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 WOULD LIKE TO THANK IVOCLAR 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.

PUBLISHER - THE HUBBARD COMPANY
612 CLINTON STREET
DEFIANCE, OH 43512
WWW.HUBBARDCOMPANY.COM
TEL. 419-784-4455

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.
## Content

### COMMENTS
- From the Editor’s desk
- Thoughts from President
- Thoughts from ADI Foundation

### Breaking News
- Jamaican National Award

### COVER STORY
- ADI Fellows Present to the United Nations

### TOPICS OF INTEREST
- ADI CE Courses
- Short Lingual Fraenum
- Sugar Addiction
- Sugar Connection to Blood Pressure
- ADI Seminar at GNYDM
- Global Volunteerism
- ADI BOR In Rome

### INTERNATIONAL PROJECTS
- Peru
- Italy
- Middle East
- USA

### CONVOCATIONS
- Brazil
- Italy
- Middle East - Dubai UAE
- Korea

### PARTING THOUGHTS
- Your ADI Today as I See It
Like the Phoenix rising from the ashes, the ADI has begun to re-establish itself as a worldwide, multicultural presence. Any movement for change requires a synergistic support system. Within the first six months of 2016, the ADI has distinguished itself by becoming the only Honorific Dental Organization to partner with the United Nations Department of Public Information (UN/DPI). In Korea we presented to the world a real picture of oral disease as it relates to global socioeconomic burdens, worldwide nutritional disparities, and solutions for disease management through literary programs emphasizing self-awareness in critical psychological behavioral changes necessary for self-care.

In Brazil, we partnered with the APCD (Associação Paulista de Cirurgiões Dentistas), and CIOSP (Congresso Internacional de Odontologia de São Paulo) to induct twenty-one new ADI fellows and present new educational techniques and ideas of oral care that transcend the traditional concepts of “brush, floss and don’t eat sweets”.

Italy, like many other countries has virtually no data regarding the oral health of its elderly. An ADI action goal, initially presented to the UN/DPI, was to establish Geriatric Dental Care and Prevention of Disease through Oral Health Promotion for the Elderly. Through collaboration with the University of Sassari and the WHO, a Geriatric Care and Prevention Program is being established in Italy to provide a Patient Literacy Program for adults and collect data that can be used to design and redesign programs that will benefit the overall health of this oft times over-looked population of people.

As you can see the ADI is growing in influence and has the capability to help establish action programs that are sorely needed by the Oral Health Profession to be provided to the general public. Please read on through the rest of the JADI Vol. 2 to get more information of the above-mentioned programs and many other programs in which we play a vital role.

**STAY TUNED -- FILM AT 11:** Internally within the ADI structure we are developing a newer and more user friendly website. This exciting new addition will definitely add a newer much needed dimension to our ability to showcase your contributions to oral health. Please share with me your thoughts, programs and ideas to editor@adint.org. I am growing as your editor and I need you to be my mentors.

Please pass this Journal to a colleague whom you would consider sponsoring as an ADI fellow, and as always please become active in promoting the fact that oral disease is a very important factor of whole body health, which is tied into proper nutrition and wise life style choices. Thank you for all you are doing to promote sustainable health to the world.

Please volunteer your talents when you can. Home or Abroad.

Bob Fulton  
Editor in Chief, ADI

“If you can’t feed a hundred people,  
Then feed just one”

Mother Teresa
My Dear Colleagues:
Thanks to the tremendous efforts of our ADI Editor, Robert Fulton and Jo Leatherman, Associate Editor the second issue of the JADI has been produced. We are proud and enthusiastic about having chosen this new format which aims to provide information on the latest activities of ADI worldwide as well as serving as interactive platform for our fellows.

In the “Thoughts from the President” offered in the first issue of the JADI, I invited colleagues to become involved, since “you are the ADI.” I am pleased to report that several activities have been developed worldwide and others are in process of development. During the spring and thanks to the efforts of Dr. David C. Alexander, FADI, a Symposium was held at the International Dental Exhibition and Meeting (IDEM 2016) at the Suntec Convention Centre in Singapore. Dr. Yip Wing Kong, ADI Past President and currently Regent, Asia Pacific Section, chaired the session. Dr Simon Shanahan, FADI from the Australasian Section spoke on “Volunteering - Why and How, Deciding if it is right for you.” Dr. Shanahan was absolutely masterful in his presentation.

Korea:
Thanks to the assiduous efforts of ADI’s Dr. Chang Y. Ahn, from Seoul, Republic of South Korea fourteen candidates were approved for induction into the ADI. Ten candidates were inducted on May 28 in Seoul; immediately after the induction the Korean Chapter was Chartered and Dr. Chang Y. Ahn was sworn in as Chair of the South Korea Chapter. Two other candidates were also inducted on June 23 by Dr. Chan, and Dr. Jacob Park, Regent South Central US; and two more will be inducted by the end of July. My sincere appreciation goes to Drs. Ahn and Park for their efforts on reviving activities in Korea.

All of the new fellows are eager to work and expand the ADI effort to improve oral health and quality of life in the country.

UN/DPI:
From May 30—June 1 the United Nations Department of Information organized the conference of Non-Government Organizations (UN/DPI/NGO) in Gyeongju, Republic of South Korea. The main topic of the conference was “Education” which attracted over 2,500 attendees, mainly from institutions of diverse nature; primarily from government agencies, social policy development, popular education, public and social affairs, science, virtual schooling, long distance learning, youth representative groups, NGOs and others. Dignitaries from UN, Korean government and cabinet officers from various countries were present and participated in opening session as well as round tables. A strong message was that education must be available to all and no one should be denied the right to learn regardless of national origin, race, gender, age ability or poverty. Women and youth rights were strongly emphasized and a call was made to develop adequate frameworks which should include policies and strengthen cooperation to eliminate barriers to education.

The ADI is the only honorary dental organization that has received the NGO designation by the UN. The topic of discussion was “Oral Health Literacy to Promote Sustainable Healthy Habits.” After explaining what is ADI, its mission and goals, I addressed the meaning of oral health, its relationship...
to oral health, quality of life and well being; I gave an overview of the burden of oral diseases, including caries, periodontal disease, cancer and other ailments. I cited information provided by the World Health Organization (WHO) and mentioned recommendations for improving and maintaining oral health and the possible courses of action that countries could adopt to achieve these aims. I made a strong point on the need for educating the population on the importance of oral health and to develop oral health promotion strategies using the school system.

The second presentation was made by Dr. Claudio Fernandez, Chair of ADI Brazil Chapter. Dr Fernandez presented educational techniques that can lead to self awareness as well as the development of critical psychosocial behavioral changes necessary to self cure oral disease preventing its devastating sequela. The teething process has great emotional significance for the child and creates an opportunity for integration of health social practices in the school program.

The third presentation was pre-recorded by Dr. Bob Fulton on the implications of sugar ingestion and its relationship with metabolic diseases including diabetes, heart disease, hyperlipidemia and other chronic diseases. Dr. Fulton showed that sugar intake has had a global increase of over 200% in the last 40 years. Emphasis was made on the WHO recommendations to reduce sugar intake.

Overall the participation of ADI in this UN event was successful. The visibility of ADI was presented at an international event and the fact that Oral Health is very important in people’s lives is an important message that attendees have not heard before. ADI is a world advocate of oral health and as such we have the responsibility to maintain our participation at a high level. The burden of oral diseases is not under control in most countries and ADI as a group is helping. We must make efforts to become involved and act in an effective and efficient manner. ADI fellows are unique and with diverse expertise and knowledge that can be very useful to countries in their efforts to improve oral health, quality of life and wellbeing. ADI recognizes the collaboration of APCD, IVOCLAR VIVADENT and HENRY SCHEIN for this event as well as the cooperation of Mr. Henrique Cuoto from the Sao Paulo Dental Association assisting with the recording cameras. We of the ADI appreciate the efforts of the many individuals and organizations that made possible the participation of ADI in this first ever ADI/UN/DPI/NGO activity.

South America:
We were informed by Dr. Christliebe Pasini, Regent, South America Section that on June 11, Chile celebrated the twentieth anniversary of the Chartering of the Chilean Chapter with an excellent continuing education program. Congratulations to the Chilean fellows.

I wholeheartedly invite you all to become involved. There are ample opportunities for you to help.

Remember:
YOU ARE THE ADI
ADI Fellow Dr. Irving McKenzie awarded the Jamaican National Award
The Badge of Honour for Meritorious Service

ADI fellow and founder of the University of Technology’s (UTech) College of Oral Health Sciences in Kingston, Jamaica, Dr. Irving McKenzie has been awarded a National Award in Jamaica for his contribution to Education and Dentistry.

In an email to ADI’s Vice President of International Affairs, Mr. Friedrich Herbst, Dr. Irving talks about his efforts:

“The Jamaican Project was first conceptualized early 2002 and it was fanned into a flame by Dr. Ramon Baez, ADI President, when he assisted us in one of our national surveys. Dr. Ramon Baez has been a great friend to Jamaica. After becoming a Fellow - the sky then became the limit. ADI Fellow Tobias Bauer and his trips to the Caribbean was more than a Santa Claus experience - he provided the nurturing for our young school.”

The Academy through your efforts and the efforts of Many others such as Dr. Ramon Baez and his wife Martha, Dr. Bob Ramus, FADI, Dr. Van Haywood, FADI, Dr. Gary Glassman, FADI from Toronto, Canada... We have successfully graduated Twenty two Dental Surgeons...... There is however, more work to be done..... I will be working on getting an Oral & maxillofacial Surgery Suite Established.”

“Did I tell you Friedrich that the Dental School is now the largest provider of Dental Services to the People of Jamaica.”

“I want to thank the Academy for the support and I will celebrate this award as part of my role in the Academy. ADI has been the wind beneath my wings.”

As quoted in the from the October 08, 2015 issue of the Jamaica Observer, former dental student Caithlyn Williams, stated: “Having that opportunity to give back to offer services to persons... is more than just rewarding, it gives you this sense of accomplishment. Being able to have this emphasis on public health... you are baptized or integrated into this principle that you need to give back, it’s not just about making money at the end of the day,” she said.

I know, as the editor of the JADI, that I speak for everyone in the Academy of Dentistry International when I say, in many languages: Congratulations Complimenti; Herzliche; Glückwünsche; Parabéns

“Way ta go mon”

Dear Professor McKenzie,

It gives me great pleasure to inform you that acting on my advice, His Excellency The Governor-General has awarded the Badge of Honour for Meritorious Service BH(M) to you, in recognition of your Invaluable Contribution to Education and to the Field of Dentistry.

The Award will take effect on Independence Day, Saturday, 8th August 2016 and will be announced in the media on that date.

The Ceremony of Investiture will be held at King’s House on National Heroes Day, Monday, 17th October 2016.

The Secretary-General of the Orders of the Societies of Honour will be in further contact with you regarding the Investiture Ceremony.

Please accept my warm personal congratulations on your well-deserved honour.

Yours sincerely,

Andrew Holness
Prime Minister

Profressor Irving Fitz Godfrey McKenzie
17 Pine Road
Potos of Karachi
KINGSTON 6

Parabéns
KOREA

ADI FELLOWS PRESENT TO THE UNITED NATIONS

http://www.apcd.org.br/education

GYEONGJU, REPUBLIC OF KOREA

30 May - 1 June 2016

by Dr. Claudio Fernandes,
Professor of the FLUMINENSE UNIVERSITY AT NOVA FRIBURGOCHAIRMAN OF ADI CHAPTER BRAZIL

As the representative voice from the world of dentistry in the UN DPI/NGO directory, ADI was invited to present a workshop on issues concerning “Education for Global Citizenship”. The honor of this presentation request was accepted consistent with ADI’s long-standing commitment to socially responsible projects. The Workshop ORAL HEALTH LITERACY TO PROMOTE SUSTAINABLE HEALTH HABITS was developed with the invaluable co-sponsorship of the Sao Paulo Dental Association – APCD, HENRY SCHEIN, and IVOCLAR VIVADENT.

The Conference provided a unique opportunity for participating NGOs to engage members of civil society, diplomats, United Nations officials, policy experts, scientists, educators, businesses, trade unions, parliamentarians, local authorities and others from around the world to discuss key issues relevant during that given year. The 2016 Conference focused on creating and strengthening global partnerships in support of the UN’s recently adopted Sustainable Development Goals (SDGs). The movement toward improving a sustainable and healthy quality of life is currently recognized by leading health and political institutions throughout the world as a priority of the 21st century.

Oral disease is also being recognized as having a major effect on metabolic diseases of the entire body, leading to serious medical, and socioeconomic consequences. Unlike decades in the past, the effects of sugar are also being recognized as a leading source to oral disease with negative metabolic influences on other systemic diseases.

In this workshop, a panel of international experts led a public discussion concerning the worldwide movement to inform and educate the public about current challenges and opportunities facing the burden of oral diseases. New educational techniques, were discussed that could lead to self awareness, as well as the development of critical psychosocial behavioral changes necessary to self cure of oral disease, preventing its devastating sequelae.

Work Shop Format
The format for the workshop, was a panel discussion with three experts in the field of oral health. They led a discussion, transmitted live through the internet, which was based on the worldwide movement to inform and educate the public about current developments, challenges and opportunities in overcoming the burden of oral disease.

Dr. Ramon Baez, USA, Professor of UTHSC-San Antonio and President of ADI lectured on “Global burden of oral diseases”, Dr. Robert Fulton, USA, Professor of oral health education at the Northeast Ohio Medical School and Editor in Chief of Journal...
of the ADI, addressed “Health risks of sugar in oral disease and general overall metabolic health”. Dr. Claudio Fernandes, Brazil, Professor of the Fluminense Federal University at Nova Friburgo and Chairman of ADI Chapter in Brazil, concluded the panel with a lecture on “Social practices literacies to promote sustainable healthy habits.”

The main issues of interest treated in the discussion were the challenges of motivating children and adults to reduce sugar intake, and to comply with effective oral hygiene practices. Great interest was also expressed in discussing the proposed strategy of health social practices literacies in elementary schools and engaging families and friends to develop a sustainable health environment.

This United Nations Conference had a record participation of 3750 delegates from 620 NGOs from 80 countries. It provided a very important opportunity to mobilize the global civil society in achieving the Sustainable Development Goals adopted by United Nations (UN) Member States in September 2015. In his opening remarks, UN Secretary General Ban Ki-Moon stated that NGOs are crucial to the success of the agreements for Agenda 2030 for the implementation of the SDGs. According to him, NGOs are “at the forefront of international action” and that throughout history, “when governments come to a halt, NGOs work to solve the problems.” We at the ADI feel accordingly that the Dental profession also has the responsibility to interact with society at large and to take steps to decrease the burden, of not only oral disease, but all diseases, by improving and promoting sustainable health.

Access www.adint.org to find more information on the UN CONFERENCE OUTCOMES, see video highlights, download the Global Education Agenda - Gyeongju Action Plan and join us in the discussion on oral health literacy.

Ramon Baez, President of ADI. Presented Epidemiological data of worldwide diseases are also showing that these diseases are having major effects on metabolic diseases of the entire body, leading to serious medical and socioeconomic consequences. The lecture emphasized the importance of preventive measures, such as educational programs in oral hygiene and fluoride exposure.

2. Health risks of sugar.
Robert Fulton, professor Northeast Ohio Medical University, addressed through a video presentation, how the effects of sugar are being recognized as a leading source of world disease with negative metabolic influences on other systemic diseases. Prof. Fulton showed that sugar intake has had a global increase of over 200% in the last 40 years. This has lead to many leading health organizations throughout the world leaving to recommend a major reduction of sugar intake.

3. Social practices literacies to promote sustainable health habits. Claudio Fernandez, chairman of ADI chapter Brazil, focused on new educational techniques that stimulate self-awareness and critical psychosocial and behavioral changes necessary to self care. The dating process has great emotional influence on teens and creates an opportunity for integration of health social practices literacies in the school program.

CHECK OUT MORE
For further information on the entire conference, including a video of all 3 of the presentations, go to the ADI website home page and click on the banner “Conference Outcomes.”

For more information on the Oral Health Literacy Program presented by Dr. Fernandez go to www.ohliteracy.com.

- Dr. Claudio Fernandes
Topics of Interest
Through ADI Connections you can obtain CE Programs and credits through the University of Texas Health Science Center (UTHSC)

**Step-by-Step Video-Stream Registration Instructions**

**Partner Code: ADI22968 — Please Note: You will need to enter this at each course registration.**

**Read Before Registering:**
- Use a computer that has audio/sound and is connected to a printer to print your Certificate of Completion at the end of course.
- You will create your own password.
- Our system will generate a unique user code for you. Please make sure to save your user code and password. **You will use the same user code and password for each registration.**
- All fields must be completed, including the **partner code: ADI22968 at each registration**
- You must complete the course one month after your online registration is completed.

**Instructions to Register:**
- Go to the CDE website at [http://smile.uthscsa.edu](http://smile.uthscsa.edu)
- Click on the purple tab that says "Online Learning Opportunities" 
- Scroll down and select the “Video Streaming” link.
- You can search courses by title, presenter, or category.
- Select the course you would like to take. If the course has multiple sections, you will need to register for each one individually.
- It is recommended that you watch the preview of the course to make sure the video is playing correctly on your computer.
- Next you will register for the course. Select the “Register Now” button.
- The course you selected should be in the dropdown box. Select “Continue”.
- Next, you will create a new account by selecting the green “New Account” button.
- You will then be redirected to the online registration page. Please make sure to complete all required fields including the **partner code**. Click “Submit and Continue”.
- Upon submitting your registration form, you will be directed to the payment section. We accept Visa, MasterCard, and Discover.
- Once payment is submitted, you will receive two emails. The first email is a verification of payment and the second email will contain your User Code, Password, and a link to a Logon Session page to begin the course. **You will use the same user code and password for every registration. Please make sure you save this email**

**If you have any questions, or if additional instructions are needed please call Continuing Dental Education at 210-567-3177, Monday – Friday, 8:30 AM – 5:00 PM**
In the neurological organization of our body, as we can see in Penfield’s Homunculus, the role of the mouth the hand is clearly predominant. In fact they occupy about 70% of both, the sensory and motoric cortex.

With respect to the mouth, the act of swallowing begins to develop within the thirteenth week of gestational life. In the human species swallowing occurs between 1500 and 2000 times a day with the tongue moving upwards and backwards, starting from the incisive papilla, and making its way back to close the pharyngeal opening posterior to the hard palate. The tongue is the most powerful muscle in our body and can develop a force of 1 kg / cm2, which could elicit a general force of 2 tons. It is therefore essential that this pressure be applied onto a structure capable to support such a mechanical load.

Indeed, the retro-incisor area is the thickest bone of the entire mouth. During the act of swallowing the bolus is not pushed, but transported by suction. This is a very ingenious method of getting rid of the mucus produced in the nasopharyngeal cavities and the maxillary sinuses, which include the Eustachian tubes, located posterior to the mouth. In fact, one of the main effects of incorrect swallowing is the stagnation of mucus at all levels, with recurrent sinusitis and catarrhal purulent otitis, which could lead to a repeated perforation of the eardrum in children.

From an orthodontic point of view, incorrect swallowing can give rise to various types of malocclusion. First, the tongue is the only muscle that expands itself during contraction. Therefore, its incongruous function makes the palate miss the big push to expansion that it receives at every single act of swallowing. As a consequence the palate will tend to be narrow, which worsens the problem when the cheeks are repeatedly activated, to avoid the food coming out of the mouth when the tongue is low.

The second very frequent effect is obviously an open bite, frontal, lateral or both, as the continuing presence of the tongue is interposed between the teeth thus preventing them from fully erupting. Sometimes the tongue is positioned between the arches forcing the lower lip and the cheeks to avoid escape of the bolus frontally and laterally. The result is a rather severe Angle class II with the upper teeth pushed more and more anteriorly, and the lower ones more and more posteriorly.

Finally, very frequently the tongue lies completely low and keeps a constant force forward, thus leading to the development of a serious Angle Class III.

In the presence of short lingual fraenum, attached forward in the mandible (figs. 1 & 2) all of these effects worsen significantly. This condition occurs more frequent than expected. Many dentists feel that a fraenum is considered short only when there is ankyloglossia, or when the tip of the tongue cannot touch the palate with the mouth wide open. On the contrary, in fact, all those fraena
that do not allow the back of the tongue to touch the palate are deemed short, because this the most important moment when the bolus is squeezed and negative pressure starts to lead to suction of food. We must keep in mind that swallowing is a fundamental and compulsory act of our existence, like chewing and breathing. We cannot avoid it and our body has to adapt in whatsoever way to allow it. This explains why a part so small and insignificant may create so many problems.

In Italy, until the nineteen-fifties, midwives used to cut fraena in the delivery room with the fingernail of their little finger, because they knew it could create problems during lactation. In fact, an important part of the stimulation to produce milk is given by stretching the papilla mammae against the hard palate. This is not possible in the presence of a short lingual fraenum. How is it that many women strangely did not have milk for one child, but in abundance for others? And what a sense of guilt they carried around for years, because no one explained to them that it depended on the baby and not them! As a result, in 2014, Brazil became the first nation in the world, by law, to oblige midwives to explore the lingual fraenum in the delivery room and to cut it if too short.

Posture is also significantly influenced by a short lingual fraenum. Since the body is trying to satisfy a tongue that, instead of going up and back, is bound down and forward, the neck moves forward also, however, since the body is forced to maintain the line of vision parallel to the horizon, the neck will tend to rotate backwards (figs. 3 & 4). This involves a typical postural pattern associated with a short lingual fraenum. This unnatural position of the neck crushes the first cervical vertebrae, where approximately 50% of the neuromuscular spindles of the whole body are located. Many important vessels are located and pass through here, like the vertebral artery located within C1’s apophysis transversa, makes a loop before entering the skull. This produces sequelae like headaches, neck pain, brachialgia, dizziness and confusion.

These symptoms are so widespread in the population, especially in dental patients, that we can state with no hesitation that incorrect swallowing is the leading cause of neck pain in young patients. By the time they are age 20-25 they start to make dental and medical check-ups with x-rays, looking for the cause of their pain. Unfortunately, little is found or discovered because initially it is essentially a matter of muscular contractions, which are not highlighted by conventional imaging until they cause wear and structural modification of the vertebrae around the age of 40-50. Sadly by that time it is osteoarthritis, which is probably irreversible.

Therapy for a short lingual fraenum must pass through two equally important phases: **First:** Surgical. Today the fraenectomy is probably performed with a L.A.S.E.R, which prevents bleeding and sutures and allows for uncomplicated healing results.

**Second:** On the same day it is mandatory to start myofunctional therapy. This means following a protocol of exercises to do every day at home, with checks at the office of a speech therapist every 7-14 days, for at least six months. It is not possible to radically change a dysfunctional behavior that has been present since birth in less time. The goal is to reach, not only the ability to swallow correctly, but above all, to do it automatically.

Without guided stimulation, the tongue will remain at the bottom of the mandible, and recurrence of a short fraenum within three months is the probable consequence, sometimes even shorter. However, there is no doubt, that with consistent and continued therapy that the system will recognize the positive difference in its new dynamic. Since far fewer muscles will be activated for every single swallowing, less energy will be needed, and the brain will take this into account.

Although in some countries the area of cervical brachialgia, headaches and dizziness is only treated by physicians, there is much that the well trained dentist can do toward correcting the function of the tongue and providing correct information to the physician about these sequelae from what is functionally a “dental’ problem.
Sugar addiction: Pushing the drug-sugar analogy to the limit.

Abstract
Ahmed SH1, Guillem K, Vandaele Y.

Author information
1Université de Bordeaux, Bordeaux, France.
sahmed@u-bordeaux2.fr

PURPOSE OF REVIEW:
To review research that tests the validity of the analogy between addictive drugs, like cocaine, and hyperpalatable foods, notably those high in added sugar (i.e. sucrose).

RECENT FINDINGS:
Available evidence in humans shows that sugar and sweetness can induce reward and craving that are comparable in magnitude to those induced by addictive drugs. Although this evidence is limited by the inherent difficulty of comparing different types of rewards and psychological experiences in humans, it is nevertheless supported by recent experimental research on sugar and sweet reward in laboratory rats. Overall, this research has revealed that sugar and sweet reward can not only substitute to addictive drugs, like cocaine, but can even be more rewarding and attractive. At the neurobiological level, the neural substrates of sugar and sweet reward appear to be more robust than those of cocaine (i.e. more resistant to functional failures), possibly reflecting past selective evolutionary pressures for seeking and taking foods high in sugar and calories.

SUMMARY:
The biological robustness in the neural substrates of sugar and sweet reward may be sufficient to explain why many people can have difficulty to control the consumption of foods high in sugar when continuously exposed to them.

Information that is created by or for the US government on this site is within the public domain. Public domain information on the National Library of Medicine (NLM) Web pages may be freely distributed and copied. However, it is requested that in any subsequent use of this work, NLM be given appropriate acknowledgment.

PMID: 23719144 DOI: 10.1097/MCO.0b013e328361c8b8

Addiction to sugar may take an alternative route to the brain

Reporting in the journal Cell, what was previously thought to be only a passive process, research from the Technical University of Munich is showing that some glia cells called astrocytes in the brain actually react to the hormones insulin and leptin to facilitate the active transportation of sugar into the brain. Prior to this research, it was thought that only the neurons of the brain passively allowed sugar to enter the brain. This change in thinking could lead to a more complete understanding of the interaction between various cells in the brain and thus develop better drugs that better control sugar uptake to brain cells, and thus lead to more efficient and safe medicines to decrease sugar addiction and lead to more efficient ways to control diabetes and obesity.

1. Astrocytic Insulin Signaling Couples Brain Glucose Uptake with Nutrient Availability
http://dx.doi.org/10.1016/j.cell.2016.07.028
Volume 166, Issue 4, p867–880, 11 August 2016
Initial reporting source: http://www.sciencedaily.com/releases/2016/08/160812103708.htm
Cardiovascular disease is the leading cause of premature mortality in the developed world, and hypertension is its most important risk factor. Controlling hypertension is a major focus of public health initiatives, and dietary approaches have historically focused on sodium. While the potential benefits of sodium-reduction strategies are debatable, one fact about which there is little debate is that the predominant sources of sodium in the diet are industrially processed foods. Processed foods also happen to be generally high in added sugars, the consumption of which might be more strongly and directly associated with hypertension and cardiometabolic risk.

Evidence from epidemiological studies and experimental trials in animals and humans suggests that added sugars, particularly fructose, may increase blood pressure and blood pressure variability, increase heart rate and myocardial oxygen demand, and contribute to inflammation, insulin resistance and broader metabolic dysfunction. Thus, while there is no argument that recommendations to reduce consumption of processed foods are highly appropriate and advisable, the arguments in this review are that the benefits of such recommendations might have less to do with sodium—minimally related to blood pressure and perhaps even inversely related to cardiovascular risk—and more to do with highly-refined carbohydrates.

It is time for guideline committees to shift focus away from salt and focus greater attention to the likely more-consequential food additive: sugar. A reduction in the intake of added sugars, particularly fructose, and specifically in the quantities and context of industrially-manufactured consumables, would help not only curb hypertension rates, but might also help address broader problems related to cardiometabolic disease.

**Abstract**

**The wrong white crystals not salt but sugar**

**as aetiological in hypertension and cardiometabolic disease**

James J DiNicolantonio1 and Sean C Lucan

Evidence from epidemiological studies and experimental trials in animals and humans suggests that added sugars, particularly fructose, may increase blood pressure and blood pressure variability, increase heart rate and myocardial oxygen demand, and contribute to inflammation, insulin resistance and broader metabolic dysfunction. Thus, while there is no argument that recommendations to reduce consumption of processed foods are highly appropriate and advisable, the arguments in this review are that the benefits of such recommendations might have less to do with sodium—minimally related to blood pressure and perhaps even inversely related to cardiovascular risk—and more to do with highly-refined carbohydrates.

It is time for guideline committees to shift focus away from salt and focus greater attention to the likely more-consequential food additive: sugar. A reduction in the intake of added sugars, particularly fructose, and specifically in the quantities and context of industrially-manufactured consumables, would help not only curb hypertension rates, but might also help address broader problems related to cardiometabolic disease.

**Author Affiliations:**

1Department of Preventive Cardiology, Saint Luke’s Mid America Heart Institute, Kansas City, Missouri, USA

2Department of Family and Social Medicine, Albert Einstein College of Medicine, Montefiore Medical Center, Bronx, USA

Correspondence to Dr James J DiNicolantonio; jjdinicol@gmail.com

This is an Open Access article distributed in accordance with the Creative Commons Attribution Non Commercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: http://creativecommons.org/licenses/by-nc/4.0/
Introduction:
The Academy of Dentistry International, ADI, exists to promote oral health literacy and training, to membered countries throughout the world. It is unique among other honorary societies in that it is the leading voice of Dentistry in the United Nations DPI/NGO directory of over 1500 NGOs. The programs presented by ADI give insight into the role of oral health professionals in promoting total health awareness and favorable healthy behaviors. As such it presents to the United Nations an annual Plan of Action and reports on the goals it has achieved. Recently, on May 30th, 2016, some members of this panel presented to the 66th United Nations DPI/NGO Conference, in Gyeongju, Korea. The overall theme was: Education for Global Citizenship, Achieving the Sustainable Development Goals Together.

This GNYDM Seminar/Round Table discussion, will address 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 it’s effects on the over all health of the entire body as well as education methodologies to promote healthier habits. Following the presentations, participants will answer questions in an open round table discussion that will include questions and comments with encouraged audience participation.

Learning Objectives:
Participants will learn how concepts of local social practices, influence every-day behaviors and how literacy methods can be used to increase self care awareness and promote healthy habits.

Oral Health - It’s Beyond Teeth - It’s Total Health For People
Sunday November 27th • 9:00 AM – 12:00 PM

PROGRAM AGENDA
Are Dentists Promoting Health?
Moderator: Dr David Alexander
9:00 AM – 9:15 AM
Opening Introductory Remarks: Dentistry’s Social Responsibility
Mr. Fred Herbst, Germany
VP International Affairs, ADI

9:15 AM – 9:45 AM
Dr Claudio Fernandes, DDS, MDSc, PhD, FADI
Chairman of ADI Brazil Chapter
Social Practices Literacies for Healthier Habits
Abstract:
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 lecture focus, on educational methodologies to promote critical psychosocial behavioral changes necessary to self care. The concepts for application of social practice literacies will be discussed as examples of ways to establish pathways of action for implementing sustainable health values, such as the importance of clean water, healthy foods and oral care.

Learning Objectives:
Participants will learn how concepts of local social practices, influence every-day behaviors and how literacy methods can be used to increase self care awareness and promote healthy habits.
9:45 AM – 10:30 AM
Dr. Gerhard K. Seeberger, Italy
VP Finance, ADI
70%: Earth or Body Water?
Abstract:
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 are 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.

Learning Objectives:
Participants will learn to understand the principal role of water in safe, quality dental treatment, and its fundamental value for patient health and well-being.

10:45 AM – 11:30 PM
Dr. Robert Fulton, Editor in Chief, ADI
SUGAR: THE ELEPHANT IN THE ROOM
Abstract:
According to the FDI, sugar is a leading cause of oral disease. The WHO and other world health agencies address 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.

Learning Objectives:
The goal of this discussion will be to bring sugar into the discussion as a major contributor to, not only oral disease, but all of the diseases facing our civilization today, and discuss oral disease as a whole body disease.

11:30 -12:00
Moderator of Town Hall Discussion on Sustainable Oral Health
Dr. David Alexander – Moderator
BDS, MSc, DDPH, FADI
Associate editor, JADI
Open to the Audience

Contacts:
Mr. Fred Herbst, Germany, VP International Affairs, ADI
Opening Remarks
friedrich.herbst@t-online.de
Phone **49 (o)172 69 004 69
Cell **49 (o)172 69 004 69
Post mail: Wilhelm-Leuschner-Strasse 13
D – 64625 Bensheim / German

Dr. David Alexander, USA
BDS, MSc, DDPH, FADI
Associate editor, JADI
Dentist; Independent consultant and International Dental Public Health Specialist in dental practice; dental education; and research in global health sciences and communications.

Moderator to the Presentations and of the town hall discussion
Email: david@appoloniaglobalhealth.com
Cell phone: 732-484-0582

Prof. Claudio Fernandes, Brazil
Dentist Professor of Prosthodontics and Chairman of the University Center for Sustainable Dentistry of Fluminense Federal University at Nova Friburgo, Chairman of the Brazilian Standards Association ABNT/CB26:050 – Dentistry Consultant to FDI Science Committee
Presentation topic: Social Practices Literacies for Healthier Habits
Email: claudiofernandes@id.uff.br
Cell phone: +55 21 9-8899-3986
Post mail: Rua Dr. Silvio Henrique Braune, 22, Nova Friburgo - RJ, 28625-650, Brazil

Dr. Gerhard K. Seeberger, Italy
VP Finance, ADI
Dentist; International lecturer in implant rehabilitation, periodontal surgery and patient safety; University teacher; author. Vice-president of The Academy of Dentistry International.
Presentation topic: Seventy Percent: Global Water-Surface or Body Water?
Email: gerhard.seeberger@aio.it
Cell phone: +39 335 307422
Post mail: Via Degioannis 25B, 09125 Cagliari Italy

Dr. Robert Fulton, USA
MA, DDS, FADI
Editor in Chief, ADI
Dentist; Psychologist; Professor, Northeast Ohio Medical University; International lecturer; editor of JADI; Director of oral health residences for Amazon Promise in Peru. www.amazonpromise.org.
Presentation topic: Sugar: The elephant in the Room
Email: rfulton330@gmail.com
Cell phone: 234-380-3044
Post mail: 1388 Mac Dr., Stow, Ohio, USA
ADA 2016 registration is now open! ADA Annual Session October 20-24, 2016 in Denver, CO, USA.

Click here to register for one or both of the following free courses designed to support the work of international oral health care volunteers in order to improve oral health worldwide.

• Thursday, October 20
  • 9:30 a.m. - 12:30 p.m.
  • International Volunteering I: So You’re Interested in Volunteering? (Course #5380)
  • CE Hours: 3

Description: International volunteerism supports lasting, sustainable improvements to the oral health of communities in need around the globe. This course will be an introduction to international volunteering, presenting strategies to identify organizations and opportunities, and ways to prepare for the trip.

Speakers:
Dr. Charles F. Craft
Dr. Kevin Hardwick
Dr. Frank Serio

• Thursday, October 20
  • 1:30 p.m. - 4:30 p.m.
  • International Volunteering II: Long Term Improvements in Oral Health – Beyond Immediate Clinical Services (Course #5381)
  • CE Hours: 3

Description: This program is designed to provide tools for international oral health volunteers who wish to create long lasting impact in the communities where they serve. The course will explore the development of sustainable projects that fulfill local oral health infrastructure needs and the implementation of primary health care programs focusing on health promotion as well as treatment.

Speakers:
Dr. Charles F. Craft
Dr. David Frost
Dr. Kevin Hardwick
Dr. Frank Serio
Dr. Dashrath Kafle

These courses are underwritten by a grant from the Academy of Dentistry International and presented by the ADA Foundation International Programs Subcommittee and Health Volunteers Overseas.

Attendees must be registered for ADA 2016.
ADI BOARD OF REGENTS MEETING
ROME ITALY
DECEMBER 2-3, 2016
International Projects
Oral Disease is easily the most misunderstood and over looked medical condition within any comprehensive health program. Most “dental” programs approach the disease from a procedural level only, and specifically concentrate on the results of the aftermath of the disease...“pulling teeth.” 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.

The oral health program within Amazon Promise developed sixteen years ago from a stool, a boat cushion attached to a pole for a headrest, and some basic surgical supplies and instruments for extraction of severely decayed teeth. From those rudimentary beginnings, we have evolved into a program which houses three fully functional portable operatories that would rival many private dental offices. We have the capabilities of performing, not only many oral surgical procedures, but also sophisticated oral restorative procedures as well in any remote village we visit. We can remove the worst of decayed teeth, restore to function many broken and mildly carious teeth, plus restore the cosmetics of front teeth that can bring back the smiles and self-confidence of villagers from 6 to 60.

In 2015, with the professional oral health experience of our local Peruvian dentists, Drs. Nolia and Neil, we were able to see almost 600 people and do over 200 procedures and almost 400 extractions. This almost double extraction to filling ratio is due, in a large part, to the amount of soda and sweets the villagers consume. This addiction to sugar is also fueled by the economic fact that the cost of a bottle of soda in these villages is $.70 Soles while the cost of a bottle of water is $1.50 Soles. Almost double the cost of healthy water.

The good news is that in the villages of Jaldar, Nuevo Jerusalem and Puerto Miguel, Amazon Promise is working with the villagers to install rainwater catchment systems that are providing clean water at no cost to those who have elected to participate. The results are promising and these villages are reporting significant decreases in diarrhea and other water born diseases, with the resultant benefit of children returning to school on a more regular basis. Hopefully, future studies of these villages will show less morbidity from oral disease, due to decrease in soda (sugar) consumption and increase in the consumption of clean water.

The key to curing oral disease is not through filling and pulling teeth; it is very much about Oral Health Education. The oral health program within Amazon Promise also has an education program that is delivered 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 beneficial effects of drinking pure water instead of soda. I am currently working with a group out of Rio de Janeiro who are showing interesting results from a program they have developed to bring oral health education to the indigenous populations of Brazil. However, that is too early to share with you at this time.

Oral health is of primary importance to us at Amazon Promise, and we will continue to develop new equipment and programs to bring oral and overall health to the peoples of the headwaters of the Amazon River. However, it is impossible to provide this quality of care to so many without incurring expenses.

If you are reading this article, you have probably been part of a volunteer team providing oral care to someone in need of your volunteer services. So if you would like to be part of, or donate to, one of our future Amazon Promise volunteer health expeditions, please contact us at www.amazompromise.org. We would greatly appreciate your assistance, and welcome you to our growing family of dedicated medical and dental volunteers.

Thank you for taking your valuable time to read about AP oral health program and, I especially, want thank you for being part of the ADI fellowship. You alone can make a huge difference.
ITALY

“Mostly-grown-ups”
An obsolete part of society, or an Archaic Fountain of Experience?

Let us be honest! How many times does it happen that we would like to address a question to our ancestors, that has no answer in any social network nor in sophisticated texts or books. People’s life experiences are hardly ever written down, but often times these experiences are exactly what we need to help establish the background for our own actions. Unemployment is high for those under age of 30. In Sardinia, with over 22,000 youngsters up to or slightly over the age of 25, all with a high school diploma or a degree, have left the island in order to earn a living in Northern Europe or Asia, leaving their aging parents at home.

In 2015 The Academy of Dentistry International (ADI) was established as a Non-Governmental Organization (NGO) and joined the Department for Public Information of the United Nations (UN/DPI). Part of its Action Plan for 2016 was to develop a “Geriatric Dental Care and Prevention of Disease through Oral Health Promotion for the Elderly” that would satisfy two of the UN’s Sustainable Development Goals, (SDG): #3, Ensure healthy lives and promote wellbeing for all at all ages, and #4, Ensure inclusive and quality education for all and promote lifelong learning.

In December 2015, with the assistance of Prof. Guglielmo Campus, an ADI-Fellow from the University of Sassari and a WHO Collaborator, a data collection sheet was developed following WHO instructions for screening and monitoring the general health, including the oral health, of the Italian elderly.

We called it the Geriatric Care and Prevention Program.

Italy has almost no data regarding the oral health of its elderly. Data collection, which links their accessibility across health and other sectors is, as already stated in the WHO European Health Report 2012, “crucial to support health in all approaches and inter-sectoral analysis, policy-making, monitoring and evaluation”. As a follow-up, in 2015 the WHO European Health Report published in March of 2016 concludes:

“The European Region is on track to achieve the Health 2020 targets, but much work remains to further health gains and reductions of inequities. To achieve the implementation of Health 2020 adequately, data collections need to be strengthened and new health monitoring approaches need to be explored. These include the use of non-traditional data sources such as qualitative evidence and narrative studies.

Enhanced international collaboration is required to move the health information research and development agenda forward. I therefore, propose that we develop a new motto, different from “From Knowledge to Action” and call it “From Sustainable Action and New Reliable Data to New Knowledge” to promote better health and wellbeing in the future for an increasing elder population worldwide satisfying both WHO’s Health 2020 and UN SDGs.
The inclusion criteria for patients to be considered for the program are:

- being alone
- no financial resources
- no access to care due to mental illness
- no access to care due to physical handicap.

The program saw its first patient on Jan 3rd with spartan equipment and instruments; an endo-cart, devices for endodontics and restorative dentistry, as well as materials brought from my practice. All procedures were performed to guarantee patient safety and quality care and provide a symbolic and real gift for “grown ups” to eat their lunch without pain on January 6th, an important Italian holiday.

I received immediate support from my staff and my son Dr. Tommaso Seeberger. Additionally, Dr. Andrea Monni, inducted into ADI in Rimini Italy in May and Mr. Alessandro Conforti, a dental laboratory technician taking care of prosthetic devices at no charge, joined our group. We are working to involve students in their clinical semesters receiving CFU (credit forming units) for their undergraduate curricula. Two more nursing homes have requested our assistance in their facilities. Activities have also started in the cities of Rome, Naples and Turin.

Dentistry in Italy is facing difficult times, as new regulations for authorization for private dentists have pushed back negotiations to where they were 15 years ago. The Pordenone project (see article in JADI-1, 2015) - the very first and only initiative for oral care for elderly in Italy - was stopped over night. It was only through the perseverance of Dr. Laura Pittau, that their dental clinic for grannies, active already since 2009, was reactivated. We as ADI fellows must support the human right called “health” as it is guaranteed in article 32 of the Italian Constitution.

Since the beginning of January we have visited over 50 grannies delivering oral health care to 25 with over 180 treatments from oral-hygiene, periodontal and surgical treatment, to denture repair and new prosthesis development. Biopsy and excision of neoplasia as well as implant-surgery and rehabilitation were also part of the program. I have already received support from Rotary International, industry, and private donators. More than material support alone, we want to see oral health for grannies as a priority on the political agenda of Sardinia, Italy, and the entirety of Southern Europe. Our goal, with the adapted data from Pordenone, is to reach 1000, screened and monitored together, elderly Italian patients.

While in Hong Kong I was motivated to expand our vision to make small things grow as I talked with ADI-Fellow, Dr. Hiroshi Ogawa, the representative of dentistry at the World Health Organization.

But, my highest point of motivation to continue this “Sisyphus” Project was received when I launched my Patient Literacy Program for Grown-ups on May 8th of this year. As I was talking with the Grannies, an 80 year old Grannie asked a 101 year old Grannie sitting in her wheelchair, “What will you learn from Dr. Seeberger?” ....... “I can still learn!” was her snippy but sure-footed answer.

Who knows if she knew our Past-President Dr. Rex Fortescue, who greeted the Italian colleagues at the International Congress of the Italian Dental Association at the age of 86: “I wish you well and I am looking forward to meet you next time!”

Gerhard K. Seeberger
ADI VP Finance & Administration
MIDDLE EAST

Report on Activities at the UAE International Dental Conference and Arab Dental Exhibition (AEEDC)

Dr. Shiva Mortazavi

Due to the extraordinary efforts of Dr Shiva Mortazavi the ADI was able to have a booth at the UAE International Dental Conference and Arab Dental Exhibition (AEEDC). This event, celebrating its 20th year, was held February 2-4, of 2016, and is the largest industry event in the Middle East and North Africa. It serves as the best platform for dental professionals, industry experts and contributors to not only update their knowledge, but also build valuable partnerships. Over 40,000 visitors attended the event, which housed over 1,500 exhibitors, showcasing the latest trends and technologies from the global dental industry.

The AAEDC conferences presented many comprehensive scientific programs, highlighting clinical cases, latest research trends, and advanced dental solutions. Topics of discussion included: Aesthetics and Anesthesia, Dental Emergency, Dental Ergonomics, Dental Ethics, Dental Hygiene, Dental Laboratory Technology, Dental Practice Growth (Management and Marketing), Endodontics, Four/Six Handed Dentistry, Hypnodontics, Infection Control, Laser Dentistry, Microscopic Dentistry, Oral and Maxillofacial Surgery, Oral Implantology, Oral/Medical, Photography, Oral Pathology, Oral Medicine, Orthodontics, Pediatric Dentistry, Periodontology, Prosthodontics, Restorative Dentistry and Robotics in Dentistry.

At the ADI booth we discussed how ADI might be of help in developing future oral health activities in our region and had the copies of an Iranian ADI brochure. Dr Tajernia (Chairman of the 56th EXCIDA congress) discussed future activities of ADI with the Iranian Dental Association, the FDI, and the ICOI. Dr Rajkumar, ADI Fellow from India, discussed CE course ideas as well as other educational activities in India. We were also please to discuss the possibilities of developing an ADI presence in Iraq with the dean of the Baghdad School of Dentistry and in Saudi Arabia with an official of their Ministry of Health. I also spoke with the officials from AEEDC about the possibilities of developing panel discussions and presentations in up coming AEEDC events.

All in all I would say that the ADI presence was strongly represented and well accepted at the AEEDC conference.
USA

VOLUNTEERING FOR DENTAL MISSIONS: Why, When, Where, What’s In The Details

Dr. T. Bob Davis, President Elect of the ADI

This ADA/ICD Pilot Partnership Volunteer Seminar was held at the 2016 Academy of General Dentistry’s Annual Meeting at the John B. Hynes Veterans Memorial Convention Center in Boston, Massachusetts.

Presenter: Dr. T. Bob Davis, DMD, MAGD, FICD, FADI, FACD, FPFA
Title: VOLUNTEERING FOR DENTAL MISSIONS: Why, When, Where, and What’s In The Details
Date: Wednesday 7/13/2016
Time: 1:00 pm - 4:00 pm
Location: John B. Hynes Veterans Memorial Convention Center

Course Objectives
1. To identify the needs for dental volunteers, basis for volunteering, qualifications of volunteers.
2. To point out local, national and international locations, groups and individuals involved.
3. To give details of the “how to’s” of starting a trip, joining another group trip or teaching in a school.
4. To see recent photos/videos of existing missions and hear testimonies from recent participants.
5. To provide detailed lists of fixed/portable equipment plus supplies needed and available.
6. To motivate and inspire altruistic volunteerism while creating networking among those doing it.

Lecture
“Who? Me? Going on a Mission Trip? You gotta be kidding!!!! I’ve never been on one.” That’s the starting point, admitting you have NEVER done something you have HEARD about, and THOUGHT about, but have yet TO DO from your bucket list of goals/dreams for your life. There’s no time like the present to hear of others DOING IT and being around dynamic colleagues who have a passion for sharing their talents, skills and heart with those less fortunate in the world we share. Get the BIG PICTURE plus DETAILS. Your life will never be the same!!!!!! What are you waiting for?
Convocations

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

New Chapters Chartered

• Brazil
• Korea
On January 28th 2016, an ADI Convocation was held in Sao Paulo, Brazil at APCD Central in conjunction with 2nd International Symposium on Sustainable Dentistry and parallel to the 34th Congresso Internacional de Odontologia de São Paulo.

Additional Hosts: CROSP, ABO, ABIMO

Attending Officers and Regents
Dr. Gerhard Seeberger, Presiding Officer
Dr. Claudio Pinheiro Fernandes, Chapter Chairman

Induction Candidates
Dra. Regiane Brigola
Dra. Monica Calasans-Maia
Dr. Daniel Camacho
Dr. Antonio Carlos
Dr. Reinaldo Dias
Dr. Luis Eduardo
Dra. Liana Fernandes
Dra. Luciana Guide
Dr. Julius Ladeira
Dr. Allan R. Leonardo
Dr. Alberto F. Moreira
Dr. Carmelo Motta
Dr. Eduardo Picanco
Dra. Aline Pierote
Dr. Reynaldo Porcaro
Dr. Eduardo Ruppert
Dra. Priscilla Santos

Dr. Marcelo Schettini
Dr. Marcos Schroeder
Dr. Mauricio Tavares
Dra. Darceny Zanetta

Special Programs And Presentations
Pam Clark, Australia. UNEPs resource person, expert on dental mercury management. United Nations Environmental Protection Agency UN/UNEP.
Topic: “Environmental Impact of Dental Amalgam. Are we doing enough?”

Gerhard Seeberger, Italy.
ADI Vice President and Member of the European Hydration Institute.
Topic: “Water - Use, disuse and abuse in Dentistry”

Claudio Fernandes, Brazil.
ADI Brazil Chapter Chair and Chairman of the Sustainable Dentistry Center of UFF, Nova Friburgo.
Topic: “Sustainable Dentistry. A new parameter for oral health professionals”

Mary Skelton, Brazil.
CROSP Councilor e Professor at USP, São Paulo.
Topic: Roundtable discussion moderator with invited officials from APCD, ABCD, ABO, ABIMO, CFO, CROs, SBPqO, ABENO, GBP, ABEN, IEVA, ANVISA, COVISA, Ministry of Health and Ministry of Environment.
ADT Convocation
May 20, 2016
Italy

On Friday May 20, 2016 an ADI Convocation at the Lo Squero Restaurant in Rimini Italy. The convocation was held in conjunction with the ADI mid year Executive Council meeting and the UNIDI Dental EXPO also being held in Rimini.

Present in photo, left to right:
Dr. Robert Fulton, ADI Editor-in-Chief
Mr. Friedrich Herbst, ADI V.P. International Affairs
Dr. Ramon Baez, ADI President
Dr. Andrea Monni, New ADI Fellow
Dr. Gerhard Seeberger, ADI V.P. Finance
Dr. T Bob Davis, ADI President-Elect

Also present but not in photo were:

- Dr. Robert Ramus, ADI Executive Director
- Dr. George Zehak, ADI Editor, USA Informer and President of the Chicago Dental Society
- Honorary Fellow, Dr. Gianfranco Berrutti, President of the Italian Union of Dental Manufacturers, UNIDI, and our host at the Dental EXPO in Rimini.
- Professor Makonnen Neway from Ethiopia
- Professor Papa Ibrahima Ngom from Senigal
- Mrs. Gianna Pamich, newly elected President of UNDI
- Dr. Denis Poletto, Chairman, ADI Italian Chapter
- Dr. Stefano Colasanto, ADI Regent for Southern Europe,

There were no Special Programs presented, but a fine dinner was had and new acquaintances and alliances were formed.
ADI Convocation
February 4, 2016
Middle East Region - Dubai

On 1-4 February 2016 an ADI Convocation was held at: Dubai International Convention and Exhibition Centre, Dubai, United Arab Emirates celebrating the 20th year of the AEEDC.

Additional Hosts:
Mr. Paul Wilson, Executive Director of AEEDC, and Ms. Veneza Santos
Dr. Mohammed Rehman, FADI, Dean of RAK Dental School
Dr. Tajernia, Chair of 56th EXCIDA, the congress and exhibition of Iranian Dental Association, FDI and ICOI, Tehran, Iran

Back row L-R New Fellows: Dr. Dina Samir Debaybo, Dr. Aisha Sultan Alsuaaidi, Prof. Ziad N. Al-Dwairi and Dr. Doaa Awad Sayed

Front row L-R (All ADI Fellows): Dr. Mohammed M. Rehman, Dean of RAK Dental School, Dr. Shiva Mortazavi, Regent Middle East Section and Dr. Mehran Hemati, Iran Chapter Chairman

Attending Officers and Regents
Dr. Shiva Mortazavi, Regent, ADI Middle East
Dr. Mehran Hemati, Iran Chapter Chair
Dr. B. Rajkumar, FADI, India

Induction Candidates
Dr. Dibyendu Mazumder, India
Dr. Ziad Nawaf Al-Dwairi, Jordan
Dr. Aisha Sultan Alsuwaidi, United Arab Emirates
Dr. Dina Samir Debaybo, United Arab Emirates
Dr. Doaa Awad Sayed, United Arab Emirates
ADI Convocation
May 28, 2016
Seoul, Korea and Chapter Charter
Seoul National University School of Dentistry

Attending Officers and Regents
Dr. Ramon Baez, ADI President
Dr. Chang Young Ahn, Chapter Chairman
Dr. Jacob Park, USA SC Regent
Dr. William Baez, FADI

Induction Candidates
Dr. Chul Oh
Dr. Amos Woo Jung Chi
Dr. Jung-Suk Han
Dr. Hyunju Kim
Dr. Yongho Kim
Dr. Seokdae Kwon
Dr. Daniel K. Min
Dr. In Sub Oh
Dr. Jeong-won Park
Dr. Woohyun Park
Dr. Dongryul Shin

Dr. Byoung-Sup Sohn
Dr. Hyung-In Yoon

Special Programs And Presentations:
Dr. Jacob Park “CAD CAM Dentistry and Occlusion”

Synopsis:
This course was designed to aid the restorative dentist in providing more comprehensive diagnostic treatment planning and clinical treatment skills. With the continued advances in technology, techniques and materials, the future of dentistry is changing. CAD CAM dentistry is on the cutting edge of advanced restorative care. Although and increasing number of dentists are interested in offering this treatment to their patient, there is not enough information available, especially regarding occlusion.
YOUR ADI TODAY As I see it

T. Bob Davis
ADI President Elect

Welcome to the Mid Year Executive Council Meeting! Much is to be addressed during this meeting of great importance to the future of ADI. I want to address each person individually with my summary of where we have been.

Complements are in order for the strong leadership of Mr. Fred Herbst as appointed interim Vice President of International Affairs! His dynamic production of the ADI United Nations relationship as a Non Governmental Organization within the Department of Public Information has demonstrated great understanding of international issues, a true grasp on cultural world needs and solutions. It is a giant step forward for dentistry, with ADI taking the lead among all organizations who could have stepped forward! We did!! Thank you Fred for making ADI the very first and only honorary dental organization to become an NGO with the UN!!! Fred is an encourager, a visionary, a savvy intellect and practical thinker! He shows up for the work!

Thanks should abound for our illustrious President Dr. Ramon Baez whose numerous travels under all kinds of adverse time frames and conditions has taken the voice of ADI to the leading cities of our world, speaking for us, embodying the values of ADI, negotiating the needed future for regencies, encouraging those in leadership with challenges and warmth! His soft spoken Spanish and flavorful English has endeared him to hundreds of our colleagues worldwide! His personal sacrifices for our organization deserves praise and thoughtful accolades! Martha has been an undergirding support to both him and us in ADI. She is a delightful first lady for ADI!

Dr. Santiago Sartori has facilitated the uptake of PACE, the managing of negotiations with Dr. Gordon Christensen, a worthy undertaking for ADI as it unfolds gradually. We are perceived as movers and shakers in the honorary societies of dentistry because of such liaisons as those and the CE contract with the University of Texas Health Science Center San Antonio School of Dentistry. Credit for the tie in must be attributed to President Baez while under the watchful eyes of Dr. Sartori and Dr. Bob Fulton.

To mention Dr. Bob Fulton, ADI Editor, is to bring up a “ton-full” of creative ideas implemented by him into our first ever Journal of the Academy of Dentistry International! A true evolutionary start has great potential for serving us as the flagship of our worldwide Communication armada. It will provide the long haul volume of needed information to inform, inspire, challenge and evoke emotional response! It will provide our rallying cry for Oral Medicine and dental service to the world! It truly will be a voice in the wilderness making way for our preferred future. His creative genius inspired Dr. Sartori to pursue the Gordon Christensen liaison.

Vice President for Finance and Administration Dr. Gerhard Seeberger is to be highly commended for arrangements for our two Mid Year Executive Council Meetings in Italy, with a portending Annual Session success soon to be held in Rome. His leadership with the FDI World Dental Federation, as Speaker of the House, lends credibility to ADI as an international organization.
Past President extended, Dr. Tom Brink, has filled these shoes, quietly as is his nature, when another Past President was incapacitated. He has been a soft voice of reason and collator of nominations for honors we give out in awards. He shows up—that is a huge benefit to any organization—being present and accounted for willingly.

The weight of the world of ADI rests on the shoulders and mind of our long term Executive Director Dr. Bob Ramus, having served 16 years now! Starting in June 2000, this is the longest serving top executive in the history of this organization! With few external resources Dr. Ramus has held us together these years, traveling to distant lands as our Executive, providing for the nuts and bolts of Convocations all over the world, physically packing, shipping, unpacking, setting up, producing, packing up, shipping, receiving and storing our wares, safely managing their functions and securing our investment—our identity. He has been joined on most of these excursions into the unknown by his wife Janet, a true equal in strength and resolve for the care of ADI! She has been an unsung hero behind the scenes mostly but the first face to be seen at our Annual Meeting and Convocations worldwide. Manning the reception of Fellows has been her gift to us! Both of these saints of our ADI faith in volunteerism have gone the extra mile literally, hauled the water figuratively, when physical health and pain attended their way—always without complaint—sometimes with a cane to keep us on track should we stray—Ha!

Last, but certainly not least, is our greatest asset, Stephanie Wilhelm, our phone, fax, email answerer, our resource for urgent info, for Board documents, for web design and uploads, for counsel on weighty issues, dues processor, for keeper of the keys of knowledge of how the systems work or doesn’t work, for fixin’ it when broken, for offering vision fraught from meager resources, but filled with great hopes. She often puts personal issues aside to make ADI a priority just to hold us all together, managing the details of food, rooms, pianos, sound, photography, keepsakes, printing, minutes, mail outs, too many things, they boggle my mind! Such a thankless job, such a hidden treasure among the treasure we know as ADI!

Yes, these are they that are the core of ADI. This simple recognition is past due. May it be received as just due and fuel for the fire within us for unparalleled loyalty and service through ADI volunteerism! No monetary pay can replace this. Only the giver of life can reward for such unselfish, selfless service to others in our world! May blessings abound and joys increase for each of us as we go forth from this place!

T Bob
ADIF
Our significant impact on the world
by
Christian Brutzer

ADI Foundation
My time with the ADI Foundation has given me ample opportunity to understand why the ADI is truly an honor society. As a member of the Grant Committee and VP of the Foundation I have read through many grant applications over the past years and was involved in the allocation process of the available “free” funds, money we can give away every year. The funds annually raised from the interest and dividends of our endowment, individual and corporate donations to the ADIF as well as the silent auctions has enabled us to support worthwhile causes. Your Foundation – on behalf of all ADI Fellows- supported projects all over the world – from the Inner-cities of the US, to the Peruvian Amazon Rainforest and from the Taifun-ravaged Philippines to the Himalayan mountains of Nepal! Please visit the newly designed website and see the impressive list of projects funded under the ADIF tab. The grant applications are submitted from organizations supporting a variety of worthy causes for example spreading oral hygiene or dental literacy or providing access to basic oral health. Every grant application highlights a special need and the applicants involved demand our utmost respect for their selfless volunteerism! However, our NEW FELLOW GRANTS – the grants of up to $1000 applied for annually by our newly inducted ADI Fellows - truly are special! They reflect to me more than anything how committed ADI Fellows are to the principles embodied by the ADI!

Being able to fund grants is crucial. Only when we have “free” funds the ADIF can help to move from an application review process to granting funds and truly making a difference. Recent, this has become more difficult as we are living in times of zero bonds and negative interests on savings. Thus our proceeds from the endowment have shrunk. We now more than ever rely on the proceeds of a silent auction and donations for generating our grant funds. I appeal to you on an individual and corporate level to consider a donation to the ADIF now! The ADIF will decide on the 2016 grants during our annual meeting in Denver later this year. ADIF is a 501 c3 charitable foundation so donations from the US are tax deductible and the same may apply in many other countries as the ADI is a recognized UN affiliated NGO. Please help us to help others and know that funds will be dispersed wisely by your representatives on the ADIF board. I truly am honored to having been invited to serve with the ADIF and I thank every ADI fellow for the support of the ADI and its causes.

Christian Brutzer
Vice President, ADI Foundation
Global Region Head – Asia/Pacific
Ivoclar Vivadent AG

Sustainable Health is an Achievable Goal