

HARVARD DENTAL BULLETIN

Celebrating 140 Years

Fall 2007
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Harvard School of Dental Medicine



HSDM alumnus
serves in Bangladesh

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Fall 2007
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On the cover: Shahid Aziz, DMD '96, in a village in rural Bangladesh. He notes, "I took a walk one morning in the village near where we were operating, and about 70 children followed me around."

The Harvard Dental Bulletin is published three times a year for the alumni and friends of the Harvard School of Dental Medicine. We look forward to receiving your feedback and news. *Please send correspondence to:*

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IN KEEPING WITH the tradition of philanthropy pervasive in the HSDM community, this edition of the *Bulletin* focuses on a selection of the many opportunities available to our students and graduates for local and global outreach efforts that contribute to the public good.

The work of DMD '96 graduate Shahid Aziz with cleft lip and palate has touched and transformed many lives in the impoverished rural villages of Bangladesh. His devotion to this cause is an inspiration. The research of alumna Rachel Badovinac Ramoni, DMD '99, PD '06, on the genetic underpinnings of cleft lip and palate will have a major impact on the future of these disorders. We're introduced to the fascinating and exciting life of DMD '44 alumnus John H. Manhold, whose many interests and diverse activities, along with a highly productive and distinguished dental career, qualify him as a true Renaissance man. And we highlight the seminal contributions of Donald B. Giddon, DMD '59, PhD, to HSDM and to the fields of dentistry and behavioral science, as well as his heartfelt generosity.

This *Bulletin* issue also illustrates the truly exemplary community work supervised by HSDM faculty and alumni and performed by dental students involved in the local Project Bridge, as well as the international work carried out by dedicated HSDM faculty in poverty-stricken areas of Nicaragua. This month celebrates a new beginning for Harvard with the inauguration of President Drew Gilpin Faust, and we have coverage of this momentous event for your enjoyment.

As usual, the *Bulletin* finishes with alumni notes, and again I would like to remind you to send us your news. The updated format and increased number of *Bulletin* issues rely heavily on the information you provide to keep us, as alumni, connected to HSDM and aware of each others' good work.

This *Bulletin* issue is one of encouragement. May it encourage us all to give back to our local and global communities.

Ali Allen Nasseh, DDS, MMSc '97
Alumni Editor

140
Celebrating 140 Years

P.S. Please note that HSDM has retained PCI (Publishing Concepts) to contact you regarding our 2008 Alumni Directory—our first directory since 1994. We look forward to your participation!

FROM THE DEAN

IN OCTOBER 2007 University officials inaugurated Drew Gilpin Faust as the first woman—and southerner—to be president of Harvard University. One hundred forty years ago, HSDM itself made history, when it was founded in 1867 as the first university-based, medical-linked dental school in the country. Today we continue our culture of innovation, experimentation, and excellence.



At the Harvard School of Dental Medicine, we seek to foster lifelong learning, challenge existing dogma, and create knowledge that results in new treatments to benefit humanity. This issue of the *Bulletin* attests to the success of our mission of developing and fostering a community of global leaders advancing oral and systemic health.

President Faust’s address after her installation touched upon the very core of our work at HSDM. She said, “We in higher education need to seize the initiative in defining what we are accountable for. We are asked to report graduation rates, graduate school admission statistics, scores on standardized tests intended to assess the ‘value added’ of years in college, research dollars, and numbers of faculty publications. But such measures cannot themselves capture the achievements, let alone the aspirations, of universities.

“Many of these metrics are important to know, and they shed light on particular parts of our undertaking. But our purposes are far more ambitious and our accountability thus far more difficult to explain.

“Let me venture a definition. The essence of a university is that it is uniquely accountable to the past and to the future—not simply or even primarily to the present. A university is not about results in the next quarter; it is not even about who a student has become by graduation. It is about learning that molds a lifetime, learning that transmits the heritage of millennia, learning that shapes the future. . . . Universities make commitments to the timeless, and these investments have yields we cannot predict and often cannot measure.”

Listening to President Faust during this historic moment and reading her address afterward deepened my belief in the unconventional, important, and contemporary role that HSDM plays in setting the standard of excellence for dental education. The president’s remarks reflected the convergence of our legacy and our future in dental education, and I enthusiastically look forward to this future with justifiably high hopes and expectations.

Bruce Donoff, DMD ’67, MD ’73

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ALUMNI FOCUS

Shahid Aziz, DMD '96, MD, Travels to Bangladesh

*Here, in his own words, is the story of a cleft mission
and a return to an ancestral homeland.*

In June I returned from Bangladesh, where I led a small team of surgeons, anesthesiologists, and nurses on a cleft mission. Over seven days of surgery, we operated on 76 children with cleft lip and palate. We are planning to return in January 2008.

The January trip will be my third mission. There is such a huge need for cleft surgery in Bangladesh—and, being half Bengali (my father was from a small village like that in which I operate), it's a personal thing for me.

This is my story in a nutshell: After leaving HSDM, I trained in oral and maxillofacial surgery (and got my MD) at Columbia. My chair was Steve Roser, DMD '67. His influence was the force behind my involvement with Healing the Children Northeast, an organization that sponsors medical teams from the United States (primarily New York, New Jersey, and Connecticut) to travel around the globe to take care of children with a variety of medical and dental issues.

In 2001 I traveled as a resident in oral and maxillofacial surgery with Dr. Roser to Ecuador on my first mission. After leaving Columbia, I joined the faculty at the University of Medicine and Dentistry of New Jersey, in the Departments of Oral and Maxillofacial Surgery and Plastic Surgery, and I started my own cleft missions based on my experience with Dr. Roser. The first couple of years we went to Ecuador. During each mission, I noted that we were seeing fewer and fewer patients;

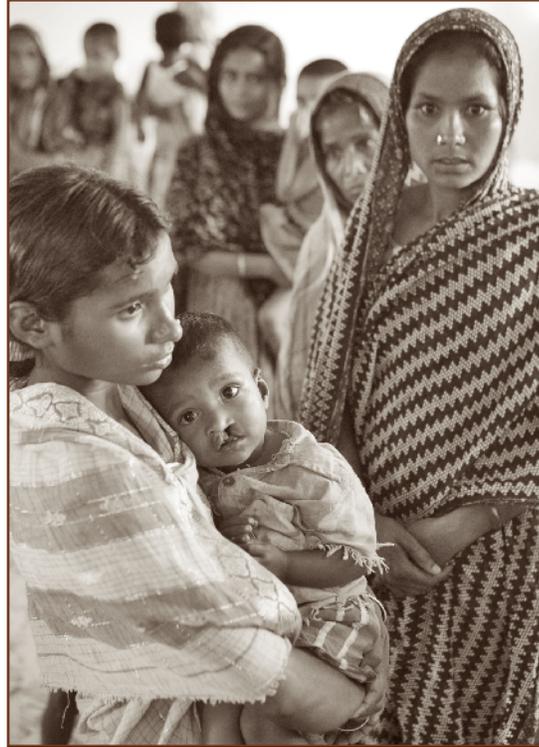
Ecuador, it turns out, has US-based cleft teams in the country almost every week of the year. It's a quick flight from the United States, and until recently had a government that was US-friendly.



My late father (he died when I was 16) was from a small village in rural Bangladesh. He and my mother had always taught me to never forget where I came from and to give back to society. (I have big shoes to fill; my father was the driving force behind a drug that cured onchocerciasis—at the time, the third leading cause of blindness in the world.) With Ecuador no longer needing additional teams for cleft surgery, and given my heritage, I naturally thought about traveling to Bangladesh, where there is a huge need for such treatment. In a country the size of Ohio,

there are 150 million people. Children with clefts are born one per 1,000 births on average, which in Bangladesh means that there are some 150,000 children with clefts—and only 10 surgeons by report in the whole country trained in cleft repair. So there is a huge need, especially for impoverished rural children.

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Above left: Jibon Tari, Impact Foundation Bangladesh's floating hospital ship, travels throughout rural Bangladesh offering health care services to local residents. Above right: A line of people wait to be cared for by Shahid Aziz and his team. Below: Aziz and the team prepare to operate on a cleft patient.



COVER STORY, *continued*

Through family connections, I learned of a terrific organization called Impact Foundation Bangladesh. I was put in touch with its deputy director, Christina Rozario. We planned our first mission for January 2006. Back in the United States, I put together a small team of nine, who traveled to Bangladesh with me that next January. We took a week off of work—it takes 20 hours to get to Bangladesh from New York, and 22 hours on the return. We landed and immediately went to Impact’s floating hospital ship, *Jibon Tari* (Bengali for “the boat of life”). Bangladesh is full of rivers, so to reach rural areas, Impact has a floating hospital ship that traverses these rivers.

Over three days, one other surgeon and I completed 31 surgeries. Then we returned home. For me, this first mission was personal. I met some of my extended family for the first time—

family from rural areas like those of the patients we treated. We operated on teenagers and 20-year-olds with clefts. In optimal circumstances, clefts are repaired when the patient is an infant. The fact that we were repairing clefts on young adults told me that these patients had had no access to care, and I realized the importance of Impact Foundation Bangladesh and teams like mine.

We returned to Bangladesh this past May; over seven days of operating, we worked on 76 children. We are going back in January 2008, with six days of surgery planned for 60 patients. I am deeply grateful for the support of my family as I pursue this work. There is such a huge need for cleft surgery in rural Bangladesh that I plan to keep returning until I am told my services are no longer needed. ■ —*Shahid Aziz, DMD '96, MD*



Left: In the United States, most cleft patients are operated on as infants. Rural children in Bangladesh are not so fortunate. Thus, Aziz and his team operated on many teenagers and young adults, including this young man, who had had no access to care in his early years. *Right:* All smiles after a successful cleft palate repair.

As a Harvard alum, you can log on to Post.Harvard.Edu to contact Shahid Aziz and your other fellow alumni about their ongoing work!

ALUMNI FOCUS

John H. Manhold, DMD '44

A man of myriad interests, John Manhold is still going strong at 88.

THE TERM “RENAISSANCE MAN” may not even begin to describe John Manhold, DMD '44. Here, from his website (www.johnhmanhold-eltigreviejo.com), is just a fraction of the wide variety of activities he's undertaken:

I always have been interested in the Renaissance way of life, or perhaps just had an attention deficit that resulted in boredom after too much activity in any one area. As a result, I have been involved in many things. I have degrees from 3 universities in somewhat diverse areas that have led to lectures and consultations throughout the world. I have published 6 textbooks and a lexicon [of dental terminology] in 4 languages and have produced sculptures that reside in collections both within and outside of the United States.

There's much more. Manhold and his wife, Kit, went through a serious boating phase, which included a trip of over 6,000 miles. To prepare, he obtained his USCG Captain's and Master's papers, while she studied marine engineering. The couple also played competitive golf, then turned to competitive shooting, joining the Single Action Shooting Society. “I am a member of the Cowboy Fast Draw Association, with numerous prizes in their competitions,” he writes. “I am 88 years old and still compete, having medalled in the 2006 World Senior Games and the 2007 Cowboy Fast Draw Nationals.” In addition, he served in World War II and Korea where, among other activities, he taught the basics of knife fighting to inductees. He has just published a novel, *El Tigre*, and is working on his second book, with a third under consideration by a film producer. “I'm having a ball writing novels,” he says. “I thoroughly enjoy writing.”

Manhold had a long career teaching and conducting research in the dental field. He helped establish the Pathology Department



John H. Manhold and his wife, Kit

at Seton Hall College of Medicine and Dentistry, now the University of Medicine and Dentistry of New Jersey, and spent 31 years there as chair and professor of pathology. He also taught at the medical and dental schools of both Tufts University and Washington University in St. Louis.

Manhold's early research focused on tissue metabolism and psychosomatic effects. He is deeply proud of being one of the first researchers to promote the idea that emotions and stress can affect the human body—including “hard” structures

such as teeth. “That was a crazy idea 60 years ago,” he says. He published two articles on the topic in *Science*—in 1949 and in 1954—and a book, *Introductory Psychosomatic Dentistry*, in 1956. His work led to invitations to lecture across the United States and internationally, including invited trips to Bombay, Cairo, Copenhagen, Jerusalem, London, Madrid, Moscow, Tokyo, and Jeddah, Saudi Arabia.

After retiring from university life, Manhold became medical director for Woog International, a producer of home dental care products. He has served as a member of several task forces for the ADA and the National Bureau of Standards. He still receives the occasional request for consultation, and keeps up to date with the dental field as a reviewer for the *Journal of Clinical Dentistry* and through American Society of Clinical Pathology e-mails.

Manhold is grateful for the training he received at HSDM, especially the two years of medical school. “The training at Harvard offered tremendous possibilities for me,” he says. “Because of that training, I ended up as medical director of Woog International and was the only dentist to have been president of the Academy of Psychosomatic Medicine.” Manhold received the HSDM Distinguished Alumnus Award in 1989. ■

SCHOOL FOCUS

The Best Gets Better

After several years of planning, HSDM has a revised curriculum.

FOUNDED IN 1867 as the first university-based, medical-linked dental school in the country, the Harvard School of Dental Medicine has always offered students a unique and distinct curriculum. Recognizing that good oral health is an integral component of a person's overall health, HSDM defined a mission that combines excellent educational opportunities with a curriculum that seeks to engage students in rigorous scientific methodology, critical thinking, and superior clinical training. The School's goal is to produce global leaders in the field of dental medicine, a theme that has remained central throughout HSDM's history and is the driver of the recent curriculum change. The Class of 2010 is the first to benefit from the curriculum, whose implementation began in fall 2006.

After more than four years of work groups and meetings, Assistant Dean for Dental Education Nadeem Karimbux, DMD '91, PD '91, MMSc '93, and others in the Office of Dental Education participating in the revised curriculum design agreed on three central themes that would govern the change:

- Clinical and basic sciences must be integrated and revisited through all four years of the curriculum.
- Students must be engaged in learning through innovations in technology and through problem-based learning (a pedagogy adopted in the previous curriculum change).
- Clinical learning must be continuous and patient based.

The first two years of the revised curriculum have been implemented, and several groups will be working on and implementing the clinical curriculum. A number of new classes have

been introduced in years one and two at HSDM/HMS, including a craniofacial genetics class and two new classes in research efforts and methodology. The new science courses include The

Role of Discovery in Medicine and Clinical Epidemiology and Population Health, which are intended to stimulate interdisciplinary thinking.

Several groups reviewed the third- and fourth-year curricula at HSDM and have identified key areas that need revision. The groups agreed in principle to eliminate numerical "thresholds" in year four, and to develop a system that gauges patient-centered care and case completion. This may

be done through an "electronic" case-book that faculty can access and review. The curriculum will also be modified to allow fourth-year students to attend classes in the social sciences and in health care policy/management, and the HSDM faculty are considering initiating "subspecialties," or minors, and developing early admissions into specialty programs.

Many of these innovations will need support through changes in infrastructure and operations. To date, the School has invested in a new electronic medical record (EMR) system that will allow for digital imaging and radiography. The clinic schedule has shifted from three sessions a day to two, and the current Maloney Lab space may be replaced by a new multimedia laboratory.

All in all, it makes for an exciting and busy time of change and innovation for HSDM students, faculty, and staff. With HSDM, it really is a case of the best getting better. ■



Predoctoral students in the Maloney Lab.

PHILANTHROPY FOCUS

Donald B. Giddon, DMD '59, PHD

HSDM has honored Giddon both for his internationally recognized scholarly contributions and for his generous financial support of the School.

EMILY DICKINSON. Among all the interesting topics Donald B. Giddon has taught, the poetry of Emily Dickinson may be almost as surprising as his having been a Broadway/Williamstown Theatre actor. In addition to holding a PhD in psychology from Brandeis and a DMD from HSDM, Giddon is the author of over 150 articles, abstracts, and reviews and lectures on the psychophysiology of stress and disease, pain, and self-image in relation to the physical bases of perceived facial and body appearance.

He has written and contributed to several books, including *Behavioral Dentistry* (2006), and—among numerous academic positions—was dean of New York University's College of Dentistry while a professor of anesthesiology at NYU's School of Medicine and of psychology in NYU's College of Arts and Sciences. He has also been a professor at Brown and McGill University medical schools. HSDM presented Giddon with the Distinguished Alumnus Award in 1989.

Currently a clinical professor of developmental biology at HSDM, Giddon mentors many students while spearheading development of a Harvard DMD/PhD program in social science. Since 2005, he has taught a freshman seminar at Harvard College—the first HSDM faculty member to do so—as a means of helping spread the word about HSDM to the rest of the University. The topic of this seminar, "Biobehavioral Basis of Health and Disease," is a major interest of Giddon's; indeed, he was a pioneer in integrating behavioral sciences into academic medicine and dentistry.

Giddon attributes much of his success in being able to give back to society—as a researcher, teacher, clinician, and donor—

to Harvard, and especially HSDM. "Following the inspiration and training provided by former HSDM Dean Dr. Paul Goldhaber and my psychology thesis chair, Dr. Abraham Maslow," says Giddon, "I was given the opportunity to integrate psychology and dentistry into health care." In appreciation of Harvard's contribution to his career, Giddon made a significant leadership gift to the new Research and Education Building in 2005. "I'm happy to be able to make it possible for colleagues and students to benefit as I did from HSDM," he says.



Donald B. Giddon with colleague Nina Anderson (front) and students.

In recognition of his many contributions, HSDM named the Behavioral Science Research Conference Room and Office Area in the REB in Giddon's honor. "Dr. Giddon's achievements as a scientist, clinician, author, teacher, administrator, and staunch advocate for the profession of dental medicine place him among the Harvard School of Dental Medicine's most accomplished alumni and faculty," says Dean Bruce Donoff. Giddon has a broad view of the School's role, seeing many possibilities for HSDM scholars to contribute professionally: in patient care, mentoring, conducting research at all levels across the University—and even discussing literature with Harvard College undergraduates.

Thus back to Emily Dickinson. As leader of a discussion group for entering Harvard freshmen, Giddon chose to talk about a Dickinson poem. "Dickinson said that one cannot create or capture beauty; it is evanescent," says Giddon. "I disagreed, showing from our own research on facial morphology and our published comments on the 'myths of beauty' that beauty can be measured." Everything, it seems, is related—at least to someone with the myriad interdisciplinary interests of Donald Giddon. ■

SERVICE FOCUS

Dental Mission Accomplished

HSDM faculty provide oral health care in Nicaragua.

By John Lindgren, DMD '07

ON JULY 28, 2007, three members of the HSDM community set foot aboard a plane headed to Nicaragua to provide dentistry in the most poverty-stricken areas of the country. David Kim, DDS, DMSc '05, an instructor in oral medicine, infection, and immunity; John Chang, DMD, MMSc '05, a clinical instructor in restorative dentistry and biomaterial sciences; and John Lindgren, DMD '07, a clinical instructor in restorative dentistry and biomaterials sciences, made up the dental team of a larger 21-member mission group. The goal of the eight-day trip was to reach out, provide services, and help the most underserved populations in Nicaragua. Each day would be dedicated to treating a different community at its local church, several of which had been robbed by gangs in the months leading up to the trip.

Many of us were anxious when we first arrived in the unfamiliar country. I knew little about the areas and people we would

serve. Driving from the airport on our bus, which was very rickety, I saw just how poor the areas were. Most of the houses had dirt floors and were made of wooden boards and scrap metal pieces nailed together. As we continued driving through the towns, I learned that many people lived without electricity or running water. In my mind, I was overwhelmed by how poor the living conditions appeared. At the same time, I was struck by the beauty of the country. Dark green hills rolled by, active volcanoes were permanent fixtures in the background, and exotic flowers decorated the landscape. The contrast between the poor living conditions of the local people and the rich vegetation of the country provided a strong disconnect in my mind.

As we set up for our first day of seeing patients, I quickly learned that we would have to adapt and make do with the limited resources we had.

For example, I learned how to perform a prophylaxis with only one scaler and how to extract a tooth without forceps. One time, a headlamp was used when a curing light failed to work. The three of us each had our own station, and we worked vigorously to treat as many people as possible. Although we treated a large number of patients, the line only seemed to get longer, often extending outside the church. But the people waited hours in the smoldering heat to be seen. By lunch, my scrubs were soaked.

In the afternoon, the temperature heated up to 95 degrees, and the humidity set in. By this time, we had learned how to be very efficient, often giving 10 fluoride treatments at the same time. When the session came to an end, I found myself



Each day of our trip, long lines of people waited for treatment. These patients are waiting outside a church in Managua, one of several in which we conducted our work.

The HSDM team with some of our patients in Managua. Back row, from left: David Kim, John Lindgren, John Chang.



saying, “Just one more patient” as I tried to treat as many people as possible. I knew that although our time and resources were limited, this population’s access to dental care was virtually nonexistent, and for many people this visit might be their only chance for treatment. After the session, I had a chance to interact with the children and play games. They all wanted to meet us and were very welcoming. They were enthusiastic and full of life.

The subsequent days followed a similar routine, with several twists and turns along the way. But throughout the week, the people’s appreciation for our services was constant, and their positive outlook always amazed me. Overall, our three-person dental team saw more than 400 patients. Our services ranged from sealants, fluoride treatments, and prophylaxes to fillings, extractions, and even several denture re-lines. While we provided many services to these individuals, they helped us to realize and appreciate how fortunate we are in the United States. I will always remember the wonderful spirit and energy they possessed. As dentists we have the ability to positively affect others’ lives, and I feel it is our responsibility to care for individuals in need. We ended this dental mission with a feeling of great accomplishment, and I look forward to more trips in the future. ■

The HSDM dental team at work in a church in Managua.



SERVICE FOCUS

Project Bridge

HSDM students and alumni serve at-risk youth in Boston—and more.

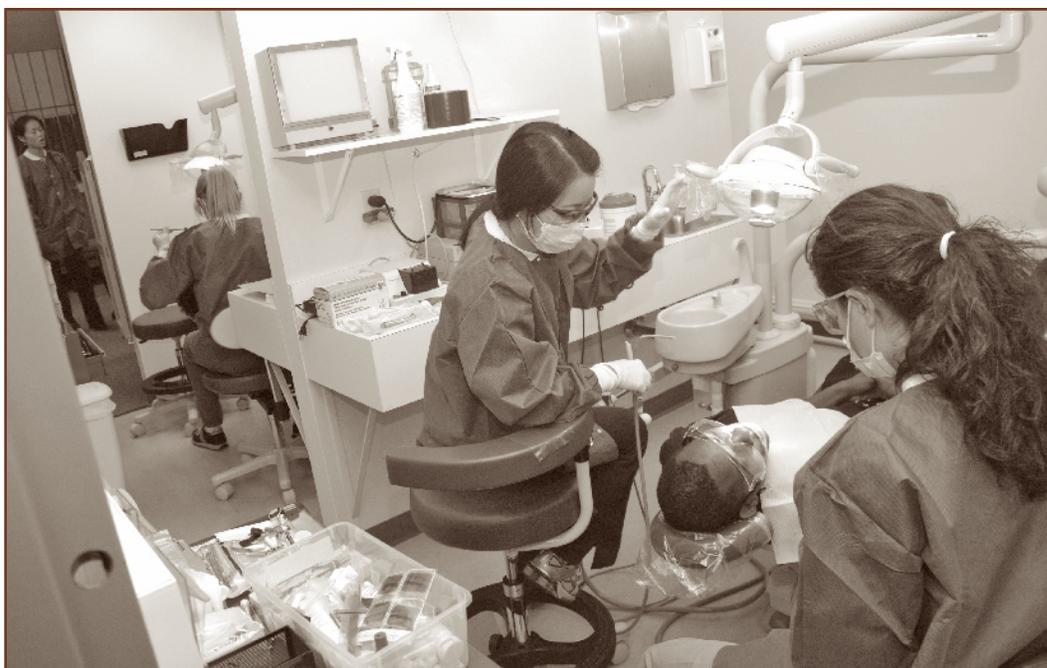
STEVEN MOWRING HAD JUST HAD A DENTAL EXAM, a teeth cleaning, and a tooth filled. As he was leaving the downtown Boston clinic staffed by HSDM volunteers, he stopped to reassure a friend who was still in a neighboring dental chair. “They were great!” he said, referring to his dental care providers.

Treating Mowring that evening were Estee Wang, a third-year HSDM student, and Soraya Chinaea, a fourth-year student, who were among several volunteering their time and skills through HSDM’s Project Bridge. The group included two recent DMD graduates, Patricia Baker, DMD ’07, and Brooke Blicher, DMD ’07—now licensed dentists—who were on hand to supervise the procedures. On other days, the licensed dentist is often HSDM faculty member Daniel Bley, DDS.

For eight years, HSDM students, alumni, and faculty have been providing volunteer dental care (including cleanings, fillings, and sometimes extractions), as well as oral health education—

through a program called Live for Life—to runaway teens and homeless youth in Boston. This service, a collaboration between HSDM and Bridge Over Troubled Waters, Inc., was the first program of Project Bridge—the student-led umbrella for HSDM’s community outreach efforts—which has since expanded to include other components.

The faculty adviser for Project Bridge, and its energetic champion, is Jarshen Lin, DDS, an HSDM instructor in restorative dentistry and biomaterials sciences. “My job is to be the motivator,” he says. “Harvard students are so smart. I just provide the vision, and they become cheerleaders for the work.”



Soraya Chinaea (right) examines and Estee Wang assists in the treatment of patient Steven Mowring.



“I’ve always had an interest in public service in the dental field, and Project Bridge is one of the few programs at Harvard where I can do hands-on dentistry as well as provide oral health education.”

—Sasha Ross, fourth-year student

Sirena Hsieh (left) and Sasha Ross are the student clinical codirectors of Project Bridge. These fourth-year students do clinical work and coordinate the recruiting and scheduling of HSDM volunteers to work in the clinic. Not pictured: Julia Endrizzi, the student Live for Life codirector.

Lin, who has won 12 teaching awards in recent years, is proud of the team effort involved in Project Bridge. “If 100 people each take one step, it’s much stronger than if one person takes 100 steps,” he believes. “We are humbled by our achievements because we know they’re the result of everyone working together.”

A NEW ERA FOR THE CLINIC

The dental clinic, housed at the Bridge Over Troubled Waters headquarters, reopened in September 2007 after nearly a year of being closed for construction and installation of new dental chairs and equipment. Now, the HSDM team sees five or six patients each evening session, which at the moment is once every two weeks, but which Lin hopes will become more frequent.

The HSDM volunteers usually include three third-year students and three fourth-year students, plus at least one licensed dentist to oversee the work. The fourth-years usually do the exams and procedures, while the third-years assist. The clinic

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Carrie Baldwin performs a cleaning on patient Jeremy Nadeau.



HARVARD FOCUS

Inauguration of President Drew Gilpin Faust

Several members of the HSDM community attended or participated in the two days of festivities celebrating this historic event.



Among those in the HSDM community attending the inauguration events were Assistant Dean for Clinical Affairs Elsbeth Kalenderian (left), Assistant Dean for Development and Alumni Relations Wanda Mock, and Dean for Administration and Finance Mary Cassesso, who flanked (top) Harvard President Drew Faust and (bottom) author Toni Morrison. Morrison performed a reading of new, unpublished work that held the audience in her spell in Memorial Church. “They were so quiet,” Morrison remarked later. “No one even coughed!”



ON THURSDAY, OCTOBER 11, 2007, at 4:00 P.M., a large audience filled Memorial Church in Harvard Yard to hear a reading by renowned American writer and Nobel Laureate Toni Morrison. This event marked the beginning of the two days of celebration that culminated in the official installation of Drew Gilpin Faust as the president of Harvard University—only the 28th in the institution’s history.

Later that evening, performers in the “Musical Prelude to an Inauguration” showcased the great artistic talent that resides at and has emerged from Harvard. The evening opened with a rousing performance by the Kuumba Singers of Harvard College, followed by several alumni who wowed the audience with their wide variety of musical, filmmaking, and acting talents. The evening ended with a dessert reception, during which President Faust graciously greeted and chatted with the crowd’s many well-wishers.

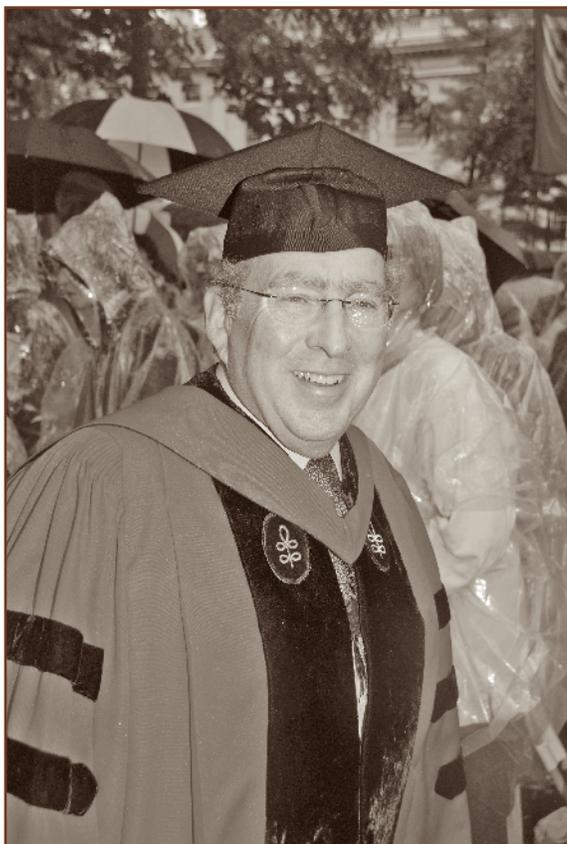
The next morning began with a moving Service of Thanksgiving for a New President, held at Memorial Church. The service featured a selection of readings, prayers, and music led by The Reverend Professor Peter J. Gomes, Plummer Professor of Christian Morals. Members of President Faust’s family conducted the readings, and the music was provided by, among others, the Radcliffe Choral Society and the Harvard University Choir. Following the service were several concurrent faculty symposia, which included panel discussions on “The Arts of Interpretation: Whose Meaning Is It Anyway?”; “Decisions, Decisions: Health, Wealth, Happiness, and Neurobiology”; “Inequality and Justice in the Twenty-First Century”; “Innovation

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On Friday, October 12, even the heavy rain didn't dampen the spirits of those watching and participating in the installation ceremony. *Foreground (from left):* Mrs. Brigitte Moufflet, HSDM Board Chair Gerard Moufflet, HSDM Alumni Association President D. Mercedes Franklin, DMD '74, PD '76. *Background:* Mrs. Mady Donoff, HSDM Board Member Kimberly Ritrievi.

Below left: HSDM Dean Bruce Donoff, DMD '67, MD '73, marched in the academic procession with the deans of Harvard's several schools.

Below right: HSDM Clinical Professor of Developmental Biology Donald B. Giddon, DMD '59, PhD (see profile on page 7), marched in the procession as a delegate from the Royal Society of Medicine.



DREW FAUST INAUGURATION, *continued*

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and Impact: Science and Engineering Today and Tomorrow”; and “War and Truth.” After lunch, attendees headed for the Tercentenary Theatre, in the shadow of Memorial Church, where hundreds of people braved the sometimes-heavy rain and wind to witness history in the making. In spite of the dreary weather, the joyful atmosphere and the excitement of the crowd were palpable, as a bagpiper—a high school senior—led the academic procession of faculty members in colorful robes from their numerous alma maters, as well as delegates from academic institutions, learned societies, and cultural institutions from around the world.

The installation proceedings began with the ringing of the Memorial Church bell, and continued with greetings from, among others, the president of the University of Pennsylvania and the governor of Massachusetts; musical interludes; the symbolic transfer of the Harvard insignia of office to President Faust; and a stirring address by Faust. Toward the end of the afternoon, the sun appeared from behind the clouds, marking a shining beginning to Faust’s tenure as the 28th—and first woman—president of the oldest institution of higher learning in the United States. ■

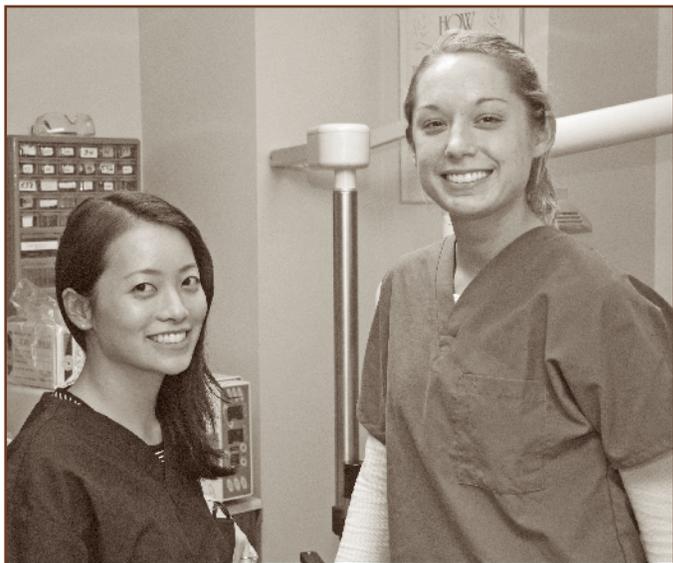




The Harvard College Pan-African Dance and Music Ensemble preceded the president in the academic procession (above). When they arrived near the front, the group stopped marching, and President Faust passed through the line of drummers and dancers on her way to the stage (background and photo at left).

“Inclusive” was a word used by many to describe the variety of celebratory events that made up the inauguration.

PROJECT BRIDGE, *continued*



“Since the patients at the Bridge clinic are so young, we can influence their oral health behavior for many years. That’s one reason this work is so important.”

—Estee Wang, third-year student

The faces of next year’s student clinical codirectors of Project Bridge: third-years Estee Wang (left) and Carrie Baldwin, who will take over the duties of coordinating the many aspects of the program as fourth-year HSDM students in 2008. Carrie Tsai (not pictured) is the third-year Live for Life liaison.

“I’m so proud that the students are doing this volunteer work on their own time.”

—Jarshen Lin, DDS, Project Bridge faculty adviser

“Working at the Bridge clinic is so rewarding. The patients are so thankful. They want to be there, and we want to be there. I’m really happy that I can use my skills to contribute to something I’m passionate about—oral health and dentistry.”

—Carrie Baldwin, third-year student



In July, HSDM faculty and students volunteered at the Boston Police Youth and Family Safety Day Child Identification Program (CHIP). HSDM’s participation in this event is part of Project Bridge’s community outreach efforts. HSDM volunteers performed DNA swabs and bite registration. *Back row (from left): Jarshen Lin, DDS, faculty adviser for Project Bridge; David Baker; Patricia Baker, DMD ’07; Soraya Chinaea; Zameera Fida; Sirena Hsieh. Front row: Sheila Patwardhan, Sasha Ross.*



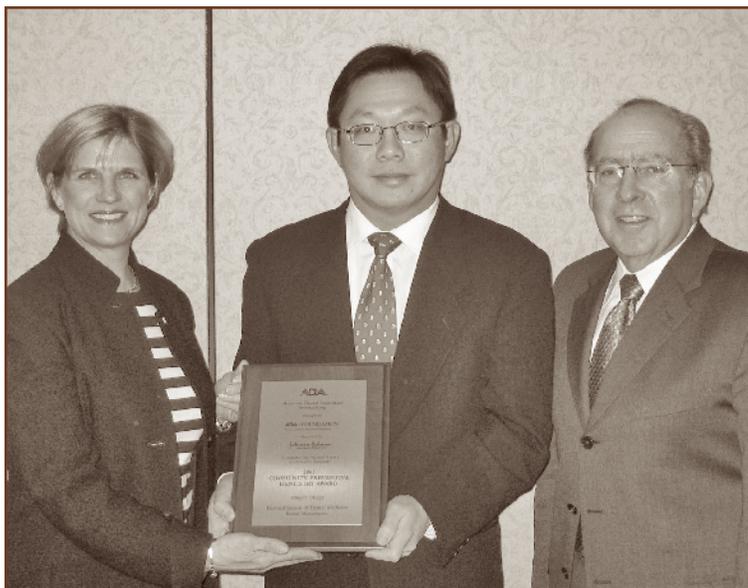
continued from page 11

has three operatories, with two being used for treatment and one for screening and X-rays. All the new dental units were donated in 2007 by Patterson Dental—the result of hard work by Dennis Espejo, assistant director of transitional programs at Bridge Over Troubled Waters, who was instrumental in securing this major donation.

Espejo is grateful for the volunteers. “There is a great need for this service,” he says. “We’re the only clinic like this open during the evening. There’s been a lot of support for it, and Harvard has been so helpful and provided a lot of guidance.”

A NEW ERA FOR PROJECT BRIDGE

Although Project Bridge began with the collaboration between HSDM and Bridge Over Troubled Waters, the program has grown. “About a year ago, I wanted to broaden the scope,” says Lin. “We have the desire, the expertise, and the funding to do much more, and we’ve already started.” (Fundraising is going well; over 5,000 people attended the major fundraiser for Project Bridge in spring 2007—the Ice Chips figure skating show—and more events are planned.)



Project Bridge won the 2005 Community Preventive Dentistry Award from the American Dental Association. Jarshen Lin, DDS, faculty adviser for Project Bridge (center), and Dean Bruce Donoff, DMD '67, MD '73, received the award from Dr. Lisa Howard, member of the ADA Council on Access, Prevention, and Interprofessional Relations.

An Award-Winning Program

HSDM’s Project Bridge has earned several awards, including:

- 2005 American Dental Association Community Preventive Dentistry Award
- 2003 US Secretary of Health and Human Services Award (*second place*)
- 2002 American Association of Public Health Dentistry Merit Award for Outstanding Achievement in Community Dentistry
- 2002 American Dental Education Association Excellence in Dental Education and Community Service Award

The outreach team is working in several areas in addition to the efforts with Bridge Over Troubled Waters. Since 2003, students and alumni have traveled to Camp Jabberwocky on Martha’s Vineyard, a summer camp for special needs children, to provide oral hygiene instruction to the children and their counselors. The HSDM volunteers also work with the Boston Police (and previously with the Brookline Police) on child identification programs (see photo on page 16). And they have begun to implement plans for their contributions to Step Up, a major program initiated in 2006 by Boston Mayor Thomas Menino, in which five local universities—including Harvard—are coordinating their efforts to provide educational and service outreach to Boston public schools. Through Step Up, HSDM volunteers will provide oral health care screenings, preventive treatment, education, and possibly some basic restoration to children who might not otherwise have access to such services.

Faculty adviser Lin and the students have many ideas about ways to continue to expand the program. “As long as you plant enough seeds, some

continued on next page

PROJECT BRIDGE, *continued*

will blossom,” he says. “I try not to waste any second. I just want to get going. We don’t look back—we always look to the next challenge.”

Although Lin is deeply proud of the student and alumni volunteers and their commitment to helping others, he stresses that their priority must still be doing their primary jobs well. “I hold them to high standards,” Lin says, “both as people and as students or practicing dentists, researchers, or teachers.” He wants to teach them tenacity and perseverance and help instill

in them the strength of character to not give up—attributes that will serve them well throughout their lives. “The volunteer hours put in by these amazing, dedicated young people really show that Harvard students are concerned with much more than just building their résumés,” says Lin, remarking on a common stereotype. “Their work through Project Bridge shows that they care a great deal about their community and helping to make it better.” Indeed, believes Lin, “it doesn’t take a lot to change the world. You just have to keep making each day a little better than the last.” ■



After a full day of school or work, HSDM student and alumni/ae volunteers head into Boston to provide services for youth in need of oral health treatment. On one October evening, the group included (back row, from left) Jarshen Lin, DDS, Project Bridge faculty adviser; Patricia Baker, DMD '07; Brooke Blicher, DMD '07; Jennifer Hedstrom, a dental hygienist volunteer (not affiliated with HSDM); Dennis Espejo, assistant director of transitional programs for Bridge Over Troubled Waters, the organization that is partnering with HSDM; Carrie Baldwin; Soraya Chinaea. Front row, from left: Carrie Tsai, Sasha Ross, Sirena Hsieh, Linda Zhang, Estee Wang. Not pictured: Julia Endrizzi, the student codirector of Live for Life, who teaches the youth about oral health and nutrition.

The Project Bridge directors are always looking for volunteers and future leaders. If you are interested or would like to learn more, contact Jarshen Lin, DDS, Project Bridge faculty adviser, at jarshen_lin@hsdm.harvard.edu.

RESEARCH FOCUS

Rachel Badovinac Ramoni, DMD '99, PD '06

Ramoni is studying the genetic underpinnings of cleft lip and palate.

"I'M ALWAYS THINKING ABOUT how my research could be useful to people," says Rachel Badovinac Ramoni, an HSDM instructor in developmental biology. "Being in a dental school ensures that my work has practical applications." Indeed, the future applications of her work on the genetic foundations of cleft lip and palate will benefit countless people in the United States and across the globe (see articles on pages 2 and 8).

Ramoni has traveled an interesting path to this research at HSDM. She entered college at 15, attending the University of North Texas. At age 17, she transferred to Johns Hopkins for three years, where she majored in international relations while completing pre-dental studies. She then spent a year conducting research at the University of Maryland Dental School. "While I was there," she says, "I saw what the dental academic life was like. I realized that I wanted that life. Harvard is by far the best place for training if that's your goal."

So after her year in Maryland, for which she'd received a full scholarship, she came to HSDM—"the only place I'd give up a full scholarship for," as she puts it. She completed her dental studies, then went directly into the dental public health program of Chester Douglass, PhD, DDS, a professor of oral health policy and epidemiology. The program combines residency in dental public health with a doctoral epidemiology program from the Harvard School of Public Health. During that time, she began working on the association between genetic factors and cleft lip and palate, with funding from American Dental Partners, Inc., HSDM, and others.

"Coincident with that period of my life," she says, "the Human Genome Project was completed, so there was a huge amount of data available." Realizing that she would need to learn new data-analysis

techniques to take advantage of the full promise of the data, she began studying bioinformatics with a career development grant from the National Institute of Dental and Craniofacial Research, part of the National Institutes of Health. "Bioinformatics uses artificial intelligence techniques to help

analyze a massive amount of data," she explains. "It wouldn't be possible any other way."

So what does all this have to do with cleft lip and palate? "When people think of genetic disorders," she says, "they often think of muscular dystrophy or sickle-cell anemia—disorders that are caused by one gene. But more common disorders, like stroke and cleft lip and palate, are caused by a number of genes and their interaction with the environment. The

problem is that we don't know which genes are involved." That's where the bioinformatics comes into play, since the analysis must search the entire genome and tease out the gene combinations that might cause the disorders. The computer has the capability to sort through a huge series of potential genetic models and come up with those that might be the culprits—something that a human could not do, given the amount of data.

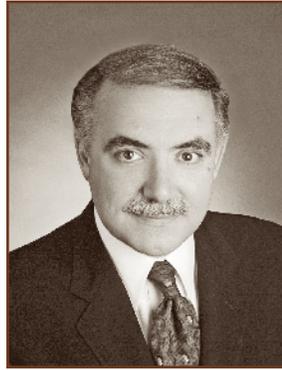
Ramoni is energized by this research. "I hope my work will lead to a predictive model of cleft lip and palate that would help us understand the origins of these disorders and facilitate the development of therapies," she says. Aside from the research itself, she enjoys the interactions it affords with people in a wide variety of disciplines, including the Harvard bioinformatics experts who develop the methods that she uses in her data analysis and the plastic surgeon at Vanderbilt University with whom she collaborates. Ramoni's interdisciplinary work may well hold the key to the smiles of hundreds of thousands of individuals worldwide. ■



DENTAL SCHOOL NEWS

Alumni Updates & Dental Bites

ROBERT ALLEN FAIELLA, DMD, PD '85, MMSc '85, has been named a trustee of the American Dental Association. Faiella will serve on the ADA board as the trustee from the First District, which includes Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The ADA board formulates and reviews policies and programs and makes recommendations to the ADA House of Delegates.



Robert Allen Faiella

Faiella previously served on the ADA Council on Dental Benefit Programs, on the National Healthcare Information Infrastructure and Essential Oral Health Care Needs task forces, and as a manuscript reviewer for the *Journal of the American Dental Association*. He is also a past president of the Massachusetts Dental Society and

taught periodontics at HSDM in the 1980s. His numerous awards and honors include fellowships in the American and International Colleges of Dentists and the Academy of Osseointegration.

EDWARD SELDIN, DMD '68, MD '74, an HSDM associate professor of oral and maxillofacial surgery, received the MIT Lifetime Achievement Award in June. The award was presented to Seldin by the MIT Medical Department in recognition of his exceptional commitment to quality health care at that institution.

Help HSDM Students Chart Meaningful Paths

⇒ **PROBLEM:** HSDM students have questions, and they need your help!

SOLUTION: Join other HSDM alumni through **Post.Harvard** as part of an alumni advisory network aimed at fostering mentoring relationships with students.

⇒ **PROBLEM:** To date, only 21 HSDM alumni have joined the mentoring network.

SOLUTION: This network can succeed only if you, too, sign up and indicate your willingness to provide current students with advice, viewpoints, suggestions, and insights. It's also a great tool for networking with your classmates and peers.

Interactions center on a few key themes:

- *Questions about specialty*
- *Advice on career paths*
- *Professional connections*

Join now by logging on to **Post.Harvard.edu** or by visiting the HSDM alumni website at **www.hsdm.harvard.edu**. You may also call Jonathan Wood, director of HSDM alumni relations, at 617-432-2924, with any questions about the mentoring network.



MOHAMMED SHAWKAT RAZZAQUE, MD, PhD, an assistant professor of developmental biology and a member of the Lanske Lab, received an R01 from the National Institutes of Health for his project entitled, “In vivo interactions of Fgf-23, klotho and vitamin D.” The long-term objective of this research is to determine in vivo function and regulation of Fgf-23 and klotho in physiological and pathological conditions. Successful completion of the study will generate data that will form the basis to design strategies to manipulate abnormal mineral ion homeostasis and defective skeletal mineralization in a wide range of diseases by developing novel therapies and through fine-tuning of the existing therapeutic modalities. Such diseases include rickets/osteomalacia, tumoral calcinosis, and chronic renal failure.

ATHANASIOS ZAVRAS, DMD, DMSc '99, an associate professor of oral health policy and epidemiology, received an award from the Kennedy School of Government Kuwait Program Research Fund for his project entitled, “Developing policies to integrate cancer prevention in primary medical care.” The long-term objective of this research is to develop educational and on-the-job training policies in the primary care sector of Kuwait. Zavras and his team will conduct a survey in a representative random sample of medical professionals in Kuwait’s primary care sector to identify policies that best integrate cancer detection and prevention into the everyday practice of “front-line” doctors. Oral cancer detection will also be assessed. Zavras is recruiting students interested in international health to work on this project. Contact him at zavras@hsdm.harvard.edu.

DMD student **JACQUELINE HOM** recently completed an internship under the mentorship of Dr. P. E. Peterson at the World Health Organization (WHO) Department of Chronic Diseases and Health Promotion, in Geneva. While at WHO, Hom worked on an oral health policy survey focusing on the oral manifestations of HIV and AIDS in Tanzania and Burkina Faso.

ROBERT WRIGHT, DDS, associate professor of restorative dentistry and biomaterials sciences and director of advanced graduate prosthodontics, received an NIH subcontract to BIDMC entitled, “Periodontal disease and coronary artery remodeling in CHD and metabolic syndrome.” Wright will be collaborating with Drs. Francine Welty (BIDMC), Max Goodson (Forsyth Institute), and Jim Beck and Steven Offenbacher (UNC).

R. BRUCE DONOFF, DMD '67, MD '73, HSDM dean and professor of oral and maxillofacial surgery, will be collaborating with principal investigator Shlomo Lehavi, DMD, of IDEA International, Inc., on an R44 from NIH entitled, “BrushRight personal dental trainer—Improving America’s dental health, one mouth at a time.” BrushRight is a fully synthetic simulation-

based training system to teach proper tooth brushing. **NACHUM SAMET**, DMD, an assistant professor of restorative dentistry and biomaterials sciences, is the lead investigator at HSDM.

In addition, Dean Donoff was honored by the American Friends of the Hebrew University during its Bridges to Peace Dinner, held in October in New York City. Bridges to Peace supports the Hebrew University-Hadassah School of Dental Medicine founded by the Alpha Omega Fraternity and its D. Walter Cohen Middle East Center for Dental Education. Dean Donoff has been the cochair of the 2006 and 2007 dental education symposia organized by the Center for Israeli, Palestinian, Turkish, and Jordanian oral health professionals and he has co-led three Combined Jewish Philanthropies of Greater Boston missions to Israel.

In June, **DESPINA SITARA**, PhD, a research associate in developmental biology (Lanske Lab), presented her work at the 17th Scientific Meeting of the International Bone and Mineral Society. Sitara received a travel award for her project entitled, “Genetic evidence of pathologic role of NaPi2a in regulating altered phosphate homeostasis and skeletogenesis in Fgf-23-/- mice.” ■

Time Is Running Out!

The Pension Protection Act allows you to donate funds to HSDM directly from your IRA account during calendar year 2007. If you’re 70½ years or older, you may make an outright contribution of up to \$100,000 to HSDM. You do not receive an income tax charitable deduction for such gifts, but an IRA direct transfer enables you to avoid paying income tax on the amount distributed and counts toward the required minimum distribution you must make for the year. For more information, visit <http://post.harvard.edu/harvard/pgo> or contact John Christel at 800-446-1277.

Boom Times for Dentists, But Not for Teeth

by Alex Berenson

FOR AMERICAN DENTISTS, times have never been better.

The same cannot be said for Americans' teeth.

With dentists' fees rising far faster than inflation and more than 100 million people lacking dental insurance, the percentage of Americans with untreated cavities began rising this decade, reversing a half-century trend of improvement in dental health.

Previously unreleased figures from the Centers for Disease Control and Prevention show that in 2003 and 2004, the most recent years with data available, 27 percent of children and 29 percent of adults had cavities going untreated. The level of untreated decay was the highest since the late 1980s and significantly higher than that found in a survey from 1999 to 2002.

Despite the rise in dental problems, state boards of dentists and the American Dental Association, the main lobbying group for dentists, have fought efforts to use dental hygienists and other non-dentists to provide basic care to people who do not have access to dentists.

For middle-class and wealthy Americans, straight white teeth are still a virtual birthright. And dentists say that a majority of people in this country receive high-quality care.

But many poor and lower-middle-class families do not receive adequate care, in part because most dentists want customers who can pay cash or have private insurance, and they do not accept Medicaid patients. As a result, publicly supported dental clinics have months-long waiting lists even for people who need major surgery for decayed teeth. At the pediatric clinic managed by the state-supported University of Florida dental school, for example, low-income children must wait six months for surgery.

In some cases, the results of poor dental care have been deadly. A child in Mississippi and another in Maryland died this year from infections caused by decayed teeth.

The dental profession's critics — who include public health experts, some physicians and even some dental school professors — say that too many dentists are focused more on money than medicine.

"Most dentists consider themselves to be in the business of dentistry rather than the practice of dentistry," said Dr. David A. Nash, a professor of pediatric dentistry

Oral health experts say that about 100 million Americans —including many adults who work and have incomes well above the poverty line— are without access to care.

at the University of Kentucky. "I'm a cynic about my profession, but the data are there. It's embarrassing."

A defender of the profession is Dr. Terry D. Dickinson, a practicing dentist who is also the executive director of the Virginia Dental Association. He says he believes that dentists are charitable and want to provide care to poor patients. But dentists are also in business; they must pay rent and employee salaries, and they deserve fair fees, he said.

"Charity is not a health care system," Dr. Dickinson said.

Dentists, of course, are no more obligated to serve the poor than are lawyers or accountants. But the issue from a public health standpoint, the critics say, is that even as so many patients go untreated, business is booming for most dentists.

They are making more money while working shorter hours, on average, even as the nation's number of dentists, per person, has declined.

The lack of dental care is not restricted to the poor and their children, the data shows. Experts on oral health say about 100 million Americans — including many adults who work and have incomes well above the poverty line — are without access to care.

A federal survey shows that 27 percent of adults without insurance saw a dentist in 2004, down from 29 percent in 1996, when dental fees were significantly lower, even after adjusting for inflation. For adults with private insurance, the rate was virtually unchanged, at 57 percent, up from 56 percent. Since 1990, the number of dentists in the United States has been roughly flat, about 150,000 to 160,000, while the population has risen about 22 percent. In addition, more dentists are working part time.

Partly as a result, dental fees have risen much faster than inflation. In real dollars, the cost of the average dental procedure rose 25 percent from 1996 to 2004. The average American adult patient now spends roughly \$600 annually on dental care, with insurance picking up about half the tab.

Dentists' incomes have grown faster than that of the typical American and the incomes of medical doctors. Formerly poor relations to physicians, American dentists in general practice made an average salary of \$185,000 in 2004, the most recent data available. That figure is similar to what non-specialist doctors make, but dentists work far fewer hours. Dental surgeons and orthodontists average more than \$300,000 annually.

"Dentists make more than doctors," said Morris M. Kleiner, a University of Minnesota economist. "If I had a kid going

into the sciences, I'd tell them to become a dentist.”

But despite the allure of rising salaries, the shortage of dentists will almost certainly worsen, because the nation has fewer dental schools and fewer dentists in training than a generation ago. After peaking at 5,750 in 1982, the number of dental school graduates fell to 4,440 in 2003, as several big dental schools closed their doors. The average dentist is now 49 years old, according to the American Dental Association, and for at least the next decade retiring dentists will probably outnumber new ones.

Even if more students wanted to enter the profession, states are not moving aggressively to expand dental schools or open new ones. Training dentists is expensive, because dental schools must provide hands-on training — unlike medical schools, which send doctors to hospitals for training after they graduate. Hospitals receive federal subsidies for the training they provide to medical interns and residents, but the equivalent system does not really exist in dentistry.

Meanwhile, the A.D.A. does not support opening new dental schools or otherwise increasing the number of dentists. The association says it sees no nationwide shortage of dentists, though it acknowledges a shortage in rural areas. Dentists note that in the early 1980s, when schools were graduating nearly twice as many dentists relative to the overall size of the population as they are now, some dentists struggled to keep their practices afloat.

Dr. Kathleen Roth, president of the A.D.A., said that the association is working to increase Medicaid's reimbursement rates to make it more cost-effective for dentists

to treat low-income patients. While Medicaid is supposed to cover both basic care and emergency procedures for children, the program will pay only for emergency procedures — not basic care — for adults in most states.

“Access to dental care, especially for children, has been a growing problem for 10 years,” Dr. Roth said. “State and federal programs have decreased the amount of dollars available.”

Studies of the work performed by dental therapists have concluded that it is comparable to, and in some cases better than, that of fully trained dentists.

Besides calling for higher Medicaid reimbursement, Dr. Roth said, the association supports putting health aides with basic dental training into public schools. The aides would help get appointments for children who need them and teach children basic habits like brushing teeth.

But critics say the association's plans would do little to solve the basic problem of access to care. Moreover, even in states that have raised Medicaid payments, most dentists still do not accept Medicaid patients. Virginia, for example, overhauled its Medicaid program in 2005, raising rates 30 percent. But only about 25 percent of all Virginia dentists now accept Medicaid patients, compared with 15 percent before the changes.

Some dentists do not accept Medicaid patients because they frequently miss appointments, which means lost revenue, said

Dr. L. Jackson Brown, the former managing vice president for health policy at the A.D.A.

With little dental care available for poor children, pediatricians are teaching themselves how to apply fluoride varnish on baby teeth, a simple procedure that can prevent cavities, said Dr. Amos S. Deinard, a pediatrician and associate professor at the University of Minnesota.

“The dentists don't want to see these kids,” Dr. Deinard said.

Outside the United States, more than 50 countries, including some western European nations, now allow technicians called dental therapists to drill and fill cavities, usually in children.

Proponents of the therapists say their training is comparable to the practical training that dentists receive, but without the general medical training dentists get. Studies of the work performed by the therapists have concluded that it is comparable to, and in some cases better than, that of fully trained dentists.

Dr. Frank Catalanotto, a professor of community dentistry at the University of Florida, said dental therapists would be a cost-effective way to provide basic care to children and some adults who could not otherwise afford treatment.

But state boards of dentistry have blocked dental therapists from working, arguing that only dentists should be allowed to drill teeth, because it is an “irreversible surgical procedure” and can lead to serious complications like infections or nerve damage. Children of Alaska Natives in remote areas have high rates of cavities and essentially

continued on next page

This article is reprinted with permission from the New York Times, October 11, 2007. Dr. Frank A. Catalanotto was an HSDM postdoc in pediatric dentistry, receiving his certificate in 1971. Dr. Ron Nagel participated in the June 2007 HSDM Alumni Weekend symposium panel, addressing issues of access to care. To view the symposium, go to www.hsdm.harvard.edu and click on the link under Announcements.

BOOM TIMES FOR DENTISTS, *continued*

no access to dentists, so a coalition of tribes began a program in 2003 to use therapists to treat native children.

“There’s never been a dentist in these rural areas,” said Dr. Ron Nagel, a dentist who helped create the Alaska program.

But the American Dental Association fought the program almost as soon as it began, dropping its effort only in July, after a state judge ruled in favor of the program. Still, the group continues to oppose letting dental therapists practice anywhere in the continental United States.

Dr. Frank Catalanotto, a professor of community dentistry at the University of Florida, said dental therapists would be a cost-effective way to provide basic care to children and some adults who could not otherwise afford treatment.

“What we’re extremely uncomfortable with is that they need to drill teeth and sometimes extract teeth,” said Dr. Roth, the association’s president. Use of therapists

would create a two-tier system where some people have access to dentists, while others must settle for less-qualified practitioners, she said.

Dr. Caswell A. Evans, a dentist and associate dean at the University of Illinois-Chicago, said dentists must stop fighting efforts to expand care to patients they are not currently treating. The system is failing many patients, he said.

“Right now we have a double standard of care,” Dr. Evans said. “Some people can get it and some people can’t.” ■

Save the Dates!

⇒ HSDM All-Alumni Reception

at the 2008 Yankee Dental Congress

Friday, February 1, 2008

6:00 – 8:00 P.M.

Douglass Room (tentative)

Westin Waterfront Hotel, Boston

(Yankee Dental Congress attendance not necessary)



⇒ Appreciation Reception and Dinner

Thursday, April 17, 2008

with Harvard President Drew Gilpin Faust

for volunteers and contributors at 1867 Society level and above



⇒ Alumni Weekend

Friday and Saturday, June 6–7, 2008

Lunch on the Quad

HSDM Alumni Celebration Dinner

State of the School Address

Symposium

Alumni Association Business Meeting

If you are interested in contacting members of your class, call Jonathan Wood, director of alumni relations, at 617-432-2924 or e-mail jonathan_wood@hsdm.harvard.edu.



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