Denta Alumninews SPRING 2021

In 1946, the UW admitted its first dental students. The rest is history: **OUR HISTORY.**

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THE UNIVERSITY OF WASHINGTON DENTAL ALUMNI ASSOCIATION SPRING 2021

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© 2021 University of Washington Dental Alumni Association 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.



"I'm proud of the extraordinary record of achievement set by the UW School of Dentistry in the decades since its founding. Over 75 years, the school has maintained the highest standards of dental education, earning a global reputation that is second to none. The school and its leaders have prioritized serving the community through volunteer outreach and programs that make a real difference in people's health and well-being.

"From the Regional Initiatives in Dental Education program to serving children with disabilities and Medicaid patients to providing our state's dental community with excellent continuing education, the School of Dentistry exemplifies the impact through public service at the core of our mission. Congratulations to the alumni, faculty, staff, and students of this remarkable institution."

Ana Mari Cauce University of Washington President



"The School of Dentistry has built its reputation on its long-standing commitment to research, excellent patient care and evidence-based curriculum. Throughout the pandemic, the School of Dentistry has proven to be an indispensable resource for our state and region. Dentistry faculty provided free online instruction to Washington dentists on dental clinical protocols and infection control. And the school's leadership advocated for the state to allow dental providers to administer COVID-19 vaccines. I am confident that over the next 75 years, the School of Dentistry will continue to improve lives across Washington state and beyond."

Mark Richards University of Washington Provost



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.



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.

Alumni President's Message

The memories continue to shine

reetings, fellow Huskies! I hope this message finds you 5 and your loved ones continuing to persevere through these challenging times. For me, even though the holiday season was anything but typical or traditional, just having a little bit of time to relax with my family proved to be the best gift of all.

As 2021 unfolds, it is time to celebrate a major milestone for our School: the 75th anniversary. Seventy-five years can be a lifetime. The School has grown and evolved with the times. Despite significant changes in technology and culture, life as a student has remained remarkably similar. This issue of the Dental Alumni News is intended to share this celebration with our alumni. Our tireless Director of Communications, Steve Steinberg, has spent several months gathering stories and memories from alumni to commemorate this occasion. I want to thank all of you who contributed to this project and know you will enjoy the result.

Reflecting on my personal experience at the School has been fun. To be honest, the whole experience was a perpetual haze of overlapping and seemingly repetitive events. The late nights fiddling with wax, stone, and handpieces in the D-1 lab blend together with countless nights studying for exam after exam after exam after exam. Somewhere along the way, the plastic patients and written exams gave way to live patients and written chart notes. What seemed like an eternity at the time feels like it went so fast in hindsight.

But this continuous blur was punctuated with several clear memories. I remember the wonderful retreat with 54 strangers at the Pack Forest. I remember the crazy outfits from the annual golf tournaments. I remember the smell of beer and frozen taquitos from Friday socials in the student lounge. I remember the raucous laughter and cheering as Dr. Bart Johnson proved to our class during CPR training that even someone as slight as him could manage to support someone as large as our 6-foot, 2-inch, 250-pound classmate "Jerry" down to the ground if he lost consciousness.



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.

My recent reflections helped crystallize that what made my time in dental school so wonderful was the people. The 54 strangers at the retreat in the Pack Forest became like family in many ways. Both professionally and personally, that family has grown to include alumni from several other classes from all generations. Be it affiliate faculty, school support staff, or students, the people of the School are what transcend the changes with time.



As alumni, we still make an impact on the School. The Dental Alumni Association plays an active role in supporting many of the activities for the students that created my favorite memories. Personally, this has been a driving force for my active role in the association. I want to thank all of you who have remained active members over the years, while also encouraging those who haven't to take a minute and join the association online (https://dental.washington.edu/alumnifriends/alumni-association/membership/).

Happy anniversary!

JEREMY CHAISON ('06)

UW Dental Alumni Association President



DON'T JUST STAND THERE. STAND HERE.

With a new curriculum and rising patient numbers, our School needs affiliate faculty volunteers more than ever.

There's never been a more exciting time to help shape the course of dental education at the UW. If you can give us a half-day a week or more, join our ranks and help create the next generation of outstanding Husky dentists!

For information on joining our affiliate faculty, please contact Christina Wee in our Dean's Office at cwee@uw.edu.



The Dean's Corner

Our work continues with equity, diversity, and inclusion

n a previous Dean's Corner, I reported that we are moving forward with strategic planning on our equity, diversity, and inclusion (EDI) initiative and that Dr. Douglass Jackson, Associate Dean for EDI, would be leading this initiative. Dr. Jackson leads our diversity committee and the EDI Affinity Group. He has moved this work forward at an impressive pace and continues to make outstanding progress. I want to update you on the work of the Affinity Group and provide some detail regarding their accomplishments to date.

Our Equity, Diversity, and Inclusion Affinity Group came into being about a year ago with participation from faculty, staff, and students. What started as a group of about a dozen people has grown to well over twice that number.

This group is helping to make our School's Diversity Blueprint come alive with deliverables. Per Dr. Jackson's vision, the group has formed seven subgroups, or task forces, to explore and define areas in our School of Dentistry where the principles of antiracism need to be woven into our everyday norms.

Even though the foundation of this work is informed by the principles of antiracism, the subgroups generalized their observations and recommendations to other areas where prejudice may occur. Making progress in these areas will create positive outcomes related to racism, sexism, homophobia, xenophobia, anti-Semitism, and other troubling behaviors.

These groups focused on individual areas that likely affect many different types of large organizations – i.e., these are not unique to dental schools and certainly not unique to ours. Dr. Jackson has summarized the seven areas with some specificity regarding what must be addressed to get started:

- Institutional culture: Setting the occasion for interpersonal connection and belongingness for everyone in the UWSOD community. This includes fostering a "safe space" for everyone to learn and build on their foundational equity, diversity, and inclusion skills.
 Institutional culture: Setting the occasion for addressing each area. This is how a strategic plan comes to life. As we further define this work, we will be reaching out to alumni and other colleagues for additional perspectives and ideas.
- Microaggressions: Working toward building awareness and caring about the impacts of microaggressions on oppressed individuals and groups in the UWSOD community.

- g Curriculum: Expanding and sustaining efforts that ensure that our graduates will be actively antiracist, will work to dismantle systems of oppression within the dental profession, and will work to eradicate health inequities.
- HR policies and practices:
 Mitigating biases in
 policies and processes
 that disproportionately
 harm specific groups of



marginalized employees and those seeking employment opportunities at the UWSOD.

- Service learning and community outreach:
 Employing greater humility and active listening in support of genuine and trustworthy relationships with the community leaders we work with in our outreach and service-learning activities.
 - Predoctoral admissions: Fostering processes that achieve the goal of equitable access to our program for those who come from historically underrepresented and marginalized groups.
 - **Patient care**: Fostering student, staff, and faculty humility to ensure that all patients feel respected across domains of difference, such as financial means, generation, race, gender, sexual orientation, and others.
- It is gratifying to see the depth of thought reflected in
 this work. Many members of the Affinity Group have
 now volunteered their time to further develop these
 recommendations by suggesting goals and strategies for

GARY T. CHIODO, DMD, FACD Professor and Dean



Delta Dental gives \$1 million for dental hygiene training at UW

Delta Dental of Washington has announced a \$1 million grant to the School of Dentistry to support our partnership with Shoreline Community College's Dental Hygiene Program. In addition, to further the program's growth, Delta Dental will issue a \$500,000 challenge grant to match dental community fund-raising for that purpose.

The funds will defray costs of renovations to accommodate expansion of Shoreline's program at the UW. Shoreline is contributing \$1.55 million and clinical equipment to the expansion, and the School of Dentistry has also earmarked \$1.8 million from its Campaign for Clinics fund-raising drive. The Washington State Dental Association Foundation is giving \$125,000 and the Seattle-King County Dental Society is considering a challenge to match that amount. The UW is giving \$550,000 in capital funds.

Shoreline's highly regarded two-year program is considered one of the state's best, and talks between the two schools quickly led to a long-term expansion plan. Last fall, 10 Shoreline second-year hygiene students began training at the UW. This summer, the program will add first-year students at the UW, and Shoreline will continue to award their degrees.

Delta Dental's support will let the program expand quickly. With the dental community's help, the goal is to enroll 24 students per year within two years and clear the way for even more expansion after that.

A 2020 state Department of Health survey of dentists, hygienists, and dental assistants found critical shortages of dental hygienists, with at least three open positions for every hygienist seeking work. In King and Snohomish counties alone, the survey found more than 550 openings.

"When the Seattle-King County Dental Society approached us about the challenges at the Shoreline Community College Dental Hygiene Program, we knew we needed to do something," said Delta Dental of Washington President and CEO Mark Mitchke. "Given our partnership with the Washington State Dental Association, we have made a commitment to address the dental

You can help!

To contribute to the dental hygiene challenge grant campaign, go to http://giving.uw.edu/dentalhygiene.



Shoreline dental hygiene student Minyoung Son prepares for a session *in the predoctoral clinic.*

hygienist and assistant workforce shortage in Washington state. Ensuring that our state's future dental hygienists have access to high-quality education is the first of many activities we will embark on together."

He added, "We applaud the University of Washington's commitment to sustaining the Shoreline dental hygiene program and increasing the number of graduates to the historical level of 24 per year at minimum."

The need for dental hygienists in our state is expected to grow, and further expansion of the UW-Shoreline program will be prioritized as workforce data dictates.

"Obtaining a match to the challenge grant will enable aspirational planning for even larger class sizes to better serve our state," Dean Gary Chiodo of the School of Dentistry and President Cheryl Roberts of Shoreline said in a joint statement. "Over the next few months, we will work closely with our partners at Delta Dental of Washington, the Washington State Dental Association, and the Washington State Dental Hygienists' Association to raise the matching funds from additional dental and dental hygiene societies throughout the state."

They also noted that the School of Dentistry offers robust programs of care for pediatric and medically compromised patients as well as those with special needs. The dental hygiene students will work with these patients, further enriching their training.

"This is an exciting time for the advancement of oral health in Washington, and the Shoreline-School of Dentistry partnership is exactly the right combination at the right moment," the two leaders said.

Shoreline partnership proves to be mutually beneficial

As the Shoreline Community College Dental Hygiene Program heads into the home stretch of its first year at our School of Dentistry, it becomes increasingly clear that the partnership between the two schools is on a successful track.

School of Dentistry leadership and faculty members say that both the fourth-year predoctoral students and the dental hygiene students are benefiting from working in tandem in a way that mimics professional practice. The Shoreline students have also boosted our School's recall system, reaching out to contact patients. Several patients have taken the time to comment on the outstanding treatment they received from the dental hygiene students.

"We are very fortunate to have the dental hygiene students working at the School of Dentistry," said Dr. Ricardo Schwedhelm, Associate Dean for Clinics.

One of them, Anderson said, was having to forgo an aerosol-The partnership began last fall when 10 Shoreline secondgenerating procedure such as ultrasonic cleaning unless a year students began training at our School. Even as statewide patient has been COVID-tested within 72 hours of a visit – and demand for hygienists had become critical, Shoreline had most of them haven't. "Since we haven't been able to use faced facility constraints that limited enrollment in the highly ultrasonic, we have been hand-scaling periodontal-involved reputed program. However, Dean Gary Chiodo's discussions patients and it requires a good amount of strength," she said. with Shoreline President Cheryl Roberts revealed strong "To be honest, I've had to research certain topics and read my mutual interest in shifting the program to the UW, with an eye textbooks more thoroughly, which I'm sure my instructors toward expanding enrollment.

Then, in late January, Delta Dental of Washington announced a \$1 million gift plus a \$500,000 challenge grant to support clinical assisting prior to the hygiene program, there are some terms renovations and infrastructure improvements for the program that are completely new to me. I am thankful, though, for at our School (see page 10). Together with capital investments having the opportunity to gain more knowledge every day." by Shoreline, the UW, and other partners, the funds will help Said classmate Stephanie Snyder: "This experience has opened speed the expansion of the program to its historical annual my eyes to an environment with generally health-compromised enrollment of 24 students within an anticipated two years. patients. ... The best part for me is that we have been able to find Further expansion is not only possible but eminently feasible, as the more challenging patients who need deeper cleanings to be dictated by the state's dental hygiene workforce requirements. able to satisfy all our quarterly requirements."



Vanessa Wardell and her Shoreline classmates are at our School to complete the second year of their training.

Shoreline students say that while there have been the inevitable settling-in adjustments, their reception has been positive.

"The faculty and students were unbelievably welcoming when we first started in the clinic and have been nothing but helpful with the computer system, navigating through the clinic, giving us tips and tricks along the way, etc.," said second-year student Kerry Anderson. "The faculty have been working with us to try to make us feel as comfortable as possible and want to make sure we have everything we need and that we are content."

She and her classmates said that one challenge has been making the jump from Shoreline's Dentrix software to our School's AxiUm system. Another has been learning different clinical protocols. Beyond that, the COVID-19 pandemic has presented its share of complications.

would be thrilled to hear," said classmate Kenzie Parker. "Even with almost six years of both specialty and general dental

Later this year, the training will shift completely to the UW with the addition of a first-year cohort, although the students will continue to receive their degrees from Shoreline and be instructed by Shoreline faculty. Plans are being made for even more four-handed dentistry, with the hygiene students performing operative procedures with dental students one day a week, Dr. Schwedhelm said. To assist with the transition, logistics, and organization, Dean Chiodo has enlisted the help of Dr. Diane Daubert and Marilynn Rothen of our faculty.

"This has been the most unique and rewarding experience I've had," said Parker. "The best part of being at the School of Dentistry is working alongside the dental students because each student brings something different to our education and experience. We are challenged with questions, asked about our own opinions and learn every day from the dental students."

TOGETHER for **DENTISTRY**

Campaign sets fund-raising record

Last year, our School closed the books on its Together for Dentistry campaign, the most successful in our history. The campaign, chaired by Dr. Patricia Rothwell ('84), raised \$45.38 million, topping its \$40 million goal by more than 13 percent.

The campaign, which began in 2010, was part of the University of Washington's equally successful Be Boundless campaign, which garnered more than \$6 billion. "Our work is clearly not finished," the university said at the conclusion of the campaign. "But this milestone does give us a reason to celebrate the many ways the UW is changing the world for the better, thanks to our community's commitment and extraordinary generosity."

The Together for Dentistry campaign attracted a broad base of 4,263 donors, with an especially strong component of pledged bequests totaling nearly \$9 million. Grants made up another \$5.45 million.

"I could not be more pleased and impressed with the results of our Together for Dentistry campaign," said Dean Gary Chiodo. "Major kudos go to Dr. Rothwell for her leadership and vision on how to lead this effort. The fact that we exceeded our goal by more than \$5 million is testament to the outstanding organization of the campaign and to the impressive support of our school from individual and corporate donors, estates, professional associations, and various funds.

"Attracting philanthropic engagement from more than 4,000 donors is a monumental accomplishment, and the fact that we have so many who are engaged in supporting our world-class dental school makes me immensely proud to be a part of it. We now have funding that completes some endowments, supports faculty, advances research, improves our clinical and education missions, and provides critically important scholarships. Many of these funds are named after our alumni, and I cannot think of a more fitting tribute to last in perpetuity to recognize their accomplishments and generosity."

Gifts both small and large helped create more than 30 endowed funds to support students, faculty, and patient care. At the same time, donors' generosity allowed our School to elevate the status of two endowments:

- The Department of Orthodontics' Moore-Riedel Professorship was elevated to an Endowed Chair.
- The Kokich-Shapiro Endowed Scholar Fund, which supported a Visiting Scholar, became the Kokich-Shapiro Endowed Fund for Excellence in Orthodontics and reached the threshold for an endowed professorship.

A Dental Alumni Class Challenge also raised \$465,000 for a new Dental Alumni Endowed Faculty Fund.



Photos from left: Dr. Rod Wentworth and Jill DeMarco pledged a major bequest to establish an endowed professorship. Dr. Michael and Annelle Miroue, who pledged a major bequest, with Dr. Greg Huang (right), Chair of Orthodontics. Barbara and Dr. Mark Walker pledged a major bequest for an unrestricted gift to our School.

MAJOR GIFTS OF MORE THAN \$1 MILLION CAME FROM:

- **Delta Dental of Washington** (\$6,511,389), with much of that going to support our School's Dentist of the Future initiative, underwriting a massive overhaul of the predoctoral curriculum and other transformative changes
- Seattle Children's Hospital (\$3,689,338), funding research and supporting our Center for Pediatric Dentistry in conjunction with Delta Dental
- Dr. Michael Miroue (Orthodontics '75) and Annelle Miroue (\$3,000,000), a bequest to support Department of Orthodontics faculty
- The estate of Dr. Joseph Spinola (\$2,419,000), with \$500,000 directed to the Department of Endodontics, where Dr. Spinola was an early faculty member, and the remainder unrestricted
- Dr. Rod Wentworth ('81) and Jill DeMarco (\$2,000,000), a pledged bequest to establish an endowed professorship. The couple also donated another \$22,827 during the campaign.
- The estate of Floyd and Delores Jones (\$1,591,000), supporting the Department of Pediatric Dentistry
- Dr. Mark Walker ('81) and Barbara Walker (\$1,500,000), a pledged bequest for an unrestricted gift to our School. The couple also donated another \$27,500 during the campaign.
- The UW Orthodontic Alumni Association (\$1,416,542), underwriting the full remodeling of the Orthodontics clinic
- Dr. David Engel (Periodontics '70) and Margaret Engel (\$1,000,000), a pledged bequest to support the Ammons-Engel Professorship in Periodontics. The couple also donated another \$125,000 during the campaign.

The Together for Dentistry campaign attracted a broad base of 4,263 donors, with an especially strong component of pledged bequests totaling nearly \$9 million.

"We now have funding that completes some endowments, supports faculty, advances research, improves our clinical and education missions, and provides critically important scholarships."

-DEAN GARY CHIODO

OTHER CAMPAIGN HIGHLIGHTS:

- Drs. Kristine Grace ('96) and Mark Grace ('94) made a major gift to create the first faculty fellowship in our Department of Restorative Dentistry.
- · Thanks to generous contributions from alumni and the American Association of Endodontists, our Department of Endodontics now boasts its first endowed professorship - the Robert J. Oswald and David L. Pitts Endowed Professorship in Endodontics. Supported by the Faculty Endowment for Excellence in Endodontics, it is held by Dr. Natasha Flake (Endodontics '07) and Dr. Avina Paranjpe (Endodontics '09).
- Family and friends contributed \$150,000 to establish a scholarship and create an affiliate faculty recognition award to honor the memory of Dr. William P. "Mitch" Hungate ('78), a beloved longtime affiliate faculty member who died in an avalanche in 2013. The Hungate Awards now recognize two outstanding affiliate faculty members each year.
 - The Partners in Diversity program has catalyzed support for our students from under-represented backgrounds, many of whom have defied daunting hardships to enter professional dentistry. A \$250,000 endowment was created to fund a major scholarship for these students.
 - Dr. Kimberly Espinoza, director of our School's DECOD special-care program, received the first fellowship from the 2016-2017 Kokich-Mathews-Spear Endowed Fund for Academic Leadership in Dentistry. The yearlong fellowship, which includes a \$3,000 stipend, supports a personalized master class in the art and science of effective presentation.
- In Oral and Maxillofacial Surgery, alumni are actively raising funds to elevate the Philip Worthington Endowed Lectureship to an Endowed Chair. The campaign is now less than \$200,000 from its goal.

"The outcome of this campaign is truly transformational for us," Dean Chiodo said. "I am both grateful for and humbled by this support."

ADA to honor Dr. Theresa Cheng as humanitarian

Dr. Theresa Cheng (Periodontics '85) of our School of Dentistry's Periodontics faculty will receive the 2021 American Dental Association Humanitarian Award for her work on behalf of veterans, the ADA has announced. She was unanimously recommended by the ADA selection committee for the honor, one of the highest bestowed by the organization.

Dr. Cheng was recognized for the work she began in 2008 to provide free dental care to veterans in her own practice. She sold her private practice in 2012 to devote more time to her efforts, and in 2016, she founded the grassroots group Everyone for Veterans (E4V). It

received nonprofit status the following year.

E4V enlists volunteer dentists to give free urgent care to low-income veterans who served in combat or other areas of hazardous duty and can't afford private care. The Veterans Administration provides dental care only to veterans who are declared 100 percent disabled with a service connection. The VA does offer a dental insurance plan, but it is often out of financial reach for hard-pressed veterans.

"Dr. Cheng's program has provided access to care for needy veterans throughout the country," said Dr. Daniel J. Klemmedson, ADA president, in an article in the *ADA News*.

"I am impressed by how she has inspired her dental colleagues, dental students, and community members to get more involved, and we believe her program will inspire other programs to begin. We are proud to honor Dr. Cheng for selflessly serving those who have served our country so loyally."

Dr. Cheng, 63, responded modestly to the news of her recognition: "I am of course very happy and humbled by this. However, I also feel a little embarrassed to be recognized for work that I should be doing for these men and women who served, and I want to recognize all the dentists, staff, and volunteers who did all the great work." The outreach to veterans does not end with the initial free treatment. E4V dentists also encourage their veteran patients to establish a "dental home" where they continue regular dental visits. "We do a general screening, and we tell our volunteer dentists that we want to address not only urgent needs but provide comprehensive care," Dr. Cheng said.

The E4V outreach to veterans extends beyond the initial free visit for the urgent need, at which E4V dentists are asked to provide comprehensive dental treatment. Subsequently, veterans are encouraged to continue regular paying visits to a dentist to safeguard their improved oral

health.

Dr. Cheng has expanded E4V's work into dental schools, including ours. A new Veterans Access to Dental Care Fund is seeking donations to support more free treatment of lowincome combat veterans by dental students under faculty supervision. (To donate, go to https://dental.washington.edu/ alumni-friends/give/make-a-gift/)

"Our general and specialty clinics are honored to be of service to those who have served our country," Dean Gary Chiodo said in an appeal to prospective donors.

After starting as a word-ofmouth network with a handful of volunteers, E4V has grown to

more than 400 dentists plus specialists and dental labs. In 2017, E4V also created its Wingman program to facilitate help beyond dentistry. The program now has about 70 volunteers who help veterans make connections for other life-enhancing services at little or 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."

The ADA award is not the first recognition Dr. Cheng has received for her work with veterans. In 2019, the UW bestowed its Award of Excellence on her, and in 2017 she received the Washington State Outstanding Service to Veterans Award.

Dr. Cheng will receive her humanitarian award, which includes a \$10,000 donation to a charity of her choice, at ADA's October meeting in Las Vegas.

Drs. Lepe, Dogan win Rothwell honors

Dr. Xavier Lepe and Dr. Sami Dogan of our Restorative Dentistry faculty have been honored with Bruce R. Rothwell Awards for Teaching Excellence, our highest faculty recognition.

At a Zoom faculty meeting on Feb. 3, Dr. Lepe received the 2020 Bruce R. Rothwell Lifetime Achievement in Teaching Award, which is given to senior or emeritus faculty members. Dr. Dogan received the 2020 Bruce R. Rothwell Distinguished Teaching Award, which goes to a junior or mid-career faculty member.

Dr. Lepe, who is Associate Professor of Restorative Dentistry and Director of the Division of Prosthodontics, joined the faculty in 1993 after teaching for 10 years at Loyola University of Chicago.

One student wrote in support of Dr. Lepe's nomination: "If corrections are needed during a procedure, he always provides us with direct, positive, and constructive feedback following each and every clinical session and away from the patient to ensure their confidence in us is not lost. He allows us to be independent while working with our patients but knows when to step in if necessary."

Another student wrote: "He has guided a generation of students at both the pre-clinical and clinical levels, and he is a huge reason graduates are able to maintain the school's exceptional reputation."

Dr. Dogan, Associate Professor of Restorative Dentistry, joined the faculty in 2005 after teaching at Germany's Leibniz Universität Hannover for four years.

"(Dr. Lepe) has guided a generation of students at both the pre-clinical and clinical levels, and he is a huge reason graduates are able to maintain the school's exceptional reputation."

He has been recognized by students for teaching excellence several times, and a faculty colleague wrote in support of his nomination: "He delivers thoughtful, innovative, and engaging presentations, hosts productive and interactive small-group discussions, has successfully and quickly adapted his teaching modalities in response to the most recent pedagogical shift, and encourages critical and independent thinking, all of which ultimately motivate students to perform at their highest level."
case. He was posthumously honored by the American Society of Forensic Odontology.
Dr. Rothwell also directed the School of Dentistry's General Practice Residency program and was noted for his expertise in teaching, research, and care of medically compromised patients. He devised Rothwell's Solution, a painkilling mouthwash still in use to help patients undergoing radiation and chemotherapy for mouth cancers.



Dr. Theresa Cheng's work on behalf of veterans has previously earned her the UW Award of Excellence and the Washington State Outstanding Service to Veterans Award.



Dr. Xavier Lepe (top photo) received the Bruce R. Rothwell Lifetime Achievement in Teaching Award.

Dr. Sami Dogan received the Bruce R. Rothwell Distinguished Teaching Award.

The awards were presented by Dr. Mark Drangsholt ('84, Oral Medicine '95), Chair of Oral Medicine and head of the awards selection committee.

The awards were created in 2001 to commemorate Dr. Bruce R. Rothwell, who chaired the school's Department of Restorative Dentistry from 1993 until his death from kidney cancer in 2000 at the age of 52. Renowned as a forensic dentist, he served as a consultant to the King County Medical Examiner's Office and in the 1980s worked with School of Dentistry colleague Dr. Tom Morton to identify victims in the Green River serial murder case. He was posthumously honored by the American Society of Forensic Odontology.

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News



Dr. Roy Page and his wife, Patricia, are shown at the 2017 ceremony for the renaming of our Periodontics laboratory in his honor. The department also built a display case to highlight some of his career achievements.

Dr. Roy Page, peerless researcher, passes away

Dr. Roy C. Page, one of the most illustrious researchers in School of Dentistry history, passed away last Oct. 29 in Springfield, Mo. He was 88.

During a career that covered more than four decades, Dr. Page (Periodontics '63) made myriad contributions to biomedical research. His work was recognized with the Norton M. Ross Award for Clinical Research, the American Dental Association's highest honor for lifetime research achievement. His body of research encompasses seminal studies on the biochemistry of periodontal connective tissue and the role of the cementum matrix in periodontal regeneration. His work is credited with spurring numerous other studies and significantly broadening the understanding of inflammatory periodontal diseases.

Dr. Page was named Distinguished Scientist by the American Association for Dental Research (AADR) in 2001 and Distinguished Alumnus by the University of Washington in 2000. In 1982, he received the Gies Award from the American Academy of Periodontology and American Dental Education Association. He was president of AADR and the International Association for Dental Research and was elected as a fellow of the American College of Dentists, International College of Dentists, and Pierre Fauchard Academy. He had a private practice in periodontics in Seattle from 1963 to 1998 and was an honorary member of British, Indian, and French periodontal societies.

At our School of Dentistry, Dr. Page was renowned for his prodigious ability to attract grants, securing more than \$40 million in funding during his career. His value, however, extended far beyond being an unparalleled funding engine. After joining our faculty in 1967, he went on to hold

Dr. Page was renowned for his prodigious ability to attract grants, securing more than \$40 million in funding during his career.

appointments as a professor of periodontics in our School and professor of pathology in the School of Medicine. He was director and associate dean for research at our School as well as director of the Research Center in Oral Biology, director of graduate and postdoctoral education in Periodontics, and director of the Regional Clinical Dental Research Center, which he established in 1990. He took emeritus standing in 2003, and in 2017 our Department of Periodontics renamed its research laboratory to honor him.

A native of South Carolina, Dr. Page earned his undergraduate degree from Berea College of Kentucky in 1953 and his DDS from the University of Maryland in 1957. He served on active duty as a U.S. Navy lieutenant from 1957 to 1960, then as a commander in the U.S. Naval Reserve from 1964 until 1978. After active duty, he practiced general dentistry in South Carolina from 1960 to 1961. He moved to Seattle in 1961 and lived there untill 2016, when he moved to Missouri. He earned a Certificate in Periodontology at our School in 1963 and a doctorate in pathology from the UW in 1967. In 1983, Loyola University of Chicago awarded him an honorary Doctor of Science degree.

Noted for his can-do attitude and encouragement of other researchers, he was esteemed for his personal qualities as much as he was as a researcher. At the 2017 ceremony to mark the laboratory renaming, one colleague said, "He is a worldclass scientist and a world-class human being."

Dr. Arthur Dugoni, iconic dental dean

Dr. Arthur A. Dugoni (Orthodontics '63), one of the nation's most illustrious dental deans, died on Sept. 23 at his home in Palo Alto at the age of 95. When the University of the Pacific dental school was renamed for him in August 2004, he became the first and only person in North America to receive that honor while still serving as dean.



Helming the school for 28 years until

2006, Dr. Dugoni – "Art" to all who knew him – was not only an iconic educator but a fund-raiser supreme. In the 1990s, he led a capital campaign that gathered \$65.7 million, then a record for dental schools. He oversaw advances in digital dentistry, the building of a new simulation lab, the creation of an International Dental Studies program, and expansion of clinical services.

He also was a larger-than-life figure in organized dentistry. He held the presidencies of the American Dental Association, the California Dental Association, the American Dental Education Association, and the American Board of Orthodontics. He was a prolific lecturer and clinical presenter and published more than 175 articles.

In 2006, Dr. Dugoni received his university's highest honor, the Order of Pacific. Eight years earlier, the FDI World Dental Federation bestowed on him its greatest recognition, the List of Honour.

Before becoming dean, Dr. Dugoni was assistant professor of operative dentistry, assistant professor of pediatric dentistry, assistant professor of orthodontics, chair of the Department of Orthodontics, associate professor of orthodontics, and professor of orthodontics.

Dr. Gerald Harrington (Endodontics '69), another iconic Born in San Francisco, he began dental school at the University figure in our Department of Endodontics, said that "his of Missouri-Kansas City and completed it in 1948 at the accomplishments were extraordinary. He established an College of Physicians & Surgeons in San Francisco, which later international reputation as an authority in the area of dental became the dental school at the University of the Pacific. After physiology. As a result, he was able to effectively bridge the practicing as a pediatric dentist in South San Francisco for gap between the basic and clinical sciences and between the 14 years, he returned to school to complete an orthodontics School of Dentistry and the School of Medicine." residency at our School of Dentistry. Born and raised in Paterson, N.J., Dr. Van Hassel earned

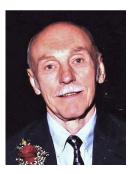
In a statement released by the University of the Pacific, his DDS at Maryland, whose dental school also named President Christopher Callahan said: "Art Dugoni was one him Distinguished Alumnus. He served in the U.S. Public of the most important leaders in the 169-year history of Health Service and interned at the USPHS Hospital in San California's first university. He not only transformed the Arthur Francisco, then was stationed at the USPHS hospitals in A. Dugoni School of Dentistry, but the discipline of dental Boston and Seattle. After retiring as OHSU dean in 1998, he education. Art will be deeply missed, but his legacy will live and his wife, Ann, returned to her family home in Heiskell. on through the thousands of alumni, faculty, students, staff, supporters, and friends at the school that bears his name."

Dr. Henry J. Van Hassel, **2001 Distinguished Alumnus**



Dr. Henry J. "Hank" Van Hassel (Endodontics '67), a past president of the American Association of Endodontics and our School's 2001 Distinguished Alumnus, passed away on Oct. 22. A resident of Heiskell, Tenn., he was 87.

Dr. Van Hassel, a former longtime editor of the Journal of Endodontics, was a longtime faculty member at



our School and one of the first endodontists to earn a PhD, which he did at the UW in physiology. He also taught at the University of Maryland and then became dental dean at Oregon Health & Science University.

One of his UW contemporaries, Dr. Jim McGraw (Endodontics '69), called him "instrumental in establishing the research component of the Endodontics Department."

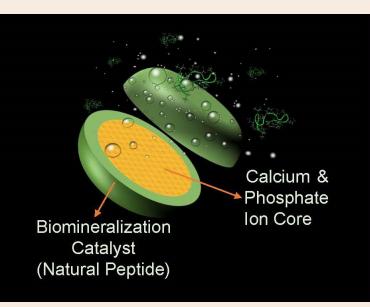
Dr. Van Hassel was a faculty member in Endodontics from 1967 to 1981, when he became professor of endodontics and director of the Graduate Endodontic Program at Maryland. His 14-year tenure as dental dean at OHSU began in 1984. An active researcher, he authored hundreds of articles and two books and lectured throughout the United States and abroad.

He was president of the Oregon State Dental Association, a diplomate of the American Board of Endodontics, and a member of the American Dental Association Council on Dental Therapeutics. He was elected to membership in Omicron Kappa Upsilon and to fellowship in the American College of Dentists and the International College of Dentists.

Trials slated for lozenge that rebuilds tooth enamel

A breath mint that rebuilds tooth enamel while it safely whitens The lozenge produces new enamel that is teeth? It may soon be a commercial reality, thanks to Dr. Sami Dogan of our Restorative Dentistry faculty and his UW research colleagues.

The researchers are preparing to launch clinical trials of a lozenge that contains a genetically engineered peptide, or chain of amino acids, along with phosphorus and calcium ions, which are building blocks of tooth enamel. The peptide is derived from amelogenin, the key protein in the formation of tooth enamel. It is also key to the formation of cementum, which makes up the surface of the tooth root.



The lozenge uses a genetically engineered peptide, along with phosphorus and calcium ions, to build new layers of enamel on teeth.

Each lozenge deposits several micrometers of new enamel on the teeth via the peptide, which is engineered to bind to the damaged enamel to repair it while not affecting the mouth's soft tissue. The new layer also integrates with dentin, the living tissue underneath the tooth's surface. Two lozenges a day can rebuild enamel, while one a day can maintain a healthy layer.

The lozenge could add a potent new weapon to the preventive dental arsenal, since it could heal carious lesions. Intended to be used like a mint and slowly dissolved in the mouth, it is expected to be safe for use by adults and children alike.

The researchers have been discussing commercial applications with potential corporate partners, according to Professor Mehmet Sarikaya, the team leader. He is a professor in the Department of Materials Research Science and Engineering and adjunct professor in the Department of Oral Health Sciences. Dr. Dogan has played a key role as the research team's dental expert.

whiter than what tooth-whitening strips or gels produce. It has another distinct advantage: Conventional whitening treatments rely on hydrogen peroxide, a bleaching agent that can weaken tooth enamel after prolonged use. Since tooth enamel can't regrow spontaneously, the underlying dentin can be exposed, with results ranging from hypersensitivity to cavities or even gum disease. The lozenge, on the other hand, strengthens, rebuilds, and protects teeth.

While fluoride can also fortify tooth enamel, it does not actively rebuild it. It also dilutes relatively quickly, and its overall effectiveness depends largely on diligent oral hygiene. The lozenge can be used in conjunction with fluoride,

Dr. Dogan said. The fluoride can be in a very low concentration, he added - about 20 percent of what is found in most fluoride toothpastes.

"We have three objectives in the clinical trial," Professor Sarikava said. "First, demonstrate efficacy. Second, documentation. Third, benchmarking – seeing how the whitening effect compares to existing commercial treatments." The researchers have already tested the lozenge on extracted teeth from humans, pigs, and rats, and also on live rats.

The team also plans to develop related products for use in dental offices, Dr. Dogan said, and expects this phase of trials to start in March or April. "Each study will take two weeks, and we expect these trials to take no more than three months," he said. The team is also developing a toothpaste for over-the-counter use, but has not fixed a timetable for its introduction.

In addition, the researchers are investigating a gel or solution with the engineered peptide to treat hypersensitive teeth. This problem results from weakness in the enamel that makes the underlying dentin and nerves more vulnerable to heat or cold. Most common products currently on the market can put a layer of organic material on the tooth and numb nerve endings with potassium nitrate, but the relief is only temporary. The peptide, however, addresses the problem permanently at its source by strengthening the enamel.

The idea for the lozenge design originated with Deniz Yucesoy, a graduate student in the UW's Genetically Engineered Materials Science and Engineering Center who received a \$100,000 Amazon Catalyst grant through CoMotion, UW's commercialization center, to support the initial project. Key contributions also came from Hanson Fong, a research scientist in the Department of Materials Science and Engineering.



Dr. Sami Dogan

School wins \$1M grant for teledentistry project

The School of Dentistry has won a \$1 million federal grant that will upgrade infrastructure for teledentistry in Washington and Montana and improve the school's distance-learning capability.

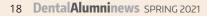
The grant was awarded by the U.S. Department of Agriculture's Rural Utilities Service (RUS) Telecommunications Program to our School's Office of Regional Affairs and the Regional Initiatives in Dental Education (RIDE) program. It will be augmented by another \$250,000 in matching funds from the UW's Health Sciences Facilities and Administration office, which is collaborating on the project.

RIDE, which began in 2007, seeks to improve access to dental care in rural and underserved areas of Washington. Students in the program serve rotations in community clinics - a fourweek rotation after their first year and a five-month rotation during their fourth year. The goal is to produce more dentists who will practice in these areas. To date, more than 75 percent of RIDE graduates are doing so, which is far above the national average for dental school graduates.

The program has a Spokane hub on the Eastern Washington "This is an incredible opportunity to leverage support from the University campus, where its students spend their first year USDA to expand the school's rural educational, teledentistry, before rejoining their Seattle classmates for their second and and clinical service goals," said Dr. Frank Roberts, Assistant third years and part of their fourth. In Spokane, the students Dean for Regional Affairs and director of the RIDE program. receive instruction not only from RIDE instructors there, "This will especially provide new avenues of collaboration with but also in real time from the school's Seattle faculty via a our Eastern Washington RIDE dental partners." distance-learning network.

The RUS grant will be disbursed over three years for improvements including:

- 12 chairside telemedicine carts equipped with two-way secure video conferencing, intraoral camera and computer for dental charting, images, and access to electronic health records. One will be at the UW and 11 will be at partnering rural and tribal community dental clinics in Washington and Montana.
- Upgrades to the school's simulation clinics in Seattle and Spokane. In these clinics, students practice on dental mannequins for two years before performing procedures on live patients.
- · Teleconferencing upgrades at the school.
- New distance-learning classrooms at the UW. At least two will be at the new \$100 million Health Sciences Education Building, an integrated training facility that will serve all six UW Health Sciences schools. Construction recently began on the building, which is due to be completed by May 2022.



Montana has shown strong interest in such an expansion and is already a partner in the UW School of Medicine's WWAMI (Washington, Wyoming, Alaska, Montana, Idaho) regional medical education program.

RIDE was recognized in 2017 by the American Dental Education Association with its top honor, the William J. Gies Award, in the category of Vision by an Academic Dental Institution.



In a 2016 photo, distance-learning technology links dental faculty and students in Seattle to RIDE students at their Spokane hub on the Eastern Washington University campus.

The new project will expand the Office of Regional Affairs' distance learning and teledentistry footprint to 22 rural locations, 13 in Washington State and nine in Montana, including five tribal clinics. In partnership with Montana State University and Montana's Department of Public Health and Human Services, UW dental students have been attending five-week clinical rotations in rural and tribal communities over the last five years, helping build a network of precepting clinics for future Montana RIDE expansion.

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Bequest endows new fellowship for Orthodontics and Periodontics

Our Departments of Orthodontics and Periodontics will benefit from a new endowed fellowship, thanks to a \$100,000 gift from the estate of the late Dr. Curt Carlson, who was an alumnus of each. Dr. Carlson, who passed away in 2014, received his Periodontics certification in 1974 and his Orthodontics certification in 1976.

Dr. Carlson maintained a longtime private practice in periodontics and orthodontics in Bellevue, Wash. He received his DDS in 1969 from the University of Illinois Chicago Medical Center, then served in the U.S. Navy as an intern at Oak Knoll Naval Hospital and as a dental officer aboard the U.S.S. Samuel Gompers. At our School, he was a clinical instructor in predoctoral and graduate periodontics from 1973 to 1976.

He was president of the Washington State Society of Periodontics and of the Western Society of Periodontology and a member of the Omicron Kappa Upsilon national dental honor society and Psi Omega dental fraternity.

Dr. Carlson was a devoted fisherman who often traveled to Alaska and smoked his own salmon to share with family and friends. Dr. David Wands, a close friend and frequent fishing companion who himself has endowed a long-standing Graduate Prosthodontics fellowship, said: "Curt was a loyal, compassionate friend and father who loved continuing education as much as he loved fishing. His belief in integrity, principles, country, and God was always shared with everyone who knew him. He was a dedicated UW alumnus who never missed a Husky football home game."

Dr. Carlson was a committed lifelong learner who belonged to several study clubs and dental organizations, including the American and International Associations for Dental Research, the American College of Oral Implantology, the Academy of

"Curt was a loyal, compassionate friend and father who loved continuing education as much as he loved fishing. His belief in integrity, principles, country, and God was always shared with everyone who knew him."

DR. DAVID WANDS



Dr. Curt Carlson's professional distinctions included the presidencies of the Washington State Society of Periodontics and the Western Society of Periodontology.

Osseointegration, the American Academy of Periodontology, the American Association of Orthodontics, Seattle-King County Dental Society, the Washington State Dental Association, and the American Dental Association.

Funds from his endowed fellowship will help our graduate students defray expenses related to research, professional meetings, association dues, board exams, and additional scholarly pursuits.

"The Department of Orthodontics is very grateful and honored that this endowment has been established in Curt's name," said Dr. Greg Huang, Chair of Orthodontics. "Since Curt was dual-trained in Orthodontics and Periodontics, it is fitting that this fund will contribute equally to both departments. The Department of Orthodontics plans to dedicate the entirety of the proceeds it receives from this fund towards activities that will enhance our graduate students' educational experience."

Added Dr. Frank Roberts, Chair of Periodontics: "The Department of Periodontics is very excited to be a beneficiary of this wonderful legacy from Dr. Carlson. The proceeds will also be dedicated to the graduate students' educational experience."

Turpins establish endowment to support Ortho's Thesis Day

In the course of an illustrious 50-year career at our School of Dentistry, Dr. David Turpin (Orthodontics '66) has given much to the School and his profession.

"This fund will allow us to secure a wonderful venue while He has been the Department of Orthodontics' Moore-Riedel subsidizing the costs to attendees – year after year." Professor, and in that capacity helped mark the department's 70th anniversary by organizing an international symposium in Dr. Greg Huang, Chair of Orthodontics, makes it clear Seattle to help orthodontists and orthodontic educators how impactful the Turpins' support is: "The department refine their evidence-based research skills. An active and is extremely grateful to David and Judith Turpin for their prolific researcher, he has been editor of the American Journal endowment. Our Thesis Day event includes research of Orthodontics and Dentofacial Orthopedics and a member presentations from our graduating students, as well as a of the Executive Committee of the World Federation lecture from a world-renowned orthodontist or academician. of Orthodontists. It is attended by local orthodontists as well as alums from all over the world via Zoom, and the Turpins' gift will ensure its Beyond that, however, he and his wife, Judy, have also been success for decades to come. We cannot thank Judy and Dave enough for this very thoughtful gift to the department."

strong supporters of our School, earning designation as University of Washington Benefactors and as School of Dentistry Partners in Excellence. This support has included a \$50,000 legacy gift to support the Kokich-Shapiro Endowed Professorship and a \$50,000 gift that helped elevate the Moore-Riedel position to an endowed chair.

Now the Turpins have taken their support to an even higher level with a \$250,000 gift to establish the David and Judith Turpin Endowed Program Support Fund in Orthodontics. The new fund will support the department's annual Thesis Day event, a hallmark of its graduation observances.

"The Orthodontic Department has taken great pride in the graduation of its students since its founding in 1948," Dr. Turpin said. "Much of this tradition reflects the efforts of our first chair, Dr. Alton Moore, who emphasized the importance of a high level of research and expected every student to be an active participant."

Held initially at our School, the graduation ceremonies started small but grew over the years as more faculty members and friends of the students showed interest in the research findings. Completed research projects, Dr. Turpin said, were often submitted to the International College of Dentists as well as the American Association of Orthodontists, often winning top awards. Then, in the 1970s, the graduation ceremonies were opened to local dental professionals, who could earn continuing-education credit.

That required a larger facility, such as a downtown Seattle hotel. Since 2010, Dr. Turpin said, the cost of bookings – with breakfast, lunch, and audiovisual support – has mushroomed. That forced the department and orthodontic alumni association to balance the costs of the event with fees that attendees were willing to bear.

That's where the endowment comes in. "A guaranteed source

would be extremely valuable and meaningful," Dr. Turpin says.

of yearly funds to support our graduation event every year

Dr. David and Judith Turpin's latest gift will elevate them to the level of University of Washington Distinguished Benefactors.

Would you like to help?

Further donations to support Thesis Day are welcome. For information or to donate, please contact Doug Day of our Advancement team at daydoug@uw.edu.

Off-site geriatric care returns in Lynnwood

Thanks to the persistence of Dr. Susanne Kölare Jeffrey and helpful community partners, our School of Dentistry's off-site geriatric dental care is back after a six-month hiatus.

The coronavirus pandemic sidelined the Lynnwood, Wash. clinic in the spring of 2020 after Gov. Jay Inslee ordered the suspension of all but urgent medical and dental care. It was a significant loss for a patient population with substantial dental issues, including dry mouth and rampant caries.

The suspension was especially unfortunate in light of what Dr. Jeffrey had done to enhance and expand the clinic. At the end of 2017, she had moved it to a new Lynnwood location, Lahai Health (formerly Puget Sound Christian Clinic), with more space and chairs than the old facility. She also obtained new funding from Lynnwood's Verdant Health Commission, a community health center.

As of Sept. 30, she was back in business with a full-service free clinic that runs one day a week with five operatories that usually handle about 10 patients that day. The clinic boasts a Panex and a donated scanner and milling unit that allows crowns and bridges to be made onsite.

"Compared to five years ago, I can provide full services – it's a full general dentistry clinic," she said. "We can do surgical extractions, normal extractions, endodontics, full dentures, temporary partials, crowns, even injection over molding."

Dr. Jeffrey has also added an elective for fourth-year students so they can have more days at the clinic after they finish their regular three-week rotation. She also worked with UW Medicine and our School to facilitate an elective rotation at the Lynnwood clinic and in the D-3 predoctoral clinic by Dr. Gianna O'Hara, a resident in UW Geriatric Medicine who has a special interest in geriatric oral health.

Inevitably, the pandemic has changed the clinic's routine. Now Dr. Jeffrey huddles with students on Zoom at 8 p.m. the evening before a new rotation starts. They review the patients and go over clinical procedure, and students can request particular patients. One student is responsible for the patient, chart notes, and other details. Lahai furnishes the dental assistants, whom Dr. Jeffrey previously had to hire herself. She books the patients herself. "Some of them we've had since we started in 2012," she said. "This is like a community clinic – they're elderly, very vulnerable, on multiple medications. They have diabetes, high blood pressure. Many are cancer survivors."

Dr. Jeffrey, a clinical assistant professor in Restorative Dentistry, teaches in the predoctoral clinic two days a week and works in the Campus Dental Center faculty practice one and a half days. She uses part of her administrative time for the geriatric clinic.



Dr. Susanne Kölare Jeffrey (third from right, in white coat) with students at the geriatric clinic.

"In Lynnwood, you have a lot of patients who can't travel to the Seattle campus," she said. "Even finding a parking spot in the garage would be too difficult for them. Some of them are in some type of assisted living. They would never be able to afford dental care." She also monitors patients' general welfare. One, for example, had fallen five times in two weeks and was emotionally fragile, so Dr. Jeffrey contacted the county social services office. "The clinic visit is a perfect situation to talk with patients. They feel safe," she said.

The clinic provides electric toothbrushes for needy patients and prescriptions for special toothpaste. For those at high risk of caries, the clinic tests saliva for flow rate, pH, and buffer capacity, and, depending on the findings, creates personalized preventive care programs that include diet.

She's proud of the quality of care: "Now they're in a normal dental clinic - a fancy dental clinic. And they are amazed."

Would you like to help?

If you would like to volunteer for the geriatric clinic, please email Dr. Jeffrey at sjeffrey@uw.edu. Pandemic conditions may dictate how many volunteers can be accepted, but your interest is welcome.

Research Day focuses on post-COVID world

Eric Xu was selected as the winner of our School of Dentistry's Dr. John Scott, Professor of Allergy and Infectious Disease at the UW School of Medicine, gave the keynote address. Dr. Scott, who is Medical Director of UW Digital Health, spoke on "The effect of the COVID-19 epidemic on telemedicine and teledentistry: Looking to the future." School of Dentistry faculty speakers included: • Dr. Dan Chan, Chair of the Department of Restorative Dentistry: "COVID-19 pandemic research opportunity: restorative Dr. John Scott, the keynote speaker dentistry perspective" at the virtual event, discussed the pandemic's influence on telemedicine Dr. Jacqueline Wong, and teledentistry. Clinical Instructor in the Department of Oral Medicine: "Telehealth at the UWSOD during COVID-19 and beyond" • Dr. Mark Drangsholt, Chair of the Department of Oral Medicine: "Can telehealth advance dentistry?" Fourth-year research elective dental students gave video presentations, as did graduate students and SURF students.

receive \$150 and \$100 scholarships. Health Sciences lobby. Instead, presentations were delivered

student research competition in conjunction with the School's annual Research Day in February. Xu, a second-year student who was mentored by Dr. Sumita Jain and Dr. Diane Daubert of the School's faculty, was recognized for his study titled "Veillonella demonstrates increased biofilm growth when exposed to titanium particles." As winner of the competition, judged by the school's Research Advisory Committee and the Student Research Group, Xu received a \$200 scholarship from the Omicron Kappa Upsilon national dental honor society. He will also represent the School in the American Association for Dental Research/Dentsply Student Competition for Advancing Dental Research in 2022. Classmates Isabelle Hwang, mentored by Dr. Tracy Popowics, and Kevin Xu, mentored by Dr. Dan Chan, were selected as the second-place and third-place winners respectively and will The winning students and the competition's other entrants participated in the School's Summer Research Fellowship Program (SURF), which is funded by the University of Washington Morell Endowment and the UW Dental Alumni Association. SURF gives School of Dentistry students a stipend and allowance for expenses to pursue research under faculty supervision. Because of the COVID-19 pandemic, this year's Research Day, conducted on Zoom, was a marked departure from previous years, which featured research poster presentations in the virtually, as were faculty talks. The theme of the event was "How research and evidence inform the future of dentistry in the post-pandemic world."

Help us boost cranial capacity!



Thanks to our donors who The skulls are used in a School have sent more human skulls of Medicine predoctoral to Dr. Sue Herring of our course on medical and dental faculty for instructional use at anatomy, and also in a School our School of Dentistry! Since of Dentistry postgraduate our last issue, she's received course on head and neck skulls from Dr. Stephen anatomy. They must be actual Greiwe ('79), Dr. Kirk Kallander human specimens – not ('82), Dr. Chet Woodside plastic - and in reasonably ('67), Dr. Peter Wylie ('67), good condition, with no major Dr. Donald Hodges ('70), Dr. parts missing or broken. Allen Kirkpatrick ('79), and Dr. Kathrine Olson ('77).

With Dr. Herring's recent retirement, skulls should now be sent to Dr. Kathy Rafferty of 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 kraff@ uw.edu) or in writing. The School can then officially acknowledge the donation.

Recent alums form club to mentor new dentists on starting practices

After students graduate from dental school, they often confront one more big challenge: If they want to start their own practice, they must quickly master the intricacies of a highly specialized form of business ownership. And trial and error can be a prohibitively expensive tutorial.

There are resources available to new-practice hopefuls. They can tap local dental societies or the Washington State Dental Association for expertise. Or, if they've had a dental mentor through our Dental Alumni Association's joint program with WSDA, they can pick up real-world knowledge from experienced dentists during their time in school.

However, three recent graduates of our School decided they could go a step further in providing critical know-how to beginning dentists. In September 2019, Dr. Sampada Deshpande ('18) started the New Dentist Business Club, a nonprofit that motivates and provides guidance to new graduates and dental students on dental practice ownership. She was quickly joined by Drs. Gurpreet Kaur ('19) and Isabella Amar ('18).

Now with more than 50 members across the country, the club features mentors, other new dentists, and veteran practice owners. Virtual meetings take place twice a month, and the annual membership fee is \$100. One of the monthly meetings is devoted to a question-and-answer session with a practice owner about strategies, both successful and failed.

The other meetings cover topics including practice management, evaluation of a practice – including how to read a profit-and-loss sheet and calculating EBITDA (earnings before interest, taxes, depreciation, and amortization) – finding the right associateship, hiring team members, building a business plan, financial projections on a startup, and selecting vendors.

The material also includes how to hire and terminate employees, build an employee manual, resolve staff management concerns, find that first associate, conduct interviews, and create a brand around the practice. There's also guidance in basic accounting, economics, and financial management, so new practice owners can assess industry "experts" for themselves, reduce incidence of fraud, and gain confidence in hiring their practice team.

"If you don't understand the nitty-gritty of what you're signing up for, you may not be ready for the trials and tribulations of running a business, and maybe making a big mistake," Dr. Deshpande said. "At the club, we think business ownership means more than just providing great clinical dentistry. It is also about auditing the people and companies you choose to work





Dr. Sampada Deshpande

Dr. Isabella Amar

with, learning how to negotiate for the best price, building a network of supporters and mentors around you, and trying to become the best leader possible."

Dr. Gurpreet Kaur

She added, "Our vision for members is for them to gain confidence in business, leadership, and communication skills so that they can become more well-rounded dentists in their community. We found that there was currently no study club led by new dentists for new dentists for the purpose of learning business education. We have also noticed that sometimes, when courses are being run with a for-profit business model, speakers can sometimes carry different agendas and not necessarily provide the education that we seek."

Ultimately, the club's organizers seek to develop a cohort of dentists who support one another, compare experiences honestly, share mentors, bring colleagues to the club who can enrich others, and build a community of non-competitive learning.

"We are also trying to inspire our membership to build a growth mindset and think like entrepreneurs. We want new dentists and dental students to have big dreams and to stop at nothing to achieve them. We also want to help influence our members to create meaningful change in their communities," Dr. Deshpande said.

"Learning from your mentor is a small piece of the puzzle. Building camaraderie among colleagues who are going through the same battles as you are, have the same questions as you, and who can support you in your journey can be a real game-changer. This is the experience we are trying to create for our membership."

Want to know more?

To learn more or register as a new member, go to https://www.sampadadeshpandedds.com/new-dentist-business-club/

With the stroke of a pen, a

DENTAL SCHOOL is launched

On March 1, 1945, World War II continued to rage in Europe and the Pacific. Allied forces were preparing to drive into the German industrial heartland. Ten days earlier, U.S. Marines had landed on the strategic Japanese island of Iwo Jima, marking the start of one of the war's bloodiest battles. Even as the conflict continued, however, there was a clear sense that the end was in sight. It was a time of rising hope for an exhausted, war-weary world.

SPECIAL COMMEMORATIVE SECTION

Crown and Bridge Technic		2
Neurology		2
Comparative Dental Anatomy	14 M	1
Physiology.		б
Public Health and Hygiene	1.1	12.1
Biochemistry	4.4. 10	1.4
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On that day in 1945, one sign of that hopeful spirit manifested itself in Olympia, Wash., as state representatives gathered around Gov. Monrad Wallgren for a long-awaited bill signing. With a stroke of his pen, the governor authorized the University of Washington Board of Regents to establish a medical school and a dental school. In February, the Legislature appropriated the funds, which were also intended for construction of a 400bed teaching hospital.

The new School of Dentistry would have to make do with temporary facilities when its first class matriculated in 1946. A new Health Sciences building – then known as the Medical-Dental Building – would be built to house the departments of anatomy, physiology, biochemistry, pharmacology, microbiology, and pathology, along with the administrative offices for the medical and dental schools and the School of Nursing. Until its completion, the dental school's technical courses would be taught on the fourth floor of Bagley Hall. Originally built to house the UW departments of Pharmacy, Chemistry, and Chemical Engineering, Bagley Hall had been completed in 1937.

In July, the Board of Regents announced their choice for dean of the new dental school: Dr. Ernest M. Jones, head of the division of operative dentistry at the University of Southern California since 1935. The native Iowan, a veteran of World War I, had come to Washington at the age of 5 and attended school in Tacoma. He had practiced privately in Burlington, Wash., and had established deep ties in the Washington dental community. In 1935, he was president-elect of the Washington State Dental Association.

On Jan. 18, 1946, he shared his thoughts with *Seattle Times* readers in an interview. Noting that the Pacific Northwest had never before had combined medical and dental schools attached to a university, he said: "We are starting from scratch and there is no dead wood to clean out. The [medical and dental] schools will have the opportunity to represent the highest ideals the profession has to offer."

He continued: "We also hope to do extensive biological and technical research in the fields of dentistry, with particular emphasis on preventive dentistry. Children's dentistry –

Preceding page: On March 1, 1945, Washington Gov. Monrad Wallgren signed the legislation authorizing the creation of schools of dentistry and medicine at the University of Washington. Those looking on included Dr. G.D. Williams (standing, third from left), president of the Washington State Dental Association.



Dr. Ernest M. Jones, a native lowan who had grown up in Washington, came from the University of Southern California dental school to take the helm of the new school at the University of Washington.

heretofore perhaps one of the most neglected fields – also will be emphasized to the greatest possible extent. It is my personal hope that a grant or bequest may be obtained for intensive study in this important branch of the profession."

Dr. Jones said that postgraduate dental courses would also be provided, along with courses for returning World War II veterans whose work during their military service may have been limited to specialized fields.

Students could enter the School of Dentistry having completed only two years of undergraduate work, which had to include courses in biology, physics, inorganic chemistry, and organic chemistry. Applications had to be accompanied by two letters of recommendation – one from a science instructor, and the other "from a business or professional man." Aside from the required courses in the sciences and English composition, the School of Dentistry Admissions Committee recommended elective courses including laboratory drawing, sculpturing, literature, speech, psychology, sociology, economics, anthropology, modern foreign languages, botany, eugenics, cellular physiology, and microscopic technique.

The courses to be taught at Bagley Hall included:

- Crown and bridge
- Operative dentistry
- Oral anatomy
- Prosthetic dentistry
- Full and partial dentures
- Comparative dental anatomy
- Oral hygiene
- Ceramics
- Dental materials
- Pedodontia
- Treatment planning
- Pulp canal
- Radiology
- Dental histology

At the outset, tuition was set at \$100 per quarter (about \$1,341 in today's dollars) for Washington and Alaska residents and \$165 (about \$2,213 today) for non-residents. Fees per quarter ranged from \$24 to \$29.50 for residents and \$89 to \$94.50 for non-residents. The cost of first-year textbooks was estimated at \$80 and the cost of instruments at \$250.

Second Year

SUBJECTAUTUMNMicrobiology.4General Pathology.4Pharmacology.4Operative Dentistry.3Crown and Bridge.2Prosthetics.3Pulp Canal Therapy.2Oral Hygiene.1Radiology TechnicCeramicsPedodonticsDental MaterialsPractice ClinicTreatment Planning		C		
General Pathology4Pharmacology3Operative Dentistry3Crown and Bridge2Prosthetics3Pulp Canal Therapy2Oral Hygiene1Radiology Technic2Ceramics3Pedodontics3Dental Materials7Practice Clinic4	SUBJECT	Autumn		
Practice Clinic	General Pathology Pharmacology Operative Dentistry Crown and Bridge Prosthetics Pulp Canal Therapy Oral Hygiene Radiology Technic Ceramics Pedodontics Dental Materials	3 2 3 2 1		
	Practice Clinic Treatment Planning			

Courses and staff for the third and fourth years of the dental curriculum have not

Even allowing for inflation, those figures have gone up a bit: Tuition and mandatory fees for residents now range from \$64,762 for first-year students to a high of \$72,899 for secondyear students. For non-residents, those figures are \$94,266 and \$106,995 respectively.

A 1947 University of Washington Bulletin also noted the pressures created by the influx of returning war veterans: "Difficulty is anticipated in the housing of University students for the coming year. No estimate can be made of expected costs at this time. Accepted candidates are urged to provide themselves with housing sufficiently in advance of the opening of classes." It added: "The demands upon the time of students in the medical and dental courses make it inadvisable for students to attempt to undertake any form of part-time employment during the school year."

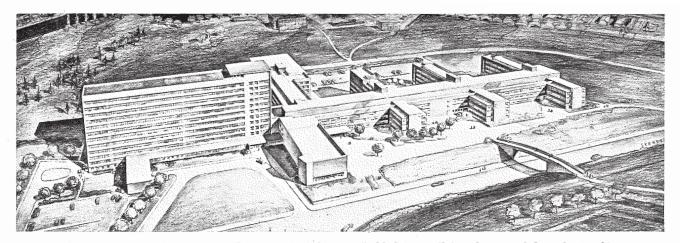
Dean Jones performed heroic work in assembling a faculty and the infrastructure for the fledgling school in just a few months. The scope of the task is set forth in the pages of the 1950 Dentalog, the School's first yearbook, over the following three pages. Succeeding pages from the Dentalog outline the School's departments and other aspects of the School.



Win

Bagley Hall was the School's temporary home at its founding.

Background art: A dental course list in a 1946 University of Washington Bulletin omitted the third-year and fourth-year curricula, which were still being organized.



Artist's conception of the projected University of Washington Health Sciences Unit with proposed eleven floor teaching hospital pictured on the left. Principal wings house the Schools of Dentistry, Nursing, Medicine and Pharmacy at a future date.

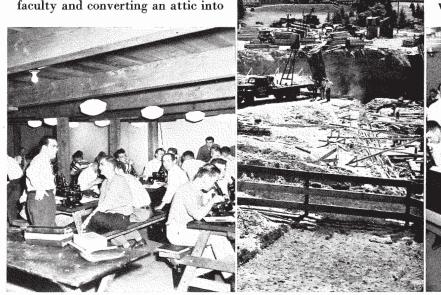
A SCHOOL IS BORN

OUT OF AN ATTIC in Bagley Hall into a \$2,500,000 Platinum Palace-that is the Cinderella background of the University of Washington Dental School. As recently as 1945 the School was just an idea. Then on October 1 of that year the wheels began turning. It was on that date that Dean Ernest M. Jones moved into a bare room in Bagley Hall and set into motion the machinery that in four short years has brought to the Northwest the finest, most modern and youngest Dental School in the Nation. The job of planning and

equipping a modern dental school is an awesome task in itself but add to that the problem of assembling a faculty and converting an attic into a temporary class room within a given deadline and it adds up to a man-size undertaking.

Dean Jones set about gathering data and ideas about laboratory benches, clinic units, lighting, locker rooms, lecture rooms and other phases pertinent to the problem at hand. With four architects he toured the nation visiting topnotch schools throughout the country. On his return the architects began drawing plans for the Dental wing of the Health Science Division with Dean Jones as special consultant.

> The problem of building temporary laboratories in Bagley Hall was next on the agenda. There was no gas, water or air facilities available.

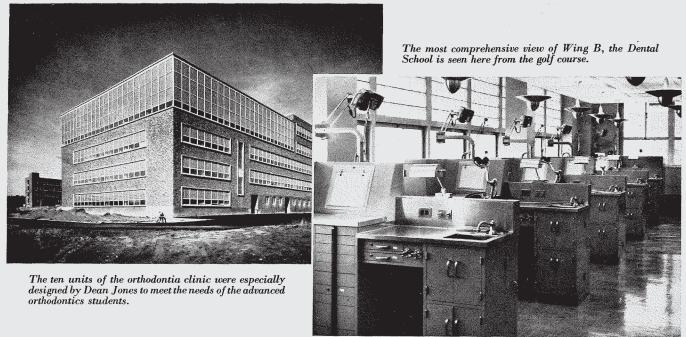


THEN—Perio department probing gingival recesses in the Bagley Hall attic.





NOW—Scope-scanning students fashion the Dental School "new look."



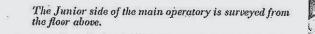
Laboratory work benches were setup, dental engines doors of the school for the entering class in the were installed, and utilities were piped in. Fall of 1946.

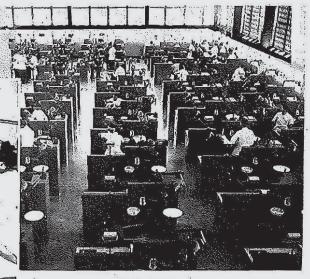
Finally, Dean Jones set about on what was, in some Then on March 27 ground was broken and conrespects, the most difficult of all the obstacles he struction of the new Dental School began. Largely encountered-that of acquiring a faculty. From the through the efforts of Dean Edward L. Turner of the four corners of this country and from Canada, School of Medicine a plan was drawn up whereby faculty members were attracted to the young school. schools of Medicine, Dentistry, Nursing, and Pharm-Members of the profession locally responded acy were to be housed under one roof in a \$9,000,000 with their support making it possible to open the physical plant which was to be called, appropriately,



Several thousand spectators evaluated the words of wisdom of the Deans, Governor Langlie, and President Allen on dedi cation day

Deans Goodrich, Jones, Soule, and Turner each placed items symbolic of their professions in the cornerstone during the dedication ceremony





The Sophomore Technic Laboratory is planned to allow free circulation of instructors among the students.

the "Division of Health Sciences". Through closer association, it was hoped that greater unification and closer co-operation could be achieved among those dedicated to health services.

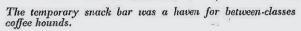
Incorporating all of the latest advancements to add to the education and relaxation of the student, the building offers a 110 chair operatory with units designed by Dean Jones, a library with sound-proof discussion rooms, a coffee shop, lounge and a cafe-

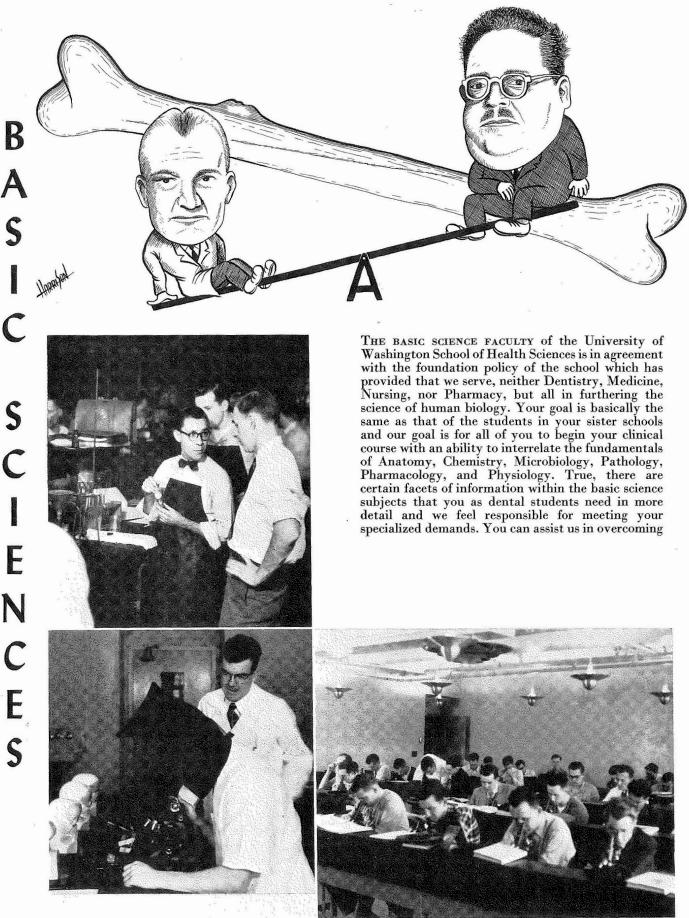
teria. A 600 seat auditorium will soon offer television as the latest step in visual education. Improvements will be added as the needs arise to maintain the school on a par with the best in the nation. A progressive plan for the future promises to preserve the glitter of the "Platinum Palace".

Governor Arthur B. Langlie and President Raymond B. Allen laid the cornerstone and officially dedicated the new building on October 9, 1949.



Busy students are a common sight in the library as exams draw near.





Above: Bagley Hall Biochemistry Laboratory. Below: "Darkfield Microscopy." Right: First Year Histology Laboratory.

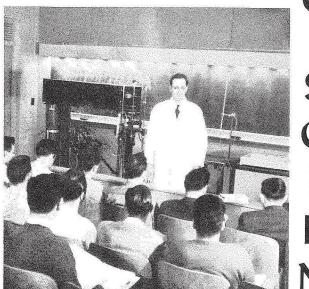
The otic ganglion is situated below the faramen ovale deep to the mandibular nerve. It is a parasympathetic relay station of the course of the secretory fibers of nerve IX and nerve VII to the parotid gland. The lesser superficial petrosal nerve brings the preganglionic fibers; the postganglionic fibers travel with the auriculo-temporal nerve. Motor fibers from the mandibular nerve (via the nerve to the Medial Pterygoid) pass through the ganglion en route to the Tensor Palati and Tensor Tympani. Sympathetic fibers, brought by the middle meningeal artery pass through the ganglion?

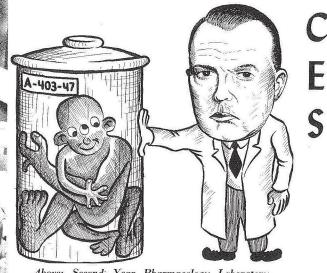


any failures to meet these needs by submitting your appraisals as you continue your clinical work.

We are hopeful that at the completion of your formal course work in the basic sciences, and even though you received "A" grades, that you are cognizant of the need for further study on your part as well as from ours in the application of the biologi-cal and physical sciences to the field of dentistry.

There is a need for the capable and well-trained dentist in basic science teaching and research. We should like for the curious, able and industrious Dental School graduate to consider and to evaluate the opportunities to promote his chosen profession through the medium of the basic sciences.

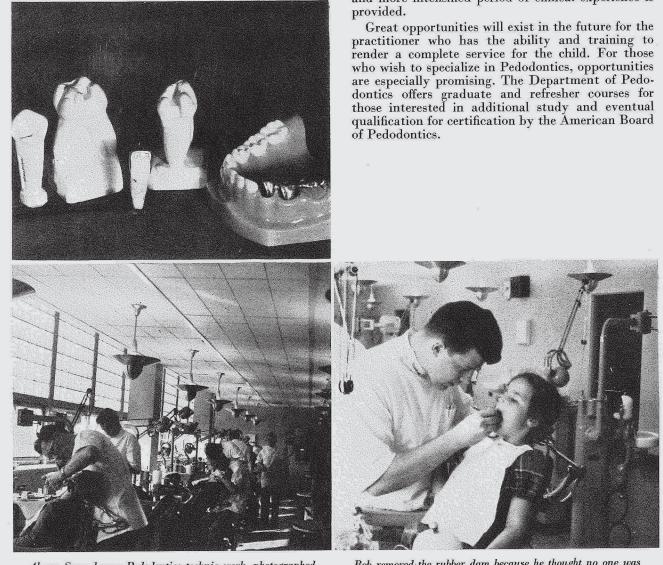




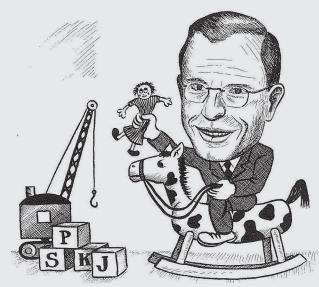
Second Year Pharmacology Laboratory. Left: Pathology Amphitheatre.

THE IMPORTANCE of the child patient in modern dental practice is reflected in the emphasis placed on Pedodontics at the University of Washington.

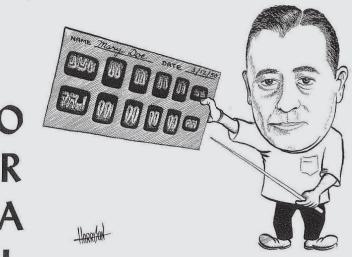
As early as the Sophomore year, the student is introduced to the principles of preventive dentistry, particularly as related to the child patient. A laboratory course is given to provide basic knowledge of techniques useful in children's dentristry. In the Junior year lectures, during the Autumn and Winter



Above: Second year Pedodontics technic work, photographed by Charles Schroeter. Below: Pedondontics clinic-operating hours.



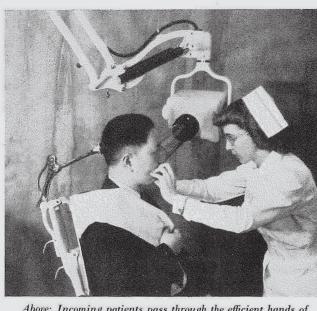
quarters, supplement actual clinical experience with child patients. Again, in the Senior year a longer and more intensified period of clinical experience is



THE DEPARTMENT OF ORAL DIAGNOSIS AND TREATment Planning, which includes the Section on Radiodontics, is actively concerned with the admission, registration, diagnosis and classification of patients desiring dental service. Working with the Junior and Senior students, thorough examinations are performed and complete mouth radiographs are obtained. This is followed by a study of the cases with possible correlations with systemic ailments. Information is thus acquired in this area which assists the student in routing his patients through the various other departments of the dental school where he gains actual experience in restoring mouths to health and function.

There is close cooperation between the diagnosis and treatment planning area and all other specialized teaching units, thereby helping make it a focal spot for patients, students and instructors who gather to talk over general plans of treatment or specific problems. Patients are assigned to students after admission and all transfers of patients from one student to another takes place from the master file room in this department. Charts are dispensed and periodically collected as dental treatment is administered, thus centralizing the entire scheme of clinical teaching. It is truly a busy spot during clinical hours.

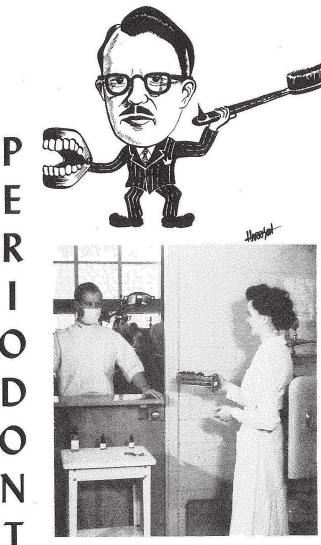




Above: Incoming patients pass through the efficient hands of Kathryn Koenig, X-ray technician of the department.



Above: The new head of the department Dr. Frederic L. Jacobsen and secretary, Mrs. Rhoades. Below: Students on block assignment in the oral diagnosis clinic.



Above: George Wood checks his endodontia culture tubes. Below: There's no unnecessary waiting at this dispensary window. Below-right: The microtome.



A GLANCE AT THE CATALOG of the School of Dentistry will show that several subjects are taught in the Department of Periodontology. The majority of effort is spent in teaching two phases of clinical oral pathology—periodontia and endodontia. The earlier subjects of comparative dental anatomy and oral histology and embryology deal with basic knowledge of importance in all fields of clinical dentistry. Dentistry's most significant advances are being made through applications of basic science knowledge to clinical problems.

Many dental educators agree that sufficient emphasis has not been placed on the teaching of the diagnosis and treatment of diseases of the supporting dental tissues. In line with this, the meeting of the Periodontia Section of the American Association of Dental Schools in March, 1950 was devoted to a discussion of the subject, "A Re-evaluation of the Position of Periodontology in the Undergraduate Dental Curriculum."

Teeth are often perfectly sound, yet are sacrificed through disease of the periodontal tissues, disease which might have been successfully brought under control by proper treatment. It is the sincere purpose of your faculty to see that every successful candidate for the degree of Doctor of Dental Surgery at the University of Washington is properly prepared to begin the practice of general dentistry. The periodontology staff feels that a successful general practice must include the treatment of periodontal and endodontal pathology if the dentist's patients are to receive complete and proper service. An understand-ing of the underlying pathological processes and the interpretation of these in clinical terms is the basis for intelligent oral diagnosis. In periodontia the clinical symptoms associated with systemic disease, dietary deficiencies, local irritation, and occlusal trauma must be evaluated in determining the prognosis for the case at hand.

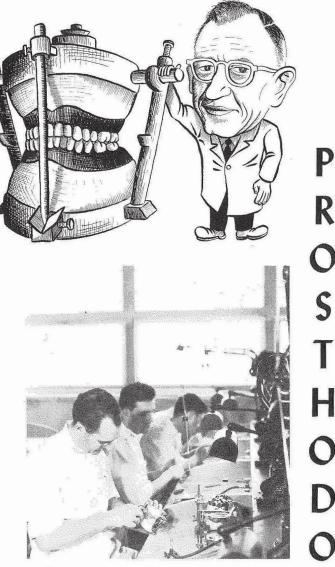
The more clinical training the student receives, the better he should be prepared to utilize periodontia and endodontia in the general practice of dentistry. SOON AFTER DENTISTRY'S formal organization as a profession Bonwill presented the first concept of the physical ground plan of the form assemblage and function of the masticatory organ and directly associated it with prosthodontics.

Ever since prosthodontic operators have been keenly interested in solving the mysteries surrounding mandibular function and in creating a substitute possessing desirable physical and functional qualities. The greatest need for an overall governing concept is in the treatment of an edentulous patient. It is not surprising then that those of the prosthodontic field should have contributed and are still contributing considerable vital information to the establishment of a true overall concept.

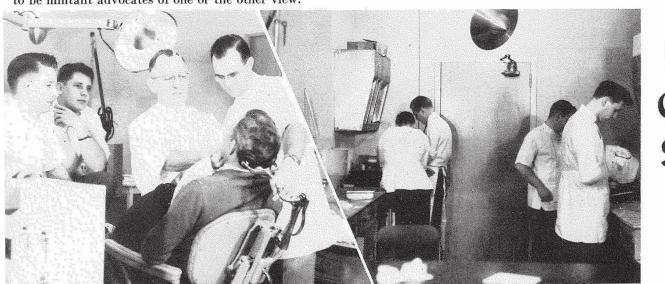
It is encouraging to know that the restorative skill and the therapeutic value of treatments of the American dentist was recognized as of preeminent value by the crowned heads of Europe and by educated peoples throughout the world as early as the latter part of the 19th century.

This department is cognizant of these changes and of their importance to students in the dental restorative field. It is desirous that students become familiar with these changes and that they be able to evaluate their worth. Such evaluation and rationalization of use can be made by applying fundamentals of the biologic and physical knowledges amply projected here at the newest of dental schools and by applying common sense logic. The old proverb of, "Be not the first to grasp the new, nor the last to lay the old aside," is certainly applicable in this age and at this new school. The present disturbing views on mandibular function and physical qualities of dentures really are not as new as many believe. They were first presented, in a less complete form, late in the 19th century and were enlarged and defined in increasing clarity in every decade of this century. Since 1928 these views have been reflected in practice procedures. Therefore, clinical results and physiologic analysis amply cry out not to be the last to lay the old aside. Common sense logic and economic pressure emphasize the importance of continuing these views.

The department hopes that our first graduating class is sufficiently acquainted with both sides of the issue and are equipped with required knowledge to be militant advocates of one or the other view.



Above: House, Stansbery, Hanau, or Gysi, it makes no difference to Bob. Below: Processing full and partial removable dentures Below-left: "The Final Try-in."



THE DEPARTMENT OF ORTHODONTICS is unique in the School of Dentistry in that it was established primarily to train graduate dentists in the specialty of Orthodontics. It also serves the undergraduate student body, but only in a didactic way. During the four years of the undergraduate dental curriculum the department is responsible for three quarters of lecture work, plus one quarter of laboratory work. The Orthodontic clinical program is handled exclusively by the graduate orthodontic students. In conjunction with the Pedodontic Department, however, Orthodontics assists in the problems and techniques of preventive and palliative orthodontic treatment. The students are free at all times to utilize the facilities of the department and advice of the staff for consultation.

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The general educational aims of the undergraduate orthodontic teaching program are to:

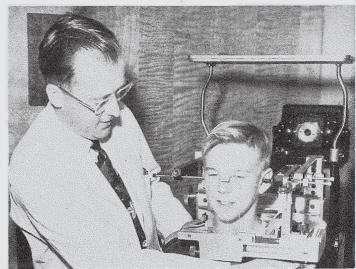
1. Give the students a general background in normal and abnormal growth and development of the head and the various methods of how to apply this knowledge to the recognition and diagnosis of malocclusion.

2. To give the students a dynamic concept of the masticatory mechanism.

3. To prepare students of dentistry to recognize orthodontic problems as related to early diagnosis and prognosis, and to initiate preventive treatment when indicated in the general practice of dentistry.

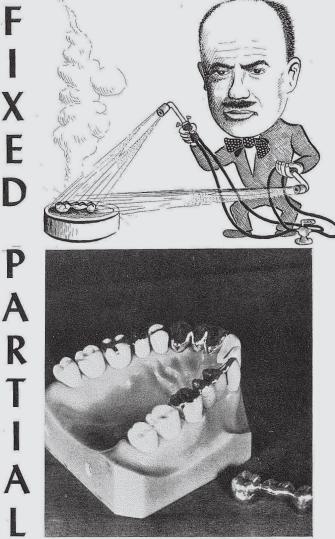
The department is staffed by two full-time teachers and augmented by four excellent Orthodontic Clinicians from the surrounding area, who each spend one-half day a week in the Clinic.





Above: The Bolton-Broadbent Cephalometer in use. Below: The Orthodontics-Pedodontics waiting room. Bottom: Graduate orthodontia students find it impossible to administer self-restraint when a beautifully, typical case is made available.

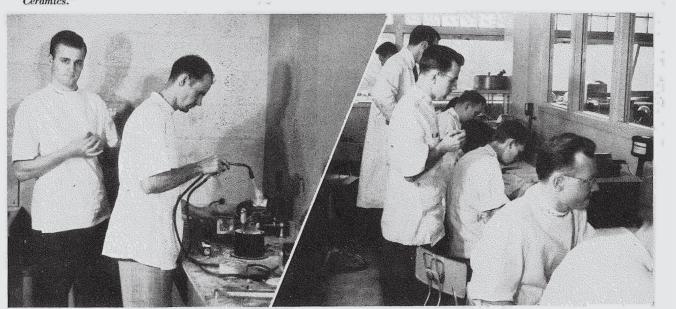


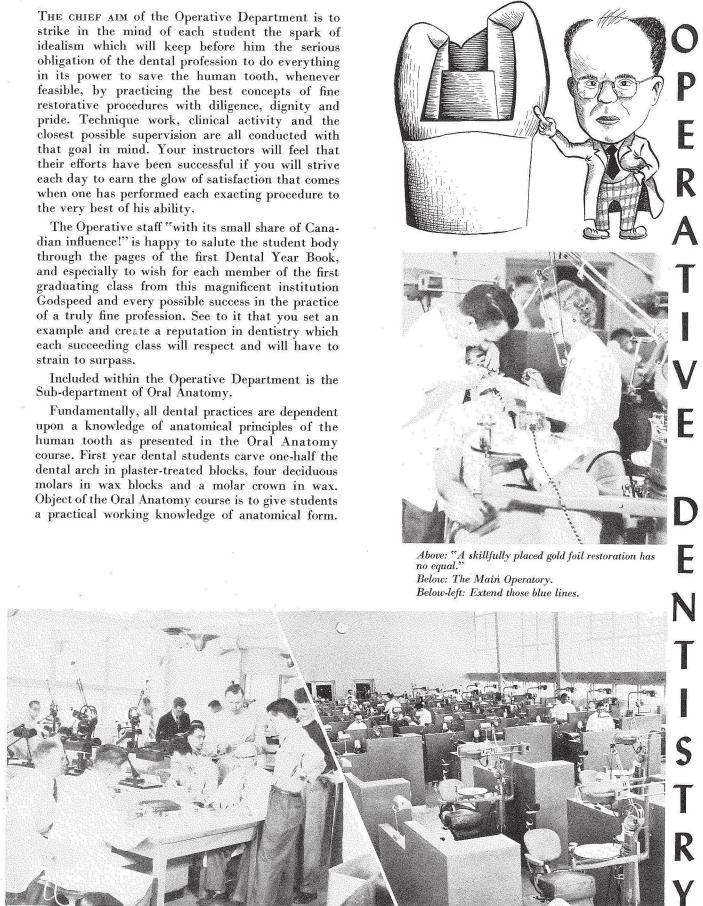


Above: FPD technic work. Below: Generally speaking, pontic soldering requires a differentiating eye, a steady arm, and plenty of moral support. Below-right: "Primary introduction to Dental Ceramics.

THE DEPARTMENT OF FIXED PARTIAL DENTURES at the University of Washington concerns itself with instruction in that field of science and art which provides for a tooth-borne physiological substitute for the loss of complete coronal contour of the human tooth, and for one or more lost natural teeth in order that impaired function, esthetic appearance, comfort and health of the patient may be restored. The history of fixed partial denture prosthesis is of long standing since man has for many centuries mutilated, decorated and adorned his teeth. The modern adaptations or applications of this type of treatment is of course far removed from that evi-denced by the early Phoenicians and Egyptians, both from the standpoint of purpose and technical application. The department attempts to coordinate basic science factors along with the development of technical skill. The instruction emphasizes the objectives of this type of prosthetic service as being primarily biological in character, and that these aims are attainable largely through the application of basic laws by means of proper technical design of apparatus-that technical excellence is a positive factor respecting the basic laws of physics, mechanics and engineering in order that this classification of dental prosthesis may respond physiologically thereby helping to preserve healthy supporting structure and constituting a health service.

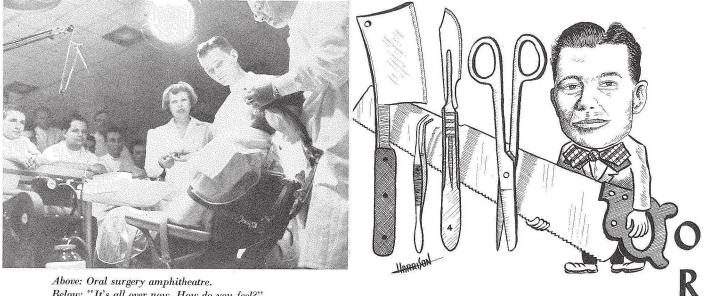
The student becomes acquainted with the field at the beginning of his sophomore year and receives instruction through to graduation. In the junior and senior years he makes practical clinical application of his basic technical experience, and familiarizes himself with the problems associated with plans for individual treatment in various types of cases in cooperation with the other clinical departments in the school. Only after specific clinical qualitative and quantitative testing sufficient to qualify him for general practice does the staff recommend his graduation.





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Below: "It's all over now. How do you feel?" Bottom: "Seance in the Oral Surgery recovery room."



ORAL SURGERY is that branch of surgery which deals with the diagnosis and surgical treatment of the oral cavity and its associated structures. Today it is a far cry from the early days of dentistry when the only treatment consisted of extraction of the aching tooth by a person untrained and with no knowledge of the principles of asepsis or the fundamentals of good surgical technique. The goal of the itinerant dentist was to rid the individual of a hopelessly decayed tooth with emphasis on the single offending tooth and with little concern for the individual as a whole.

Present day oral surgery is a scientific field requiring special training and a background of both a medical and dental nature. No longer can we divorce the oral cavity from the body as a whole and treat it as such. Many general systemic diseases first present symptoms in the oral cavity and are frequently seen by the dentist during routine examinations prior to any clinical symptoms. In addition, many oral surgical procedures have a direct bearing on the general health of the individual. Infected teeth and supporting structures can be a source of infection in other vital organs of the body.

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The bulk of oral surgery consists of the extraction of teeth and the surgical preparation of the mouth for dentures. However, cysts, neoplasms, abscesses, infections, impacted or unerupted teeth, and fractures of the jaw bones make up a large part of this specialty of dentistry.

Because in the field of oral surgery we are so often dealing with patients who are suffering from pain or are fearful of undergoing surgical procedures, it is imperative that we cultivate a sympathy for patients and treat them accordingly. It is paramount that the oral surgeon master his technique of surgery; but it is even more important that he study his patient from the various psychological standpoints, for without this ideal, no matter how well he masters his art he cannot be successful.



Class officers of the 1950 Dental Class pictured are: Glen Conley, Vice-President; Manfred Arnold, President; and George Pollock, Secretary. Missing from the picture is Treasurer, Charles Degering.

THE CLASS OF 1950 met in Room 230 Bagley Hall on September 1, 1946. The introductory address was given by Dean Jones followed by well wishes from President Allen. The entire faculty nucleus was present and thus this small gathering represented the total personnel of the Dental School at that time.

The first year was underway-Dr. B. O. A. Thomas playing the role of big brother in addition to instructor; time being divided between the Bagley Hall attic, Physiology Hall basement, the old anatomy shack, and coffee headquarters on the avenue. Glen Conley did a fine job as president and, outside of the 20 flights of stairs, a good time was had by all.

September 1947 initiated the second year with Celon Peterson taking the reins. Fraternal organization began in the winter, and ground was broken on

FIRST ROW: Pomeroy, F.; Failor, R.; Hornibrook, J.; Lockhart, O.; Degering, C.; Raleigh, D.; Reed, W.; McLain, P.; Snyder, L.

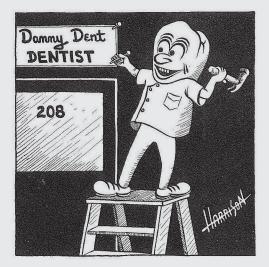
SECOND ROW: Utter, C.; Baird, F.; Nelson, A.; Peterson, C.; Trucano, J.; Aylen, R.; Miller, M.; Nowak, W.

THIRD ROW: McGovern, W.; Conley, G.; Blancher, R.; Burgess, G.; Curry, W.; Bolton, W.; Day-Smith, A.; Nahhas, R.

FOURTH ROW: Bailey, R.; McNeal, W.; Bacon, R.; Cloud, E.; Pozell, R.; Thompson, R.; McLaughlin, R.; Schilke, L.; Hill, C.

FIFTH ROW: Jenkins, E.; Dutton, R.; Hanson, R.; Arnold, M.; Sut-cliffe, S.; Zeck, R.; Hampson, R.; Drescher, M.; Dutro, G.; Parrish, J.





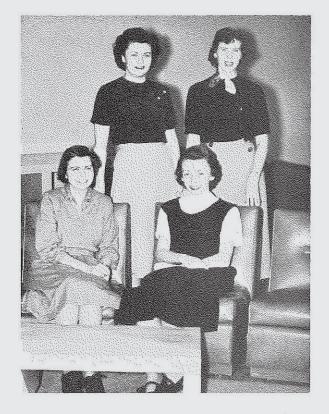
SENIOR CLASS The Class of 1950

the University Golf Course for our future home-the Health Science Building. The Bagley Hall attic seemed several floors higher but otherwise-no change.

June of 1948 saw grips packed for a six month vacation in anticipation of a January opening of the new building.

The third year began January 1949 with a presentation of the new school. John Parrish became president, and amid bulldozers, blacktopping, and electricians the first clinical year was begun. A memorable thrill was experienced in playing a part in setting the master plan into operation. New patients, forms, and faculty added to the already intense atmosphere. The Bagley attic now seemed a small price to pay.

Summer school of 1949 returned the class to normal schedule with Manfred Arnold as president.



SENIOR HYGIENISTS

We toast the Dental Hygienists. Long clinical hours, and a thorough knowledge of basic sciences have imparted to them the training to render a truly admirable health service. The class of 1952 being Washington's first graduating class receives our whole-hearted congratulations. The precedent they have set will be an inspiration to those who follow.

SENIOR CLASS OFFICERS Front row, left to right: JEAN HODSON, President MARY SHELLEY, Secretary-Treasurer Back row: ZOE FAULCONER, Vice-President VIRGINIA FRASER, Asst. Program Chairman



FAULCONER, ZOE B.A. Lower Columbia Junior College Longview, Wash. Senior Class Vice-President



FRASER, VIRGINIA Univ. of Wash. Seattle, Wash. Senior Class Program Chairman



GORDON, JOANNE Univ. of Wash. Kingston, Wash. Junior Class President



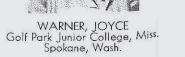
HODSON, JEAN Univ. of Wash. Bothell, Wash. Senior Class President

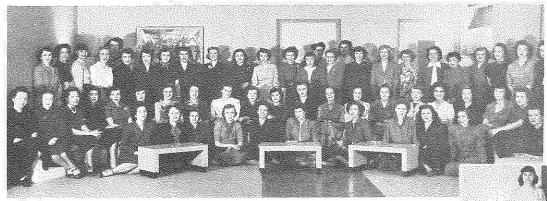


SHELLEY, MARY Univ. of Wash. Hoquiam, Wash. Senior Class Secretary-Treasurer









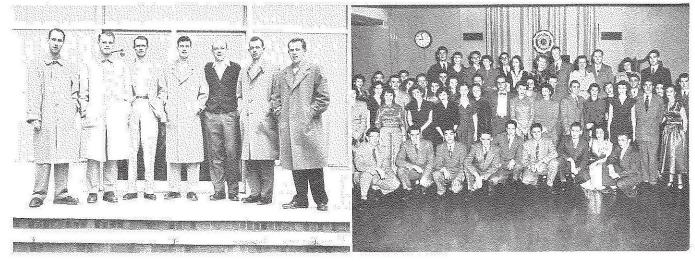
Standing, left to right: Una Loy Clark, Linda Brown, Pat Hooper, Vicki Hill, Margaret Hansen (in back), Colleen Canfield, Joyce Curry, Velma Olson, B. Howell, Echo June Peterson, Eve Failor, Yvonne Miller, Mary Smillie, Doris Hoar, Arleen Rose (in back), Elsie Slusher, Mary Russell (in back), Orene Wilson, Patty Riggs, Patty Timberlake, Eva Reddick, Mary Furukawa, Monica Miller, Gen McCarter, Alice Cilbert. Eva Redatck, Mary Furukawa, Monica Muter, Gen McCurler, Ance Guben. Seated, left to right: Pat Stott, Virginia Williams, Dorothy Chin, Lillian Cronkhite, Lois Gardiner, Rayola Mitchell, Pearl Granger, Edith Mackey, Roslyn Lemon, Barbara Johnson, Marcile Braithwaite, Mavis Fenno, Clara Bacon, Helen Nelson, Aleida Nowak, Margie Johnson, Polly Pearson, Carolyn Hurd, Lynn Young, Mary Phillips. Front, left to right: Jo Ann Bolton, Doris Anderson, Al Tefft, Marion Rose, Evelyn Webster, Doris Dutton, Virginia Baird, Margaret Stockstad, Norma Bonney, Dotty Hickey.

Wives Club Officers. President, Doris Dutton; Vice-President, Lil Cronkhite; Secretary, Patty Riggs; Treasurer, Pat Hooper, Program Director, Linda Brown.

THE DENTAL STUDENT WIVES organized in 1948 to Chairman, Doreen Murray; Social Chairman, Rayola Mitchell; Organization Assembly Representative, foster a spirit of friendliness among the Dental Shirley Moline; Bridge Chairman, Helen Nelson; Students and their families and to promote social and cultural opportunities for Dental Student Wives. Meetings are held twice a month, once for business News Reporter, Echo June Peterson; Transportation, June Moss, and serving on the Telephone Committees: Freshman Class, Madeline Overby; and once for bridge and entertainment. Sophomore Class, Mary Furukawa, Margaret Lewis; Committees for the year are: Refreshment Chair-Junior Class, Alberta Tefft, Colleen Canfield; Senior man. Patty Timberlake: Reception Chairman, Eve Class, Joyce Curray. Failor; Roster Chairman, Marion Rose; Publicity

INTRAMURAL

Socially, class parties plus the usual fraternity Two volleyBALL, a pair of basketball, one handball and four softball teams paced the dental athletic program the past year. Delta Sig volleyballers won second place honors in all-University competition dances and picnics added zest to an academically crowded school year. The traditional Soph-Frosh "Bust," the upperclass post exam "Tea Parties," and placed high in both basketball and handball. class picnics and the Second Year informal high-At press-time the Zip softballers look like strong lighted the dental social calendar. diamond contenders.



Delta Sigma Delta championship volleyball team.



HOLT, MARY ANNE Univ. of Wash. Seattle, Wash Secretary Loan Fund Committee



McCULLOUGH, PATRICIA A. Univ. of Wash Seattle, Wash. Junior Class Vice-President

WIVES CLUB

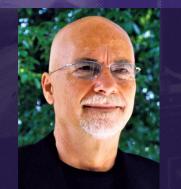
SOCIAL

Second Year Class Fall Informal.

How it was: By DR. PAUL HEINS a student's life

Alumnus Paul Heins re-creates the challenges, stresses, and satisfactions of dental school as it was from 1959 to 1962





Paul Heins 1958

Dr. Paul Heins today

When that huge clinic space was empty of students, all 143 chairs and lights were arranged in a precise pattern, each one exactly like the next. Looking down the rows of units in any direction was like looking at the rows of crosses in a military cemetery.

> Background image: The sprawling Main Clinic took up two stories and the entire south end of B wing.

Editor's note: Dr. Paul Heins of the DDS Class of 1962 and Periodontics Class of 1965 has written an extraordinarily vivid and detailed memoir of his student years. He has shared it with the Dental Alumni News and writes: "After being graduated from the University of Washington School of Dentistry in 1962, I completed a general dentistry internship in the U.S. Public Health Service. I worked with interns from three different dental schools and quickly saw that I was the recipient of a superior dental education at Washington. With the help of my classmate Al Leonard, here's what I remember about that education." Other alumni have also contributed their memories, which are interspersed with Dr. Heins' memoir in the following pages.

I joined 54 other guys in a classroom in the B wing in the fall of 1958 for the first event of our hoped-for future career. It was an orientation lecture taught by Associate Dean Bert Anderson, who gave us an overview of what we could expect during the next four years. As he finished, he challenged us. He said we were now the 12th class to follow the traditions of excellence already established in the School of Dentistry. "Our expectations of you are very high," he said. "Some of you will not make it." The room went suddenly soundless as those words hung there, soaking into the minds of us Korean War veterans. Those words energized me for the next four years.

Our studies that first year were a combination of basic medical and dental sciences. In the medical school we took anatomy, histology, neuroanatomy, biochemistry, and physiology. Prominent in my memories of that first year was Gross Anatomy. Teams of four of us were assigned a complete human cadaver, and during that first year we dissected, identified, and visualized the wonders of the human body in the School of Medicine's Gross Lab. Of all the body parts, the muscles, tendons, and ligaments of hand and forearm were the most captivating for me. I was stunned by their mechanical complexity and brilliance of design. I imagined the neural pathway from a dentist's eyes to his brain and the signal down to the muscles of his thumb and fingers holding a hand piece. It is an incredible neuro-mechanical system.

Basic dental sciences made up the balance of that first year. We began to learn about dental materials and basic dental laboratory procedures, but the majority of our time was focused on the anatomy of teeth. Charles Schroeder, a most memorable man, taught dental anatomy. "Charlie," as we called him behind his back, was a strict and regimented German who drilled us mercilessly. Every class would begin with a drawing test of one of the five views of the tooth under study that day. Wheeler's textbook, Dental Anatomy and Physiology, was a constant companion. By June each of us had carved from stone and articulated a half-arch, life-size set of maxillary and mandibular teeth. We now had the ability to carve and draw any tooth from any viewpoint.

We were each issued a human skull as part of our firstyear supply and instrument kit. I remember taking it out of the box that first time, and the realization that this was once alive atop a human being made it all the more significant as a visual/tactile aid. It was the central part of the final assignment of the year in Dental Anatomy, which was to draw that skull in two life-size views from the occlusal plane; one of the mandible and the other of the maxilla and the bones of the skull as seen from that view. With that completed, our first year came to an end in June 1959. At that time the curriculum was 12 quarters, not the year-round 16 quarters that it is today. We had the summer off, and I went off to a job in a sawmill, happy that I had survived the first year with good grades and yet my eyes had been opened to the demands that the next three years would bring.

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l imagined the neural pathway from a dentist's eyes to his brain and the signal down to the muscles of his thumb and fingers holding a hand piece. It is an incredible neuro-mechanical system.

That fall, with rested mind and loaded with energy and determination, I returned to study microbiology, pathology, and pharmacology in courses taught by the medical school faculty. The mysteries of the anatomy and function of the human body continued to be revealed to us. There was a growing realization that we might become therapists and be given the responsibility to see to the needs of our fellow human beings. That second pre-clinical year pulled back the curtain to reveal dental disease and its diagnosis. It began in the Department of Oral Diagnosis, where they taught us how to expose film and the nuances of the darkroom with its chemicals used to develop films. They opened our eyes

to the mysteries of the various shades of gray and how they were used to interpret tooth and bone health/disease. That knowledge went with us to classes in Oral Surgery, Perio/Endo, and Operative Dentistry.

Learning cavity prep

The treatment of tooth decay began for us that second year by learning cavity preparation as taught by the gifted artist and teacher Dr. Lyle Ostlund. He drew beautiful three-dimensional views of cavity preps from various angles on the blackboard. We cut cavity preparations in stone teeth with our belt-driven electric Emsco lab engines/hand pieces and then progressed to extracted teeth that we begged from dentists in the community who kept extracted teeth in jars of formaldehyde for dental students. Prized were the caries-free teeth extracted for orthodontic reasons. Into these extracted teeth went the various amalgam, gold foil, and inlay restorations.

We labored that second year in the pre-clinical lab, sweltering in our brown lab gowns as our Bunsen burners blazed in unison. In Removable Prosthodontics we learned how to create full and partial-removable dentures under the guidance of Dr. Harry Young and his faculty. In Fixed Prosthodontics under the guidance of Dr. Ken Morrison and his staff, we learned how to do a full-crown prep, wax a crown and cast it in gold, polish and

met and projects turned in, and with that came the end of the seat it. The lost wax procedure was a revelation to experience. Making a fixed-bridge came next, and we learned how to second year in June 1960. That realization created no small solder a pontic to a crown. We were shown not only how to do amount of anxiety as I realized I would really be going upstairs these procedures but how to do them precisely. to the third- and fourth-floor clinics. I'd be wearing a white coat and I'd look like a dentist. And I'd be doing what a dentist All classroom and laboratory seating was assigned in does, taking care of human beings. It was an emotional turning point in my journey to become a dentist, but I had a summer labs between the same two classmates during our first and job at Safeway that would allow me to step back and to get my second years, Herb Hooper to my right and Don Hawes to my head around what would take place in three months.

alphabetical order. We sat in lecture hall and worked in the left. We were also assigned a student number: 1 for Adams through 52 for Yost. Every assignment, drawing, lab project, and test was labeled with this number that identified us for four years. Even with this regimentation, there was a high degree of cooperation among us. There were differences in our skills and abilities, and even though all assignments and projects were our own responsibility, we helped each other to move forward as a selfless group. Absent was any hint of competition.

As I moved through the building that second year, I was in awe of the third-year and fourth-year students in their starched white clinic jackets. They were treating patients upstairs while I was working on a dentiform in a brown lab coat. The leap from our second-year lab to the fourth-floor clinics and becoming one of them seemed insurmountable. But class after class was completed, tests were taken, requirements were steadily

Dr. Nhi Pham DDS CLASS OF 1999

Twenty-two years ago, I had one last RCT case to treat to fulfill my graduation requirement. While I was filing the fourth accessory canal, my world came tumbling down. Gasp ... a separated file. I had to break the news to a middle-school teacher who had already invested three appointments with me. He was actually the ideal patient who arrived early for his appointments, easy to place a rubber dam on, and honestly just a really nice fellow.

I remember Dr. Jim Steiner comforting me in his private office: "If you haven't broken a file, you haven't done enough root canals. You've got a long



Dr. Nhi Pham (photo by Craig Mitchelldyer)

career ahead of you. Just remember this may be your first separated file, but not your last." I remember Dr. Steiner's caring eyes while patting my hand and softening the blow by commenting, "And this will make a great case for Grad Endo."

I got to assist in removing the file that almost kept me from graduating. I ended up making some awesome friends from Grad Endo and became a lifelong fan of Dr. Steiner. A week after the completed endo case, my pager buzzed with my patient's number. (No cell phones during those ancient times.) I had heart palpitations thinking to be a Husky dentist. Go Dawgs! our schoolteacher had fractured the

tooth before we could get a crown on it. Would I be at the mercy of the **Restorative Department to graduate?**

I guess my patient enjoyed his endodontic experience so much, he wanted to invite me on a date. The date never happened, but I wonder if this tooth survived 22 years later. At least I survived all of this and lived to tell the story. No words to express my appreciation and thankfulness for all my amazing mentors and educators who contributed so much to my education at the University of Washington School of Dentistry. Proud

Third year: real dentistry

In the fall of 1960, we returned to school to begin the third year of our training. Now the real dentistry would begin, and it began when I was issued my dental uniforms. These white, stiffly starched garments buttoned up the right front and had our last name embroidered in blue on the left side of the clergy-like collar. This coat style was worn by all practicing dentists and was in fact the image of dentistry. Putting this coat on for the first time was an emotional initiation into the profession for me. Clinical dentistry became even more of a reality when I was issued clinical charts constituting the beginning of my patient family. Each of these 10 patients had dental needs and I would be responsible to take care of them.



Dr. Jim Steiner (Endodontics '66)

The charts we received came with a preliminary work-up that included full mouth films and represented dental needs in Operative, Endodontics, and Fixed and Removable Prosthodontics. Each department required us to perform a certain number of procedures, and my initial patient family got me started working toward those requirements. I was responsible for managing my own schedule, integrating my patients' availability and dental needs to openings in the Main Clinic where Operative, Perio/Endo, and Fixed Prosthodontics procedures were performed.

The Main Clinic on the fourth floor was an imposing place. It took up the whole south end of the B Wing and contained 143 powder-blue Weber units, each complete with chair, light, cabinet, and sink with a foot-operated faucet. Each third-year and fourth-year student was assigned one of these units. The chair was manually operated using a foot pump to raise it and hand levers to position the back and head rest. Attached to the chair on the left side was a spittoon with continuously running water where the patient would empty their mouth. An air hose, a vacuum hose, a saliva ejector, a water spray hose, and an atomizer bottle containing mouthwash were all attached to an arm that also supported a white porcelain bracket table where we placed our hand instruments. The dental light sat atop a pole attached to the base of the unit. On another pole was an electric motor that turned our hand piece via a

belt and pulley system. These hand pieces turned a bur at about 7,000 rpms. Carbide steel burs were in common use, while newly invented diamond burs were available only for special circumstances in crown and bridge. Contra-angles were "sterilized" in hot oil while our hand instruments were cold-"sterilized" in a zephiran-chloride solution in a pan kept at each unit.

We labored that second year in the pre-clinical lab, sweltering in our brown lab gowns as our Bunsen burners blazed in unison.

Strict rules for upkeep

When I began working in this clinic, the equipment was already 10 years old and yet it still looked like new. There was a reason. Strict rules and procedures for the care of each unit were in place and there were significant penalties if they were not followed. A member of the Operative Department inspected every unit each morning and afternoon before clinics began. Each chair and light had to be in a certain position. The stainless-steel sinks had to be wiped down with mineral oil and have no water drops in them. A water spot in your clinic sink meant the loss of 10 Operative points, the equivalent of a Class II amalgam. No one wanted to lose points, so we all checked our units before Mrs. Loomis made her rounds. When that huge clinic space was empty of students, all 143 chairs and lights were arranged in a precise pattern, each one exactly like the next. Looking down the rows of units in any direction was like looking at the rows of crosses in a military cemetery.

I made an introductory phone call to each of my patients and we agreed on an appointment time/date. At the beginning of clinic I'd find my patient in the waiting room, escort them to my unit, get them seated and bibbed (a paper napkin held by an alligator-clip chain around the neck), and discuss what we were going to do. If the instructor hadn't appeared to give me a starting check, I'd go find him (there were no female instructors) and join the line of other students

Dr. Robert Johnson PERIODONTICS CLASS OF 1970

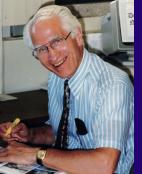
Dr. Robert Johnson had a long and illustrious career that included serving as Chair of the Department of Periodontics and directing our predoctoral program. Always a favorite with students, he was invited to be keynote speaker for the Hooding ceremony in 2012, the year he retired. He was invited to be keynote speaker several other times, said colleague and current faculty member Dr. Diane Daubert (Dental Hygiene '82, Oral Biology '17).

"I've had a 54-year love affair with students," he told the Dental Alumni News that year. Today, he lives in a retirement community in Vancouver, Wash.

Dr. Oleg Shvartsur ('11), president-elect of our Dental Alumni Association, said then, "He was very passionate about the field of periodontics and made us realize how important it is to not forget to look at the person's overall health and not just the teeth."

One of Dr. Johnson's favorite stories was about attending the 2002 wedding of a Class of 2000 graduate. The bride's classmates kept calling him Doctor and he told them, "You've been dentists for a couple of years now. Call me Bob." And immediately, he said, Dr. Julie Johnson piped up: "OK, Bob. You can call me Dr. Johnson."

"My dad loved teaching dental school," says his daughter Andrea. "He loved going to work every day. He loved quizzing students and helping them be the best dentists possible. He loved spending his lunch hour with students who wanted to ask questions about a topic."



Dr. Johnson is shown in 1990, when he was Chair of Periodontics.

Dr. Johnson would tell his students that dentists should treat the patient, not just the problem. "They're human beings, not a set of teeth. I have preached that forever," he said. With Drs. Saul Schluger, Ralph Yuodelis, and Roy Page, he co-authored the influential textbook Periodontal Diseases: Basic Phenomena, Clinical Management and Occlusal and Restorative Interrelationships.

"He's been a dedicated teacher, working hard and always with kindness and a sense of humor," said Periodontics administrator Noreen Balch upon his retirement. "It's hard to imagine the department without him."



Dr. Robert Johnson (far right) and other 1970 Periodontics graduates are shown with Dr. Saul Schluger (center), who founded and chaired the department.

following him until it was my turn for a starting check. The initial appointment for each patient was to get acquainted, do an examination, and formulate a treatment plan in each department. If the patient had been previously treated by another student, there was already considerable information in the chart, and the task then was to update it. Caries and missing teeth were charted in red and existing restorations in blue, using a specially made color pencil with red on one end and blue on the other.

Patients who had been in the system for a few years and had been treated by multiple students were very helpful to us new clinicians. One of my classmates was told, "I've graduated three dentists. I know how this place works and I'll do the same for you."

When the Main Clinic was in operation, it was a working mass of humanity in close proximity. The place buzzed with activity, particularly as clinic began. There would be a hundred or more students, each with a patient, instructors from several departments and all the support staff to help the place run. Instructors circulated among the students they were supervising, giving them a starting check. After that, when you needed help or a check for completion, you'd go find the instructor and get in line behind other students waiting for him. As the group went from patient to patient it was understood that you could look in on any patient undergoing any procedure. Often instructors would demonstrate or

describe a particular point of a procedure for the group. It was like medical rounds. There was little patient privacy. It was a school, and patients gave up privacy in order to receive topquality dental care for very small fees.

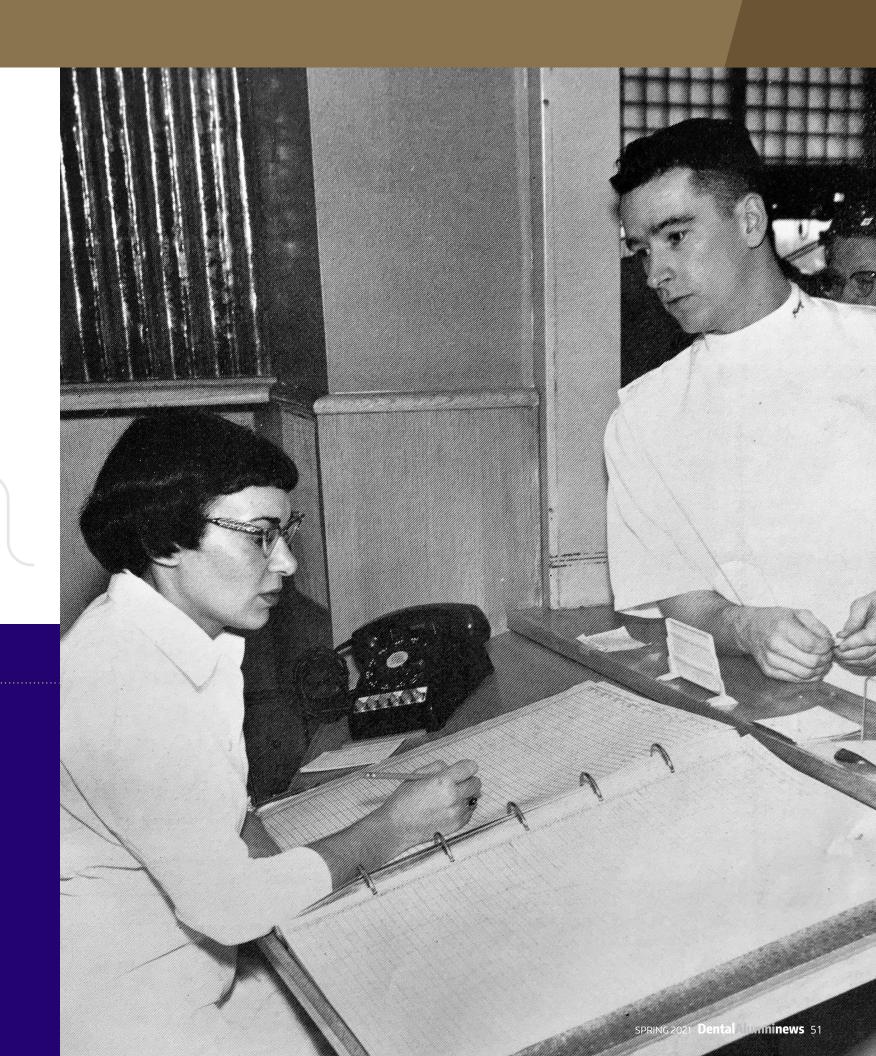
Our third-year schedule consisted of two lectures most mornings, 8-8:50 and 9-9:50. Clinics began at 10 a.m. and ended at 1 p.m. We had 30 minutes for a bite of lunch before clinics resumed at 1:30. They ended at 4:30 and we had to be out of the clinic by 5. I saw one patient each halfday. Scheduling our patients to coordinate their availability with chair time availability in one of the departments was a challenge. But Evelynn Soderquist, a cheerful, studentfocused clerk, tried her best to make arranging appointments as easy as possible for every student. She sat in front of a

There were differences in our skills and abilities, and even though all assignments and projects were our own responsibility, we helped each other to move forward as a selfless group. Absent was any hint of competition. massive book that listed every chair, each department, and the student assigned to that chair for every half-day in the week. We planned our weekly schedule one week in advance by submitting department requests on a 4-inch-square slip of paper to her each Monday. She processed these slips and had them in our boxes by the following Friday. When a request for a half-day spot was denied, we'd go to her to learn what space was available in another department and change our schedule to fit what was available. She did everything she could to help us manage our clinic schedules, always with a cheerful smile. She was a mom to us.

The discipline of gold foil

In 1960 the practice of general dentistry was considered to be primarily restorative dentistry. The majority of a dentist's work was repairing teeth and thus the curriculum reflected that priority, the repair and replacement of the individual tooth. It was the core and framework of the dental school curriculum I experienced. Operative had the most curriculum time and the largest staff and as such was an integral part of our training during all four years. They showed us how, critiqued our work, required do-overs, deducted points, threatened us with dismissal, caused us to worry, and once in a while even said, "That's pretty good." It was in this tension-filled environment

Photo opposite: Students scheduled their own patient appointments with the considerable assistance of Evelynn Soderquist, who kept tabs on everything in an enormous ledger.



Patricia Doyle DENTAL HYGIENE CLASS OF 1965

The UW Dental Hygiene Class of 1965 was a tight-knit group of 18. Over the years we've had several reunions. The instructors addressed us as Ms. or Mrs. They communicated with us via file folders in the clinic. Clinic attire was stiff white uniforms, hats, and white shoes. The uniforms were done at a laundry and we had to place buttons in each wearing. Required class clothing was skirts, sweaters, dresses, nylons, and shoes – no bobby socks and saddle shoes.



Patricia Doyle (right) is shown in 2015 with two iconic figures from our School's Dental Hygiene program: Dr. Martha Fales (left), who chaired Dental Hygiene from 1961 to 1986, and Oral Health Sciences Professor Emerita Norma Wells, a 1958 graduate of the program who went on to lead the School's Oral Health Collaborative.



Gold foil was malleted into place and sculpted, requiring exquisite attention to detail - a discipline that carried over to other procedures.

that our skills in restorative dentistry were steadily elevated. The demand was for perfection in the cavity preparations, anatomy, and margins of our restorations. These goals Patients who had been in the system for a resulted in Operative Dentistry at the University of Washington few years and had been treated by multiple being nationally recognized as the leader in producing highly skilled clinicians. This ranking was also due to the technically students were very helpful to us new clinicians. demanding gold foil procedure and its emphasis in the One of my classmates was told, "I've graduated Operative curriculum. A gold foil restoration is a unique dental procedure. It involves three dentists. I know how this place works and the use of a separator in the case of a Class II and Class III I'll do the same for you." prep and a tissue retractor in the Class V procedure to gain access to the operative site. Once they and a rubber dam are in place, a unique cavity preparation is made, one with special retentive points to lock the foil into place. And then comes the management of pure gold foil. polished and the margins finished so that the junction could Gold foil came in a 4-square-inch book of tissue-paper-thin not be detected with a sharp explorer.

sheets. We cut each sheet into smaller squares and rolled The gold foil procedure required enormous attention to detail. them between thumb and forefinger into 1-4mm-sized balls. But it enhanced my dexterity, and that helped me with all the I did this at home and stored them in containers according other dental procedures I performed. Becoming competent to size. In the clinic when the prep was ready, we'd begin and insert one pellet at a time, the first ones going into the locking in doing gold foil restorations had far-reaching effects on my development as a dentist. It created within me a drive retentive points. These little balls of gold were picked up with for perfection and the responsibility of self-evaluation. Its an instrument and heated over an alcohol flame to remove all requirement for attention to every small detail elevated my impurities and when cooled were malleted, one at a time, into eye-hand coordination to new levels. This procedure instilled the cavity preparation. Pellet after pellet, welding each new in me the qualities of a perfectly completed procedure. Those one to the mass using a small leather-covered mallet, forming standards were with me during every procedure I would them outward to rebuild the tooth contour. Using fine rotary perform for the next 40 years. discs and long finishing strips, the gold was contoured and

Dr. Paolo Ciani DDS CLASS OF 1995

25 years in private practice, OMG, and still loving what I do. I have many fabulous memories, some comical, some sad, and others meaningful. One memory in particular, however, involving one instructor and two instances nearly four years apart, stands out. It has helped shape the way I practice and motivates me to perform on a daily basis to this very day – and probably will till I retire.

To Dr. Ed Gordon: If you're reading this, thank you! Dr. Gordon was ... I'll be nice and say "not a green light." He was fussy, meticulous, really funny, and darn near impossible to please in the

lab or in the clinic. He expected preps and fillings to look like they did in the textbooks. He wanted perfection.

A month or two into the first year, we had our first practical exam in the D1 lab. Dr. Gordon was the instructor. We had to cut a Class 1 amalgam preparation on a plastic tooth. I failed that exam. A glorious fail. Not even close to a passing grade.

A day or two afterwards I got called into Dr. Gordon's office and he informed me that mine was the worst grade of the entire class. The prep was so bad that he thought maybe I just wasn't cut out for this and should

rethink dental school. He basically insinuated I quit before I "wasted time and effort."

I walked out dejected and in shock. I'd worked so hard to get into dental school. I thought I was good with my hands. I was embarrassed and hurt but there



Dr. Paolo Ciani

was no way I was gonna quit ... yet! I think I just didn't understand what was expected, so I practiced and worked my butt off to pass the class. Each exam doing a little better. He was hard on me, but he was fair and although I feared him, I respected him for that.

That fateful, brutal moment in his office motivated me throughout the next three and a half years. Lucky for me, I thought, other than in lecture I somehow miraculously avoided having him as a clinical instructor till the very last quarter.

Fast-forward to fourth year, almost done, and now I had to face him daily.

He was on the floor overseeing me and my patients. The mere thought of his critiquing my work, and in front of patients to boot, was terrifying but, as I had experienced before, although he was really tough, he was fair and respectful and on one occasion he whispered a small compliment.

On the last day of school, I went to my mailbox and there was a letter to me from Dr. Gordon. He apologized for our first office meeting four years prior, congratulated me, wished me the best and told me that I'd go on to be an excellent dentist and have great success. I was in shock again but this

time with a huge smile on my face. The power this letter had on me was immense. That moment is crystallized forever in my memory. To this day, when I prep a tooth or seat a crown, I still ask myself if Dr. Gordon would have approved.

Each day I strive for perfection (and fall short of course). Sometimes I think I'm harder on myself than Dr. Gordon was, but it keeps me honest, humble, and at my best. My staff knows the story (not the first part), and even they will sometimes jokingly ask if Dr. Gordon would have approved!

They showed us how, critiqued our work, required do-overs, deducted points, threatened us with dismissal, caused us to worry, and once in a while even said, "That's pretty good." It was in this tension-filled environment that our skills in restorative dentistry were steadily elevated.

Gold foil restorative work is no longer taught in dental schools, nor is it part of any state board examinations. Yet it was a very valuable part of our dental curriculum because it increased our operative skills. It is only of historical interest now, its place taken by more cost-effective materials, yet it remains one of the most tissue-compatible and durable of all dental restorations ever used.

Other specialties

Oral surgery training was done using a rotational system. Twice during my third year I spent a week in the Oral Surgery Clinic. During the first rotation, five of us mostly watched and assisted fourth-year students and faculty perform various surgical procedures. The second rotation a few months later saw me removing my first tooth. It was a tense experience as I attempted to remove a maxillary second molar without breaking a root. The words of Ralph Swenson, the faculty instructor that day, were gems, and each time I removed a tooth during the years that followed they always sounded in my head: "Be gentle, twist it slightly clockwise and counterclockwise, move it a bit to the buccal and lingual. Let the tooth tell you which way it wants to come out." Two more rotations to Oral Surgery came during my fourth year, during which I had the opportunity to do multiple extractions and some minor osseous surgery related to immediate dentures, all the while gaining experience in suturing. Soft tissue surgery and its healing intrigued me, I think because it was such contrast to working with enamel and dentin.

Pedodontics: little kids crying, squirming, reaching, and twisting. They didn't want to be in a dental chair, but there they were with a stranger who had his hands and ominous-looking instruments that made scary noises in their mouth. Up to this time I had worked on a dentiform in the lab and more recently



An operatory in 1959

Dr. Ted Ramage DDS CLASS OF 1958

I appreciate the Admissions Committee giving me the opportunity to attend the University of Washington School of Dentistry. I did not know at the time how great this opportunity was to attend such a wellrespected dental school.

In my third year, I was assigned a patient requiring one-third of my treatments needed for graduation. He required 10 gold foils, a six-unit anterior bridge, gold crowns on the mandibular first bicuspids, and a mandibular cast partial denture. I telephoned the patient because of my concern with all this treatment and his availability for appointments. He told me he was available at any time.

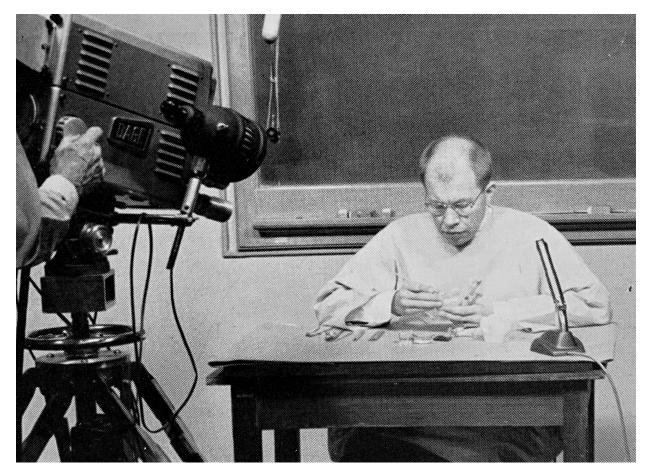
We started with the gold foils, one of which I did for an exam. On completion, my instructor signed it off with a Pass. When my patient heard this, he went after the instructor after the rubber dam was removed, and told him it should have been an A or at minimum a B, not a Pass. He became my best patient after this! During my fourth year, I prepared the mandibular first bicuspids for gold crowns to support the partial denture. When I was removing the temporary crowns to take the impressions, one of the teeth broke off in the temporary crown. The instructor told me that I should go to see Dr. [Gerald] Stibbs in his office to tell him the problem. After I waited at his office for five minutes, which seemed like an hour, he invited me in and asked what happened. I explained how the tooth broke while I was using the prescribed technique for temporary crown removal. He thought for a moment, then said it was so good it broke then, rather than after the crown was seated and the partial denture was inserted. He commented that cuspids were a sounder tooth to support the partial denture, and he referred the patient to Oral Surgery for two extractions. The patient appreciated the care and the advice Dr. Stibbs gave me.

What goes around comes around. Dr. Stibbs had practiced in British Columbia for several years and was involved in our local associations before Dean Ernest Jones asked him and several other Canadians to join the teaching staff. In 1980, Dr. Stibbs was inducted as an honorary member of the British Columbia College of Dental Surgeons, our governing body, and I, as president of our college, confirmed the membership.

To this day, I appreciate my education at the University of Washington. Dr. Stibbs continued in my education as mentor of our gold foil study club. As well, Dr. Ken Morrison mentored our crown and bridge study club.

Dr. Ted Ramage (left) with Dr. Gerald Stibbs





Dr. Lyle Ostlund taught cavity preparation.

Becoming competent in doing gold foil restorations had far-reaching effects on my development as a dentist. It created within me a drive for perfection and the responsibility of self-evaluation. Its requirement for attention to every small detail elevated my eye-hand coordination to new levels.

on adults, both of whom remained still, enabling me to concentrate on a procedure. Now it was a moving target. Tensions were high. The men who taught us – David Law, the chair of the department, and his second-in-command, Tom Lewis, and their staff – showed us how to maneuver little patients through a dental procedure. I was able to do it but I was never able to relax. I always found myself tense as I waited for the moment to unravel and thus I was very happy when I completed my Pedo requirements. The experience convinced me that I was not cut out to be a kids' dentist and left me with great respect for those who treated children.

Dr. Tim Wandell DDS CLASS OF 1975

Members of Puget Sound Management Seminar have been meeting, studying, and partying together since the early 1980s. Watching our kids grow up together on through retirement. Three past WSDA presidents and all Dean's Club members. Members of the class of 1975 and spouses shown here are (from left) Mike and Donna Fey, Tim and Cathie Wandell, Mark and Karen DiRe, Brett Fidler, Dave and Sue Minahan, Wendy and Mike Spektor, Debbie and Rick Crinzi, and Susan Fidler.

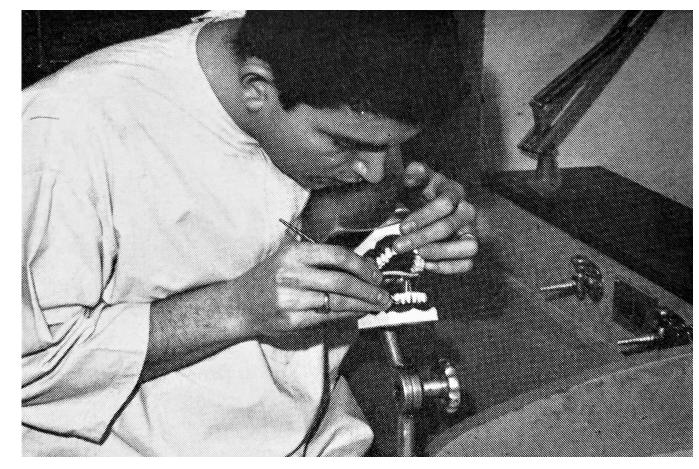


The Removable Prosthodontics Clinic was located on the fourth floor with a student lab between it and the Main Clinic. During my third and fourth years, I fabricated a total of four full-mouth dentures (two of which were immediate) and four partial dentures. Chairman Harry Young and his instructors showed us the wonders of impression materials and techniques that could create exact replicas of a patient's edentulous ridges and remaining dentition. I got a cheflike pleasure mixing alginate and plaster of Paris with a Buffalo spatula in a rubber bowl. The techniques of making impressions, articulator mountings, and the tooth and frame wax-ups were a satisfying experience. Lab techs did the acrylic processing and the metal castings for us. We did the final finishing, delivered them, and made whatever flange, clasp, and occlusal adjustments were needed. Patients in the Pros clinic were uniformly grateful for the care they received. There was considerable demand for removable prosthodontic services. In 1960 a study revealed that in the United States, 50 percent of people over the age of 50 had lost 50 percent of their teeth. There was no shortage of patients.

Endodontics was about learning to feel where we couldn't see. It was a quiet craft. It was about the fingers sending information to our brain and the brain creating a mind's image of the root canal. In Operative it was "See well to do well." In Endodontics it was about learning to interpret minute turns and resistances while guiding thin, flexible files and reamers to the tooth's apex. Instructors like Jack Bell were masters at teaching us how to feel our way, all the while blotting out the noise and activity of 140 students working around us in that Main Clinic. He showed me the finer points of finger rests while being gentle with the patient's soft tissue. Dr. John Ingle, world-famous clinician and author, was chair of the thencombined Perio/Endo Department.

Practice Management was taught by Assistant Dean Bert Anderson. His course consisted of a series of 50-minute lectures on how to manage a solo practice office. He devoted considerable attention to how to determine a fee and how to present it to a patient. Exams, treatment planning, and any advice were considered by the public to be a free service, we were told. A dentist's time was worth a fee only when he inserted a restoration. Thus, in practices, little time was devoted to verbal services like hygiene instruction. The words of Ralph Swenson, the faculty instructor that day, were gems, and each time I removed a tooth during the years that followed they always sounded in my head: "Be gentle, twist it slightly clockwise and counterclockwise, move it a bit to the buccal and lingual. Let the tooth tell you which way it wants to come out."

A major assignment in Dr. Anderson's course was to design and build a model of a dental office as we envisioned it. This project consumed a huge amount of time to design, assemble the materials, and build. Here were dental students building a scale model of a dental office complete with equipment. These models were so good that they could have been part of a course in the School of Architecture.



Proficiency in the lab was demanded. Students had to learn how to fabricate full and partial dentures, cast gold crowns, make bridges, solder pontics to crowns, and more.

Dr. Michael LaMarche DDS CLASS OF 1976

I remember Dr. Oscar Bader, a prosthodontist whose job was fabricating body replacement parts for those having cancer or who had been in traumatic accidents, and Dr. Harvey Strand, who was way ahead of his time in the ergonomic area. Dr. Strand would sneak up on us in the clinic and because we were young and could focus at 3 inches away from our patients, he would smack us with a ruler and make sure we were at least 13 inches away, thus preventing us from forming the bad posture habits that I have acquired 45 years later. It was our fourth year in dental school at the school skit night when we poked fun at these two instructors. For Dr. Bader we sang to a beat: "Get your Bader obturator and you will really look swell, get your Bader obturator or you will go through life looking like hell!" For Dr. Strand it was "Hardly Strains the name, low back pain is my game!" Of course, we were roleplaying in a skit and all four classes in the audience roared.

Seems corny, but I often reflect on this and remember more of the fun times today than the very tough ones, of which there were many.

Dr. Robert Hoffman DDS CLASS OF 1957

I remember an unnamed classmate getting a sign-off on a progress slip with a comment by one of our illustrious clinic leaders: "A high shine hides a multitude of sins."

Dr. Wayne E. Meyer DDS CLASS OF 1966

It was great to travel to Las Vegas with Dean Maurice Hickey in 1966 for the national ADA meeting. In my fourth year, I represented the UW School of Dentistry in a student clinician presentation that won first place for our School vs. all the other dental schools in the nation. The other nice memory was to be in charge of the crown and bridge clinic for the summer of 1965.

Dr. Cheryl Townsend Winter

DENTAL HYGIENE CLASS OF 1973 DDS CLASS OF 1979 PERIODONTICS CLASS OF 1981

One of my favorite memories is having gotten to know "Wild Bill" Ammons as a dental student. He became my mentor and was tremendously supportive as I worked my way into Grad Perio, and I miss him dearly still. His support meant everything to me, and it was instrumental in me being the first U.S.female citizen to enter the Grad Perio program.

Dr. William Ammons (Periodontics '70), a longtime stalwart of the Periodontics faculty, passed away in 2006.



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Students were required to design and build a dental office model.

During the last months of my fourth year, it seemed that there was not enough time remaining to complete my requirements. I think it was in part because the faculty was so demanding of perfection. Every step had to be just right. They held us to standards that always seemed just beyond attainable. They were determined that those who were graduated were clinicians of the highest quality. We were constantly told that our future patients did not want a "C" dentist. This resulted in an atmosphere described by students as WAF: worry, anxiety and fear. We all chafed at their demands. But despite that, all those requirements were completed and, gowned in academic regalia, I received my diploma in the Health Sciences Auditorium in June 1962. I was now a Doctor of Dental Surgery.

During the years that followed, I was reminded several times that I had received a superior, state-of-the-art dental education. When I took the California Board and later during my general dentistry internship, I had the opportunity to see the work of dentists from other schools. And later still, 14 years after graduation, I was invited to be an examiner in the Operative Section of the Mock Board given to our first graduating class at the University of Florida. Imagine, a periodontist grading restorative work. That was the national reputation that the University of Washington School of Dentistry enjoyed.

And now, almost 60 years later, I remain grateful for the education I received. The goal of that education was to always strive for perfection, and that goal was the foundation of the treatment of every patient I cared for after that.

Dr. Fred Quarnstrom DDS CLASS OF 1964

I clearly remember walking into Dental Anatomy the first day of dental school and seeing the large board in the front of the room with four views of every tooth. I turned to the fellow next to me and asked, "Do you think we will have to be able to draw all those views?" He responded, "Not only will you draw them, you will carve them."

What had I got myself into? I did well enough in pre-dent to be accepted into dental school in two years. This was largely due to a tendency to be a nerd and having no social life.

Our first taste of things to come was Mr. Schroter's Dental Anatomy drawings class. "Fellows, draw an upper-right left central." We were to do it on an 8x10 blank sheet of paper. "Fellows, you have one minute." At one minute he walked up the far side of the room picking up the drawings that had been passed down the rows. I was on the opposite end of the row, so my drawing had to be passed down the row at 50 seconds. If the drawing

was not there when he walked past, you busy with the polishing. I could taste a failed. The academic load was tough but doable.

I needed to work my way through school. I was a night manager of a 10-story apartment house on 15th Avenue near 45th Street. Thursday nights I manned the telephone switchboard from 11 p.m. to 7 a.m. This lack of sleep made Fridays a little difficult. In my third and fourth years I did crown and bridge for a couple of dentists. In the summer I worked in construction. I was putting in 40 to 50 hours a week in addition to dental school. I managed to graduate free of debt. It was just how it was.

Many moments are still imbedded in my brain. One was a gold foil exam my fourth year. I did a very nice prep. It was graded and I saw an "A." I never saw an "A" on anything prior to that test. I condensed the gold foil and got a "B" for condensation. To say I was ecstatic is an understatement. I nearly fainted. I was floating on Cloud Nine. I quickly got

"B+" or maybe an "A-" final grade. There was a tremble in my hand and a twitch in my eye. I had never seen a "B," much less an "A," in dental school prior to this test. As I polished, my rubber cup caught the rubber dam and I caused a 1mm hole in the dam. My reasoning was to finish the polish. The gold was in and sealed. If I got a little saliva on the gold it would serve to lubricate the polish paste. I would put on a new dam for the final grading. Dr. "S" came by, saw the hole in the dam, took a grade sheet, drew a line through the "A" and "B" and wrote "failure, hole in the dam."

I did graduate in an acceptable position, No. 17. We started out with about 70, so I was in the top quarter of the class. I had joined the Navy. I was assigned to the Marines at Camp Pendleton and later to a Seabee **Construction Battalion that went** back to Camp Pendleton, where I fired machine guns, threw hand grenades, fired a bazooka and my pistol, and set off dynamite charges. I told the

Gunny Sergeant, "I am a dentist. I am in medical. We are non-combatants. I do not think I should be doing this." He said, "Sir, all Marines are riflemen first. Shut up and run." They did not cover any of this in dental school.

We went to Okinawa and then made the first amphibious assault at Chu Lai, Vietnam in 1965 with the Third Marine Division. I had a drill powered by a foot pedal. I did a lot of surgery but had no X-ray and very little training in doing third molars. Often I had a book open behind the patient to see what to do next.

I ended up doing some medical evacuations of wounded Marines. I had no training other than a Boy Scout first aid merit badge. I decided I should get some more medical training. An oral surgery residency might complete my education. I applied to a couple of schools with no luck. I wrote the head of the oral surgery program at the UW to see if he had any suggestions. He came back with the following advice:

"They only take the top one or two out of any class. I am sure you now wished you had studied harder."

I did get accepted in a medical anesthesiology residency. I knew I was behind in many of the classes the medical residents had in medical school. There were 15 residents. By the third month, I seemed to be fully accepted. I had much better handeye coordination than most of the MDs. The department trained the oral surgery residents in anesthesia techniques. I was assigned to monitor them when they gave anesthesia in the operating rooms. The anesthesia staff felt the oral surgery residents were full of themselves. (Maybe the dentist would understand them.) This was a very good year – I met my wife of 52 years.

Endodontics was about learning to feel where we couldn't see. It was a quiet craft.

I was being treated very well. I knew they were setting me up to spring a trap. I was in the hospital at 6 a.m. I went home at 5 p.m., had dinner, and studied till midnight. Finally, at six

months the director of the program told me to relax – they were very happy with me. I knew then they were trying to get me to relax so they could spring the trap. It was another month before I accepted that this was not like dental school; there were no traps. They were interested in teaching us what we needed to know to be skilled and safe. This year opened doors to teach CE programs, 250 over 47 years. I never was asked to speak to the students in my old dental school.

As much as I complain about dental school, it was the right profession for me. I practiced in a multiracial, multiethnic area on Seattle's Beacon Hill. Including my time in the military, I practiced for 53 years, published 50 research papers and chapters in four books, and cannot think of anything I would have rather done. Dental school, however, was the worst four years of my 80 years.

Dr. Richard C. Engar DDS CLASS OF 1980

Back in the late 1970s, there was no summer school for first- or secondyear dental students unless you had to repeat a class. Where that was not required, the common plan for most dental students was to work somewhere during the summer to earn money to cover living expenses and tuition, which was actually under \$1,000 per year at that time for Washington state residents (or Western Interstate Commission for Higher Education students like myself).

I was fortunate to land a job with the **Dental Education in Care of Persons** with Disabilities (DECOD) program and work closely with Dr. Doris Stiefel over 40 years ago, starting in 1977, which commenced when I returned to Seattle in early July following my honeymoon. DECOD had received a grant from the **Robert Wood Johnson Foundation** which funded a series of instructional manuals that the organization planned to produce. I cannot remember whether I was assigned or picked the topic in consultation with Dr. Stiefel, but the subject was "Dental treatment of the sensory-impaired patient," which became the tittle of the manual. This meant I was assigned to do research on blindness and deafness and then write a mini-textbook about how to deal with these populations. Dr. Stiefel made it easy in terms of being very specific with what she had in mind as far as how the manual needed to be laid out and produced. There were to be objectives

Dr. Doris Stiefel (DDS '54, Oral Biology '71), our School's first female graduate, took over the DECOD program soon after its inception and established it as a national leader in specialcare dentistry. She was named our School's Distinguished Alumnus in 2003. She is shown receiving the Dean's Club Honorary Lifetime Member Award from Dr. David Minahan (DDS '75) in 2019.

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"I was a little curious as to how [Dr. Stiefel] was able to function so well as a dental educator, researcher, and administrator in what at that time was still a substantially male-dominated profession, but she was obviously accepted and respected by her peers. ... I am sure she had some interesting times in her earlier career dealing with some possible and unfortunate chauvinism, but that did not stop her from being a successful educator and administrator."

and study questions. Dr. Stiefel gave me a list of contacts she had through DECOD and so I was able to interview several experts. Of course, there was no internet back then, so I spent the first few weeks reading various textbooks and articles and listing the references, 67 to be exact.

Dr. Stiefel impressed me by the scope of her connections in the disabilities community, and the experts she had me interview were essential as far as the information they gave me and references they provided, and all of them spoke highly of her. I also got to know some prominent members of the Department of Pedodontics at the time, including Drs. Richard Rolla and Thompson Lewis, which helped me in future years with both my dental education and employment opportunities with that department from 1978 through graduation in 1980.



Dr. Stiefel was great to work with, as she always had time to review my drafts and offer suggestions. When I told her I had some artistic abilities and would be able to draw some necessary illustrations for an appendix on sign language, she was initially skeptical but pleased and accepting when she saw my initial prototype drawings. She was never ambivalent and knew exactly what should be done as far as any corrections or additions. Yet she was kind and gracious in the way she directed the project.

I was a little curious as to how she was able to function so well as a dental educator, researcher, and administrator in what at that time was still a substantially male-dominated profession, but she was obviously accepted and respected by her peers. The only thing she insisted on, which was somewhat ahead of her time, was to use gender-equal language, such as he/she, his/her, etc. The one concession she made was to agree to let me alternate pronouns in certain situations where it was awkward to use both, so in one example I used male pronouns and the next I used female pronouns to describe dentists. So I am sure she had some interesting times in her earlier career dealing with some possible and unfortunate chauvinism, but that did not stop her from being a successful educator and administrator.



From left: Dr. Richard Engar with classmates Jon Holmberg, Ty Galvin, and Gary Heyamoto

We were able to complete the 64page manual in the three months allocated, and Dr. Stiefel graciously insisted that my name go first on the publication as the primary author. I also got a credit as the illustrator. The manuscript passed muster after several reviews, including those of the Office of Instructional Development, and the manual is still in use today. It is available through Google Books and other digital library sources.

My cordial relationship with Dr. Stiefel continued through the remainder of dental school. I had several opportunities to visit with her in the hallways or in the classroom and she gave me the opportunity to pose as a dentist treating DECOD patients in a newsletter. She was a great mentor and example and deserves all the credit for putting DECOD on the international dental map. And she was a wonderful employer as far as I am concerned!



Dr. Susan (Hollinsworth) Adams DDS CLASS OF 1978

In September 1974, I walked into the dental school with trepidation and angst. I had already dealt with the adjustment of moving from Spokane Valley to big-city Seattle and now was facing what the UW interns I worked with at Sacred Heart Hospital had laughingly told me was a "male chauvinist stronghold." The projections when I applied were an acceptance of only two or three women, so I was pleasantly surprised and relieved when I looked around and counted a total of 19 women out of a class of 92. This was the first class with a large number of women in the history of the School of Dentistry and it wouldn't be long before we left our mark.

My first warm memory was of us being invited to dinner by three real pioneers in dentistry: the late Dr. Alta Campbell (general practice), Dr. Bertha Barriga (Pedo at UW), and Dr. Doris Stiefel (DECOD and the School's first woman graduate). Their encouragement and role modeling was comforting, and I am still thrilled to see Drs. Barriga and Stiefel at the Dean's Club dinners. This get-together prompted us to start "hen parties" where we women gathered for a potluck every quarter just to share with and support each other. We continued these annually for many years after we graduated.

It didn't take us long to settle in and bring our own feminine touches to the school – bringing homemade brownies and cookies to D1 lab, Sue Megenity remaking the "bowling shirt" clinic top we were given into a puffed-sleeve belted number, and eventually organizing a junior prom and senior Christmas ball for the class at the waterfront activities building. I have always been one to join in and become part of the group, plus I love sports, so when the men in the class formed basketball teams, I decided to attend the games. Soon I was anointed



Dr. Susan Adams (kneeling at far right) with her championship-winning Buccal Fat Pads football teammates

the scorekeeper and was rewarded at the end of the season "sports award banquet" by Carl Gross playing a song for me on the piano and Glen Johnson presenting me with a new jockstrap signed by the players as a thank-you for being a loyal athletic supporter. It remains one of my most cherished mementos.

Not to be outdone by the men, some of us (Lenore Ingram, Jean Allen, Patty Kribbs, and myself) wanted to have our own teams. Raiding the class behind us (Lin Cirtaut) and the school of dental hygiene (Peg Votalini, Sue Boettcher) along with our class recruitment, we were able to field a basketball team, swim team, and even a football team. We also joined with the men for coed softball, placing third out of 169 teams. The crowning glory, though, was winning the IMA football championship! Our team, the Buccal Fat Pads, was written up in The Daily, which made playing on the muddy, smelly fields

worth it - along with the hot chocolate and peppermint schnapps that our coach, Steve Henager, had waiting for us on the sidelines.

We were a diverse group, but we bonded together over our shared experience. It was no surprise at graduation time to find that this group dominated the awards. Three of the 11 OKU honorees were women, and our top graduate was Dona Seely. I was blessed to be voted the Dennis P. Duskin Inspirational Award by the members of my class, and it will always be one of my most cherished honors.

Years later, I was having a conversation with Dr. "Uncle" Bob Canfield and he told me what an influence women had had on the dental school. When I asked him in what way, he simply said, "They humanized the school." That's not a bad legacy to leave behind, and I am proud to have been a part of it.

Faculty Updates

Dr. Cameron Randall of Oral Health Sciences is organizing and will chair an International Association for Dental Research symposium July 21-24. The symposium, titled "Behavioral and Social Oral Health Sciences: Building Consensus, Advancing Research," will be held in Boston with virtual access, simultaneous virtual presentations, and virtual networking.



The event is intended to set the long-term agenda for behavioral and social research to improve oral health globally. Dr. Cameron has led the development of a consensus statement asserting that behavioral and social factors are critical determinants of oral health and central to oral health promotion and oral healthcare delivery. The statement calls attention to four emphasis areas, suggesting key gaps, priority areas, and future directions for research:

- Behavioral and social theories, models, and mechanisms related to oral health
- Advanced, novel, and rigorous research methods for behavioral and social science applied to oral health use of well-designed and high-quality behavioral and social interventions for oral health
- Dissemination and implementation research for oral health

The goal of building consensus around these emphasis areas and priorities within each is to advance research in the field and ultimately promote global oral health by improving practice, Dr. Randall said.

Dr. Greg Huang, Chair of Orthodontics, won the 2020 Louise Ada Jarabak Memorial International Teachers and Research Award. Dr. Huang, who is the department's Kokich-Shapiro Endowed Professor, has led the American Association of Orthodontists (AAO) Practice Based Research Network Committee, formed in 2013 to encourage orthodontic research in network settings.



The adult anterior open bite study was the first project to be approved and funded by the National Dental Practice Based Research Network. Dr. Huang led recruitment of AAO member research participants in 2015 and later presented information about the study at the 2018 and 2019 annual sessions. He was the Doctors Co-Chair for the 2020 AAO Winter Conference in Austin, Texas, which focused on the treatment of open bite.



Dr. Donald Chi of Oral Health Sciences has been appointed editor-in-chief of the International Journal of Paediatric Dentistry. Established in 1991, the bimonthly peerreviewed journal is published on behalf of the International Association of Paediatric Dentistry and British Society of Paediatric Dentistry. Dr. Chi holds the Lloyd and Kay Chapman Endowed Chair of Oral Health at the School of Dentistry and also holds an



appointment in the UW School of Public Health.

In the Department of Oral and Maxillofacial Surgery, **Dr. Melanie Lang** (right) was promoted from Assistant Clinical Professor - Dental pathway to Associate Clinical Professor – Dental pathway and **Dr.** Srinivas M. Susarla was promoted from Assistant Affiliate Professor to Associate Affiliate Professor. Dr. Susarla was also promoted from Assistant Professor to Associate Professor, Division of Plastic Surgery, Department of Surgery, School of Medicine.

Dr. Andy Marashi of Restorative Dentistry was appointed Director of Preclinical-Clinical Transitions, effective Jan. 1, 2021. Dr. Marashi assumed this role in addition to his duties as Assistant Director of the International DDS program.

Dr. John Sorensen of Restorative Dentistry was named in *Dentistry Today's* "Leaders in Continuing Education" for the 10th year in a row. He also received an extension on his project "Clinical Evaluation of Variolink® Esthetic & Adhese® Universal For Posterior CADCAM Ceramic Restoration Cementation." Co-investigators are department colleagues Dr. Yen-Wei Chen and Dr. Ali Sadr.







Dr. James E. Newman Jr. of Restorative Dentistry has been awarded the Lifelong Learning Service Recognition by the Academy of General Dentistry. This award is given to AGD Masters who continue to go above and beyond in the pursuit of continuing education and volunteer community service to the dental profession.

Dr. Peter Milgrom, Professor Emeritus of Oral Health Sciences, was awarded a National Institute of Dental and Craniofacial Research grant in February to study the scientific feasibility of a high fluoride-povidine iodine toothpaste.

DR. SUE HERRING PROFESSOR EMERITUS, ORTHODONTICS/PROFESSOR, ORAL HEALTH SCIENCES

A role model for her colleagues

The dental school at the University of Illinois at Chicago (UIC) had physiological equipment. That turned out well for Sue Herring – and, eventually, for our UW School of Dentistry.

Dr. Herring, who took emeritus standing in the Department of Orthodontics last July, had won a postdoctoral fellowship at UIC after earning her PhD in anatomy from the University of Chicago in 1971. At Chicago, she had received a BS degree in zoology with honors.

She'd tried to duck a requirement that she take Comparative Anatomy, but the zoology department chair told her, "Every zoology major should rub their nose in animals for a while." She loved the course, and her professor persuaded

her to study anatomy instead of zoology in grad school. "I was not particularly interested in the head, but I was assigned to an advisor, a paleontologist, who was especially interested in brain evolution in fossil mammals," she says. "Paleontology is mainly about teeth and jaws anyway."

She wrote her thesis on the skulls of pigs and their relatives but hit a roadblock when she had no way to test her theories on how the associated muscles worked. Then she learned about the equipment at the UIC dental school and applied for the fellowship. "My mentor was in Oral Anatomy, so I was too," she says. "That department taught dental gross anatomy, which I helped with, and after one year they hired me."

In 1990, Dr. Herring was recruited for our School by former Orthodontics chair Dr. Peter Shapiro (Orthodontics '73) and a search committee headed by the late Dr. Vince Kokich ('71, Orthodontics '74). In the ensuing three decades, she taught craniofacial function and gross anatomy and built an impressive body of research on craniofacial function and its influence on skull growth.

Her work was funded almost continuously by the National Institute of Dental and Craniofacial Research from 1981 on. She has received the Craniofacial Biology Award from the International Association for Dental Research, and she is a Fellow of the American Association for the Advancement of Science and the American Association for Dental Research.

Her superb abilities as a teacher were recognized with the 2015 Bruce R. Rothwell Lifetime Achievement in Teaching

Award, our highest faculty honor. The depth of her peers' esteem is reflected by her service as chair of the School's elected Faculty Council under three different deans.

"Sue is a role model for each of us with respect to our academic careers," says Dr. Greg Huang, Chair of Orthodontics. "She is a serious scholar, having conducted many NIDCR/NIH-funded projects. She is a serious teacher, highlighted by the Rothwell Award. And she has provided significant and invaluable service to the School of Dentistry and the University of Washington through her work on the Appointments, Promotions, and Tenure Committee, the Faculty Council, and the Faculty Senate."

While she has officially retired, Dr. Herring will continue in her lab for a few years as she winds down her research. She's writing up older work on the effect on the mandible and jaw muscles when Botox is delivered to the masseter muscle in rabbits and is also helming a study of craniofacial sutures in pigs.

> "The part that is the hardest, frankly, is that for 50 years my life has been defined by my career as a professor," she says. "Getting a different life is going to take some time, and so I plan on doing it gradually."

She'll cherish memories like the time she taught her final gross anatomy class a couple of years ago: "The class gave me a giant card featuring on the front a giant drawing, reasonably correct, of the male reproductive system. The message was 'You've made a vas deferens in our lives' or something like that, and they wrote notes inside."

In her semi-retirement, she hopes to improve her violin skills - "no luck so far" - and, pandemic permitting, have more time for travel and other activities. She continues to be a leader, as current vice president and next year's president of her retirement community's residents' association.

Assessing her career, she offers this: "I always thought I was most valuable as an innovative researcher who thought for herself and did not follow anyone else's lead. Some of my papers from the '70s and '80s are still frequently cited, so I think I had an influence."

Says Dr. Doug Ramsay, chair of Oral Health Sciences, where she also held an appointment: "In all of her activities, Sue has brought her unrelenting passion for science, teaching, and making our University and School better. When these values are combined with her seemingly limitless energy and good ideas, it is easy to understand why Sue has been one of the go-to people in the School of Dentistry."



SCHOOL OF DENTISTRY UNIVERSITY of WASHINGTON

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Research Update

Three cheers for Firstar Dental Co. – and eight chairs for Grad Pros

At a 2019 dental study club meeting at our School, Kang Ning Lei, the president of Firstar Dental Co. of Kent, Wash., had a chance to talk with Dr. Hai Zhang, Associate Professor of Restorative Dentistry and assistant director of our Graduate Prosthodontics program. Dr. Zhang invited Lei to tour the Grad Pros clinic after the meeting.

Lei saw extensive wear and tear on the clinic's dental chairs, and he learned from Dr. Zhang that funds to replace the chairs were in short supply. It saddened him to know that the School of Dentistry was having to make do with old, outdated equipment, he says.

Those feelings were amplified by his family's close connection to the University of Washington. "My family has a lot of affection for the UW because I have three daughters who graduated from there," he says. "Also, this university has nurtured our daughters' progress and growth."

As Firstar president, he was in a position to do something about it. Firstar Dental Co., founded in 1996, designs and produces dental chairs, dental units, and dental lights for several major U.S. dental equipment companies. The company also designs and produces hydraulic power systems for dental and medical equipment.

"Because Firstar is a local company, we have taken this opportunity to help the UW School of Dentistry to develop and cultivate talented students," he says. "Hence, I decided to donate eight sets of our FDC39 dental chair packages – our company's most advanced product series – to the Graduate Prosthodontics clinic. In addition, our company also donated two special portable space purification and disinfection machines and one dental aerosol suction and disinfection

BUSINESS



machine. In order to ensure and maintain the quality of this equipment, our company provided experienced technicians to complete the installation of the equipment." The donation, according to our School's Advancement office, is valued at more than \$223,000.

Dr. Van Ramos, director of the Graduate Prosthodontics program, says: "Mr. Lei and his wife, Huiming, have given us a wonderful gift. These chairs are absolutely beautiful, and we are getting rave reviews from patients who spend the better part of a day in one of them. Also, sincere thanks to Dr. Zhang for initiating and spearheading this project."

"We look forward to the success of the UW School of Dentistry in academic research and education," Lei says.

Kang Ning Lei, president of Firstar Dental Co.



A SAMPLING OF CURRENT STUDIES AT THE SCHOOL OF DENTISTRY

Studying the protective effects of normal oral flora

PI: Dr. Jeffrey McLean

Funding: The Forsythe Institute/National Institutes of Health flow-through

Indigenous microbial communities are known to co-evolve with their hosts and play crucial roles in maintaining host health. One of the main proposed beneficial effects is their ability to resist the invasion and colonization of "foreign microbes" that are not originated from the same/similar communities. Despite an increased recognition of the importance of this research area, little is known about the detailed molecular mechanisms related to these biological activities. The studies proposed in this application aim to provide molecular insights into the sophisticated structural organization of normal flora and their functional roles in shaping/maintaining commensal microbial communities and resisting the invasion of foreign pathogens.

Clinical evaluation of Variolink esthetic® & Adhese® universal for posterior ceramic

PI: Dr. John Sorensen *Funding:* Ivoclar Vivadent AG

The purpose of this study is to assess the clinical performance of a new dual-curing composite resin cement in combination with a light-cured single-component dental adhesive for cementation of posterior ceramic restorations. Specific goals are to measure the cementation factors of post-operative sensitivity, marginal integrity, microleakage, marginal discoloration, retention, caries, and gingivitis. Pre-operative evaluation of tooth will establish baseline pulpal health and pre-existing sensitivity levels. A secondary aim is to evaluate the clinical behavior of the restoration ceramic surface and opposing natural tooth structure when half the restorations are treated with the typical application of stain and glaze firings and half with only polishing of the ceramic surfaces.

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@uw.edu, or the principal investigator.

Washington's novel approach: Improving access to integrated oral health care for Medicaid populations living in rural dental HPSAs

PI: Dr. Donald Chi *Funding:* Washington State Department of Health

The UW School of Dentistry will take the lead on all evaluation activities for the proposed HRSA grant. We will adopt a 5-step CQI plan as described in McCabe and colleagues (2012). This model describes the process by which an integrated, continuous feedback plan is used to assess the preintervention, growth, and maturation phases of the proposed HRSA grant and make necessary programmatic adjustments during the grant period to improve quality and outcomes associated with the program. We will adopt a mixed-methods approach that incorporates qualitative and quantitative research methods. These methods will be conducted at the pre-intervention, growth, and maturation phases of the grant.

For the qualitative methods, we will conduct interviews with at least 30 community-based stakeholders during each phase. We will develop and pre-test a semi-structured interview script to help guide conversations with intervention health providers, clinic supervisors and managers, community members, and potential patients in Jefferson County. We will employ snowball recruitment methods to identify additional study participants. We will interview participants until saturation is reached. All interviews will be recorded, transcribed verbatim, and analyzed inductively using standard qualitative methods.

For the quantitative methods, we will analyze Medicaid enrollment and dental claims files obtained from the Washington state Medicaid program. The subcontract PI has nearly 20 years of experience analyzing Medicaid data, including Medicaid data from Washington state. We will assess monthly dental utilization rates for child and adult Medicaid enrollees in Jefferson County during the pre-intervention, growth, and maturation phases of the HRSA grant. The total number of Jefferson County enrollees for each month will be assessed from the enrollment files (denominator). We will calculate diagnostic, preventive, routine restorative, and complex restorative dental care utilization using previously published Current Dental Terminology (CDT) Codes (Heidenreich et al. 2015; Sarvas et al. 2016). Individuals with valid CDT codes for each utilization measure will be assessed from the dental claims files (numerators). We will report monthly utilization rates for children and adults separately, during the three study phases (pre-intervention, growth, and maturation phases).

Since its founding in 1946, the UW School of Dentistry has benefited significantly from the generosity of countless individuals who have helped ensure that the School remains an institution of distinction.

Through supporting students, inspiring faculty, developing innovative programs, and improving the School's facilities, the leaders listed in the Volunteer Honor Roll have demonstrated a commitment to excellence in the study and practice of dentistry, and in oral health research.

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Ariel Raigrodski

Tefft family steps up once again

The Tefft family has a long history of engagement with our School of Dentistry. Dr. Wesley Tefft was a member of the Class of 1951, the second cohort to graduate from the School. A few years after his passing in 1995, his wife, Alberta, got together with Dr. Tefft's classmate, the late Dr. Sam Anderson, and created an endowed Class of 1951 scholarship that continues to support our students today.

In 2015, the Teffts' son, Paul, named our School as one of his IRA beneficiaries. Late in 2017, when our School faced serious challenges related to a growing budget deficit, he was deeply concerned and wanted to do more. "I asked, 'What I can do *now* to support and be an encouragement to the dental school when morale must be exceptionally low?' " he says.

In 2018 he created the Paul L. Tefft Endowed Fund for Dentistry, in honor of his father and his dentist grandfather, Dr. Ansel Tefft. It was an undesignated gift, not targeted to any specific program or department.

In January 2020, Paul had an encouraging meeting with Dean Gary Chiodo. "I am grateful for his leadership and the new direction for the dental school," he says. Last August, he updated his estate plan and restructured the endowment to facilitate participation by other family members. An amendment to the agreement also established a goal of creating a professorship or a chair.

Legacy Gifts

for school.

"We had student housing in Union Bay," says Alberta, still going strong at 96. "That was fantastic. There were a lot of returning veterans, and a lot of them had families already. Having families, living in those facilities, we were very close to each other. Those first two classes – they were really determined to succeed, having come out of the war. They were more mature and had had more responsibilities."

Cheryl Carino-Burr Steven McGowan Alexander Pozhitkov



Paul's father had distinguished himself even before dental school, flying 37 missions as a B-24 navigator in the U.S. Army Air Force during World War II. Dr. Tefft went on to graduate second in his class at our School and became the sixth dentist to practice in Bellevue, Wash. He spent 39 years in practice before retiring in 1990. He was elected a fellow in the Academy of General Dentistry and was a member of the Omicron Kappa Upsilon dental honorary society and the Psi Omega dental fraternity. Active in the community, he was a founding member and past president of Bellevue Rotary International and a member of the board at the Bellevue Chamber of Commerce and Bellevue Community College.

The family has warm memories of Dr. Tefft's time at the School and in practice. Alberta and Wes met as UW undergraduates and married after his first year of dental school. She worked and they used GI Bill benefits to pay



Dr. Wesley Tefft flew 37 missions as a B-24 navigator during World War II before going on to dental school at the UW.

There was also time for relaxation, she recalls. "We played bridge and did things like that that didn't cost much money. We ate a lot of macaroni and cheese. We didn't have much, but we had a lot of fun. [Dr. Tefft] felt so blessed to get out of the service and to do what he did."

Both of the Teffts' daughters, Diane and Dana, worked for their father as dental assistants while in high school. Diane, who once was pulled out of school to pinch-hit when Dr. Tefft's regular assistant didn't show up, says: "Dad was a perfectionist in his dental practice and had very high professional standards. He especially enjoyed the patient/ people contact, and he had long-term relationships with both patients and colleagues. Many patients were multigenerational families."

During their discussions, Paul's financial advisor emphasized that it's best to make a legacy gift while you can still see its benefit. As Paul says: "You can see the impact."

CLASS OF 1960





Dr. Robert Monsen with another one of his classic cars, a 1906 Cadillac. He is currently restoring a 1909 Ford Model T.

Dr. Robert Monsen, University Place, Wash.: I am finishing a restoration of a 1909 Ford Model T Town Car started by a friend in Monroe, Wash. This is one of several Model T's that I have, along with a 1906 Cadillac one and a 1908 Maxwell. There were only 236 Town Cars built, and I have not been able to find another one that has most of the original parts like mine does. I have had Model T's since I was 14 years old, and I have been a member of the Horseless Carriage Club of America since 1954.

CLASS OF 1970

Dr. Robert L. Sherman, Hampstead, N.C.: I sure hope we have a 50-year class reunion eventually. I am also happy to achieve "Lifetime" status.

Dr. James E. Fitzgerald, Colfax, Wash: Nancy, my wife of two years, and I enjoy good health and remain active. We are working to keep our small town of Colfax healthy also. Nancy is in charge of the historic Perkins House in Colfax. If any of you are in the Colfax area, the house is a must-see. (Open weekends.) Call me at 509-397-3330 with questions.

CLASS OF 1972

Dr. Raleigh Curtis, Seattle: Carol and I continue to be happily retired. We still miss the patients but not the stress. And I miss the camaraderie of study club and the Dental School.

CLASS OF 1975



Dr. John A. Johnson, Sammamish, Wash.: It's been over 12 years now since I sold my practice, but my wife, Barbara, and I continue to be involved in dentistry and ministry locally with Medical Teams International and around the world with various Christian organizations. Our latest trip was to South America early in 2020, where we teamed up with Eastridge Church of

Issaguah, and separately with Global Awakening for international outreaches.

During our compassion-oriented ministry in Colombia with Eastridge Church, we provided food and assistance to the Venezuelan refugees, and witnessed incredible miracles. Then with the Global Awakening team, we partnered with some local ministries in Medellin, way up in the Andes Mountains, where we helped the local people, and again saw God work in amazing ways. Fortunately, we got back to the United States just days before we would have been quarantined in Colombia due to Covid-19.

You can check out some of the miracles that have happened through our ministry on our website, Miracles4Real. org, and/or our e-book at Amazon: It's Supernatural, A Journal of Signs, Wonders and Miracles: On Mission Trips and Beyond. Many blessings to all of my colleagues and classmates.

CLASS OF 1978

Dr. D. Ian Bell, Bellevue, Wash.: Practice specializing in prosthodontics in Bellevue, Wash. Our daughter, Caitlyn K. Affrunti, specializing in implants and periodontal plastic surgery, has joined our practice. I love working also with Dr. Dona Seely, a '78 classmate who is an amazing orthodontist. Enjoy golf and Husky football games – although not this year. Still love what I do and think I'm still pretty damn good.

CLASS OF 1979

Dr. James Robert Oates, Monument, Colo.: Joyce and I have moved to Colorado to enjoy our grandchildren. Avery is 5 and Jack is 3. We are enjoying the skiing, camping, hiking, and fly fishing.

CLASS OF 1980



Dr. Richard C. Engar, Salt Lake City, Utah: I retired from full-time work on Oct. 16, 2020. I am now working only as a part-time senior consultant for my former company. I am putting together a museum to display my scale-model collection in Bountiful, Utah, along with a studio where I will be working on watercolor paintings. I hope we can have a 40-year class reunion after a one-year delay thanks to COVID.

CLASS OF 1990

Dr. Beth O'Connor, Lakewood, Wash.: We will be having our Dental Class of 1990 30-year Reunion. It will be held from Friday, April 30 to Sunday, May 2 in Santa Fe, N.M., at the Eldorado Hotel. Save the date!



CLASS OF 1995

Dr. Jackie Bunce, Kent, Wash.: One of the best things about attending the University of Washington School of Dentistry, in addition to graduating from our first-rate dental school, has been all the wonderful people who have become our colleagues and friends. I hope that we can all continue to keep in touch, supporting each other and the school that has nurtured and supported us along the way. I can't wait to get through the pandemic!

CLASS OF 2010

Dr. Heather N. Weber, Corbett, Ore .: My proudest milestone has been becoming a mother. On May 30, 2020, my husband and I welcomed our second baby boy, Carson. He is full of joy, and big brother, mom, and dad are all proud. Other big moments this year are selling my partnership in Portland, Ore., and purchasing a practice from my mentor in Tualatin, Ore., last fall. Counting every blessing!

Dr. Jackie Bunce (far left) got together with classmates shortly before the onset of the pandemic: (from left) Dana Larson, Neda Goharkhay, Anna Lee, Vicki Fidler, and Gloria Eshraghi.

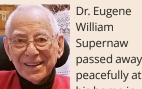
CLASS OF 2015

Dr. Tadros M. Tadros, Bedford, Mass.: I became a board-certified endodontist, which is the pinnacle of my specialty. I'll always be grateful to my mentors at the UW School of Dentistry for teaching me to work hard and to achieve my dreams and my future plans.



DR. EUGENE W. SUPERNAW

ORTHODONTICS CLASS OF 1955



his home in Everett, Wash., on Oct. 22,

2020. He was 93.

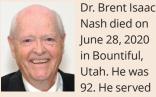
DR. JAMES R. HITZ CLASS OF 1956



Dr. James R. "Jim" Hitz passed away on Oct. 14, 2020 at Hospice

House in Bellingham, Wash. He was 92. He practiced dentistry in the Bellingham Herald building and later in his personal residence on Hannegan Road for many years.

DR. BRENT I. NASH CLASS OF 1958



Nash died on June 28, 2020 in Bountiful, Utah. He was 92. He served (with a few breaks) as a

skilled clinical instructor and student advisor at the School of Dentistry until 2007, when he retired at age 80.

DR. MACLAY ARMSTRONG **ORTHODONTICS**

CLASS OF 1962

Dr. Maclay "Mac" TOF CA Armstrong peacefully passed away at

home on Oct. 20, 2020 after a long battle with Parkinson's disease. He had a thriving orthodontic practice in north Seattle (now Shoreline) and was an innovator in orthodontics. He held 14 patents and in the late 1960s started Northwest Orthodontics. which manufactured and distributed his products internationally. He developed many orthodontic devices, including SAIF-Springs and a debracketing instrument. His breakaway headgear module is universally used today. He also published several articles in journals and was a guest lecturer.

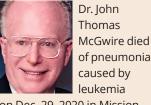
DR. KENNETH W. KUMPF



William

hospital with his son Loren opened and ran a successful dental practice for 25 years in Napa.

DR. JOHN T. McGWIRE CLASS OF 1962



on Dec. 29, 2020 in Mission Viejo, Calif. He was 83. He practiced dentistry for 38 years in Pomona, Calif. After retiring, he continued to work to ensure proper dental care for the less fortunate.

DR. ARTHUR A. DUGONI **ORTHODONTICS**

CLASS OF 1963



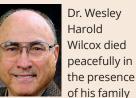
He was 95. During his long career, including 28 years as dean, Dr. Dugoni helped the University of the Pacific's school of dentistry become one of the best in the nation. The San Francisco-based school was named the Arthur A. Dugoni School of Dentistry in his honor in August 2004, while he was still dean. He served as president of the California Dental Association, the American Dental Association, the American Dental Education Association, and the American Board of Orthodontics. He presented 1,000 lectures, papers, clinics, and essays during his career, and published more than 175 articles.

DR. DONALD S. DAVIDSON

CLASS OF 1964 Dr. Donald Scott "Don" Davidson died on Feb. 6, 2021 in

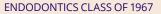
Overlake Hospital Medical Center in Bellevue, Wash., from multiple systemic issues. He was 81. He was a two-term mayor of Bellevue, where he served on the City Council for 30 years. He served with the Bellevue Rotary and on the Citizens Financial Advisory Committee for the Bellevue School District from 1973-83, the Board of Trustees of Overlake Hospital from 1978-87, and as president of the Bellevue Chamber of Commerce in 1979. He was a past president of the Association of Washington Cities and Seattle-King County Dental Society. He was named the Washington State Dental Association's Dentist Citizen of the Year. He was also an avid Husky fan.

DR. WESLEY H. WILCOX



on Jan. 2, 2021. He was 81. He practiced in Layton, Utah, for 50 years before retiring and selling his practice. He then spent six years as a professor, teaching at Roseman Dental School in South Jordan, Utah.

DR. HENRY J. **VAN HASSEL**





several books, and co-

authored two books.

DR. MICHAEL P. MOLVAR CLASS OF 1968



Dr. Michael Peter Molvar died of cancer on Dec. 27, 2020. He was 78. He

received his DDS from the retired in 2010 after 30 years University of Maryland and of service to the University his MS and PhD in physiology of Nebraska Medical Center, from the UW. He received where he was assistant dean. the Distinguished Alumni Early in his career, he was in Award from each institution. private practice in Redmond, He was a professor at our Wash., where he was School before becoming co-founder of the chairman of the Department Sammamish Valley Dental Center. He received the of Endodontics at the Chancellor's Gold U Award University of Maryland in Baltimore. In 1984 he was from UNMC in 2003, the named Dean of the School **Outstanding Teacher** Award from the College of of Dentistry at Oregon Health & Science University Dentistry in 1985, and the distinguished Faculty Award in Portland, where he also from the School of Dentistry served as a vice president. He was president of the Class of 1982. He wrote many Oregon Dental Association, articles that were published a diplomate of the American in scholarly journals and Association of Endodontists authored chapters in (AAE), and president of AAE. textbooks. He also was editor He was editor of the Journal of two books and presented of Endodontics for many at many dental meetings. years, authored numerous articles in scientific journals, contributed chapters to

DR. THEODORE E. DEPEW

GRADUATE PROSTHODONTICS CLASS OF 1971

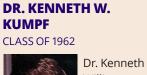


Dr. Theodore Edward "Ted" Depew passed away peacefully rom

natural causes after a stroke, surrounded by his family, at his home in Lake Oswego, Ore. He was 82. He served in the U.S. Air Force Medical Corps as a career officer, retiring as a full colonel after 30 years of active duty. He received

of his family

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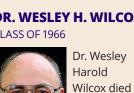




Kumpf passed away on Nov. 27, 2020 in a Napa, Calif.,

by his side, after years of battling prostate cancer. He was 84. He served as an Army dentist at Ford Ord in Monterey, Calif., and later

CLASS OF 1966



peacefully in

many commendations during his career as a prosthodontist and director of the Air Force regional dental laboratory. He was responsible for resident and intern prosthodontic training throughout his career. He commanded dental clinics at Eielson AFB, Alaska; Nellie AFB, Nevada; and Ramstein AFB, Germany. He also served as Strategic Air **Command Dental Surgeon** at Offutt AFB, Nebraska.

He completed his Air Force career at Andrews AFB and then accepted a part-time position at Oregon Health & Science University Dental School as an associate professor in the fixed prosthodontic department, which he held for 25 years. He was an active member of the Pacific Coast Society for Prosthodontics and was honored with lifetime fellowship in 1998.

DR. DENNIS M. MIYA CLASS OF 1971



Dr. Dennis M. Miya passed away on Sept. 24, 2020 in Seattle, after a brief illness.

He was 75. After serving as an Army dentist in Vietnam, he launched and maintained a dental practice in Burien, Wash., for 40 years.

DR. RAYMOND KUBISCH ORTHODONTICS

CLASS OF 1976

Dr. Raymond Kubisch died on Jan. 7, 2020. (No further information was available.)

DR. DONALD G. SAMPSON CLASS OF 1981



Dr. Donald Gary Sampson died of pancreatic cancer at his home in

Richland, Wash., surrounded by family, on Dec. 11, 2020. He was 69. Dr. Sampson built a successful and respected dental practice in the Olympia area with his wife, Alice. He also taught at local dental hygiene programs in Thurston, Pierce, and Benton counties. He was active in many local organizations, including Capital Lakefair, Tumwater Rotary, Creative Theater Experience, the Tumwater Chamber of Commerce, and the Thurston County Dental Association.

DR. CAROL ANNE **C. WISHART** ORTHODONTICS CLASS OF 1982



Dr. Carol Anne Charlotte Wishart died on Jan. 25, 2020 in Vancouver,

B.C., after a short illness. She was 66. She had a private practice in Burnaby, B.C., and worked with the Cleft Palate and Craniofacial Team at BC Children's Hospital. As a clinical assistant professor, she taught orthodontics at the University of British Columbia Faculty of Dentistry.

CONTINUING DENTAL EDUCATION SPRING 2021

SPOTLIGHT COURSE

This course is offered in partnership with the Oregon Health & Science University Office of Continuing Dental Education.

Now more than ever, dental professionals are experiencing an exacerbation of work-related pain in dentistry due to heavy PPE, COVID, stress and scheduling challenges. The objectives for this evidence-based course include:

- Discovering which types of exercise boost your immune system and which types suppress it
- Learning why heavy PPE can lead to headaches, fatigue, and dehydration, plus easy interventions
- Learning the five essential home exercises every dental professional should perform
- How dental professionals should modify yoga and Pilates routines
- The secret(s) to developing and keeping habits

Dentistry Shouldn't Be a Pain in the Neck

To effectively prevent neck pain in dentistry, your ergonomic education must be specific to dentistry, evidencebased, and unbiased. Dr. Valachi's doctorate research focused on neck pain in dentistry, and her course offers a plethora of effective interventions. She shares relevant, research-based interventions to prevent neck and shoulder pain and extend your career. Bring your loupes to this interactive webinar for the loupes self-assessment exercise. Wear comfortable clothes for a myriad of activities!

LOCATION: Live webinar

TIME: 9 – 11 a.m. (PDT)

TUITION: \$69

INSTRUCTOR: Bethany Valachi, PT, DPT, MS, CEAS

Bethany Valachi is a clinical instructor of ergonomics at OHSU School of Dentistry in Portland, Ore., and **Ergonomics Editor for** DPR magazine. She is a doctor of physical

therapy who has worked exclusively with dental professionals for over 20 years. She is recognized internationally as an expert in dental ergonomics and has provided over 700 dental lectures worldwide, which have provided pain relief to thousands of dental professionals. She is also a prolific author who has published more than 70 articles in peer-reviewed dental journals, and produced a series of dental ergonomic and exercise online CE video courses.

CREDITS: 2 hours

REGISTER ONLINE: Register on the OHSU CDE website: ohsu.edu/dental-clinics/continuing-dental-education

OTHER ONLINE COURSES

All courses are part of the Association for Continuing Dental Education Joint Live Webinar Series. See course listings for more information and registration links on the UW CDE website: https://dental.washington. edu/continuing-dental-education/

FRIDAY, APRIL 16

Radiographic Interpretation: Benign or Malignant and How to Tell the Difference

This course is designed to prepare the dental practitioner to systematically review a CBCT volume, recognize and categorize signs of abnormalities and how to tell the difference between benign and malignant lesions.

For registration information. visit www.uwcde.com or call 206-543-5448.

WEDNESDAY, APRIL 21

9300nm CO2 Laser **Experiences in the Dental Setting**

This course will summarize the physical properties and clinical experiences available to dental practitioners using a 9300nm CO2 laser.

TUESDAY, MAY 11

Restorative Options for Missing Anterior Tooth

This presentation will review some evidence-based treatment options for restoring a missing anterior tooth. While there are three common options, it is sometimes challenging to pick one option over the other. A matrix will be illustrated to help the clinician come up with restorative solutions in the esthetic zone.

THURSDAY, MAY 20

Cannabis and Oral Health

The use of cannabis and cannabis-based products continues to rise in the United States and Canada. Unfortunately, research is often conflicting or unclear as to the benefits or harm of cannabis to the body or oral tissue. This lecture will provide a succinct overview of the forms of cannabis, how it is used, and the health implications for the practicing dentist.

SUNDAY, MAY 23

4 Key Strategies in Managing a Periodontal Patient in a **Changing Practice Environment**

This course examines effective strategies to create a workflow that results in positive periodontal case acceptance. Current relationships between periodontal diseases and susceptibility to viral infections are demonstrated.



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 forces 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.





DentalAlumninews

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Alumni calendar of events

MONDAY, APRIL 19

Dental Alumni Full Board Meeting 6:30 – 8 p.m. 200M

THURSDAY, JUNE 10

Dean's Club Board Meeting 6:30 – 8 p.m. ZOOM

FRIDAY, SEPT. 10

Dental Alumni Golf Tournament Time: 12 – 6 p.m. Tacoma Country and Golf Club TACOMA

THURSDAY, OCT. 14

ADA UW School of Dentistry Reception Time: 5 – 7 p.m. Location: TBD LAS VEGAS

SATURDAY, NOV. 20

Dean's Club Dinner Time: 6 – 9:30 p.m. Bell Harbor Convention Center SEATTLE WATERFRONT



