 36 hours, plaque can harden into tartar, which in turn leads to gum disease. As tartar accumulates unchecked, infection attacks areas around a tooth root, destroying the surrounding tissues and the bony socket that holds the tooth in place.

Although cats and dogs have evolved to be experts at masking discomfort (in the wild, any sign of weakness can lead to lower standing in the pack hierarchy or to being seen as prey, not predator), the progression of oral disease is pretty painful.

Small dogs tend to do less of the recreational chewing that fights plaque buildup. And because their teeth are proportionately larger, given the smaller size of their heads, they have more tooth crowding above the gum line, creating more pockets for tartar and bacteria to marinate. This causes periodontal disease, which, unlike its precursor, gingivitis, is irreversible and eventually erodes the jaw bones that support the teeth. Small dogs also have less bone to lose.

“They can go from tooth loss to jaw fractures at a remarkably young age,” notes

Rosenblad. “I’ve seen it happen in small dogs that are a year-and-a-half old.”

Brachycephalic, or short-headed, breeds of dogs—pugs, Boston terriers, boxers and bulldogs—have even more tooth crowding than other small breeds. Their teeth “tend to be stacked on top of each other, rotated at least 90 degrees,” explains Joo. These abnormal tooth positions cause an abnormal gum line and, consequently, a greater risk for periodontal disease.

Large dogs tend to fracture teeth while chewing on things that are too hard. Because of the pain, these dogs often switch to chewing on the opposite side of their mouths—and break the same tooth on the other side.

Most cats experience the same dental problems that small dogs do. However, cats that eat only canned food are at an even higher risk for oral disease because they’re not chomping on the dry food that reduces plaque buildup.

And despite the best preventive dental care, some cats experience what is known as tooth resorption, an extremely painful condition in which lesions erode the tooth enamel and eventually attack the dentin and the pulp canal containing the tooth’s

“I have taken puppy or kitten teeth out of animals that are six or seven months of age, and there is already tartar buildup.” —BILL ROSENBLAD, V95

blood vessels and nerves. The only treatment is to extract the tooth. Why resorptive lesions appear in some cats and not others remains a mystery.

BASIC TOOTH CARE

Fortunately, you can take some simple steps to prevent dental disease in your pet—and it’s actually pretty easy, compared with wrangling with your toddler over tooth brushing or even keeping up with your own flossing.

“You don’t have to brush for two or three minutes at a time, because you don’t need to worry about cavities,” explains Rosenblad. Dogs, he notes, get cavities much less frequently than humans. Cats are even luckier: they don’t get them at all.

“You’re just looking for plaque removal,” Rosenblad says of the daily brushing regimen.

“It’s mouth closed, with circular motions along the outside of the upper teeth. My cats get only eight seconds of brushing a day,” which is plenty, he says.

To get started, choose a soft-bristled, appropriately sized toothbrush (the finger caps also sold at pet stores won’t get under the gum line). A veterinary toothpaste flavored with poultry, salmon, malt or peanut butter can help make cleaning more palatable for your pet. While most pet toothpastes have some anti-plaque ingredients, they do not contain the fluoride or foaming agents found in human toothpastes. Veterinarians caution that you should never use human toothpaste on your pet because it can cause heavy-metal toxicity (from the fluoride) and gastrointestinal upset. You also shouldn’t use baking soda, which is high in salt and can harm pets with heart or kidney disease.

Begin by offering your dog or cat a taste of the veterinary toothpaste. The next time, after your pet tastes the toothpaste, run your finger along the gum line of the upper teeth. The following day, repeat the process with the toothbrush.

To make brushing even easier, associate those eight seconds with a treat. For dogs,

keep a toothbrush next to their leash or the treat jar, and then brush before a walk or snack. With cats, brush their teeth during lap time or before play time or a treat. Pets can actually enjoy their daily cleaning. Rosenblad cites one older Abyssinian cat that sits on her owner’s chest if she doesn’t get her nightly brushing.

Food and some chew treats can also aid in plaque removal, but be sure you learn which ones actually help, which do nothing and which do harm. The Veterinary Oral Health Council website (www.vohc.org) lists foods and products that have been independently evaluated and shown to stem the growth of plaque. A word of caution: Joo says you can’t rely on dental claims found on the labels of treats and other products because they aren’t regulated.

Generally, though, dry food is better than canned because the act of chewing produces saliva—nature’s own system for cleansing the mouth of harmful bacteria—and hard food particles help clean the teeth.

There is a short list of items you should never give your pet to chew on: animal bones of any kind, some nylabones (if you can’t flex the Nylabone or stick your fingernail into it, it’s too hard) and hooves. “Those three types of chew treats give me more business in fractured teeth than I care to say,” says Rosenblad. “There’s a misconception that they are going to remove tartar, when they are actually going to remove teeth.”

Appropriate chew treats include bully sticks, biscuit-type treats and dental sticks. When choosing a treat for your dog, Rosenblad recommends picking one that appears almost cartoonishly too large—to make sure your dog gets the plaque-removing benefit of actually chewing the treat instead of wolfing it down whole.

REGULAR CHECKUPS

Just as human dentists recommend regular cleanings no matter how much we brush and floss between visits, brushing your pet’s teeth at home may not completely eliminate the need for a professional cleaning.

“Dental disease is progressive, so treating it right away keeps it to just a cleaning, which is a less-expensive, shorter procedure that’s needed less frequently,” says Rosenblad.

A dental exam should be part of your pet’s regular physical checkup. Your vet may be able to spot fractured teeth, evidence of resorptive lesions in cats, gum recession and some level of gum disease or tartar buildup. Based on that, your vet may recommend your pet be scheduled for a professional cleaning or dental procedure, usually a one-day outpatient affair.

Although owners are justifiably cautious about the use of anesthesia, dental procedures cannot be properly performed when an animal is awake.

“Anesthesia is a necessity because not all dental disease is on the tooth surface,” says Rosenblad. “The disease that’s going to cause tooth loss and systemic disease is what’s going on below the gum line or within the teeth themselves—particularly with cats. You also cannot take radiographs

on an awake animal. Pets are not going to hold a bitewing [for X-rays].”

Effectiveness aside, you also want your pet asleep during a dental procedure for safety’s sake. The instruments used to clean the teeth are sharp and can cause major tissue damage or even break a tooth should an animal move suddenly. Pet dentistry is also a fairly wet operation, and pets aren’t very good at rinsing and spitting.

In addition to the cleaning, polishing and X-rays, it is not uncommon to have pets’ teeth extracted as part of routine dental care. Many owners worry about how their pets will manage to eat with missing teeth. The good news is your pet likely can afford to lose all its teeth if necessary (although that’s no excuse for avoiding dental care).

“If you watch them eat, most dogs and cats don’t really chew their food,” says Joo.

SIGNS OF DENTAL DISEASE

IN DOGS

- **Bad breath**
- **Bleeding along the gum line after brushing**
- **Chewing on one side of the mouth**
- **Taking kibble from the bowl and eating it elsewhere**
- **Leaving a mess of broken crumbs after eating**
- **Swallowing food whole**

IN CATS

- **Bad breath**
- **Bleeding along the gum line after brushing**
- **A sudden aversion to hot or cold foods**
- **Leaving a mess when they eat**
- **Swallowing food whole**
- **Vomiting whole pieces of kibble**
- **Hiding**
- **Poor grooming**
- **Acting less playful**



“Their teeth aren’t designed to grind dried kibble; they’re meant to shear and tear off flesh. So cats and dogs don’t need to go on soft food just because they lose a few, or even many teeth.”

And although your veterinarian can handle most of your pet’s routine dental care, including extractions, more complicated cases may require a specialist.

Take the canine P4 tooth, a large, upper chewing tooth located toward the back of the mouth.

“It’s a tooth that everyone seems to hate to extract, and not everybody has the equipment to do it,” says Joo, who compares the canine procedure to removing impacted wisdom teeth in humans. Because the P4 has three roots that angle outward, “it’s really well-designed to stay in the mouth,” Joo says. “But unfortunately, it’s one of the most common teeth that dogs break.”

Joo also receives a good number of referrals to remove upper and lower canine teeth, which have deep, curved roots that can fracture the bones in the nasal cavity or jaw if extracted incorrectly.

Moolenbeek, who has referred about 20 cases to Joo, says she sends patients to Tufts if they have health issues that would be complicated by anesthesia, or if there’s a tumor or cyst in the oral cavity that’s going to require fairly extensive surgery. “I also refer patients for endodontics, as we don’t do any root canals, crowns or restorative work,” she says.

A happy, healthy pet is the best reason for regular dental care. “Ninety-nine percent of the time, when I do a dental procedure on a dog or cat, the owners tell me that their pet feels better, eats better and is more playful,” says Moolenbeek.

“Everybody wins,” adds Rosenblad. “A pet’s immune system is no longer having to work as hard. Their pain system isn’t working hard. And given that a dog or cat’s sense of smell is many, many more times potent than ours, if their breath smelled to us, what must it have smelled like to them?” he adds. “Getting rid of that bad breath must feel like quitting smoking after a thousand years to a cat or dog.” **TDM**

Genevieve Rajewski is the editor of Tufts Veterinary Medicine, from which this article is reprinted.



The Nazis ripped away everything that was dear to him. But John Saunders, D52, was determined to write his own ending to his story

Life after Death

J BY JULIE FLAHERTY PHOTOGRAPHS BY KATHLEEN DOOHER

JOHN SAUNDERS, D52, RAN A SUCCESSFUL PROSTHODONTICS PRACTICE IN DOWNTOWN Boston for 35 years. His patients were, by his own estimate, the top of society. He treated a newspaper magnate, an international religious leader and a duke. He cared for bank presidents, fund managers and hundreds of lawyers and judges, so many that he once had three jurists in his office at once. “Excuse me,” he remembers joking with a state Supreme Court justice as he headed to his next patient. “I have to go to lower court now.”

He loved to talk with his patients, who sometimes would tease him for the amount of philosophizing he did. As much as they chatted (every visit was booked for at least 45 minutes to accommodate this), his patients rarely asked him about his past, such as why his name didn’t exactly match his thick Polish accent. “They probably thought I was German,” he says with a shrug. That was fine with him. “I wanted them to accept me as John Saunders, the dentist. I didn’t want them to feel sorry for me.”

The tattoo on his left forearm might have raised questions, but he wore long sleeves to hide it. “The guy who did it on my arm was very aesthetic,” he says, remembering two tiny nails embedded in a stick and dipped in ink. “139024. The numbers were small and neat.”

When his 6-year-old daughter started asking about the mark, he didn't know what to say, so he told her it was his car number. She said she wanted one, too. That was when he had it removed, leaving just a thin, white scar.

It would be a long time before he would allow himself to look back, to tell the story of how he survived the concentration camps. And now his story has an ending, for he did more than survive. He thrived, as a student, a dentist, an Air Force captain, a husband, a father and a teacher. He has made his life—the only thing the Nazis did not take from him—a good one. Living well *was* the best revenge.

CHILDHOOD INTERRUPTED

John Saunders was born Ignacy Silberherz in Poland in 1925. He was part of the flourishing Jewish population in the city of Stanislawow, now part of Ukraine. His father had been an officer in the Austrian and Polish armies. His mother was proud of her upper-class background. He inherited his blond hair and blue eyes from her.

One can't help but wonder if those eyes helped him survive. Not just their Aryan color, which, at age 86, is still a clear grey-blue, but the way in which he uses them. When he talks to you, smiling or sober-faced, he looks you straight in the eye. It's hard to look away.

police who were rounding up and killing groups of Jews. He would later write about hiding in the attic of a cemetery chapel with his older brother while the murders went on just outside:

What we saw was a large mass grave—actually, an open pit. At that point, it contained close to one thousand naked bodies of women, men and a few children. Most of the children had already been exterminated in the Ghetto during the prior ten months. Some of the dead had been lying in the grave since the previous day. Their bodies were frozen; it was very cold at the end of February 1943. The bodies were piled up one on top of another. The Jews were told either to jump and were then shot, or to stay at the edge of the pit and were shot then; either way, they fell down into the pit. Some standing at the edge of the pit fainted and fell in on their own. The Gestapo would attempt to shoot them. Some were probably alive and only grazed by a bullet. Others fell on top of them and often suffocated those who were still alive beneath them.

His mother (“She was a very crafty, very strong woman, very smart,” he says) managed to smuggle him out of Stanislawow and put him on a train to Warsaw with

But there were no safe places to go. While making his way to East Prussia, he was picked off another train by a police detail, and a stocky Gestapo officer handed Ignacy the alibi that would become his identity through the remainder of the war. “I know what you were doing in East Prussia,” he said triumphantly. “You are a Catholic Pole smuggling smoked pork and butter to Warsaw.”

Ignacy knew that being labeled a Polish Catholic would still mean internment as a political prisoner, but maybe he wouldn't be shot in the head right then and there as a Jew. Without missing a beat, Ignacy feigned amazement the Gestapo had so cleverly figured out his “secret.”

Soon he was brought for interrogation to Warsaw, at the Gestapo headquarters, a notorious building where people were routinely killed or beaten to the brink of death. “I knew that this was the end,” Saunders says. “They would find out who I was and feed me to the dogs.” Despite his terror, he stuck by his new Catholic identity, even laughing when the Gestapo officers coolly asked if he was a deserter from the German army or a spy for the British (“I am flattered, but I am too young and not bright enough,” he replied). He spat on the floor when they suggested he was a Jew.

They measured his face, feet, hands, eyes and ears with calipers. “It was the German mumbo-jumbo science of how to recognize a Jew,” Saunders says, a protocol of Hitler's creation. Then they told him to see the doctor on the other side of the room and drop his pants. He was frozen with fear as the doctor examined his genitals, knowing there was no way to miss that he was circumcised. “*Richtig* (right),” the declared, and told him to get dressed.

Saunders still does not know why the doctor lied for him. He would recall this as one of the many miracles he experienced during his captivity. “Because I cannot explain it any other way,” he says, “but as a miracle.”

Labeled a Roman Catholic political prisoner, he was sent to Auschwitz-Birkenau, the first of the concentration camps he would labor in with the other Catholics, Poles, Gypsies, Russians and Jews who were not immediately killed. Day and night, the

Ignacy knew that being labeled a Polish Catholic would still mean internment as a political prisoner, but maybe he wouldn't be shot in the head right then and there as a Jew.

Ignacy was 14 when Germany attacked Poland and World War II began; he was 16 when the Nazis sealed the Jewish ghetto in Stanislawow. For two years his family was able to stay alive, sometimes sleeping in sewer pipes to avoid the German secret

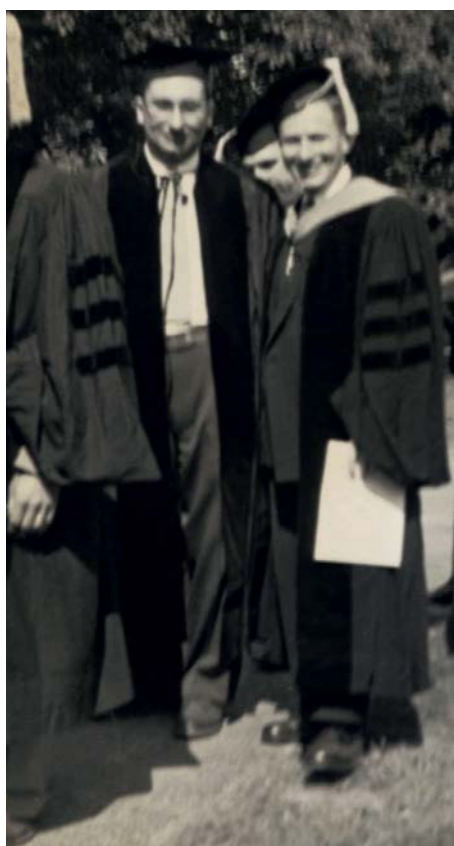
forged papers. He was alone, but he said he knew he would see his family again, and knew he had to stay alive. “My mother loved us so much,” he says. “I believed she would die from a broken heart if I did not come back to her.”



Above: Saunders' parents in their wedding photograph, 1923. Right: Saunders (standing), age 4, with his brother. Below: As a captain in the U.S. Air Force, 1955.



Above: Buczacz City Hall in Poland, where Saunders was kept in the basement jail in 1943. Right: In Krakow, Poland, August 1945, three months after his liberation. Below: Annalie and John Saunders in their wedding portrait, September 1959.



Left: Graduation from Tufts University School of Dental Medicine, June 8, 1952.

crematorium chimneys belched smoke and the smell of burned bodies. Saunders would write:

We were sent to toil in the open fields. It did not matter if the weather was rainy or extremely cold and snowy. It also did not matter if we made it back dead or alive. We were constantly watched and hit by our Kapos [inmates who guarded other prisoners] and their helpers for not going fast enough or some other infraction, according to the whims of our supervisors.

Somehow, amid the hunger, flies, lice and illness, he stayed alive. He was quick to take small opportunities, such as when he was assigned to sew numbers on prison clothing and surreptitiously stitched an extra jacket inside the one he had been issued to protect himself from the freezing cold. He had an instinct for when to lie low and when to volunteer for a duty that might be easier than another job in the camp.

Even as he was moved to progressively worse camps, including Mauthausen, the "Camp of No Return," he had many lucky

breaks. There was the prison guard who would give him more food than the daily bowl of watery soup and slice of bread on which many of the other prisoners slowly starved. "Perhaps I reminded him of a family member; I don't know," Saunders says. Or the guard who could have had him hanged for making a pocket knife out of an old file, but instead gave him a loaf of bread and asked him to make another knife for him. He even escaped once from Auschwitz and was recaptured, an offense that should have meant hanging or a fatal beating, but the

guard who was supposed to beat him was late for dinner and couldn't be bothered.

To Ignacy, these were all divine interventions: "You begin to be a believer when you see all these things happening." Through it all, he says, the thought of his family was what kept him going.

After two years, when thousands all around him had died from execution, starvation, exhaustion or disease, the 11th Armored Division of the U.S. Third Army discovered the camps at Mauthausen-Gusen and liberated them. It was May 5, 1945. Ignacy was not quite 20 years old.

Eventually, but not uneventfully, he made it back to Poland to search for his family. In Krakow he went to a place where Jews were congregating. An older man he

did not recognize approached him and said he knew his family. The man told him his mother, father and brother were dead. They had been slaughtered along with thousands of other Jews the week after Ignacy had left for Warsaw.

“Don’t look back,” the man said. “You can only look forward now.”

Ignacy’s throat closed. He could not speak. He ran. When he returned later to look for the man, he was gone.

“Like an angel, he had come to tell me there is nothing there, just keep going,” Saunders says. That is exactly what he did.

YOU HAD TO TURN IT OFF

Although he had missed his last two years of high school, there was no doubt in Ignacy’s mind that he needed an education. “My mother used to say to me as a child, ‘Our class doesn’t work with our hands; we hire people,’” he says. “‘But if you have to wash floors to pay for college, it’s fine.’”

The year after his liberation, he enrolled at the University of Erlangen in Bavaria, graduating in less than three years with a doctoral degree in dentistry.

How could he focus on his studies, I ask him now, with everything he had been

About 140,000 Jewish Holocaust survivors came to America after the war. Years later, the social scientist William Helmreich interviewed hundreds of them for his book, *Against All Odds: Holocaust Survivors and the Successful Lives they Made in America*. He found that many of the most successful ones—and many of them were—shared certain traits that helped them remake their lives. Among them: courage, tenacity, assertiveness, flexibility, optimism, intelligence and an ability to distance themselves from what they had gone through. Ignacy Silberherz had all those things, in spades.

When he reached New York, he took a new name, John Saunders, after one of the GIs who had liberated the camp. He was assigned to a social worker, who said he would get him a job in a lab. But Saunders said he wanted to go to dental school to get his American degree so he could practice in the United States.

“American kids who have money and speak English don’t get into dental school. You think *you* are going?” the social worker asked him. “Either you take the job in the lab or you can clean streets.”

Saunders applied to several schools and before long had his letter of acceptance

as a bus boy at a Boylston Street restaurant. “The owner used to go to the Combined Jewish Philanthropies and ask for Holocaust survivors,” Saunders says. “Then he took total abuse. He cheated them.”

It got easier. Saunders started receiving scholarships and got a job working with Richard Manly, the school’s director of research. Two of his professors paid him \$6 a week for German lessons so they would be able to read German scientific papers.

To improve his English, he would go see old double features at the movie theater at Tremont and Washington streets. It cost only 20 cents if he got there before 5 p.m., so he would often sneak out of class a few minutes early, under the pretext of going to the restroom. Despite this minor truancy, he did well and graduated with the Class of 1952.

“My mother would have been so proud of me at my graduation,” he says. He suffered the absence of his family keenly that day. He later wrote: “I felt very lonely and like crying, even though I smiled in the pictures that my friends took.”

Saunders soon found a job working for a dentist in Concord, Mass. But he had not seen the last of war. The battle in Korea was still going on, and he received a draft notice. Non-citizens like him typically were not given commissions, but the new dentist pushed for one—his father, after all, had been a military officer, as had his father before him. His persistence swayed the military bureaucrats, and he became a first lieutenant in the U.S. Air Force. After serving in Okinawa for two years, he became a U.S. citizen in 1954, completing his military service later that year at the rank of captain. He headed back to private practice.

OTHER THINGS TO DO

Annalie Bean, a New Hampshire native, was working as the swimming director at the Boston YWCA in 1959 when a friend set her up on a blind date. One of the first things she noticed about the 34-year-old dentist was his eyes, and his steady gaze. Three months later, they were engaged. They married that year.

She liked that he was smart—not just educated, but smart. And she could see he worked very hard and never tried to give her a line. Even now she says she has never known him

“I’m not really looking for sympathy...
I won.” —JOHN SAUNDERS

through? He answers quickly, as if putting up the mental wall he did then: “You didn’t think. You learned to turn it off. You *had* to turn it off.”

The end of the war had not ended anti-Semitism. Ignacy, who toyed with the idea of continuing his identity as a Catholic, came across many people who wished the Nazis had “finished the job” of eradicating the Jews. He decided to leave Europe, not because he was afraid, but because he thought he would eventually kill someone in anger. In 1950, when the opportunity came to join the 300,000 displaced Europeans who were moving to the United States, he took it.

from Tufts School of Dental Medicine. The social worker got a well-crafted letter of disdain from Saunders.

But getting into dental school was only the start. He had to pay for tuition, books and housing, and he had only a small amount of money, mostly scraped together from selling the coffee and cigarettes from his United Nations relief packages on the black market and pawning a gold watch a Jewish GI had given him. His first semester, he ate just once a day, buying one loaf of bread that would last him two days. He took a job at a pickle company, but at 120 pounds, he was too weak to unload the trucks and had to quit. He worked



Saunders' family portrait, taken in 1923 in the parlor of their apartment in Stanislawow

to cheat anyone. "He's tough, but not mean," she says. After they got to know each other, Saunders told her how he had lost his family in the war and had been in a concentration camp. But he left out most of the details.

"At that time, people didn't discuss much about it," Annalie says. "If you went to temple, you heard nothing about the Holocaust. It's like it didn't hit American Jews, period."

So he didn't discuss it. Not with his wife, not with his two daughters. Besides, he had other things to do. His dental practice bustled, and in 1965 he began a long teaching career at Tufts, where he was an assistant clinical professor of prosthetics. "I did perfect work," he says, without reservation.

His perfectionism is apparent in his home, a 4,000-square-foot brick house in Weston, Mass., that he designed and oversaw the construction of 41 years ago. "Today, not a single crack," he says, pointing proudly to the stucco ceiling. "This is how I build."

If he is to be believed, his psyche is just as solid. He never sought counseling

or suffered from post-traumatic stress. "I didn't allow it," he says.

When he retired from practice in 1990, he was far from finished. At age 70, he decided it was time for law school. His goal was to work for the International Court of Justice in The Hague. After all, who would be more qualified to deal with crimes against humanity? He took the LSAT and became a full-time student at the Massachusetts School of Law. He loved it, but his wife did not: Studying thousands of pages of briefs every night left little time for seeing friends or their four beautiful grandchildren. Reluctantly, he gave it up.

Soon he had another project. In the late 1990s, he took a writing class at Brandeis. Did he intend to write about his past? "Subconsciously," he says. The class spun off into a writing group that met at a local library. Things he had never talked about, memories he had all but blocked, horrors only hinted at in this story, came pouring out. Hundreds of pages. At times, he says, it was like writing about someone else. Perhaps

that was the only way it could happen.

The memoir has been a revelation for his family, and not always an easy one. He does not doubt that it has affected them on some level, and he regrets that. He doesn't want people to cry for him. He does want to bear witness, to counter all the misinformation about the Holocaust. Even some recent fictionalized accounts have taken liberties that frustrate him. "Prisoners getting visitors?" he asks incredulously. "Tables and chairs at Auschwitz?"

While he searches for a publisher for his book, he has been invited to tell his story. At temples, the audiences ask to hear about the miracles. The military groups want to hear about the liberation. *I'm so sorry*, they all say.

"But I'm not really looking for sympathy," he repeats. "I'm delighted I'm alive."

"I won," he adds, and smiles. **TDM**

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Speaking Up for Oral Health

Tips for navigating the system and being a successful advocate for dentistry by **Helene Ragovin**

SHORTLY AFTER JOHN MORGAN TOOK CHARGE OF THE TUFTS DENTAL program for people with developmental disabilities in 2000, he was approached by an aggrieved group of patients' families. The facilities and equipment at the program's nine state-funded clinics were falling into disrepair, they said.

Morgan decided to investigate how to get more money for the program. "I had no idea what I was getting into," recalled Morgan, an associate professor of public health and community service. What followed was an unexpected education in the workings of the Massachusetts legislature and the government budget process—something they surely don't teach in dental school.

But in the end, learning to operate on Beacon Hill—as the Massachusetts State House is known—brought relief to hundreds of patients when the state agreed

to provide an additional \$600,000 for the clinics.

Morgan shared his experiences at a workshop sponsored by Tufts School of Dental Medicine and the American Dental Education Association (ADEA), "Learning to Be An Advocate for Academic Dentistry and Oral Health." The event, organized by the Tufts chapter of the American Association of Public Health Dentistry (AAPHD) this past June, was designed to raise awareness of the many ways public policy and legislation can affect the oral health profession (See related story, page 34.).

"We need to become more comfortable advocating for ourselves, our profession and our patients," said Samantha Jordan, A06, D11, outgoing president of the Tufts AAPHD chapter.

That focus on the patients is what helped drive the effort for more funding at the TDF clinics, Morgan said. "There were hurdles, but you have to have confidence. It was about staying focused, saying this is for the people with developmental disabilities; it isn't about me," he said.

But with all the voices competing in the public sphere, how do dental professionals get themselves heard? Here's some advice from the experts:

Get organized before a crisis arises. "If you're organizing around a specific issue, it's too late," said David White, director of government affairs and grassroots advocacy for the Massachusetts Dental



Association. “Being an advocate is not just about communicating to policymakers, but to colleagues as well. You need to establish a permanent grassroots infrastructure.”

Establish ongoing relationships with legislators. “Don’t just go to legislators when you want something,” said Massachusetts State Rep. John Scibak, chair of the House oral health caucus. “Develop a relationship; keep us apprised of oral health issues.” Also important: get to know the members of the legislator’s staff. They are the gatekeepers who set priorities for their bosses. “If you can convince them, you’ve made your case,” Scibak said. And don’t forget to say “thank you.”

Make it personal. Exhibit your professional expertise, yes, but don’t forget the human angle. When Morgan and the families of the developmentally disabled patients were lobbying for state funding, their campaign included letters from patients and their families, and patients came to testify at the State House. “That was quite compelling,” Morgan said.

Educate. Make sure you can explain your position simply and briefly. “What is the relevance of oral health, and how do you explain it in five words or less and not confuse people?” asked Morgan.

Form coalitions. Find partners who have a stake in the issue. “If your coalition is broad and diverse, it will be more influential,” said Jack Bresch, ADEA associate executive director and director of its Center for Public Policy and Advocacy.

Work within the system. “Compromise is what politics is all about,” said Bresch. “Politics is the art of the possible. Depending on the environment, it’s the art of getting what you can get when you can get it.”

Said White, “Being an advocate is not just sending an email or a postcard. It’s a long-term investment in the future of the profession, and it’s a long-term investment in oral health.”

POLITICKING IN WASHINGTON

With the nation in a belt-tightening mood, it might seem like a bad time to ask Congress for funding for anything. But that’s exactly how Zachary Levin, D14, spent his summer. As a student legislative intern for the American Dental Education Association (ADEA), Levin spent five weeks in Washington, meeting with lawmakers and attending congressional hearings, all with the goal of putting oral health front and center on the national agenda. “Unfortunately, dentistry is still not considered as essential to health as medicine is, which is absolutely false,” he says.

Levin met North Carolina Senator Kay Hagan to lobby against proposed cuts to federal subsidies of Stafford loans, which provide low-interest education aid for undergraduate and graduate students. He met with Massachusetts Senator John Kerry’s legislative aide to advocate for increasing appropriations for dental research, among other issues. Levin also had a chance to speak with U.S. Surgeon General Regina Benjamin.

“A lot of the issues we were lobbying for came down to student debt and meeting needs of the underserved,” says Levin, who adds that increasing diversity among dental students is also one of ADEA’s priorities. Those issues are interconnected, he says, adding “How can we meet the needs of the underserved when we graduate with such high amounts of debt?”

Levin first became interested in public policy as an undergraduate at Tulane University. “Going to school in New Orleans exposes you to the need to help people on a larger scale and the role government can play in that,” he says.

Levin himself might be too level-headed for politics. “Even if I feel strongly about something, I can see other peoples’ points when they disagree,” he says. But he feels strongly that ADEA’s primary goals—increasing access to oral care, reducing student debt and attracting more minority students to dentistry—are issues that dental students of all political stripes can, and should, get behind.

Now back on campus, Levin remains active with ADEA and is looking to raise the group’s profile among his peers. He serves as something like a consultant to ADEA, suggesting that short “webisodes”—attention-grabbing online videos—are more likely to get a response from busy dental students than a flurry of brochures. “First we need to increase peoples’ awareness about what [ADEA] is lobbying for and how those issues will directly affect us in the years to come,” says Levin. “Dentists as a whole need to be more educated about their place in politics, and this definitely starts with dental students.” —JACQUELINE MITCHELL

CARING FOR COMMUNITIES

The first email went out in October 2010: Was anyone interested in joining an organization focused on public health? In a matter of months, the group had coalesced, and the dental school's student chapter of the American Association of Public Health Dentistry (AAPHD) was off and running. By June, the group had cosponsored a well-attended conference on legislative advocacy that drew participants from three Massachusetts dental schools.

"Honestly, we weren't really sure how much interest in public health, if any, there would be, and I was thrilled to discover how many dental students were interested," says Samantha Jordan, A06, D11, the group's founding president.

"We found a lot of the different organizations at Tufts were already doing community service events, but there was no umbrella organization," says Lauren Murphy, D13, the chapter's co-president.

Thirty-five students have been involved with the Tufts chapter, which wants to launch tobacco-cessation and oral cancer screening programs in Boston's Chinatown. "I think it's important to reach out to the community," Murphy says. "There is a high rate of smoking in Chinatown, which puts them at high risk for oral cancer."

Last spring, the chapter hosted a mentorship dinner with Tufts undergraduates on the Medford/Somerville campus. "We'd like to create a stronger bond between the undergraduate campus and the dental school," Murphy says. Also in the works are seminars on humanitarian trips and postgraduate education.

"I hope in the next year the group will do more community outreach and advocacy," including working through the State House to restore dental benefits for adults in the MassHealth program, says Wanda Wright, an assistant professor of public health and community service, who is the group's faculty adviser.

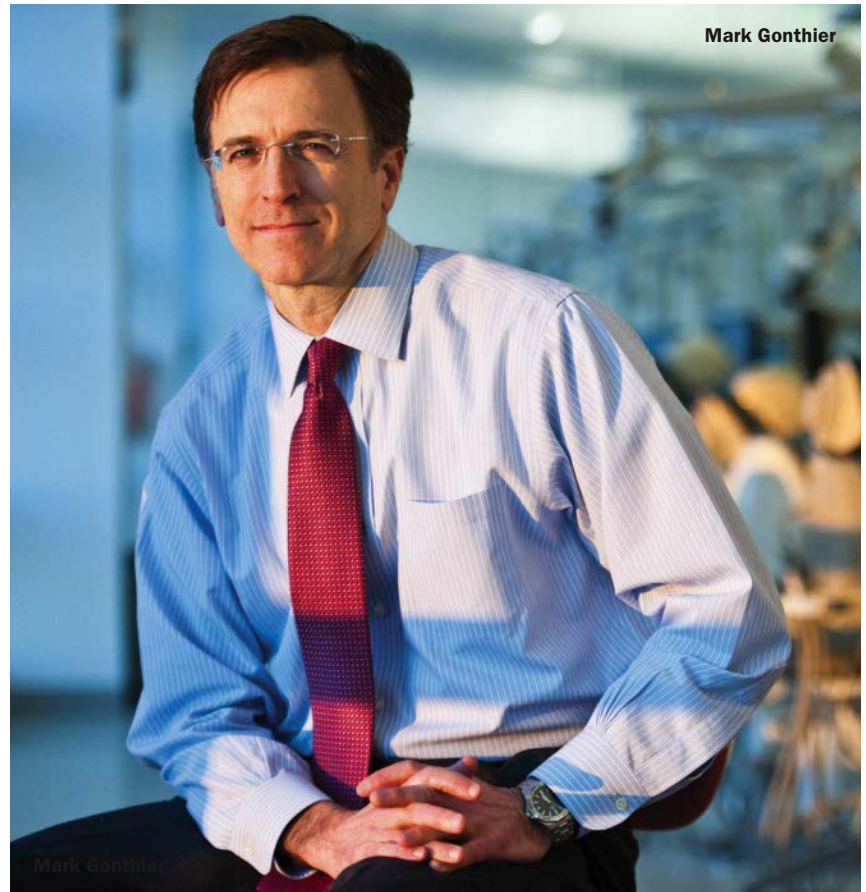
GONTHIER APPOINTED EXECUTIVE ASSOCIATE DEAN

MARK GONTHIER, THE DENTAL SCHOOL'S ASSOCIATE DEAN OF ADMISSIONS and student affairs since 2001, has a new role, executive associate dean. "Mark is very well known in the School of Dental Medicine community, the Tufts University community and in the dental education community, and I have every confidence that he will bring the same level of enthusiasm, insight and work ethic to serving as executive associate dean," said Dean Huw F. Thomas.

"I've been fortunate during my 21 years at Tufts University School of Dental Medicine to assist students to be the best that they can be, and, in so doing, to help strengthen the dental school," Gonthier said. "I'm challenged to extend my efforts, working with Dean Thomas, to align our resources to support our faculty, staff and students in reaching even greater heights."

In his new job, Gonthier serves as the school's chief operating officer. The executive associate dean is also a senior-level ambassador for the university and school, working with a range of internal and external stakeholders, including alumni and donors.

"I am fully confident that we are capable as a community of doing even more than we've allowed ourselves to imagine," Gonthier said. "I'm honored to serve during these very exciting times in the school's history."



Mark Gonthier

Mark Gonthier



Clockwise from top left: Tufts President Anthony P. Monaco welcomes the dental school's Class of 2015; Daniel Chay, D15, Meghan Butler, D15, and James Butler; President Monaco, Dean Huw F. Thomas and President of the Dental Alumni Association Peter Delli Colli, A69, D73; Leila El-Youssef, D15, Karma Chakra and Karim Suwwan de Felipe.



All Together Now

New president, new dean welcome new class

AT THE SCHOOL OF DENTAL MEDICINE'S 10th annual Family Welcome Day on August 30, parents, siblings and spouses were on hand to help the Class of 2015 ring in the new school year. Noting that this is "an exciting time of transition at the university," Executive Associate Dean Mark Gonthier introduced Tufts President Anthony P. Monaco to the class, assembled for the first time, in Boston's historic Shubert Theatre.

"It is my great pleasure to welcome you to the Tufts community. You are

entering the school at a great moment," said Monaco, invoking the vertical expansion that added five floors to the school building at One Kneeland Street as well as the appointment of the new school dean, Huw F. Thomas, whom Monaco said was "superbly qualified to build on the dental school's recent accomplishments."

Remembering his own first day of dental school, Thomas recalled both the nervousness and excitement of new beginnings. "Today is the day you join the dental profession, the day when our faculty and staff become revitalized with the

challenges of guiding you into that profession," he said. "It's also the day when I welcome my first class to this exceptional dental school. You are a class I will always have a special bond with."

Also on hand to welcome the new students was Peter Delli Colli, A69, D73, president of the Tufts Dental Alumni Association. You may be a "room of smart strangers" now, he said, but the experiences you will share over the next four years will "make you close forever . . . I welcome you to the family of Tufts University."

—JACQUELINE MITCHELL



Friends lift Ala Ali, DG10, DG11, to celebrate his completion of a postgraduate fellowship certificate in esthetic dentistry.

Moving On

Students in the class of 2011, and their dean, graduate together by **Jacqueline Mitchell**

WITH LONNIE H. NORRIS, DG80, presiding over his final commencement ceremony as dean of the School of Dental Medicine, 174 students received their D.M.D. degrees during commencement exercises on May 22 on Tufts' Medford/Somerville campus.

"We graduate together. I am so pleased to be a member of the class of 2011," said Norris, who served as dean for 16 years and was a member of the faculty for 31.

Class President Ross Usa Icyda, A04, said the pressure-cooker environment of dental school "taught us that nothing can stop us." Even the complaining students sometimes engage in served its purpose, he said, of bringing the class closer together. "Dental

school is definitely a team effort," he said. "I want you to promise not to lose that connection that allowed us to achieve so much."

Genko Stanilov, president of the class of international students, who come to Tufts so they can practice in the United States, recounted the story of Charles Blondin, the first man to walk a tightrope across Niagara Falls, in 1859. Each year after that, Stanilov said, Blondin upped the ante, wearing a blindfold one year, walking on stilts another, pushing a wheelbarrow the next. "We are on the verge of our own Niagara Falls," said Stanilov. "We are confident in what our education has given us, but we need to keep improving ourselves."

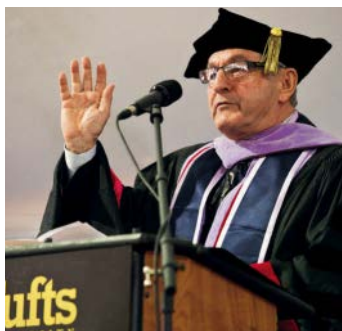
In addition to the new D.M.D.s, 14 students were awarded master's degrees, and

57 received postgraduate certificates of achievement and fellowships.

The Provost's Award for Outstanding Teaching and Service went to Athena Papas, professor of public health and community service, Kanchan Ganda, professor of public health and community service, and Carol Kumamoto, professor of microbiology, shared this year's Dean's Award for Excellence in Basic Science Teaching. Frank Shin, associate clinical professor of prosthodontics and operative dentistry, received the Dean's Award for Excellence in Clinical Teaching, and, for the 12th consecutive year, Charles H. Rankin, D79, DG86, D08P, DG11P, professor of endodontics, received the Dean's Award for Excellence in Pre-clinical Teaching.



Left: Kathleen O'Loughlin, D81; Maria Papageorge, professor and chair of oral and maxillofacial surgery; Marcin Jarmoc, D07, DG11; and Dean Emeritus Lonnie H. Norris, DG80; above: Diana Tran, D11, and Elizabeth Turner, D11.



Far left: Barry Briss, D66, DG70, professor and chair of orthodontics, with Mansour Alaskar, DG11; above: Brittany Braga, D11; Nicole Cuoccio, D11; and Shephali Shah, D11; at left: Emeritus Professor Arthur A. Weiner, D58.

"It's an honor to be here on Dean Norris' graduation. He has been a great friend and mentor," said Rankin. "Celebrate today. You've worked hard for it," he told the graduates, including his daughter, Kerith Rankin, D08, who received her postgraduate certificate in endodontics.

Three longtime faculty members were awarded emeritus status: Hilde H. Tillman, D49, a pioneer in geriatric dentistry; Arthur A. Weiner, D58, an expert in understanding and managing dental anxiety; and Esther Mae Wilkins, D49, who literally wrote the book on dental hygiene 52 years ago: *Clinical Practice of the Dental Hygienist*, now in its 11th edition.

At the all-university commencement ceremony earlier in the day, Tufts President

Lawrence S. Bacow awarded Norris the title of dean emeritus. "Dean Norris transformed a great school into a truly preeminent one," Jamshed Bharucha, the university's provost and senior vice president, told the dental school graduates. "I don't think I am exaggerating when I say he is perhaps the greatest dean in Tufts' history."

Norris replied, "It's wonderful to have my leadership recognized, but you

never do anything alone. I want to thank Tufts University and Jamshed personally, and all my faculty and staff . . . for all the support, respect and opportunities." Norris also thanked his wife, Donna, a child psychiatrist, for her encouragement and support.

The ceremony ended with James B. Hanley, D75, DG79, the dental school's assistant dean for clinical affairs, leading the graduates as they recited the dental oath.

At the university-wide commencement ceremony, keynote speaker Charles M. Vest, the president emeritus of MIT, addressed the graduates and bid farewell to Bacow, who retired this past summer.

LASTING IMPRESSION

A visit that can set a dental career in motion by Jacqueline Mitchell

A HIGH-ACHIEVING UNDERGRADUATE at Brown University, Khara Gresham figured law or medical school would come next. That is, until she visited Tufts School of Dental Medicine as part of the Impressions Program, a student-run outreach initiative that aims to put dentistry on the radar of promising minority undergraduates.

Gresham and a handful of other undergraduates spent a Saturday morning at One Kneeland Street, where she had the chance to meet Tufts dental students and faculty, as well as admissions officers, who were on hand to demystify the application process. In addition to practicing the notorious perceptual abilities section of the dental admissions test (DAT), the undergraduates heard about some of the less obvious career paths dentistry has to offer, including public health and research.

The undergraduates also rotated through the preclinics, where they got to see students not much older than themselves working on lab projects. “They looked so professional,” recalls Gresham, now a member of the class of 2014. “I thought, ‘I want to do that.’ The Impressions Program reinforced my interest in dentistry and in choosing Tufts as a school.”

In the defining moment of the Impressions Program, the undergraduates get to try their hand at making a dental impression. “They get an impression of Tufts, and they take their impressions home with them,” says Nicholas B. Gordon, D12, the organizer of the program.

“At the end of the day, I knew I wanted to go to Tufts. I thought, ‘I need to be here,’” says Gresham, who discovered that mixing the pink impression material is harder than it looks. “My first one was too hard,

and it wouldn’t pour. My second was too liquidy,” she laughs, recalling that it was Gordon who finally helped her get her proportions just right.

“Our main focus is increasing the numbers of underrepresented minorities in dental school and the dental profession, but [the Impressions Program] is open to anyone,” says Gordon, a former president of the Tufts chapter of the Student National Dental Association (SNDA), an organization dedicated to promoting minority students in dental school as well as eliminating racial and ethnic disparities in oral health.

enough black and Hispanic dentists.

Just 12 percent of students entering dental school are minorities, while minorities make up 25 percent of the general population, according to the American Dental Association.

“Students from underserved communities may not even think of dentistry as a career,” says Wanda Wright, an assistant professor of public health and community service, who is the faculty adviser to the Tufts SNDA chapter. “Our numbers are not huge,” she says, “but it does make a difference.”



To that end, SNDA encourages all of its chapters to host an Impressions Program each year.

Though the incidences of dental decay are at an all-time low in the United States, African Americans and Hispanics suffer from twice as much untreated tooth decay as non-Hispanic whites. One reason for the disparity may be that there are not

Khara Gresham, D14, took part in the Impressions Program as an undergraduate. “At the end of the day, I knew I wanted to go to Tufts. I thought, ‘I need to be here,’” she says.

Senior Awards

Members of the Class of 2011 received a total of 71 alumni, professional, organization, endowed or university-sponsored awards at the first Tufts School of Dental Medicine Graduation Luncheon on May 10 and the 18th annual Graduation Dinner on May 13.

BASIC SCIENCES

The Jack Frommer Award for Excellence in the Morphological Sciences: **Hannah Ryan Beatty**

ENDODONTICS

Alumni Clinical Excellence Award in Endodontics:

Steven Duong Nguyen

American Association of Endodontists Student Achievement Award:

Farah Assadipour

The Lester P. Goldsmith Endowed Prize Fund in Endodontics:

Rebekah Nicole Lucier

ETHICS, PROFESSIONALISM AND CITIZENSHIP

Presidential Award for Citizenship and Public Service:

Samantha Len Jordan, A06

Dr. Justin Lee Altshuler, D46, and Bernice Lee Altshuler Family Prize Fund for Community Service: **Ross Usa Icyda, A04**, and **Hubert Jae-Kyun Park**

Dr. Justin Lee Altshuler, D46, and Bernice Lee Altshuler Family Prize Fund for Ethics:

Anthony Michael Paolucci

Dr. S. Walter Askinas Endowed Prize Fund for Integrity and Citizenship: **Farah Assadipour**

Association of Tufts Alumnae Senior Award:

Samantha Len Jordan, A06

Class of D2002 Endowed Prize Fund for Peer Support and Leadership:

Ross Usa Icyda, A04

GENERAL DENTISTRY

Alumni Clinical Excellence Award in General Dentistry:

Aundrea Vereen

Alumni Clinical Excellence Award in Geriatric Dentistry:

Andrea Kanner Ruby

Academy of General Dentistry Senior Student Dental Award:

Anna Virginia Czechowski

American Academy of Oral and Maxillofacial Radiology Achievement Award: **Elizabeth Rose Dy**

American Academy of Orofacial Pain Outstanding Senior Award:

Marcy Phaye Gabrilowitz

American Academy of Craniofacial Pain Award:

Brian William Maples

Gentle Dental Senior Endowed Prize Fund for Exceptional Chairside Manner:

Andrew Joseph Zwiers

Dean's Award for Distinguished Performance in Pharmacology:

Rebekah Nicole Lucier

American Equilibration Society Senior Award: **Alexandra Catherine Polus**

IMPLANTOLOGY

American Association of Oral and Maxillofacial Surgeons Dental Implant Student Award:

Justin Henry Deckard

International Congress of Oral Implantologists ICOI/

Sullivan-Schein Dental

Predoctoral Achievement Award:

Sarath N. Bachali

American Academy of Implant Dentistry Dental Student Award:

Afshin Sean Rahimi

Academy of Osseointegration Outstanding Dental Student in Implant Dentistry Award:

Alireza Ashrafi

LEADERSHIP

American Association of Women Dentists Dr. Eleanor J. Bushee

Senior Dental Student Award:

Cassandra R. Tavares

American Student Dental Association Award for

Excellence: **Rebecca Jean Berry**

Pierre Fauchard Academy Senior Student Award:

Samantha Len Jordan, A06

American College of Dentists Award: **Ross Usa Icyda, A04**

ORAL AND MAXILLOFACIAL SURGERY

Alumni Clinical Excellence Award in Oral and Maxillofacial Surgery:

Michael Harris Schiffman and **Gregory S. Tentindo**

American Association of Oral and Maxillofacial Surgeons

Dental Student Award:

Michael L. Rosenthal

American Dental Society of Anesthesiology Horace Wells

Senior Student Award:

Rebekah Nicole Lucier

Robert E. O'Neil, D51, Prize in Oral Surgery:

Samson Murgesh Nadar

ORAL PATHOLOGY

Alumni Clinical Excellence Award in Oral Pathology:

Jin Sung-Newsome

American Academy of Oral and Maxillofacial Pathology Senior Student Award:

Theresa McFadden Woodworth

American Academy of Oral Medicine Certificate of Merit and Award: **Diana Jane Esshaki**

ORTHODONTICS

American Association of Orthodontists Award:

John Joseph Keating IV

Everett Shapiro, DG49, Endowed Prize Fund in Orthodontics:

Brian Thomas Cook

PEDIATRIC DENTISTRY

Alumni Clinical Excellence Award in Pediatric Dentistry:

Alexander Chien Ko

American Academy of Pediatric Dentistry Certificate of Merit Predoctoral Student Award:

Eileen Marie Saunders

PERIODONTOLOGY

Alumni Clinical Excellence Award in Periodontology:

Daniel Kiel Coleman

American Academy of Periodontology Dental Student Achievement Award: **Rui Ma**

Quintessence Award for Clinical Achievement in Periodontics:

Cathy Xiaoyue Zhao

NOTEWORTHY

Barry Briss, D66, DG70, professor and chair of orthodontics, was installed as president of the American Board of Orthodontics in May. The ABO is responsible for establishing policy on board certification of specialists in orthodontics. Briss had served for seven years as an ABO director, representing the Northeastern Society of Orthodontists

Eunice Lee, D12, was awarded first place for her research project, "Effect of Chlorhexidine on the Bond Strength of a Self-etch and Total-etch Adhesive to Dentin," in the clinical research/public health category of the ADA/Dentsply Student Clinician Program at the American Dental Association meeting in Las Vegas in October. She was one of 28 presenters from dental schools around the country. Lee presented her first-place poster from last spring's Bates-Andrews Research Day.

Gerard Kugel, D85, MS93, professor and associate dean for research, is her mentor.

Eight students participated in the second annual Postgraduate Interdepartmental Research Day on June 17. The winners were: First place (tie): **David Daniels, DG11** (orthodontics), and **Asma Alyahya, DG09, MS11** (master of science); second place: **Daniel Fanikos, D09, DG11** (pediatrics).

Northeastern Society of Periodontists Award:

Alexander Chien Ko

Dr. Richard Delson, D70, Endowed Prize Fund for Excellence in Periodontology and Prosthodontics:

Alexandra Catherine Polus

Robert, D51, and Eleanor Levin Endowed Senior Prize Fund in Periodontics: **Giac H. Dang, A07**

PERSONAL AND PROFESSIONAL GROWTH

Dr. Frederick A. Romberg, D29, Endowed Prize Fund Recognizing Outstanding Personal and Professional Growth during the Four Years of Dental Education:

Steven Duong Nguyen

Dr. Frank Susi, DG67, Endowed Prize Fund: **Diana Jane Eshhaki**

Dean Lonnie H. Norris, DG80, and Dr. Donna M. Norris Senior Endowed Prize Fund for Achievement, Professionalism and Strength of Character:

Stacey Cathleen Malcomson and **Matthew William Valcourt**

International College of Dentists Student Leadership Award:

Ross Usa Icyda, A04

Delta Sigma Delta Dental Senior Award for Academic Achievement: **Tara Lindholm**

Alpha Omega Graduating Senior Student Award:

Michael Harris Schiffman

PUBLIC HEALTH DENTISTRY

Academy of Dentistry for Persons with Disabilities Student Award:

Jordan Todd Webb

Alumni Clinical Excellence Award in Public Health Dentistry:

Ingrid Pēna de Carreno

American Association of Public Health Dentistry Dental Student Recognition Award for Achievement in Community Dentistry and Dental Public Health: **Elizabeth Rebecca Marie Turner**

Dr. Esther Kaplan Colchamiro, D42, and Ralph Colchamiro Endowed Prize Fund for Community and Public Health:

Nathan Freeman Clem and **Brock L. Olson**

Special Care in Dentistry Award for Outstanding Performance at the Wrentham Rotation Site:

Elizabeth Rose Dy

Special Care in Dentistry Award for Outstanding Performance at the Glavin Rotation Site:

Shauna L. Basil

Special Care in Dentistry Award for Outstanding Performance at the Northwoods Rotation Site:

Brock L. Olson

RESEARCH

Dr. Harold Berk Endowed Prize Fund for Excellence in Research:

Eileen Marie Saunders

Erling Johansen, D49, Senior Student Research Endowed Prize Fund:

Samantha Len Jordan, A06

Quintessence Award for Research Achievement:

Rebekah Nicole Lucier

American Association of Oral Biologists Award:

Moirra Kennedy Casey

RESTORATIVE DENTISTRY

Alumni Clinical Excellence Award in Restorative Dentistry:

Jessica Gagnon Ristuccia

Academy of Dental Materials Annual Student Award:

Allison S. Piper

Academy of Operative Dentistry Award:

Albert Augustus Coombs III

American Academy of Esthetic Dentistry Student Award of Merit:

John Frederick Bart Addison

Rudolph Hanau Award for Excellence in Prosthodontics:

Daniel Kiel Coleman

A. Albert Yurkstas, D49, Endowed Prize Fund in Complete Denture Prosthodontics:

Genko Stanislavov Stanilov

Dr. and Mrs. Albert J. Kazis Endowed Prize Fund in Crown and Bridge: **Steven Duong Nguyen** and **Scott Allan Recksiedler**

Joseph R. Evans Endowed Prize Fund in Clinical Operative Dentistry: **Kelly B. Whelan**

Quintessence Award for Clinical Achievement in Restorative Dentistry: **Matthew William Valcourt**

Dr. Joseph E. Primack, D42, Endowed Prize Fund in Prosthodontics:

Stephen Lee Markowitz

2011 POSTGRADUATES

In addition to those pursuing their D.M.D. degrees, another 100 students are enrolled in the dental school's postgraduate certificate and fellowship programs, which prepare them for specialty practice. The 2011 graduates were:

CRANIOMANDIBULAR DISORDERS AND OROFACIAL PAIN CERTIFICATE

Astrid Hacquin

CRANIOMANDIBULAR DISORDERS AND OROFACIAL PAIN FELLOWSHIP

Reem Alansari

Chao Lu

ENDODONTICS

Bella A. Batsevitsky, D09

Neil A. Campbell

Natalie D. Delivanis

Matthew G.

Del Mastro, D09

Oscar Jesus Peguero Jr.

Kerith E. Rankin, D08

Emily Weldon Tyler

ESTHETIC DENTISTRY FELLOWSHIP

Ala Ali, DG10

GENERAL PRACTICE RESIDENCY

Ester S. Kim

Min S. Kim, D10

Krista L. Pauly

Katie-Rose Wagner

IMPLANT DENTISTRY FELLOWSHIP-ONE YEAR

Areti Anastopoulou

Maria E. Gonzalez

Del Castillo, D109

Yahya Elzarug

Alberto Lamberti

IMPLANT DENTISTRY FELLOWSHIP-TWO YEARS

Yaser El Kareimi

ORAL AND MAXILLOFACIAL SURGERY

Marcin Jarmoc, D07

Ruba Khader, DG06

ORAL AND MAXILLOFACIAL SURGERY FELLOWSHIP

Ghassan Darwish

ORAL SURGERY AND PROSTHODONTICS FELLOWSHIP

Stavros Oikonomou, DG10

ORTHODONTICS AND DENTOFACIAL ORTHOPEDICS

David W. Daniels

Madeleine Goodman

Christopher J. Hall

Timothy M. Johnson, D08

Georgios Kanavakis, DG08, DG09

David A. Pechersky

Peter T. Phan, D07

PEDIATRIC DENTISTRY

Payam Amirsayafi

Narayani K. Baliga, D107

Daniel Peter Fanikos, D09

Regina Gelman-Bercovich

Idar S. Hsin

Joey Pedram

Pooja Rattan

Gerald Jerry Swee, D05

Supreeth L. Veeranna

PERIODONTOLOGY

Mansour Hamad Alaskar

Fatema Al-Rayes

Marjorie Baptiste, D08

Thomas Bianchi

Yumi Ogata

Evangelos Papatathanasiou

Campo Elias Perez

Pernalete

Sarah Stipho, D08

PROSTHODONTICS

Abdullah Al-Mashan

Meng Francois Seng

Mohammad Taheri, D05

Mamoru Tanaka, DG08

IN THE WORLD

The post-graduation pursuits of the Class of 2011

ALABAMA

Christopher Peterson

Postgraduate Program in Periodontics, University of Alabama-Birmingham

ARIZONA

Jennifer Toy

AEGD, Winslow Indian Health Care Center

Linda Tran

AEGD, Winslow Indian Health Care Center

CALIFORNIA

Franklin Chu

GPR, University of Southern California, Los Angeles

Linda Eaton

Public Health Clinic, San Francisco

Edwin Hakimian

Private Practice, southern California

Peri Hanawalt

Private Practice, La Verne

Helena Kilic

GPR, VA Medical Center, Loma Linda

Isaac Kim

AEGD, U.S. Navy, Camp Pendleton

Tara Lindholm

U.S. Air Force, Travis Air Force Base

Minh Luu

Private Practice

Puja Mistry

GPR, Sepulveda VA Hospital

Mary Min Young Park

AEGD, CommuniCare VA Hospital

Kelly Phillips

GPR, University of California, San Francisco

Scott Recksiedler

Postgraduate Program in Prosthodontics, West Los Angeles VA Medical Center

Shephali Shah

Private Practice

Edward Song

AEGD, U.S. Navy, Camp Pendleton

William Sung

Private Practice

Gregory Tentindo

Six-year M.D. Program in Oral and Maxillofacial Surgery, University of California, San Francisco

CANADA

Rebecca Elliott Reeves

Private Practice, Montreal

Cathy Zhao

Private Practice, Toronto

COLORADO

Christiane Colombero

AEGD, U.S. Air Force Academy

CONNECTICUT

Anjali Banerjee

Private Practice

Marcus Capalbo

AEGD, University of Connecticut

Colleen Lam

GPR, Yale-New Haven Hospital

Kyungsuk Yoo

Private Practice

DISTRICT OF COLUMBIA

Sheila Soroushian

Postgraduate Program in Orthodontics, Howard University

Michelle Wang

Private Practice

FLORIDA

John Addison

Private Practice

Elizabeth Dy

Private Practice, Tampa

Nick Reynolds

AEGD, Nova Southeastern University

Mark Sperling

Private Practice, Orlando

Jordan Webb

Private Practice, Gainesville

Lyan Zamora

Private Practice

Atom Edenson

Private Practice

GEORGIA

Marshall Knauer

Private Practice

Michael Rosenthal, A06

Postgraduate Program in Oral and Maxillofacial Surgery, Emory University

IDAHO

Jonathan Heaton

AEGD, Idaho State University

ILLINOIS

Stephanie Moore

AEGD, U.S. Navy, Great Lakes

Mitul Kumar Patel

Private Practice

Alexandra Polus

Postgraduate Program in Prosthodontics, University of Illinois, Chicago

INDIA

Brian Cook

Private Practice, New Delhi

KENTUCKY

Sarath Bachali

Private Practice

KOREA

Sue Youn Kim, A05

Master of Science Degree Program

LOUISIANA

Alicia Yoon Kyung Choi

Military Service, Fort Polk

MAINE

Rebecca Berry

AEGD, Togus VA Medical Center

Caroline Clerisme

Private Practice

Anna Czechowski

Private Practice

Allison Piper

GPR, Penobscot Community Health Center

Nicholas Sirois

AEGD, Togus VA Medical Center

Genko Stanilov

Private Practice

MARYLAND

Justin Deckard

GPR, Johns Hopkins Hospital

Samir Hussain

GPR, U.S. Naval Hospital, Bethesda

MASSACHUSETTS

Evlín Adamian

AEGD, Lutheran Medical Center

Alireza Ashrafi

Postgraduate Program in Oral and Maxillofacial Surgery, Tufts University School of Dental Medicine

Farah Assadipour

Postgraduate Program in Endodontics, Tufts University School of Dental Medicine

Iyad Awadallah

Community Health Center, Boston

Brittany Braga

Private Practice, Hanover

Sharon Brown

Private Practice

Angela Cala Morales

Private Practice

Moira Casey

AEGD, Boston University

Joanna Claustro

Private Practice, Hanover

Daniel Coleman

Combined Postgraduate Program in Prosthodontics and M.S., Tufts University School of Dental Medicine

Albert Coombs III

Private Practice

Adrian Correa

Private Practice, Boston

Giac Dang, A07

Postgraduate Program in Periodontics, Tufts University School of Dental Medicine

Isha Dhankar

Private Practice

Alex Doe

Private Practice, Wakefield

Kumi Ebihara

Private Practice

Diana Eshshaki

Private Practice

James Fairbanks

AEGD, Lutheran Medical Center

Joellyn Ferro

Private Practice

Neil Fluckiger

Private Practice, Boston

Marcy Gabrilowitz

Postgraduate Program in Pediatric Dentistry, Boston University

Senait Gebrewold

Private Practice

Daniel Hanks

Private Practice, Framingham

Pamela Jackson

GPR, Brigham and Women's Hospital and Massachusetts General Hospital

Shiow Jiin Jaw

Faculty, Tufts University School of Dental Medicine

Samantha Jordan, A06

Master's in Public Health, MassHealth Access Program

Molly Kaplan

Private Practice

Samer Khayat

Faculty, Tufts University School of Dental Medicine

Alexander Ko

Postgraduate Program in Periodontics, Tufts University School of Dental Medicine

Myung-Suk Koh

Private Practice

Svetlana Konfino

AEGD, Lutheran Medical Center

Rebekah Lucier

Postgraduate Program in Endodontics, Tufts University School of Dental Medicine

Athina Mantzouranis

Private Practice

Stephen Markowitz

Private Practice

Jasmine McCauley

GPR, Berkshire Medical Center

Ian Pol McLaughlin

Private Practice, West Roxbury

Leila Meeve Chie

Private Practice

Patrick Murphy

Private Practice, Milton

Samson Nadar

Oral and Maxillofacial Surgery Fellowship, Boston Medical Center

Jessica Gagnon Ristuccia

Private Practice

Arman Samad-Zadeh

Postgraduate Program in Endodontics, Boston University

Eileen Saunders

Postgraduate Program in Pediatric Dentistry, Tufts University School of Dental Medicine

Benjamin Schuyler

Private Practice

David Shane

Private Practice

Shehbaz Shareef

Private Practice

Abeir Mekhail Sourial

Private Practice

Sabah Mekki Mahadi

Private Practice

Jessica Stier

Private Practice, Deerfield

Justin Stout

Private Practice, Cambridge

Charles Sutera III

Private Practice

Cassandra Tavares

Private Practice, Boston

Jeanne Un, J98, G00

Private Practice

Matthew Valcourt

Private Practice

Venkata Durga Varanasi

Private Practice

Aundrea Vereen

Postgraduate Program in Prosthodontics, Tufts University School of Dental Medicine

Theresa Woodworth

Private Practice, Boston

Michael Yoo

Private Practice, Boston

Rita Yoshpe

Private Practice

MICHIGAN

Ryan Sasaki

Private Practice

MIDWEST

Corie Rowe

Private Practice

MINNESOTA

Andrea Kanner Ruby

Private Practice

Diana Tran

Private Practice

Andrew Zwiers

Private Practice

NEW HAMPSHIRE

Praveena Bhat

Private Practice

Christina Cowell

Private Practice, Nashua

Kelly Whelan

Private Practice

NEVADA

Benjamin Song

AEGD, Nellis Air Force Base, Las Vegas

NEW JERSEY

Adam Marengi

GPR, Beth Israel Medical Center

Sandeep Teotia

Private Practice

NEW MEXICO

Nathan Clem

Private Practice

Elizabeth Turner

AEGD, University of New Mexico

NEW YORK

Mehdi Aryan

GPR, Montefiore Medical Center

Nicole Cuoccio

Postgraduate Program in Orthodontics, Montefiore Medical Center

Samuel Greenberg

AEGD, VA Hudson Valley Health Care System

Amber James

GPR, Long Island College Hospital

Taoheed Johnson

GPR, Bronx Lebanon Hospital

Kelsey Karsten

GPR, New York Presbyterian Hospital

Rui Ma

Postgraduate Program in Periodontics, State University of New York, Stony Brook

Kyle Malesra

GPR, St. Barnabas Hospital

Thomas Mascolo

GPR, VA Medical Center, Northport

Pouya Momtaz

GPR, St. Barnabas Hospital

Steven Duong Nguyen

GPR, Jacobi Hospital

Hubert Park

GPR, Cornell-New York Presbyterian Hospital

Morgan Pierce

GPR, Harlem Hospital

Carly Polin

GPR, Coler-Goldwater Hospital

Afshin Rahimi

GPR, Brooklyn Hospital

Michael Schiffman

Six-year M.D. Program in Oral and Maxillofacial Surgery, Mt. Sinai Medical Center

Bradley Smith

GPR, Coler-Goldwater Hospital

Jin Sung-Newsome

GPR, Woodhull Medical Center, Brooklyn

Priya Tailor

GPR, Woodhull Medical Center, Brooklyn

Sumit Tinna

GPR, Jamaica Medical Center, Queens

NORTHEAST

Karishma Adeshara

Private Practice

Joyce Myungwon Baek

Private Practice

Julie Cooper-Pratt

Public Health Clinic

Jennifer Eituis

Private Practice

Victoria Kaplan

Private Practice

Vina Lu

Private Practice

Michael Luu, A07

Private Practice

Stacey Malcomson

Private Practice

Anthony Paolucci

Private Practice

Ingrid Peña de Carreño

Private Practice

Rhobor Uviasah

Private Practice

OREGON

Hannah Beatty

GPR, Portland VA Hospital

Ross Icyda, A04

GPR, Portland VA Hospital

PENNSYLVANIA

John Keating IV

Postgraduate Program in Pediatric Dentistry, Children's Hospital of Pittsburgh

Pritesh Nathoo

GPR, Philadelphia VA Medical Center

Ryan Walter

Orthodontics Fellowship, Seton Hill University

RHODE ISLAND

Gregory Barner

Private Practice, Smithfield

Elliot Chiu

Postgraduate Residency in Pediatric Dentistry, St. Joseph's Hospital, Providence

Matthew Freitas

Postgraduate Residency in Pediatric Dentistry, St. Joseph's Hospital, Providence

Kathryn Wych

AEGD, Providence VA Medical Center

SOUTH CAROLINA

Shauna Basil

U.S. Navy, Parris Island Marine Base

Brittany Chick

U.S. Navy, Parris Island Marine Base

TEXAS

Jackilyn Dang

Private Practice

Quan Hoang Nguyen

Private Practice

Matthew Sheldon

AEGD, Baylor College of Dentistry, Dallas

Nicholas Sotak

U.S. Army, Fort Bliss, El Paso

Muddasar Tukdi

Private Practice

VERMONT

Brian Maples

GPR, University of Vermont

VIRGINIA

Michael Lee

AEGD, U.S. Naval Air Station, Norfolk

WYOMING

Brock Olson

Private Practice

ENDODONTICS

Addy Alt-Holland, assistant professor, was a co-convenor of two symposia at the annual meeting of the Society of In Vitro Biology in Raleigh, N.C., in June: “Functional Bioengineered Tissues: Cells, 3-D Scaffolds, Environmental Cues and Beyond” and “Engineering of 3-D Functional Tissues: Powerful Tools for Cancer Biology, In Vitro Toxicology and Regenerative Medicine.” She received a Tufts Collaborates! Award from the provost’s office in July to advance interdisciplinary research at the university. Alt-Holland is collaborating with James Baleja, an associate professor of biochemistry at Tufts School of Medicine, on a project titled “Function and Mechanisms of Dab2 in Promoting Squamous Cell Carcinoma Tumor Cell Migration and Invasion.”

PRESENTATIONS:

- “Identification and Validation of Therapeutic Targets of Squamous Cell Carcinoma Using Three-Dimensional Bioengineered Human Tissues,” Forsyth Institute, Boston, May 2011.
- “Bioengineered Human Skin Tissues: Clinically Relevant Models for Identification and Validation of New Therapeutic Targets to Inhibit Squamous Cell Carcinoma Development,” annual meeting of the Society of In Vitro Biology, Raleigh, N.C., June 2011.
- “The Development of Human Skin Cancer: Tools to Model It and to Establish New Therapies for This Disease,” Tufts School of Medicine’s Building Diversity in Biomedical Sciences Program, Boston, June 2011.

PUBLICATIONS:

- “Suppression of E-Cadherin Function Drives the Early Stages of Ras-induced Squamous Cell Carcinoma through Upregulation of FAK and Src,” A. Alt-Holland, A.G. Sowalsky, Y. Szwec-Levin, Y. Shamis, H. Hatch, L.A. Feig and J.A. Garlick, *Journal of Investigative Dermatology*, June 30, 2011.
- “Bioengineered Human Skin Tissues: Clinically Relevant Models for Identification and Validation of New Therapeutic Targets to Inhibit Squamous Cell Carcinoma Development,” Y. Szwec-Levin, H. Hatch, A. Sowalsky, L.A. Feig, J.A. Garlick and

A. Alt-Holland, an abstract for the annual meeting of the Society of In Vitro Biology, Raleigh, N.C., June 2011.

- “Fibroblast Differentiation from Human Embryonic and Induced Pluripotent Stem Cells Is Linked to Epigenetic Regulation Of PDGFR and Acquisition of A Mesenchymal Phenotype,” K. Hewitt, Y. Shamis, M. Margvelashvili, E. Knight, A. Smith, A. Alt-Holland and J.A. Garlick, an abstract for a meeting of the International Society for Stem Cell Research, Toronto, June 2011.

GENERAL DENTISTRY

Jinkun “Jake” Chen, DI09, A12P, professor and director of division of oral biology, has received a \$1 million-plus grant from the National Institutes of Health to investigate therapies for periodontitis-associated with type 2 diabetes. Chen’s lab studies the mechanisms by which adiponectin, a hormone derived from fat tissue, predisposes patients to obesity and type 2 diabetes. The researchers also have found that adiponectin promotes osteoblast (bone-forming cell) differentiation and bone formation. They are the first to delineate the signal transduction pathway in which adiponectin reduces bone resorption by inhibiting osteoclast differentiation. The research was published in the *Journal of Biological Chemistry* (286:12542–63, 2011). Chen is also studying bone and tooth gene expression and regulation and oral and craniofacial development and diseases. Chen gave a number of presentations this past summer in this country, as well as in China and South Korea.

PUBLICATIONS:

- “Enhanced Osseointegration of Titanium Implant through the Local Delivery of Transcription Factor SATB2,” S. Yan, J. Zhang, Q. Tu, J. Ye, E. Luo, M. Schuler, M. Kim, T. Griffin, J. Zhao, X. Duan, D.L. Cochran, D. Murray, P.S. Yang and J. Chen *Biomaterials*, August 19, 2011.
- “The Use of Injectable Sonication-induced Silk Hydrogel for VEGF(165) and BMP-2 Delivery for Elevation of the Maxillary Sinus Floor,” W. Zhang, X. Wang, S. Wang, J. Zhao, L. Xu, C. Zhu, D. Zeng, J. Chen, Z. Zhang, D.L. Kaplan and X. Jiang, *Biomaterials*, September 1, 2011.

ORAL AND MAXILLOFACIAL PATHOLOGY

Jonathan Garlick, professor and head of the Division of Cancer Biology and Tissue Engineering, and members of his lab hosted high school seniors from Gann Academy in Waltham, Mass., for an eight-week stem cell research experience, the third-year Gann students have come to Tufts. Garlick received two seed grant awards from the Tufts provost’s office to enhance learning and teaching and to advance interdisciplinary research at the university. The Tufts Collaborates! award was given for a project titled “Regulation of Engineered Stem Cell Differentiation by Mechanically Defined Culture Systems,” to be done in partnership with Catherine Kuo, assistant professor of biomedical engineering. The Tufts Innovates! was given for a new course, Humanizing the Sciences through Interdisciplinary, Interpersonal and Ensemble Learning: An Introductory Course for Freshman and Sophomore Students, which is designed to further engage students in science.

PRESENTATIONS:

- “Engineering Skin-like Tissues from Stem Cells,” Tufts Internship Program for the Hearing Impaired, July 2011.
- “3-D Tissue Models Using Induced Pluripotent Stem Cells for Repair and Regeneration,” U.S. Army Medical Research Institute of Chemical Defense, Aberdeen Proving Grounds, Aberdeen, Md., August 2011.

PUBLICATIONS:

- “Epigenetic and Phenotypic Profile of Fibroblasts Derived from Induced Pluripotent Stem Cells,” H. Hewitt, Y. Shamis, R. Hayman, M. Margvelashvili, D. Shumin, M. Carlson and J.A. Garlick, *PLoS One* 6(2): e17128, 2011.
- “Fibroblasts Derived from Human ES Cells Direct Development and Repair of 3-D Human Skin Equivalents,” Y. Shamis, K. Hewitt, M. Carlson, M. Margvelashvili, S. Dong, C. Kuo, L. Daheron, C. Egles and J.A. Garlick, *Stem Cell Research & Therapy*, 2(1):10–19, 2011.
- “Defining the Cellular Precursors to Human Breast Cancer,” P. Keller, L.M. Arendt, A. Skibinski, T. Logvinenko, I. Klebba, S. Dong, A. Smith, A. Prat, C.M.

Perous, H. Gilmore, S. Schmitt, S.P. Nabers, J.A. Garlick and C. Kuperwasser, *Proceedings of the National Academy of Sciences*, in press, 2011.

- “Human Stem Cell and the Future of Dentistry,” M. Margvelashvili and J.A. Garlick, an abstract for the Turkish Dental Association International Congress, Istanbul, Turkey, May 2011.

Michael A. Kahn, professor and chair, was elected president of the American Academy of Oral and Maxillofacial Pathology on May 1, at the organization’s meeting in San Juan, Puerto Rico. He attended meetings of the Dental Specialties Group and Commission on Dental Accreditation in August in Chicago.

PRESENTATIONS:

- “Head and Neck Soft Tissue Examination” and “Characteristics and Management of Potentially Malignant Oral Lesions,” sixth annual Oral Cancer Symposium, Tufts School of Dental Medicine, Boston, June 3, 2011.

- Moderator, “Oral Essay Program,” American Academy of Oral and Maxillofacial Pathology annual meeting, San Juan, Puerto Rico, May 1.

PUBLICATION:

- “A Clinico-Pathologic Correlation: Oral Melanoacanthoma with Concomitant Epithelial Dysplasia,” S. Marsh, M. Kahn, D. Oreadi and N. Demtriades, *Journal of the Massachusetts Dental Society*, 60(1):38-40, Spring 2011.

Pamela Yelick, G89, professor and director of the Division of Craniofacial and Molecular Genetics, and her lab hosted visiting scientists from the University of Sydney, Radboud University in the Netherlands and Wheaton College this summer, as well as an exchange student from Radboud; two students, from the Research Science Institute Center for Excellence in Education at MIT; three students from Tufts School of Dental Medicine and undergraduates from Wheaton College and Northeastern University. Yelick and her research associate, **Viktorija Andreeva**, gave presentations at the seventh European Zebrafish Meeting, held in Edinburgh

July 6–12. Yelick gave an invited talk titled “The Role of Intraflagellar Transport Genes in Craniofacial Morphogenesis,” and Andreeva presented a poster on her research, “Zebrafish as a Model for Mineralized Tissue Development and Disease.” They also attended the “Open Door Workshop: Working with the Zebrafish Genome Resources” on July 5 in Edinburgh.

PRESENTATIONS:

- Program leader, Cancer Biology Program, Tufts Cancer Center, Cummings School of Veterinary Medicine, May 12.

- “Craniofacial Mineralized Tissue Development, Disease and Regeneration,” Grand Rounds, Columbia University College of Dental Medicine, Department of Craniofacial Surgery, New York City, May 25.

- “Mineralized Tissue Development and Regeneration,” fourth Aegean International Conference on Tissue Engineering, Chania, Crete, Greece, May 30–June 4.

ORAL AND MAXILLOFACIAL SURGERY

Morton Rosenberg, D74, A09P, professor and director of anesthesia and pain control, was reappointed to the medical review group of the Massachusetts Department of Public Health.

PRESENTATIONS:

- “Comprehensive Review for New Jersey Moderate Sedation Provider Educational Qualifier Course: Enteral Sedation and Dental Office Emergencies,” Jersey Shore University Medical Center and the Monmouth-Ocean County Dental Society, Eatontown N.J., April 16–17, 2011.

- “Nitrous Oxide–Oxygen Sedation Update and Anesthetic Considerations for the Pediatric Patient” and “High Fidelity Simulation for Ambulatory Anesthesia Providers,” American Dental Society of Anesthesiology, Scottsdale, Ariz., April 28–29, 2011.

- “Oral Sedation for the Dental Practitioner” and “The Dental Team Approach to Medical Emergencies: Is Your Office Prepared?,” Connecticut Dental Society, Uncasville, Conn., May 12, 2011.

- “Comprehensive Clinical Intravenous Sedation Course,” Oregon Academy of

General Dentistry, Oregon Health Science Center School of Dentistry, Portland, Ore., June 24–25, 2011.

PUBLICATIONS:

- “Sedation: The Pharmacological basis of Pain and Anxiety Control,” M.B. Rosenberg and M. Thompson, a chapter in *The Fearful Dental Patient: A Guide to Understanding and Managing* (Wiley-Blackwell 2011).

- “Diagnosis and Management of Sedative and Anesthetic Emergencies,” M.B. Rosenberg, a chapter in *Clinician’s Manual of Oral and Maxillofacial Surgery* (Quintessence Publishing Co., 2011).

- “American Heart Association Updates CPR Guidelines,” J. Tsai, C. Tung and M. Rosenberg, *Journal of the Massachusetts Dental Society*, Vol 60. No. 1, 30–31, 2011.

PEDIATRIC DENTISTRY

Jessica Chiang, DG09, an assistant professor, is running the new Nasoalveolar Molding (NAM) Clinic, a project of the pediatric dentistry department at Tufts and the ENT department at Tufts Medical Center. The clinic offers pre-surgical NAM therapy for infants born with cleft lip and palate, helping to decrease the extent of deformity of the alveolus, lip and nose in infants in preparation for surgery.

David Tesini, D75, DG77, G79, associate clinical professor, presented “*Lavarsi i Denti*” (Brush Your Teeth) to schoolchildren at Asilo San Pio XI in Vittorio Veneto, Italy. Tesini reports that 50 children, ages 4 and 5, had fun with his Italian-language version of a presentation he and **Jess Kane D74, DG76, G78, DG79, D04P, DG06P**, have given at nursery schools in Natick, Mass., for 34 years. Tesini says that with the help of family and friends in Vittorio Veneto, a colorful *designo* of a child’s mouth was made, and Sister Margarita did an excellent job keeping the kids in line, just in case he mispronounced an Italian word here or there (as he often did). The children learned about bacteria, plaque and *piccolo pezzetti di cibo* that must be brushed or rinsed from their teeth *almeno due volte per giorno*. The most animated part of the presentation occurred when a selected *voluntario* got to dress up

as the *dentista, assestente e segretario*. Tesini's mother's family was from Vittorio Veneto, 30 minutes north of Venice, so it was also a chance for him to catch up with family and friends.

PERIODONTOLOGY

Aidee N. Herman, an associate clinical professor, organized the Massachusetts Hispanic Dental Association's first "Symposium in Dental Careers: Promoting Dentistry as a Career for Minorities" at Tufts School of Dental Medicine on June 24. More than 80 people participated, representing middle schools, high schools, colleges and dental schools. Eight students received scholarship awards. Herman spoke on "Multicultural Crisis in Oral Health in America: The Role and Need of More Mentors and Leaders in the Dental Field," and **Amit Sachdeo**, an assistant professor of prosthodontics and operative dentistry, was a symposium volunteer. Herman was the keynote speaker at the Mentor Summer Academic Enrichment Program, held at Springfield Technical Community College in Springfield, Mass., in July. She led a mission trip to the Dominican Republic in August, in which 31 delegates provided care to 409 patients over the course of a week. Dental school faculty members **Frank Shin Charles Millstein** and **Scott Lightfoot**, and 12 Tufts dental students were part of the mission.

PRESENTATION:

■ "Evidence-based Peri-implantitis and Systemic Diseases Relationship," University Pedro Henriquez Urena, Dominican Republic, August 20, 2011.

Rory O'Neill, an associate clinical professor, is also serving as a clinical professor of dentistry at the University of Southern Nevada College of Dental Medicine in Las Vegas.

PUBLICATIONS:

■ "Effect of Single and Contiguous Teeth Extractions on Alveolar Bone Remodeling: A Study in Dogs," M. Al-Askar, R. O'Neill, P. Stark, T. Griffin, F. Javed, K. Al-Hezaimi, *Clinical Implant Dentistry and Related Research*, June 2011.

■ "The Effect of Enamel Matrix Protein on Gingival Tissue Thickness in Vivo," K. Al-Hezaimi, H. Al-Fahad, R. O'Neill, L. Shuman, T. Griffin, *Odontology*, May 13, 2011.

■ "Identification of an Odontogenic Keratocyst and Treatment with Guided Tissue Regeneration: Case Report," R. O'Neill, K. Al-Hezaimi, *Journal of the Canadian Dental Association* (2011: 77:b6).

PROSTHODONTICS AND OPERATIVE DENTISTRY

Nathan S. Birnbaum, associate clinical professor
PUBLICATION:

■ "Digital Impressioning," N. Birnbaum, *Inside Dentistry*, July/August 2011.

Gerard Kugel, D85, MS93, professor and associate dean for research, was one of the featured clinicians at the Star of the North meeting in St. Paul, Minn., on April 30. He presented a hands-on composite course, along with **Chad Anderson, D04**, on May 19 at a meeting of the American Academy of Cosmetic Dentistry in Boston, and he gave a full-day esthetic dentistry course at the New Hampshire Dental Society annual meeting on May 20. Kugel spoke on CAD/CAM dentistry at the annual meeting of the Canadian Dental Society in Halifax, Nova Scotia, on August 6. He also received a \$120,000 corporate grant to evaluate a tooth-whitening system.

Ronald D. Perry, clinical professor, was chosen as a featured member of the Eco-dentistry Association (www.Ecodentistry.org), an organization committed to a dental profession that values both "outstanding patient care and outstanding planetary care." Members pledge to consider the environmental impact of their practices in areas such as dental processes and materials; office administration and marketing; and office construction, design and furnishings.

Hans-Peter Weber, professor and chair, and **Hamasat Gheddaf Dam**, an assistant professor, have started an International Team of Implantology study

club, called Boston South Study Club. The club will disseminate knowledge in implant dentistry and promote interactive discussions among its members. Leaders in implant dentistry are invited to lecture to small groups in a relaxed setting. Weber joined two colleagues from the University of Connecticut Health Center and the University of North Carolina School of Dentistry in providing oral health care to the Native Americans in southeast Alaska, near Sitka, where there is little access to such care. The dentists made and fitted 24 dentures for 12 patients during the weeklong mission in June, working 12 or 13 hours each day. More than half the dentures included implants. "Denture fabrication is a labor-intensive process that typically takes four to five appointments, with lab work in between," said Weber, "so 24 dentures in one week for three clinicians is a lot." The annual Sitka mission is sponsored by the American Academy of Prosthodontics. Tufts School of Dental Medicine supported Weber's travel this year.

PUBLIC HEALTH AND COMMUNITY SERVICE

John Morgan, associate professor, has been named a Tisch College Faculty Fellow at Tufts University for the 2011–12 academic year. These faculty fellows are providing leadership in active citizenship teaching and research across the university. To date, 52 colleagues representing every school at Tufts have participated in the program. Morgan, adjunct faculty member **Kerry Maguire** and **Kimberly Newton** and **Amy Nguyen**, both D12, were members of a health-care team that provided dental care in Zambia for two weeks in August. Morgan directs the Zambian project, which is a collaborative project of Tufts School of Dental Medicine, the Dental Training School of the Ministry of Health in Zambia and Options for Children in Zambia. The program uses oral health initiatives to mobilize community efforts in rural Africa to provide health care, create educational opportunities for health-care providers and improve the health-care infrastructure.

\$1.2 Billion Achievement

Beyond Boundaries campaign ends triumphantly

THE COUNTRY MAY HAVE SUFFERED THE WORST ECONOMIC downturn since the Great Depression, but that didn't stop Tufts University from hitting its record-breaking campaign target of \$1.2 billion. Success came on the eve of Lawrence S. Bacow's departure from Tufts in July, after serving as president for a decade.

The campaign, known as Beyond Boundaries, mobilized nearly 140,000 donors, including half of Tufts' alumni. Together, they contributed \$434 million for scholarships—among them 630 new endowed and term scholarships—and other enhancements to the student experience. Another \$386 million is earmarked for faculty recruitment and research and \$137 million for new facilities. The balance will fund new academic and research programs. Among the donations were the six largest gifts in Tufts' history, two of them exceeding \$100 million. The campaign added \$609 million to the university's endowment.

Jonathan Tisch, A76, a university trustee and co-chair of the campaign, was jubilant about the outcome. "To be able to garner this kind of support, particularly in this economy, is not only a good story for Tufts, it's a *great* story," he said.

Supporting student access was a campaign priority, and some innovative financial aid programs have arisen as a result. Tufts can now provide scholarships for needy undergraduates to attend summer school and eliminate loans for students from families with modest incomes. On top of that, a first-of-a-kind university-wide program helps alumni working in public service or nonprofit jobs repay a portion of their education loans.

Thanks to Beyond Boundaries, Tufts has 23 new named professorships. These coveted posts have helped the university attract and retain world-class researchers.

And new construction and renovations took place on all three Tufts campuses.



Above: Riaz Dini, D13, works in the Simulation Learning Center. Right: The façade of the expanded School of Dental Medicine.



THE DENTAL SCHOOL STORY

More than \$47.5 million was raised for the School of Dental Medicine in support of facilities, faculty development, student financial aid and community outreach. Nearly 50 percent of Tufts' 8,400 dental alumni made a gift to the campaign.

The most visible product of the campaign was the five-story expansion of the school building at One Kneeland Street. The project created an ultramodern education and health-care facility that is advancing teaching, research and patient care.

Building on the school's longstanding tradition of community service, the construction added 73 new treatment areas to care for 20,000 patients a year, many of whom have limited or no dental insurance.

Louis A. Fiore, D62, and his wife, Jean, named a 75-seat lecture hall, Rachel's Amphitheater, to honor his mother, Rachel Valvo Fiore. The expansion also created research space and places for students to study.

A new Simulation Learning Center is equipped with 108 stations where first- and second-year students can train for their practical exams and dentists can pursue continuing education. Two gifts from the implant manufacturer Nobel Biocare AB of Sweden, totaling \$7.4 million, named the oral surgery clinic and will fund research in implants and prosthetics. A \$5 million gift from the state's largest provider of dental benefits endowed the Delta Dental of Massachusetts Professorship in Public Health and Community Service. The former CEO of Delta Dental, Robert Hunter, D63, and his wife, Constance, included a gift in their estate plan to benefit the school; the gift was made in honor of Lonnie H. Norris, DG80, dean emeritus, who retired in July.

Planned gifts from several donors accounted for nearly a quarter of the total raised, including an alum's \$3 million gift, made in honor of Norris, to support a named professorship, and a \$1.5 million gift from a former faculty member that will endow a scholarship fund.

Deserving students are benefiting from the Dr. Alfred Osher, DG62, and D. Suzi Osher Scholarships, which Suzi Osher established to honor her late husband, a longtime faculty member at the dental school.

Mei-Hsuan He, DG12, in the Glickman Periodontology Library.



TRIBUTE TO A PERIO PIONEER

When her father was diagnosed with chronic periodontitis and lost four teeth in six months, Mei-Hsuan He, DG12, felt helpless. "I was just a dental student [in Taiwan] and could only help him find a really good periodontist." He soon will fit that bill herself when she completes her advanced training in periodontology next spring.

"I chose periodontology as my specialty because I want to help more people," says He, one of 27 residents from 12 nations in the postgraduate certificate program. She and her classmates are regulars at the dental school's periodontology library.

"I work sometimes on Saturdays and Sundays, and when I go in the library, there are always students in there," says Terrence Griffin, D71, DG75, associate professor, chair and director of postdoctoral periodontology.

The library, newly named for Irving Glickman, D38, known as the "father of periodontology," is at the heart of the program. Paul Levi, D66, DG71, A95P, led the fundraising effort to name the library for his former teacher and mentor. The founding chair of periodontology at Tufts, Glickman wrote the classic text on the specialty. He died in 1972.

"He really helped put Tufts on the map," Levi says. "When people talked about Tufts, they always talked about periodontics. That's because of Dr. Glickman."

"Dr. Glickman was someone who challenged his residents and had a great influence on their lives," says Griffin, who runs Glickman's old practice on Boylston Street in Boston.

"I feel Dr. Glickman deserves to be remembered across the whole school," Levi adds. "Clearly he deserves to be remembered in his department. His name belongs there."

No Time Like the Present



WE HAVE TO TALK. AS THE SCHOOL POSITIONS ITSELF FOR the future, this is the perfect time for you to get involved. The university has a new president, Anthony Monaco, and our dental school has a new dean, Huw Thomas. Additional renovations are ongoing at One Kneeland Street, and the school's curriculum is being enhanced. New faculty and researchers are joining us. This is a *great* time to be part of Tufts Dental.

As alumni, we are the voice of experience, and being involved in the Tufts University Dental Alumni Association should be fruitful and fun. Our lives changed forever because of our dental school experience. It was one step in our becoming who we now are, and we have much for which to be thankful.

Yes, we have to talk. You and I *are* the Tufts University Dental Alumni Association. As president of the association, I invite you to become more involved. No matter where you are from, no matter where you find yourself, we have a common history.

As a child growing up in Teele Square, I would walk the four blocks up the hill to the Medford/Somerville campus and dream of going to Tufts. As an undergraduate, my friends and dormmates joined my family for Sunday dinners, and so began my relationship with the Tufts family. Those close bonds with classmates and fraternity brothers continue today. Tufts is in my blood, and in yours!

Participate in the Dental Alumni Association. You can make a difference

for dental students now and for those graduating from our school in the years to come. Your relationship with the school didn't end with graduation. It endures throughout your life.

As an undergraduate at Tufts, I learned that the work of children is their play. The play of my life has been my work. My interactions with patients and staff have given me a sense of community. The measure of life is what we do, and who we do it with. Share some of your experiences and time with the Dental Alumni Association.

Yes, we *should* talk. Please join me.

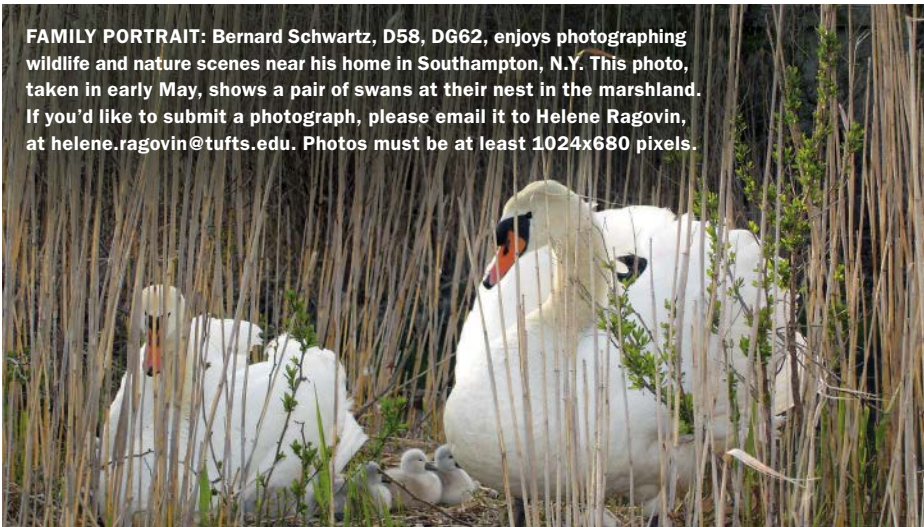
PETER A. DELLI COLLI, A69, D73
PRESIDENT, TUFTS UNIVERSITY
DENTAL ALUMNI ASSOCIATION
flossdriver@aol.com

REGISTER NOW!

Tufts Dental Career Link

- Search job openings and practices for sale or rent.
(Searches can only be made by members of the Tufts Dental community. Postings are available to non-alumni and multiple members of an office.)
- Use the Alumni Advisors Network, an opt-in directory that connects Tufts students and alumni for advising, networking, referrals or just keeping in touch.
- Create or enhance resumes with templates from Resume Builder.

dental.tufts.edu/careerlink



FAMILY PORTRAIT: Bernard Schwartz, D58, DG62, enjoys photographing wildlife and nature scenes near his home in Southamptton, N.Y. This photo, taken in early May, shows a pair of swans at their nest in the marshland. If you'd like to submit a photograph, please email it to Helene Ragovin, at helene.ragovin@tufts.edu. Photos must be at least 1024x680 pixels.

NOVEMBER 14

Alumni reception in conjunction with the annual session of the American Academy of Periodontology
Miami Beach, Florida

NOVEMBER 17

Welcome reception for Dean Huw F. Thomas
Portland, Maine
Call 617.636.6773 for details.

NOVEMBER 29

Alumni reception in conjunction with the Greater New York Dental Meeting
Marriott Marquis New York City
6 p.m. reception followed by dinner; RSVP required

DECEMBER 1

Welcome reception for Dean Huw F. Thomas
Bedford, New Hampshire
Call 617.636.6773 for details.

JANUARY 27, 2012

Alumni reception in conjunction with Yankee Dental Congress
Westin Waterfront Boston, Massachusetts
6–7:30 p.m.

MARCH 2012

Spring training with the Red Sox
Fort Myers, Florida

MARCH 2012

13th Student/Alumni Networking Session
Tufts University School of Dental Medicine

MARCH 17–21, 2012

Alumni reception in conjunction with the annual meeting of the American Dental Education Association
Orlando, Florida

MARCH 21–24, 2012

Alumni reception in conjunction with the annual session of the International Association of Dental Research
Tampa, Florida

APRIL 19, 2012

Alumni reception in conjunction with the annual session of the American Association of Endodontists
Boston, Massachusetts

MAY 4–6, 2012

Dental Homecoming and Reunion Weekend
Tufts University School of Dental Medicine and Langham Hotel Boston, Massachusetts

MAY 20, 2012

Tufts University's 156th Commencement
Academic Quad Medford/Somerville campus 9 a.m.

MAY 26, 2012

Alumni reception in conjunction with the annual session of the American Academy of Pediatric Dentistry
San Diego, California

For the most updated information, contact the Office of Dental Alumni Relations at 617.636.6773; email dental-alumni@tufts.edu; or visit go.tufts.edu/dentalalums.



Tufts Alumni

Together, we begin...

In a time of transition and expanding horizons for the university, Tufts Alumni is pleased to invite you to meet Tufts' 13th president, Anthony P. Monaco.

All members of the Tufts community are invited to attend any of these special events to welcome President Monaco and hear his thoughts on Tufts today and his vision for the future.

- London** Tuesday, November 29
- San Francisco** Monday, January 9
- Los Angeles** Tuesday, January 10
- Honolulu** Friday, January 13
- Atlanta** Thursday, February 23
- Miami** Friday, February 24
- Palm Beach** Saturday, February 25
- Sarasota** Sunday, February 26
- Chicago** Tuesday, March 20
- Cape Cod** Friday, June 15

As the president's itinerary is developed, event times and locations will be listed at tuftsalumni.org/president.

out & about

ITALIAN ALUMS SAY 'CIAO'

The first Italian Tufts Alumni Scientific Meeting, held in Venice from June 24 to 26, was a huge success, on both the scientific and the social fronts. Lino Calvani, DG91, organized and hosted the meeting at the Park Hotel Villa Fiorita, which sponsored lunches and dinner during the scientific sessions. Alumni arrived from all over Italy by high-speed train, car and plane. Lectures were presented by Luca Dalloca, D91; Ignazio Berlucchi, DG98; Masahiko Nikaido, DG97, the Tufts Japanese

Alumni president; Luca Gobbato, DG10; and Fabio Mazzocco, DG07. Attendees enjoyed a bus tour of Venice and an aperitif on the terrace of the Compagnia della Vela, the ancient sailing club located near the Piazza San Marco. Alumni then drove to Riva degli Schiavoni, a promenade along the waterfront, for dinner. The group made its way back to the hotel by boat through the canals, admiring the lights of Venice. The next Italian Tufts Alumni meeting will be held in Rome on January 21, 2012.



Alumni and guests enjoy a poolside meal at the Park Hotel Villa Fiorita.



Front row, from left: Luca Dalloca, D91; Alfonso Caiazzo, DG97; Paolo Acquaviva, DG96; Masahiko Nikaido, DG97; and Ignazio Berlucchi, DG98; second row, from left: Gianluca Paniz, DG06; Fabio Mazzocco, DG07; Lino Calvani, DG91; Roberto Pellecchia, DG03; Francesco Olivieri, DG96; Luigi Gallo, DG94; Luca Gobbato, DG10; and Federico Brugnami, DG95.



From left: Idar Hsin, DG11; Narayani Baliga, DI07, DG11; Daniel Fanikos, D09, DG11; Joffre Martin, D08; Katayoon Dorosti Martin, D08, DG10; and Andrew Danberg-Ficarelli, D10, DG12.

PEDIATRIC DENTISTS FILL ANNUAL SESSION

Alumni gathered in New York City over Memorial Day weekend to attend the annual session of the American Academy of Pediatric Dentistry. On Saturday, May 28, more than 50 Tufts alumni got together at the Marriott Marquis to hear an update on Tufts Dental School from Stanley Alexander, D75A, professor and chair of pediatric dentistry.



ORTHODONTISTS CONNECT IN CHICAGO

More than 50 alumni gathered in Chicago on May 14 for a reception in conjunction with the annual session of the American Association of Orthodontists. Alumni reconnected with friends and colleagues and learned about what's new at the school and in their department from Barry Briss, D66, DG70, D95P, DG97P, professor and chair of orthodontics.

NEW YORK CHAPTER SPRING MEETING

New York dental alumni gathered at the Yale Club on May 17 for a lecture by Julian Osorio, assistant clinical professor of postgraduate prosthodontics, on "The Real Biological Thinking to Enhance Esthetics and Develop the Proper Emergence Profile Using Computer-designed Abutments." The New York Chapter also elected the following new officers: Robert Berg, D03, president; Ancy Verdier, A96, D03, DG06, vice president; Evan Schwarz, D03, secretary; and Michael Dill, D88, treasurer. To learn more about the New York Dental Alumni Chapter, call the Alumni Relations Office at 617.636.6773. The chapter will hold its fall gathering on November 29 at the Marriott Marquis.

CAREER ADVICE There's a lot to think about beyond dental school. This past March, more than 50 volunteers from the Tufts University Dental Alumni Association gathered to share their experiences and expertise with students from the second-, third- and fourth-year classes at the 12th annual Student Alumni Networking Session. The theme was "Your First Job, Your Career, Your Financial Future and Keys to Staying

Involved with Tufts." The evening began with a panel discussion led by Sam Shames, D75. Students then broke into smaller discussion groups with alumni on topics including, "First Steps: Finding the Right Job and the Interview Process;" "Specializing: Which Field Suits Me?" and "Dollars and Sense: Thinking About Your Financial Future." Students had the opportunity to spend additional time with alumni during dinner.

LONE STAR GATHERING FOR ENDODONTISTS

Daniel Green, professor and chair of endodontics, welcomed alumni and friends to a reception in conjunction with the annual session of the American Association of Endodontists last April in San Antonio.



From left: Emily Tyler, DG11; Matthew Del Mastro, D09, DG11; Oscar Peguero, DG11; Charles Rankin, D79, DG86, D08P, DG11P, professor of endodontics; Bella Batsevitsky, D09, DG11; Neil Campbell, DG11; Natalie Delivanis, DG11; Kerith Rankin, D08, DG11 and Daniel Green.

ALL IN THE FAMILY

The Office of Development and Alumni Relations hosted its fifth annual Dental Legacy Reception at the W Hotel in Boston on August 29, when more than 80 students and alumni welcomed the school's new dean, Huw F. Thomas, and celebrated their family connections at Tufts Dental School. All incoming and current dental students with a relation to a dental alum were invited, along with their families. Of the 181 students in the Class of 2015, 20 have a relative who graduated from Tufts School of Dental Medicine.



From left: Femina Ali, D197, A11P, D15P; Zarah Ali, A11, D15; Mark Gonthier, executive associate dean; Zann Ali; and Ejaz Ali, D194, A11P, D15P.



Dean Huw Thomas, center, with students who have a family member who graduated from Tufts Dental School, from left: Alan Yee, D15; Ron Hsin, D15; Adrina DeVitre, D12; Mark Paolucci, D15; Erin Gilmore, D15; James Cogliano, D15; Zarah Ali, A11, D15; Kimberly Harte, D14; Jacques Boudreau, D15; Alexa Martin, D15; Warren Woods Jr., D14; and Andrew Tonelli, A06, D14.



From left: Matilda Gilmore, D75AP, DG79P; Barbara Gilmore, D15P; Rustam DeVitre, DG76, D177, D12P; a director of the Dental Alumni Association; William Gilmore, D75A, DG79, D15P, associate professor of oral and maxillofacial surgery and Erin Gilmore, D15.

THE PERKS OF MEMBERSHIP

It is time to renew your membership in the Tufts University Dental Alumni Association. With so many organizations seeking your membership, why should you join this one?

This is *your* organization, and it represents *your* school. We speak with pride when we say we are graduates of Tufts University School of Dental Medicine. We are proud of its reputation as a world leader in research, education and patient care. A Tufts diploma is a mark of excellence.

Did You Know?

Dues support the Tufts Dental Alumni Association, which has raised more than \$300,000 for student loan funds. Dues subsidize **Homecoming** & Reunion Weekend. Dues help produce the award-winning *Tufts Dental Medicine* magazine. Dues **SPONSOR** the **Student/Alumni Networking Event** every March, as well as other student/alumni programming. Dues support regional receptions and activities in New York, Boston, California and Florida. Dues **payers receive a \$75 credit toward Tufts Continuing Education** programs.

Annual Dues for 2011–12 are \$125.

TO PAY ONLINE: <http://dental.tufts.edu/dues>.
OR, PLEASE SEND CHECKS PAYABLE TO:
Tufts University Dental Alumni Association, to:
Tufts Dental Alumni Relations
136 Harrison Avenue
Boston, MA 02111

Celebrations and Farewells

Dental reunioners commemorate the tenure of Dean Lonnie Norris

MORE THAN 500 DONORS, ALUMNI, STAFF, FACULTY, FRIENDS and family raised a Toast to Tufts and to the tenure of Dean Lonnie H. Norris, DG80, on May 5, during a donor recognition event that kicked off Dental Homecoming and Reunion Weekend. Reunion-goers enjoyed a night of dinner, dancing and tributes at the State Room in Boston.

Norris presented Dean's Medals, the school's highest honor, to Tufts President Lawrence S. Bacow, who stepped down in July after leading the university for a decade; Adele Fleet Bacow; John Ficarelli, D73, D10P, DG12P, chair of the Dental M Club; Jess Kane, D74, DG76, G78, DG79, D04P, DG06P, who chaired the dental school's portion of the university's Beyond Boundaries fundraising campaign and Maria Gove Tringale, the dental school's senior director of development and alumni relations.

Acknowledging the dean's unwavering dedication to Tufts Dental School, Bacow presented Norris with a painting by Craig Mooney, one of the dean's favorite artists. And, working with Dan Kraft, A87, a Tufts trustee and president of the Kraft Group, which owns the New England Patriots, Bacow presented Norris with an authentic New England Patriots football jersey emblazoned with 66, the number the dean wore when he played football as an undergraduate at Fisk University. Norris retired in July after a 31-year tenure, 16 of them as dean.

The Saturday slate of reunion activities included breakfast and two continuing education courses: "Everything I Know about Endodontics I Learned after Dental School," by James Bahcall, D86, a professor of endodontics at Marquette University, and "What's New with Dental Implants," by Hans-Peter Weber,

professor and chair of prosthodontics and operative dentistry at Tufts. Family and friends used the lecture time to take a trolley to Fenway Park, learning the history of "America's Most Beloved Ballpark" and exploring the underbelly of the Green Monster. Others toured the new five-floor expansion of the dental school building at One Kneeland Street. Guests delighted in seeing Norris' portrait unveiling as they celebrated his retirement.

The Dental Alumni Association hosted its annual meeting and luncheon at the Langham Hotel, where 50th-reunion attendees were honored as they marched into the hall, and the Tufts University Alumni Association (TUAA) inducted new officers. Kathy O'Loughlin, D81, executive director and chief operating officer of the American Dental Association and a Tufts trustee, gave the keynote speech.

The Dental Alumni Association presented achievement awards to Robert

See CELEBRATIONS, next page



Above: Dean's Medal recipients Jess Kane, Maria Gove Tringale and John Ficarelli.

Right: Dean Lonnie H. Norris tries out his New England Patriots jersey, a gift from President Lawrence S. Bacow, far right.





Alums attend the continuing education lectures.



Left: Donna Norris, M99P, A01P, and Robert D. Buchanan, D46, who celebrated his 65th reunion.



Far left: Dean's Medal recipients Lawrence S. Bacow and Adele Fleet Bacow.
Left: D61 classmates Ed Galkin, Bennie Thompkins and Eero A. Aijala, A59.

CELEBRATIONS, *continued from preceding page*
Buchanan, D46; Thomas F. Winkler III, A62, D66, D10P, DG12P, a Tufts trustee emeritus and Crystal Krajewski, conference coordinator for the dental school's Division of Continuing Education.

Reunion attendees gathered on Saturday night at Café Fleuri in the Langham for a reception, before heading off into individual reunion class dinners or the TUDAA president's dinner. Guests came together again

for Tufts After Dark to enjoy the Langham's chocolate bar and hit the dance floor to tunes that spanned every reunion year.

On Sunday morning, Norris hosted his final reunion brunch, a bittersweet affair for some, including former alumni association president John Meade, A54, D56, A90P, F98P, who noted, "The tribute to Lonnie was my favorite moment of the weekend."

Reunion fundraising plays an important role in advancing the mission of Tufts School of Dental Medicine. Each year 30 percent of the gifts made to the Tufts Dental Fund come from reunion classes. This year, nearly 500 alumni celebrating a reunion made a gift

to the Dental Fund between July 1, 2010, and June 30, 2011, for a total of \$368,000. The cumulative total of annual gifts and capital gifts made since these classes held their last reunion in 2006 is \$2,617,873.

The Class of D61, the 50th-reunion class, won the Porcelain Bridge Award for the highest level of giving participation; 47 percent of the class made a gift to the Dental Fund. The Golden Crown Award was presented to the D56 class for the greatest overall giving (annual gifts and capital gifts) since 2006, totaling \$1,627,396. The award for the largest Dental Fund reunion gift total went to the Class of D81, which raised \$50,919.

Right: incoming alumni association president Peter Delli Colli, A69, D73, at the annual luncheon.
Far right: Jess Kane, D74, DG76, G78, DG79, D04P, D06P, and Tom Brady, D71, toast Dean Norris.



Above: Fiftieth reunioners Bob Desrochers and Bob Cassidy, both D61.
Left: In the school's Simulation Learning Center, from left: John Millette, D91, A15P; Maryam Sholehvar, D91; Peter Cilento, D91; Helyne Hander Hamelburg, D91; Stephen Hamelburg, D91; and Cynthia Tsamtsouris, J87, D91, DG94.



Above, from left: Cherie Bishop, D94; Gigi Garcia-Rogers, D94; Janis Moriarty, D94; and Mary Jane Hanlon, D97, at the Toast to Tufts celebration.
Left: Charles Hapcook, left, president and CEO of Eastern Dentists Insurance Co., presents Dean Norris and outgoing alumni association president Mostafa El-Sherif, DI95, with a check for \$9,000 to support alumni weekend and other programming for alumni.



Left: Members of the Class of 1956 celebrated their 55th reunion by winning the Golden Crown Award for the largest five-year class gift total. From left: Emile Vermette, Martin Sachs, Art Comolli, John Meade, A54, A90P, F98P, Paul Talmo, A52, J87P, D10P, and Max Perlitsh, DG65, J87P, J89P, D91P, DG94P.

Below: Sixtieth reunioners Frederick Spaulding, D51, DG55, David Stahl, D51, and Eleanor Covell-Henken, D51.



Above: At the annual meeting and presentation of the Dental Alumni Association's annual achievement awards, from left: Robert D. Buchanan, D46, Mostafa El-Sherif, DI95, outgoing association president, Crystal Krajewski, Dean Lonnie H. Norris and Thomas Winkler, A62, D66, D10P, DG12P.

Right: The Class of 1961 won the Porcelain Bridge Award, presented to the reunion class with the highest level of participation in their reunion gift. Joining Leo Sanfacon, D61, far right in celebrating the achievement were Warren Woods, D78, John Ficarelli, D73, D10P, DG12P, and Dean Norris.



Above: Members of the Class of 2001 celebrated their 10th reunion, from left: Yen Nguyen, Terese Fay, Sepideh Najaran, Nina Gray and Andrea Alexandrian.





Above: The Class of 1981 won the Cusp of Excellence Award, presented to the reunion class with the largest Tufts Dental Fund reunion gift. Marking that achievement, from left: Warren Woods, D78; William DiPietro, D81; Demitroula Kouzounas, D81, D10P; Joseph Penna, D81, D10P; Amy Dukoff, E78, D81; John Ficarella, D73, D10P, DG12P, chair of the Dental M Club; Gary Warrington, D81; Joseph Kenneally, D81; and Dean Norris, who is wearing a lei given to him by Angela M.A. Chin, D81, who lives in Honolulu.



Right: Dipping into the chocolate bar, David Friedman, D71, Judy Friedman and Eric Gheewalla, A87, D91, DG93.



Left: A family reunion within a reunion, from left: Derek Wolkowicz, D97, DG00; Candace Wolkowicz, D98; John Wolkowicz, D55, D91P, D97P, DG95P, DG00P; Hertha Wolkowicz, D91P, D97P, DG95P, DG00P; Chris Wolkowicz, D91, DG95; and Terry Wolkowicz.



Temba Mudenda, D71, and his wife, Florence, at the School of Dental Medicine's Toast to Tufts celebration.

A Life of Firsts

Temba Mudenda, D71, a pioneer in Zambian health care, comes back to Boston for his 40th reunion by Laura Ferguson

FORTY YEARS AGO, TEMBA MUDENDA, D71, graduated from Tufts School of Dental Medicine and embarked on a career his American classmates could not begin to imagine. He returned to his native Zambia to work as that African nation's first native-born dentist.

He brought with him one indispensable Tufts ally: the "black box" containing the instruments that all Tufts dental students once carried from classroom to clinic. In Zambia, this brimming toolkit was a revelation. Due to limited resources and training, a troublesome tooth was often extracted with forceps.

"Once [dental assistants] saw it, they realized their training was different from mine," recalled Mudenda. "I could do anything because I had everything in the black box."

Indeed, that artifact would open many doors. The energetic young dentist was tapped for increasingly influential positions as the Zambian government expanded educational and training opportunities for its citizens. Mudenda, who also

holds a master's degree in public health from the University of Michigan, would go on to become a nationally respected advocate for preventive health and access to care.

It was this remarkable career that he shared with the School of Dental Medicine's Board of Overseers this past spring, and for which he gave generous credit to his Tufts education. "To me, Tufts was [about] diagnosis," he said. "Diagnosis gives you the answers, and Tufts gave me the answers."

"Tufts was a wonderful place [to learn]," he continued. "They made difficult things easy, and at the end of the day, you are able to transfer that knowledge to somebody else. . . . In my country, when they say 'teacher,' it's like saying 'reverend.' So I thank Tufts through and through."

The admiration was mutual. As Dean Lonnie H. Norris, DG80, pointed out, Mudenda's commitment to improving care and access to it has reached beyond Zambia and influenced policy in eight neighboring countries.

John Morgan, an associate professor of public health and community service at the dental school, has been impressed and inspired as well. Morgan and his colleagues have trained a corps of oral health community volunteers in a rural Zambian village, and he knows how difficult it is to bring about change when resources are limited. Mudenda's work, he said, is "a testament to the Tufts values of active citizenship, globalism and humanism."

"Dr. Mudenda is a true decathlon example of these values," he said. "His commitment to his community and his profession offers encouragement to all of us, but especially to students early in their careers."

Mudenda said he was drawn to a career in dentistry because he could make the greatest difference in the lives of Zambians.

OVERCOMING CHALLENGES

When he returned home in 1971, the Ministry of Health assigned him to oversee a health post in Livingstone, in southern Zambia near its border with Zimbabwe. He was the only dentist for hundreds of miles. However, because he understood his country's challenges (it gained independence in 1964), was deeply concerned for his countrymen and possessed a certain stubbornness ("I had no plans to fail!"), Mudenda insisted that the government make greater investments in education and training.

Mudenda was instrumental in the development of dental therapy training at the Dental Training School in Zambia. It educates dental therapists, as they are called, to provide almost all aspects of care, including restorative dentistry and preventive care.

Mudenda was able to place dental practitioners in each of Zambia's 11 districts. "That way, people didn't have to travel so far to have their teeth attended to," he said. "That is my strength: The community is treated as a patient."

Now retired, Mudenda was pleased to be back at Tufts for his 40th reunion—the first time since graduation. He admired how much it has changed, but then he has always been enormously proud of Tufts.

His black box remains a treasured possession. If someone asks to borrow an instrument, he happily lends it out. "But," he said, "I want it back."



D41

Howard Libby and his guest,
Ruth Campbell

FRONT ROW: Jerry Camann, Dick Wing,
Bob Rubin, Max J. Perlitsh,
Martin P. Sachs, Emile E. Vermette

BACK ROW: John Meade, Paul Talmo,
Gary Dickerman, Chuck Gaeta,
Bob Moynihan, Art Babineau, Art Comolli



D56



D61

FRONT ROW: Chester Soliz, Ody LaRoche, Larry Page, Ralph Lauretano, William S. Toder, Bob Cassidy,
Marshall Goodwin, Bob Murray

MIDDLE ROW: Louis Bruno, Helen Rosenzweig Santis, Richard Mooradkian, David Lubin, Gerry Beaulieu, Bob Desrochers,
Sylvio P. Lessa, Roger A. Preston, Howard L. Feldman, Martin J. Dunn, Robert B. DuHaime, William F. Smith

BACK ROW: Alan Wright, Edwin Ste. Marie, George Deemys, Leo Sanfacon, Stanley Pearlson, Peter Pool, Ed Galkin,
Bennie Thompkins, Eero A. Aijala



D66

FRONT ROW: Ronald F. Szopa, Barry S. Briss, Danute Venckus Giedraitis, Manouch Darvish, Stephen Shusterman, Philip Bauer

MIDDLE ROW: Louis Farrugia, John Giunta, Neil Bryant, Walter Golub, Joe Cwikla, Mike Cohen

BACK ROW: Seymour Andrus, Earle Halsband, Tom Winkler, Marcel Korn



D71

FRONT ROW: David Friedman, Bruce Baum, Temba Mudenda, H. Paul Ayotte, Frederic Mackler, Barbara Clark Kay

MIDDLE ROW: Alfred Bongiorno, Thomas V. Brady, Harvey S. Miller, Mark J. Schiff, Howard Kessner

BACK ROW: Andrew Kusmin, Barry Zide, Peter Rubinstein, Richard F. Struzziero

FRONT ROW: Mike Lipnick, Elissa Heard, Laima Anthaney, Jenny Grunberg, Paresh S. Patel, Ken Groman

MIDDLE ROW: Burton Stein, Jerry Casper, Bob Kaplan, Jack Belden, Chuck Elwell, Aljernon Bolden

BACK ROW: James P. Dunn, William J. Fiore, John L. Benecchi, James Mushovic, Paul Murphy, Michael L. Cahoon



D76



D81

FRONT ROW: Paul Shamirian, Fran Clairmont, Angela Chin, May Mu, Shilla Yoon, Faeze Fadani, Kathy O'Loughlin, Sari Rosenwein, Demi Kouzounas

MIDDLE ROW: Michael F. Cuenin, Robert Desautels, Daniel Granger, George Benoit, Joseph Kenneally, Jon Krenz, John M. Murphy, Paul Harvey Jr., Mike Garber, Tom Chou, Robert Goodman, Joseph G. Penna

BACK ROW: Joe Cardarelli, Anthony J. Romanazzi, Barry L. Vlass, Jim Sconzo, Gary Warrington, James Danko, Bill DiPietro, Bruce Boretzky, Herb Nachtrab, Jay Dworkin, Amy Dukoff



D86

FRONT ROW: Tina L. Wang, Mary C. DeMello, Corine R. Barone, Leela B. Ghaffari, Ann Demick, Donna S. Goon

MIDDLE ROW: David Hill, John Pisacane, Lou Hardy, Gary Westerman, Gary Demetriou, James Downs, Fred Blum

BACK ROW: Randy Weiner, Gary Wong, Jay Sullivan, Chris Freyermuth, Jeff A. Harrison, Jeffrey E. Dodge, Frank L. Kuzmin, Gregory G. Zirakian



D91

FRONT ROW: Maryam Sholehvar, Cindy Rider, Mary Anne Donato, Krista Manickas, Raina Trilokekar, Cynthia Tsamtouris, Sophia Karabatsos Martz, Helyne Hander Hamelburg, Rachel A. Perlitsh, Christina DiBona Pastan

SECOND ROW: Peter Cilento, Dennis TeeKing, Jay Hodge, Luca Dalloca, Frank Fruce, Peiman Mahdavi, Michael Perelgut, Nishan Odabashian, Eric Gheewalla, Paul Aswad

THIRD ROW: Salvatore Colletta, Steve Brown, Brian Morin, Jacqueline Tjon Sieuw Morin, Nicholas Papapetros, John Millette, David Cusanello, Eric Thomas, Chris Wolkowicz

BACK ROW: Jack Rosenberg, Phyllis Lee, Cathleen Wallent, Stephen Hamelburg, Brian Miller, James Pucci



D96

FRONT ROW: Aparna Sharma, Tracey Brennan, Praveen Vallabhaneni, Teresa Viglas-Salem, Liubov Richter, Michelle Eng, Roya Abbott, Naghmeh Izadi

BACK ROW: Jonathan Chason, Mark Halvorsen, John Payne, Tom Carroll, Mostafa El-Sherif, Paul Fitzgerald, R.D. Morlan



D01

FRONT ROW: Reem Antun Lago, Mirna Caldwell, Maggie Malecki Tauber, Nina M. Gray, Andrea Naujoks Alexandrian, Erika Golar Mischkulnig, Sepideh Najaran, Edita Outericka, Angela Buitrago de Fabrique

MIDDLE ROW: Anne-Marie Clancy, Renee Kurtz, Yen T. Nguyen, Jana Trnovsky, Terese N. Fay, Sandra A. Kmet, Susan Baloul, Erin K. Hoye, Anne Tran Nghiem, Bruce Nghiem

BACK ROW: Brian Ting, Pascale Berty, Christina Spagnuolo, John H. Lee, Lokesh Suri, John Saraydarian, Paul Hutchinson, Jon Shusterman, Jessy Sidhu, Ted Wu



D06

FRONT ROW: Kristin Lucas Huber, Stephanie Purner Kiefer, Fanny Jarquin, Neela Gandhi, Cristina Dominguez Griffiee

BACK ROW: Boris Bacanurschi, Jim Kirk, Matthew Clark, Roderic Dela Cruz, Ayman Aboushala

D63 Robert Keene is the recipient of the New Hampshire Dental Society's highest honor, the Dr. Eldon McRury Award, recognizing his contributions to public service in dentistry. Keene recently retired from practice, but still supervises the Alice Peck Day Memorial Hospital Smiles program in four elementary schools of the Upper Valley region of New Hampshire and Vermont, and the Dartmouth Hitchcock Memorial Hospital aides advocacy program. He continues as the predoctoral advisor for undergraduates at Dartmouth College and is an adjunct associate professor of anatomy at Dartmouth Medical School. Keene practiced general dentistry in Hanover, N.H., for more than 40 years and made many mission outreach trips to Korea, Nepal, China, Ecuador and Honduras. He founded the

Red Logan Dental Clinic, which provides free dental care to the underserved and uninsured in the Upper Valley.

D69 Ira Lapidus, of Williamstown, Mass., was appointed chair of the Massachusetts Cultural Council by Gov. Deval Patrick in March. He is the first resident of western Massachusetts to head the state agency, which promotes access and education in the arts, humanities and interpretive sciences. A member of the Massachusetts Cultural Council board since 2000, Lapidus has served as a trustee of the Williamstown Theatre Festival for 15 years.

D73 John Ficarelli, D10P, DG12P, was presented a Dean's Medal by Dean Lonnie H. Norris at the

School of Dental Medicine's annual Toast to Tufts event on April 29. Ficarelli was honored for his extensive fundraising efforts as chair of the Dental M Club during the university's just-completed Beyond Boundaries campaign, which raised more than \$1.2 billion. (For more on the campaign, turn to page 46.) Norris also presented Dean's Medals to Tufts President Lawrence S. Bacow, who stepped down in July after leading the institution for a decade, Adele Fleet Bacow, Jess Kane, D74, DG76, G78, DG79, D04P, DG06P, chair of the dental school's portion of the capital campaign, and Maria Gove Tringale, senior director of development and alumni relations at the dental school.

D74 Jess Kane, DG76, G78, DG79, D04P, DG06P, was presented

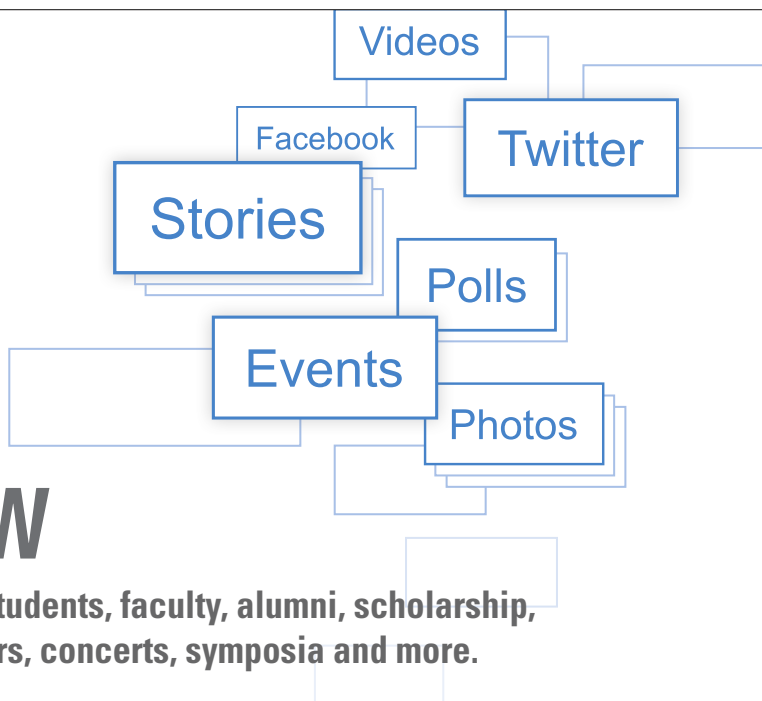
a Dean's Medal by Dean Lonnie H. Norris at School of Dental Medicine's annual Toast to Tufts event on April 29. Kane was recognized for his extraordinary work as chair of the dental school portion of Tufts' Beyond Boundaries campaign, which raised more than \$1.2 billion for the university before concluding on June 30. Norris also presented Dean's Medals to Tufts President Lawrence S. Bacow, who stepped down in July after leading the institution for a decade, Adele Fleet Bacow, John Ficarelli, D73, DG10P, DG12P, chair of the Dental M Club, and Maria Gove Tringale, senior director of development and alumni relations at the dental school.

D75A Paul Desjardins retired from his position as senior vice president of global

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clinical and medical affairs at Pfizer Consumer Healthcare on July 18. Desjardins joined Wyeth Pharmaceuticals six years ago (Pfizer acquired Wyeth in 2009) to increase collaboration and promote innovation among the research, development and medical teams. As Pfizer's scientific ambassador, Desjardins helped raise awareness within Pfizer about the consumer health-care division and promoted the value of well-controlled clinical trials and consumer insights on consumer products. Desjardins' commitment to patients will continue into his retirement: He will remain as chair of the Board of Overseers to Tufts School of Dental Medicine and spend time with his family at their home in Belgrade Lakes, Maine. He will also continue to be involved in ACTION, a public-private collaboration among industry, the FDA and university scientists to improve clinical trial methodology in chronic and acute pain.

DG77 Leon Klempner launched Smile Rescue Fund for Kids in May to provide funding to children born with severe facial and craniofacial deformities. Children helped by Smile Rescue have such significant challenges that they cannot be helped by their families, governmental agencies and currently established charitable organizations, Klempner says. For more information about the organization, visit <http://smilerescuefund.org>.

D79 Charles Rankin, DG86, D08P, DG11P, a professor of endodontics at Tufts School of Dental Medicine, this spring received the Dean's Award for Excellence in Pre-clinical Teaching for the 12th consecutive year.

D80 Richard Bravman, DG83, A02P, A05P, and his wife, Debra Bravman, welcomed a new grandson, Griffin, in March.

Lawrence Wolinsky was named dean of Texas A&M Health Science Center Baylor College of Dentistry in Dallas,



effective September 1. He previously was associate dean for academic programs and personnel and a professor in the Division of Oral Biology & Medicine at the UCLA School of Dentistry. Wolinsky had been at UCLA for more than three decades and made significant scholarly and administrative contributions to the dental school and to the campus. His research centered on identifying new treatment modalities for periodontal disease as well as novel approaches to managing caries. He was among the first to explore the plaque-inhibiting effects of natural plant compounds, and he was

instrumental in the development of an antimicrobial gel (Atridox®) for the management of periodontal disease. Wolinsky also assisted in the creation of a remineralizing toothpaste (Enamelon®) to help reverse early tooth decay. As associate dean at UCLA, he developed a mentorship program for junior faculty to assist them in mapping their career development, and he guided the dental school through a successful reaccreditation in early 2011. Wolinsky received his certificate in periodontology from the UCLA dental school in 1986. He also holds a B.S. in chemistry from UC Riverside and a Ph.D. in synthetic organic chemistry from UC San Diego. "I believe dentistry can and should be better integrated into the national conversation on health care and that on a global level, dentists should be better integrated as health-care providers, working as part of a team of health professionals," Wolinsky said. "It is a worldview I will promote as Baylor's dental school dean."

DG80 Lonnie H. Norris, Dean Emeritus of Tufts School of Dental Medicine, is the recipient of this year's National Dental Association President's Award in recognition of his valuable contributions and devotion to dentistry and the mission of the National Dental Association. NDA President Sheila R. Brown presented Norris with the award during the organization's 98th annual convention in Baltimore on July 24.

D81 Joseph Kenneally was elected to a three-year term on the Board of Trustees of the University of New England in July. Kenneally is past president of the Maine Dental Association, past vice president of the American Dental Association and serves the International College of Dentists as an international councilor and the USA Section as regent. He is the cofounder of the Dental Wellness Center of the Biddeford Free Clinic in Maine, where he still volunteers caring for the uninsured and indigent.

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REUNION 2012,
MAY 4-6

D82 David Dodell, an assistant professor at Midwestern University College of Dental Medicine, has been appointed coordinator of dental informatics.

Clara Hyun started taking harp lessons about four years ago and recently gave a recital at the New Jersey Performing Arts Center.

REUNION 2012,
MAY 4-6

D87 Glen Goleburn, of Wilmington, Del., is the author of the thriller, *Do I Recognize You?* (CreateSpace 2011), which focuses on facial-recognition tracking of retail shoppers. The novel illustrates the risks of embracing tracking technology

and allowing unchecked gathering of personal information for use by corporations seeking maximum profits. The book is available on Amazon.

D89 David Paul, associate professor of general dentistry at Tufts, made his sixth mission trip to Nicaragua this past winter to lead an oral health-care team from Tufts Dental School. Twelve students and faculty from Tufts School of Medicine joined the mission to provide care to those in the most isolated and underserved areas of Nicaragua. The Tufts Dental team included Nathan Clem, Brock Olson and Elizabeth Turner, all D11. The team was again based in the small village of Tadazna, where they spent 12 days living and working without running water. The Tufts contingent treated 250

surgical patients and extracted nearly 800 teeth. They also performed fluoride treatments, exams and other preventive care. Paul said the goal of the combined medical/dental school mission was “to immerse ourselves in both the community and culture to get a true feeling for what these people are living with on a day-to-day basis. There is nothing like 22 people all sleeping on simple bunk beds in one room and eating rice and beans at every meal to get you into the swing of things.” Paul said he hopes that experiences like these will encourage students to continue volunteering to care for the underserved.

D96 John Giordano has attained the status of member in the Odontology Section of the American Academy of Forensic Sciences in

recognition of his contributions to the academy. Giordano maintains his dental practice in Worcester, Mass., and his forensic practice while serving as a reservist in the National Guard.

DG96 Nancy Arbree, associate dean of academic affairs at Tufts Dental School, completed Drexel University’s Hedwig van Ameringen Executive Leadership in Academic Medicine Program for Women, a yearlong national fellowship that prepares senior women faculty in medicine, dentistry and public health to move into positions of institutional leadership. Arbree, who was mentored by Dean Lonnie Norris during the program, called the experience “life changing” and said it was an excellent opportunity to enhance her leadership skills.

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DG99 Ronald Perry, clinical professor of prosthodontics and operative dentistry at Tufts Dental School, was chosen as a featured member of the Eco-Dentistry Association, an organization committed to a dental profession that values both “outstanding patient care and outstanding planetary care.” Members pledged to consider the environmental impact of their practices in areas such as dental processes and materials, office administration and marketing, and office construction, design and furnishings. For more information about the organization, go to www.ecodentistry.org.

D00 Fred Bonacci, DG06, had his case report, “Hard and Soft Tissue Augmentation in a Post-orthodontic Patient,” published in the January/February 2011 issue of the *International Journal of Periodontics & Restorative Dentistry*.

REUNION 2012,
MAY 4-6

D02 Cara Coleman purchased the practice of Richard Groves, D09P, in Andover, N.H., in May. Coleman has been in private practice in Massachusetts and New Hampshire since graduating from Tufts. She was named a “top dentist” by *New Hampshire Magazine* in 2010.

REUNION 2012,
MAY 4-6

D07 Justin Au and his wife, Karen Kwong, welcomed a daughter, Emily Caitlyn Au, on January 19.

D08 Jennifer Blair and Amanda Kopacz Peer, see DG10

D09 Lauren Castro, a resident in oral and maxillofacial surgery at the University of California at San Francisco, received the Krevens Award for Patient Care, which recognizes “clinical competence, professional conduct,

compassion for patients and outstanding interaction with all levels of staff, including peers.”

DG10 Arash Goli, Santhosh Veeranna, Jennifer Blair, D08, and **Amanda Kopacz Peer, D08,**

are among the 13 recipients of the 2010 Richard C. Pugh Achievement Award from the American Board of Pediatric Dentistry. This award honored the top 3 percent of scorers on the May 2010 Qualifying Examination.

IN MEMORIAM

H. Robert Chooljian, D43A
March 2, 2011
Haverhill, Massachusetts

John F. Flavin, D47
June 25, 2011
Concord, Massachusetts

Lino Tiberi, D47, D88P
May 1, 2011
Columbia Station, Ohio

Richard B. Bartlett, D48
May 23, 2011
Dunedin, Florida

Allan I. Glazin, D48
June 27, 2011
Weston and Malden, Massachusetts

Marian H. Lipski, D48, DG50
June 4, 2011
Manchester, New Hampshire

Thomas W. Quinn, D49
May, 22, 2011
New Castle, New Hampshire

Francis P. Cassidy, A48, D50, M79P, A81P
March 31, 2011
Auburn, Massachusetts

James J. McHugh Jr., D52
April 22, 2011
Marshfield, Massachusetts

Carl J. Toga, A48, D52, A77P, A83P
April 12, 2011
Boston, Massachusetts

Jerome Gordon, D53
March 4, 2011
Palm Beach Gardens, Florida

Marvin L. Kessler, D53
March 30, 2011
Latham, New York

S. Kenneth Wolfson, D53
July 17, 2011
Lexington, Massachusetts

Joseph E. Kelly, D54, DG59
March 7, 2011
Milton, Massachusetts

Charles M. Friedman, D55, DG58
December 31, 2010
Hollywood, Florida

Harold L. Brehm, DG56
July 19, 2011
East Orleans, Massachusetts

Arnold H. Goldberg, D56
April 4, 2011
Beverly, Massachusetts

Arthur G. Ciampa, D59, J94P
April 4, 2011
Beverly, Massachusetts

Anthony J. Koury, D60
April 27, 2011
Quincy, Massachusetts

Donald B. Stackhouse, D60
May 24, 2011
Jackson, New Hampshire

Charles F. Bobeck, D61
February 17, 2011
Northbridge, Massachusetts

Maurice R. Michaud, D61
April 16, 2011
Concord, New Hampshire

William A. Gibson, DG62
July 9, 2011
Metairie, Louisiana

Richard S. Hornung, D65
April 28, 2011
Swampscott, Massachusetts

Joseph J. Berte, DG70
March 13, 2011
San Antonio, Texas

Thomas J. Watson, DG73
July 6, 2011
Amarillo, Texas

David M. Fletcher, D74
April 28, 2011
Kingston, New York

Bruce V. Pankauski, D74
April 22, 2011
West Newbury and Salisbury, Massachusetts

Donald F. Clem, D82, D11P
May 11, 2011
Albuquerque, New Mexico



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CONTINUING EDUCATION

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Osteonecrosis and Osteomyelitis of the Jaws: Tips and Tricks on Prevention and Management for the General Dentist
Dr. Daniel Oreadi

NOVEMBER 18–19

Introduction to Dental Sleep Medicine
Drs. Noshir Mehta, Noah Siegel and Leopoldo Correa

DECEMBER 7

Simplified Oral Surgery for the General Practitioner (lecture)
Dr. Robert Edwab

DECEMBER 8

Simplified Oral Surgery for the General Practitioner (hands-on)
Dr. Robert Edwab

DECEMBER 8

Products for Stress-free Dentistry: Where Have You Been All My Life?
Dr. Fay Goldstep

DECEMBER 9

Restoration of the Endodontically Treated Tooth: A Step-by-Step Discussion of Clinical Innovations
Dr. George Freedman

MARCH 9, 10, 17 OR 24, 2012

Radiology Certification Course

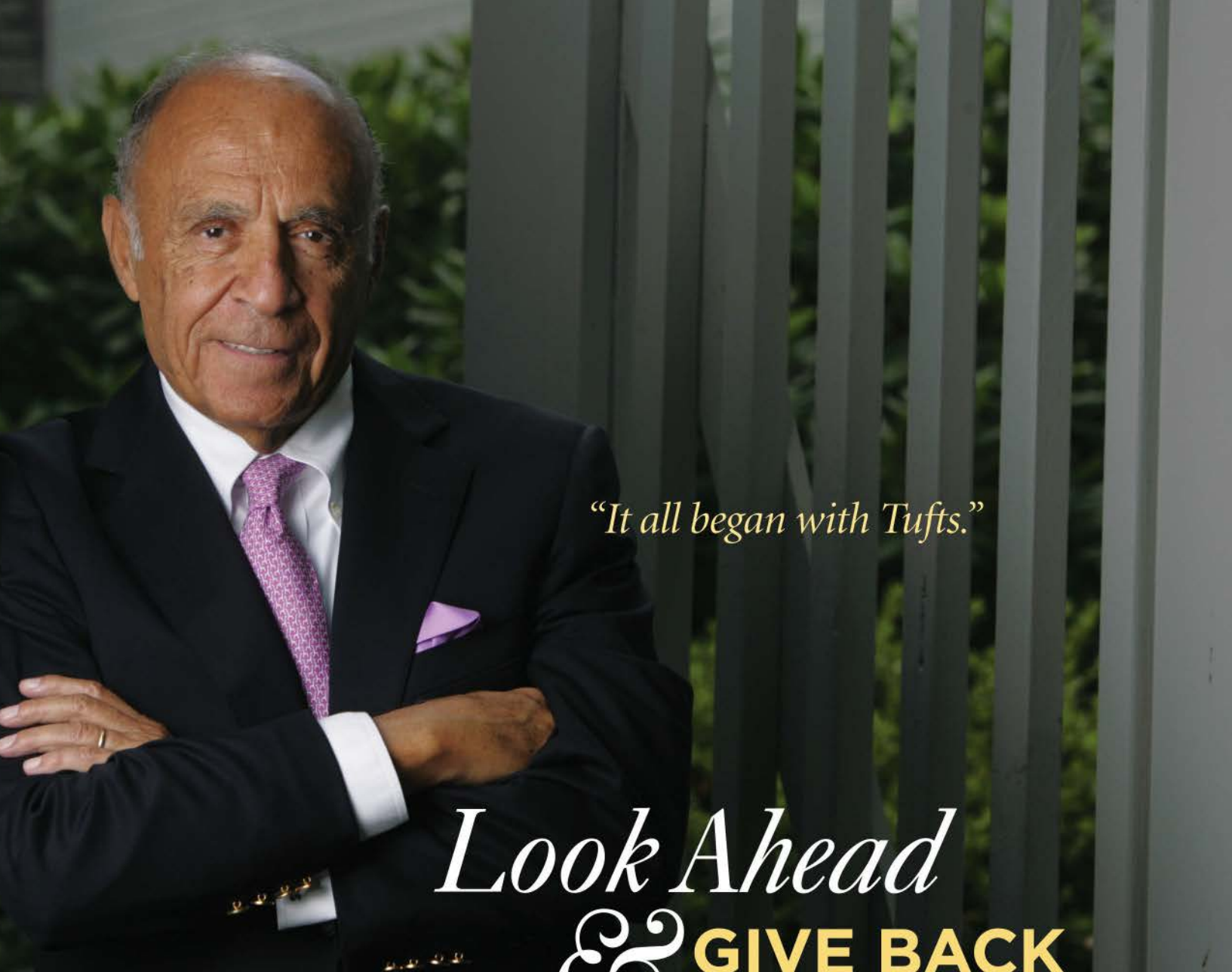
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Dr. Howard Glazer

JUNE 2, 2012

Esthetics
Dr. Stephen Chu

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Look Ahead *&* **GIVE BACK**

MARTIN SACHS, D.M.D., A54, D56, came to Tufts College as an undergraduate from Brooklyn, New York, and was admitted to Tufts University School of Dental Medicine after his sophomore year. As a result of his education, he and his wife Ronnie enjoy a wonderful life.

In addition to his regular donations to the Dental Fund, Dr. Sachs has established a charitable gift annuity and has included a bequest in his estate plans that will ultimately be added to the scholarship fund in his name. He says, “I believe now, as in the past, we must all give back.”


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While still enjoying his practice in Connecticut, he and Ronnie enjoy traveling, theater, and their proximity to New York City. Their time is fully occupied, spent with their friends, family, and grandchildren.

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SURVIVED, AND THRIVED

John Saunders, D52, lived through unimaginable horrors at the hands of the Nazis. He went on to build a rewarding life for himself, as a student, a dentist, an Air Force captain, a husband, a father and a teacher. "I'm delighted I'm alive," he says. "I won." For more on his story, turn to page 26.