Dr. Albert Wasserman, well-known dental leader and an innovator in promoting continuing education worldwide, passed away December 26th, 2013, in his hometown of San Mateo, California.

He attended the School of Dentistry at the University of California, San Francisco, graduating in 1943 with concurrent BS and DDS degrees. During an interview for a biography in 1980, he told me, "We started with seventy-six in our class and at the end of four years there were only twenty-one left. When we entered the class, the first teacher we had said, 'Look on either side of you. By next year you won’t see the fellow on either side of you. The rest of you will be cable car conductors. Those of you that are fortunate enough to graduate will have really done something exceptional.' So I made up my mind that I was really going to start from the very first day, day one, I was going to work exceptionally hard."

Dr. Wasserman began his career after graduation as a lieutenant in the Army Dental Corps. "They stationed me in Texas," he once explained. "I was a machine gun instructor." After six months, he was promoted to captain and shipped overseas to the European Theatre of Operations to practice dentistry at the front lines. "I was given a one man clinic... we were behind the lines. I had this dental unit that assembled like a Singer sewing machine, and this soldier, Private Skinner, to keep it going. It was pretty primitive. If I needed more or less speed, I’d say, 'Faster Skinner, slower Skinner.' That was the extent of my conversation with Private Skinner all day, every day."

After the Army, Dr. Wasserman returned to Northern California. He rented a small room in a medical building in San Mateo and opened his one room office with war surplus dental equipment and no employees. "I didn’t have a dime when I started. Then I broke my left wrist and my hand was in a cast. But I couldn’t give up my practice, such as it was. I would prop the mirror between the cast and my finger and I could operate with the other hand. If the phone rang, I’d stop to answer it. I could reach everything in that room without moving. The elevator operator would try and steer patients to me—I didn’t have any," he once told me. "The first patient was a drunk. The anesthesia didn’t work but he wanted his tooth out. I took it out and he was screaming bloody murder."

His wartime experience was the impetus to gain more knowledge in his profession. "There was so much benefit I received from continuing education," he said when interviewed at the annual meeting of the Academy of Dentistry International in 2012, an organization he founded. "We started the Academy in 1974 but had been working out the bylaws and so forth for a few years before that. Actually, I came up with the concept years before, when I was in the Army," he recounted.

Among the numerous fellowships received during his career, Dr. Wasserman first became a Fellow of the Academy of General Dentistry, in 1962. He later received fellowships in the Royal Society of Health,
the American Association for the Advancement of Science, the American College of Dentists, the American School Health Association, the International College of Applied Nutrition, the International College of Dentists, the Academy of Dentistry International, the College of Generalists in Dentistry, the Pierre Fauchard Academy, the Society of Oral Physiology and Occlusion, and the Academy of Continuing Education. He was named a Master in the Academy of General Dentistry, in 1971.

In the early 1970s, Dr. Wasserman thought that he could make a difference in the world by bringing high quality continuing education to distant places. He approached the AGD to sponsor his idea. “They weren’t interested,” he stated in an interview in 2012, “so I started on my own. I was part of a lecture group sponsored by the University of California—UCSF—and went to the Philippines. I asked the dentists there if they would be interested in starting a group.” One thing led to another—that first group began and more groups were formed, springing out of Dr. Wasserman’s tireless efforts to make a platform for world-class continuing education. “I corresponded with a number of key people. The organization was officially founded in 1974. We went to France,” he continued. “I signed up one hundred people to meet with the French dentists. That was the first major meeting of the ADI. It was subsidized by the French government and they awarded me the Ordre des Palmes Académiques.”

Dr. Wasserman maintained his busy private practice for forty-three years in San Mateo, California, a city he adored. He was an active member of the 17th District Dental Society of the California Dental Association, filling numerous chairs before and after his role as President in 1963. He founded the California Academy of General Dentistry in 1965 and was its president in 1965 and 1966. He later went on to become President of the Academy of General Dentistry in 1971. He maintained close ties to his school, serving as President of the University of California Dental Alumni Association and in many other roles throughout his career. He founded the Academy of Continuing Education, and was Regent, Treasurer, Vice President, Parliamentarian and President of the American College of Dentists and President of the California Board of Dental Examiners.

He believed in sharing his knowledge. Dr. Wasserman served as Clinical Instructor in Fixed Prosthodontics at the University of the Pacific, School of Dentistry and as a member of the Postgraduate Faculty for many years. He served his own alma mater as Clinician and Table Clinic Chairman in addition to his executive roles with the Alumni Association. He was a member of the dental staff at Mount Zion Hospital in San Francisco and Mills Memorial Hospital in San Mateo. He was a popular speaker and lecturer. His credits include lectures given as close to home as his own county dental association and his Kiwanis group in San Mateo, and as far distant as France, Japan, Singapore, Hong Kong and the Philippines.

He published regularly, in such journals as the California Academy of Periodontology, the Journal of the California Dental Association, the Journal of the Academy of General Dentistry, the South Carolina Dental Journal, and the Journal of the Academy of Dentistry International, among others. He developed unique research and received a patent on hydraulics adapted to removable prostheses.

Though he was very active in his profession, Dr. Wasserman found time to be involved in his local and worldwide community, and his community loved him. He was President of the San Mateo Downtown Kiwanis, was named Kiwanian of the Year in 1978, received an Award of Merit for Outstanding Achievement from the San Mateo Chamber of Commerce in 1980 and was named Outstanding Dentist of the Year by the California Academy of General Dentistry. Dr. Wasserman received the Gold Medallion and the Silver Eagle Award from the city of Nice, France and was named Chevalier De L’Ordre Des Palmes Academiques in France. He received the Presidential Award of Recognition from the Manila Dental Society and was made an honorary member of Journees Dentaires Internationales and the Japan Section of the Academy of Dentistry International.

When he retired from clinical practice, Dr. Wasserman remained active in organized dentistry. He received numerous awards, including the Medal of Honor from the University of California Dental Alumni Association, the Hillenbrand Award from the Academy of Dentistry International, the Pierre Fauchard Award from the Pierre Fauchard Academy of Northern California, the Founders Award from the San Francisco 2012.
Northern California Section, ADI. He was made an Honorary Member of Omicron Kappa Upsilon and was named Distinguished Alumnus of the Year in 1992 by the University of California, San Francisco, School of Dentistry. In 1993, after years as a regent and roles as Treasurer, Vice President and Director of the ACD Foundation, he was named President of the American College of Dentists.

He spent a lifetime contributing to the profession he loved, serving his local and world community, and touched peers and patients alike with his sincerity, dedication and a sense of humor that wouldn’t stop. Dr. Albert Wasserman’s persistent spirit sowed seed that yielded several lifetimes of accomplishments in his full, active career. But despite that, he retained the spirit of a servant to his profession, was accessible and universally loved.

Dr. Wasserman always considered his family to be his greatest accomplishment. He is survived by his wife, Dunia; his three children: Robert—a musician and recording artist from Los Angeles, California, Bruce—a general dentist and writer practicing in Cody, Wyoming, and Cindy—also a musician and recording artist from Los Angeles, California. In addition, Dr. Wasserman was proud of his five grandchildren: Raechelle, Rebecca, Sara, Meir and Keren, and his nine great-grandchildren.

In Memory of Dr. Francisco Caldas Morales, October 16, 2014

It was in November 2012 when Dr. Holger Dennhardt became an ADI fellow during the annual congress of the Association Dentaire Française, ADF. He was a specialist in Endodontics and practiced in Landshut, Germany.

On January 14th Holger Dennhardt left us. He will be remembered all over the world as an excellent teacher. He was a fighter for the good. Probably, because his best teacher was life. This gave him a special identity.

As a young man he touched the negative sides of the Eastern German regime. Prison, staying away from the beloved, friends and from a dear environment could not break his character. Holger’s humor was a light even in the darkest moments. His smile, always and always right, never too much and never sufficient could even raise some doubt on what we know as “Asian courtesy”. His wife Jaqueline has always been his best consultant in all his endeavors. Holger was an excited and exciting teacher, who could identify himself with his students. Very rarely I could notice this great gift among our colleagues.

We miss Dr. Holger Dennhardt as a colleague, as an ADI fellow and, most of all, as a real friend who was there whenever he and his expertise were needed.

Our deepest sympathy goes to Dr. Jaqueline Dennhardt and the family.
Highlights of RADM Sazima’s career:
- 2013 of natural causes at Vinson Hall, McLean, Virginia. Dr. Sazima was born in Cleveland, Ohio on December 25, 1927 and a resident of Bethesda, Maryland from 1980.

Dr. Sazima graduated from the Dental School of (Case) Western Reserve University in 1953, completed an intern year in Oral Surgery at Cleveland City Hospital (1953-54), and enlisted in the US Navy Reserve in 1948. After active duty at the Bainbridge Naval Training Center and assignment to the USS Bushnell, he was discharged at the Naval Base, Virginia, as a Lieutenant in 1956.

Dr. Sazima then attended the Basic Medical Sciences Program at the Graduate School of Medicine at the University of Pennsylvania, and completed his residency in Oral Surgery at Charity Hospital in Cleveland, Ohio. He was recalled to active Naval Duty Service in 1962. He served two tours in Vietnam, and held various commands, acquiring 13 medals of Honor during his service. He retired as a Rear Admiral Dental Corps USN in November 1987.

Upon military retirement, Dr. Sazima practiced and taught Oral and Maxillofacial Surgery at Georgetown University Medical Center and Dental School from 1988-92. He was the Executive Director of The Academy of Dentistry International (ADI) from 1988 – 2000 with the Central Office in Washington, D.C. He continued as Executive Director and Editor Emeritus of the International Communicator (Newsletter of the ADI). On March 6, 1999, Dr. Sazima became a Companion in the Hospitaller Order of Saint John of Jerusalem, Knights Hospitaller, and on April 12, 2000, he was created a Knight of the Order of St. John.

Henry J. Sazima is survived by his daughter Holly Davani (nee Sazima), son-in-law Dr. Darush Davani and grandchildren Amanda and Arman Davani of Hunt Valley, Maryland, and brother Dr. Daniel F. Sazima of Chagrin Falls, Ohio. Relatives and friends are invited to gather for a Mass and Burial at Arlington National Cemetery, Arlington, Virginia, Monday, November 4, 2013 at 12:45 pm.

Highlights of RADM Sazima’s career:
- Commanding Officer, Naval Dental Center, Parris Island, SC, 1977-79
- Chairman, Dental Department, Naval Medical Center, San Diego, 1979-80
- Deputy Chief of the Dental Division of the Navy Bureau of Medicine and Surgery, Washington, DC, 1980-82
- Commanding Officer, National Naval Dental Center, Bethesda, MD, 1982-83
- Director of Resources Division, Chief of Naval Operations, Washington, DC, 1983-84
- Retired – Rear Admiral 1987
- Emeritus Clinical Associate Professor of Oral and Maxillofacial Surgery, Georgetown University Medical Center, 1988-92
- Co-author: Management of War Injuries, 1977
- Frequent contributor of articles to professional journals.
  - St. Vincent Charity Hospital, 1957
  - Hillenbrand Award from the ADI 2000
  - Distinguished Alumnus, Case Western Reserve University School of Dentistry, 2002-2003
  - Fellow – American College of Dentists Association – Oral and Maxillofacial Surgeons
  - International Association of Oral and Maxillofacial Surgeons
  - Academy of Dentistry International, Blue Cloud Award, 1995
  - Member – British Society of Oral and Maxillofacial Surgeons
  - Member – European Association of Oral and Maxillofacial Surgeons
  - Member – Association of Military Surgeons of the US; Chairman of Internal Committee 1984-86; Margetis Award 1971)
  - Member – International College of Dentists – Deputy Regent, 1971-87 o Hospitaller Order of St. John of Jerusalem, Hospitaller Knight of Malta o Member – Omicron Kappa Upsilon
  - Member – Delta Tau Delta
  - Member – Psi Omega
  - Club Member – The Military Order of CARABAO
- Recipient of numerous medals;
  - Legion of Merit w/ Combat “V” and one gold star in lieu of 2nd award
  - Meritorious Service Medal and Gold star in lieu of 2nd award
  - Joint Service Commendation Medal
  - Navy Commendation (2)
  - National Defense Service Medal
  - Vietnam Service Medal w/silver star
  - Republic of Vietnam Campaign Medal w/device (1960)
  - Armed Forces Honor Medal 1st class
  - Technical Service Medal
  - Republic of Vietnam Gallantry Cross w/palm unit citation
  - Republic of Vietnam Civil Action Unit Citation
  - Legion of Merit w/2 Gold Stars in lieu of 3rd Award
On Monday, November 4, 2013 Janet, myself and ADI Administrative Assistant, Mrs. Stephanie Wilhelm attended the funeral for Dr. Henry J. Sazima at Arlington National Cemetery. Dr. Sazima, who passed away July 12, 2013, was accorded a full military honors funeral by the United States Navy befitting his rank RADM, USNDC (ret). Dr. Sazima retired in June of 2000 as the ADI Executive Director and was named Executive Director Emeritus by the Board of Regents. In the passing of Henry I have lost a great and dear friend, whose encouragement, counsel and wisdom have meant so much to me over the years.

Hank, as he was affectionately known, had for twelve years guided the Academy into the age of computerization. Upon his retirement from the U.S. Navy Dental Corp. in 1988, Hank was hired as the ADI Executive Director and moved the ADI Central Office to Washington, D.C. Hank immediately began transferring membership records from 3x5 file cards to a database and ushered the Academy into the computer age. Under Hank’s tutelage, I became the ADI Membership Chairman in 1988 and thus began a long term working relationship and learning experience with Dr. Sazima.

During my terms as a Regent, Membership Chairman, Vice-President, President-Elect and President, I was most fortunate to accompany Hank on many trips to international dental meetings; regardless of where we happened to be, everyone knew Henry Sazima.

His bona fides gave the Academy recognition in the international community. He was instrumental in arranging the first ever International Dental Congresses to be held in Vietnam and Lithuania. Both of those hugely successful events were sponsored and underwritten by the Academy and organized under Henry’s direct supervision.

Hank leaves us with his legacy of good works, devoted service, wisdom and foresight as well as his many years of guidance. He leaves his daughter, Holly Sazima Davani; son-in-law Dr. Darush Davani and grandchildren Amanda and Arman, who all feel his loss very deeply.

A small measure of consolation is offered by the poet Walt Whitman:

*He is not gone. He is just away.
With a cheery smile and a wave of the hand,
He has wandered into an unknown land,
And left us wondering how very fair that land
Maybe, since he tarries there.*
Message from the President

It is a great honor to serve the Academy as President and I will work to the best of my ability to fulfill the responsibilities that this position demands.

It is a great pleasure to have the opportunity of addressing all fellows of the Academy. Undoubtedly, Dr. Albert Wasserman founder and other predecessors had a magnificent vision and paved the way for us to continue such laudable work.

I ask you for your prayers for the health of our Immediate-Past President Diamo Lim and his lovely wife Alice. Unfortunately both have had serious health problems and we hope both will recover promptly and completely.

The Academy counts over twenty-three hundred fellows within the established regencies in Asia Pacific, Australasia, Canada, Central America, Eastern, Northern and Southern Europe, Japan, Middle East and Africa, Philippines, South America and the United States in over 93 countries. Coordination is underway to establish new Chapters in Nepal, the Islamic Republic of Iran, the People’s Republic of China, Colombia, Argentina, Nigeria and Thailand. We hope growth will continue which we anticipate will result in an increased number of quality activities that will benefit the population.

We are aware that the unstable economy worldwide has affected government and private organizations as well as individuals. The economy has also impacted the Academy. Several activities in various Sections have not been fully developed or have not been initiated. But, this is understandable since professional organizations face difficulties of diverse nature and non-profit organizations like ADI are certainly not the exception. In fact we as a group should be prepared to address structural, economic and operational difficulties we may encounter.

I will make efforts for improving communication amongst all fellows, maximizing effective interaction within all Sections and launch an organized effort for increasing the ADI visibility amongst oral health professionals in all regions. I recognize this is not an easy task and we can take advantage of the technology available today which undoubtedly has created additional alternatives in workplace communications. Instant messaging, e-mail and other means of exchanging written messages are choices that can be used to facilitate communications. Efforts should be directed to utilize these modes of communication judiciously and not necessarily depending on these methods exclusively. Face-to-face communication cannot be excluded since it is the best approach to capture attention. Particularly when a new strategy or a relationship is initiated. It is known that personal interaction is vital for inspiring a positive emotional climate as a way to catalyze collaboration, innovation and performance as well as for building human networks and relationships. Unfortunately, face-to-face meetings require the greatest investment of all types. These carry the greatest expectations for a strong return on the investment. I will make efforts to put these principles into practice within feasible possibilities.

Keep in mind that interaction should be a two way approach and I encourage you to contact me. To make recommendations, share information on regional needs and suggest feasible strategies that deserve consideration. I am sure by an efficient interaction we can develop the most appropriate courses of action that will help us better serve the population worldwide.

When I was recognized with Honorary Fellowship and joined the Academy, I made the commitment of collaborating in the best possible manner to help the Academy achieve goals. These goals were congruent with the nature of activities I was conducting as faculty of the University of Texas Health Science Center at San Antonio School of Dentistry or through consulting efforts with health organizations or government agencies. Throughout my professional career I was able to interact with individuals and colleagues from many countries. I have been present in several countries on five continents and this has been an excellent opportunity of having been exposed to other cultures and working environments. Understanding culture, respecting principles and having effective communication were key to the success of my assignments.

As a growing organization we may encounter difficulties, but we should also recognize that ADI is a unique group in the world. The ADI counts outstanding individuals who have been recognized for their individual accomplishments. Including, but not limited to; benefiting the community, their personal qualifications and their desire to continue making efforts that will contribute to achieve ADI established goals. There is no question that we as a group can resolve problems, improve efficiency and move forward making efforts to reach those with the greatest needs. I personally will make efforts to improve the interaction and communication with all Sections of ADI. I am sure that if all fellows are involved, the results will be more fruitful and long lasting. Therefore, I take this opportunity to invite all of you to join me on this endeavor. The association can be effectively used as a platform from which we can reach out with activities that will benefit those underprivileged and underserved.

I look forward to working with you all

Ramon J. Baez, President
Tongan Program

The 17th visit of a dental volunteer team has finalized a study into Tooth Decay in Tongan schoolchildren which began in 1998. Seven primary schools on Tongatapu (children aged 6 and 12 years old were targeted) from geographically and socio-economically separate areas of the main island of Tongatapu were investigated. A total of 708 children were examined and the same schools were used as in previous studies for consistency.

This study is to World Health Organization (WHO) Oral Health Survey criteria so the results are directly comparable with similar surveys throughout the world. The W.H.O. reports that there is a current shortage of recent accurate data on caries trends in the Pacific Islands (and most other developing countries) and is encouraging more studies to be done, so the timing is ideal. This study is exceptional in maintaining the same examining team over such a long period of time.

It is of further importance because at the beginning of the study there was no preventative dentistry being conducted in these schools and by the end of the study tooth brushing and fluoride mouth rinses were being universally implemented in Tonga. A fully equipped dental van was donated to the Vaiola hospital in 2003 as part of this long on-going project. The Tongan preventive dentistry program is now more comprehensive than anything currently offered in Australia.

FIJI PROGRAM

With the Rotary club of Suva Peninsula Sunset I have donated this year a fully equipped mobile dental caravan to the Fiji National University Department of Oral Health. This Faculty trains the majority of dental professionals working in the Pacific Islands (Dental Therapists, Dental Hygienists and Dental Prosthetists as well as dentists).

The Caravan is fully air-conditioned, has a built in compressor, central suction system, X-ray unit, strip lighting, waiting room, fully lockable cabinetry, refrigerator, autoclaves, 3 sinks, 3 doors with retractable steps and handrails, and a portable field unit with compressor for use on remote islands in Fiji. The unit has been converted to work on to single phase power.
The University Oral Health department estimated the value of the dental caravan and its contents in this RAWCS project to be $350,000. The donation was welcomed by the University and the Fijian Ministry of Health at a special Presentation Ceremony with food and dancing performed by dental students from several Pacific Island nations.

The ceremony also launched the Bachelor of Oral Health degree course which will train Dental Therapists and Hygienists to Dental degree standard. This mobile dental clinic will be used for part of their training as well as to provide patients with a much needed free dental service in the more remote regions of Viti Levu.

**VANUATU PROGRAM**

I have initiated a professional and free dental service for disadvantaged Ni-Vanuatuan people in Vanuatu.

A volunteer dental team (again with team leader Dr David Goldsmith and including dental engineer Peter Copp) made a two week visit to Port Vila to install a fully equipped mobile dental van purchased from Dental Services Victoria. We were assisted by several clubs in Rotary International and in particular by the new Grassroots Rotary club of Vanuatu.

We are now looking for dental volunteers to support this project in the future – we don’t expect that this will be much of a problem - Vanuatu is an ideal adventure holiday spot where you would be helping happy, friendly people who have no access to dental care.


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**Dr. Dean F. Telthorst – GSLDS Distinguished Service Award**

In recognition of his Leadership of the 2014 Council on Scientific Sessions and his Accomplishments on behalf of GSLDS Members.

Greater St. Louis Dental Society held its Annual Installation of Officers and Awards Ceremony on Saturday, January 24, 2015 at Union Station, St. Louis, Missouri. Dr. Dean Telthorst received the Society’s Distinguished Service Award at the event.

Dr. Dean Telthorst received a Bachelor of Science degree in Biology in 1979 and a Doctor of Dental Surgery degree in 1983 from the University of Missouri-Kansas City. He returned to St. Louis following graduation and has been in general practice in Clayton for 32 years. He has been a member of the American Dental Association, the Missouri Dental Association (MDA), the Greater St. Louis Dental Society (GSLDS), and the Academy of General Dentistry since graduation. He became a Fellow of the Academy of General Dentistry in 1998 and a Fellow of the Academy of Dentistry International in 2012.

Dr. Telthorst has served two terms on the Board of Directors for GSLDS and has been a delegate to the MDA House of Delegates for the last 14 years. He served as Chairman of the 2014 GSLDS Council on Scientific Sessions. Dr. Telthorst has volunteered with Give Kids a Smile, Donated Dental Services, Missouri Mission of Mercy, and has been a dental advisor to St. Patrick’s Center.
The annual mid-year meeting of the ADI Executive Council was held on 16 May 2014. In attendance were President Ramon Baez, Past Presidents Terry Tanaka and Tom Brink, Vice President of Education, T. Bob Davis, and Executive Director Bob Ramus. It should be noted that Past President Diampo Lim was unable to attend due to the recent stroke suffered by his lovely wife, Alice. Also, Past President Reg Hession’s dear wife Pam passed away recently after a lengthy illness. We will want to remember them in our thoughts and prayers.

Prior to the Board Council day, the board members were guests of Dr. Terry Tanaka’s Study Group for an all-day enlightening and thought provoking educational experience. So much thanks go to that group for including the Council in such a collegial event. Many in the group are ADI Fellows.

### WEB BASED ADI CE NOW AVAILABLE

Please note the new monthly installments of our first annual series of web based CE. Each first of the month a new installment is uploaded and available for all members and non-members. We are a CE based organization and will attempt to be more cost efficient with providing CE to the world at large thru our educational resources. There are other new additions to be added by world class clinicians soon. Stay tuned on the web site occasionally for exciting new additions!

### REPORT OF A STUDENT DENTAL MISSION TRIP

For Spring Break 2014 some 38 dental students joined a team of dentists, hygienists, assistants, translators, and predental students for a highly successful adventure into the mountains of Guatemala. This being the third year of the work at this location by this group, over 800 children and 50 adults received near comprehensive care by the outstanding team of over 85 volunteers. A medical compound at San Raymundo has been the host and provided the safety and facilities for such a remarkable outpouring of international good will.

Joining in with the team were a dozen upper classmen from a highly regarded Guatemala City private dental school, UFM (Universidad Francisco Marroquin). Their head of pediatric dentistry, Dr. Zachrisson, supervised them and has become a true friend to the effort. Once an outpost for Serving HIM Ministries, the compound has numerous medical clinics from groups as far away as Italy. Dental care has been sparse and limited to the adults primarily in recent years.

A trip up the nearby mountain provided for the photo here of the group by a large cross that overlooks the city and the 13,000 foot inactive old volcano opposite side of the city. Walking through the city during a national holiday on that Sunday with all sorts of beautiful art work in the streets was a special treat and insight into the local culture. Memories and long lasting decisions are made which will impact the future of this generation. All this is submitted to encourage all readers to consider their options for such purposeful dental mission trips.

T. Bob Davis, Vice President of Education, ADI
Please Utilize Our Website at www.adint.org

ADI would really love for the website to be utilized as a great resource for our members! If you do not know your username and password, please email me at swilhelm@adint.org. I will be happy to help you! Members may then update or customize their membership profile. Make sure your valid email address is entered. Please add admin@adint.org to your approved email list for Academy emails and notifications!

Profile ~ There is a brief overview of the member profile pages on the toolbar of the website: "Member Web Manual"

Your membership data is only viewable by ADI members who are logged in and not viewable to the public. I encourage you to complete the profile. When members are searching for specialists, alumni etc. Your name only links if you have completed these areas or fields. Any field you enter information, but do not wish to be viewable, just click the padlock icon. This makes the field viewable to you and the ADI Central Office only. Not even logged in members may view your locked fields. (Birthdays for example.)

Any wording in your profile in Blue is a hyperlink and also a quick general search of like wording. The city, province, section or group may be colored blue. Click on it and it will list everyone else in your city, province, section, specialty or group.

Annual Membership Dues invoices can now be emailed instead of mailed. This saves the valuable time for Stephanie and valuable postage for the Academy! Social Networks ~ Your membership page allows you to share external social and professional networking profiles (such as Facebook, Twitter and LinkedIn). Then you may view all ADI members links through the Networks page.

My Networks

Any announcement or article you would like to share to your Social Media feed can be shared by clicking the “Share” and social media icons on most webpages. There are 100+ Social Media sites you may link to.

Groups ~ Requests for groups have come from members around the world. This will allow members to create groups to allow other members with the same criteria to communicate more frequently, efficiently and faster. Want to talk to other dentists who volunteer in the Amazon region? Groups will allow a fellow to link to his or her Regency, chapter, dental school, committee, local study club or even a chosen specialty. You may find a listing of all current available groups on the Member Search page. A group can be created simply be emailing the request and selecting the members!

Member Search ~ (Logged In access only.) Also, please follow the instructions on the page if searching for a state or province, use the "Location" field, not he General Search field. This system is very detailed. Any general search will bring up any instance of the word. “Columbia” will pull proper names, British Columbia, District of Columbia or Columbia, South Carolina residents, Columbia Avenue, or the University of British Columbia references.

Quite often the ADI receives requests from members seeking names and contact information for any other members that reside in or travel to the same country to provide dental care for the under-serviced. For example “Haiti” links members who routinely travel to Haiti and combines their own knowledge and contacts in the local dental school and government health officials. Members are trying to coordinate their mission and travel knowledge and experience to certain countries with other volunteers who are also destined for the same country. Dental and Medical Volunteers are often seeking to share and or learn information such as:

- Visa information
- Required vaccinations
- Customs information
- Cultural customs
- Equipment carrying/shipment
- Locals to share knowledge

Forums will allow for volunteers to share their excess supplies or seek donations of supplies, post upcoming mission trips and seek volunteers.

Online Payments ~ The Store or ecommerce area will provide for online dues payments, ADI Foundation contributions and event registrations with real time payment processing. Members will be able to print a receipt of payment in real time. Members may access and retrieve historical financial receipts since 2013 in their profile page under “Invoicing, Payments and History.”

Continuing Education ~ In 2014, the ADI provided a monthly CE article to all members with a valid email address on file. ADI now has PACE approval to be able to offer much more CE for our members. ADI is hoping to provide a full LMS (Learning Management Software) on the website in the near future. We would love to receive your input regarding this next step! Are any of our Fellows willing to share their knowledge with their colleagues through a knowledge based library or a course?

I encourage you to use the website and help the ADI integrate it with our membership. If I can help in any way, please let me know!

~Stephanie Wilhelm, Administrative Assistant; swilhelm@adint.org
For some time, I had been interested in exploring the Amazon rainforest. Originally, I wanted to see whether or not it differed significantly from the Costa Rican rainforest, which I had visited a few years earlier, and to observe first hand if the world’s largest natural resource was diminishing at the rate ecologists were depicting. My interests were self-centered - to take information only for myself with no intention, on my part, of giving anything, other than a few dollars for transportation. This was all about to change, big time, at the end of April 2000.

My research for this trip was mostly internet based, and most of what I saw was exactly what I thought I wanted - a plane ride, a boat trip up or down the Amazon, and a guided tour to see the birds and the monkeys in a guarded wildlife preserve, as the boat glided by an occasional village hut. The more I researched, the more apparent it became that I was not going to be satisfied with someone else showing me their version of life on the Amazon. I had already done that in Costa Rica, Tahiti, Cuba, and most of the many other places in the world I had visited up until that time. Now I was ready to strike out on my own.

One night, after following many links from an online search engine, I discovered the organization known as Amazon Promise, www.amazonpromise.org. The sole purpose of this organization, four times a year, was to bring together medical and non medical professionals (nurses, pharmacists, interns, residents, etc.) in Iquitos, Peru to traverse the head waters of the Amazon River, and visit riverside and remote villages, while providing medical and dental (if they could get a dentist) health care.

So I left Ohio with my three large Rubbermaid containers of personal belongings and dental supplies to meet a group of people I did not know, in a third world country, about which I had no idea, and where I could not speak the native language, other than “no entiendo”. (I don’t understand). An uneventful plane ride from Dallas and a solitary, semi-sleepless night spent in a back street hotel in Lima, led, the next day, to a mid-morning take off and a short two hour hop across the Andes Mountains, with a noon arrival in Iquitos, Peru located at the actual headwaters of the Amazon River.

The Amazon from 30,000 feet looks like a large ribbon and can actually serpentine 100 miles or more to travel only 10 linear miles in distance. This, plus the fact, that during the rainy season the river raises 30 to 50 feet, turns the river, and the jungle, into one huge watery snake traveling through hundreds of square miles of glistening, steamy, mirror-like swamp.

Arrival at Iquitos was a total experience in third world immersion. The primary mode of transportation was either motorcycle or motorcar, which was usually a 250cc Honda motorcycle with the rear wheel removed and a tricycle rickshaw, made for two passengers, welded on the back. These instruments of chaos were everywhere, and since there were no stop signs or traffic lights to speak of, getting through the many, many intersections in town became an exercise in terror only Stephen King could dream of. However, I must say, these drivers were so skilled that they could pass within millimeters of each other and not even shift gears. True genius existed here!

I spent two and one half days in Iquitos, and visited and photographed many absorbing places, not the least of which was a floating sub-city of Iquitos named Belen, which truly floats on the Amazon during the rainy season. The people actually live in floating houses and get around in boats during this time of year. During the dry season they walk and ride bicycles in the same dry riverbed that months before was more than 30 feet of water. I also stayed with a Shaman (witch doctor) and participated true cleansing rituals with the chanting, the smoke and the herb-steeped water poured over my body. (The definition of refreshing is a 90 degree plus air temperature with cool, evening water being poured slowly over your head.)

The shaman also had an actual medicinal botanical garden in which he had planted hundreds of medicinal plants and trees. Ethnobotanists visit here from all over the world to learn about the qualities of these plants and, in many cases, take back samples to study for adaptation into drugs for, what we so egocentrically call, the “modern world.”

On the third day, I boarded a riverboat for a trek about 110 miles up the headwaters of the Amazon into the Yarapa and Tahuayo rivers. It took an entire day, one night on the river, and another entire day to arrive at the first base camp. During these two days, what became very apparent was how totally, and completely, I was being immersed into the vastness of my surroundings. At night, the moon was like a bowl turned upside down - not the crescent I was used too. I could see the Big Dipper (Ursa Major) on its side, looming huge on the northern horizon, while the Southern Cross sat like a crucifix to the south of me. I was, literally, where the Northern Hemisphere met the Southern Hemisphere, and everything looked so vivid and surreal. Primary, secondary, tertiary, and quaternary stars looked about two feet away! So incredible, so desolate, so foreboding, and yet, so accommodating and breath takingly beautiful!

The first base camp was called Tambo Amazonico. It was very primitive, with a small water tower into which river water was pumped for showering, no electricity, and only bottled water to drink. When the sun went down, the light went out and only the glow of five or six kerosene lamps filled the screened in dining area. The sleeping area was screened in, porch-like in nature, with four bunks covered by mosquito netting and two kerosene lights. Save for the Howler Monkeys, Mealy Parrots, Red Bellied Macaws, Pygmy Bats, a Tarantula, or two, and the many tens of...
thousands of other creatures, we were totally alone in the jungle. What an awesome feeling of freedom and discovery came over me after a few days here.

The days from this base camp, and another base camp on the second week, were centered around getting up at first light (by the way, days and nights are equal on the equator so it’s dark by six and light by five), eating breakfast (usually, pancakes, eggs and fruit), and then boarding a smaller boat to travel to villages for medical and dental assessment and treatment. Usually by 4:30 or 5 p.m. we were done, mostly because of the lack of daylight (certainly not due to lack of patients), and we returned to base camp for dinner and stories of the day. It was truly amazing how quickly we became a team and how well everyone worked and learned together.

During the fourteen days I was in the gone, eight were spent in the deep jungle clinics. These clinics were M.A.S.H. units, basically making do with what could be brought in, literally, on the backs of the villagers. There was no running water or electricity. We used bottled water, which was at a premium, and sunlight. My first dental chair consisted of a wooden stool next to a pole, to which we secured a floatation cushion with duct tape for a headrest. I did take small, battery-powered Mag lights for the difficult-to-see areas. Since there was no electricity, there was no opportunity to do much restorative dentistry (fillings), although I did manage to do a little nineteenth century hand tooling and filling with self-curing composite.

Ninety-nine percent of the work was extractions and minor oral surgery. Even if restorative dentistry could have been done, one of the basic staples of a village diet is sugar cane, candy, and soda pop, so what was filled then would have been carious in six months. By actual count, the clinics, as a whole, saw 561 patients and I, personally, saw 143 people and removed 379 teeth.

Not withstanding the above statistic and observations, what impressed me most about these people was how overall healthy they really were, both physically and mentally. Sure, most of the children had worms, but in the face of how they were living, the overall incidence of diseases like cholera, dysentery, and e-coli based infections, or any other problem one could think of from living at one with the environment, was really relatively low. The teeth, although considerably decayed, were not generally infected, and the overall incidence of periodontal disease, although observed, was not as high as one might think. Most people just pull their own teeth when they get bad, and I saw no sequelae of any morbidity from past infections or from previous, self-inflicted surgeries.

Mentally, the people appeared very well adjusted and totally at peace with how they were living. They take only what they need, not what they want, because they want very little. There were constant smiles on the faces of the children. The children had roles and the adults had roles, they all knew what they were, and life was simple. These were very kind people. There was honest and emphatic gratitude from the entire village for what we provided. (When was the last time an entire town turned out to thank you for helping them, and watch and wave goodbye as you left to go home at night?)

I never felt in danger or unwanted.

These are not “poor” people. They are at one with their environment and at peace with themselves. “Poor” is a state of mind, and I personally see and know people, who live in the higher end communities of my own town, who are, by far, more “poor” than these villagers will ever be. Unfortunately, the blight is coming, the world is getting smaller, and by the turn of the next century or before, this population will probably end up like our own Indians - nowhere to be and nowhere to go. Too bad, because there is much we can learn from their way of life. These are the true children of the earth.

This trip changed my life in many respects. I went with a self-absorbed voyeuristic attitude and returned with a far more heuristic approach to the world I live in. I can’t become one of them, nor would I particularly want to live the way they do. But maybe, just maybe, I’ll pick up the trash and recycle it a bit more. I’ll make time to walk and be totally a part of nature. I’ll certainly tell the people I love how much I care for them. Most importantly, I’ll appreciate what you do for me a lot more and try to pass it on to others without asking for anything in return. Maybe there was something to the Shaman’s cleansing ritual I went through at Sachamama. ??

We really don’t need all that much, if you stop to think about it. We just WANT it.

Dr. Bob wrote this report in April 2000 after his initial expedition with the Amazon Promise along the Yarapa River in Peru’s deep Amazon Jungle. He has been back many times since then, and is the current Director of Dental Health for Amazon Promise, a Fellow of the Academy of International Dentistry, and the Recipient of the American Dental Association’s Meritorious Service Award for International Dentistry.

---- UPDATE----

It’s been fourteen years since I wrote the above article, and
since that time we have hosted residency programs with dental schools and dentists from England to Australia, as well as the United States. We have established educational programs about dental disease, and we have improved our dental delivery techniques so that we can now do restorative dentistry and repair some of the destruction caused by this disease, but nevertheless, the incidence of dental disease has not improved. Big screen TV’s are now common in many very remote villages, even though gasoline for generators is currently nine US dollars a gallon and the people have virtually no financial income. Candy is now very prevalent and popular in the villages. And carbonated beverages, high in sugar and carbonic acid, are now a common form of rehydration, due to the increasing non-potability of the abundant water that flows through the villages. It appears, alas, that western civilization, and, all that goes with it, is being absorbed into the indigenous lifestyle of one of the last of the true hunter-gatherer societies.

We have, in our society, the education, and knowledge to control oral disease. And, like the indigenous people of the Amazon, our water is becoming more and more undrinkable, and our diets have become extremely high in refined carbohydrates, which, of course, when coupled with a total lack of exercise, lead to obesity and most of the other metabolic syndrome related diseases we face today. We want a quick fix with a pill for everything, and do not want to comply with the simple rules of hygiene and nutrition to control this morbidly destructive and potentially fatal disease.

Come to think of it, the indigenous people of Peru are, actually, in a little better shape than our natives of the U. S. population. Their villages are built around a soccer field and everyone plays daily. They still must physically hunt for their food daily, consequently, much of what they find to eat is natural protein and complex carbohydrates. Unlike our populace, they do not drive to the store, where they are required to walk through aisles of refined carbohydrate laden products to get to the meat, fish, and produce departments which are “conveniently” placed in the back of our grocery stores by the marketing departments of major food chains, bent on exposing us to, and selling to us, the one product that makes them the most financial profit ..........

REFINED SUGARS!!

Third generation clinic partially funded by ADI Foundation

---More about that later---

Please indulge me for a few paragraphs and give me the opportunity to tell you about myself, and why I believe this position of editor of the is extremely important to all of us. I have a Bachelor and Masters degree in psychology from the Univ. of Akron (Ohio), and a DDS from Case Western Reserve Univ. (Cleveland, Ohio). I am the founder and educational director of Oral Healthcare Consultants, which is a professional organization that places emphasis on bringing oral health education to non-dental healthcare workers and clinical services to the underserved population in the USA and abroad.

In addition to being a Fellow of the Academy of Dentistry International, I am the Director of Oral Health for Amazon Promise, a Peruvian based, American health care organization, delivering comprehensive health care to the indigenous peoples living on the Amazon River, for which, I had the honor of receiving the Meritorious Service Award for International Dentistry from the American Dental Association.

I have been, professionally, an educational research and development psychologist with the U.S. Air Force, and I am currently performing much of that role again as an Assistant Clinical Professor at the Northeast Ohio Medical University (NEOMED), where, over the last four years, we have developed one of only a few comprehensive oral health educational programs within the four year didactic confines of their medical school curriculum.

Ok, so that’s who I am. And here is where we are going. In addition to all of the great articles you are currently used to in the International Communicator, I am going to include a section that has to do with Oral Disease and it’s precursors, all of which can also lead to metabolic syndrome diseases.

Oral disease, and the factors that lead to it, is not just a disease of the mouth anymore, it is a disease of the entire body, and we are truly oral physicians treating the entire body.

Of course, we already knew this didn’t we?

We just need to help medicine and the lay public to catch up!

Bob Fulton, rfulton330@gmail.com
As the plane climbed upward out of Zihuatanejo, circling for a final view of the beautiful Zihuatanejo Bay before heading east toward Mexico City and Oaxaca, I reflected on an inspiring week of dental mission.

Children from Octavio Paz and one other school were given the best of what dentistry has to offer. When I remembered the smiles of Gracias, the hugs of appreciation by these beautiful children, these wonderful memories of children I will never see again tugged at my heart and tears welled up. I was consoled in the possibility that perhaps a seed, some imprints of love and their being loved through our work, and a positive dental experience in the dental chair will remain with them for a lifetime, to improve their health and make them better patients.

As I looked down on the lush green terrain we were passing over, I saw village after village, some very isolated, some by rivers. The thought occurred to me, of how many other kids out there need help in the same way: Millions. I realized what we had done is only a drop in the bucket, barely a scratch on the surface of huge need. I also realized we need more drops for the bucket, and that by working together, the task becomes much easier.

Zihuatanejo (population under 70,000, and 10 Km sq/4 sq mi) is located in the large southern Mexican state of Guerrero (pron. ge’rero), one of the poorest states in the country, and is the fourth largest city in that state, after Acapulco, Chilpancingo (capital), and Iguala. It is one of 31 states in the Mexican Union which with Distrito Federal containing Mexico City, comprise the 32 Federal Entities of México. The state was named after Vicente Guerrero, one of the most prominent leaders in the Mexican War of Independence, and second president of Mexico. It is the only Mexican state named after a president, and did not exist until 1849, when it was carved out of territories of three neighboring states: Mexico, Puebla, and Michoacán. Tourism is the single most important economic factor of the state and Acapulco’s tourism is important to the nation’s economy as a whole. However, other sources of employment are scarce in the state, which has caused its ranking as one of the poorest states and number one in the emigration of workers to the United States.

Zihuatanejo and Ixtapa are sister coastal cities northwest of Acapulco. Ixtapa is a government-planned tourist resort that was begun in the early 1970’s and constructed on what was once a coconut plantation and mangrove estuary. Ixtapa boasts exclusive resorts, restaurants, and shops. On the other hand, Zihuatanejo, which is lined up with folk art shops boutique hotels, and seafood palapas, could not be more radically different. While Ixtapa is openly a purpose-built, sanitized version of Mexico, Zihua, as it is affectionately called, is the real deal: It is a Pacific paradise of a large round bay, beautiful beaches, friendly people, and an easygoing lifestyle. Until the 1970’s, Zihua was a sleepy fishing village best known as a hideaway for pirates, hippies, and fictional excons. Tim Robbins and Morgan Freeman escaped here to live out the simple life in the Shawshank Redemption. Today it still maintains its historic charm with narrow cobblestone streets hiding wonderful local restaurants, boutiques, and artisan studios. Traditional tile roofs and awnings have remained, and along the beach is Paseo del Pescador with a view of the beach, the beautiful bay, and fishermen selling their catch in the mornings.

This project is organized by Greg Psaltis, DDS, FADI, a new Fellow in ADI (www.adint.org) from the San Antonio Class of ’14, and from Olympia, WA. He and wife Mary Ellen have made an impressive impact on
one particular school, Octavio Paz, and have become Padrinos, even attending their graduation in July. This school had a catastrophic event when their buildings fell down due to heavy rains, and they now hold classes in temporary tented rooms. Dr. & Mrs. Psaltis have traveled there for the past eight years to provide specialty pediatric dental care for those students whose parents cannot pay for dental treatment. They have another similar/different project in Cabo San Lucas, Baja California Sur (BCS), the southern and newest of the two Baja states. The Zihuatanejo Project was begun 11 years ago by Dr. Ted Vento, and a list of multiple volunteers deserve credit for continuing this important project.

The remarkable thing about this school, according to Dra. Cecilia Villavicencio who coordinated locally and whose office we worked in, is that many of the families come from the mountains great distances to have their children study. Since many families are indigenous Nahuatl and come to the area during tourist seasons to sell their goods, some of the students must learn Spanish while in school, from their native language. Some travel up to 8, 10 or 12 hours away from Zihua and the school.

This year we were able to work together, along with three Mexican dentists, one, Dra. Cecilia Villavicencio, whose two chair office we were able to use to treat patients. Dra. Brenda Manrique (from Morelia) and Dra. Coquis Manzo (from Cuernavaca) came from distances to assist in this international group effort, and first class treatment was provided to poor students from two schools. The experience in the office of Dra. Cecilia Villavicencio was exhilarating and inspiring. These beautiful children accepted treatment for the most part.

Hugs and smiles and Gracias were part of the goodbye as they left. Every day I made a point of going to the waiting room declare to their parents how beautiful their children are. I received big smiles of pride and Gracias thank you’s from them. Because of her office set up with two chairs and equipment, and with supplies of materials and instruments brought by Dr. Psaltis, more children were able to receive the best treatment possible. The satisfaction of having given our best, of having made a dent in the need, of having touched a few hearts and had ours touched and tugged, is the rewarding experience everyone needs to have, or they will have missed an important part of life. As was said by Churchill, “We make a living by what we get, but we make a life by what we give.”

My personal thanks to Dr. and Mrs. Psaltis for such a great experience, to Dra. Cecilia for giving up her office for a week with no income and giving so much more and taking such good care of us. And thanks go to Dra. Brenda and Dra. Coquis for their technical skill and smooth handling of these precious patients.

Ronald E. Fritz, DDS, MPH
As you all know, the Academy of Dentistry International Foundation is the charitable arm of the Academy that distributes and manages the Endowment funds used for the projects that are approved.

It is a great honor to serve as the VP of the Foundation board, under the good stewardship of Dr. Susan Bishop, our Foundation President, and to be entrusted with building your endowment as chair of the ADIF Investment committee. Our endowment is constantly growing and our returns are well above the benchmarks that were set when we started out. This last year the grant committee chaired by Dr. T. Brink had reviewed a number of very good applications and we were able to fund all of those received by our deadline.

The Academy is a truly international organization and quite unique in its approach. Donations to the ADI Foundation are coming from all over our Academy’s world. Together with part of the free cash generated from the endowment, these donations are put to good work for better oral health and to improve the quality of life of many of the less fortunate in many countries around the world. We team up in financing worthy projects with organizations supported and recommended by Fellows of the Academy or by other humanitarian organizations. In doing so we reach communities all over the world and have supported most recently projects in Latin America, Asia and the US. Your contributions and the profits generated from our endowment make this possible and our grants surely make a difference.

Our ADI Foundation board is also a unique mixture of Fellows and invited dental industry representatives. Fellows serving at the ADIF board not only come from the US, but from Europe as well. We surely would welcome an even wider participation. The Industry members truly have a grasp of the global dental world and many have first-hand experience of the conditions of oral health around the world from their daily work.

The silent auction held during our 2014 Annual meeting was also a huge success and I personally thank all of those that bid on the fantastic items that were donated. 100% of these proceeds benefit the Foundation!

In closing, I ask for your continued support of your Academy’s Foundation. You can make it happen since your contribution helps us to continue to support the important projects worldwide.

Thank You!
Christian Brutzer, VP ADI Foundation
Member of the Board, Ivoclar Vivadent AG
Schaan, Principality of Liechtenstein

### 2014 ADI Foundation Grant Recipients

**OBOSI ~** A free, large scale, 2-day healthcare mission in Obosi Kingdom, a town in the Eastern Nigeria. The mission is aimed at improving the lives of impoverished people of Obosi, particularly the children and elderly from low or no income families who cannot pay for medical and dental care. Because Obosi town has neither private nor government dental service, people travel 120 miles to get dental care, so the poor and needy depend on health missions to get dental care. The goal is to provide dental and medical care to 1200+ and 3,000+ patients respectively, within two days. ADIF contributed $5,000 for necessary dental supplies.

**Amazon Promise ~** Amazon Promise is a U.S. based, non-profit organization founded to provide desperately needed medical and dental care to remote populations living in the Upper Amazon Basin of Northeastern Peru. The funds are ear marked to repair failing equipment and to replenish needed supplies used in previous expeditions. “We are very thankful to the ADIF for their willingness to become involved with our program, and provide us with the opportunity to bring our oral health program up to the highest levels to which we aspire.” ADIF contributed $2,500.

**Nepal Public Health Foundation ~** ADI Fellow, Dr. Lonim Prasai Dixit heads up the Oral Health Research Capacity Building for Nepal. With funding previously provided by the ADI Foundation, the research team purchased necessary equipment to begin testing and establish a database of fluoride levels in the drinking water. The Research Committee plans to develop a series of activities for the purpose of strengthening knowledge of health personnel with the aim of building in country capacity and to stimulate their participation in research particularly as it relates to public health practice and, explore the feasibility of using salt fluoridation for prevention of dental caries in Nepal. ADIF contributing $1,500.

Another organization submitted an outstanding application and was awarded $8,000. However, due to a political situation stalling the development of the clinic, the organizations chairman has honorably returned the money to ADI Foundation.
ADI Vice-President, Dr. Gerhard Konrad Seeberger and Gian Gabriele Carta, an infantry general of the famous “Brigata Sassari” have been part of a delegation sent to the Provincial Reconstruction Team PRT XV of Herat in Afghanistan. With Prof. Sergio Vacca, President of the Sardinian Water Supply Agency, ENAS, and his team they have travelled fifty-eight hours in order to talk to the Afghan Authorities on April 20th.

Problems in Afghanistan go beyond war conflicts. Most of them are due to the lack of essential goods and services. Eighty percent of all pathologies are linked to contaminated water and eighty percent of the population suffers from tooth-ache.

April 18th – Cagliari, Roma, Sharm-el-Sheik, and Abu Dhabi and the morning after on board of a C 130 J to Herat; this is the route. After arrival the delegation is transferred, wearing bulletproof vests and helmets, in armored vehicles to Camp “Vianini” in the city center. Military professionals from the Italian Infantry accompany the group.

Commander, Colonel Paolo Pomella, and his staff of the PRT XV welcome the delegates. The Team has a strong relationship with CIMIC, Civil-Military-Cooperation, and supports projects for a better quality of life for populations in difficult situations. Different projects have been promoted, so Colonel Pomella, but at the moment the most important shall guarantee potable water and develop zoo-and agriculture, followed by those dealing with health. The delegates present their themes for the meeting the day after. Prof. Vacca’s keyword is Water for Herat, Dr. Seeberger’s is Organized Dentistry

The meeting starts at 10:00 a.m. The Military commanders and the delegation meets with the Vice-president of the Herat Region, the Dean of Herat University, the Dean of the Faculty of Agriculture, the administrators of Herat Water Supply and the Director of the Public Health Service.

Prof. Vacca and his team present their project and donate a kit for water quality control and a new contract for a second water supply unit. The three points of Dr. Seeberger follow:

1. A realistic analysis of the need for human resources, equipment, materials and instruments for an effective dentistry adapted to the populations needs.

2. Develop the prerequisites for the foundation of the Afghan Dental Association and its registering at the World Dental Federation, FDI.

3. Support the under- and post-graduate education of dentists and promote student exchange together with dental organizations as Academy of Dentistry International, Italian Dental Association and the FDI.

The proposals have been well accepted. The next step has to be done by the Afghani authorities in order to guarantee stainability and efficiency. As we say in Italy: If it is roses, they will blossom!

Gerhard Konrad Seeberger
NOVEMBER 22 ITALIAN CHAPTER CONVOCATION

At the time of The Associazione Italiana Odontoiatri, the ADI Italian Chapter hosted a wonderful dinner to welcome and convocate new Fellows. It was held at Ristorante Spirito DiVino. This restaurant is home to a wine cellar that is more than 2,000 years old! It is located in a beautiful medieval house with arched loggia. On the base of the central column, are Hebrew characters carved in marble, still visible. The ancient name of the alley, where the house is located, vicolo delle Palme, seems to be derived from the fact that there had been planted some palms in remembrance of Judea. It was a beautiful setting for the occasion and a wonderful dinner was enjoyed by everyone.

Front Row: 
Drs. Nick S. Miranda, 
Giovanni Moleti and Denis Paletto.

Second Row: Drs. Loredana 
Maccarro, Fausto Fiorile, 
Mauro Sanalitro, Stefano Colasanto 
and Michelangelo Marino.

Third Row: Dr. Robert Ramus, 
Executive Director, 
Dr. Gerhard Seeberger, 
ADI Vice-President 
for International Affairs, 
Dr. Tobias Bauer, 
Vice-Regent of European Section.

DUBAI CONVOCATION 2014

A convocation of new fellows was held at the Dubai International Convention and Exhibition Center on 6 February 2014 during the United Arab Emirates International Dental Conference and Arab Dental Exhibition. Five candidates with exceptional qualifications from 5 countries were inducted. An evening of fellowship and dinner was enjoyed at the JW Marriott Dubai Hotel following the ceremony.

The new Fellows are in the 
Back Row: Dr. Souhail Hussaini, 
United Arab Emirates; 
Prof. Dr. Mohammad Altamash, 
Pakistan; Dr. Shiva Mortazavi, Iran; 
Dr. Bhanu Kotwal, India; and 
Dr. Mohammed Mustafa, Saudi Arabia.

In the front row: 
Dr. Robert Ramus, Executive Director 
and Dr. Ramon Baez, 
ADI President-Elect.
The American Dental Association played host for the Academy’s fortieth anniversary Annual Meeting and Convocation in San Antonio, Texas. The Board of Regents convened for its annual meeting on Tuesday, October 7, 2014. The Board passed Bylaw changes adopted by the Executive Committee as well as approving candidates for Fellowship and ADI Awards. The Board welcomed the attendance of newly elected Regents, Dra. Christliebe Pasini from Chile, South America and Dr. John Pearman from Australia.

An excellent education program was presented by Dr. J. William Robbins from the University of Texas Health Science Center at San Antonio. “Global Diagnosis – A new vision for dental diagnosis and treatment planning.” The course was extremely well received; informative and applicable to every practice!

The Academy’s Annual Convocation was hosted by the USA Section. Twenty-six candidates were honored with Fellowship from Canada, Guatemala and the USA. The ADI presented three awards for 2014. Dr. Kathleen O’Loughlin, Executive Director of the American Dental Association was inducted as an Honorary Fellow of the Academy. Dr. Lisa Alvetro was presented the Humanitarian Award for her years of service in organizing, funding and providing dental care for the Angel House Orphanage in Tanzania, Africa. Dr. Tobias Bauer was given the International Dentist of the Year award for his continued dedication to serving and educating within the Dominican Republic and Haiti.
The ADI Foundation’s Silent Auction items were on display all day and the winning bids were announced following dinner. The outstanding number of items provided by members, officers and corporate partners raised in excess of $14,000 for the Foundation Grants. Thank you to all those who donated and participated in the Silent Auction.

Installation of the 2014-2015 Officers brought the evening to its conclusion. Officers for 2014-2015 sworn in at the Annual meeting included Dr. Ramon Baez, (USA) President; Dr. T. Bob Davis, (USA) President-Elect; Dr. Gerhard Seeberger, (Italy) Vice-President for Finance and Administration; Dr. Santiago Sartori, (Uruguay) Vice-President for Education; and Dr. Ernesto Acuna, (Mexico) Vice-President for International Affairs (in absentia).

**2014 TERRY TANAKA STUDENT HUMANITARIAN AWARD**

The 2014 Terry Tanaka Student Humanitarian Award was presented to Mr. Jason In Myung Joo of Loma Linda University School of Dentistry. Mr. Joo already exhibited great compassion, altruism and caring before arriving at Loma Linda. His leadership and organization skills were at work long before he became a dental student. Jason was very active in his church as President of the Junior High Youth Servant Team and Collegiate Ministry. He started his dental mission trip experiences assisting with procedures. All the while, Jason was experiencing and observing the ways dental professionals are able to give back, even assisting with coordination of the trips and activities in teaching oral care.

While in dental school Jason continued his volunteering taking multiple mission trips to multiple countries. He again coordinated, planned, recruited students, made clinic assignments as well as air and hotel reservations. Jason’s leadership and organizational skills at the local level resulted in a local hospital joining him to start an educational program for oral health prevention for elementary schools. “Jason has been giving of himself for many years, all while maintaining a strong standing academically and clinically. He is constantly seen with a smile on his face because he understands and has experienced the blessing it is to give and is motivated to help others experience the same.” ~ D. Graham Stacey, PhD, MS Associate Dean for Student Affairs, LLU.