

# How the Department of Oral Medicine took root and flourished at the UW

*Editor's note: Dr. Ed Truelove served as Chair of the Department of Oral Medicine for 38 years before stepping down in 2010 to return to full-time teaching and patient care. He remains an active faculty member as Professor Emeritus of Oral Medicine.*

By Dr. ED TRUELOVE



*Dr. Ed Truelove set a UW record for tenure as a department chair.*

The department of Oral Medicine is celebrating its 50th birthday and a look back seems appropriate. Fifty years ago, the dean, Dr. Jack Hickey, had orchestrated major changes throughout the School resulting in one of the strongest, if not the strongest, dental schools in the country. Virtually every department was recognized as among the very best both in their dental student and graduate programs. The department heads, like the dean, were forward-thinking and eager to see the emerging area of diagnostics and oral medicine elevated to the stature that their units enjoyed. Based on the collective thoughts of the dean and chairs, Dr. Hickey initiated a national search to recruit a chair for a new department modeled after oral medicine units at other leading institutions.

In 1970, oral medicine had been around as a clinical discipline for about 20 years. The field had been initiated by Dr. Lester Burket, a physician and dentist at the University of

Pennsylvania. Departments of a similar nature had arisen at Indiana University, the University of Michigan, the University of Missouri at Kansas City, and the University of California at San Francisco (UCSF).

The search for a department chair at UW lasted two years, after which I was offered the position following the strong endorsement of the department chairs. At that time, I was the clinical chair of the Department of Oral Medicine at Indiana and had just reorganized the department. The patient care and research resources and facilities at Indiana were among the best in the country. One of my concerns in joining UW was whether the other departments would be concerned that initiation of a new department would risk loss of resources and territory. My concerns were unfounded, and the opposite environment was present when I arrived.

The plan agreed upon by the School's entire administrative organization and executive committee of department chairs was to build a strong nationally and internationally recognized department that would encompass a comprehensive dental curriculum in all phases of diagnostics, oral medicine, and related areas. The objective was to also build a strong graduate oral medicine program supported by a regionally recognized oral medicine clinical service much like those operated by the medical school and staffed by faculty and students. The final aspect of the plan was to establish a strong clinical research program.

In a decision that greatly facilitated rapid progress, the dean agreed that Dr. Earl Sommers, a member of the faculty at Indiana, would be recruited as one of the department's founding faculty. He had distinguished himself as a student at Indiana and as a new faculty member there. I convinced Earl that the UW and Northwest was the perfect place for academic and personal achievement. He gave up a great opportunity at Indiana to take a chance that our plans would succeed. Throughout the past 50 years he has been vital and supportive. I and the department would not have succeeded to the degree we did if he had not come to Washington at that critical moment.

## A scarcity of specialists

Only four dental schools had strong oral medicine graduate programs: Indiana, Pennsylvania, Michigan, and UCSF. Fewer than 10 specialists in oral medicine completed training each year in the United States, which meant that finding well-trained specialists to build the department would be almost impossible without an alternative approach.

The dean and executive committee recognized the problem and agreed with a plan to establish a unique first phase of the graduate program that recruited young faculty who had a strong interest in oral medicine and were willing to teach while enrolled in an extended graduate program taking five or six years. Several young faculty members were recruited and taught basic diagnostics and primary care oral medicine while engaged in an exhausting graduate training program. The initial members of the dual program included Drs. Sommers, Donald Soltero, Sidney Patten, Bruce Rothwell, and Mark Schubert.

The entire process of designing, developing, and initiating a new academic dental student curriculum in diagnostics, radiology, case planning, general medicine, orofacial pain, and oral medicine was undertaken by the newly assembled faculty/graduate students. As could be expected, there were several interesting bumps along the way. The other departments of the school were tremendously supportive during those early times as the department grew.

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The dean recognized that a vital aspect necessary for success would be a strong oral medicine clinical service staffed by attending faculty responsible for the management of the complex patient problems referred to the clinical service. The model was to follow the system used in the clinics of the medical school. The clinic was started in 1973 and grew rapidly with thousands of patients referred by the dentists and physicians of the five-state Northwest region. The clinic was extremely valuable in assisting in the development of the clinical research programs of the department in areas of orofacial pain, temporomandibular disorders, salivary dysfunction, mucosal diseases including patients with hypersensitivity to dental materials, and in the field of maxillofacial radiology.

Once the department had initiated the dental student curriculum, the graduate program moved into a more traditional training mode and Dr. Sommers became the graduate program director. Several of the early graduate students/residents ultimately continued their careers at UW and have contributed greatly to the successes of the department. They include Dr. Mark Drangsholt (current department chair), Dr. Michael Martin, Dr. Bea Gandara, Dr. Peggy Lee, Dr. Curtis Chen, Dr. Mark Schubert, and Dr. Peter van der Van.

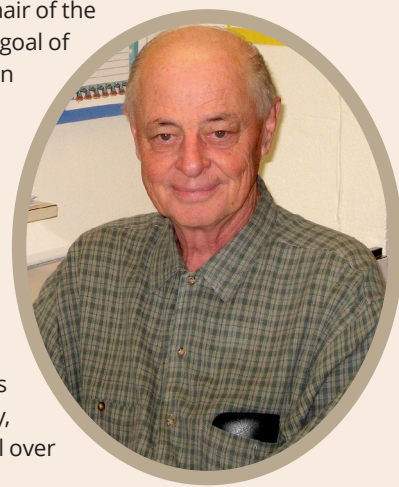
## Interdisciplinary curriculum

While early initiatives were moving forward, in 1974 the medical and other UW Health Sciences schools were asked to participate in another program funded by the Robert Wood Johnson Foundation. I was asked to represent the dental school and participate in the development of that program. The purpose was to develop a curriculum for the health sciences clinical faculty and students in interdisciplinary team-delivered health care. Over five years, I was fortunate to participate as a director of that program focused on the development and execution of team-delivered health care at five clinical facilities staffed by physicians, dentists, nurses, pharmacists, social workers, and nurse practitioners who had completed the health care team curriculum. That experience was extremely helpful.

While the department was growing in scope and strength, the field of oral medicine was doing the same with new programs emerging in North America. The specialty was recognized in Europe and other countries, and members of our department helped advance the field in general and, more specifically, the American Academy of Oral Medicine and American Board of Oral Medicine (ABOM) as they worked to achieve official recognition as one of the specialties of dentistry. I was fortunate to have served as the chair of the ABOM, as did Dr. Drangsholt. The goal of specialty recognition has now been achieved.

As the graduate program matured, students from around the world enrolled. Over the past 50 years, the program under the leadership of several directors (Drs. Sommers, Joel Epstein, Martin, Drangsholt, and David Dean), has achieved recognition as one of the very best in the country, with graduates located virtually all over the world.

*Dr. Lars Hollender was recruited to build the department's maxillofacial radiology program.*







*Oral Medicine furnishes clinical programs and faculty for the Dental Urgent Care Clinic. Shown here at a 2010 department get-together is Dr. Rolf Christensen (left), DUCC director, who has been a leading voice in the dental community to tighten opioid prescribing protocols. Joining him is Dr. Glenn Govin, then director of the DECOD program.*



*Dr. Dan Middaugh, whose influence as a faculty member over the decades has reached into many areas of the School, has been a steadying hand in difficult times.*

The department has been blessed with many faculty members having dual training in oral medicine and doctoral (PhD) degrees in other disciplines. Those faculty included Drs. Drangsholt, Martin, van der Ven, Linda LeResche, Sam Dworkin, Lars Hollender, Karl-Åke Omnell, Lee, and Chen. Their advanced training in research methodologies facilitated the development of a strong clinical research program that enabled successful grant submissions that provided the department with millions of dollars in research funding.

The department began to explore its possible role in other associated areas soon after the graduate program was initiated, and about that time the area of Special Patient Care was identified by the Robert Wood Johnson Foundation as deficient in dentistry. After completion of a foundation-funded program to improve the relevant dental student training, the department was asked to assume responsibility for assuring that Special Patient Care training would continue. Dr. Doris Stiefel, a member of the Oral Biology faculty, was recruited to join Oral Medicine to lead that program. The net result has been another nationally and internationally recognized model.

The Special Patient Care program known as DECOD, or Dental Education in Care of Persons with Disabilities, under the direction of Dr. Stiefel, quickly increased clinical training, secured federal funding for training and research, and initiated postgraduate training. Dr. Schubert was significantly involved in the early days of those initiatives, and Dr. Martin served as the program director after Dr. Stiefel retired. Dr. Kimberly Espinoza now directs that program, which continues to be a vital part of the department and School.

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## Maxillofacial radiology

The field of maxillofacial radiology, a unit within the department, was also growing, and we initiated a search for an international expert in the field. Dr. Hollender was recruited to build the program. Dr. Chen, who had initially completed graduate training in oral medicine, later completed graduate training in maxillofacial radiology and a PhD in bioengineering. He returned to teach as did Dr. Lee, jointly trained in oral medicine and maxillofacial radiology along with a PhD in microbiology. That team, under the initial direction of Dr. Hollender, accomplished the task and initiated a graduate residency in maxillofacial radiology. The field is now also a recognized dental specialty.

The next component of the department's mission was development of a robust clinical research program. Our effort in that area was initially facilitated by joint activities with Dr. Ken Izutsu of the Oral Biology department. I had engaged in salivary research related to caries immunity as a dental student

and was fortunate to be able to team with Dr. Izutsu, who had an excellent record of salivary research. Our combination of interests triggered initiation of salivary research related to diagnostics in those with cancer. National Institutes of Health funding was secured, and Dr. Izutsu continued his research with a long and successful series of grants and studies.

The DECOD clinical program also quickly spurred research directed at reducing caries and periodontal disease in those with special needs. Dr. Stiefel directed those efforts, which included several of our faculty. Numerous scientific papers were published reporting outcomes of those clinical studies.

A few years after the department had begun its evolution, the HIV epidemic struck and the department became involved in community-based patient care, teaching, and research directed at HIV detection, continuing education, management of HIV oral manifestations, and HIV clinical studies. At the time, individuals who feared that they might be HIV-positive had few mechanisms for anonymous testing other than at the one HIV/AIDS clinic in the city. The department had already



*Today, longtime faculty mainstays such as Dr. Michael Martin, who directed the DECOD special-needs program from 1994 to 1999, are being joined by fresh new faces such as Dr. Ashland Doomes, a recent graduate of the residency program.*



established a large and productive Dental Urgent Care Clinic in the School where students gained clinical experience in providing care to those with dental pain and infection. The department, in consultation with local HIV experts, established an anonymous HIV testing service that originated in the Urgent Care clinic. Anyone worried that they might be HIV-positive but concerned that their identity might be exposed could contact the Urgent Care clinic and the faculty would order the appropriate HIV test and provide patient counseling and referral. The HIV activities of the department also included clinical CDE courses for dentists throughout the state as well as large-format continuing education seminars related to HIV. The department's HIV program also resulted in research studies and scientific publications. Dr. Schubert and I were significantly involved in that rewarding initiative.

## Pain research

The next research stimulator for the department arose when Dr. Dworkin joined the department. He was a recognized expert in pain and behavioral issues related to pain. His arrival triggered a very long record of successful pain research initiatives, millions of dollars of NIH research grants, and

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recruitment and retention of Dr. LeResche, who added greatly to the department's expertise. Other clinical psychologists joined the department to participate in the clinical pain research initiative. The pain research initiatives resulted in hundreds of published research papers and development of research and clinical diagnostic criteria for temporomandibular disorders (TMD). Those criteria are used throughout the world in essentially every clinical research study of TMD. I was pleased to be a member of that research team. Dr. Sommers was an important member, as were Dr. Hollender and other department members.



*UW dental hygiene alumnae Patty Doyle ('85, left) and Mae Chin ('83) were key members of the DECOD team.*

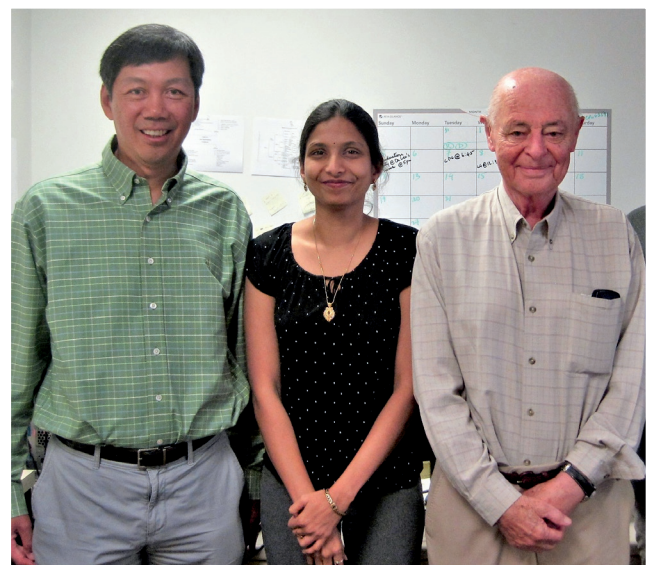
Along with Special Patient Care initiatives, pain management and research, HIV initiatives, a successful dental student didactic and clinical curriculum, a well-established oral medicine and orofacial pain service, and an expanding maxillofacial radiology division, the department also expanded its interest and involvement in cancer treatment by establishing collaboration with the UW medical school, the Department of Otolaryngology and Head and Neck Surgery, and the Fred Hutchinson Cancer Research Center. Dr. Mark Schubert led those initiatives and started a clinical oral medicine service at Fred Hutch. The activity expanded when the university and Fred Hutch joined forces to start the Seattle Cancer Care Alliance (Fred Hutch and the SCCA have merged to form the Fred Hutchinson Cancer Center). Patients at that facility who undergo transplant or other treatments for many types of hematologic malignancies are evaluated and managed by the faculty at SCCA Oral Medicine. That program has been managed by Dr. David Dean since the retirement of Dr. Schubert. The department continues to support head, neck, and oral cancer care through our faculty attending the head and neck center operated by the Department of Otolaryngology and head and neck surgery at UW Medical Center under the direction of Dr. Neal Futran, chair of the department in the School of Medicine. Dr. Futran has been a great supporter of oral medicine.

The collaboration of the department with the UWMC and medical school initiatives in pain also continue to be active with Dr. Drangsholt attending in the clinical Center for Pain Management of UWMC.

## Helping the homeless

Under the direction of Dr. Bea Gandara, the department has assisted in addressing the problem of another disadvantaged population: the homeless, including street kids. She has developed and managed both didactic and clinical experiences for dental students that are highly appreciated by students, patients, and more recently by the Washington State Dental Association. Dr. Gandara has also been a very strong advocate for diversity education within the dental curriculum and dental school in general and participated in the clinical research activities of the department.

Along the way, many other curricula, patient care, and research efforts have been undertaken by the department's faculty and staff. The department has supported research studies involving medications and their effects, diagnostic imaging, investigation of treatments for myofascial and TMD pain, quality of care for those with disabilities, behavioral studies, studies of hormone factors in pain, and studies directed at specific disorders of the orofacial complex including mucosa, salivary glands, neurosensory components, bone, TMJ structures, and viral, fungal, and microbial infections. The



*Dr. Curtis Chen (left), another key faculty member early on, served as director of the Oral Radiology program. Here he is joined by Dr. Lakshmi Gorugantula and Dr. Lars Hollender.*

department was involved in the expansion of hospital dentistry and experimented with patient care systems used in the clinical education of dental students. Graduate-level research in issues related to the diagnosis of a wide variety of oral diseases and pain states and their management have been an important focus of the graduate program faculty.

When I decided to step down as chair, the department was very fortunate to have the perfect replacement in-house. Mark Drangsholt was primed and ready for the task of taking the department forward to the next stage of its development. He has done a remarkable job in the face of major impacts that would have caused many others to give up or become frustrated. As he assumed the chair, the seven most senior faculty of the department sequentially retired and the School experienced extreme fiscal problems resulting in vacant positions being frozen and staff resources greatly diminished.

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*Dr. Sam Dworkin (left), chatting here with Dr. Mark Drangsholt, and Dr. LeResche were instrumental in the development of orofacial pain diagnosis.*



*Department faculty member Dr. Linda LeResche, shown with her parting gift at a retirement celebration in 2020, was our School's Associate Dean of Research.*

All the while, teaching responsibilities and patient care responsibilities were unchanged. His dedication and efforts are to be commended.

A special note is needed to recognize Dr. Dan Middaugh, who became a member of the department while he served as a critical member of the School's administration. Over the years, Dr. Middaugh has been invaluable as a resource and as a sounding board for the direction of departmental initiatives and programs. His advice and guidance have been particularly valuable during times of uncertainty and crisis.

Dr. Dolphine Oda also deserves special mention. In some dental schools, oral pathologists compete with faculty in oral medicine. At UW, just the opposite has been true. Dr. Oda has been a consistent supporter of the department, the graduate

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*Department member Dr. Bea Gandara, who directed initiatives to help provide oral health care for homeless people, was named the Washington State Dental Association's Citizen of the Year in 2019.*

program, and the faculty. Her support has been highly valuable to the department and to me personally over the many years of our collaborations.

Dr. Omnell was also important in helping to improve opportunities in radiology prior to Dr. Hollender arriving. Dr. Joseph Chasten joined the department after he completed his term as associate dean. He contributed to urgent care and case planning.

In the department's earliest days, key young faculty of other departments provided vital encouragement and support. They included Dr. Don Joondeph, Dr. Bill Ammons, Dr. John Davis, and Dr. John Townsend. The senior members of those departments were also very supportive.

The administrative and clinical staff of the department deserve recognition for their outstanding efforts and contributions through many years of department expansion, changing initiatives, struggles in times of intense financial constraint, and changes in dental school administration. Those key individuals are Dalila Sebring (department administrator), Katy Scott (who has served as our graduate program administrator and acting department administrator), Liliya Gutnyk-Merrill, and

Edgar Mesina (critical to the operation and success of our Oral Medicine Clinical Service). The successes of the department (myself included) would have been diminished without their help and support.

Along the way, many faculty members have contributed to the department's successes and stature, notably Drs. Sommers, Drangsholt, Schubert, Martin, Stiefel, Dworkin, LeResche, Hollender, and Gandara. The accomplishments of the department are due to the efforts of many dedicated faculty and staff.

The many other Oral Medicine faculty instrumental in the department's successes include Dr. Espinoza (Director of Special Patient Care), Dr. Kenyu Takamoto, (Special Patient Care and Oral Medicine), Dr. Stuart Taylor (predoctoral curriculum, case planning, radiology), Dr. Rolf Christensen (Urgent Care and predoctoral curriculum), Dr. Sara Gordon (oral medicine curriculum), Dr. Bruce Silverstein (predoctoral curriculum), Dr. Elizabeth Garcia (Special Patient Care), Drs. Jeffery Sherman and Lisa Heaton (behavioral medicine and

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pain research), Dr. Rigmor Persson (Urgent Care and primary care), and Dr. Peter van der Van (Oral Medicine clinic). Some who have been so helpful may not be listed here, but any omission is accidental, and for that I apologize. Several young, energetic faculty have joined the department in the past couple of years, including Drs. Rania Abasaeed, Lalita Angkanawaraphan, Ashland Doomes, Elizabeth Garcia, Jacqueline Wong, Rashmi Malhorta, Rashmi Mishra, Andrew Nalley, Jasmin Olson, and Nicholas Sotak. Their task, along with Dr. Drangsholt and the senior faculty, is to take the department to even higher levels of achievement.

The department has also been blessed with a wonderful group of dedicated affiliate faculty who teach in Urgent Care and other department clinics. The current members are Drs. Baruffi, Bolosan, Brockett, Chiang, Co, Doyle, Fok,



# Oral Medicine at 50

Greer, Gorugantula, Guess, Hamilton, Hess, Horton, Kamkar, Lederman, Leynes, Lin, Mahoutchi, Marvin, Mecham, Mesina, Julia Moritis, Alan Moritis, Nguyen, Nuwailati, Pham, Sekhon, Sharoff, Shvartsur, Shyue, Steinberg, Tro, Varela-Rodriguez, Walker, Wentworth, Werfalli, Wu, Yu, and Zimmer.

A word of praise also goes out to the practicing dental community. Their support and guidance have been immensely appreciated and have benefited the department and me in many ways. They have referred patients to the oral medicine clinical service, offered donations, participated as affiliate faculty in the Dental Urgent Care Clinic and Oral Medicine Clinic, participated in continuing education programs, and supported us through difficult fiscal and administrative situations.

My journey in oral medicine at UW over the past 50 years has been endlessly interesting, challenging, and informative, but never dull. There were periods of rapid growth, and equally rapid contraction during class size and budget reductions. Fascinating interactions occurred with a long parade of 10 unique deans who sometimes had different goals and objectives. Those periods offered opportunities to become more creative and fleet of foot.



*Dr. Peggy Lee (right), shown with clinical staff member Wendy Hung, directs the Oral Maxillofacial Radiology Residency Program and was another key faculty member in Oral Medicine's early years.*

Throughout the entire process, I would never have had what successes I enjoyed if not for Karen Truelove, my spouse and partner for the past 57 years. Her guidance, patience, tolerance, and intelligence facilitated my journey in academics more so than any of my minor talents. I must also mention my children, Scott and Robin, who have offered excellent advice on critical occasions.

Although along the way I was offered opportunities at other fine institutions, I am very happy and proud that I remained at the University of Washington. The ride has been wonderful, and I have the best of wishes for the department, the School, and the wonderful practicing community of dedicated oral health care providers.



*Dr. Mark Schubert played a pivotal role in creating an oral oncology program at the Fred Hutchinson Cancer Center.*

# Recalling the challenges of building a new department

*Editor's note: Dr. Earl Sommers, who joined Dr. Ed Truelove in establishing the department, served on the active Oral Medicine faculty from 1972 to 2019, including 25 years as Graduate Program Director. He is now Emeritus Clinical Associate Professor.*

By Dr. EARL SOMMERS



Dr. Earl Sommers

Medicine at the UW along with one full-time faculty position. Dr. Ed Truelove and I came to interview for these positions and were hired starting in July 1972.

The next two years were major chaos from my perspective. So many changes were needed in the program, and we really had no idea what we were doing. At least I did not. There were many trial-and-error programs and courses. This period was very stressful and unfulfilling, but a shakeout period was expected and necessary due to the need for an entirely new curriculum/program.

In 1974, Ed started the graduate program in Oral Medicine with four students who were also full-time faculty: Bruce Rothwell, Sidney Patten, Donald Soltero, and me. The next three years were even more stressful for all of us. I worked and studied 70-90 hours per week for these years. The four of us completed the graduate program in 1977. Bruce Rothwell became director of Hospital Dentistry. Sidney Patten entered the Endodontics grad program, then practiced endo in the Renton area for many years before retiring. Don Soltero was part-time faculty in Oral Medicine and practiced general dentistry outside UW for a few years, then went to a full-time general dentistry/oral medicine practice in Bellevue for many years. I remained as full-time faculty in the department for 47 years until I retired in 2019.

I graduated from Indiana University School of Dentistry in 1971. I then took a full-time clinical faculty position in the Department of Oral Diagnosis at Indiana for a year. During that time, I applied to the graduate program in oral medicine at Indiana and was accepted. Late in 1971, the chair position opened in Oral Diagnosis/Oral

**Graduate Program Director:** Ed asked me to take this post in 1977. I remained in that role for the next approximately 25 years. Being program director was a highlight for me. However, the workload made it impossible for me to develop and administer the program at an optimal level. Just the same, the program was recognized as the best oral medicine program in the country by all other oral medicine departments. This recognition came principally from Ed Truelove's efforts.

**Teaching:** I was course director for five or six undergraduate courses and four or five graduate courses plus lecturer in several other courses from 1977 to 1999. I loved teaching, but again the workload was excessive and my ability to provide the best education to both undergraduate and graduate students was not possible. Major burnout was always a risk and I struggled to keep going. Still, teaching was a highlight. I considered teaching the best opportunity to improve general dental patient care and broaden dentists' ability to care for head and neck disorders beyond the dentition and periodontal structures.

**Patient care:** Caring for patients with oral medicine disorders was also a highlight. It was so rewarding to be able to diagnose and treat patients who had seen many providers (physicians, dentists, etc.) without a diagnosis or treatment for their problem. Both undergraduate and graduate students worked along with me caring for these patients as part of their training.

**Research:** I participated in several research projects with other faculty over these years with temporomandibular disorder research being the most extensive and rewarding.

**Sleep disorders training and patient care:** It became obvious to me that sleep quality and quantity were major factors contributing to my patients' problems. I needed a break and took a six-month sabbatical to study sleep disorders in Australia in 1999-2000. This resulted in the greatest contribution I believe I made to our department and education of both undergraduate and graduate students as well as to dentistry in our state. I joined the UW Sleep Medicine faculty in 2000 as that program was being developed. I provided didactic and clinical training for the Sleep Medicine fellows, interviewed applicants to that program, and performed other duties over the next approximately 20 years. I was able to introduce sleep medicine didactic and clinical training to the undergraduate and graduate dental curriculum. Introducing sleep medicine into the School of Dentistry's training was without a doubt the greatest highlight and most rewarding portion of my academic career.



## How DECOD became a leader in special-care dentistry

*Editor's note: Dr. Doris Stiefel, who in 1954 became our School's first female graduate, directed the Dental Education in Care of Persons with Disabilities program from 1975 until her retirement in 1994. Under her guidance, DECOD became a national leader in its field.*

**By Dr. DORIS STIEFEL**

Ever forward-looking and inclusive, the Department of Oral Medicine showed its support for the School's program of Dental Education in Care of Persons with Disabilities (DECOD) from the project's very beginnings in the 1970s.

Dr. Ed Truelove deserves immense credit for his leadership and commitment that made it possible for the School's new program to overcome initial skepticism and achieve remarkable success. DECOD had a tentative start and functioned under a multi-departmental board when I was appointed its administrative director in 1975. I soon found Dr. Truelove, Chair of Oral Medicine, to be most helpful and valued his sage advice as we began working together.

In 1979, when DECOD expanded its scope from training dental and dental hygiene students to offering training also at the postgraduate level, Oral Medicine became the physical and academic home of the program and I had the privilege of joining the Department's faculty. With Dr. Truelove as the creative mastermind and staunch advocate, we were able to secure a series of grants that in a real sense put DECOD on the map.

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We welcomed dentists, dental hygienists and their assistants from all parts of the globe for on-site training in DECOD; we produced essential educational modules that were widely distributed and conducted significant clinical research relating to oral health of people with disabilities. The DECOD clinic located within the department's clinical space provided an invaluable treatment resource for dental patients with special needs, and all-important educational experiences for the School's students and graduate trainees. As a result, DECOD gained broad respect and recognition as a leader in special-care dentistry.



*Dr. Doris Stiefel received our School's Distinguished Alumnus Award in 2003 and was honored again in 2019 with our Dean's Club Honorary Lifetime Award.*

It is most gratifying that Oral Medicine's strong support of DECOD remains ongoing under Dr. Mark Drangsholt's chairmanship. DECOD is firmly established as one of the department's Special Clinical Services and, with Dr. Kimberly Espinoza as its able director, continues to grow in scope and importance.

On a personal note, my association with Oral Medicine was deeply rewarding. I have many warm memories: the stimulating departmental case conferences; attending in the Emergency Clinic, my weekly meetings with Dr. Truelove to discuss DECOD, and the lasting friendships I formed with colleagues and staff in the Department. Last but not least, I remember the holiday parties that DECOD hosted annually in the Oral Medicine conference room. Our home-baked cookies in no small measure helped to create goodwill and support within the School and the community for special patient care.

In great appreciation for the honor of having served on its faculty, I salute the Department of Oral Medicine on its 50th anniversary. May the Department enjoy many more years of success and achievement in advancing oral health.