DENTISTRY IN THE AGE OF WORLDWIDE SOCIAL RESPONSIBILITY
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.
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.

ADI FOUNDATION

ADI WOULD LIKE TO THANK THE ACADEMY OF DENTISTRY INTERNATIONAL FOUNDATION (ADIF) FOR ITS GENEROUS DONATION TOWARD FUTURE PUBLICATIONS OF THE JADI. WITHOUT FINANCIAL SUPPORT, ADI WOULD NOT BE ABLE TO PROVIDE VITAL INFORMATION TO ITS WORLDWIDE MEMBERSHIP.

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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I am honored to be called to duty. It is a great honor for me to step up as your President of the Academy of Dentistry International. I look upon this step as a welcome invitation to lead our great organization to the next level in the twenty-first century.

From the very start, I would like to place an emphasis on who is ADI, not what is ADI. I would like to know and develop who my companions are in the oral health playground of the entire world. As your new captain, I would like to play the very serious game called “Oral Health for All” according to the rules written in the Book of Social Responsibility with an experienced team of dedicated professionals skilled in delivering health care to those in need worldwide.

Since I became part of this Academy, I have had the honor to induct many of you into fellowship. I have been most impressed by your background and dedication, and many times, in my quiet moments, I have thought that I am the one in the wrong place. However, it has been exactly in these moments that the spirit of “we” has grown most in myself, and I have realized that if these thoughts prevail in all of us and within the teams we are part of, no vision could ever be far enough, and no mission could ever be declared impossible.

The new definition of oral health by the FDI, World Dental Federation, puts an emphasis on oral health as the key to good overall general health. But as I just witnessed during my latest travels through Africa, there are areas where one dentist is responsible for the oral health of more than one million people. This confounds the efforts to provide proper, timely and sustainable healthcare of any kind to these people.

So, welcome to the new era of communication at light speed and devices that think faster than a human brain ever could. In the twenty-first century, we have the chance to be supported by internet communication technologies (ICT) and artificial intelligence (AI) to have an impact on patient literacy, awareness of the benefit of oral health, and quality care of patients in a safe environment. Will the vision to lead the world to optimal oral health be realized by substituting highly qualified, experienced and responsible human professionals with “intelligent” devices and technologies? My answer is a resounding NO! These devices are merely tools for our service. Social responsibility cannot be such if healthcare delivery is relegated to a pure technology and artificial intelligence, because it lacks the highest principle of intelligence: ethics.

But through you, my esteemed fellows, we have the ability to make the ADI slogan, “Sharing Knowledge – Serving People,” a precious and meaningful rally call. Nothing is missing here to build successes in a world where more than 7.5 billion people should have the privilege and the right and opportunity to receive healthcare. When these opportunities are missing, we can become the sentinel doctors in the prevention of non-communicable diseases and the pioneers in disease prevention through the medicine of oral health promotion, and we get a chance to make a very significant contribution. As stated by former World Health Organization Director General Margaret Chan in 2012, “we have the chance to push the door open to the United Nations’ Sustainable Development Goal # 10, Reduce Inequalities.”

**WE CAN MAKE A DIFFERENCE**

I wish you interesting reading of our JADI and all the best for the upcoming season and the new year.

Gerhard Konrad Seeberger
ADI President

**Thoughts from your President**

*Gerhard Konrad Seeberger*
News from the ADI Foundation

It is my pleasure to update you on the activities of the ADI Foundation. Our annual Board meeting was held on October 19, 2017, in Atlanta, Georgia. The first item to be addressed was approving the revised bylaws. Over the course of the last year, a registered parliamentarian was hired to review and suggest changes to our current bylaws. Independently, I appointed Dr. Carol Wooden to review the bylaws and suggest from the Foundation’s perspective changes that would enhance the functionality of our Board. The concerns that Dr. Wooden highlighted were addressed in the parliamentarian’s review. The parliamentarian also made sure that the document fully complied with California corporate law (the Foundation is incorporated in the state of California). The AIP Standard Code of Parliamentary Procedure was included in the revision as the guide to be used for our deliberations. The revised bylaws were approved unanimously.

Mr. Christian Brutzer, the Foundation Vice President and Chairman of the Investment Committee, informed the Board that our portfolio has performed very well this year. Ms. Carla Koren from Morgan Stanley oversees the Foundation’s account; the endowment has grown significantly since Ms. Koren began managing the account.

This year, the Foundation has been very active in supporting grants and funding projects. At the mid-year meeting, the Board approved the provision of $20,000 to ADI to help publish the ADI journal. Also, $2,000 was made available to the ADI/ICD Partnership for CE volunteer speaker program, and $4,000 was allocated to help finance a seminar to be held at the ADA building on best practices in NGOs.

Two new fellow grants of $1,000 each were approved for Dr. Robert Meyer’s Christian Dental Society project and Dr. Emeria Mugonzibwa’s Oral Health Education Project for Pregnant Mothers in Tanzania. Finally, three grants of $1,500 each were approved for Dr. Byron Henry’s Cleft Lip and Palate Surgical Mission in Zimbabwe (Free to Smile Foundation), Dr. David Goldsmith’s Medical Sailing Mission in Vanuatu, and Dr. Emeria Mugonzibwa’s Oral Health Education Project for Teachers in Tanzania.

I want to extend my thanks to all the Board members who unselfishly contribute their time to further the mission of the ADI Foundation.

Collegially,
Thomas L. Brink, DDS, FADI
ADI Foundation President

Please consider giving to the ADI Foundation.
Together we all make a difference! Or give online at: www.adint.org/DonateADIF

Mail to: ADI Foundation 3813 Gordon Creek Drive, Hicksville, OH 43526 USA

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Public Relations, the Challenge for ADI

Friedrich Herbst, Chairman
ADI Public Relations Committee

Merriam-Webster defines “public relations” as “The business of inducing the public to have understanding for and goodwill toward a person, firm, or institution.” In other words, anytime people interact with the world around them, they are engaged in public relations. As healthcare professionals, business owners, employees, world citizens, and humanitarians, the strongest tool in your arsenal is the understanding of the art of public relations (PR).

1. Public relations is of paramount importance to ADI’s effective function. You, as an active fellow, should be aware of the PR tools you can use to make a difference in our cause. The following are but a few of the many tools ADI has available for your use.

2. Personal contacts are effective resources for creating and maintaining goodwill, and they can help you identify areas in need and potential solutions, as well as identifying potential fellowship candidates.

3. Personal contributions to the ADI website www.adint.org, with its information-packed content, constitute another resource for help with public relations. Your description of your humanitarian deeds could inspire someone else to try to recreate your endeavors or collaborate with you on yours.

4. Achievements of ADI, which do not receive adequate focus from organized dentistry, that are worth extolling to others are also a part of a comprehensive public relations campaign. You can place emphasis on your organization’s efforts in the following four areas:
   - Volunteerism: The quintessential exchange of knowledge, expertise and healthcare delivery.
   - Sugar: The addiction and physical effects of overconsumption on the health of the world population.
   - Geriatrics: The effects of aging on oral and general health.

5. ADI affiliation with the United Nations as a nongovernmental association is another effective public relations boast. ADI’s own Dr. David Alexander speaks frequently to other NGOs that have no perception about oral health’s link to general wellbeing.

6. Further strides of the ADI to strengthen its public relations efforts are the many symposia it conducts or participates in at major dental events worldwide, including
   - ADI symposia during the WCPD in October in India with the lectures of Dr. David Alexander, Prof. Dr. S. M. Balaji, Dr. Simon Shanahan, and Prof. Dr. Prathip Phantumvanit.
   - Greater New York Dental Meeting (GNYDM) on November 26, 2017: The ADI’s symposia to address the global burden of disease and the UN’s sustainable development goals of dental volunteerism and professional social responsibility.
Comments

- AEE DC, Dubai: The largest dental congress in the Middle East. ADI was represented with its own booth, thanks to the courtesy of the organizers, to spread the word of volunteerism in this part of the world.

7. Just as public relations for a successful dental practice helps create referrals, so too does public relations for ADI help awaken interest in individuals who meet the membership criteria to join ADI.

- A testimonial as from Dean of UTECH College of Oral Health Sciences Dr. Irving McKenzie speaks for itself: “ADI has done so much for this Jamaican Dental School and is basically the wow factor to all our successes.”

ADI’s Public Relations is You.

Every new potential candidate you influence to join, every mission you carry out and report about in the public and dental media will begin to develop interest, which will motivate sponsors and donors to support the oral health of those in need.

Editor’s Book Recommendation

The Hacking of the American Mind: The Science Behind the Corporate Takeover of Our Bodies and Brains

Robert H. Lustig

Editor’s note

This book is another nail in the coffin of Big Sugar. I have been lecturing for many years on the ways the food industry uses the pleasure and emotional centers of our minds to control what foods are consumed. Now, Dr. Robert Lustig has turned speculation into scientific fact. In his latest book, The Hacking of the American Mind, he takes us on a journey through the psychochemical makeup of reward/addiction (dopamine) vs. happiness/contentment (serotonin) and stress (cortisol) as they relate to our daily lives and how we perceive our world. Then, in Part IV (Chapter 11) and beyond, he outlines how social media, the marketing strategies of Big Pharma and Big Food, and the federal government’s apathy play an antagonistic role in the varied and rocky path to good health and happiness in today’s society.

This is a great read for all healthcare providers and one that every dentist interested in addressing the root cause of oral disease and general health should be aware of and address.
organizations, large and well-funded as well as small and lacking funds, within civil society and NGOs to advocate for health. Many of these are familiar names. But who can and will advocate for oral health as part of general health? Which organizations can seriously advocate for oral health without any conflict, real or perceived?

Well, what does ADI stand for? Let’s go back to the first paragraph – advancement of health and quality of life, education and sharing of knowledge, opportunities for service, and establishment of world peace. These are lofty goals that differentiate the ADI from the vast majority of dental organizations, whose missions explicitly encompass serving the needs of their own members.

The United Nations is an organization of 193 sovereign states. It is a forum, a meeting place, for almost all nations and relies upon the political will of its members to have its decisions implemented. It was founded immediately after World War II to promote world peace and security. Over time, the role has expanded to address economic and social development, including topics such as population, migration and refugees, human rights, food, education, the environment, and health. In fulfilling those areas of the mission, in 2015, the UN General Assembly adopted seventeen goals for transforming our world by 2030 (“The 2030 Agenda”). These are known as the Sustainable Development Goals (SDGs) and include addressing poverty, hunger, health, education, water and sanitation, gender equality, and other areas covering environment, energy, and social justice.

SDG Goal 3 is to “Ensure healthy lives and promote wellbeing for all at all ages.” There are many vocal organizations, large and well-funded as well as small and lacking funds, within civil society and NGOs to advocate for health. Many of these are familiar names. But who can and will advocate for oral health as part of general health? Which organizations can seriously advocate for oral health without any conflict, real or perceived?

ADI, UN and SDGs – Let’s Just Do It: Be Who We Say We Are!

ADI is currently the only global network of individual dental professionals, among 1,485 NGOs in affiliated status with the United Nations, which provides ADI with both a benefit (to be the authoritative voice for oral health as part of general health) and a duty to advocate for the 2030 SDG Agenda to include oral health as part of general health and wellbeing, together with all the goals that are directly relevant.

The year 2015 also stands out for oral health. The Global Burden of Disease (GBD) study, conducted by the Institute of Health Metrics and Evaluation and funded by the Gates Foundation, in its 2015 report...
indicated that untreated caries in adults was the single most prevalent disease on the planet. Severe chronic periodontitis ranked the sixth-most prevalent, and untreated caries in children the twelfth-most prevalent, with 3.5 billion total people affected. Over the twenty-five years of GBD studies, there has been little change in the high rankings of preventable oral diseases. How do we as dental professionals feel about that? Add to those sad numbers that the indirect costs of global oral diseases (loss of school hours, loss of wages, etc.) amount to US$ 144 billion, which places dental diseases among the indirect costs of the top ten leading causes of death.

So, let’s be who we say we are! ADI is a global network of socially responsible dental professionals. Members can exercise this responsibility through both clinical and social action. Of the 3.5 billion people affected, many have no access to dental care whatsoever, and this may present opportunities for ethical and sustainable missions to communities in need; and in terms of social action, we need to communicate the serious nature of these most prevalent diseases on the planet and their relationships to other life-threatening conditions while advocating for all those other SDGs relating to healthy people. Ignorance of these facts is no longer acceptable, at the individual, professional, or government policymaker level.

www.un.org
www.sustainabledevelopment.un.org
www.healthdata.org
www.thelancet.com/gbd

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ADI Fellows present Global Burden of Oral Disease Symposium at WCDP

Members of the Academy of Dentistry International presented a symposium at the 11th World Congress on Preventive Dentistry which took place October 3-6, 2017 in New Delhi.

A multinational panel of speakers addressed the topic “Addressing the Global Burden of Disease: Dental Volunteerism and Social Responsibility.” Dr. David Alexander (USA) opened the symposium by highlighting recent reports from the Bill and Melinda Gates Foundation funded ‘Global Burden of Disease Studies’ which indicated untreated caries in adults as the single most prevalent disease on the planet, and severe chronic periodontitis as the sixth most prevalent. Recognizing the lack of manpower and funding many countries and communities have little or no access to preventive or reparative oral health care. Dr. Simon Shanahan (Australia) noted that many dental professionals participate in voluntary service at home and overseas, and that many others contemplate doing so. He continued by considering the personal, emotional and cultural aspects of becoming a dental volunteer and factors to consider in identifying a suitable organization or project to join. Professor Prathip Phantumvanit (Thailand) then addressed appropriate oral health promotion and preventive dentistry techniques by describing the Atraumatic Restorative Technique, its simplified modifications with encapsulated glass ionomer, as well as guidelines for the use of fluoride agents. Professor S.M Balaji (India) concluded the symposium by addressing the logistic aspects of dental mission projects that included finance and regulatory support in additions to interprofessional considerations.

The proceedings of the symposium are available on the ADI Website or YouTube at: https://youtube.com/watch?v=NEEGr4bX68o&feature=youtu.be

The Academy of Dentistry International, the only individual membership organization for dental professionals to be recognized as an NGO by the United Nations.
It’s been proposed that the growth of cancer cells may be stymied by starving them of sugar, but the problem with that is there’s currently no method of cutting off the supply to cancer cells while keeping it open to normal cells.

This is why the biological mechanism behind the increased glucose metabolism is important. It may hold the key to starving cancer cells while keeping healthy cells functioning. We’re not there yet, but this research brings us a critical step closer.

“Our research reveals how the hyperactive sugar consumption of cancerous cells leads to a vicious cycle of continued stimulation of cancer development and growth,” said researcher Johan Thevelein from KU Leuven in Belgium.

“A Nine-Year Collaboration Has Just Shown How Sugar Influences Cancer Cell Growth

By Michelle Starr
Reporting In Science Alert 16 Oct 2017
www.sciencealert.com

This is huge.

There’s a long-known relationship between cancer and sugar, but figuring out exactly how it works has proven elusive. Now, thanks to a nine-year research project, scientists have made a breakthrough. They’ve narrowed down the mechanism whereby cancer cells metabolise sugar.

The focus of the new research was on a metabolic effect that has been understood for over 90 years. We know that almost all the cells in the human body require energy, and they derive this energy from the sugars in the food we eat. Cancer cells also require sugars to grow. But their glucose intake is a lot higher than that of healthy cells, as is the rate at which they ferment that glucose into lactic acid.

This is known as the Warburg effect, and it may, scientists have hypothesised, have something to do with cancer’s rapid growth rate. But it’s hard to determine whether the Warburg effect is a symptom or a cause of cancer.

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“Our research reveals how the hyperactive sugar consumption of cancerous cells leads to a vicious cycle of continued stimulation of cancer development and growth,” said researcher Johan Thevelein from KU Leuven in Belgium.

“Thus, it is able to explain the correlation between the strength of the Warburg effect and tumour aggressiveness. This link between sugar and cancer has sweeping consequences. Our results provide a foundation for future research in this domain, which can now be performed with a much more
precise and relevant focus.”

The team used yeast cells for its research – specifically looking at the ‘Ras’ gene family, a family of genes that is present in all animal cells, including human cancer cells. This makes the study of Ras mutations in yeast an increasingly useful tool in cancer research.

Yeast also has highly active sugar metabolism, yet doesn’t have the additional regulatory processes of mammalian cells that can conceal underlying processes.

“We observed in yeast that sugar degradation is linked via the intermediate fructose 1,6-biophosphate to the activation of Ras proteins, which stimulate the multiplication of both yeast and cancer cells. It is striking that this mechanism has been conserved throughout the long evolution of yeast cell to human,” Thevelein said.

In lay terms, the researchers found that the yeast that had an overactive influx of glucose caused the Ras proteins to activate too much, which would then allow the cells to grow at an accelerated rate.

He was, however, careful to note that this research, while important, is one step in a much larger process - and that a breakthrough in research is not the same thing as a medical breakthrough.

“The findings are not sufficient to identify the primary cause of the Warburg effect,” he added. “Further research is needed to find out whether this primary cause is also conserved in yeast cells.”

The team’s research has been published in the journal Nature Communications.

Read More: Science Alert
Nature Journal: Nature.com/articles/s41467-017-01019-z

Worldwide Sugar Taxation

Editor’s Notes:
There is a growing movement among many worldwide institutions to develop ways to combat the obesity epidemic and other deadly non-communicable diseases (NCDs). The ADI, as a supporting affiliate of the FDI and as a member of the UN Department of Public Information, has the obligation to discuss various methods to increase global health and wellbeing. We live in a world where capitalism at any cost is affecting the lives and general health of the entire world. Education can help those whose lives are being influenced by the food and drink industries’ destructive advertising practices. Yet another way to combat the overconsumption of sugar is to hit these industries in the wallet. Many countries are beginning to tax sugary products, and the results are beginning to show up in a positive way in the overall health of their populations.

The following articles have appeared in the online publications of the FDI World Dental Federation and the World Health Organization and in the LA Times. They discuss the effects of sugar taxation on health and whether it has been effective.

FDI
From Mexico to Switzerland, more countries are contemplating sugar tax
Practical guide on sugars and dental caries now available for FDI member associations

WHO

Berkley California implements a penny per ounce soda tax
Editor's Notes:
That is the request given by most physicians today when doing a medical head and neck work-up exam upon meeting a new patient for the first time. They look right to the back of the throat and the pharynx and observe for redness. Most are usually unaware of the entire organ system they have bypassed. Oral disease is probably the most overlooked medical infection in the world today.

At least within the state of Ohio, USA, according to the Ohio Revised Code Dental Practice Act article 4715.34, physicians with valid medical licenses can perform any procedure a dentist can do without needing a dental license, as long as they can perform the procedures within the standard of care that a licensed dentist can perform them. But do they? No! There are many reasons this does not happen, but that’s another article.

What a great overlooked cadre of healthcare workers to help with the treatment and cure of oral disease.

However, in almost every report one reads about inter-professional collaboration among healthcare workers providing public access to healthcare, the dental profession is omitted. Thus, it has been my goal as a professor within a medical school to develop an oral health education program within the medical community to provide physicians with the skills and knowledge to recognize, diagnose, refer, and treat the more common oral health needs of patients who, for whatever reason, do not have access to regular dental care.

The following article from the Mayo Clinic demonstrates the importance of consistent oral health training within the medical and dental communities and the public.

Oral health: A window to your overall health

Your oral health is more important than you might realize. Get the facts about how the health of your mouth, teeth and gums can affect your general health.

By Mayo Clinic Staff
April 30, 2016

Did you know that your oral health offers clues about your overall health — or that problems in your mouth can affect the rest of your body? Protect yourself by learning more about the connection between your oral health and overall health. What’s the connection between oral health and overall health?

Like many areas of the body, your mouth is teeming with bacteria — most of them harmless. Normally the body’s natural defenses and good oral health care, such as daily brushing and flossing, can keep these bacteria under control. However, without proper oral hygiene, bacteria can reach levels that might lead to oral infections, such as tooth decay and gum disease.

In addition, certain medications — such as decongestants, antihistamines, painkillers, diuretics and antidepressants — can reduce saliva flow. Saliva
washes away food and neutralizes acids produced by bacteria in the mouth, helping to protect you from microbial invasion or overgrowth that might lead to disease. Studies also suggest that oral bacteria and the inflammation associated with periodontitis — a severe form of gum disease — might play a role in some diseases. In addition, certain diseases, such as diabetes and HIV/AIDS, can lower the body’s resistance to infection, making oral health problems more severe.

What conditions may be linked to oral health? Your oral health might contribute to various diseases and conditions, including:

- **Endocarditis.** Endocarditis is an infection of the inner lining of your heart (endocardium). Endocarditis typically occurs when bacteria or other germs from another part of your body, such as your mouth, spread through your bloodstream and attach to damaged areas in your heart.

- **Cardiovascular disease.** Some research suggests that heart disease, clogged arteries and stroke might be linked to the inflammation and infections that oral bacteria can cause.

- **Pregnancy and birth.** Periodontitis has been linked to premature birth and low birth weight. Certain conditions also might affect your oral health, including:

- **Diabetes.** Diabetes reduces the body’s resistance to infection — putting the gums at risk. Gum disease appears to be more frequent and severe among people who have diabetes. Research shows that people who have gum disease have a harder time controlling their blood sugar levels, and that regular periodontal care can improve diabetes control.

- **HIV/AIDS.** Oral problems, such as painful mucosal lesions, are common in people who have HIV/AIDS.

- **Osteoporosis.** Osteoporosis — which causes bones to become weak and brittle — might be linked with periodontal bone loss and tooth loss. Drugs used to treat osteoporosis carry a small risk of damage to the bones of the jaw.

- **Alzheimer’s disease.** Worsening oral health is seen as Alzheimer’s disease progresses.

Other conditions that might be linked to oral health include eating disorders, rheumatoid arthritis, head and neck cancers, and Sjogren’s syndrome — an immune system disorder that causes dry mouth.

Because of these potential links, tell your dentist if you’re taking any medications or have had any changes in your overall health — especially if you’ve had any recent illnesses or you have a chronic condition, such as diabetes.

**References**

FDI World Dental Federation has announced that materials are available for member associations to use in the promotion of World Oral Health Day (WOHD), which is celebrated on March 20. These include posters, ads, a brochure, an advocacy toolkit, and more. As an ADI Fellow, you are an Affiliate member of FDI and can register to download the materials at www.worldoralhealthday.org/members.

FDI develops the WOHD strategy and messaging, which are then rolled out through you. A member toolkit has been prepared to provide you with the WOHD branding and key messages and introduce you to the resources for the development of national campaigns. Use it to get involved with WOHD and encourage others to join the global movement.

The Campaign:
‘Say Ahh: Think Mouth, Think Health’ encourages people to make the connection between their oral health and their general health and well-being. A healthy mouth and a healthy body go hand in hand, and this year’s campaign theme prompts people to recognize the close association between the two and the impact that one has on the other.

For the first time, FDI is launching a three-year campaign strategy under the theme ‘Say Ahh’. The phrase is synonymous with health and will resonate with many globally. It is commonly used by both dentists and doctors during check-ups and invites people to open their mouths for examination. Combined with different sub-themes each year, the ‘Say Ahh’ campaign brings to life the notion of the mouth serving as a mirror to the body and reflecting overall health.

In 2018, the aim is to educate people on the mouth and body connection and ‘Think Mouth, Think Health’. In 2019, the goal is to motivate people to take action in protecting their oral health and ‘Act on Mouth Health’. In 2020, the aim is to empower people to work together to drive positive change for oral health and ‘Unite for Mouth Health’.

About World Oral Health Day:
Celebrated each year on March 20, World Oral Health Day is the largest global awareness campaign on oral health. It was launched by FDI World Dental Federation in 2007 and is the culmination of year-long activities dedicated to raising global awareness on the prevention and control of oral disease. For more information, visit www.worldoralhealthday.org.

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If you are not an FDI member association, you cannot adapt the material and must use it as provided. WOHD material must be published with the following copyright notice within the image or next to it: © FDI World Dental Federation. If you have any questions concerning rights to use the WOHD logo or material, please contact the global team: wohd@fdiworlddental.org.
Dr. Marion Bergman was born in Johannesburg, South Africa, and she received her medical degree from the University of Witwatersrand Medical School in 1974. Her internship and residency in internal medicine were completed at the State University of New York (SUNY) in Brooklyn, New York, in 1979, and her Fellowship in Pulmonary & Critical Care at SUNY in Stony Brook, New York, in 1981. Dr. Bergman is certified by the American Board of Internal Medicine and the American Board of Pulmonary Medicine.

Dr. Bergman has been the driving force behind improving oral health in Tanzania. With herculean personal efforts, she won support from the Ministry of Health and Social Welfare to make oral medicine a priority of the Tanzanian political agenda. She has also served as the treasurer for the Board of Directors of Medical Education for South African Blacks, which provided more than 8,000 scholarships to train black healthcare professionals in South Africa.

Dr. Bergman serves on the advisory boards of Tel Aviv University’s Hartog School, Ben Gurion University’s Medical School for International Health, Temple University’s Dental School, and the Johns Hopkins Blumberg School of Public Health and is a member of the board of visitors for Temple University’s Kornberg School of Dentistry. She also serves on several nonprofit boards, including the Global Child Dental Fund and American Jewish World Service, and currently chairs the American Jewish Committee’s Africa Institute and is a member of AJC’s board of governors.

As an advocate for rural health and development in the developing world, Dr. Bergman directs healthcare projects for Miracle Corners of the World, Inc. Dr. Bergman has actively promoted the advancement of the oral healthcare profession and human welfare locally in the UN and internationally and globally.

Mr. Christian Brutzer was born and raised in Salzgitter, Germany. From 1978 to 1982, he attended Gottingen University, majoring in law, with

Mr. Christian Brutzer receives his Honorary Fellowship from President T.Bob Davis.
a minor in economics. Continuing his education, he then received his juris doctor degree with a minor in philosophy/economics from Kiel University in 1985 and began an internship at the Japanese Fair Trade Commission as a trainee with the German Business Association Government Program. In 1990 he passed the State Judicial Examination with honors and from 1991 through 1994 practiced tax, corporate, and regulatory law in Hanau, Germany.

In 1990, Mr. Brutzer entered the business side of dentistry in the dental division of the Heraeus Group, holding senior executive positions in Japan, Europe, Australia, and China, eventually rising to president and serving in that position of Heraeus Kulzer Inc. USA until April of 2006.

On June 1, 2006, he joined Ivoclar Vivadent AG, Schaan, Liechtenstein, as Global Region Head Asia/Pacific, and in 2008 he was named to his current position of Vice-President International for Ivoclar Vivadent Inc., Amherst, NY, USA. He has been a member of the Corporate Management Team since 2011.

Mr. Brutzer was elected to the Board of the Academy of Dentistry International Foundation in October 2013. He currently serves as Vice-President and more importantly as Chairman of the Finance Committee, where his expertise and wisdom have brought a structured stability and impressive returns to the endowment fund.

**HONORARY FELLOWSHIP**

**Dr. Keiko Sakagami**

Dr. Keiko Sakagami receives her Honorary Fellowship from President T.Bob Davis.

Dr. Keiko Sakagami received her dental hygiene and dental health education degrees in Japan in 1984, her bachelor of science in dental hygiene and her AAS in dental health education at New York University College of Dentistry in 1995, and her master’s in 1997 and her doctorate in health education and behavioral sciences from Columbia University in 2004.

During her illustrious career, she has been an active hygienist, a dental researcher, a dental health educator, coordinator of communication for health and nutrition examinations in New York, senior manager for health and mental hygiene in New York, a public health educator for HIV/AIDS, and supervisor for public health for newborns and home visitations in New York for the past thirty-two years.

Dr. Sakagami has also had major research activities in childhood caries and competencies in health education and oral health from 1997 until 2012. She has published numerous times and is a frequent speaker on oral health issues. She is currently a UN representative for the International Union for Health Promotion and Education, a member of the UN/ECOSOC and an advisor to the Consulate General of Japan.

She has been a committee member, council member, board member, advisor, and co-chair of many committees and organizations aiding the dental and medical communities since 2005. Dr. Sakagami is a highly qualified, personable, and dynamic dental health advocate, educator, leader, politician, researcher, and writer.
as the primary focus. Dr. Kosinski often provides services for little or no compensation, and he has donated his professional services, including implants, to those less fortunate individuals without access to dental care.

**DISTINGUISHED FELLOWSHIP AWARD**

**Dr. Ernest Goodson**

Dr. Ernest J. Goodson has demonstrated over the years his passion for promoting the improvement of the oral health and welfare of others around the world. He has served on medical missions to Haiti, the Dominican Republic, and Malawi, Africa, providing dental care to the underserved citizenry, and has participated in cleft lip/cleft palate missions in Australia, Brazil, and Europe, evaluating orthodontic treatment in those programs. Locally, Dr. Goodson participates and volunteers in the annual North Carolina Missions of Mercy and donates his dental services monthly to the Fayetteville Care Clinic.

North Carolina Governor James B. Hunt appointed Dr. Goodson to the North Carolina Commission for Health Services with the primary responsibility of issuing regulations to ensure the health and safety of North Carolina citizens. Dr. Goodson is currently serving his second term on the University of North Carolina Health Care System Board of Directors, furthering the teaching mission of the University of North Carolina while providing state-of-the-art patient care.

**ADI HUMANITARIAN AWARD**

**Dr. Timothy Kosinski**

Dr. Timothy F. Kosinski received his bachelor’s degree from Kalamazoo College, his master’s degree from Wayne State University, and his dental degree from the University of Detroit. He then served a general practice residency at Miami Valley Hospital in Dayton, Ohio.

He has been an active member of the Academy of General Dentistry, earning both a Mastership and the Lifelong Learning and Service Award. He served as President of the Michigan AGD in 2013. He is the current editor of the Amalgam Carrier for the Michigan AGD.

Dr. Kosinski is a member of the American Dental Association and a Fellow of the American College of Dentists, the International College of Dentists, and the Pierre Fauchard Academy, as well as our own Academy of Dentistry International.

He is also a frequent lecturer for local and regional dental associations and the University of Detroit School of Dentistry. He has numerous publications to his credit and appears frequently on radio and TV programs espousing the dental profession.

Dr. Kosinski assists many compromised patients, always keeping the patient’s overall oral health
To his distinguished credit, Dr. Goodson is also a member of the Littauer Society and the Dean’s Leadership Council at the John F. Kennedy School of Government at Harvard University.

TANAKA AWARD
Mr. Kyle Leis

Dr. Terry Tanaka presents Kyle Leis with the Terry Tanaka Student Humanitarian Award.

Student doctor, Kyle Leis of Loma Linda University is the winner of the 2017 Dr. Terry Tanaka Student Humanitarian Award from the Academy of Dentistry International. Kyle began volunteering years before entering dental school when he met Dr. Mark Carpenter, a LLU faculty member. He had the opportunity as a young college student to “shadow” Dr. Carpenter in his private office and at the weekly free clinic where Dr. Carpenter went after his practice hours. Kyle later volunteered at this location where he learned to assist at the chair, took x-rays, and even established the OSHA protocols for instrument sterilization for the free clinic. Later in his pre-dental days, he went on several field mission trips to Nicaragua with Dr. Carpenter and was a valuable member of the LLU team. After Kyle returned, he continued his work with the LLU team.

During dental school, he was part of the core group of students who worked to transition the school’s Free Compassion Clinic to a new location, attending weekly to set up, sterilize and even sweep the floors at the end of the day.

At the beginning of dental school in the fall of 2014, Kyle was selected to serve his class as the clinic vice-president. Although he was very busy with his class studies, he continued to serve at the New Hope Free Clinic and assemble and schedule his classmates as volunteers. He also approached the leader of the service club of the LLU School of Pharmacy to explore the option of utilizing the services of pharmacy students to provide vaccinations, bone density scans, and dietary counseling to the dental patients of the clinic.

In addition to his previous trips to Nicaragua, Kyle helps plan, pack, and train his fellow students on how to operate and repair their equipment when it breaks down while on location. He continues to return each year to Managua, Nicaragua and the other outlying cities. Not only has he performed well throughout his academic and clinical training, he has recorded well over 800 hours of community and field mission trip hours.

As Irmgart Mitchell, the Director of Student Services at Loma Linda University states, “Kyle has such a sensitive heart for others. There is no doubt that he will continue to serve beyond dental school and will continue to seek opportunities to help others and encourage other dental and medical professionals to do so as well.”

Sometimes it takes a thoughtful and caring doctor like Dr. Mark Carpenter to remind us what an opportunity it is for us as individuals and the profession when asked to serve as ambassadors and to allow a dental student to “shadow” us in our busy offices.

On behalf of all the members of the Academy of Dentistry International and their guests present this evening, I am honored to present this years ADI Tanaka Student Humanitarian award to senior student doctor Kyle Leis of Loma Linda University.

Terry T. Tanaka, DDS, FADI
International Projects

FORMAT CHANGE FOR REPORTS

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.
Oral disease is easily the most misunderstood and overlooked medical condition within any comprehensive health program. Most dental programs approach the disease on a procedural level only and specifically concentrate on the aftermath of the disease—pulling and filling teeth. However, oral disease affects the entire spectrum of whole-body diseases, from diabetes to heart disease and from stroke to preterm births, to name a few. Sugar, the same addictive substance that leads to oral disease, also leads to many of the devastating metabolic diseases affecting the world today.

Amazon Promise’s Oral Health Program was developed seventeen years ago. Since then, we have gone from basic surgical supplies and dental chairs fashioned from a stool and a boat cushion attached to a pole for a headrest to state of the art dental units and dental instruments with which we are able to provide extractions of severely decayed teeth as well as more advanced dental procedures.

From those rudimentary beginnings, we have evolved into a program that houses two fully functional portable dental units that would rival many private dental offices. We can perform many oral surgical and restorative procedures in any remote village we visit. We can remove the worst of decayed teeth, restore to function many broken and mildly carious teeth, and restore the cosmetics of front teeth to bring back the smiles and self-confidence of people of all ages.

In 2016, with the professional oral health experience of our local Peruvian dentists and student interns, we were able to provide care to over six hundred people and perform over two hundred procedures and four hundred extractions. This almost-double extraction to filling ratio is due in large part to the amount of soda and sweets consumed in the communities we serve. This addiction to sugar is also fueled by the economic fact that the cost of a bottle of soda is 0.70 soles, while a bottle of water costs 1.50 soles—more than double the cost for a bottle of healthy water.

The good news is that in the jungle communities of Jaldar, Nuevo Jerusalen, Nuevo Loreto, San Jose, Payorote, Hipolito, and Puerto Miguel, Amazon Promise, along with Engineers Without Borders, has installed rainwater catchment systems that are providing clean water at almost no cost. The results are promising. Communities report a significant decrease in diarrhea and other waterborne diseases, with the resultant benefit of children going to school more regularly. Future studies of these villages may show less morbidity from oral disease due to a decrease in soda (sugar) consumption and an increase in the consumption of clean water.

The key to curing oral disease is not filling and extracting teeth but oral health education and stopping disease before it starts.

There are two components of the oral health program within Amazon Promise.

The first is an education program that we deliver in each village we visit. During the presentations, we
emphasize the effects of sugar on the mouth and body, the need for good oral hygiene habits, and the benefits of drinking pure water instead of soda.

The second is a dental clerkship offered to accredited dental schools throughout the world to allow advanced dental students to participate in a unique cultural and professional experience. Students work side by side with an experienced licensed dentist to provide state-of-the-art dental treatment to indigenous populations living in remote communities of the Amazon River.

Oral health is of primary importance to Amazon Promise, and we will continue to foster our strategic liaisons with medical and dental organizations worldwide to develop programs that provide good oral health and hygiene to the communities in the Peruvian Amazon. In addition, we will continue to offer dental students around the globe the opportunity to bring their clinical knowledge and skills to some of the most remote and breathtaking areas in the world.

Robert L. Fulton, MA, DDS, FADI, Director of Oral Health for Amazon Promise
ohccint@gmail.com

Please check out the entire Amazon Promise experience and our Expedition Schedule for the year, located under the volunteer drop-down box on our home page. For the latest news, click on our Newsletter section.


We often hear the term “giving back,” but what does it refer to? It is knowing, loving, and serving that segment of humanity to whom fortune has been less kind. Moreover, there is no better way than loving and serving others to remind ourselves that we have the ability and the duty to reach out and help our neighbors in need, whether they live across town or across the world. My good friend and classmate in both dentistry and public health, Dr. David Brodeur, told me at a point when I needed his assistance, “I have always believed that we are on this earth to help each other.”

Whether it is millions of children in developing countries dying from preventable diseases or the global HIV epidemic or the also preventable destruction of teeth from caries or periodontal infections right here in the USA, we can all respond to a crisis that resonates with every one of us. Martin Luther King, Jr., once said that life’s most urgent question is, “What are you doing for others?” Put another way, sympathy is nice, but empathy and taking action are even better. As Albert Schweitzer said, “I don’t know what your destiny will be, but one thing I do know: the only ones among you who will be happy are those who have sought and found how to serve.” Or as my dad used to say, “Don’t just sit there, do something!”

All of us can look inside toward our hearts and decide what actions we can take, whether right here or far away.

Ronald E. Fritz, DDS, MPH, FADI
At times, some of us wonder where ADI Foundation grant monies go and how much good they actually do. I recently had a personal family experience with the yields of one of the grant recipients: The son of my Mexican nephew was born with a cleft lip, and ADI Foundation, grant recipient, Smiles International came to the rescue.

Smiles International Foundation (www.smilesinternationalfoundation.org) was organized by mission-minded Jeffrey Moses, DDS, FAACS, FADI, in the mid-1980s. It has grown rapidly over the years, with volunteer craniofacial surgeons, anesthesiologists, registered nurses, and ancillary personnel, and now has teams going to multiple-location clinics in the U.S., Mexico, Costa Rica, Ecuador, India, and Ukraine.

The collaboration with and participation of local professionals is what builds bridges and makes professional friends in each of these locations: Teams are composed of both United States and local professionals in an inclusive, non-egotistical relationship. Reports from each of these locations are on the website. All volunteer doctors pay their own way as a gift and to avoid using Foundation funds for transportation and lodging. I had the beautiful experience of being invited by Dr. Moses to attend the Tecate, Baja California, clinic in March of 2015, and I was blown away at what I saw in the clinic facility they built, how far teams had come to help, and how they worked with local surgeons in Tecate. It is truly what ADI is all about.

When I saw my beautiful great nephew for the first time – and his congenital malunion of the upper lip – I immediately thought of my good friend Dr. Moses and Smiles International. By email, I discovered the closest clinic to here in Oaxaca would be the Los Cabos clinic, which operates in April and October. Keep in mind, this is only one of many clinic locations.

After I reported this to my nephew, Luis Alberto, he and his family made arrangements to travel with their eight-month-old son Osmar to Los Cabos, Baja California Sur (the youngest state in Mexico, admitted in 1972). They were accommodated at every turn and treated like royalty.

Surgery was performed, corrections were accomplished, and the family returned here to Oaxaca, totally elated at the miracle they had just witnessed. They thanked me profusely, though I had nothing to do with this except the contact and referral. Upon my arrival back in Oaxaca, Mexico from my home in Rancho Santa Fe, California, the first person I wanted to visit was Osmar. The family’s gratitude and my exuberance brought me to tears of joy and satisfaction at my
seeing this miracle that had taken place.

Dr. Moses and these selfless surgeons are the best this world has to offer, and they are producing miracles for parents all over this globe. This report is intended to give you a little peek into just one of the organizations that receive grant awards each year from our ADI Foundation, and in this case, in my own backyard, my own family. These wonderful mission-minded people are making the world a better place every time they travel and work. May God bless them as we thank them for giving of their talents.

Smiles International Foundation is a national and international organization that organizes and provides charitable surgical care for underprivileged children internationally and in the United States who are afflicted with cleft and craniofacial deformities through a team approach to longitudinal care. This allows excellence in optimal growth and development for the children served.

Also, clinically related education for professionals and volunteers is provided through the Foundation’s accredited Continuing Education Symposia, which help establish international liaisons and ambassadorial relationships between professionals and universities, making the goal of self-sufficiency in the mission sites achievable. Smiles International was initially formed in 1987 as a subchapter, DBA, of the Pacific Clinical Research Foundation.

Clinic Philosophy

Our clinics are dedicated to a longitudinal team approach. Specialists gather together from both sides of borders. Community support networks provide mission logistics, and clinical care is provided to the children throughout their development. In less fortunate regions of the world, socioeconomic conditions can lead to these treatments being delayed, if performed at all. As a result, children develop with severe deformities that are more difficult to correct later in life and can result in social isolation.

While surgical mission teams have traditionally provided surgical repair of the lip or palate, many stop at this stage of assistance. Yet, on average, children with cleft deformities require approximately five to seven staged surgeries to reconstruct orofacial form and function. Without longitudinal treatment planning and opportunities for staged treatment of the other aspects of their deformities, children can develop even more complicated deformities that require more extensive treatments later in life. Speech deformities, deafness, and the inability to chew foods are only some of the problems these children face.

So, we need to remember, we may not be “boots on the ground” performing miraculous treatments on those outside our walls. But every small gift is pooled with many other small gifts. All gifts are valuable. Regardless of their size, they can do great things! When ADIF grants those gifts to wonderful organizations such as Smiles International Foundation, lives are touched! This time, it came back full circle!

Ronald E. Fritz, DDS, MPH, FADI
Vice President for Education

Omar with his parents and his anesthesiologist, Dr. Chimbira.
Convocations

New fellows are the life blood of the ADI.

Welcome all!
CONVOCATIONS

ADI Convocation

May 18, 2017
Melbourne

On May 18, 2017 an ADI convocation was held at The Australian Club, Melbourne, Australia.

Officials present
Dr. T. Bob Davis, ADI President

Officers Australasian Section
Dr. John Pearman, Regent
Dr. Simon Shanahan, Vice-Regent, Treasurer
Dr. Wayne Ottaway, Vice-Regent, Secretary

Presentations
A highlight of the Dinner was the presentation of the John Booth Award for Australasian Dentist of the Year to Dr. John Owen AM for services to the Indigenous communities of the Kimberley District of the Northern Territory.

New Fellows were inducted into the Academy.
Dr. Nicholas Albatis
Dr. Val Bennett
Dr. Alan Broughton
Dr. Santo Cardaci
Dr. Sarah Chin
Dr. Bob Cvetkovic
Dr. Scott Davis
Dr. Greg Doucas
Dr. Jamie Foong
Dr. Rachel Garraway
Dr. Andrew Gikas
Dr. Janice Kan
Dr. Jane Lee
Dr. Stephen Liew
Dr. Clare Lin
Dr. Kavita Lobo
Dr. Camilla Lock
Dr. Lyn Lorick
Dr. Jessica Manuela
Dr. Steve Mason
Dr. Tim McAnulty
Dr. Jane McCarthy
Dr. Greg Miller
Dr. Greg Moore
Dr. Martin Nash
Dr. Alan Nerwich
Dr. Melinda Newnham
Dr. Chris Pantin
Dr. Chris Pazios
Dr. Angela Pierce
Dr. Jane Pinchback
Dr. Peter Readman
Dr. Paul Renner
Dr. Chris Sanzaro
Dr. Alex Selby
Dr. Anthony Smerdon
Dr. Jeremy Sternson
Dr. Brett Taylor
Dr. Vivienne Valladares
Dr. Janet Wallace (Hon Fellow)
Dr. Vanessa Williams
Dr. Andrew Wong
Dr. Tim Yuen
Dr. Kent Yuen
On July 8, 2017, the first Convocation of the India Chapter of Middle East Section was held at Agra, India. A total number of sixteen new Fellows were inducted during the convocation ceremony. The business meeting ended with vote of thanks by Dr. Rakesh Yadav. Dr. Dibyendu Mazumder, President of the Dental Council of India (DCI) was the Guest of Honor and addressed the fellow members.

Officers:
Dr. Shiva Mortazavi, Regent Mid-East
Dr. Anil Chandra, Secretary General
Dr. B. Rajkumar, President, ADI India
Dr. Vikrant Jain, Treasurer
Dr. N.K. Gupta, V. President ADI India

New Fellows:
India
Dr. Kamal Bagda Sr.
Dr. Akash Goel
Dr. Nand Lal
Dr. Dibyendu Mazumder
Dr. Jitendra Rao

Dr. Mohit Seth
Dr. Ramedhwari Singhal
Dr. Umesh Pratap Verma
Dr. Akhilanand Chaurasia
Dr. Sunit Kr. Jurel
Dr. Sameer Makkar
Dr. Mudit Mehrotra
Dr. H. Murali Rao
Dr. Sunil K. Sharma
Dr. Mridula Trehan

Iran
Dr. Neda Esmaelie Falah
ADI Convocation
August 28, 2017
Madrid, Spain

On August 28, 2017 ADI convocation was held at IFEMA Feria De Madrid Convention Center, Madrid by ADI Southern Europe Section followed by a Banquet at Kalma Restaurant at Marriot Auditorium Hotel.

Officers:
Dr. T. Bob Davis, ADI President
Dr. Stefano Colasanto, Regent Of Southern European Section
Dr. David Alexander, Vice President for International Affairs
Dr. Ronald Fritz, Vice President for Education
Dr. Robert Ramus, Executive Director

New Fellows
Dr. Grigor V. Avagyan, Armavir, Armenia
Dr. Kamran Shahbazov, Baku, Azerbaijan
Dr. Jack Hesbon Magara, Kisumu, Kenya
Dr. Gulnar S. Cholokova, Bishkek, Kyrgyzstan
Dr. Abdyrakhman M. Eshiev, Osh, Kyrgyzstan
Dr. Mas Suryalis Ahmad, Sungai Buloh, Selangor, Malaysia
Dr. Kenneth McDougall, Jamestown, North Dakota, USA
Dr. David C. Woodburn, Amarillo, Texas, USA

Presentations
Dr. Ramus presented the Orientation program for the new Fellows.

Dr. Alexander gave the Continuing Education course on the topic, “Global Burden of Oral Diseases, the United Nations and the Academy of Dentistry International: learnings and issues for Oral Health.”
On October 18, 2017, the Academy of Dentistry International Annual Convocation was held in Atlanta in conjunction with the American Dental Association’s Annual Session. The Board of Regents held their Annual Meeting, a CE Symposium was held and the Annual Convocation and Awards were presented. The ADI Annual Awards are featured on pages 16-18.

Left to Right, First Row: Mr. Christian Brutzer, Dr. Keiko Sakagami, Dr. Ramon Baez, Dr. Ronald Fritz, Dr. John Pearman, Dr. T. Bob Davis, Dr. Gerhard Seeberger, Dr. David Alexander, Dr. Marion Bergman, Dr. Ernest Goodson, Dr. Timothy Kosinski

Second Row: Dr. Ravi Sinha, Dr. Wendy Holder, Dr. Bruce Miller, Dr. Sharon Harrell, Dr. Russell Giordano, Dr. Shanmugam Sivanesan, Dr. Jenipher Ober, Dr. Sandra Schmidt, Dr. Joseph Belsito, Dr. Victor Argueta, Dr. Jean Nuyens, Dr. L’Tanya Bailey, Dr. Gary Frey, Dr. Michael Reed, Dr. Aditya Tadinada

Third Row: Dr. Kevin Alexander, Dr. Brittany Hoover, Dr. Ronald Bosher, Dr. Gary Guest, Dr. Luis Suarez, Dr. Kamran Awan, Dr. Alan Robinson, Dr. Johnson Wambugu, Dr. Lawrence Morris, Dr. Schubert Sapian

**Officers**

- President, Dr. T. Bob Davis
- President-Elect, Dr. Gerhard Seeberger
- Vice-President of International Affairs, Dr. David Alexander
- Vice-President of Finance & Administration, Dr. John Pearman
- Vice-President of Education, Dr. Ronald Fritz
- Immediate Past President, Dr. Ramon Baez

**New Fellows**

**Canada**

- Dr. Joseph A Belsito, Dr. Shanmugam Sivanesan

**Guatemala**

- Dr. Victor Hugo Argueta, Dr. Luis Fernando Suarez R.
- Dr. Jean Pierre Nuyens

**Kenya**

- Dr. Jenipher A. Ober-Oluoch, Dr. Johnson J. Wambugu

**United Arab Emirates**

- Dr. Sandra Schmidt

**United States of America**

- Dr. Kevin Alexander
- Dr. Kamran Habib Awan
- Dr. L’Tanya J. Bailey
- Dr. Ronald E. Bosher
- Dr. Gary N. Frey
- Dr. Russell A. Giordano
- Dr. Gary Guest
- Dr. Sharon Nicholson Harrell
- Dr. M. Wendy Holder
- Dr. Brittany Thome Hoover

**Special Programs And Presentations**

- Drs. Schubert Sapian & T. Bob Davis
- “Volunteerism and Unique Instruments That Assist”

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- Vice-President of International Affairs, Dr. David Alexander
- Vice-President of Finance & Administration, Dr. John Pearman
- Vice-President of Education, Dr. Ronald Fritz
- Immediate Past President, Dr. Ramon Baez

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**United States of America**

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- Dr. Gary Guest
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- Dr. Brittany Thome Hoover

**Special Programs And Presentations**

- Drs. Schubert Sapian & T. Bob Davis
- “Volunteerism and Unique Instruments That Assist”
On December 9, 2017, Dr. Chul Oh, Korea Chapter Chairman, officiated a convocation of ten new Fellows.

Officiants:
Dr. Chul Oh
Dr. Chang Young Ahn
Dr. Seokdae Kwon
Dr. Yongho Kim
Dr. Woohyun Park

New Fellows:
Dr. Chang Jin Park
Dr. Minkap Park
Dr. Don Young Jung
Dr. Janghyun Paek
Dr. Jun Sang Yoo
Dr. Jae Jin Ahn
Dr. Pill Sung Moon
Dr. Sungwon Jun
Dr. Yongchan Lee
Dr. Ki Hang Seo
Food For Thought

The Calf Path

Circa 1893

One day, through the primeval wood,
A calf walked home, as good calves should;
But made a trail all bent askew,
A crooked trail as all calves do.

Since then two hundred years have fled,
And, I infer, the calf is dead.
But still he left behind his trail,
And thereby hangs my moral tale.

The trail was taken up next day
By a lone dog that passed that way;
And then a wise bell-wether sheep
Pursued the trail o’er vale and steep,
And drew the flock behind him, too,
As good bell-wethers always do.

And from that day, o’er hill and glade,
Through those old woods a path was made;
And many men wound in and out,
And dodged, and turned, and bent about
And uttered words of righteous wrath
Because ‘twas such a crooked path.

But still they followed -- do not laugh --
The first migrations of that calf,
And through this winding wood-way stalked,
Because he wobbled when he walked.

This forest path became a lane,
That bent, and turned, and turned again;
This crooked lane became a road,
Where many a poor horse with his load
Toiled on beneath the burning sun,
And traveled some three miles in one.

And thus a century and a half
They trod the footsteps of that calf.

The years passed on in swiftness fleet,
The road became a village street,
And this, before men were aware,
A city’s crowded thoroughfare;
And soon the central street was this,
Of a renowned metropolis;

And men two centuries and a half
Trod in the footsteps of that calf.
Each day a hundred thousand rout
Followed the zigzag calf about;
And o’er his crooked journey went
The traffic of a continent.
A hundred thousand men were led
By one calf near three centuries dead.
They followed still his crooked way,
And lost one hundred years a day;

A moral lesson this might teach,
Were I ordained and called to preach;

For men are prone to go it blind
Along the calf-paths of the mind,
And work away from sun to sun
To do what other men have done.
They follow in the beaten track,
Out and in, and forth and back,
And still their devious course pursue,
To keep the path that others do.
But how the wise old wood-gods laugh,
Who saw the first primeval calf!

Ah! many things this tale might teach,
But I am not ordained to preach...

Sam Foss
1858 - 1911