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Dental Alumni News
Dental Alumni News is published twice each year by the UW School of Dentistry and sent to alumni, faculty, staff, graduate students and friends of the School. Please send class notes (including marriages, births, professional news, awards, travel and photos), correspondence, death notices and remembrances (250-word maximum) and address changes to Dental Alumni News, UW School of Dentistry, Box 357137, Seattle, WA 98195-7137. Email should be sent to randyn@uw.edu.
Greetings, fellow Huskies! It is an honor and privilege to become president of our UW Dental Alumni Association. First, I would like to thank our past president, Jason Bourne, for all of his hard work. His leadership and vision helped guide the UWDAA into its next chapter.

The past four years have certainly been full of challenges and uncertainty for the School of Dentistry and the UWDAA. I was very much looking forward to stepping into my new role at a time when Dean Gary Chiodo had steered our School away from its rocky course. There was positive momentum and excitement, and a shared vision for the future was taking shape. However, it was a calm before the storm, for also on the horizon was the COVID-19 pandemic.

The order to shut down our practices was something nobody could see coming and nobody could properly prepare for. For me, the uncertainty of the first two weeks was possibly the most stressful situation of my life. From navigating the waters of unemployment to the new “alphabet soup” of trying to keep my practice afloat, it was almost overwhelming. SBA, EIDL, PPP, N95, HHS, and PRF didn’t mean anything to me prior to April, but they proved to be a life raft to help keep my practice afloat. I am sure you all have had similar struggles and experiences, and I hope you are all back to work and achieving little steps of normalcy along the way.

The School of Dentistry, of course, was not immune to the pandemic’s impact either. Situated in the original epicenter of the U.S. outbreak, ours was one of the first dental schools to be affected. Clinics were shut down. In-person learning was halted. Board exams and state licensure were canceled and delayed. The impact was felt by everyone. All of the positive momentum that Dean Chiodo, the faculty, and staff had worked so hard to achieve was capsized in an instant.

Fortunately, that same great leadership that had previously righted the ship was able to navigate these waters. Two emergency funds, the Dental Student Emergency Fund and the Fund for Sustainable Dental Excellence, were created to soften the impact of the $3 million in revenue lost during the 10-week closure, while supporting our students with immediate needs. Many classes shifted to video remote learning. As an affiliate faculty member in the Department of Orthodontics, I can attest to how unusual yet productive this change proved to be. The measured steps and protocols to reopen the School’s clinics have kept the safety, health, and well-being of the patients, students, and staff at the forefront, while serving as an example to other schools across the country.

Whether the storm has passed or we are simply entering its eye, it is certainly evident that life is moving forward again at the School of Dentistry. The long-term vision for the School is coming into clearer focus. Students, faculty, staff, and patients have returned to the clinics. Ground has been broken on the new Health Sciences Education Building and I notice significant progress each week I drive by. The Campaign for Clinics, having raised nearly $2 million in its effort to modernize our infrastructure and facilities to date, will again be a major focus this fall.

After our tumultuous ride, it is a good idea to reflect on the “new normal” and how to make the most of things. Values and priorities for many have been changed. For me, the “new normal” will include another level of dedication and effort with the UWDAA. I encourage all of you to take a small bit of time to appreciate how fortunate we are to have a shared experience at such a fine institution of learning.

Think about the students who have had such a rough and unprecedented ride this year, on top of the usual challenges that go along with being a student. Take time to do something to help those who will be our professional peers and successors – something as simple as making sure you have paid your annual dues or as large as making a contribution to the Campaign for Clinics. Every little bit will contribute to the health and vitality of our School and its students!

Jeremy Chaison ('06)
UW Dental Alumni Association President
Our team is here for you

Our Office of Advancement, Alumni Services, and Continuing Dental Education works to help you support and stay informed about our School of Dentistry, connect with one another, and assist you in your professional development. We're always happy to hear from you!

Randy Newquist  Assistant Dean of Advancement and External Affairs  206-616-0716  randyn@uw.edu

Randy, who has been at the UW since 1986, was our longtime Director of Alumni Services before becoming Assistant Dean in early 2018 and leading our office. He oversees our School’s fund-raising operations and also remains closely involved in Dental Alumni Association activities.

Doug Day  Associate Director of Advancement  206-543-6017  daydoug@uw.edu

Doug started at our School in 2016 after extensive experience in corporate sales and working with non-profits in fund-raising and philanthropy. He assists our alumni, faculty, and friends in their philanthropy with a focus on major gifts and planned giving, and also helps alumni to increase their level of engagement with the School.

Debbie Knight  Assistant Director of Advancement  206-616-0986  debbiek@uw.edu

Debbie joined our team in July 2020, a few years after relocating from the East Coast. She may be new to the Dental School, but is not new to the world of alumni relations or fund-raising. While in NYC, Debbie worked at NYU School of Law and also Barnard College in positions centered around donor engagement, fund-raising, stewardship, and alumni relations.

Steve Steinberg  Director of Communications  206-616-0827  ss55@uw.edu

Steve joined us from the Seattle Times in 2008 after 35 years as a professional journalist, editing and writing for national magazines and newspapers including The Dallas Morning News. He writes and edits the Dental Alumni News, posts material on our School’s website and social media, works with news media, writes news releases for external publication, produces videos, and assists the Dean’s Office with communication.

Sally Gee  Director of Continuing Dental Education  206-616-0990  sallyg@uw.edu

Sally started at our School in 2002 working for Pediatric Dentistry, then moved to CDE a year later. She lived in France for nearly two years after graduating from the UW, then came home and worked for a printing software firm. As CDE director, she plans new courses, maintains accreditation, oversees marketing, and develops course ideas based on industry needs, participant requests, and dental organization partnership possibilities.

Joy Park  Program Coordinator, Continuing Dental Education  206-221-2636  joy22385@uw.edu

Joy started with us as a UW student assistant majoring in anthropology in 2007, then became a CDE temp, then a full-time office assistant, and now program coordinator. She assists in CDE program planning, dealing with logistical details and compiling course materials, and monitors the CDE registration system.

Sarah Martin  Advancement Coordinator  206-616-0938  smartin4@uw.edu

Sarah came to us in 2016 a few months after starting at the UW in Gift Services. Before that, she spent 10 years at the Kansas Historical Society in her home state, managing the National Register of Historic Places program. An architectural historian and public historian by training, she also works part time as a consulting historian throughout King County. In our office, her roles include tracking gift activity, managing donor lists, supporting fund-raisers, and more.
We’re solidly back on track

From March to September, our school has weathered rapid-fire challenges and changes. First, COVID closed our clinics to all but urgent care. Then, when we restarted comprehensive care in all clinics, we had to operate at half-capacity while clinic modifications were made. Our clinical production and revenue plummeted and, in this regard, we were in exactly the same predicament as all other dental schools. As of fall, though, things have changed and continue to change for the better.

The first bit of good – no, great – news is that we closed fiscal year 2020 without generating a deficit. That was miraculous, considering that we were losing about $55,000 per day during the bleakest months. Secondly, our clinic modifications are complete and we can now use all of our operatories. Our clinical production is gradually increasing and, as of the end of September, we were at about 75 percent of normal. Revenue lags production, but that line is moving in the right direction as well.

We are COVID-testing patients who require aerosol-generating procedures, and this is going well, with few objections. I hear that a point-of-care COVID test that is validated for asymptomatic patients is just around the corner. That will certainly be a game-changer for us and for all dental practices. More good news: After many fits and starts, we seem to have stabilized our PPE supply and supply chain. The ultimate good news is that there have been no documented cases of COVID transmission in the dental environment – none from patient to dental healthcare worker and none from dental professional to patient.

All this has me feeling hopeful as we move toward winter quarter. I am not happy that we are likely to experience a second wave of COVID-19 cases while anticipating a certain wave of influenza A and B. However, all of the good news and the accumulated data and experience over the past seven months augur for continuing comprehensive dental practice during a second wave. If we are screening and testing patients and using all necessary PPE in operatories modified to help manage aerosol travel, I think we can make a compelling case that dental practices are safe, even during a pandemic. Of course, the final decision will come from the governor, but I am confident that we can provide him with reliable data and information to inform that decision.

We all recognize how stressful and difficult the past few months have been for everyone. It feels like summer came and went while we were immersed in continual Zoom meetings, work-from-home restrictions, and cautious journeys outside or to the store, secure behind our masks. I know of very few people who took normal vacations, and rest and relaxation were at a premium.

We need to attend to the wellness of our faculty, staff, and students with the same diligence that we have been keeping them informed about COVID-19. To that end, I have asked Dr. Cameron Randall, one of our clinical psychologists, to help me lead an upcoming Zoom town hall for our School devoted to this, and we will devote still more time going forward. We must do a better job of taking care of ourselves and each other.

Finally, it is time to move forward with strategic planning on our equity, diversity, and inclusion (EDI) initiatives. I am delighted that Dr. Douglass Jackson, Professor of Pediatric Dentistry, has agreed to assume the role of Associate Dean for EDI. He is currently leading our diversity committee and the EDI affinity group. He is extraordinarily qualified for this role and will be an outstanding resource for our School.

We must still do a lot of heavy lifting over the coming months, and we still have many of the challenges that existed pre-COVID. We are in a marathon, not a sprint. However, I am more convinced than ever that we have the very best long-distance runners on our team. We are moving forward. We have gained momentum. We will all be engaged in the effort needed to maintain this trajectory.

GARY T. CHIODO, DMD, FACD
Professor and Dean
A note from the Dean’s Club

To all friends and supporters of the School of Dentistry:

It is an honor and a privilege to serve as the Dean’s Club Board President. I was elected to this position in February, right before COVID-19 ground all of us to a halt. However, to me there is nothing more galvanizing than challenge and change – especially when they are forced upon us. Our national, state, and local organizations have done a wonderful job of supporting those of us who are already in practice; and government has helped most of us with financial support to keep our businesses running.

Now that our dental lives and practices have resumed with all of the new rules and regulations – even not knowing what the New Normal will be – it is time to brush off the shrapnel, stand on our sea legs, and look outward. Look to the UW School of Dentistry; the School, its departments, and students need your support now more than ever! As much as we have been affected by COVID-19, all dental students have had their professional lives disrupted before they really started. Clinical training, licensing exams, and live graduations had to stop. Under the excellent stewardship of Dean Gary Chiodo, the School has developed creative ways to navigate these setbacks to allow dental education to continue at the UW. In addition, there are several new projects being launched to maintain and improve the quality of that education:

• $33,000 has been raised for an emergency fund to assist dental students with basic expenses.

• $179,000 has been raised for an emergency operations and PPE fund for the SOD clinics and practitioners.

• Ground was broken in August for a new Health Sciences Education Building adjacent to the old T-Wing of the current Health Sciences Center. The new facility will provide locations for lectures, anatomy labs, and clinical training for dental, medical, and dental hygiene students together. Our School must contribute $5 million toward this project.

• The Shoreline Dental Hygiene program moved to the School in September. This will be a two-year program for dental hygienists to learn and be educated in conjunction with dental students, and will occupy the B-350 clinic. The first class entering will have 10 students, with enrollments eventually reaching 25 students. Funding is from the following sources: $750,000 from Shoreline and $500,000 from the UWSOD. A proposal has been submitted to other organizations interested in this project.

• A veterans fund-raising project will be centered around Veteran’s Day this year. The Everyone for Veterans at the UW campaign will allow the School to treat veterans in our community who have no funds for dental care. Dr. Theresa Cheng of the Periodontics faculty, who founded Everyone for Veterans, is helping to spearhead this project.

These enterprises are all exciting ones, particularly at this time of uncertainty, because they shout “OPTIMISM,” “LOOKING TO THE FUTURE,” and “TOGETHER WE CAN MAKE A DIFFERENCE,” which is a mindset we all need right now. And, of course, the School needs our financial support! So, going forward, this will be my focus for my term as President. Together with all of the Board members, we are planning fund-raising events to take place once we are able to gather in small or large groups, and we will be reaching out to you all individually to ask for your support.

There is nothing that helps me stay positive more than doing something good for someone else. I look forward to acting upon this right away with all of your help!

Stay positive and healthy,

HEIDI K. HORWITZ, DDS
UW Dental School Class of 1983
Encouraging news abounded as our School moved into October, having weathered the initial assault of the COVID-19 pandemic. Infection-control facilities upgrades had been completed, patient traffic continued to rebound, and no new debt was incurred in fiscal year 2020.

After the state-mandated shutdown of elective care in mid-March, our clinics began their phased resumption of regular care in late spring. By October, patient visits had reached about 75 percent of normal and were still increasing.

“I believe this reflects the confidence that patients have in receiving their care at the dental school,” said Dean Gary Chiodo. He added that the personal protective equipment (PPE) supply chain had stabilized and PPE supplies continued to improve.

Thanks to the return of clinical revenue, the School also recorded a small budget surplus at the end of the fiscal year on June 30 – even after losses of $55,000 per day during the shutdown.

New infection control measures included the installation of tall plexiglass dividers between clinic operatories. Twenty air filtration units for individual operatories had also been ordered, but testing by UW industrial hygiene experts revealed complications, Dean Chiodo said.

“In an operatory, they can make things worse, not better,” he said. Set at the base of the dental chair, the filters can change air turbulence patterns. “So we’re looking at ways of reducing aerosols at the point of production, and we may use these units in patient waiting areas or other places where there’s no dental aerosol production,” he said. Other devices to reduce aerosol spread at the point of treatment were also being investigated.

“A point-of-care test for asymptomatic patients is expected in the very near future, and this will result in both convenience and reduced costs,” Dean Chiodo said. A new system in the final stage of development requires only a swab, with results in 15 minutes. “This is critical not only for robust infection control, but for patient confidence,” he said. He added that the plexiglass dividers will still play a vital role – not only for COVID-19, but because flu season was beginning.

The budget will continue to be a concern in fiscal year 2021, the Dean said. The School must absorb a $450,000 reduction to its state budget, which will significantly affect its ability to fill vacant positions. However, he also said, “We’re hopeful that even with the reduction in state funds, the continued increase in clinical productivity can help us avoid layoffs and furloughs.”

Another encouraging sign was the strong response by faculty, staff, and other donors to a new COVID-19 Response Fund for Sustainable Dental Excellence. In just a few weeks, this fund had already neared $180,000 and continued to grow. “This will be a critical source of funding to buffer the adverse effects of a second wave of COVID as we move into the winter,” the Dean said.

The student experience isn’t expected to change significantly. Per UW mandate, all didactic instruction remains online until at least the end of 2020, even as live clinical instruction has resumed with distancing and stringent protocols in place.

The Dean hailed the new partnership with Shoreline Community College to train dental hygiene students at the dental school (see Page 10). “They will be working with fourth-year dental students in the near future, engaged in four-handed dentistry,” Dean Chiodo said. “This partnership is clear evidence that we can grow and advance, even in the midst of a pandemic.”

He also cited a need for more emphasis on well-being: “We have had seven months of COVID updates, revised protocols, PPE shortages, and no opportunities to sit with a colleague and decompress. It is time to pay serious attention to wellness for ourselves and each other. We will focus time and effort to provide the tools and resources needed for coping and staying well.”
School starts dental hygiene partnership with Shoreline

Dental hygienist training at our School of Dentistry is expanding significantly, thanks to a new partnership between the School and Shoreline Community College.

This year, 10 Shoreline students in the second year of their school’s accredited two-year program are training at our School before receiving their Dental Hygiene Associate of Applied Sciences degree. Next summer, the program will shift entirely to the UW. At least 10 first-year students will be admitted then, but Dean Gary Chiodo said that the goal is to increase that number eventually to 25 each year.

Shoreline’s popular program needed to relocate to a different physical facility due to a campus construction project. Talks between Shoreline and the School of Dentistry soon revealed strong interest on both sides in a collaboration that would allow the program to be housed at the UW.

“This new partnership strengthens what is already a high-quality learning experience for our dental hygiene students,” said Dr. Cheryl Roberts, Shoreline’s president. “The addition of working closely in a training environment with UW Dentistry students, faculty, and patients will help our students become even better prepared for careers in this fast-growing industry.”

The School of Dentistry will be a familiar setting for Shoreline dental hygiene students, who have served rotations at our clinics, including the Dental Education in Care of Persons with Disabilities clinic. The partnership will also allow Shoreline students to gain valuable training at our Center for Pediatric Dentistry.

Dental hygiene education has a long history at the UW. It began in 1950 under the direction of the late Dr. Esther Wilkins, who is widely regarded as the godmother of modern dental hygiene. She wrote the landmark textbook, Clinical Practice of the Dental Hygienist, in 1959. Now in its 13th edition, the book remains in wide use.

“This new partnership strengthens what is already a high-quality learning experience for our dental hygiene students.”

DR. CHERYL ROBERTS, PRESIDENT OF SHORELINE COMMUNITY COLLEGE

At the UW, Dr. Wilkins created a four-year dental hygiene program and a degree completion program. The baccalaureate program was discontinued in 1983, but our School still offers a master’s and doctoral degrees.

Dr. Wilkins was succeeded in 1961 by Dr. Martha Fales, who served until 1986 and left her own distinctive mark through her leadership of the program and advocacy on health issues. After her death in 2018, Dr. Glen Johnson, professor emeritus of restorative dentistry on our faculty, said, “This program was a model for hygiene education worldwide, and a very well-functioning program through which hygiene students, patients, and dental students benefited greatly.”

“We are thrilled that this partnership with Shoreline has moved forward,” said Dean Chiodo. “The ability to have dental hygiene students learn and practice in coordination with dental students will benefit all students and our patients. This model resembles how dental hygienists and dentists work together in practice and will provide a substantial advantage for our students. The integrated programs are a model for dental and dental hygiene education.”
Remote patient care expanded

In the wake of the COVID-19 pandemic, our School of Dentistry has created a Virtual Clinic to serve patients remotely.

The clinic, which was initially created to support the School’s Dental Urgent Care Clinic during the first stages of the outbreak, will see its use expanded in phases across all clinical services.

“Initially, we considered teledentistry as a safer way to conduct patient screenings for urgent care during the pandemic,” Dean Gary Chiodo said. “However, it is clear to us that this technology can play an important role in making delivery of all clinical care safer, more efficient, and more effective.”

The Virtual Clinic connects patients with dental providers by video or, if the patient lacks video access, by telephone. The video link is secure and complies with patient privacy laws, and visits are not recorded or stored.

To assist the dentist, the clinic recommends that patients have a few readily available items with them for the virtual visit: a flashlight, a large spoon, and a disposable mouth mirror, which can be obtained at a drugstore. Patients must also complete several forms, including a health history and a consent for teledentistry, which can be done online.

The clinic was set up by Dr. Jacqueline Wong of the Department of Oral Medicine faculty, who will direct the clinic’s operations, and Dr. Mihwa Kim, Director of Clinical Operations.

“Reducing the need for in-person contact during the initial screening does add another layer of safety,” Dean Chiodo said. “At the same time, we can usually assess the patient’s condition with enough detail to let us work out a preliminary treatment plan. In some cases, a patient can be medically managed after the assessment, and there may be no need for an in-person clinic visit.”

No date has been set for full implementation of the Virtual Clinic for patient care in all departments, but the first expansion beyond the Dental Urgent Care Clinic and Oral Medicine clinic was planned for Pediatrics, Oral and Maxillofacial Surgery, and the pre-doctoral clinics.

“We expect the Virtual Clinic to closely mirror our timeline as we ramp back up to our complete range of clinical care,” Dean Chiodo said. “This is a very exciting and forward-thinking initiative for dentistry, and I cannot think of anyone more qualified to lead it than Drs. Kim and Wong.”

Virtual Hooding video created

Live commencement ceremonies were among the many events disrupted by the COVID-19 pandemic this spring, and our School of Dentistry was no exception. The outbreak forced the cancellation of the School’s traditional live Hooding ceremony, in which students receive their doctoral hoods before an audience of family members, spouses, and friends.

The UW did create a virtual commencement video that included all of its schools. Of necessity, however, each school could receive only a relatively brief exposure as rows of student photo tiles streamed across the screen. So our Dental Alumni Association stepped in to produce its own video.

“We felt that our Class of 2020 deserved a fitting commencement celebration, especially considering the incredible challenges that they faced,” said Randy Newquist, Assistant Dean for Advancement and External Affairs, who also oversees the school’s Dental Alumni Association.

The video includes key elements from the traditional ceremony, including a welcoming message from Dean Gary Chiodo, the keynote speech from Dr. Dolphine Oda, who was the students’ selected speaker, and a message from Class President Micah Bovenkamp. The video also includes the students’ individual messages of appreciation, normally displayed on screen on the Meany Hall stage as each student receives their hood. It can be viewed on YouTube at https://youtu.be/LrB4ZPlqGL8.

“We hope that this video will be a keepsake for our students that makes their final memory of dental school a happy one,” Newquist said.
News

Veterans aid group seeks donors, dentists

In 2008, Dr. Theresa Cheng (Perio ’85) of our Periodontics faculty created Everyone for Veterans (E4V), a grassroots network with a handful of dental volunteers who provided direct care to those who couldn’t afford or obtain private or VA dental care.

“We were just word-of-mouth,” she recalled. Today, that handful has grown to more than 400 dentists, plus specialists and dental labs providing free services to low-income veterans who have deployed to combat areas. Some of them have served as far back as World War II.

In 2013, she retired from clinical practice, freeing more time for E4V. In 2014, her group expanded beyond Washington state and instituted teledentistry for remote screenings and follow-up. After E4V became a nonprofit in 2017, the number of veterans it helped rose from about 30 a year to 109 in 2019. Going forward, E4V will ask volunteer dentists to see just one veteran a year for free care to minimize the effect on their practice.

“We do a general screening, and we tell our volunteer dentists that we want to address not only urgent needs but provide comprehensive care,” she said. E4V asks its volunteer dentists to focus on three main goals: establish health, achieve adequate function, and improve esthetics.

“We’ve been emphasizing program sustainability,” she said. “After the dentists do their work, we encourage the veterans to continue as paying patients. That gives them a fighting chance to maintain their health.”

A major expansion came in 2017 with a new Wingman program to facilitate help beyond dentistry. E4V now has about 70 Wingman volunteers helping veterans make connections for other life-enhancing services at no cost.

“You don’t have to be a dentist to make an impact on a veteran,” Dr. Cheng said. “We realize that the VA can’t do everything. So if the rest of the community knows about it…”

A Wingman volunteer helped a struggling, unemployed, previously homeless veteran and his wife obtain donated diapers and a potty chair for their 2-year-old twins. The volunteer enlisted family, friends, and co-workers to help and also started a GoFundMe for the family. Another volunteer even found an Issaquah veterinarian who donated dental care sought by a veteran for the military service dog he had adopted. Dr. Cheng is also trying to enlist optometrists, a need not met by the VA.

“The Wingman volunteer doesn’t even have to be in the same part of the country as the veteran,” Dr. Cheng said. “Things can be done online.”

The COVID-19 pandemic, inevitably, had a major impact as volunteer providers, like other dentists, had to suspend routine care for weeks. The outbreak’s forced isolation also worsened the problems many veterans already had with loneliness and PTSD.

In mid-June, volunteers started checking back in as practices resumed normal care. Veterans did face delays as dentists addressed their backlog of patients of record. However, Dr. Cheng said, “Our dentists have been great about trying to still accommodate veterans.”

Now, as before, E4V’s biggest need is financial support. “Funding is always a challenge for a non-profit,” she said. In April, the pandemic forced the cancellation of a key private fund-raiser hosted by Costco co-founder and retired CEO Jim Sinegal.

Dr. Cheng hopes that other donors can step in. She’d also like to involve more dental schools in treatment, and our own School has joined the cause. Our Advancement office is planning a fund-raising drive to support veterans’ care here, and dental alumni will hear more about Everyone for Veterans at the University of Washington via email, fliers, and postcards in early November.

Dr. Cheng was recognized for her work with the 2019 University of Washington Award of Excellence and the 2017 Washington State Outstanding Service to Veterans Award. The honors are nice, but E4V’s work is what really counts.

“We can’t fix every case, but the human element is significant,” Dr. Cheng said. “The vets always talk about the humanity of the program – ‘There are people out there who care for us.’ ”

Want to help?

To donate to E4V or volunteer, go to https://www.everyoneforveterans.org/.
Ground broken on $100M training facility

Dean Gary Chiodo joined his fellow UW Health Sciences deans and Washington state legislators on Aug. 27 at the official groundbreaking for the new Health Sciences Education Building on the southern edge of the UW campus.

The new $100 million, 100,000-square-foot facility, standing four stories tall, will house classrooms for training in integrated patient care. The state is funding $70 million of the cost, and the Health Sciences schools are responsible for the remainder. Our School’s share will be $5 million. The University hopes to raise a substantial part of the $30 million it needs through private gifts, with the inducement of naming opportunities. The building, on Pacific Street just west of the Health Sciences Center, is to be completed by May 2022.

“This new facility will enable our students across the full range of health sciences to work in a setting that better mirrors the way they’ll be engaging in patient care as professionals,” said UW President Ana Mari Cauce. “This will result in better care for the patients they serve, because we’ve seen the benefits that come from coordinating various health disciplines, rather than keeping them siloed.”

“I am proud to have worked with my legislative colleagues to support this project with nearly $70 million in state capital funds,” said Sen. David Frockt (D-46th District), who attended the ceremony. “Ensuring that UW Health Sciences students have access to state-of-the-art interdisciplinary training facilities is critical to our state’s health-care workforce pipeline.”

Key to the facility’s design are flexible spaces that allow for 21st-century teaching techniques, including high-tech learning facilities used for computer simulation, mock treatment labs, and an ultra-modern Anatomy Lab Suite with virtual anatomy capabilities. The facility will also enable robust remote learning access for students and professionals in UW Medicine’s WWAMI (Washington, Wyoming, Alaska, Montana, and Idaho) regional education program.

In addition, the health sciences deans envision a building with the capacity for students to immediately share ideas, images, and projects in classrooms and in their working teams. The finished building will also have a library extension that is integrated into the main classroom floor to help students immediately engage evidence in their learning, gain skills in navigating resources, and benefit from coaching about how to use library tools, resources, and in their project work.

Fifty years ago, the average person was under the care of three health-care professionals. Now, the average healthy person relies on 16 professionals for their overall health care. Consequently, integrated patient care is increasingly necessary for the future of health sciences. The building will be a hub that fosters interaction, collaboration, and cutting-edge learning necessary for recruiting and retaining talented students and faculty — critical to maintaining the UW’s top-ranked programs.

“The Health Sciences Education Building is a state-of-the-art facility that will prepare the next generation of professionals for a more collaborative, more collegial role as part of interprofessional teams to address today’s health care needs. From pandemics to health equity, the nation’s first integrated health sciences training facility will provide students with a high-tech learning space to develop solutions to global issues affecting population health,” said School of Nursing Executive Dean Azita Emami, who is also chair of the Board of Health Sciences Deans.
Hungate Awards honor affiliates

Dr. Layla Arab Yassin of our Department of Oral and Maxillofacial Surgery and Dr. Chris Lewis of our Department of Restorative Dentistry received Hungate Awards for Teaching Excellence, our School’s top affiliate faculty recognition, at a faculty and staff retreat on Aug. 24.

Dr. Lewis (’84), an affiliate professor, received the Hungate Lifetime Award for Teaching Excellence, while Dr. Yassin, an affiliate instructor, received the Hungate Faculty Award for Teaching Excellence. Bowing to pandemic restrictions, Dr. Mark Drangsholt, Chair of Oral Medicine and head of the selection committee, presented the awards remotely during the Zoom-based retreat.

Dr. Lewis, who practiced on Mercer Island and taught at our School for 37 years, received outstanding-instructor awards from students in 33 of those years. As Dr. James Newman Jr. of our Restorative faculty noted in his nominating letter, one student, in a faculty evaluation, said, “Dr. Lewis is a legend.”

Dr. Newman also wrote: “Probably Dr. Lewis’ greatest skill was working one-on-one with dental students. He has a gift for effectively conveying his ideas and instructions so that students completely comprehend.”

Accepting the award, Dr. Lewis observed that it was the first official day of his retirement and added: “I really want to thank the full-time faculty, because they’re really doing the heavy lifting so people like me can come in and do the fun stuff.”

Dr. Yassin started teaching at our School in 2016. Trained in Syria, she practiced privately before joining the oral surgery faculty at Damascus Hospital. She and her husband, Dr. Alan Yassin, fled their war-torn country in 2013 and made their way to Seattle, where Dr. Alan Yassin began a Periodontics residency at our School and also became an affiliate instructor.

In 2017, Dr. Layla Arab Yassin developed an educational series to impart didactic and clinical skills training in implant dentistry for fourth-year students, covering the entire process from consultation through placement. In her nominating letter, Dr. Dolphine Oda wrote: “Excellence in teaching is Dr. Yassin’s passion. She is current in her knowledge, and she continually refines her materials towards the goal of ever improving teaching for her students.”

Dr. Yassin’s Class of 2020 students wrote, “Thank you for emphasizing the importance of thinking critically about each and every one of our cases.”

At the retreat, Dr. Yassin thanked Dr. Oda for her guidance, thanked her husband, and told attendees, “I am really touched. I am so honored to be receiving this amazing award. It means so much to me.”

The awards commemorate Dr. William P. “Mitch” Hungate, a beloved affiliate faculty member and outdoors enthusiast who died tragically in a Cascades avalanche in 2013.

That’s using our heads!

Thanks to our donors who continue to send human skulls to Dr. Sue Herring of Oral Health Sciences for instructional use at our School of Dentistry! Since our last issue, she’s received a skull from Dr. Heidi Kanning (’89).

Dr. Herring, who also teaches in our Department of Orthodontics, uses the skulls as one of several instructors in a School of Medicine pre-doctoral course on medical and dental anatomy. She also uses them in her School of Dentistry postgraduate course on head and neck anatomy.

The skulls must be actual human specimens – not plastic – and in reasonably good condition, with no major parts missing or broken. Skulls may be sent directly to Dr. Herring at the Department of Orthodontics, 1959 N.E. Pacific St., Box 357446, Seattle, WA 98195. If a tax deduction is desired, donors should state the valuation of the skull in an email (to herring@uw.edu) or in writing. The School can then officially acknowledge the donation.
School, friends, colleagues mourn
Dr. Eugene Natkin, endodontics icon

Dr. Eugene Natkin, who was the first endodontics graduate at our School of Dentistry and went on to be the specialty program’s first chair when it became a separate department, died on Sept. 21 at his home in Seattle. He was 88.

In 1962, Dr. Natkin became the first endodontics graduate in the UW’s Department of Periodontics and Endodontics after earning his DDS at New York University in 1957. He was the first trained endodontist to practice privately on the West Coast.

When Endodontics became a separate department at our School in 1967, he became its first chair and held that post until 1980. He also served as acting chair in 1982-83, when Dr. Robert Oswald took a yearlong sabbatical. Dr. Natkin retired and took emeritus standing in 1995. In 2013, he received our Distinguished Alumnus Award.

Affectionately called “Dr. Geno,” he quickly made his mark in the department with superlative pre-doctoral and postdoctoral teaching programs. He collaborated with a behavioral psychologist to create innovative self-instructional predoctoral syllabi, which set an instructional template that remains in use to this day.

Known as the “teacher of teachers,” he saw many of his students become deans, associate deans, department chairs, and graduate program directors. In 2001, he received the first Bruce R. Rothwell Distinguished Teaching Award, our highest faculty recognition, and he also accumulated eight “outstanding instructor” awards from predoctoral students. A member of 10 professional and honor societies, Dr. Natkin gave dozens of clinical and scientific presentations and participated in nearly 50 instructional, scientific, and clinical publications.

“Dr. Natkin was a friend of all who had the honor to know him,” said Dr. James Johnson, our Chair of Endodontics. “His stories and delightful sense of humor made every conversation with him a unique experience. He was an icon, and the man who built and maintained the excellence and reputation that the Endodontics Department at the University of Washington enjoys worldwide.”

In 2013, Dr. Gerald Harrington (Endodontics ’69), his close friend, colleague, and successor as department chair, said: “His approach was to reduce complex concepts to a level readily understood by the neophyte clinician. As a means of simplifying the teaching, and therefore the understanding, of pulpal and periapical diagnosis, he developed reasonable and useful clinical categories, which subsequently have been adopted almost universally.”

Dr. James McGraw (Endodontics ’69), another close friend, colleague, and former Natkin student, recalled: “Dr. Natkin’s endodontic presence, leadership, teaching style, and dental academic endeavors were pioneering and important. His teaching, lecturing, and presentation style were classic. Should a student doze off during a lecture, the moment often became electric. The sleeper was jolted awake, asked to stand up and carry on the thrust of the lecture – or describe in detail what they were dreaming about. Very curative!” Dr. McGraw called him “a giant, a teacher who taught us the important values of listening, preparation, and critical thinking.”

Dean Gary Chiodo said: “Dr. Natkin played a major role in setting the course of endodontics education and building our Department of Endodontics into one of the world’s great dental specialty programs. His influence will continue to be felt, and he will be sorely missed.”
COVID-19 claims Dr. Leo Sreebny, key oral biology research figure

Dr. Leo M. Sreebny, who laid the foundations for oral biology research at our School of Dentistry, died on April 15 in Seattle at the age of 98 from complications of COVID-19.

In 1957, Dean Maurice “Jack” Hickey recruited Dr. Sreebny, a native of the Bronx in New York, to our School to establish a Department of Oral Pathology and to encourage research in the basic sciences relevant to modern dental treatment. Dr. Sreebny also received a joint appointment in the Department of Pathology of the UW School of Medicine.

Soon after his arrival at the UW, he established a Clinical Pathology Lab to assist dentists and physicians with the diagnosis, treatment, and prevention of oral diseases. Additionally, he developed a curriculum for the teaching of oral histology and oral pathology. In 1961, the Oral Pathology Department changed its name to the Department of Oral Biology, and is now the Department of Oral Health Sciences.

In 1967, Dr. Sreebny received a grant from the National Institute of Dental Research to establish a regional dental research center, called the Center for Research in Oral Biology. He served as its director until 1975, when he left to become Dean of the School of Dental Medicine at the State University of New York at Stony Brook. He retired as a professor there in 2005 and moved back to Seattle the next year.

Noted for his research on saliva and dry mouth, Dr. Sreebny continued to work actively in retirement, writing academic articles and papers. He co-edited the 2010 book *Dry Mouth, The Malevolent Symptom: A Clinical Guide*.

After attending the City College of New York for a year, he completed his undergraduate studies at the University of Illinois at Urbana-Champaign and went on to dental school at the University of Illinois at Chicago. After serving in both the Army and the Navy in World War II, he returned to Chicago with his wife, Mathilda “Mickey” Sternfeld, whom he wed in 1945, and completed a master’s degree in pharmacology and a PhD in medical pathology, both at the University of Illinois at Chicago.

Dr. Sreebny shared his memories with the *Dental Alumni News* in 2019. Recalling how he established the Center for Research in Oral Biology, he said: “I consulted with a lot of people on campus: in the dental school, the clinical and basic sciences of the medical school, the College of Engineering, even the School of Fisheries, just to see if I could whip up some enthusiasm to work with diseases that could have relevance to oral problems. The response was wonderful.”

In a message to our School after Dr. Sreebny’s passing, Dean Gary Chiodo said, “Those who knew him were invariably charmed by his vibrant, engaging personality, and even late in his long life he retained his lively intellect and inquisitive nature. In our school’s formative years, he was one of those larger-than-life research figures on whose shoulders we stand today.”

Dr. Leo Sreebny, who said he enjoyed being called “the spit doctor,” retained his lively curiosity and zest for research well into his 90s.
Dr. Frank Roberts named Associate Dean for Regional Affairs

Dr. Frank Roberts, who has directed our School of Dentistry’s Regional Initiatives in Dental Education (RIDE) program since 2014, has been named Associate Dean for Regional Affairs. His appointment was approved by the UW Board of Regents at their meeting in May.

In his new post, Dr. Roberts oversees the School’s educational outreach to the WWAMI region (Washington, Wyoming, Alaska, Montana, and Idaho), which is also served by the School of Medicine. He will also help lead the School’s efforts to expand access for developmentally and other disabled patients in rural Washington, in which RIDE’s community clinical sites will play a major role.

In tandem with Dean Gary Chiodo’s vision for expanding the scope of Regional Affairs, Dr. Roberts will also work closely with two key School of Dentistry entities: the Office of Educational Partnerships and Diversity (OEPD) and the Timothy A. DeRouen Center for Global Oral Health.

OEPD, directed by Dr. Bea Gandara, pursues a community-oriented mission to support teaching and learning initiatives that promote culturally appropriate improvements in oral health care access and reductions in oral health disparities. “I’m looking forward to collaborating with OEPD as they create new regional community partnerships and to support the admissions pipeline for underrepresented students,” Dr. Roberts said.

The DeRouen Center, directed by Dr. Ana Lucia Seminario, is the School’s primary vehicle to facilitate international collaborations in oral health research and education. “The DeRouen Center already does superb work, and I see great potential for us to take advantage of our strengths in securing educational grants to create research and training capacities in low- and middle-income countries,” he said. “This opportunity will enrich the dental education of our students, as they will have a more interprofessional knowledge of global oral health issues. The DeRouen Center will also continue to help us expand our reach to the refugee community in Washington.”

Dr. Roberts, who is also Interim Chair of our Department of Periodontics, has been a key member of the RIDE faculty since the program’s inception in 2007. To date, more than three-fourths of its graduates have gone into practice in these areas, a rate well above the national average for U.S. dental schools. In 2017, the American Dental Education Association bestowed the William J. Gies Award for Vision by an Academic Dental Institution, its highest honor, on RIDE. The program has also drawn interest from Montana about an expansion into that state.

“Dr. Roberts, with his wealth of experience and proven leadership, is the ideal candidate to fill this post,” said Dean Chiodo. “He has consistently shown the abilities needed to lead RIDE’s continued development, and he will help spur critical thinking around regional affairs, program and relationship building, and innovation as a member of our executive leadership team. We are fortunate to have such a highly qualified faculty member in this critical role.”

Dr. Roberts joined the UW Department of Periodontics as assistant professor in 1996. Previously, he worked as a researcher and teaching assistant at the University of Alabama at Birmingham (UAB) dental school and in the university’s Department of Microbiology.

He graduated from Davidson College in North Carolina and holds a DDS with honors from the University of Tennessee and a PhD in molecular cell biology from UAB, along with a certificate in periodontics.

Dr. Roberts has been Chief of Periodontics at the Seattle Veterans Administration Medical Center since 1997 and has also represented the School of Dentistry on the UW Medicine curriculum committee in all aspects of overlapping course work. His research interests include the molecular mechanisms of chronic inflammatory disease progression, the bacterial development of periodontitis, and the biology and imaging of dental implants.

He has played a key role in our School’s response to the COVID-19 pandemic, delivering free live webinars on clinical protocols for the state’s practicing dentists. The webinar recordings have also been circulated nationally.

A diplomate of the American Board of Periodontology, he has received the American Academy of Periodontology Tarrson Award for Outstanding Teaching and the Bruce R. Rothwell Distinguished Teaching Award, our School’s highest teaching honor.
Pediatric Dentistry wins $2.25 million grant for special health-care needs

Our Department of Pediatric Dentistry has been awarded a $2.25 million federal grant for an ambitious training program to significantly broaden access to dental care for Washington children with special health care needs.

Dr. Travis Nelson, Acting Chair of the department, will lead the five-year Health Resources and Services Administration grant, which will fund the creation of an Interdisciplinary Special Needs Access Network (I-SPAN). Key elements of the program include:

- Enhanced training for pediatric dental residents in caring for children with special health-care needs and other underserved populations.
- Development of a postgraduate interdisciplinary training center drawing on the expertise of dental and medical providers at Seattle Children’s Hospital and the UW’s Leadership Education in Neurodevelopmental and Related Disabilities (LEND) clinic. Other partners include the School of Dentistry’s DECOD special needs dental clinic and training program, residents in the state’s Advanced Education General Dentistry program, and other UW dental specialty programs.
- Use of telehealth technology to allow remote dental screenings and wider access to specialized care for children in rural and underserved areas.

Faculty and residents involved in I-SPAN will also provide training in the care of the targeted children to dentists in the state’s Access to Baby and Child Dentistry (ABCD) network. ABCD was launched in the mid-1990s to improve low-income children’s access to dental care. In the past 20 years, the program has produced dramatic oral health improvements among Washington children.

“The prevalence of children with developmental and/or intellectual disability, ADHD, and autism has increased significantly over the last decade,” Dr. Nelson wrote in his grant proposal. “Today, roughly one in six children has special health care needs. Dental care for children in poverty, especially in rural areas, is routinely reported as the greatest unmet health care need in this population, with an estimated 10 to 20 percent of children with special needs unable to obtain this care.”

Dr. Nelson indicated that the problem is aggravated by the lower numbers of dentists, especially specialists, in rural areas, and the fact that rural residents are less likely to have dental insurance. He noted that children with special health-care needs are also more likely to have problems such as teeth-grinding, overgrown gum tissue, developmental tooth defects, and jaw disorders.

“We are absolutely thrilled to have received this funding,” he said. “It will support training to better equip dental providers to care for these incredibly deserving patients. We will see immediate local effects in enhanced training for UW residents. As the network develops, access to care will improve throughout our state as existing providers receive training, and through teledentistry, and when residents graduate and take the skills into practice.”

Planning and organization are expected to take up the first year of the grant, with implementation to follow in years two through five.

The Department of Pediatric Dentistry, through its Center for Pediatric Dentistry clinic in Seattle’s Sand Point neighborhood, has already won recognition for its extensive care for children with special needs. This includes a clinic for children with autism, which Dr. Nelson established in 2012 and has since had exceptional success in providing dental care to these children.
Dr. Russell Deal, a 2019 DDS graduate of our School of Dentistry, has been named the 2020–21 David H. Wands Fellow in Graduate Prosthodontics. The first-year Grad Pros resident, who is the 13th Wands Fellow at the UW, is the first UW DDS alumnus to receive the fellowship in five years.

Dr. Deal entered our School of Dentistry after receiving his undergraduate degree in chemistry in 2015 at St. Martin’s University in Lacey, Wash. Before college, he worked for six summers as a day program volunteer with the Association for Individuals with Intellectual Disabilities of Tri-Cities. He also volunteered with the Special Olympics from 2007 to 2011.

His childhood included an adventurous year and a half when the family moved to Ukraine in 1999. His father worked for a U.S. national laboratory assisting with the cleanup effort at Chernobyl after the nuclear reactor accident there. He and his brothers attended school in Slavutych, a city built expressly for the evacuated personnel of the Chernobyl power plant.

An accident at age 12 that fractured both central incisors may have sparked a dental career. “I spent quite a bit of time at my family dentist and was incredibly pleased that my family dentist could fix my smile,” he said. “This artistic side to dentistry really sparked the beginning of my interest.” During college, he went back to shadow that dentist and see what daily life in the profession looked like.

As a pre-doctoral student, he said, it was inspiring to work with prosthodontists on our faculty. “Dr. [John] Sorensen, Yen-Wei Chen, and [Albert] Chung all mentored me through cases during my fourth year and really showed me that prosthodontists work at a level above the rest,” he said.

He knew the UW Grad Pros program would be the right choice. “The residents’ presentations demonstrating the interdisciplinary care of orthodontics, periodontics, and prosthodontics was impressive and something I really couldn’t find at any other program,” he said.

After he has a chance to settle into practice, he said, he plans to teach. That meets one of the goals of the fellowship, which Dr. Wands established to encourage dental graduates to teach at least part time.

Away from school, Dr. Deal prefers to spend as much time outside as possible. “If I can pick my favorites, it’s playing golf, going skiing, or doing CrossFit at a local gym. I don’t get to do it anymore, but at one point I was throwing quite a bit of pottery.”

Dr. Wands, who taught in our former Department of Prosthodontics for 22 years, established the fellowship at the University of Maryland, where he received his DDS with honors in 1967 from the Baltimore College of Dental Surgery. He practiced for seven years with the U.S. Public Health Service and later completed a graduate prosthodontics residency at the UW before joining the dental faculty. He taught both undergraduate and graduate prosthodontics, achieving the rank of Clinical Professor.

He relaunched the fellowship at the UW in 1998 with a new $500,000 commitment, not only to get residents to consider academic dentistry, but also in appreciation for the quality of his training.

A member of our Dean’s Club, he helped found the UW Graduate Prosthodontic Alumni Association. In 1999, the Dean’s Club bestowed on him its highest honor, the Honorary Lifetime Member Award. Now retired from private practice, he is a Life Member of the Academy of Prosthodontics and Pacific Coast Society for Prosthodontics.
Ferguson Endowed Scholarship Fund reaches its goal

Thanks to contributions after an appeal this spring, the Richard P. Ferguson Endowed Scholarship fund at our School of Dentistry has reached its $100,000 goal.

A gift of $50,000 from the Arcora Foundation was instrumental in achieving this success. Our School also gratefully acknowledges the other gifts to the fund, including $10,000 from Dr. Alex Narvaez (’82), $7,200 from Phyllis Ferguson, $5,000 from Jocelyn Ferguson, $5,000 from Dean Gary Chiodo, and $4,000 from Dr. Richard Crinzi (’72).

The scholarship honors the memory of an iconic UW dental alumnus who passed away in 2017. Dr. Ferguson was the first Black student to matriculate here, entering the Orthodontics residency program after attending The Ohio State University and earning his DDS at Meharry Medical College in Nashville, Tenn. He received his Orthodontics MSD in 1972 and practiced his specialty in Seattle.

Dr. Ferguson became one of the Washington state dental community’s most prominent leaders, holding the presidencies of the Washington State Dental Association, the Washington State Association of Orthodontists, and the Seattle-King County Dental Society. He was also secretary of the Pacific Coast Society of Orthodontics.

He was a founder and steering committee member with the Seattle Vocational Institute Dental Assistant Program and the Seattle Central College Dental Hygiene Program, as well as the South Seattle Community College Expanded-Function Dental Auxiliary Program. While serving in the U.S. Air Force, he was a consultant to the U.S. Surgeon General. During World War II, he served in the Army.

At our School of Dentistry, he served on the Admissions Committee for more than two decades, helping to recruit and interview students from underrepresented communities. He also worked in the Partners in Diversity program, leading the donations to a new Partners in Diversity scholarship, and with the African American Mentoring Network.

Dr. Ferguson and his wife, Phyllis, played key roles in the election of the American Dental Association’s first woman president, Dr. Geraldine Morrow, in 1991. He also founded the Washington State Black Health Care Professionals organization.

The UW recognized his accomplishments with a Volunteer Service Award at the annual Health Sciences Martin Luther King Jr. observances in 2012. In 2005, our Dean’s Club gave him its Honorary Lifetime Member Award.

“We are so pleased and excited that the Ferguson Scholarship fund has now been fully endowed,” said Randy Newquist, Assistant Dean of Advancement and External Affairs. “This is a very fitting honor for Dr. Ferguson, who played such an important role in the history of our School and our dental community.”

How to donate

Further donations to the scholarship fund are still welcome. Please go to http://giving.uw.edu/Ferguson.

School’s rank remains among world’s elite

Our School of Dentistry continued to rank among the best of its peers worldwide in two major rankings for 2020.

The School placed No. 3 in the United States and No. 4 in the world by the Shanghai Ranking Consultancy in its 2020 Academic Ranking of World Universities (ARWU) subject rankings. In Britain’s Quacquarelli-Symonds (QS) ranking, it placed 12th in the world and fourth in the United States.

In the ARWU rankings, our School trailed only the dental schools at the University of Michigan, the University of North Carolina at Chapel Hill, and King’s College London. Harvard University rounded out the top five worldwide. In the QS rankings for the United States, the UW trailed only Michigan, Harvard, and the University of California at San Francisco.

“I am so happy to see our School ranked so highly in the world and in the United
The advantages of disadvantages

Editor’s note: Dr. Nadia Grishin of the Class of 2020 posted this Facebook message on June 6, when our Hooding ceremony was scheduled but was canceled because of the pandemic. We thought it was well worth sharing. (It has been edited for length.)

Today is Graduation Day. Today I feel blessed. (I feel blessed pretty much every day but today is special.)

Today marks the end of the most trying chapter in my life. I feel that I’m finally able to breathe again.

If you meet me, you may be mistaken if you judge me by my looks or by my privilege. But please try to understand this story comes from personal experience, not meant to offend anyone.

When I applied to dental school, there was a section which asked the applicant to list any disadvantages they may have faced. I used this section, but I really wanted to make sure the reader noticed that I’m not a victim. I called it the advantage of being disadvantaged. How can this be? It’s simple.

I had the advantage to come to the United States as a refugee from Ukraine and learn another language at the age of 10. Some of my friends never had this privilege.

I had the advantage of growing up poor. I had to work from the age of 12 and pay my own bills. This is something your parents would never wish on you unless they had to. I paid for my own braces, paying them off monthly. I bought my own first car. I had my own money as a teenager to buy what I wanted. I got my own cellphone at 15 years old.

I’m privileged to have strict, God-fearing parents. Growing up, our neighbors laughed at us because we (at 6 years old) had to wash floors every day and never were allowed to have sleepovers.

I am privileged to have had to work and pay for things until I could afford something else. Some of my friends never had this lesson and cannot save money.

I am privileged to have had to grow up very young. To get married at the age of 17. To have had to pay for three cycles of in vitro fertilization to have my babies in my early 20s. I cherish my little miracles, and maybe if it wasn’t so hard to get them, I wouldn’t see just how much it means to be able to get pregnant.

I had the advantage to learn self-control. This is a very critical attribute.

I feel privileged to have these and many other disadvantages as advantages in my life. I can’t tell people enough: It’s your attitude that matters. If something bad happens to you, you may feel helpless. On the contrary, let that disadvantage inspire you to work harder, to see it as an opportunity for personal growth. Prove people wrong. Earn respect!

I’m afraid my kids may not have the same advantages that I had growing up. I can’t create the environment that God created for me to grow. Of course I love them and want to give them whatever I can to help them be successful. It may look like I’m giving them an advantage, but is it really?

I feel so privileged to be graduating from dental school. I would never have guessed as a young girl that I would get to be a dentist. I thank my Lord and Savior Jesus Christ for sustaining me through life, including the especially challenging last 23 years.

I thank my husband, Nick, for being there for me and for taking care of our family. I thank my wonderful parents, Tim and Vera, for sacrificing so much to help me get here. For traveling thousands of miles between Seattle and Spokane. Thanks to Dad for all the lessons he taught me throughout my life, and for allowing Mom to live with me in Seattle while he took care of everything at home. For feeding us with your farm goods – especially the goat milk!

I am so blessed.
A world turned upside down

The pandemic tested our School as never before

By STEVE STEINBERG
Dental Alumni News Editor
As recently as late February, life at the UW still seemed almost normal. To be sure, there was growing concern over COVID-19 after the first U.S. case was reported in Seattle in late January. Still, students went to class, relaxed in their dorms, and hung out at the HUB or on the Ave. Patients came to our clinics for the usual range of care.

In March, everything changed. The pandemic, racing through King County like a prairie wildfire, launched one of the most devastating and disruptive episodes in the history of the UW and our School of Dentistry.

On March 2, Dean Gary Chiodo alerted students, faculty, and staff that the School was preparing for the contagion’s full impact. Dr. Sara Gordon, Associate Dean for Academic Affairs, had notified faculty earlier.

“We must ensure that our response to COVID-19 is based on sound science, not on speculation or fear,” Dean Chiodo wrote. He had already begun talking with faculty leaders about possible changes to clinical operations and instruction.

The drumbeat of events quickened. On March 13, Washington Gov. Jay Inslee ordered students to stay home. On March 16, the Centers for Disease Control and Prevention (CDC) and the ADA jointly recommended that everything but urgent care be suspended. For some dentists, that guidance was moot; the growing shortage of personal protective equipment (PPE) had already forced that step.

Dean Chiodo chose not to wait for the CDC and ADA. Two days before they issued their guidance, he directed that almost all elective care be suspended.

In a schoolwide message, he addressed third-year and fourth-year students’ concerns about completing required procedures for their competencies: “Your health and safety and your patients’ health and safety come first. These are extraordinary circumstances, and we will make whatever provisions we need to see that you graduate as close to the customary time as possible.” That turned out to be one of the few things that went according to plan.

The Class of 2020 did indeed graduate on time, but in a recorded UW-wide virtual commencement instead of a live School of Dentistry Hooding ceremony. Scheduled events rapidly went by the boards: the Dean’s Club Dinner, the Scholarship Luncheon, the Honors and Awards ceremony, the White Coat ceremony.

Licensure for graduating students was fraught. The WREB exam, initially scheduled for March, was delayed twice, but students could also opt to take the Dental Objective Structured Clinical Examination (DL-OSCE). Even that was a challenge, as testing sites faced prohibitions against large gatherings. In the end, though, sites were arranged. Students got a little more help when the state revised its rules for a provisional license, letting graduates apply for one while awaiting their DL-OSCE results, so long as they hadn’t failed any other licensing exam.

Teaching challenges

Since the beginning of March, our faculty and staff had already been working hard to shift instruction online. There were no templates to follow, and the School’s leadership had to figure it out on the fly.

MARCH MADNESS

A message that Dr. Sara Gordon sent to colleagues in Canada captures the chaos of March’s first half.

Feb 29:
7 cases of COVID-19 in Seattle at a nursing home across the lake. My husband and I spend relatively unworried weekend in LA with [redacted] and his wife.

March 1:
We fly back to a different city. At local Costco, shoppers fight over the last cases of bottled water.

March 2:
18 cases [of COVID-19].
“We were the first dental school to face it head-on, and I am very proud of our leadership,” Dr. Gordon says. “We decided to be very open with the American Dental Education Association (ADEA) community in sharing our response to [the pandemic’s] challenges.” She asked ADEA to set up a COVID-19 response communications center on its ADEA Connect network. There, she posted updates about how our School was responding to its curricular challenges. “The grateful response we got nationally was phenomenal,” she says.

While the pandemic didn’t necessitate new courses, it significantly affected existing curriculum. Plans were made to add COVID-19 instruction to the first-year and second-year biomedical foundations curriculum, and it was immediately added elsewhere for all students. “We created a special emphasis on it in spring for the graduating Class of 2020, so they could go out the door and know how to practice safely,” Dr. Gordon says. Basic infection control training was also beefed up throughout the curriculum.

With clinics almost totally shut down in the spring, faculty had to find a way to fill those lost clinic hours with activities that would satisfy CODA and let fourth-year students stay on track. The solution was “alternate clinical activities” – something dentists might do in the office, but not something for which they would take a continuing-education course. The list of activities turned out to be extensive: teledentistry, case review, treatment planning consultations with colleagues and faculty, researching alternatives for patient cases, and infection control planning.

“We also needed to assure the competency of all our graduates,” Dr. Gordon says. “Most of them had finished or nearly completed their clinical competency assessments, and we came up with an alternate plan that satisfied CODA, so our graduates completed the program on time.” She also sent detailed guidance to faculty on teaching pre-clinical courses in the COVID-19 environment, along with tips and strategies for teaching didactic courses, pre-clinical labs, and clinic sessions.

Modes of teaching had to adapt to the loss of personal contact. For the incoming Class of 2024, the first five weeks of dental school would have to move online, as would first-year orientation and the early clinical immersion program. Supplies, including a large number of human skulls, had to be mailed to the students. One student who was in Korea had to sweat it out while their supplies languished in customs, arriving just before the summer term started.

“We were trying to figure out all the logistics of interviewing online for the fall cycle, but every dental school I know of is going in that direction,” Dr. Gordon says.

Our School did have an ace in the hole: the Regional Initiatives in Dental Education (RIE) program. Launched in 2007, RIDE virtually wrote the book on distance learning in dental education. Its expertise and resources proved invaluable in shifting curriculum online.

RIDE didn’t directly coordinate faculty training for online instruction – it didn’t have to, says RIDE Administrator Jennifer Grant. “Our educational technology group in the School’s IT department is so well established,” she says. “We had people in place doing the work, with training already developed.” The group includes Dr. Hongjun Wang, Distance Learning Technology and UWSOD Database Specialist, and Marilyn Miller, Education Technology Specialist. Both have degrees in educational technology, while Dr. Wang is also an MD.

As our School plunged into teledentistry (see Page 11), RIDE joined Oral Medicine in a working group led by Dr. Jackie Wong, with Dr. Bea Gandara also playing a key role. The group developed the necessary protocols to create a robust teledentistry capability, including devising the content of a clinical appointment. “We had already been working on this in our rural network,” Grant says.

RIDE also helped figure out the next steps after Gov. Inslee ordered students to stay home in March. Students on RIDE community clinical rotations, service learning rotations (SLRs), and Rural and Underserved Opportunities rotations were...
March 7-8:
We write UWSOD COVID-19 clinic protocol; innovative, based on current CDC policy: no aerosols for routine procedures (no hand pieces), pre-screen everyone for symptoms. Aerosols allowed in urgent care clinic only, under very tight conditions.

March 8:
A case of surgical masks (~1,000) and a case of Purell “disappear” from closed clinic.

March 8:
137 cases.

temporarily stranded. “RIDE was thinking about how to bring the students back and what was needed to make sure these students were safe,” Grant says.

With the rotations suspended, RIDE also devised an alternative student experience using the online platform of the UW’s Center for Health Sciences Interprofessional Education Research and Practice. “With the SLRs, we created a weeklong community health clinic (CHC) experience for students to shadow five providers. They could learn what a CHC looked like, how it ran, what the patient mix looked like,” Grant says. “It wasn’t nearly the experience we wanted, but we were able to come up with solutions. We were tremendously fortunate that we had these great community partners.”

Grades were another thorny issue, ultimately resolved by the decision to shift to a credit/no credit format. “We weighed many pros and cons in making this decision,” Dr. Gordon said in a message to the School – the effects on grad school/residency applications, academic integrity, incentive to learn, and more. “In the end, the great majority of course directors agreed we need to make this temporary change in the best interests of our students, recognizing the stress and uncertainties they are currently facing and may continue to face in the coming year,” she wrote. At the same time, faculty could still include graded quizzes and assignments in their courses. They could also continue to identify students whose performance was lagging and offer them additional support.

Clinical care
With urgent care continuing during the state-mandated shutdown, the need for a COVID-19 clinical protocol was paramount. Faculty and residents had to shoulder the burden of care, with students required to stay home.

Early on, the School adopted universal masking, even for front-desk and administrative staff such as Monica Urrutia in the Campus Dental Center.

Dr. Geoff Greenlee and third-year resident Dr. Gaby Aragon treat a patient in Orthodontics. Because aerosol production is so rare in the specialty, the clinic was one of the few that could continue to deliver care with relatively little disruption.
In late March, Dean Chiodo and the COVID-19 task force he had convened issued its first detailed protocol, which ran more than 10 pages. It would be revised almost constantly, not surprising given the rapidly shifting situation in Puget Sound and the torrent of information and updates coming from all directions.

The School also moved quickly to share its expertise with the dental community in Washington and beyond. On March 20, Dr. Frank Roberts, our Acting Chair of Periodontics and Associate Dean for Regional Affairs, delivered a free live webinar to Washington dentists, with the help of our office of Continuing Dental Education (CDE). It covered PPE, patient communication, what to do if a patient was COVID-19 positive, dental procedures amid COVID-19, and infection control. Dr. Roberts continued to update the content, and this and subsequent webinars were recorded for the benefit of other dentists in Washington and elsewhere.

In coordination with Dean Chiodo, the CDE office also offered free Zoom classes to the dental community. CDE also teamed with the Washington Academy of General Dentistry to offer free CDE courses during the state-mandated shutdown, reaching about 30,000 registrants. About half of the courses were COVID-related.

“The big thing was to keep the dentists engaged, up to date, and provide a benefit to our participants during the shutdown,” says CDE Director Sally Gee.

How people coped

Some people, such as Dr. Richard Darveau of Periodontics, thrived in the new environment. “It has been a very productive time for me,” he messaged from home in May. “I have a very nice environment to work in. Years ago, long before COVID, every grant I wrote was written on our kitchen table. Nothing has changed.”

Dr. Matthew Kaeberlein of Oral Health Sciences, on the other hand, said his research had become significantly more challenging: “While we have been fortunate not to have to completely shut the lab down or lose any irreplaceable reagents, we have been working with a skeleton crew of critical personnel only for several weeks now,” he messaged in May. “This has had a substantial impact on reducing our progress on key research questions. To the extent possible, personnel have switched to remote work that involves computational analysis of data sets and images, writing papers, etc. It is inefficient, but we are making the best of it.”

First-year student Dallin DeGraffenried was enjoying his enforced stay at home: “I have had more time with my wife and son now than I ever have before. Teachers have responded exceptionally. In fact, in some ways – for instance, the conciseness of remote learning – it has been refreshing. They have been empathetic, understanding, and have gone the extra mile to help in any way possible.”

However, it looked quite different from the perspective of Dr. Jeffrey Rubenstein of Restorative Dentistry, Director of the Maxillofacial Prosthetic Service: “I’ve noted and stated to the students while I’m on Zoom sessions with them that it feels like I’m talking to a brick wall,” he messaged. “It is hard to elicit feedback from them, almost as if it is a one-way method of communication with a high level of dissatisfaction associated with the process.” He was also frustrated by the near-impossibility in his unique specialty of managing patients’ concerns while at home. Nor could he escape the worry that came with being part of the high-risk population as the School prepared to resume regular clinical services later in the spring, and those concerns extended to his patients.

“One mistake can lead to someone no longer being on this planet,” he said. “A dear colleague from Detroit in the same field of endeavor as me recently succumbed to COVID-19. I’m not prepared to put myself in a position to join him. Not only would I like to retire, I would also like to have a retirement. …

“...COVID-19

We will get through this together and emerge much wiser and better prepared for the next challenge of this type.”

DEAN GARY CHIODO

MARCH MADNESS Continued

March 9: We put the new clinic protocol into play. ADEA canceled. CODA says they will have an answer soon. WREB gets rebooked for May.

March 10: 267 cases.

March 11: CDC announces special policy for Seattle: emergency only, no elective procedures; everyone to self-assess health, measure temperature daily (faculty, staff, or student). No visitors allowed.

March 12: 457 cases.
I can sum up this experience by stating that ‘we don’t know what we don’t know,’ which is the essence of why this whole pandemic is so daunting.”

Teresa Douglas, Central Purchasing Manager, expressed the frustrations of parents trying to care for children and oversee their remote education while working from home: “I feel like I piecemeal my work. I get it done, but I get up early and do some, and then throughout the day when I can – it’s so different from going into the office for several hours. It is incredibly difficult to be in the middle of a Zoom meeting when your 10-year-old son starts screaming at his laptop because a PDF won’t load, or he doesn’t understand the greatest common factor. Or you discover your 5th-grader is really playing video games while he is supposed to be doing a book review. It’s completely overwhelming.”

Clinical Purchasing Coordinator Cheryle Dunlap said she missed daily contact with students, who “bring joy and entertainment just by being around.” While elective care was suspended, her office continued to supply those providers who were delivering urgent care. Still, she said, “It makes me sad that we must have that ‘Knock, please’ sign on our door.”

She took some comfort in generous gestures that benefited our School. She cited Daniel Cao of California and his sister, Cindy Cao, who made 200 cloth masks for our students to be used for training in the proper donning and doffing of PPE, thus saving regular stocks of masks.

Another benefactor was Dr. Wang of RIDE and some of his friends, who organized a donation of 500 N95 respirators to the School in early spring. The group also donated 1,200 masks to the UW Medical Center and other Seattle-area health care facilities, and 1,100 isolation gowns to UWMC.

Looking ahead
As fall began, the School was on an upswing. The phased resumption of full clinical services began in late spring, and patient traffic – although still depressed – continued to rise. Looking back on it all, Dean Chiodo captures the highs and lows of this tumultuous time:

“We have been on an operational, risk, productivity, financial, and emotional roller coaster for six months, and we still cannot exit it to put our feet on solid ground,” he says. “During the suspension of regular clinical care, we were losing $55,000 per day. Despite that, we managed to close fiscal year 2020 without adding to our deficit. We invested substantial sums in clinical modifications to help manage aerosols and ensure safety. We are now incrementally returning to normal productivity.

“This is occurring in a strange environment with everyone speaking behind masks and standing at a distance. I walk to my office in the morning down multiple empty halls. The walk back to the parking lot in the evening is the same. All of the Zoom meetings are effective, but there is so much nuance lost with that venue.

“We will get through this together and emerge much wiser and better prepared for the next challenge of this type. We will persevere, learn, and grow. During this challenging time, the continuous support from our faculty, staff, students, alumni, and community partners has been humbling and essential. I cannot imagine a better team to face these challenges and move forward.”

Dr. Susanne Kölare Jeffrey and fourth-year student Omri Margalit wear face shields, now essential PPE.
At the center of the STORM

How our OMS clinic at Harborview handled COVID-19's onslaught

By STEVE STEINBERG
Dental Alumni News Editor
On Dec. 31, 2019, China’s government reported that health authorities were treating dozens of cases of pneumonia from an unknown cause.

On Jan. 11, 2020, Chinese state media reported the first related death.

On Jan. 21, 2020, the U.S. Centers for Disease Control and Prevention reported that a Snohomish County man who had recently returned to the Seattle area from Wuhan, China had fallen ill with symptoms of the new disease. He was believed to be the first U.S. case.

None of this escaped the notice of Dr. Jas Dillon, Dr. Andrea Burke, and Dr. Melanie Lang, our faculty who oversee the School of Dentistry’s Oral and Maxillofacial Surgery (OMS) clinic at Seattle’s Harborview Medical Center.

“I had big concerns when the first case occurred in Wuhan,” says Dr. Dillon, the clinic director. “I said to Andrea, ‘It’s only a matter of time before it’s here. We have such a [virus] route to Asia – how can it not be here? We were all inclined to worry.”

Their fears were well founded.

“It triggered a cascade effect – what does this mean, how do we manage it?” Dr. Dillon says. “Harborview is a leader in many ways, and we had our leaders involved. They were streaming out a bunch of information to us. In the beginning, it was a little overwhelming, because no one was really sure what was the best way to proceed, and new information was being released sometimes within hours. We didn’t really know exactly what was going on.”

In a matter of weeks, it would become much clearer, and the Harborview OMS clinic would be in the middle of the COVID-19 storm.

An endurance test

On March 3 and 4, OMS and our School’s Oral Radiology and Oral and Maxillofacial Surgery department were scheduled for an accreditation site visit. However, the Oral Radiology accredits was reluctant to come, citing concerns about the spread of the virus. Dr. Dillon emailed the ADA’s Commission on Dental Accreditation to say that UW operations were still proceeding normally, and the accreditation proceeded with great success. It would be the last in-person CODA accreditation in the entire country.

Dr. Dillon was scheduled to attend an out-of-town meeting on March 6. But Seattle-area institutions were rapidly imposing travel bans for their staff and faculty: Seattle Children’s Hospital on March 5, the UW a few days afterward. On March 13, Washington Gov. Jay Inslee issued a stay-at-home order for all students.

In the second week of March, Harborview OMS clinicians were told they would have new restrictions on permissible procedures. Soon after, they started cutting down on their patient load.

Every day was freighted with uncertainty. “The testing wasn’t clear,” Dr. Dillon says. “Nothing was really clear.”

On March 19, Gov. Inslee ordered the restriction of all medical and dental services to urgent/emergency care only. It was a hammer blow to medical and dental practices across the state. Harborview, however, is Washington’s only Level 1 trauma center and also serves Wyoming, Alaska, Montana, and Idaho. Patient traffic never ceases, and OMS is very much in that mix. And even though the overall volume of trauma cases declined after the pandemic became official, the intensity of the workload mushroomed.

“There was a four- or five-fold increase in severity,” Dr. Dillon says. “We saw significantly increased volume of high-velocity, difficult, complex injuries that required us to keep two-teaming, because it’s really fatiguing. There have been some long nights. I did one operation from 5 p.m. to 5 a.m. one night with Melanie, and we still had four operations to do the next day.” Another time, Drs. Dillon and Burke slogged through a 15-hour case. “It was mentally and physically exhausting,” Dr. Dillon says. “Patients were being tested for COVID-19, but early on, no one really understood what a negative test meant. Was it negative or a false negative?” On top of that, personal protective equipment (PPE) was in short supply.

“We don’t get that many frontal sinus injuries, but in one night, we had three,” Dr. Dillon says. “We’ve had two or three gunshot wounds every week and two tire explosions to the face. We’ve...
COVID-19

Emotional toll
The emotional fallout of the pandemic took its toll as well.

“From a personal perspective, you feel a little more isolated,” Dr. Lang says, noting that her husband had to spend considerable time traveling to and from California on business. “Every day, you’re a little bit unsure: Am I exposed? Not exposed? Initially, I got a lot of patient pushback – they wanted procedures. People are now a little scared about coming in and what they’ll face. You feel like you lose a little bit of that personal attachment – you don’t shake hands, you’re wearing a mask, they only see your eyes.”

Dr. Burke and her husband have a 2-year-old, and she is expecting another child at the end of October. As with so many other parents during the pandemic, they could not obtain child care. So she worked from home whenever possible.

“I’ve been trying to help out where I can, taking care of infections, taking care of urgent cases, taking care of patients I’d been seeing before all of this, doing telemedicine,” she says. “My responsibilities are still the same. Not being able to tell anyone I was pregnant at the beginning and having to deal with all these issues – it’s scary.”

All three oral surgeons agree that the clinic's residents faced tremendous stress. Dr. Burke recalls one morning when, during an operation, they learned that an oral surgery resident in Detroit had suddenly died from COVID-19. The resident had been young and presumed otherwise healthy. Another was critically ill in a New York ICU.

“That really rattled them, and all of us,” Dr. Burke says. “But overall, I think all of our residents have really stood up to the plate and shown a lot of strength.” She says that applies especially to the three chief residents: Drs. Joey Garcia, Lucas Lai, and Michael Tsai. Despite the uncertainty about risk, all the residents continued day-to-day operations, going to the Emergency Department, making do with the best available PPE as they treated patients. The general surgery residents – Drs. Philip Hurst, Nicholas Smiley, Jesse Han, David Ludwig, Karen Zemplenyi, and Rodney Nishimoto – stepped up in a big way. Not only did they cover their general surgery duties, but also signed on for extra shifts when others were sick or OMS was otherwise shorthanded.

“We saw significantly increased volume of high-velocity, difficult, complex injuries that required us to keep two-teaming, because it’s really fatiguing.”

DR. JAS DILLON

had the most bizarre patterns of injuries. We’ve also had really severe infections – true multi-spaced, life-threatening infections. We saw two Ludwig’s angina cases in the space of 10 days. We can only assume patients did not have access to dental care in the community or were scared to seek care until they were really sick.”

As May began, the clinic faculty canceled all scheduled vacations. “None of us take it,” Dr. Dillon says. “It’s hard for one person to be out, because the others are taking on that weight. I actually hate holidays for that reason, because our workload ends up being so bad.” Nor did it help when UW Medicine and our School were forced to impose staff furloughs from one to eight weeks in the face of massive revenue declines.

“I was just emotionally, mentally, physically drained,” Dr. Dillon says. “Our work is hard at the best of times. Our hours are long; I get up at 4 in the morning. But when you go home, you can tune it out. But this was never-ending and constant. You go home and you hear about it. I went to the Johns Hopkins website every day – we just kept looking at it, refreshing the page. We were living, breathing, dreaming corona, corona, corona.”

Dr. Jas Dillon (left), the OMS clinic director, proceeds on her rounds.
Personal protective equipment (PPE) was a major concern as the pandemic turned its fury on Seattle.

The patient mix was jumbled as well. In the first phase of the pandemic, before Harborview set up screening tents, patients for whom COVID-19 had been ruled out were mixed in with other emergency patients for whom OMS residents and attending faculty were called to the Emergency Department for consultation. No matter what, residents and other providers never complained.

The faculty did what they could to mitigate the residents’ risk. If a patient requiring surgery tested positive for the virus, only the attending oral surgeon treated that person. The residents were kept away.

Even for experienced faculty, though, fear always hung in the air. “Going into the Harborview COVID unit – honestly, even my heart was pounding,” Dr. Dillon says. “You have to go through at least five doors. When you get in, it’s like a movie set. Everyone’s wearing full PAPR” – hazmat suits with powered air purifying respirators.

PPE shortage

From the start, the PPE shortage was critical. “We were trying really hard to make sure we had appropriate PPE in our clinic, especially N95 masks,” Dr. Dillon says. “Very quickly, by the end of March, it became clear that our service was very high-risk.”

The clinicians did what they could to conserve those precious supplies. For the first couple of weeks after the state restricted care, they treated only what they considered true emergencies. All dental patients were canceled, although Dr. Dillon continued to treat head and neck cancer patients. Treatment was delayed when feasible.

“We needed to stop, regroup, and determine if we could really do this,” Dr. Dillon says. “We weren’t doing an excessive amount in the beginning, when it wasn’t clear what was happening. We’d use a mallet or a chisel instead of a drill – anything we could do to avoid an aerosol procedure. By the middle of March, there was a stretch of about 10 to 14 days when we were really floundering, treading water, trying to figure out what we were doing. We normally have residents come in early, about 4 a.m., then they go on rounds. Then the attendings come in, and we go around together. That changed – the attending and one resident in the room, to conserve PPE. We weren’t universally masking either – partly to conserve PPE, but it wasn’t policy yet either.”

Members of the dental community did what they could to mitigate the shortage. Dr. Thomas Kang, a Seattle periodontist, sent the OMS team masks and gloves. UW DDS and OMS alumnus Dr. Seung Yu donated sorely needed KN95 respirator masks that went to all the OMS, ear-nose-throat, and ophthalmology residents, faculty, and staff. By late May, the situation had improved – not ideal, but better than before. Everyone was wearing full PPE. “At the top end, depending on what we want, we’d wear an N95 and something on top of that,” Dr. Dillon says. “We have goggles, and we’re all wearing fit-tested N95s. If our N95 doesn’t work, we wear our PAPR.”

The clinicians appreciated having full protection, but that was no picnic either. Dr. Dillon recalls one instance when, in the middle of a long procedure on a patient suspected of having COVID-19, she received word that the patient had tested negative. The providers were wearing N95s, and, of course, finished the procedure that way.

“It took four hours for the imprint of the mask to disappear from my face,” she says.
A source of guidance

Seattle was the initial U.S. epicenter of the pandemic, before it engulfed New York. That being the case, the clinicians had to refine infection control and surgical protocols as they went along. “We were able to share a lot of our information with Tom (Dr. Thomas Dodson, our Chair of Oral and Maxillofacial Surgery), and he shared it with the School,” Dr. Dillon says.

In other circumstances, the clinic would have sought guidance from the American Association of Oral and Maxillofacial Surgeons (AAOMS). Now, with Harborview on the front lines of the pandemic in the United States, the tables were turned: The OMS clinic was setting the standard of care. As they dealt with new challenges and refined their protocols, the clinicians shared their insights not only with the School, but throughout the dental community.

Dr. Dillon says a Stanford Hospital webinar in March was helpful. She also widely read the information about coronavirus transmission coming from China. She created a powerpoint presentation that she sent to Dr. Dodson, who reviewed it with Dr. Burke. “By then, the American Dental Association had released some guidelines, but we had some of the first in the country with that powerpoint,” she says. They sent it to AAOMS, and within a couple of days, the organization also started disseminating guidelines. “That powerpoint showed all the links and all the risks we had with aerosol generation – what we should be doing, what we shouldn’t be doing, what PPE we should be wearing.”

Those initial guidelines, as you might expect, have evolved considerably. Nor have the OMS faculty slackened their pace. “We all do a lot of clinical research,” Dr. Dillon says. As of this writing, two of their seven COVID manuscripts had been accepted for publication. Two more had been submitted, and three were in final draft. Their research covers all the key bases – infection, trauma, PPE, and COVID-related training and dental practice.

In the clinic, all patients are being screened for COVID-19. “It’s not like the Emergency Department in normal times, where they show up and they can get something taken care of right away. With COVID testing, it’s going to push things back a couple of hours, or it may be a day,” Dr. Lang says.

As with everything related to the virus, the future is anything but certain. In late September, the pandemic was continuing to spread in the United States, with a death toll exceeding 204,000. The flu season is beginning, and a politically polarized nation can’t even unite around wearing masks. It all grinds on our clinicians.

“I can remember two or three days when we were trying to figure out the N95 supply, and it was overwhelming,” Dr. Dillon says. “The fact that it was so unclear, and that we couldn’t be a united country with something that would be so devastating in so many ways.” Her voice trails off.

If someone would just hand her a magic wand, Dr. Lang has a simple wish: “Right now, we just want a safe, effective vaccine.”

Dr. Dodson says that more than a few pats on the back are in order: “I would like to recognize all members of the OMS/GPR team for its efforts to support patient care and the reopening of dental and oral surgical practices during the shutdown,” he says. He cited the faculty, residents, and staff at the Northwest Center for Oral and Facial Surgery, which supports the UW Medical Center, Harborview in-patient and outpatient care, and Seattle Children’s Hospital. “They showed up to work every day during the spring shutdown to provide urgent and emergent patient care.”

He also singled out the leadership of Dr. Ryan O’Connor, our GPR director, and the general practice residents who provided patient care in the Dental Urgent Care Center at our School with support from Dr. Rolf Christensen and Oral Medicine faculty and graduate trainees. “The School, otherwise, was closed, bereft of dental care services,” Dr. Dodson says.

“Beyond the School, OMS faculty were called upon to provide leadership and direction for developing guidelines for care and reopening in regional, national, and international venues,” he adds.

“I’ve felt I’ve had the world on my shoulders – responsibility to my partners, the residents, the staff, the patients,” Dr. Dillon says. Perhaps she’ll finally get that much-deserved vacation and be able to take it without feeling guilty.

Like so much else these days, however, that is up to the novel coronavirus.
FALL 2020

Dr. Whasun Oh Chung of Oral Health Sciences was selected by the American Dental Education Association to be a fellow in their 2020 Leadership Institute. ADEA describes this program as “designed to develop the nation’s most promising individuals at academic dental institutions to become future leaders in dental and higher education.”

Four current or former Restorative faculty members had publications listed among the 100 most frequently cited articles in prosthodontics literature. Dr. John Sorensen had three articles, Dr. John Wataha had two, and Dr. Daniel Chan and Dr. Ariel Raigrodski each had one.

Dr. Susan Coldwell of Oral Health Sciences, who is also Associate Dean for Student Services and Admissions, has been awarded a new five-year term as Washington Dental Service Endowed Professor. Delta Dental of Washington cited her work with UW programs including the Summer Health Professions Education Program and the Community Health Professions Academy, along with her research and international collaborations, in supporting her new term.

Dr. Andrea Burke of Oral and Maxillofacial Surgery has received the 2020 Elaine A. Stuebner Scholars Award from the American College of Oral and Maxillofacial Surgeons for her essay in response to the question “How would you design a community outreach or marketing campaign to encourage females to consider a career in oral and maxillofacial surgery?”

In promotions taking effect on July 1, Dr. Avina Paranjpe of the Department of Endodontics was promoted to Professor; Dr. Melanie Lang of Oral and Maxillofacial Surgery was promoted to Associate Professor; and Dr. Kimberly Espinoza of Oral Medicine was promoted to Associate Professor. In addition, Dr. Anna Forsyth was hired as Assistant Professor in Pediatric Dentistry, also effective July 1. Dr. Holly Lu joined Restorative Dentistry as a part-time instructor, effective July 1, and will share clerkship teaching duties.

Dr. James Newman of Restorative Dentistry has been awarded the Lifetime Learning and Service Award from the Academy of General Dentistry, recognizing his extensive volunteer work and continuing education hours.

Dr. Hai Zhang of Restorative Dentistry had his study titled “Dentoalveolar Defects in the Hyp Mouse Model of X-linked Hypophosphatemia” published in the April issue of the Journal of Dental Research. The work was funded by the Spencer Clinical Research Fund.

Dr. Ashland Doomes of Oral Medicine was accepted for UW Medicine’s Teaching Scholars Program, whose mission is to prepare UW Health Sciences faculty for positions in academic leadership. The program values and supports the ongoing professional and educational development of participants.

Dr. Saha Subrata of the Restorative Dentistry affiliate faculty has been inducted as a Fellow of Sigma Xi, the scientific research honor society. He was recognized for his distinguished accomplishments and contributions in biomedical engineering and bioethics, including founding the Southern Biomedical Engineering Conference and the International Conference on Ethics in Biology, Engineering, and Medicine, and for his continued service to Sigma Xi.

Dr. Richard P. Darveau and Dr. Sumita Jain of Periodontics received a patent for their methods of identifying inhibitors of lipid A deacylase.

Dr. Diane Daubert of Periodontics received the American Academy of Periodontology Award for Outstanding Teaching and Mentoring in Periodontics.

Dr. Peter Milgrom of Oral Health Sciences received the University of California at San Francisco’s Alumni Award and was named to the UCSF School of Dentistry Dean’s Leadership Council.

Dr. Jonathan An of Oral Health Sciences received the 2020 International Association for Dental Research Innovation in Oral Care Award, one of three competitive awards given, supported by the Dr. Douglass L. Morell Research Fund.

Periodontics faculty have had several recent studies published or accepted for publication: Dr. Richard Darveau in BMC Complementary Medicine and Therapies and Journal of Traditional Medicine and Clinical Naturopathy; Dr. Diane Daubert in Journal of Periodontology and Journal of Endodontics; Dr. Yung-Ting Hsu in Journal of Periodontology; and Dr. Jeffrey McLean (with Dr. Jonathan An and Dr. Matthew Kaeberlein of Oral Health Sciences) in eLife, in Cell Reports, and in International Society for Microbial Ecology Journal.

Dr. O. Ross Beirne of Oral and Maxillofacial Surgery served as the Sir Thomas K. Sidey Visiting Professor at the University of Otago School of Dentistry in Dunedin, New Zealand.

Dr. Yen-wei Chen of Restorative Dentistry presented at the annual meeting of Taiwan Academy of Aesthetic Dentistry on “Minimal Invasive Dentistry in Light of Adhesive and CAD/CAM Technology.”
SAVE THE DATE: The annual Mentor Reception will be held from 6 to 8:30 p.m. on Thursday, Feb. 25, 2021 in the Portage Bay Room at the UW’s South Campus Center.

WSDA/Dental Alumni Mentor Program

Mentors make a tremendous impact on our students. They demonstrate professional behavior and ethics. They give students real-world knowledge of dental practice that the classroom — and even school clinic — can’t always provide. They are a powerful force in directing the future of the dental profession.

DO YOU WANT TO MAKE A DIFFERENCE?
Contact Randy Newquist at the School of Dentistry: randyn@uw.edu.
The UW School of Dentistry relies on the annual contributions from our many Business Partners in support of students, faculty, and programs. We encourage alumni and friends to consider these organizations that give so generously to our School.

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|
Over the years, the Seattle-King County Dental Society (SKCDS) has been one of our School of Dentistry’s most valuable partners. As a crucial link to the local dental community, SKCDS has provided a vital channel of communication and input.

SKCDS has taken it one step further, however, as a member of our Business Partners program. Dr. Randy Ogata, SKCDS Executive Director, explains why: “SKCDS is dedicated to support our members in the profession of dentistry. That includes the faculty, students, and alumni of the UWSOD, and all of the team members at the School who work endlessly to make the UWSOD the best in the world.”

His discussions with Dean Gary Chiodo and Dr. Austin Baruffi, SKCDS President, reveal the strong shared interests that make this partnership a natural, he says.

“We are all dedicated to helping improve the future of the dental profession,” Dr. Ogata says. “Students at the School of Dentistry receive a top-notch dental education. But in addition to that, they come out with an exposure to, and hopefully an understanding of, what it means to give back to their dental profession and our communities.

“For some people, giving back to their school is financial, and donations to the UWSOD are always welcome. But for others, especially during COVID, it is their knowledge, experiences, wisdom, and time – the full-time faculty at the UWSOD can’t do everything on their own. They create the framework by which the part-time faculty, like myself, are allowed to augment their efforts with a wide kaleidoscope of backgrounds, personalities, and life lessons.”

Workforce, Dr. Ogata says, is a key issue as practices reopen. Dental hygienists were already in short supply before the pandemic, and now many older hygienists in the high-risk population are retiring, while others not at high risk are still opting to retire early. That gave SKCDS a key stake in the preservation of Shoreline Community College’s dental hygiene program, which will now partner with our School (see Page 10).

Nor does Dr. Ogata want to stop there. “It would be even better if we could bring new programs on line and place their clinical delivery into underserved areas. In addition, we are always looking at other innovative ways to increase the number of hygienists in Washington State - not only today, but in the long term,” he says.

Our School and SKCDS also work together on the access to care issue. He says: “One of the innovative ideas that I would like to see is a partnership with other health-care stakeholders in King County and beyond to look past the current models of education and delivery of care to think outside the box, so that lowers the cost of educating new dentists, dental hygienists, assistants, and auxiliaries.”

Utilization of services is another key access issue: “We need to be able to target messaging across all demographics about the current services available; creating dental homes for these families so that they can rely less on hospital emergency rooms or yearly events like the King County Clinic.”

Another productive area of collaboration is the SKCDS New Dentist Committee, a valuable resource for our dental students both before and after graduation. Chaired by Dr. Emily Yepez (’17), the committee provides students and recent graduates a place to network and develop leadership skills.

“Sometimes you are the leader of the pack sharing your experiences in helping others go and grow, but other times you are the one who will benefit from someone else’s experiences,” Dr. Ogata says. “We also help to program CDE which is more applicable to the dentists as they embark on their professional journey.”

He sums up with this: “The standard of care in Washington state is high because we have a great dental school and a commitment across the board to high-quality CDE for our member dentists. As the world evolves around us, so will CDE to keep up with the needs of the dental profession. I can only envision the SKCDS and UWSOD staying at the forefront of this drive for excellence across all of our dental colleagues.”
You’re Invited!

Our School of Dentistry celebrates its 75th anniversary next year, and we want you to join the party.

For a special issue of the Dental Alumni News, we’d like you to write to us with your favorite memories of dental school. Send one memory, or send several. Photos are great, too – the higher the resolution, the better.

We’ll print a selection in the magazine, and include all of them online. Please email your memories and photos to Sarah Martin at smartin4@uw.edu.

Help us celebrate this milestone in style!
**mTOR_salivary dysfunction**  
*Pi: Dr. Jonathan An*

**Abstract:** Age-associated salivary gland dysfunction is a significant unmet health concern that contributes to the declining oral health span in the elderly. The salivary gland is composed of three major pairs of glands, including parotid, submandibular, and sublingual glands, which all produce unique secretions and combine to create the saliva. The saliva provides important functions in the oral cavity, such as in immune response, mastication, speech, and taste. Age is the greatest risk factor for salivary gland dysfunction resulting in xerostomia or hyposalivation, and can lead to increased risk for dental caries, oral infections, difficulty to chew, and overall detract from the quality of life. Current therapies for age-associated salivary gland dysfunction are limited and generally treat the symptoms rather than the causal mechanisms. We hypothesize that targeting specific aging hallmarks in the salivary gland through pharmacological interventions that have already been shown to delay age-related dysfunction in rodents and humans will provide a novel therapeutic avenue towards rejuvenating the aging salivary gland. In preliminary studies in mice, we observed an increase in oral tissue inflammation and senescence-associated factors, periodontal bone loss, and low salivary flow with age. An 8-week treatment with rapamycin, an mTOR inhibitor, was sufficient to reverse periodontal bone loss, attenuate inflammation, and increase salivary flow. Our preliminary data indicate the important role of mTOR and senescence in oral health, while interventions such as rapamycin may benefit the host in reversing the age-related changes in the oral cavity. The goal of this proposal is to first characterize the salivary gland proteome during aging in mice, and then assess the impact of rapamycin on the age-associated changes. We will then investigate the novel hypothesis that accumulation of senescent cells with age contributes to salivary gland dysfunction and analyze the impact of senolytics on the aging salivary glands. Collectively, these studies will aid in enhancing our understanding of aging salivary glands, the molecular and mechanistic insights on the impact of geroscience interventions on the salivary glands, and have high potential to lead to clinically relevant treatments for salivary gland dysfunction in the aging population.

**The tongue base in respiration and swallowing**  
*Pi: Dr. Zijun Liu*

**Project narrative:** The proposed study will shed light on how the tongue base functions in respiration and swallowing and the functional consequences following its volumetric reduction or enlargement. These outcomes will provide new in vivo information about the tongue base in oropharyngeal function and the functional, morphological, and histological consequences of volumetric changes. The success of this study will create a solid body of new knowledge about tongue base muscle biology, wound healing, and functional recovery to help clinicians to develop better treatment strategies for oral cancers, obstructive sleep apnea (OSA), and other oropharyngeal disorders.

Contact PD/PI: Liu, Zijun

**Predicting addictive vulnerability to alcohol**  
*Pi: Dr. Douglas Ramsay*

**Project narrative:** Alcohol-induced dysregulation of physiological systems is suspected to play an etiologic role in the development of alcohol use disorder and alcohol addiction. The proposed preclinical research uses alcohol to investigate critical factors that predict which individuals will acquire this dysregulatory and inefficient form of regulation that renders them vulnerable to develop alcohol addiction. The findings of this research will advance our knowledge and understanding of the pathogenesis, prevention, and treatment of drug addiction.

**The effect of periodontal inflammation on periodontal ligament cell functions**  
*Pi: Dr. Tracy Popowics*

**Project narrative:** High rates of periodontal disease and the increasing age of the U.S. population point toward a critical need for preservation and/or regeneration of periodontal tooth attachment tissues over a longer lifespan. The proposed research investigates how periodontal inflammation affects periodontal ligament cell functions that maintain periodontal ligament architecture and tooth support. The results of this research will be applied to the development of clinical techniques for maintaining or regenerating periodontal tooth support in inflamed oral environments.

For details on any study at the School of Dentistry, contact Dr. Douglas Ramsay, Associate Dean of Research, at ramsay@uw.edu, or Barb McLaughlin at barbmcl@u.washington.edu, or the principal investigator.
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CLASS OF 1960

Dr. Robert Monsen, Lakewood, Wash.: Had a great cross-country trip with my son and his wife and my two grandkids. We went from Seattle to Minnesota and back. Lots of people on the road – some masked, some unmasked. Seem to be getting out of the cabin before “cabin fever” sets in!

CLASS OF 1970

Dr. Patrick Fleege, Seattle: The Class of 1970 decided to postpone our 50-year class reunion until next year out of an abundance of caution. During the process of updating individual class members’ information in planning for the event, it was learned that 13 of our members had passed away: Mark Abrahamson, Gary Butler, Bill Gray, Bob Gidner, Ron Heilman, Bill Hodgson, Dave Joyce, Guy Lemmon, Boyd Magdal, Bob Siegel, Lloyd Smith, Gary Steiman, and Tom Van Dyke. It is hoped that postponing our reunion will not result in any more of us passing.

CLASS OF 1978

Dr. Susan Adams, Kent, Wash.: It’s been a long six months but have tried to find “safe” ways to give back to my community. I have donated blood, worked on food distribution to people in need, helped develop Kent Community Partners to not only help with food resources but also rent and utilities assistance, marched in our local protest march, and am developing a social justice discussion group. Just recently got in a hike near Mount Rainier and will be celebrating our 12th anniversary at Mount Baker after attending an outdoor wedding near there. Am missing being as active and involved and really missing seeing friends.

CLASS OF 1980

Dr. Gary Heyamoto, Woodinville, Wash.: Hard to believe my classmates and I have been proud graduates of the UWSOD for 40 years. I was saddened to hear of the passing of a good friend and Dean of LSU’s Dental School, Dr. Henry Gremillion, in May. I was just in New Orleans in January to keep stats for the CFP Championship game where LSU defeated Clemson. He was so thrilled! Again, “Congratulations, Class of 1980” and Go Dawgs!

CLASS OF 1981

Dr. Sid Gallegos, Federal Way, Wash. Recalling a couple of nice moments: at the Dean’s Club Dinner with my daughter, Anna Gallegos, and at a Seattle University reception for the Filipino community with classmates Allan Bergano (center) and David Worrell (right).

CLASS OF 1986

Dr. Teresa Yagi, Kirkland, Wash.: Our annual Chicks of ’86 (Gail Kautzman, Karen Kant, and myself) lunch had to be postponed due to COVID-19, but I look forward to gathering when we can. 2021 will be our 35th year since graduation, so perhaps chicks and all will gather!

Dr. Rod Wentworth, Bellevue, Wash.: Finally, a couple of fly-fishing opportunities during the pandemic. Great trip to Baja for roosterfish and Louisiana for redfish.

Dr. Yagi works with Dr. Bob Sekijima (’84) during a humanitarian mission in Guatemala in August 2019.

Dr. Yagi at our School’s reception during the 2018 ADA meetings with Dr. Dave Clark (left) and Dr. Raymond Poon.
CLASS OF 1990
Dr. Beth O’Connor, Lakewood, Wash.: We planned our 30-year class reunion this past May, but due to COVID-19 restrictions it has been moved to between April 30 and May 30, 2021 in Santa Fe, N.M., at the El Dorado Hotel. We had an outstanding intended participation and hope all have marked their calendars for 2021 so we can really kick off our reunion. We will all be needing this celebration come next year, when we will most definitely get to travel! So save the date! For questions, please contact Greg Sanchez at gregsanchez@dentaleassociates@gmail.com.

CLASS OF 1999
Dr. Nhi Pham, Mukilteo, Wash.: My journey with Medical Relief International began in 2014 after I was introduced by fellow UW dental alums Jeff Parrish (’79) and Mike Karr (’80) and Dr. Bill Mays. I desired to be part of an organization that would provide not only dental outreach, but maternity and delivery care to the most underserved. I had complications with two of my three pregnancies and this was something very close to my heart. After many years of planning and preparation, the doors to Barikiwa, a medical, maternity, and dental clinic in Maswa, Tanzania opened in 2018. Barikiwa translates to “blessed” in Swahili. In Tanzania, dentists receive additional training to deliver babies. My dental sister, Dr. Ashley Lucas, is the medical and dental director of Barikiwa. Medical Relief International found promise in her after she helped to interpret for a mission outreach many years ago and funded her dental school education. In the last year, Barikiwa has seen 1,230 dental patients, 723 medical patients, and 52 babies have been delivered, including a few sets of twins. I was able to get PPEs for Barikiwa when COVID-19 hit, and we have delivered 40 babies during the pandemic, but lost two moms in one day because of lack of funds for simple transport issues. I would like my fellow dental alums to know about Barikiwa and the opportunity to not only rescue smiles, but to save lives. I know COVID has hit our dental community hard, but I hope to open your hearts to supporting this valuable cause. If you would like to volunteer or contribute, please go to our website: www.medicalreliefinternational.org. For more information, contact me at nhiphamdds@mukilteodental.com.

CLASS OF 2001
Dr. Jason Bourne, Marysville, Wash.: I’m going on my 17th year with my practice, my oldest is off to college, my middle child is a sophomore in high school, and my youngest is starting middle school. Hope everyone is happy to be seeing patients again, even with the new COVID procedures we’ve all had to implement!

CLASS OF 2007
Dr. Michael Layton, White Rock, B.C.: Our family enjoyed its hike to the top of Whistler Mountain!

CLASS OF 2019
Dr. Stephanie Campbell, Yakima, Wash.: The class of 2019 is still navigating postgraduate life in the time of COVID-19. Many of our class have been enjoying private practice, and several have completed AEGD and GPR residencies successfully this year. Others still are pursuing post-doctoral training in various specialties and looking forward to joining the workforce in the near future.

Dr. Tonya Rice, Austin, Texas: Having fun on the water with the kids.

Dr. Samantha Lee-Chiu, Bellevue, Wash.: Dr. Lee-Chiu began her new role as International Community Health Services interim chief dental officer on April 20. Dr. Lee-Chiu joined ICHS, a Seattle-based nonprofit health care provider, as the Bellevue Clinic assistant dental director in 2018. Prior to that, she was with Neighborcare Health for 14 years as a practitioner performing comprehensive dentistry, diagnosing, preventive, restorative, periodontics, endodontics, and prostho dentrics.

The Bourne family enjoyed a getaway to Thailand during the winter holidays.
DR. FREDERICK R. BROWN
CLASS OF 1955
Dr. Frederick Richard “Doc” Brown died on Feb. 15, 2020 in Portland, Ore., with his two daughters by his side. He was 89. He practiced dentistry in the Renton Highlands for over 50 years and was a lifetime member of the Flying Dentists Association.

DR. ARBIE G. MILLER
CLASS OF 1957
Dr. Arbie Glenn Miller passed away on May 7, 2020 in Seattle. He was 88. He practiced dentistry for 56 years in Idaho, California, and Seattle. Between 2000 and 2013, he volunteered at Sea Mar Community Healthy Dental Clinic and the School of Dentistry, where his teaching and mentoring skills were very much appreciated. He also was actively involved in reviewing new dental products, tools, and materials for the Clinicians Report.

DR. LESLIE C. ERICKSON
ORTHODONTICS CLASS OF 1958
Dr. Leslie Clare “Les” Erickson passed away on Feb. 13, 2020 in Issaquah, Wash., due to complications related to a fractured hip, which occurred the previous month. He was 92. He served as Clinical Assistant Professor and Clinical Associate Professor in the School’s Orthodontics department (1958 to 1977), and was president of the Washington State Association of Orthodontists (1969 to 1972). He also was president of the School’s Orthodontic Alumni Association (1974 to 1979). He was an assistant professor in the University of Colorado’s Orthodontic department (1977 to 1984), and then taught orthodontics at the University of Nebraska Medical Center’s College of Dentistry as Assistant Professor and Associate Professor (1984 to 1996). He received the UNMC Outstanding Teacher Award in 1991. He retired in 1996, and he and his wife moved to Shoreline, Wash., in 1998.

DR. ROBERT R. KELLEY
ORTHODONTICS CLASS OF 1959
Dr. Robert R. “Bob” Kelley passed away peacefully on May 16, 2020. He was 90. After serving in the U.S. Navy for four years, he opened his dental practice in Seattle. An innovative professional with a keen interest in business, he experienced many successes throughout his 40-year career in orthodontics. He was one of the founders of the Northgate Professional Building, and the first dentist to incorporate in the state of Washington. He made it an annual tradition to waive treatment costs for financially struggling patients with significant orthodontic needs. He was an avid Husky football fan and Tyee member for over 50 years.

DR. KEITH E. REDD
CLASS OF 1959
Dr. Keith Eugene Redd died peacefully on Sept. 1, 2019 with family by his side. His experience at the UW kindled a love of Husky football, and as a 60-year season ticket holder, he rarely missed a home game. He had a dental practice in Edmonds, Wash., for 24 years. After retiring for two months, he missed the patients and challenge of dentistry, and set up a new practice in Everett, Wash., where he worked for the next 14 years.
**SPOTLIGHT COURSE**

**FRIDAY, NOV. 6**

**Minimally Invasive, Maximally Effective Dentistry – Live Webinar**

*This course is offered in partnership with the Washington Dental Hygienists’ Association. Please register through them.*

Clinical practice today uses scientifically sound evidence-based approaches. There is a noticeable shift to the caries treatment paradigm by better preventing and managing caries as a disease.

This presentation will present a scientific overview of caries management by risk assessment utilizing new tools such as the ADA Caries Classification System, silver diamine fluoride (SDF), partial caries removal, and glass ionomer cement (GIC) to manage caries. Actual clinical cases will be used to illustrate these concepts.

The presentation provides an excellent update relevant to clinical applications for the dentist, hygienist, assistants, and front office.

This course is designed for the whole dental team. By attending the course, you will be able to:

- Develop evidence-based treatment options to manage caries based on individual patient risk factors.
- Use the ADA Caries Classification System to determine when nonsurgical and surgical approaches are appropriate.
- Demonstrate how to use SDF, partial caries removal, and GIC to treat caries chemically.

**LOCATION:** Live webinar  
**TIME:** 9 a.m. – 12 p.m.  
**TUITION:** $96 for dentists, $54 for team members and non-WDHA members, and $45 for WDHA members  
**INSTRUCTOR:** Douglas A. Young, DDS, EdD, MS, MBA

Dr. Young is Professor Emeritus at the University of the Pacific, where he is an active and ardent educator in the field of minimally invasive dentistry and cariology. He currently works on oral health promotion for the Alaska Native Tribal Health Consortium as a dentist specialist and instructor. He was one of the founders of the CAMBRA (Caries Management By Risk Assessment) Coalition, American Dental Education Association Cariology Section, and the American Academy of Cariology.

**CREDITS:** 3 hours  
**REGISTER ONLINE:** On the WDHA website (http://wsdha.com/). A link to the WDHA registration page can also be found in the course listing on our CDE website (https://dental.washington.edu/continuing-dental-education/).

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**OTHER ONLINE COURSES**

**Treating Patients with Mild-Moderate Special Needs**

*Developed by staff and faculty at the UW School of Dentistry for dental professionals who currently treat, or would like to treat, patients with special needs.*

Informational fact sheets have been developed and are posted in the course listing on the CDE website to facilitate providing dental treatment to children and adults who have developmental or acquired conditions that can impact the delivery of dental care. These fact sheets provide an overview of general clinical and oral findings for different conditions, drugs commonly used by these individuals, and the impact the drugs may have on oral health. Information provided can improve clinical outcomes and increase professional knowledge and comfort. Participants will review 32 Dental Professional fact sheets that represent 17 conditions, with adult and child versions included for most conditions. Three CDE credits are available upon completion of the course quiz and a score of 80 percent or higher.

For registration information, visit www.uwcde.com or call 206-543-5448.
IMPORTANT NOTICE  As the Dental Alumni News was going to press, issues related to the COVID-19 coronavirus disease have compelled the cancellation or postponement of a number of CDE courses. Please be sure to check our CDE website at https://dental.washington.edu/continuing-dental-education/ for updates on these and other courses.

REGISTRATION: Register online via the link in the course listing. You will be directed to UW CDE’s secure online registration. Register for Special Needs Patients Fact Sheets Online Course. You will receive an emailed confirmation letter with instructions and a link to an online exam. You must complete the online exam by June 30th of the current CDE course year (2020-21). After reading the fact sheets and passing the exam, UW CDE will email you a certificate of completion within approximately one week.

TUITION: $40
CREDITS: 3 hours

Bloodborne Pathogens Online Training
Developed by staff and faculty at the UW School of Dentistry for anyone with a job that could expose them to a bloodborne pathogen

In 1992, the state of Washington enacted a law mandating annual training for all individuals with jobs that could expose them to a bloodborne pathogen (BBP). This module is designed to provide you with the training necessary to keep you and your patients safe, and to make sure you are compliant with the Washington state law training requirement. The course will:

• Familiarize you with the kinds of BBP found in the dental office, describe the risk they pose to you and your patients, and teach you preventative measures to avoid risk of exposure.
• Assist you in developing an exposure control plan for mitigating risk of exposure in your office.
• Fulfill your Washington state annual BBP training requirement.

REGISTRATION: Register online via the link in the course listing. You will be directed to UW CDE's secure online registration. Register for Bloodborne Pathogens Training. You will receive an emailed confirmation letter with instructions and links to both the slides and an online exam. After reading the slides, please take the exam. Once you have passed the exam, UW CDE will email you a certificate of completion and an Annual Bloodborne Pathogens Training certificate in approximately one week. You will have until June 30th of the current CDE course year to complete the training. If you do not complete the training by June 30th, you will have to sign up for the course again. No refunds will be given for online courses.

TUITION: $50
CREDITS: 2 hours

COVID-19 and the Dental Provider (recorded webinar)
Clinical Protocol Suggestions from the University of Washington School of Dentistry
Presentation by Frank Roberts, DDS, PhD
Discussion panel: Dean Gary Chiodo, DMD, FACD; Sara Gordon, DDS, MS; Mark Drangsholt, DDS, MPH, PhD; Frank Roberts, DDS, PhD; and Rolf Christensen, DDS, MHA
Target audience: All dental health providers. The course listing includes a link to answers provided to participants' questions during the webinar, which was recorded on April 2, 2020.

REGISTRATION: Register online via the link in the course listing.
TUITION: Free of charge
CREDITS: 2 hours
Join the UW Dental Alumni Association for our Virtual Football Tailgate Party. We’ll have exciting Husky game highlights, special guest speakers, and more.

Watch your email for details!