A WORLD IN CRISIS

ORAL HEALTH CARE AND CONTINUING POTABLE WATER NEEDS IN THE 21ST CENTURY
MISSION STATEMENT
The Academy of Dentistry International is the international honor society for dentists dedicated to sharing knowledge in order to serve the dental health needs and to improve the quality of life for people throughout the world. Through the development of fellowship and understanding, the Academy endeavors to create opportunities for service in order to assist in the establishment of world peace.

IN MEMORY
Dr. James A. Harrell, Sr.
ADI President 1997-1998
ADI Foundation President 1999-2004

For more information please visit:
http://www.adint.org/news/334645/
Dr.-James-A.-Harrell-Sr.-.htm
ADI WOULD LIKE TO THANK

ADI WOULD LIKE TO THANK IVOCLEAR VIVADENT AND MR. CHRISTIAN BRUTZER, VICE-PRESIDENT ADI FOUNDATION, AND GLOBAL REGION HEAD ASIA/PACIFIC FOR IVOCLEAR VIVADENT, FOR THEIR MOST WELCOME HELP AND FINANCIAL SUPPORT FOR THIS VOLUME OF THE JADI.

WE IN THE ADI WOULD LIKE TO EXTEND OUR SINCERE APPRECIATION TO MR. STEVEN W. KESS, VP GLOBAL PROFESSIONAL RELATIONS, HENRY SCHEIN, INC. AND HIS TEAM FOR PROVIDING GUIDANCE, PROFESSIONAL SUPPORT IDEAS AND ENCOURAGEMENT TOWARD THE BRANDING IMAGE OF THE ADI. WE ARE HONORED TO HAVE SUCH A TALENTED GROUP OF EXPERIENCED INDIVIDUALS ON OUR SIDE AS WE GROW ADI’S POSITION IN THE WORLD OF ORAL HEALTH EDUCATION AND INTERNATIONAL PROGRAMS.

WE NEED YOUR HELP TO GROW THE ADI. TO BE PART OF THE SOLUTION, SEND YOUR IDEAS AND THOUGHTS TO EDITOR@ADINT.ORG

HOW THE JADI WORKS

Seeks out information on new oral health programs worldwide.

Releases information on new studies and programs that benefit the treatment of oral disease.

Supports studies that can benefit the cure of oral disease.

Supports programs that can help eradicate the whole body morbidity of oral disease.
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Well good day. Time has flown by and now it is time for Vol 3. Edition 1 of the JADI for 2017. This has been a very exciting time for ADI these last six months. ADI is redefining itself as a world presence in oral health information dissemination. From being involved with the United Nations, Pg. 10, to presenting three cogent topics at the Greater New York Dental Meeting, Pg. 9, to observing and presenting to one of the finest run dental schools in the world in Jamaica, Pg. 31. The ADI presence is beginning to be felt around the globe.

As I have said to many people and organizations this past year, ADI is not a social club. It is an organization of like-minded individuals, whose primary goal is to promote the concept of oral disease being far more than decayed teeth and bleeding gums. We would like to promote the idea that oral disease is a whole body infection, causing a whole body inflammation, leading to a myriad of metabolic problems, and risk factors, that have the potential of leading to Cardiovascular Accidents and death.

In this Vol. 3, Edition 1 of the JADI, I am deviating from past publications in that, in addition to being a hard copy, many articles will be referring to sites on the internet where you can visit to obtain further information on the topics. I will interplay with our own ADI website (www.adint.org) to provide you with links to areas that provide more detailed information about the topics being covered. Since the JADI is also displayed on the website under Journals, it should be very easy to visit the website and open the journal there. The online version includes direct links to every article.

We have many new ideas on the table to make your fellowship more informative for you this coming year, but information is a two way street. You need to give as well as receive information and knowledge. ADI is only as strong as its fellows and their ideas and submissions. If you want to be part of this movement, then give information and dialog back to your fellows. Help promote the oral disease/medical connection as a very manageable medical condition of the entire body, through our blogs, forums and reports section on the website.

I would like to close my “From the Editors Desk” text this time with a quote from Dr. Shiva Mortazavi, ADI Regent, Middle East Section:

“I will never forget that night (US day) that I requested both [Drs. Baez & Fulton] to stay ‘online’ to give me their advice step by step to assist me [in] preparing my PowerPoint just a couple of hours before the congress commence[d] when I needed [to open]... the congress as the chair and then give the presentation.”

In those humble four lines the entire reason for, and of, the ADI was summed up and wrapped tightly with a bright red bow. We are the ADI and we are there to help! THAT IS IT. There is not anything else to add.

Obrigado,
Ciao
Bob Fulton
Editor-in-Chief
Editor@adint.org
Upon ascending to the Presidency of our prestigious ADI I begin my “Thoughts” by thanking my predecessors for the groundwork laid, the heart and soul of their lives poured out in our behalf, the love and care they still exhibit and the wisdom set in motion through our founding documents. Solid foundations can hold strong and broad structures horizontally while supporting tall and elegant structures vertically. We have that in our history of 13 Sections and 19 Regencies spreading the world as the horizontal component. There is room for more foundation building horizontally as we grow in spreading the responsibilities and honor of our mission statement.

There is room for building solid vertical structures on these Section foundations, many of which have great potential for New Fellows who add to the sharing of knowledge and actual dental services. We are the youngest of the four worldwide Honorary Dental Organization Societies, the smallest in number consequently, but one with most potential to impact our world with our messages. (You will find in the pages of this budding young journal of which I speak.) Your imagination will expand on the possibilities of what we have in the making, your heart will warm to the desire to become a part of these initiatives, and your lives will be enriched by the lives we touch.

To be more specific, the United Nations (UN) connection we now enjoy through their Department of Public Information (DPI) as a Non-Governmental Organization (NGO) has thrilling potential of carrying our message of Oral Health as such an integral part of Total Body Health. I tell people that most all of what we put into our body is through our mouths, not our ears, eyes, noses or skin. How very important we exercise wisdom and control over that choice in life. Thus was born our emphasis on Oral Health as relates to the water we drink, a huge problem within the undeveloped countries of this world. At the same time we birthed our new emphasis on sugar intake that has resulted in so many metabolic systemic health issues for humans. Add to these the lifelong pursuits of our private practices in spreading the language and practice of oral cleaning for a world mostly devoid of any personal healthy habits. My, my, the world needs so desperately our input, your input, our sharing, your sharing, both individually and organizationally. YOU are the key.

The President of any organization is only a representative of all of the Fellows. Actually it is what the Fellows do, have done and will be doing that makes an organization alive and well. It starts at the top according to some thoughts and models. So let’s talk about the top of ADI. We have an Executive Director, Dr. Bob Ramus, who has been our masterful coordinator for going on 17 years, the longest tenure in our history. His wisdom and insights are so valued and often sought to keep the continuity of our organization. Our Executive Secretary, Mrs. Stephanie Wilhelm, totally knowledgeable about the history of, current status of, and full of vision for our Central Office support has been the longest serving employee. Our Immediate Past President, Dr. Ramon Baez, is one of the most traveled Presidents we’ve had. One of the most scientifically savvy Presidents, he has set the bar high for interaction with all the Sections, all the while sharing his past connections with ADA Standards, the UN’s WHO organization and his Professorship in a major USA Dental School.

Our President Elect, Dr. Gerhard Seeberger, is Speaker of the House for the World Dental Organization FDI
and is connected politically to the world of dentistry while personally creating an initiative for serving the aging populations. Dr. David Alexander with two Masters in Public Health is our new Vice President for International Affairs and is leading the charge within the UN initiative, personally representing us at strategic times and places. Dr. Ron Fritz has the Master of Public Health Certificate and is our dynamic and world-traveled dentist volunteer now heading up the Vice Presidency for Education while also serving as Chair of the USA Section. Dr. John Pearman of Australia is our new Vice President for Administration and Finance, a leader in one of our strongest Sections with a well functioning and growing Fellowship. Dr. Bob Fulton has won your high respect for not only what he says about sugar, but mainly for what he has physically done for our website upgrade and the creation of this phenomenal new communication tool, *The Journal of The Academy of Dentistry International!*

As part of the leadership team we must include the Committees that function for us. I will highlight them through the year. To start, our Public Relations Committee is chaired by our Immediate Past Vice President for International Affairs, Mr. Fred Herbst, an Industry giant with strengths of worldwide dental contacts and whose passion for ADI is unsurpassed, unmatched and unwavering!

What a stellar leadership team we are!

Read on and be inspired!

Pass it on!!!

Gratefully,
T. Bob

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**How Much Sugar Can I Eat??**

In order to know how much sugar your body can tolerate in a given day, you must have some basic knowledge of what we call SUGAR. Sucrose is what we call sugar. It is made up of Glucose and Fructose molecules, in almost equal amounts. Glucose in the correct amounts is the fuel that every living cell runs on plant or animal. Fructose is the real problem, because it is only processed in the liver as triglycerides and fats.

Another fact you must know to make a decision about how much sugar can be consumed, the equation is: **4 grams =1 teaspoon.**

Now let’s look at a label on a soda can:
First, **all** data is reported as per serving - notice “servings per container.”
Next, look at the Sugars under Carbohydrates. 39 gms =10 tsp, per serving. 10 tsp = ¼ cup of sugar.

Here’s your answer: According to the American Heart Association, **Adults** can only tolerate:

Females: **20g=5 tsp.** of
Males only **36gms=9 tsp.**

sugar per day.

Children, 2 – 18yrs. can only tolerate **24g=6 tsp.** of Sugar per day.

Fact, the average male teen drinks the equivalent of 2+ sodas per day, thus increasing the risk of early onset major health problems at a much earlier age.

[http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/Added-Sugars_UCM_305858_Article.jsp#.WPe_hFPyuOE](http://www.heart.org/HEARTORG/HealthyLiving/HealthyEating/Nutrition/Added-Sugars_UCM_305858_Article.jsp#.WPe_hFPyuOE)
My remarks are intended to familiarize any of you who may be new to the Academy or to those of you just wanting an update about the recent activities of the Academy of Dentistry International Foundation.

The ADI Foundation is a 501(c)3 charitable organization registered in the state of California in the United States. Donations to the Foundation are tax deductible in the United States. Also, because the Academy is a United Nations affiliated NGO, donations from outside of the United States may be tax deductible as well.

Project funding and administrative support for activities that provide dental care to the underserved and promoting healthcare volunteerism are cornerstone objectives of the ADI Foundation.

The Foundation is governed by a Board of Directors comprised of ADI fellows and dental industry representatives. The Board meets twice yearly. Usually, the mid-year meeting is conducted via teleconference. The annual meeting is held just prior to the opening of the American Dental Association’s Annual Session.

Most recently, the Foundation’s annual meeting was held on October 20, 2016 in Denver, Colorado. I am pleased to report that the Board approved to distribute over $20,000.00 in grants. Two categories of grants were approved.

The first was a series of New Fellow grants. These grants were designated to newly convocated fellows in the Brazilian Chapter. ”The Literacies for Oral Health Project” is aimed at training school teachers on how to promote oral health, and prevention among six year old elementary school children. This program specifically targets children that live in the poorest areas of the cities, or rural locations, that have been identified by the project team. The Foundation wishes to thank Ivoclar-Vivadent. Inc. and our Vice-President, Mr. Christian Brutzer for facilitating the generous $10,000.00 donation that made this request a reality.

There were eight submissions in the second category; Standard Grant Applications. Grants were awarded to projects in the Philippines, Cambodia, the Peruvian Amazon, Brazil, Mexico and the United States. This past year the committee reviewed more grant requests than ever before. These projects and a listing of programs we have supported in the past are available on the web site under the “History of Projects Funded.”

The Board also received a report from the Finance & Investment Committee Chairman, Mr. Christian Brutzer. He outlined our investment portfolio was maintaining its record of “above the benchmark” growth. Mr. Brutzer further stated that the committee, in consultation with our advisor, Ms. Carla Koren of Morgan Stanley, rebalanced the fund mid-year. This was done in order to optimize the fund’s potential growth. Mr. Brutzer, in closing, reminded the Board that the primary objective of our investment program is to protect the endowment.

Finally, I would like to remind you that our primary source of income stems from your generosity. Won’t you consider a contribution to help continue the good work of the Foundation as it moves forward in meeting its goals? Donations may be given online, through the mail or over the phone to the ADI Central Office.

www.adint.org/DonateADIF
Central Office +001(419)542-0101

Most Sincerely,

ADI Foundation President
Breaking news !!! ADI in National Spotlight

ADI was again brought to the national spotlight by being afforded the opportunity to present topical information in front of a national and international audience. On November 27, 2016, during a half-day session at the Greater New York Dental Meeting, Drs. David Alexander, Claudio Fernandes, Robert Fulton and Gerhard Seeberger presented the following topics:

Dr. Alexander acted as the commentator and moderator of the program. He introduced the topics and moderated the question and answer sessions.

Dr. Fernandes presented current trends in oral health literacy programs being developed in Brazil.

Dr. Seeberger presented current water issues, from worldwide scarcities and dental waste disposal to the biological effect it has on medical conditions.

Dr. Fulton presented current concepts concerning sugar and its effects of addiction, overconsumption and how it effects the metabolic processes of the human body. The audience numbered around 160 participants and almost all stayed until the question and answer session was finished.

Sunday All Day Seminar

ACADEMY OF DENTISTRY INTERNATIONAL (ADI) 2016

ADI is Recognized by the United Nations as a Non-Governmental Organization (NGO) since 2014

ORAL HEALTH, IT’S BEYOND TEETH, IT’S TOTAL HEALTH FOR PEOPLE

This GNYDM Seminar/Round Table discussion, addresses the topics of oral disease awareness as it is being viewed in the 21st century. It will provide insight into the many unaddressed factors that need to be considered when discussing oral disease causes, sequelae, and its effects on the overall health of the entire body, as well as, education methodologies to promote healthier habits.

Course: 3325  9:00 – 12:00
Tuition: FREE  3 CEUs
Recommended for: D, H, A, R, S

ARE DENTISTS PROMOTING HEALTH?

Moderator: David Alexander, B.D.S., USA
FRED HERBST, GERMANY  9:00 – 9:15

Opening Introductory Remarks: Dentistry’s Social Responsibility
CLAUDIO FERNANDES, D.D.S., Ph.D., BRAZIL  9:15 – 9:45

SOCIAL PRACTICES LITERACIES FOR HEALTHIER HABITS

The movement towards improving a sustainable and healthy quality of life is currently recognized as a priority of the 21st century. Oral health influence on life quality is also widely recognized due to severe social and economic impacts. The challenge we face is the promotion of total health awareness towards favorable healthy behaviors. The program focuses on educational methodologies to promote critical psychosocial behavioral changes necessary to self care. The concepts for social practices literacies as well as application examples are discussed in order to fundament a pathway for action for implementing sustainable health values.

GERHARD K. SEEBERGER, D.D.S., ITALY  9:45 – 10:30

70%: EARTH OR BODY WATER?

Considering the WHO statement. Water is a fundamental constituent for the organism and for human life! Two aspects come to mind. First: contaminated water is the reason for approximately 80% of all diseases in low-income countries. Second: beyond 60 years of age the perception of thirst is missing, worsening the health status of the elderly. As infectious diseases are the main cause of death and 90% of the health care budget of high/middle income countries is spent for the last five years of life, there is a need for action. Dentistry is the sentinel profession to take on this kind of action.

ROBERT FULTON, D.D.S., M.A., USA  10:45 – 11:30

SUGAR: THE ELEPHANT IN THE ROOM

According to the FDI, sugar is a leading cause of oral disease. The WHO and other world health agencies place oral disease among the top infectious diseases in the world. Nevertheless, little has or is being done, to address oral disease in the light of an overall body infection that not only affects the oral cavity, but leads the way to the exacerbation of most all of the metabolic and autoimmune generated diseases.

OPEN DISCUSSION  11:30 – 12:00
The Academy, United Nations and Sustainability

David C. Alexander
ADI Vice President, International Affairs

The Academy of Dentistry International enjoys the notable and distinctive position of being the only honorific oral health-related organization to be recognized by the United Nations (UN) as an affiliated NGO.

What does this distinction mean and how can the affiliation serve to advance the mission of the Academy?

First, let’s take a look at the United Nations. Generally civil society is not well-informed, often misinformed, about the role on the UN. The UN was formed on conclusion of World War II and its mission at the time was mainly to preserve world peace. The UN’s list of member states increased significantly following decolonization (work of the UN’s now-defunct Trusteeship Council) and in the 1970’s increased emphasis and budget were allocated to economic and social development programs. The most familiar organs of the UN are the General Assembly (the body representing all member states,) the Security Council (peace and security,) the Secretariat (the ‘staff’ structure seeking and disseminating data) and the International Court of Justice (the judicial organ.) There are also agencies such as the World Health Organization (WHO,) the World Bank, the World Food Program and the UN Children’s Fund (UNICEF.) The historic 2030 Agenda for Sustainable Development was adopted by all 193 member states in 2015 and is a master plan of 17 goals for humanity to achieve a sustainable way of life on this planet, leaving no-one behind. The Sustainable Development Goals (SDGs) recognize persistently high levels of extreme poverty, the accelerating effects of climate change, the proliferation of violent conflicts and the increase in number of refugees and migrants. The SDGs call upon us all; globally, regionally, nationally...
and at the community level to view our world with sustainability, human dignity and equity.

Next, let’s take a look at civil society and its mechanisms for interactions with the UN. Non-governmental organizations commonly referred to as NGOs may gain affiliation with the UN itself and its agencies and provide value through ensuring the UN and its member states are fully informed about issues and to take advantage of what NGOs may offer towards common goals. NGOs are also recognized as an essential channel of communication back to civil society for priority issues on the UN agenda, such as the SDGs. Currently there are approximately 1600 NGOs affiliated with the UN Department of Public Information. These NGOs cover a very broad spectrum of interest and activity including human rights and peace, health, environment, education, poverty and hunger among many others. The interests of oral health promotion are uniquely addressed by the ADI as the sole representation of global oral health. ADI became officially affiliated in 2015.

Within the mission statement of ADI are several key features that align with the UN: sharing knowledge; development of understanding; opportunities for service; establishment of a world at peace; service to public, country, community and mankind. Many Fellows bring these to life through volunteerism and oral health projects serving communities in need. With representation at the UN and its other affiliated NGOs, ADI can address member states and NGOs directly. Thus increasing the volume and the reach of the messages that oral health is an essential component of general health and that health projects that do not include oral health will always come up short in creating healthy communities. Through collaboration with other NGOs delivering aid to communities in need, ADI can gain synergy with new or existing programs, add an oral health promotion element based around the common-risk-factor approach including, reductions in sugar consumption (caries, diabetes, obesity, cancer) improved hygiene (plaque control, handwashing, sanitation) access to potable water, no tobacco and avoidance of stress and trauma.

ADI has embarked upon its journey with the UN and the affiliated NGOs through local representation in New York at UN Headquarters and attendance at bi-weekly NGO led discussions and a symposium at the UN DPI/NGO Conference (2016) held in Gyeongju, Republic of Korea. Proposals are under consideration for an ADI-led NGO briefing entitled ‘No health or transformation without oral health!’ As well as participation in a symposium at the 2017 UN DPI/NGO Conference to be held at UN Headquarters in August, where the theme is expected to be around migration and refugees. An audience of over 3000 is anticipated. This opportunity will help us all become aware and raise the awareness of the health issues of migrants and refugees, as well as the impact of migration of dental professionals out of low- and middle-income countries.

As your representative to the UN DPI/NGO, I welcome enquiries about the work of the UN and how ADI and its Fellows can participate in the broader effort to achieve the SDGs and to promote oral health as an essential component of general health. I can be reached at david@appoloniaglobalhealth.com. I look forward to hearing from you and will be offering more information in future issues of JADI.

Websites of Interest:
UN Affiliated NGOs: https://outreach.un.org/ngorelations/
Dr. Ron Dailey: Honorary Fellow

Ronald J. Dailey, PhD received his Bachelor of Science degree from Loma Linda University, his Master of Arts in Educational Psychology from Walla Walla College and his Doctor of Philosophy in Higher and Professional Education from the University of Southern California.

Dr. Dailey began his career at Loma Linda University School of Dentistry as Instructor of Preventive and Community Dentistry. In 1977 he was appointed Assistant Professor and in 1994 became Associate Professor of Dental Educational Services.

Dr. Dailey has had numerous committee appointments at Loma Linda University as well as the Loma Linda School of Dentistry. Administrative appointments at the Dental School included: Director of Student Services; Associate Dean for Admissions and Student Services; Associate Dean for Student Affairs; Associate Dean for Academic Affairs; Executive Assistant Dean, and in 2013 Dr. Dailey was appointed Dean, Loma Linda School of Dentistry. In addition, he is also the Chair for the Department of Dental Educational Services and has authored several texts.

Dr. Dailey has served in various capacities for the American Dental Education Association and the American Association of Dental Schools. He has made numerous presentations both nationally and internationally and served as a consultant for Adventist Universities Dental Programs in Argentina, Brazil, Chile and the Philippines.

Sharyn Markus: Honorary Fellow

Ms. Sharyn Markus is the Executive Director for the Colorado Springs Dental Society where she handles all responsibilities for the non-profit organization, including mediation and conflict resolution, credentials verifications, print media, public relations, programs, referrals, correspondence, education, committees and task forces, community events, Give Kids a Smile, Dental Health Month, trust for indigent dental care, establishing a non-profit dental clinic, fundraising, supporting Fort Carson soldiers through Operation Gratitude, supporting the Girl Scouts Troops for Troops, social media and website management.

In addition, Ms. Markus is an Author of five books, numerous published teaching articles and curriculum guides. Ms. Markus is also a Free Lance Editor, having edited Dr. Bob Meyer’s book Dental Mission Manual Volumes 1 and 2. As well as manuals on dentures and AIDS prevention. Her certification as a Certified Dental Editor was issued by the American Association of Dental Editors.

In 1976 Ms. Markus began as a teacher and Library Media Specialist for Academy School District Twenty in Colorado Springs, where she taught all levels of middle school and high school English, Journalism and reading for twenty-nine years. She holds multiple professional memberships, has attained many honors and awards and participates in civic/community activities too numerous to mention.
Dr. Ed de la Vega
Humanitarian Award Recipient

On October 19, 2016 in Denver, Colorado the ADI Humanitarian Award was presented to Dr. Edgardo de la Vega in recognition for his concern for mankind and for his significant contributions to enhancing the quality of life and the human condition.

Dr. Ed de la Vega graduated from the University of the Philippines College of Dentistry with a DMD degree and then completed a General Dentistry Residency at McGill University Hospitals in Montreal, Quebec. He then enrolled at the University of Southern California School of Dentistry and graduated with his DDS degree and entered into private practice in Los Angeles.

Dr. de la Vega became an instant success. He joined the ADA, CDA and Los Angeles Dental Associations. He was appointed to the California Board of Dental Examiners and was an Expert Examiner on the Board. During his tenure he became a member of the American Association of Dental Examiners. Dr. Ramus mentioned to us that many of his classmates were terrified of taking the California Boards; maybe he should ask Ed about that since they are of the same generation?

Ed continued serving his profession through membership in The Los Angeles Dental Society where he rose through the Chairs to the Presidency. He also served as President and later as Executive Director of the Southern California Filipino Dental Society and as President of the National Association of Filipino Dentists in America. Ed is Fellow of the American College, the International College and our own ADI.

Dr. de la Vega has been a frequent lecturer for his colleagues in the Philippines and that is where his humanitarian efforts are most visible. He has constructed, equipped and staffed three full service dental clinics in Tacloban, Pambujan and Roxas City. In 2015 Ed incorporated the DENTISTRY FOR EVERY VILLAGE Foundation to provide financial assistance in his humanitarian projects.

A summarized Report from his Foundation’s work from 2016 is available on Pg 28. Dr. de la Vega’s Foundation can be found at www.D4EVF.com

Dr. Laura Pittau
ADI Distinguished Fellowship Award

Dr. Laura Pittau, an ADI Fellow, is the President of the Section of the Friul Region, and a Councilor of the Italian Dental Association, AIO. Dr. Pittau has been instrumental in delivering oral health care and prevention to the elderly in Italy by establishing a complete oral health clinic within a nursing home in Pordenone, Friaul, in North Eastern Italy.

Authorization criteria have been in a phase of change since last year, threatening the activity of dental care in municipal clinics. Dr. Pittau has been perseverant in negotiations with the stakeholders of the Pordenone nursing home Casa Serena. Her endeavors have been rewarded with the reopening of the dental clinic this spring. Dr. Pittau continues to be active giving advice on how to act against a law, which is not applicable for any other medical specialty, but the dentist. Her activity has a larger effect against the discrimination of the dental profession and on guaranteeing access to care and prevention for the social weak.

This model has been unique in all of Italy until 2016 and has been a model for other dental services for needy and/or physically or mentally handicapped elderly people. A report on Dr. Pittau’s endeavors can be found in the Journal of the Academy of Dentistry International Vol. I. It is also available on the ADI website. http://publications.hubbardcompany.com/books/kcpn/#p=13
The A D I recognized J. Morita Corporation for their contribution to dentistry at the corporation’s centennial year meeting in Kyoto, Japan, Friday, October 14, 2016. The award was again presented to Mr. Morita on Saturday, October 25 at the Kyoto International Conference Center in front of 2000 J. Morita employees and 300 international guests.

Dr. Adriano Albano Forghieri is the President of the São Paolo Section of the Associação Brasileira Cirurgões-Dentistas, ABCD, the largest in the country. ABCD is the organizing section of the largest dental congress and trade fair in Latin America and the second biggest in the world, the Congresso Internacional de Odontologia de São Paolo, CIOSP.

It was during the CIOSP in 2014 that Dr. Forghieri was asked to help set the preambles for the establishment of an ADI Brazilian Chapter. Due to his efforts, during the 34th edition of CIOSP on January 28, 2016, an ADI Convocation inducting 28 new Fellows and establishing the Brazilian Chapter of the Academy of Dentistry International became possible. Understanding the importance of showing activity of our organization, he made it also possible, during the same meeting, to bind ADI into the program of the II Symposium of Sustainable Dentistry and personally delivered lectures which provided CE credits to the newly inducted. Additionally, ABCD has substantially contributed to finance the presence of two speakers, ADI President Prof. Ramon J. Baez and Brazilian Chapter Chairman Prof. Claudio Fernandes.

Dr. Forghieri provided the leadership needed for ADI’s presence at the 66th Conference of the
Non-Governmental Organizations of the United Nations’ Department for Public Information (UN/DPI) in Gyeongju, Korea, on May 30, 2016, contributing to the overall theme, “Achieving Sustainable Development Goals Together”. ADI has been the only dental organization present out of 88 DPI-NGOs addressing 2500 attendees from 100 countries.

Through these accomplishments, Dr. Adriano Albano Forghieri has been a driving force behind the promotion of ADI’s global image.

Dr. John T. Baker, FADI receives the Certificate of International Volunteer Service from the ADA

In August of 2016 Dr. John T. Baker was awarded the Certificate of International Volunteer Service from the American Dental Association. Dr. John Baker attended 38 mission trips over 19 years to serve the impoverished people of Mexico, in some of that country’s most primitive, secluded wilderness settings. Dr. Baker is a full time practicing dentist of 49 years in Dallas, Texas.

For his tireless efforts in helping his fellow man, Dr. John T. Baker was awarded this Honorable Certificate from the American Dental Association.


Mr. Michael Siy, accepting the ADI 2016 Terry Tanaka Student Humanitarian Award from Dr. Terry Tanaka

Michael Siy is a senior dental student at Loma Linda University in California. His organizational, management and motivational skills have made him a very strong leader: one who always leads by example. He has inherited a strong passion for serving others in need and has regularly assisted in low-income dental clinics, as well as large-scale outreach events during his four years at Loma Linda. Michael volunteers weekly at the Compassion Clinic, a student run clinic whose mission is to serve the poor and needy, including those in countries like Nicaragua & Honduras.

Outside of his dental school academics and rigorous schedule, he devotes much of his time to extra curricular activities to participating in the school’s student government, the American Dental Students Association and various community service projects.
Since the Academy of Dentistry International is the only honorary oral health affiliate member of the United Nations Department of Public Information, it is important that you, as fellows, be kept informed of the progress of those Sustainable Development Goals (SDGs) http://www.un.org/sustainabledevelopment/sustainable-development-goals/

These directly affect the oral health profession. One of those is SDG #6, Clean Water and Sanitation. The purpose of SDG #6 is to “Ensure availability and sustainable management of water and sanitation for all.” With the impact of global warming, it is necessary that we look at all of the different aspects of water and how it affects our daily life. Without water our lives would be infinitely different and the practice of our profession would be radically changed. Water is at the heart of any sustainable development program and in addition to occurring in SDG #6, it also occurs in SDG #2 (Zero Hunger), SDG #3 (Good Health and Wellbeing), SDG #4 (Quality Education), SDG #7 (Affordable and Clean Energy) and SDG #10 (Reduced Inequalities.)

We as a profession use and rely on water every day, to the point it almost becomes an overlooked commodity in our daily lives. However, without a sustainable water supply we would no longer be as efficient and productive as we are today as a profession.

Water is number one in terms of global impact of the top five global risks in the coming future; ranking above the rapid spread of infectious disease and weapons of mass destruction. This is according to the World Economic Forum, the leading international organization for public and private corporations. https://www.weforum.org/agenda/2015/01/why-world-water-crisis-are-a-top-global-risk/. In 2016, the World Health Organization produced its landmark publication entitled Protecting Surface Water for Health. http://www.who.int/water_sanitation_health/publications/pswh/en/.

The case in point being made is we as professionals and individuals MUST become aware and involved with the looming water crisis sitting on the near horizon. Here are some statistics compiled by UNESCO (United Nations Educational, Scientific and Cultural Organization) http://en.unesco.org/ and The World Business Council for Sustainable Development http://www.unwater.org/downloads/Water_facts_and_trends.pdf

Water Facts

- Although 70% of the world’s surface is covered by water, it is one of the most crucial and scarce resources on the planet.
- Over 97% of our waters are saline (salt) and undrinkable and unusable as a personal resource for sustainable health. Of the remaining 3%, 2.5% of the fresh water is frozen in the polar regions or other areas where melting does not occur regularly.
- The remaining 0.5% of the world’s fresh water available for harvest is mostly subterranean aquifers. (rainfall, natural lakes, reservoirs and rivers together contributing far less than one would expect.)
- On average the world uses 70% of harvestable water for agriculture; 22% for industry and the remaining 8% is used by us for domestic use. The higher the income of the country raises the amount of water used for industry and less for agriculture. While the lower income countries use more for agriculture and less for industry. Generally domestic water use (what we use) is between 8 –10% of the
0.5% of the harvestable water available.

- Water is not evenly distributed over the earth. Ten countries possess 60% of the water available. These are closest to the polar regions, and the rain forest regions of the equatorial belt.

- According to the World Business Council for Sustainable Development, the world is not running out of water, but it will not always be available when and where people need.

- With the discrepancies of water distribution and utilization, it is not hard to realize that there are regions of the earth that are in water shortages and distress.

- 2.5 billion people lack access to improved sanitation. Most of them are in Asia and Sub Saharan Africa.

- 1.8 billion people are using water sources contaminated with fecal material. As a result, close to 4,000 children die each day from dirty water and poor hygiene. Almost 2 million people die every year from diseases like Cholera and Giardia.

- It is said that a yearly investment of $11.3 billion could lead to improved drinking water sanitation, hygiene and water resource management systems. This investment could regain up to $84 billion in clean water and the resulting benefits to human life. As a result, up to 1.4 million children’s deaths could be prevented from diarrhea.

- Water Stress is the development when there is not enough water to supply the population of users. Today in many cities with populations over 100,000 people, the aquifers are being drained faster than they can be replaced.

- According to the UN, today’s population of the earth is approaching 7.5 billion people. By the year 2050, it is expected to rise to 9.7 billion. This will pose a major threat to the world’s water consumption rates.

- So there is no doubt that the issue of privatization of water will be a looming debate to come, with the invariable consequences that the less affluent countries will be the greatest affected.

Are we running out of water?

Who controls the water?

- Michael McDonald reported in April 2015 that there were at least ten major corporations in Europe working in the area of water management. Between three of these corporations, they supply water to 300 million people in 100 countries. The USA has a large number of companies pursuing the same goals of water management. [http://oilprice.com/The-Environment/Global-Warming/Who-Will-Control-The-Worlds-Water-Governments-Or-Corporations.html](http://oilprice.com/The-Environment/Global-Warming/Who-Will-Control-The-Worlds-Water-Governments-Or-Corporations.html)
There are efforts underway to improve the world water stress situation.

• Industry is beginning to decrease water consumption in their plants. One automotive industry decreased water consumption by 90%.
• Grey water is being recycled to drinking water.
• Desalination plants with more refined and effective reverse osmosis processes are being developed in Europe around the Mediterranean Sea. Ultimately this will lower the overall cost of fresh water.
• New irrigation techniques for agriculture, using drip irrigation, are being developed for the more arid regions. This process takes the water directly to the roots of the plants, downsizes evaporation, and recovers any excess water not being used.

What can we as individuals do?

• Become aware of excess water usage at home and in the office; in the showers taken, water consumption and in cooking.
• Develop a water footprint.
http://waterfootprint.org/en/

https://www.nature.org/ourinitiatives/habitats/riverslakes/explore/water-footprint-of-an-american.xml

http://water.org/

What can we do as an oral healthcare worker?

• Be aware of your office water foot print.
• Discover water as a therapeutic agent. Be very aware of your patients and the possibility of dehydration. Even in an environment where there is an ample clean water supply, older patients can show signs of severe dehydration.
• Studies by W. Larry Kenney et al. at the Noll Physiological Research Center and Schreyer Honors College, Penn State University indicate that the sensation of thirst significantly decreases or is missing after 60 years of age.
• When people are not thirsty anymore check their medications. Over 400 drugs lead to dehydration, depression, deteriorating oral conditions and loss of appetite.
• Dementia is often misdiagnosed due to the patient being dehydrated.
• According to studies carried out in the UAE and Australia, one in five older people living in care homes are dehydrated. (University of East Anglia (UEA) and Canberra University in Australia.)
• Even mild dehydration can start to have an effect on people, causing tiredness, headaches and a lack of concentration. In more severe cases, it can cause confusion, delirium and in the very worst case scenarios, death.
• Increase in confusion, delirium (over and above typical dementia symptoms.)
• Urine is dark and strong smelling.
• Skin may appear drier and more papery than usual.
• Lips are cracked and dry.
• Urinary tract infections (which can also cause delirium.)
• Complain of a headache.
• Eyes become sunken.
• Blood pressure is lower.
• Pulse is fast, weak and/or irregular.

What can we as the ADI do?

• Be involved. We can begin being advocates for clean water.
• Enlist the efforts of our fellows to be a voice in their countries’ political organizations.
• Be a voice for the major oral health organizations in the USA, Europe, and Asia. For more than a year ADI Italy has been running a prevention program for the elderly emphasizing adequate hydration.
• We have a voice in the UN/DPI where we can be heard advocating clean water.
• Follow the World Health Organization’s guidelines that “Water is a fundamental constituent for the organism and for human life”, and that we as dentists are “sentinel doctors for disease prevention and health promotion.” We can follow the WHO principle of “think generally – act orally.”
• We have a voice in the FDI (World Dental Federation) where we could present ideas developed by our fellows in the field.
• We can seek out and publish scientific papers on the ADI website that advocate solutions to global clean water.

Good news
• There is a lot of fresh water in the world.
• Water is free from nature.
• In many areas, water is easily accessible at a low cost.
• Nature is constantly recycling and purifying water in rivers and lakes.
• There is a huge amount of fresh water underground.
• 5 billion people have reasonable access to fresh water.
• 3.8 billion people have at least basic sanitation.
• Millions are working their way out of poverty.
• The pace of industrialization is increasing.
• Industry is becoming more efficient in its water use.

Bad news
• Water is not always where man needs it.
• Infrastructure needed to deliver water is expensive.
• People assume water will always be available and take it for granted.
• Man is polluting water faster than nature can recycle it.
• Man is using water faster than nature can replace it.
• Affluent people use more water.
• Industry will require more fresh water.
• Many industries are still using water inefficiently and in an unsustainable manner.
• Translating awareness into action can be slow.

Four Billion People Facing Severe Water Scarcity
Mesfin M. Mekonnen and Arjen Y. Hoekstra

Abstract
Freshwater scarcity is increasingly perceived as a global systemic risk. Previous global water scarcity assessments, measuring water scarcity annually, have underestimated experienced water scarcity by failing to capture the seasonal fluctuations in water consumption and availability. We assess blue water scarcity globally at a high spatial resolution on a monthly basis. We find that two-thirds of the global population (4.0 billion people) live under conditions of severe water scarcity at least 1 month of the year. Nearly half of those people live in India and China. Half a billion people in the world face severe water scarcity all year round. Putting caps to water consumption by river basin, increasing water-use efficiencies and better sharing of the limited freshwater resources will be key in reducing the threat posed by water scarcity on biodiversity and human welfare.

Science Advances 12 Feb 2016:
Vol. 2, no. 2, e1500323
DOI: 10.1126/sciadv.1500323

To view the entire article: http://advances.sciencemag.org/content/2/2/e1500323.full
Let's Eat

The following data was derived from data contained in the following:
Please visit these sites and look at the entire list of the water footprint of many products we use daily.

Conversion for USA: 1 litre = 1 quart = 32 oz     1 kg = 2.2 pounds

Apple (150 gram) costs 125 litres of water.
Apple juice - 1140 litres of water per litre of Apple juice.
on one glass of apple juice (200 ml) = about 230 litres of water.

Orange (150 gram) has a water footprint of 80 litres of water.
Orange juice costs 1020 litres of water per litre of orange juice.
One glass of orange juice (200 ml) costs about 200 litres of water.

Milk - 255 litre for a glass of 250 ml.

Eggs - 196 litre for a 60-gram egg.
The global average water footprint of eggs is 3300 litre/kg.

Cheese - 3178 litre/kg.

Coffee - 130 litres for 1 cup of coffee.
Corn - 1222 litre/kg.
Lettuce - 237 litre/kg.

Beef - The global average water footprint of beef is 15400 litre/kg.

Leather - 17093 litre/kg  A fully grown beef cow weighing 250 kg will produce 6 kg of leather so that the water footprint of bovine leather is 17,000 litre/kg.

Chocolate - 17196 litre/kg.

Pizza - 1259 litre per pizza.

Wine - 109 litre for a 125ml glass of wine.

The following data charts were copied from www.waterfootprint.org
Topics of Interest
Is Sugar The World’s Most Popular Drug?

It eases pain, seems to be addictive and shows every sign of causing long-term health problems. Is it time to quit sugar for good?

By Gary Taubes

Imagine a drug that can intoxicate us, can infuse us with energy and can be taken by mouth. It doesn’t have to be injected, smoked, or snorted for us to experience its sublime and soothing effects. Imagine that it mixes well with virtually every food and particularly liquids, and that when given to infants it provokes a feeling of pleasure so profound and intense that its pursuit becomes a driving force throughout their lives.

Could the taste of sugar on the tongue be a kind of intoxication? What about the possibility that sugar itself is an intoxicant, a drug? Overconsumption of this drug may have long-term side-effects, but there are none in the short term – no staggering or dizziness, no slurring of speech, no passing out or drifting away, no heart palpitations or respiratory distress. When it is given to children, its effects may be only more extreme variations on the apparently natural emotional rollercoaster of childhood, from the initial intoxication to the tantrums and whining of what may or may not be withdrawal a few hours later. More than anything, it makes children happy, at least for the period during which they’re consuming it. It calms their distress, eases their pain, focuses their attention and leaves them excited and full of joy until the dose wears off. The only downside is that children will come to expect another dose, perhaps to demand it, on a regular basis.

How long would it be before parents took to using our imaginary drug to calm their children when necessary, to alleviate discomfort, to prevent outbursts of unhappiness or to distract attention? And once the drug became identified with pleasure, how long before it was used to celebrate birthdays, a football game, good grades at school? How long before no gathering of family and friends was complete without it, before major holidays and celebrations were defined in part by the use of this drug to assure pleasure? How long would it be before the underprivileged of the world would happily spend what little money they had on this drug rather than on nutritious meals for their families?

Excerpt: Reprinted Courtesy of Guardian News and Media Ltd.
For full article please go to: https://www.theguardian.com/society/2017/jan/05/is-sugar-worlds-most-popular-drug

The Guardian article is an edited extract from The Case Against Sugar, by Gary Taubes, published by Portobello Books.

Sugar Industry and Coronary Heart Disease Research

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A Historical Analysis of Internal Industry Documents (Sugar’s Smoking Gun?)

Cristin E. Kearns, DDS, MBA; Laura A. Schmidt, PhD, MSW, MPH; Stanton A. Glantz, PhD

Early warning signals of the coronary heart disease (CHD) risk of sugar (sucrose) emerged in the 1950s. We examined Sugar Research Foundation (SRF) internal documents, historical reports, and statements relevant to early debates about the dietary causes of CHD and assembled findings chronologically into a narrative case study. The SRF sponsored its first CHD research project in 1965, a literature review published in the New England Journal of Medicine, which singled out fat and cholesterol as the dietary causes of CHD and downplayed evidence that sucrose consumption was also a risk factor. The SRF set the review’s objective, contributed articles for inclusion, and received drafts. The SRF’s funding and role was not disclosed. Together with other recent analyses of sugar industry documents, our findings suggest the industry sponsored a research program in the 1960s and 1970s that successfully cast doubt about the hazards of sucrose while promoting fat as the dietary culprit in CHD. Policymaking committees should consider giving less weight to food industry–funded studies and include mechanistic and animal studies as well as studies appraising the effect of added sugars on multiple CHD biomarkers and disease development.

Published online September 12, 2016.
http://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2548255
It is often said that you can’t make a decision about things that you don’t know that you don’t even know. For years the industries directly profiting from the over consumption of sugar have ignored the fact that the metabolic dysfunctions we face today are in no small part caused by vast over consumption of sugar added foods. http://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2548255

In 2012 Stephan Guyenet wrote: “The US diet has changed dramatically in the last 200 years. Many of these changes stem from a single factor: the industrialization and commercialization of the American food system. We’ve outsourced most of our food preparation, placing it into the hands of professionals whose interests aren’t always well aligned with ours.” http://wholehealthsource.blogspot.com/2012/02/by-2606-us-diet-will-be-100-percent.html

http://onlinestatbook.com/2/case_studies/sugar.html

The data from the graph shown in his article indicates that from 1822 until 2005 there has been a 2550% increase in the consumption of sugar added foods.

Many countries are now realizing the implicant fact that sugar is a MAJOR health risk to their people. They are beginning to step up to lead the way in attacking the ill effects of sugar addiction for their people by implementing a “sugar” tax on drinks containing high amounts of sugar like sodas and juices.

A Tax on the Poor.
The biggest come back on the “sugar” tax is that it is a “tax on the poor.” According to Professor Simon Capewell, Vice President of the Faculty of Public Health in the United Kingdom, reporting in the Guardian: “If you apply a sugary drinks tax across the board and everybody consumes 10% less, that produces a 1% reduction in disease overall. But in poorer areas that would be a three-times-bigger reduction compared with more affluent areas, because poorer people are two to three times more likely to get heart disease, diabetes, obesity, cancer or to have a stroke.”

https://www.theguardian.com/society/2016/mar/18/sugar-tax-financially-regressive-but-progressive-for-health

If you consider the poor are the ones being poisoned the most by sugar and if we are to break a long standing addiction to the substance, there must be awareness being made from many different sides. Some times the only way to break an addiction is to make the drug less available. However, in my opinion such a tax is merely an eye opener. The tax efforts must use the money generated to develop “sugar education programs,” so all people at all levels can benefit from information about current research on the metabolic side effects of sugar on the human body. In other words, people must be able to make informed decisions on information that they previously didn’t know that they didn’t know.

Effectiveness of “Sugar Tax” in modifying consumption habits is predicated on the
improvements to be made in the supply of drinking and potable water to the same communities. Failing efforts in that area; the gains made, will be short term gains, because soda in many parts of the world is less expensive than water.

Below are some web links to countries who have begun to initiate the concept of a “Sugar Tax.”

**South Africa:**  
The South African Policy paper of Sugar Tax by Department Of National Treasury contains a listing of International Sugar Taxes by other countries with the tax rates per nation. This listing begins on Page 24. It alludes to the efforts made by Mexico, UK, France, Mauritius, Barbados etc.

**Mexico:**  
http://theconversation.com/what-the-world-can-learn-from-mexicos-tax-on-sugar-sweeteneddrinks-56696

**India:**  
http://www.thehindu.com/sci-tech/health/Weighing-in-on-sugar-tax/article16072205.ece

**UK:**  

Dr. Paula Moynihan, http://www.ncl.ac.uk/dental/staff/profile/paulamoynihan.html#background of New Castle University, a leading researcher in the effects of sugar on the human body was just elected to Vice President of the International Association of Dental Research, IADR. www.iadr.org

Dr. Asseem Malhorta spoke in front of the UK Parliamentary “Sugar Summit” against sugar and has written an article entitled: “Sugar is the next tobacco, so let’s treat it that way.” http://doctoraseem.com/treat-sugar-like-tobacco-to-save-lives-and-rapidly-improve-population-health/

**Hungary:**  
2011 WHO report on the Hungarian Experience with Sugar Tax.  

**Mauritius:**  
2013  

**Barbados:**  
2015 Paper explaining the Barbados experience in attempting to modify consumer habits with regards to Sugar Sweetened Beverages (SSB) by implementing a tax policy towards Sugar consumption.  
https://ncdalliance.org/sites/default/files/resource_files/HCC-SSB-Brief-2016-2_0.pdf

**USA:**  
The Decline of “Big Soda”  

*: To view the PDF links visit the online copy and click the links.
INTERNATIONAL PROJECTS

International Projects

Because the ADI website can handle and host much more information than the printed Journal, ADI is adopting a new format for reporting. All expedition reports will be printed as a summary of events with a direct link to the entire article and photos available on the ADI Website.

The growing number of Fellows submitting reports to highlight their humanitarian efforts is wonderful! ADI wants you to showcase them on a regular basis. But, due to this increase, the length of reports will be limited in the printed format. Thank you for your understanding!

Online journal: www.adint.org/?page=JADI
Fellow reports www.adint.org/?page=FellowsReports

Go to the ADI Homepage www.adint.org Click on the Reports box OR go to the Journals tab and click Personal Reports in the drop-down menu.
Bridge to Health, Medical and Dental, is a dynamic organization providing sustainable, cost effective health care to under-served populations. We achieve our objectives by following the principles of primary health care: accessibility, appropriate technology, community participation, prevention and health promotion, and inter-professional collaboration. Currently, Bridge to Health works in the Kabale region of southwestern Uganda in partnership with KIHEFO, a local not for profit organization who focuses on HIV/AIDS, maternal health, malnutrition, and oral health. Uganda is one of the world’s poorest nations, with a highly vulnerable population with limited access to health care, clean water, sanitation, food and education. According to the Ugandan Medical and Dental Practitioners Council, there are an estimated 200 dentists and approximately 500 dental officers in the entire country. Of these only 50% work in clinical settings. Currently in the Kigezi region there is only one dentist for a population of 1.2 million residents. http://bridgetohealth.ca

Izchak Barzilay, DDS and his team of highly skilled oral health professionals travel to Uganda on a regular basis to provide much needed oral health care to the highly underserved population of Uganda. Their expeditions in 2016 and 2017 are both available online. http://www.adint.org/?page=africareports

GUATEMALA - Dr. Ronald E. Fritz

La República de Guatemala, along with Belize, are the most northern countries of Central America, and border México to the north and west. The territory of Guatemala once formed the core of the Mayan civilization, which extended across Mesoamerica. Most of the country was conquered by the Spanish in the 16th century, becoming part of the vice royalty of New Spain. Guatemala attained independence in 1821 as part of the Federal Republic of Central America, which dissolved in 1841.

The mission was to travel to the highlands of Alta Verapaz, and provide to the oral health needs of the people living there. We were based at a training center in the community of Chinaasir in the Chulac area, called Sikaab’e, where those interested local inhabitants can come, stay, and be trained. As we left these gracious and thankful people, we all again realized, it’s not about the teeth, it is about people’s lives; it was about lives being changed, and in particular, ours certainly were.

To read the entire article: http://c.ymcdn.com/sites/www.adint.org/resource/collection/F51AF970-F89B-4FCF-879B-C20844B31E90/Gorgeous_Guatemala.pdf
**EGYPT** - Col. Robert Meyer

Anyone who is fascinated by history dreams of experiencing Egypt, and we were delighted to participate on three dental/medical mission trips established through church connections. We desired: 1) to open doors to cultural and faith-based understanding and exchange, 2) to improve local dental practices, 3) to leave a lasting, sustainable dental impact, and 4) to adventurously explore a unique place in the world.

Our team leader, an Egyptian physician, requested a medical/dental team, as well as laborers to help build several $1200 Habitat for Humanity homes in rural villages--simple, durable, 800 sq. ft. homes that Christians and Muslims build together.

A little room on a top floor became our dental clinic and a local dentist arrived to spend the first morning with us. We were flattered when he stayed until we departed. The Egyptian dentist, sharply dressed with an impressively bright mind, loved the professional interaction. He translated and watched the procedures closely. It seemed that the local dentist was bringing us all of his difficult patients. He wanted us to work on him as well, since we'd discovered that rarely, outside of larger cities, did dental providers sterilize their instruments—a huge shock to us, but a reality in most developing countries of the world.

Col. Meyer, his wife Diane and a dedicated team of oral health care workers from the Christian Dental Society have traveled the world extensively to provide compassionate Christian oral health care to countless peoples throughout the world.


**Philippines** - Dr. John Pearman

Two Australian dentists, two Australian physicians, six nurses and some very willing volunteers traveled to Negros on a RAWCS (Rotary International) inspired medical/dental mission. The mission was well organized and we worked with local physicians and dentists to provide some very needed treatment for several disabled communities…..the poorest of the poor was in Bacolod and Sipalay. For a dentist who has practiced for nearly 40 years in our affluent society to see an 8 yr old with both lower first permanent molars decayed to gum level with draining abscesses is confronting to say the least.

Patients were assessed and triaged by registered nurses and sent to the dentists or physicians for further assessment and treatment. All patients were assessed for physical suitability to tolerate dental extractions prior to having treatment. During this time 600 patients were assessed and 200 proceeded to have dental extractions. Initially we had hoped to instigate a preventive based program with the use of fissure sealants in appropriate situations. The use of topical fluorides was also considered. However, these preventive measures were quickly abandoned when the scope of the problem was realized. In the poorer communities of Sipalay, children of 8, 9 and 10 routinely presented with rampant caries with many teeth in urgent need of removal. Everyone treated was given a toothbrush and toothpaste pack with appropriate oral health instruction and a “brochure” showing basic oral hygiene. In all, 2,500 oral health packs were distributed. In the areas we visited, many of the “homes” did not
PHILIPPINES/INDIA

have clean running water. One village was so incredibly heart wrenching. It was a village located in Mansilingan that was populated by people, placed in this village by the government, who were sight affected, some totally blind. Because there are no government subsidies for these people they are periodically given a bag of rice, thrown over the fence to keep them from starving. To read the entire report: http://c.ymcdn.com/sites/www.adint.org/resource/collection/0360005F-5D1C-4879-B259-AB8928A1FC9C/2017_Dr_John_Pearman.pdf

Philippines - Dr. Edgardo de la Vega

Working through the Dentistry For Every Village Foundation, Inc., a non-profit corporation he established to help improve access to dental care for many indigent and underserved residents in poor villages in the Philippines, Ed de la Vega, DDS of Canoga Park, CA. recently completed the construction of a fully equipped dental clinic built for the Rogationist Catholic Congregation in Parañaque, Philippines. The Congregation provides free medical and dental services to indigent residents in their area of responsibility as part of their health care ministry. To read more about this remarkable man: http://c.ymcdn.com/sites/www.adint.org/resource/collection/0360005F-5D1C-4879-B259-AB8928A1FC9C/Rogationist_Clinic_Opening6March2017.pdf To view all of Dr. de la Vega’s Foundations works: www.D4EVF.com

INDIA - ‘Samarpan’ Mission Update

In 2007 Dr. Ronald Fritz made a trip to India to visit and help set up a Dental Clinic run by charitable organization called ‘Samarpan’ (www.unconditionalservice.com) which is operated by Dr. Alex Kodiath (EdD). A dental clinic for children was planned to be operated from one of the exam rooms in a two story building. The first floor of the building houses the medical clinic and pharmacy. This was constructed in the place of the abode of their father who passed on in 1987. Various Specialists rotate through on certain days of the month — Family, Ophthalmology, OB/GYN, Peds. A detailed report from Dr. Fritz is archived on their website and can be viewed by clicking onto: http://c.ymcdn.com/sites/www.adint.org/resource/collection/037954F4-6B08-4B1B-A1C6-49937C430364/Dr_Ron_Fritz_Samarpan_visit.pdf

2017 Update: We have made many changes in the medical clinic building. These are some of the changes: new refrigerator, new air conditioners for all the guest rooms, new water tanks, new tiles for the floor and non-slippery entrance way.

Samarpan offers dental care to poor children. Within the dental clinic, we started a referral program. When children come to the clinic for any medical check-up the nurse identifies any dental complaints and these children are referred to the dentist for further check-up and treatments.

We recently began a new program for 28 orphans. We give them more nutritious meals and also a preventive dental screening once in two months in an orphanage.
“What Volunteer Dentistry Has Done For Me.”

A perspective from a Dentist, World Oral Health Provider, Super Dentist & Friend

Dr. Laurie Houston, Ontario, Canada

I have been asked by Dr. Bob Fulton to impart a short discourse concerning “what volunteer dentistry has done for me.”

I think the best way for me to portray how this work has changed my life is to relay some examples of situations I have encountered on my travels.

In El Salvador, after having completed a couple of anterior endodontic procedures and several large anterior restorations, my young male patient saw his face in a mirror, started crying, and hugged me while asking his family to take pictures of the two of us. I had restored not only his smile, but his self-esteem.

In Belize, I worked on school children who were fearful of what to expect from the foreign female dentist. On my last day in that clinic, two kids stood on my dental stool while holding onto my shoulders and watching me work on a fellow classmate. They implored their mate not to be afraid of “the pic” and to behave while I placed several amalgam restorations. Although the clinic had a functioning autoclave, the local government dentist refused to follow proper asepsis protocol. I informed him that “we don’t work that way in Canada.” I did my own clean up. I led by example.

In Guatemala a woman I had seen earlier that morning brought me a black plastic bag. I thanked her in a perfunctory manner and put it aside. I continued working on my patient at that moment. Later, I opened the bag to discover a carefully wrapped present, complete with bow. She had given me a couple of hand crafted Guatemalan souvenirs. I cried. For me, these trips are all about the work, but I should have taken the time to thank her properly. I learned something about myself; I didn’t like what I saw.

In Kenya, my retired classmate from dental school came along as my assistant. She had let her license go. “R” had managed a practice with over 50 employees. She was used to being “in charge.” After we both put our egos aside, we got on with the work. We made an incredible team. We worked with a lawn chair propped up on bricks, with multiple cushions and a travel pillow. Our dental unit (worth $3500 US) was one the director of a different NGO had lent me. He said “The units were purchased to be used and not stored.” Our set up was a safety nightmare with satisfactory ergonomics. We both learned something about ourselves. R has reinstated her license purely to come on more of these trips.

On that same trip, R and I worked with an interpreter who disclosed to us the hardships of life in rural Kenya. His family of eight had to walk 3 km. to retrieve drinking water. They bathed in a nearby river and lived in a one room edifice with a dirt floor. He disclosed to us the corruption within the church system he was a part of. We gained his confidence.

In Jamaica, I worked on a female gunshot victim. She had teeth that were shattered subgingivally in both the first and fourth quadrants. Initially, she was trembling uncontrollably. I was afraid to touch her. I opted to extract the maxillary teeth that day, and have her come back 2 days later to do the mandibular teeth. I was terrified of overwhelming her and contributing to her trauma. Two days later a different person got into the dental chair calmly and with a smile on her face. When we were done, she hugged me and we both cried. Another dentist in the clinic came by and told me some people were specifically requesting to see me. It was sweet of him to tell me this.
In Guatemala I worked with two fellow volunteers who have their own incredible stories. One is an administrative nurse. She is dealing with a potentially life threatening condition every day. She supports and lives with her elderly parents. Her mom has dementia. She must hire care workers whenever she leaves home.

Another special friend is a dental office manager. She came on the trip after having recently had bowel surgery for cancer and just losing her husband of 35 years to cancer. “T” shows me her “wall of memories” every time I am at her house. She has established a charity to collect clothes for those in need in honor of her husband.

What has volunteer work done for me? It has taught me PATIENCE, when I’ve been forced to work with intermittent power or wait for a generator to arrive. It has taught me INGENUITY, when I had to work with equipment or materials that were outside of “my comfort zone.”

It has given me plenty of ADVENTURE, while working in parts of the world I never dreamt I would see. It has repaid me abundantly with FRIENDSHIP; most of my serious friendships evolved as a product of the working experience I shared on these trips. We are simply like-minded and we support each other. I know I can call on these people if I need them.

Additionally, every time I come home from one of these trips, I realize just how LUCKY I am, to have been born into the society of the very few and very privileged. I live in a free and open society bountiful in opportunity and luxury.

Finally, I am endlessly GRATEFUL to my husband, who supports me in this work. He is my rock and my moral compass. I am indeed, a lucky person.

Volunteerism or Voluntourism

“ADI is an honorific volunteer organization.” How many times does that term come up in the course of a discussion or meeting? None of us talk for very long before the question becomes how can we get more fellows to “volunteer” their services. What projects can we encourage our Regents to get involved with so that our “volunteers” can help? The term “voluntourism” is a term I have been hearing more and more, so I thought it might be interesting to explore this topic from a real life perspective.

Moving Worlds www.movingworlds.org, is a global platform connecting people who want to volunteer their expertise with social impact organizations. Co-founded by Mark Horoszowski, it helps people with real world skills connect with places in the world where these necessary talents can make a sustainable impact on the culture asking for help. Where does the ADI as a dental “volunteer” organization fall? You can bet this topic will be in a soon to come forum on the ADI website.

The following is an excerpt from an article There is a Big Difference Between ‘Voluntourism’ and ‘Volunteering Your Skills’ written by Mark, on the difference between Volunteerism & Voluntourism.

“What is the Difference Between Voluntourism and International Volunteering?
The answer is supply and demand. Voluntourists demand they go volunteering and thus are willing to pay for it. If they are willing to pay to volunteer, it [likely] means the organization does not need that person to solve real problems and instead has to charge the voluntourist to
In the August 2016 edition of the JADI, I showcased Dr. Irving McKenzie from Jamaica as receiving the National Award of Jamaica; the badge of honor for meritorious service, for his contributions to education and dentistry in developing a new dental school in Jamaica. In this editorial I’d like to elaborate a bit on that and explain why this world-class gentleman deserves every bit of this prestigious award. When you live in northeastern Ohio in the United States and Dr. McKenzie asks you in the dead of winter to go to Jamaica for four days to speak on your favorite topics of sugar and metabolic health, I didn’t have to think twice before accepting that invitation!

I had no idea what to expect when I got off the plane in Kingston, Jamaica. My experience with dental schools and oral health training in that part of the world had been limited to Peru and Cuba. Since Jamaica has been referred to as a third world nation, due to the rather inequitable wealth distribution in the country, I really wasn’t sure what to expect from my experience at the University of Technology, Jamaica (UTech), College of Oral Health Sciences.

Volunteering, especially skills-based volunteering, functions on demand from the field. Organizations who are actively looking to host volunteers will invest in the engagement, often providing volunteers free accommodations and never charging fees.

I think about it this way... I live in Seattle, WA, one block from a middle school. What would happen if a man from Colombia knocked on the door of the school and asked to spend time with the children and take pictures with them? Of course, the school does not need this, nor his money, so they’ll call the police. *This is voluntourism and its fueled by the wrong drivers.*

But what if a Spanish teacher in the same school publishes an ad asking for native speakers from Colombia, Chile, and Spain to speak with her class so that they can understand different dialects? The teacher would invest in creating a good experience, handle the paperwork, and provide a collaborative environment. *This is volunteering and it has a place in our globalizing world...”*

Excerpt from Mark Horoszowski, May 14, 2014 [http://blog.movingworlds.org/there-is-a-big-difference-between-voluntourism-and-volunteering-your-skills/](http://blog.movingworlds.org/there-is-a-big-difference-between-voluntourism-and-volunteering-your-skills/)

Impact of Oral Health Education in Jamaica

**Dr. Bob Fulton – Editor in Chief JADI**

In the August 2016 edition of the JADI, I showcased Dr. Irving McKenzie from Jamaica as receiving the National Award of Jamaica; the badge of honor for meritorious service, for his contributions to education and dentistry in developing a new dental school in Jamaica. In this editorial I’d like to elaborate a bit on that and explain why this world-class gentleman deserves every bit of this prestigious award. When you live in northeastern Ohio in the United States and Dr. McKenzie asks you in the dead of winter to go to Jamaica for four days to speak on your favorite topics of sugar and metabolic health, I didn’t have to think twice before accepting that invitation!

I had no idea what to expect when I got off the plane in Kingston, Jamaica. My experience with dental
history, physical exam and complete treatment plan for the patient, including the course of action for the requested treatment of the day. I had the opportunity to ask several questions to the students and observe their skill levels. It was here in the clinic that the true quality of their knowledge shone forth. It is my opinion that these students equaled or exceeded those of other older and more prestigious dental schools worldwide. This is a dental school model for the future; it’s not based on typodonts, manikins, or computer generated design. It is based on real students, treating real patients, getting real results in solving a problem of oral health in Jamaica and perhaps the rest of the Caribbean.

**ACTIONS** in this world get results, not just words or meetings. Dr. Irving McKenzie and Professor Morrison are truly men of action and few words!!

Bob Fulton – Editor in Chief


It was within their oral health clinic that I was truly humbled. There was an extensive work up a student was required to present about a patient before the preceptor allowed even basic treatment to begin. Students were required to present an extensive medical and dental health technology, dental nurse therapy, and dental hygiene. Additionally, the college offers diploma status in dental assisting and expanded functions. All students finishing the DMD program are tested using the same NERB testing board that many dental schools in the USA use with a 95% success rate.

From a personal critical perspective, my two presentations on “Oral Disease, Metabolic Syndrome and Aging” in the AM to the students and “Oral Disease and Diabetes” in the evening to the student/faculty and public were just okay. I found that much of what I was imparting to these well educated and informed people was already common knowledge within their extensive curriculum and public knowledge. Topics such as oral disease and its relation to sugar, inflammation, diabetes, heart disease, aging, drugs, etc., had been thoroughly covered in their previous course work and general publications for the public. From a public level the work of Prof. Errol Morrison, former President of UTech and President of the Diabetes Association of Jamaica, has been outstanding in presenting the negative effects of sugar and diabetes to the general population of Jamaica and the rest of the world. I will have much to learn from this kind and humble man.
Convocations

New fellows are the life blood of the ADI.
Welcome all!

New Chapters Chartered

• India
ADI Convocation
July 28, 2016
Uruguay

On July 28, 2016 an ADI Convocation was held in Montevideo, Uruguay at the Belmont House Hotel.

Officiants
Dr. Santiago Sartori, Vice President of Education
Dra. Isabel Jankielewicz, Past South America Regent
Dr. Eduardo Mancebo, Uruguay Chapter Chair
Dra. Patricia Armijo, Incoming Uruguay Chapter Chair

New Fellows
Dr. Lydia Mariana Felipez
Dr. Diego Sales
Dr. Enrique Carlos Goessens

In a beautiful ceremony of camaraderie, Dr. Santiago Sartori, Vice President for Education made an exhibition of the international purposes and performances of ADI. Dra. Isabel Jankielewicz former Regent of the South America Section illustrated the history of the Uruguay Chapter that next year celebrates its 30th Anniversary. After the presentation, the authorities took oath to the new fellows and concluded with a gala dinner.
CONVOCATIONS

ADI Convocation
September 7, 2016
Poznan, Poland
FDI World Dental Congress

Back row: Dr. Narendra Kumar Gupta, India; Dr. Vikrant Jain, India; Dr. Wooi Cheat Chu, Malaysia; Dr. S.M. Balaji, India; Dr. Rakesh Kumar Yadav, India; and Dr. Thomas Wolf, Germany.

Front Row: Dr. Robert Fulton, Editor, Dr. Robert Ramus, Executive Director, Dr. Shiva Mortazavi, Regent, Middle East Section

New Fellows:
Dr. Wooi Cheat Chu, Malaysia
Dr. Andrew M. Wetende, Kenya
Dr. Rakesh Kumar Yadav, India
Dr. Narendra Kumar Gupta, India
Dr. S.M. Balaji, India
Dr. Thomas Gerhard Wolf, Germany
Dr. Vikrant Jain, India

Lecture:
Sugar and the Metabolic Syndrome
Lecturer:
Dr. Robert Fulton

Officiates:
Dr. Shiva Mortazavi, Regent, Middle East Section
Dr. Robert Fulton, Editor
Dr. Robert Ramus, Executive Director

A Charter for the India Chapter was presented to Drs. Anil Chandra and B. Rajkumar. L-R: Dr. Mortazavi, Dr. Chandra, Dr. Rajkumar, Dr. Ramus and Dr. Fulton.
On October 19, 2016, an ADI Convocation was held in Denver, Colorado at the Denver City Marriott in conjunction with the annual ADA meeting.

**Officiates**
- Dr. Ramon Baez, President
- Dr. Susan Bishop, ADI Foundation President
- Dr. Thomas Brink, Immediate Past President
- Dr. Robert Ramus, Executive Director
- Dr. T. Bob Davis, President-Elect, Pianist

**New Fellows:**
- **Canada**
  - Dr. Kulwant S. Turna, Brampton, Ontario
- **India**
  - Dr. Akanksha Bhatt, Lucknow, Uttar Pradesh
- **Tanzania**
  - Dr. Emeria A. Mugonzibwa, Dar es Salaam

**United States of America**
- Dr. Mark J. Barnes, Boulder, Colorado
- Dr. Victor P. Bradford, Colorado Springs, Colorado
- Dr. Gayle A. Cheatwood, Holtville, California
- Dr. Ronald Collins, Houston, Texas
- Dr. Kenneth A Crossland, Canyon, Texas
- Dr. Christina T. Do, Costa Mesa, California
- Dr. Charles F. Martello, Frankfort, Illinois
- Dr. Robert D. Meyer, Colorado Springs, Colorado
- Dr. Mary Concepcion Satuito, Marina Del Rey, California

**Special Programs And Presentations**
“Why Go on Short-Term Dental Missions, And How to do Portable, Short-term Dental Trips”
Presented by
- Dr. Gayle Cheatwood and Dr. Robert Meyer
On December 3, 2016, an ADI Board of Regents Meeting and Convocation was held at the ENPAM Real Estate, Rome, Italy.

New Fellows:
Dr. Mariagiovanna Cotugno – Italy
Dr. Alessandro Valenti – Italy
Dr. Baheti Mayuresh Jagganath – India

Officiates:
Dr. Gerhard Seeberger, President Elect
Dr. T. Bob Davis, President
Dr. Ramon Baez, Immediate Past-President

Awards
International Dentist of the Year 2016
Dr. Adriano Albano Forghieri

Distinguished Fellow Award
Dr. Laura Pittau

Special Programs And Presentations
• Dr. Stefano Colasanto
  “Occlusion, Tongue and Posture”
• Dr. Alessandro Valenti
  “Perimplantitis: Diagnosis & Treatment”
• Dr. Dietmar Klement
  “Root-resorption in Everyday Practice”
CONVOCATIONS

ADI Convocation
February 2, 2017
Brazil Chapter

Officiates
Gerhard Seeberger, ADI President Elect
Claudio Fernandes, ADI Brazil Chairman
Priscilla Santos, ADI Brazil Fellow

New Fellows:
Dr. Marcos Capez, Sao Paulo
Dr. Rogerio Natal, Rio de Janeiro
Dr. Laura Duarte, Rio de Janeiro
Dr. Gustavo Klein, Santa Catarina

ADI BRAZIL CHAPTER – CE PROGRAM

New Rules for the Use of Mercury in Dentistry

The Minamata Treaty signed by Brazil in 2013, provides for the elimination of the use of mercury from the planet. Dentistry is one of the few exceptions that will allow a PHASE DOWN of the use of mercury for dental restorations. However, oral health professionals around the world shall reduce the use of mercury and minimize the impact of mercury on health and the environment through a set of new regulatory rules. This debate is focused on how Brazil Dentistry is preparing to implement the Minamata Treaty.

SESSION CHAIRMAN:
Gerhard Seeberger, ADI President-Elect

ADI SPEAKERS:
Marcos Schroeder, CD, DC, FADI. Professor of Dental Materials at UFRJ
Pedro Castilho, Specialist Lawyer in Environmental Law, Superintendent IBAMA-RJ
Adilson Gil, Biologist, Environmental Analyst - Substitute Superintendent of IBAMA RJ
Claudio Fernandes, CD, MDSc, PhD, Coordinator of the Center for Sustainable Dentistry

40th Anniversary and 20th Biennial Convocation and Induction Ceremony on February 25, 2017

Dr. Phides Alcorta
Dr. Maricar Joy Andres
Dr. Rafael Felix Borromeo
Dr. Gary Brillo
Dr. Gary Estomaguio
Dr. Anthony Gutierrez
Dr. Kristine Medel

ADI Convocation
Republic of Philippines Section
CONVOCATIONS

ADI Convocation

March 25, 2017

Northern Europe Section, Cologne, Germany

OFFICIATES
Dr. Gerhard Seeberger, President-Elect
Dr. David Alexander, Vice President of International Affairs
Dr. Dietmar Klement, Regent, Northern Europe Section
Mr. Friedrich Herbst, Chair, ADI Public Relations Committee
Dr. Claudio Fernandes, Brazil Chapter Chair

NEW FELLOWS
Dr. Deni Milevčić, Croatia
Dr. Davorin Šimunović, Croatia
Dr. Sabine Hopmann, Germany
Dr. Stefan Liepe, Germany
Dr. Wolfgang Neumann, Germany
Dr. Johannes Schmitt, Germany
Dr. Octavio Weinhold, Germany
Dr. Anne Winter, Germany
Dr. Gholamreza Ghaznavi, Iran

Dr. Sareh Habibzadeh, Iran
Dr. Behnam Khosravani Fard, Iran
Dr. Morteza Neshandar, Iran
Dr. Alireza Soheili, Iran
Dr. Shadi Soheili, Iran
Dr. Nasser Tahmasebi, Iran
Dr. Danuta Zysko-Christ, Poland
Dr. Baliddawa Hannington, Uganda

STUDENT MEMBERSHIP
Mr. Obaida El-Modalal, Germany

SPECIAL PROGRAMS AND PRESENTATIONS
“Sustainable Dentistry” Dr. Claudio Fernandes
“70% Earth or Body Water” Dr. Gerhard Seeberger
“PAUL – The new ‘dental assistant’” Dr. Franz-Bernd Frechen