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Message from the Dean

Looking Back at the World Trade Center Tragedy

Like many Americans on the awful morning of September 11, 2001, you probably had the same thought I had: “How could our great nation, the world’s only superpower, demonstrate such a lack of preparedness in the face of escalating global terrorism?”

Ironically, it was a question that NYUCD had asked many months earlier, when the College proposed the establishment of a Center on Catastrophic Events at New York University. We reasoned that it would not be enough for society to trust its future to the plans of the FBI, the CIA, the military, and FEMA. As good as those agencies may be, they often operate in secret, are subject to the budgetary constraints of a given administration, do not mobilize large numbers of civilians or work in close cooperation with local governments, academic institutions, and other countries around the world to provide a coordinated network of information and initiatives. We argued further that these agencies might be willing to accept more risk, or “collateral damage,” than society-at-large. Accordingly, we called for the creation of an academically-driven global forum for public debate on issues of terrorism and catastrophe preparedness and response.

The proposed Center would catalyze a debate on scores of relevant topics, including analysis of the political seeds of terrorism, genetic studies of biological weapons, evacuation plans that have previously received little public vetting, and development of a national system of public “first responders” — physicians, dentists, nurses, pharmacists, and EMTs. Ultimately, the faculty of the Center on Catastrophic Events would become experts for the media to call on in times of crisis and would help frame the national debate, thereby providing an outstanding service to society.

Following the events of September 11, NYU did submit a proposal to Congress to create a Center on Terrorism Preparedness and Response, and we are optimistic that funding will be awarded.

Just days after the terrorist attack, in another ironic twist of fate, NYUCD presented an abbreviated version of a Continuing Education course called “A Health Professional’s Response to the
Terrorist Threat,” which had been scheduled months earlier. This course also grew out of our concern about the country’s lack of preparedness to respond to catastrophic events in general, and to terrorism in particular.

Then on November 3rd, in the belief that we should all know much more about how to respond to terrorism, NYUCD presented a free, half-day continuing education course on terrorism, which drew a huge crowd of alumni to Saklad Auditorium. Our expectation is that they will go on to educate colleagues about what they too can do to protect their communities, their patients, and their families. We have also been talking to leaders in the New York State Dental Association, the New York State Academic Dental Centers, and across the country about a larger initiative to build a role for dentistry in mass disaster preparedness. You can read about our plans in the article entitled “Rising from the Ashes: Dentistry’s Role in National Security.”

In this issue of Global Health Nexus you’ll also find an article entitled “In Their Own Words,” which recounts the perspectives of members of the NYUCD community who fanned out to sites throughout the city to volunteer their services immediately after the terrorist attacks. And NYUCD alumnus Dr. Jeffrey Burkes, ’75, who serves as the Chief Dental Consultant to the Office of the New York City Medical Examiner, talks about his team’s involvement in forensic identification of victims in “Practicing for Life.”

Throughout the country since the events of September 11. It came in the form of a gorgeous oversize “mailgram.” Entitled “From Our UOP Family to Yours...We’re Thinking About You,” the mailgram contains hundreds of signed messages of hope and prayers for the well being of all of us at NYUCD. It is an incredible message of warmth and concern which we will always cherish.

At NYUCD we are also heartened by several exciting new developments that are featured in this issue of Global Health Nexus, including an $8.3 million NIDCR award to establish the NYU Oral Cancer Disparities Research Center, the opening of a new state-of-the-art clinical simulation facility, the appointment of additional world-class scientists and educators to our faculty, and the promotion of outstanding current faculty members.

As you read this issue of Global Health Nexus, be assured that the NYU College of Dentistry, located in the world’s capital city, continues its forward momentum even as we mourn our losses, rebuild our city, and reaffirm its centrality as a source of great opportunity, diversity, and energy.

ON THE BRIGHTER SIDE

No nation in history has learned a harder lesson about the need for terrorism preparedness than ours. Thankfully, however, the sadness and gloom that all Americans are feeling has been offset somewhat by overwhelming evidence of our enormous capacity as a nation for strength, support, and compassion. Indeed, from the students and faculty at the University of the Pacific School of Dentistry came a shining example of the “great moral surge,” noted by NYU’s president-elect, John Sexton, that has been felt
Dr. Jeffrey R. Burkes

The Role of the Forensic Dentist in the Aftermath of the WTC Attacks

By Dr. Jeffrey R. Burkes,
Class of 1975

As Chief Dental Consultant to the Office of the Chief Medical Examiner of the City of New York (OCME), I have long felt that the well-known motto of the Boy Scouts of America, “be prepared,” applies equally well to the group of 22 forensic dentists, including myself, who belong to the Dental Multiple Victim Identification Unit of the OCME.

Most members of the OCME dental unit have worked together on a number of multiple fatality incidents. On a routine basis, many are involved in civil and criminal cases which require us to identify human remains, document child abuse injuries through bite mark analysis, and provide expert testimony in court.

We are on call seven-days-a-week, 24 hours-a-day, 365 days-a-year.

Since the September 11 terrorist attacks on the World Trade Center (WTC), our unit has spent an unprecedented amount of time at the Medical Examiner’s (ME’s) Office. Members of the OCME dental team have put their private practices and personal lives on hold in order to perform the arduous task not only of identifying the WTC victims, but also those who perished in the crash of American Airlines flight 587 to the Dominican Republic.

Our unit gathers the dental records and X rays of those reported missing. Distinguishing characteristics from those X rays — such as fillings, crowns, or missing
teeth — are noted on a diagram of the teeth. This information is next fed into a computer program. Separate dental X rays are taken when the unidentified victims are brought in. Distinguishing characteristics from those X rays are noted on another diagram and entered into the computer system. The program then analyzes both sets of diagrams and looks for matches between the dentists’ records and the X rays of the victims. Dental identifications can be as accurate as DNA or fingerprints.

The most senior members of our team serve as Tour Commanders responsible for the daily operations that include identification of remains, computer tracking of ante- and post-mortem records, and quality insurance. Tour commanders are also responsible for all voluntary personnel and for the Disaster Mortuary Operation Rescue Team (DMORT), which is composed of members of the Department of Health and Human Services-National Disaster Medical System who have been assigned to New York to assist and support the OCME’s dental identification unit. At times, there were as many as 40 DMORT members assisting our unit.

While the support provided by DMORT has been invaluable in this most difficult time for all Americans, the number of offers to volunteer with our unit, from dentists, hygienists, assistants, and other members of the dental team — both locally and nationally — has been especially appreciated.

The devastation unleashed on September 11 has created a mind-boggling, soul-searing task for forensic dentists. We understand that because of the magnitude of the carnage, many of the missing may never be found or identified. But we never lose sight of the fact that although we are mired in the circumstances of death, we are nevertheless “practicing for life,” because through forensic identification we are helping to restore individuality and dignity to as many victims as possible and a sense of peace to their families and friends.
in their own words

Background: One of the many letters sent by school children to rescue workers at Ground Zero.
As the inestimable tragedy of September 11, 2001, was unfolding, NYUCD students, faculty, and staff were among the many heroic men and women engaged in rescue and recovery efforts. Their actions offer inspiring examples of commitment to the larger public good. These are their stories.

GLENN MARRUS

On the morning of September 11, Dean Alfano got a call from the Medical Examiner’s office asking for help. The ME’s office badly needed equipment and supplies to manage the process of identifying victims. The Dean asked me to coordinate NYUCD’s efforts, so I organized a team of people who went through our buildings collecting equipment, materials and other needed supplies and piling them onto two flatbeds. Then we set off for the ME’s office.

By 12:30 p.m., it was a surreal scene. The entire stretch of First Avenue from East 23rd Street to the ME’s Office on 30th Street had been mobilized, with the entire right side of First Avenue cleared for police emergency vehicles. TV network trucks and freelance photographers were everywhere. When our team got to 25th Street and First Avenue, a police

Dr. Rodney Liebowitz’s car after the September 11th attacks. Read his story on the next page.
officer stopped us and asked who we were and what we were doing. When we told them, he saluted and let us through. He also radioed ahead to his colleagues on the next several corners to stop traffic so that we could move ahead quickly, with no questions asked.

By 1:40 p.m., we had helped Dr. Kathy Agoglia, a forensics-trained member of our faculty, and the ME’s staff unload the flatbeds. Later that day, Kathy called me and said she needed hundreds of dental treatment forms to record the results of her tests, as well as more instruments and supplies, so we again set off for the ME’s office.

Another faculty member, Dr. Mitchell Bloom, was volunteering to help at a temporary gathering location for families and friends of victims that had been set up at First Avenue and 29th Street. That day the wind shifted and the acrid smoke from Ground Zero began coming uptown. About 2,000 people were lined up, trying to be processed. The shifting winds had created a terrible smell and people on line were having problems breathing. Mitchell called me and said he needed 2,000 face masks, which we supplied immediately.

The images that I saw during that horrible week will never leave me. But I find comfort in the fact that, without fanfare, but in a very meaningful way, NYUCD was there helping throughout the biggest crisis our nation has ever faced.

Mr. Marrus is Director of Quality Assurance.

DR. RODNEY LIEBOWITZ

A few years ago, several colleagues and I formed “First Responders,” a group of health professionals — nurses, dentists, EMTs, pharmacists, and physicians — who are trained in how best to respond to catastrophic events. First Responders sponsors courses in emergency preparedness and seeks to foster public dialogue on appropriate approaches to minimize losses in catastrophic tragedies. First Responders has trained people on the subject of biological and chemical terrorism for nearly two years. And while no amount of training could have prepared us for the terrorist attacks of September 11, one thing that the events did reinforce was the need for health professionals to gain the education that will free us from fear and enable us to participate in the war against terrorism.

When I arrived at the disaster site on the morning of September 11, I saw people jumping from the WTC. I was between 50-75 feet from the first tower when it started to fall. Everyone ran and I fell. Someone fell on top of me and I broke two ribs. Amazingly, however, people remained calm. We got up and dusted ourselves off.

Next, several police officers went with me until we found a dental office, where we loaded a shopping cart with first-aid supplies of every type: novocaine, gauze, syringes, bandages, etc. Suddenly, we felt tremendous shaking, and that was when the second tower came down. One of the casualties was my car, which was totaled.

With the fall of the second tower, the scene changed drastically. Everywhere we looked, there was dense, snowy soot. And there was no one around. I was among those who went to the Battery Park Ferry area to set up a morgue. But there were no bodies.

I believe that the dentist’s role in fighting terrorism is to be a resource for law enforcement, to make our offices the safe havens that will allow us to meet the critical public health needs we face today. Training cannot prevent a bioterrorism catastrophe, but knowledge most certainly will help to reduce the impact to ourselves, our families, and those under our care.

Education is the key.

Dr. Liebowitz is a lecturer in the NYU continuing dental education program.
DAY FOR US.

Dr. Kathleen Agoglia

**DR. KATHLEEN AGOGLIA**

For the past 10 years, I’ve been under contract as a forensic dentist working for the Office of the Chief Medical Examiner of New York City. I’m part of what is known as the “Go Team,” which means that when there is a disaster, my team members and I go to the site to help identify victims.

On September 11, after I got a call from Jeff Burkes, the chief forensic dentist for the ME’s office, I went immediately to my local police precinct, where I got a ride into Manhattan. Initially, we expected upwards of 8,000 fatalities. Once I had assessed the situation at the ME’s office, I realized that we were seriously under-equipped to deal with the expected number of victims. I called Dean Alfano and he was wonderful in arranging for us to have what we needed. I’m so proud of the way NYUCD responded. It saved the day for us. Very quickly, we were up and running. At least 40 percent of the positive identifications were made on the basis of dental records. The remainder were based on fingerprints and DNA, or a combination of the three techniques.

The first day I was at the ME’s office from 10 a.m. to 2:30 a.m. I was back again at 6:30 a.m. And it was like that for most of the first week. I continued to work at the ME’s office for several more weeks and still go there on a volunteer basis.

Thankfully, we had overestimated the number of fatalities, but what we saw was unimaginable. I’m a major in the U.S. Army Reserves, and during the summer I go to Honolulu to train with the Pacific Dental Command there. Pearl Harbor is always cited and studied as the most horrific attack ever on the U.S. It pales in comparison to the events of September 11.

*Dr. Agoglia is a clinical assistant professor of Diagnostic Science and Urgent Care.*

**DR. ROBERT GLICKMAN**

On Tuesday morning, September 11, I was in an Information Management Meeting at Bellevue Hospital, which happens to be the official Triage Center for Health Care in New York City. At approximately 8:55 a.m., Bellevue’s executive director walked in and asked to speak to the COO and to the hospital’s medical director. As they got up to leave, he turned and told us that a plane had hit the World Trade Center.

Stunned by the news, we quickly disbanded the meeting. I went to the...
oral surgery clinic at Bellevue, where the television was on but only one channel — a Spanish-language channel — was coming through. That’s when we saw the second plane hit. Thinking that there would be an enormous number of casualties — we estimated 15,000 to 20,000 in each building plus people on the ground — I went across the street to NYUCD to get faculty and residents to go with me to Bellevue’s Emergency Room. By the time we returned, the entire hospital was in disaster mode. But the thousands of casualties we expected never materialized. We did encounter carloads of people covered in ash who had fled the scene and come to Bellevue to get something for their eyes. Then a firefighter was brought in — already dead. I remember two other people, one a burn victim, the other with a broken hip. But no other victims were brought in. Meanwhile, fighter planes were flying overhead and we got word of bomb scares at both Bellevue and the NYU Medical Center.

The next day our team was assigned to Ground Zero. Everywhere we looked, there was devastation of an order of magnitude that was beyond words. At one point, an alarm went out that One Liberty Plaza, where we were stationed, was about to collapse. Everyone ran for their lives, and as we were running up Broadway, we saw fire engines going in the opposite direction, toward the danger.

Fortunately, it was a false alarm, and by the time we got to Canal Street and Broadway, an amazing thing happened. We saw an NYU Trolley and we hailed it. The driver took us back to Bellevue. Not only that, but we were given an NYU Police escort up First Avenue. Through it all, I remember being overwhelmed by the desire of so many people to help, and by the terrible letdown of finding no one to rescue.

Dr. Glickman is a professor and the chairman of the Mecca Department of Oral and Maxillofacial Surgery and the Director of the NYU/Bellevue Residency Program in Oral and Maxillofacial Surgery.

Darryl Warner (left) is greeted by former President Bill Clinton at Ground Zero.
Dr. Herbert Frommer

The day after the attacks, Glenn Marrus told me that the Medical Examiner’s office needed supplies — X-ray processing machines, film, and mounts. So we loaded up a dolly and wheeled it up First Avenue to the ME’s office.

Then we got word that the ME’s staff couldn’t set up the processors. So I located a brand-new Gendex processor that had been ordered for use in the new 11th floor clinical simulation lab, and went to the ME’s Office to scout out a work area. I found one smack in the middle of the area where they were doing body identifications.

Jim Halprin, a repair technician in the building manager’s office, went with me. Jim and I made the area light tight, and proceeded to build a dark room, virtually from scratch. Then we went back to the College, got the new processor, and wheeled it over to the ME’s office. I went there to say that the people at Dentsply were just wonderful.

As soon as I told them about donating the new Gendex processor to the ME’s office, they arranged to replace it at no charge.

Amid all the horror, one of the most sobering sights was teams of physicians and medical students waiting eagerly to care for the injured. Sadly, no survivors were coming. The impact on me came later, when I started seeing pictures and hearing stories, especially of my daughter-in-law leaving the subway in the area at the ME’s office when the attacks came. She was one of the fortunate ones who were able to flee the scene.

Dr. Frommer is a professor of Diagnostic Science and Urgent Care and the Director of Radiology.

Darryl Warner

I’ve been a diener for over 22 years.
Not many people do what I do, and I was taught that in a time of disaster, when a large body count is expected, to report immediately to the Medical Examiner’s office and volunteer to help. It turned out that I was the only diener from an academic health center in New York State who showed up to volunteer.

On the morning of September 11, I actually saw the collapse of the twin towers from the window in the area where I work at NYUCD. I went straight to the mortuary building at Bellevue Hospital Center, reported for duty, and started working out of the Bellevue morgue. At 7:30 p.m., the first fatality was brought in. It was a firefighter who had been hospitalized earlier that day and had died of his injuries.

On Wednesday morning, the rescue squads asked that I be assigned to Ground Zero, where I started working with the mortuary team from the Manhattan division of the ME’s office and the New York City crime lab. We identified victims, placed them on mortuary trucks, and, always escorted by police, brought them to Bellevue. I stayed at Ground Zero for 15 hours each day for three weeks. I still go down to volunteer on weekends. I donate 15 hours each weekend so that other recovery workers can get some relief and spend time with their families.

When I first saw the devastation, it was so overwhelming that I wanted to cry. But I didn’t because I knew I was on a mission — not only to help in the identification of victims, but also to try to encourage the recovery teams, who were under tremendous stress. After awhile, I gained the nickname “the little diplomat,” because I always made time to speak with anyone who looked like they needed a word of encouragement, or just to talk.

One day at Ground Zero we were visited by former President Bill Clinton and Chelsea Clinton. I spoke personally with both of them, and they kept telling me how grateful they were for what I was doing. I told them that
I was grateful to them for coming down and offering support. Not only celebrities — but everyone I met — offered encouragement, kindness, and help. The sheer human goodness that came through during the crisis was amazing. For example, a construction worker who came from Ohio to volunteer told me that his boss said he would be fired if he went to New York. He came anyway.

I remember one moment of great jubilation — when four firefighters were rescued from the ruins. Everybody was so encouraged. We thought now, surely, there would be more survivors. There were no more.

Mr. Warner is the diener in NYUCD’s anatomy lab.

DR. JERROLD GULTZ

As a member of D-MORT, the Disaster Mortuary Operation Rescue Team, I was called to action approximately one hour after the first tower collapsed. I had helped to identify victims of the 1988 TWA plane explosion, so I had an idea of what to expect.

Along with other members of the Suffolk County ME’s team, we were taken by helicopter from Stewart Air Force Base in Newburg, New York, to the ME’s office in New York City. There I set up an antemortem area together with another forensics-trained faculty member, Frank Den. We logged incoming dental records on file throughout New York State so that we could run matches on X rays that were being taken in the postmortem section of the ME’s office. I worked there every day for two-and-a-half weeks. At that time, 393 victims had been brought in, 65 of whom were positively identified by dental records.

In 1988, when I closed my private practice for six weeks to help with TWA victim identifications, it cost me $30,000 out-of-pocket. But when you’re involved in a crisis of such indescribable proportions, there is no question about what to do. Just as in 1988, I felt that I was on a mission to help the families of victims of the September 11 attacks. In fact, it was almost an obsession. It was the one thing I could do to help bring a sense of finality to families who would otherwise remain in limbo. I remember that at a memorial service I attended one year after the TWA tragedy, families came over to thank me and hug me. It might sound strange, but the only other time I felt that sense of fulfillment was when I watched my children being born. I hope I’m never called to another mass disaster scene, but if I am, I’ll be there in a heartbeat.

Dr. Gultz is an assistant professor of Cariology and Operative Dentistry.
that most of the people in the towers had died.”

Dr. Luigi DeCarolis

DRS. GIUSEPPE BIANCO
AND LUIGI DECAROLIS

Dr. Bianco: Right after the towers collapsed, we asked our program director, Dr. Dennis Tarnow, how we could help. He provided us with basic medical supplies, such as eye drops and bandages, and we rode our bicycles down to the disaster site, where we set up an emergency hospital in a damaged building. The hospital we set up was at the border of all the dust. More than 200 firefighters had died by the time we arrived.

Dr. DeCarolis: Some patients were coming but it seemed that most of the people in the towers had died. We spent a few hours helping rescue workers, putting drops in their eyes, and helping them suture wounds. We were there until 6 p.m., then buildings started to collapse and there were no more patients so we left. The next day we went to the Chelsea Piers rescue center to do what we could, but there were very few survivors.

Ruben Cohen

I was at Mount Sinai doing an externship when I heard about the attacks. Mount Sinai personnel and students were called immediately to a disaster briefing. I’m an EMT, so I got permission to leave and managed to hail an off-duty taxi. I headed straight for Bellevue, where, after about an hour-and-a-half, there were many volunteers, but no patients. So I got on an Emergency Room bus leaving Bellevue to go to the rescue station that had been set up at Chelsea Piers. They were all ready to go with triage there — doctors, nurses, beds, but hardly any patients.

Around 10 or 11 p.m., I found out that EMTs were needed at Ground Zero. So about 20 of us got into five ambulances and were escorted by police to the attack site. We set up a triage area at Stuyvesant High School and then loaded food and medical supplies on a stretcher and carried it down to the American Express building, where we spent the entire night triaging patients.

The air was thick and acrid — we were irrigating peoples’ eyes — probably the number one medical need at the disaster site. When I realized that we didn’t have enough masks, gloves, and goggles, I went into the American Express office and called Mr. Stan Bergman, the CEO of Henry Schein, Inc., who immediately agreed to donate the needed supplies. A police officer helped to coordinate the delivery route. It took the truck driver 12 hours to get to NY from Henry Schein’s supply area in New Jersey. By that time, I had been up for 34 hours straight. Totally exhausted, I finally went home.

Mr. Cohen is a member of the Class of 2002.

Drs. Bianco and DeCarolis are completing the Advanced Study Program in Implant Dentistry for International Dentists.

Throughout the crisis, the NYU Dental Clinics remained open. Subsequently, every NYUCD student organization elected to donate 10 percent of its annual budget to a disaster relief fund and the College donated over 800 toothbrushes to rescue workers at the WTC site. We will continue to do so throughout the recovery effort.
from the

ASHES

DENTISTRY’S ROLE IN NATIONAL SECURITY

Editor’s Note: It is astonishing to realize that more than 50 years ago, the subject of biochemical warfare was enough of a concern to Americans to warrant a cover story in Life magazine. Sadly, as recent events have shown, we have not come very far in our understanding of biological weapons and how to control them. The following article addresses the need for health-care professionals to begin immediately to prepare for bioterrorism so that, 50 years from now, the same kind of article will not be necessary.
By Dr. Michael C. Alfano

As the world changes following the terrible attacks of September 11, I believe that the challenge to dentistry, as to every healthcare profession, has become to function as a vital part of national security. Since that wrenching day, the pivotal roles played by dentists — in triage at Ground Zero, in the critical science of forensics, and in helping to allay the fears of a concerned public — have been extensively documented in the dental media and, in the area of forensic identification, in the popular press. But much remains to be done. In this time of crisis, where uncertainty is the rule of the day, there are nevertheless a few things of which I am certain. Namely, that dentistry must gear up to become an important resource for improved civil defense, and that there is a moral righteousness in having New York lead this effort.

A SUPPOSITION

Shortly after the September 11 attacks, the World Health Organization (WHO) declared that “Countries around the world have to build up preparedness for biological warfare. As of now, most countries have no capacity to deal with such a catastrophic event should it occur.”

Very quickly, and tragically, we learned that we are not prepared to respond to the bioterrorist threat. While New York City and our state and federal governments responded brilliantly to what was an obscene but nevertheless somewhat conventional attack on September 11, they might not have responded so well if the initial terrorist attacks had been different. Suppose that the attacks had been with a highly contagious, deadly virus like smallpox or ebola?

Suppose further that we have just entered a 100 years war with no endgame in sight — a war that will be fought not only by
A PROPOSITION

Would it even be possible to move people on such a large scale at a time of crisis? If the public transportation shut down, would it make sense for everyone to cluster at a place like Madison Square Garden that would enable us to help protect ourselves and our country, our families, our patients? The use of mobile and national emergency preparedness network that will enable us to help protect ourselves and our country, our families, our patients.

While it made sense to respond to the September 11 terrorist attacks with the mass of emergency plans, it would not make sense for everyone to be moved and clustered at a central site. Indeed, making sense to follow this procedure in the event of bioterrorism, and does it make sense for everyone to be moved and clustered at a central site where one person would become a first responder to a new and potential threat? We have the weapons, the means, and the training, but the responsibility that we have to train and educate our health care professionals, and the potential to suddenly become a rich source of good information, the best surgeons, the best health care professionals, and the potential to suddenly become experts.

In the event of bioterrorism, it would not make sense for everyone to be moved and clustered at a central site. However, even if everyone was moved to a central site, it would not make sense for everyone to be moved and clustered at a central site. Indeed, making sense to follow this procedure in the event of bioterrorism, and does it make sense for everyone to be moved and clustered at a central site where one person would become a first responder to a new and potential threat? We have the weapons, the means, and the training, but the responsibility that we have to train and educate our health care professionals, and the potential to suddenly become experts.

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radiology, sterilization equipment, refrigeration, etc., in place. In addition, almost every dental office has an
Internet connection, and could contribute to a national system tracking suspicious symptoms. Such a network
of clinicians would provide an early warning system of a disease outbreak and could be called upon in a crisis —
not as a National Guard but as national guardians of the public’s health.

But that’s not all dentists could do. We understand drugs and their dosages, know about barrier tech­
niques and infection control, are trained in CPR, can take X rays, manage certain types of trauma, and suture
wounds. And let’s not forget that on the battlefield, military dentists function as medics. Accordingly, in times
of great national need, and with appropriate legislation and training, dentists could be utilized to dispense medica­
tions, administer vaccines, culture throats, assess skin lesions, and irrigate eyes, among other procedures.

The dentist’s potential to fight terrorism goes even further than participating in early warning systems, com­
 munications networks, and triage. For example, with dentists’ ability to bond ID numbers onto first molars,
an additional tool will be available to assist forensics specialists throughout the nation.

Obviously, dentists are not yet equipped to assume this larger role in protecting our country. But we will
never be ready if we do not begin. The alternative — simply hoping that there will be no new perils unleashed — is
not only unrealistic, it is potentially self destructive.

**ONE POSSIBLE PLAN**

The plan outlined below is based on the premise that coordination of health care in the event of a bioterror­
ism event in New York would be driven by the state health commissioner. Since most public health law
delegates control to the state, this is probably the best approach, especially since any system established at the
state level would also be useful in managing a “natural” catastrophe (e.g., water tunnel collapse, West Nile virus,
etc.), which is not a direct threat to national security. Alternatively, it might be decided that the Federal
Government, in this case, HHS Region II, would drive the response. If so, some modification of the plan
below would be necessary.

1. **Educate dental practitioners.**

   This is the most important aspect of any plan. If dentists are to be a resource for public health officials,
   they must be trained. Such education would be ongoing with a specified amount of training each year
   as mandated by a change in the state dental practice act. It is conceivable that clinicians would be
   required to obtain and maintain “Emergency Preparedness Resource” (EPR) training, much like they currently maintain
   CPR training. It is also possible that the New York State Dental Association, with its various
district/county meetings, could coordinate the required educational system for dentists.

2. **Pass enabling legislation.**

   If dentists are to perform activities which are outside the normal scope of dental practice (e.g.,
immunizations, irrigating eyes, nasal swabbing), legislation will be required along the lines of “Good
Samaritan” laws, which minimize physicians’ liability when they stop to aid accident victims. These laws
would be activated whenever the state health commissioner declared a “health emergency.” They would
effectively mobilize dentists for a fixed period of time to perform the services requested by the state
health commissioner.

3. **Establish a rapid communications network and electronic sentinel system.** A key reason why our
   health system was unable to respond as effectively to the anthrax attacks as to the attacks
   of September 11 was the lack of a coordinated way for public health officials to communicate directly,
   privately, and rapidly to health practitioners in the area. Individual hospitals and societies began to
   e-mail clinicians, but there was no centralized system. Such a system — perhaps a combined e-mail/fax
   approach — could inform physicians/dentists, etc., of what was happening, and what was expected
   of them in advance of public notification. For example, if a decision were made to initiate mass immu­
nizations, clinicians could be notified the day before in order to prepare for the onslaught of calls
and visits.
The other aspect of the communications hurdle requires that clinicians be able to quickly report situations that look suspicious to a Web site designed to track reports on a national basis by zip code. For example, in the event that four of the first seven patients and three of the five staff members in a given practice were to call in sick with flu-like symptoms in the middle of August, the clinician would be obligated to report the unusual pattern and to directly enter the events onto a Web site. This would provide the speed and integration necessary for a central monitor at the Centers for Disease Control (CDC) in Atlanta to know that something must be going wrong in a particular region because of the concentration of reports in that region. Local officials could be notified of the pattern, an investigating team dispatched, and the region quarantined until a determination could be made that conditions were safe.

4 Develop a well-controlled system that could quickly ship supplies to authorized sites. A system to quickly ship medical supplies into crisis areas already exists, although the scope is limited, and the system focuses more on hospitals than on private practitioners. An expanded system would likely involve a public/private partnership, since most government agencies would lack the systems, warehousing, and shipping infrastructure needed to send thousands of supply boxes to clinicians in a given area with a 24-hour turn-around time. But this is the norm for most medical and dental suppliers. The success of such a system would depend on maintaining constantly updated lists of certified clinicians and approved amounts of material to send to each clinician by practice type and location.

**THE WORLD IS A DANGEROUS PLACE IN WHICH TO LIVE, NOT JUST BECAUSE THERE ARE PEOPLE IN IT WHO ARE EVIL, BUT BECAUSE THERE ARE PEOPLE WHO DO NOTHING ABOUT THE EVIL.**

ALBERT EINSTEIN

**LAYING THE GROUNDWORK**

“The world,” said Albert Einstein, “is a dangerous place in which to live, not just because there are people in it who are evil, but because there are people who do nothing about the evil.” Since September 11, many Americans have been participating in exuberant symbolic outpourings of patriotism. Now, dentists have the opportunity to demonstrate an especially meaningful form of patriotism by learning what we can do to maximize the powerful potential of our profession to address the gravest crisis our nation has ever faced.

As you know from reading Nexus, one of my key themes is NYUCD’s ability to act as a catalyst for change. Just as NYUCD got the ball rolling to make oral cancer a national issue, we have now embarked upon a course of action that will enable dentistry to play a meaningful role in building national emergency preparedness. As a result:

- On October 25th, all five academic dental centers in New York State agreed to collaborate in an emergency preparedness initiative.
- On November 3rd, NYUCD held the first course on bioterrorism for dentists in the region. It was free, informative, and attended by 350 dentists.
- On November 6th, a group of approximately 150 senior federal and state health officials from around the country responded very positively to the proposed initiative at a meeting held in Washington, D.C., on Healthy People 2010.
- On November 16, the New York State Dental Association (NYSDA) Board of Directors unanimously passed a resolution to study the development of a protocol for dealing with the threat of bioterrorism; to consider the training of practicing dentists to help if needed; and to include representatives of the five academic dental centers in the process.
- On December 4th, Dr. Gilberto Cardona, Acting Director of HHS Region II, and the physician who directed the medical response to the events of September 11 for the U.S. Department of Health and Human Services, reviewed the preliminary plan. He agreed that appropriately-
trained private practicing physicians and dentists would be very valuable to the country in the event of a disaster of massive proportions.

- On December 5th at Columbia University, Dr. Dushanka Kleinman, Assistant Surgeon General, addressed a group of Columbia and NYU dental students on public health issues, including terrorism.
- Both the President and the Executive Director of the ADA have expressed interest in learning more about the New York State initiative.
- The CEO of the nation’s largest supplier of medical and dental supplies and vaccines has agreed to participate in the initiative.

**NEXT STEPS**

The next steps will likely include development of a formal plan for emergency preparedness by the NYSDA; discussions with the New York State Health Commissioner, Dr. Antonia C. Novello, who was our graduation speaker last year; consultation with biological weapons and emergency preparedness experts, physicians, and additional public health officials; and development of a suitable curriculum and training manual for dental office personnel. In addition, we will need to prepare a legislative agenda to pass “Good Samaritan” type laws to allow dentists, in times of crisis, to perform medical procedures that would be outside the scope of dentistry in normal times. We will also need to engage the medical profession and our nation’s public health officials during the planning process to ensure that appropriate services are developed and that strong systems of coordination, communication, and esprit de corps are in place.

In the future, what might we expect? As mentioned earlier, I think dentistry may evolve into a system in which periodic EPR training is mandatory for dentists and their staff. We may be issued EPR identification cards that will give us travel privileges in times of crisis. We may also be issued training manuals, critical self-protective gear, and window stickers identifying our offices as emergency resource sites. We may be placed on a list of health-care sites to receive next day shipments of critical drugs and/or vaccines, depending on the health threat identified. We will likely be expected to log suspicious events and patient disease patterns on a Web site monitored by the CDC.

Indeed, this last responsibility might turn out to be the single most important service that the profession could render since the most critical aspect of managing a bioterrorism event is early identification and containment of the site. Our newly-prepared offices might become a high-tech version of the fallout shelters of the last century. And if, like last century’s fallout shelters, we never use them, we will all celebrate.
News from the College

**READY, SET, GO:** Spectacular Learning Center Opens on the 11th Floor

A $7 million state-of-the-art clinical simulation and laboratory technology center opened at NYUCD in October. The new facility offers a bird’s-eye view into how tomorrow’s dental health professionals will learn.

Within this high-tech simulated environment, students learn clinical skills, perspective, and decision-making before they have actual patient contact. The facility is also designed to foster more innovative teaching because faculty are able to demonstrate techniques via monitors positioned at each student’s workstation. All workstations are equipped with mannequins and instructional capabilities based on a multimedia video network connecting all of the simulator stations to the instructor’s desk. As a result, students receive individualized instructions via slides, laser disk, the Internet, and DVDs.

“The efficient and effective practice of dentistry demands that students have constant and ready access to emerging knowledge and possess the highest level of technological proficiency,” said Dr. Francis V. Panno, associate dean for clinical affairs, who played a key role in the Center’s creation. “Our new simulation facility supports that objective by making technology a major tool in the creation of a strong learning environment.”

“The entire 11th floor is a modern, technologically-based teaching system,” added Daniel Kang, president of the Class of 2005. “Students are able to use their laptops, practice clinical skills, and listen to a lecture simultaneously, all in one location. It’s an exciting time to be a dental student.”
top left: Dr. John Poulos, acting chairman of the Blatterfein Department of Prosthodontics, demonstrates techniques over monitors positioned throughout the room in the new Laboratory Technology Center.

top right: Dr. Paul Chu, clinical assistant professor of general dentistry and management science, consults with students receiving instructions by way of a state-of-the-art audiovisual system.

bottom right: A close up of a monitor in the new Clinical Simulation Center.

close left: Simulators attached to the monitors provide students with high-tech, true-to-life circumstances prior to actual patient contact.

opposite, far left: In a grading room bordering the new Clinical Simulation Center, Dr. Peter Furnari, clinical professor of general dentistry and management science, works closely with a small group of students.

near left: The Clinical Simulation Center offers students the opportunity to learn foundation skills, gain clinical ability, and practice decision making in a high-tech, simulated environment.
Two-Year Advanced Placement Program Comes to an End
GOAL IS TO GIVE ALL STUDENTS ACCESS TO THE SAME EXPERIENCE

New admissions to the College’s two-year Advanced Placement Program will stop effective September 1, 2002. The program allowed graduates of international dental schools who seek to practice in the United States the opportunity to earn a dental degree in two years, rather than in the traditional four-year period. NYU will continue to offer a three-year Advanced Placement Program.

“The primary factor influencing our decision,” said Dean Alfano, “was the introduction of a new, competency- and clinical case-based curriculum. There has been a dramatic change in the way dentistry is learned at the NYU College of Dentistry, and we concluded that international students who missed the first two years would be at a significant disadvantage in negotiating the new curriculum.”

Preceding, an individual who had successfully completed a four-year program leading to a dental degree from an international dental school could enroll in the two-year D.D.S. program after passing Parts I and II of the National Board Exam and a comprehensive “challenge exam,” which determined an applicant's level of proficiency in preclinical and clinical dentistry.

“The decision to reorient our agenda and focus on providing all students with a uniform educational experience is one that is consistent both with the direction established by the American Dental Association Commission on Dental Accreditation, which mandates a competency-based curriculum in every dental school, and with the NYU College of Dentistry's willingness to innovate,” said Dr. Richard I. Vogel, executive associate dean for academic programs.

“In addition to a restructured curriculum,” said Dr. Andrew I. Spielman, associate dean for academic affairs and a chief architect of the new curriculum, “several other forces contributed to our decision to eliminate the two-year Advanced Placement Program.

“One was the recent opening of a high-tech clinical simulation and laboratory technology center. Students entering in the third year have very little access to this facility and would therefore have a serious gap in their learning experience.

“Also contributing to the decision was the fact that the NYU College of Dentistry now offers its entire curriculum on DVD to maximize students’ time, energy, and space, while ensuring access to a huge range of educational materials. The DVD facilitates the curriculum, which focuses heavily on integrating basic and clinical science, as well as case-based learning. Because students are able to move freely across the entire curriculum at any time and in any place, this new technology creates an asynchronous learning experience.

“It would be virtually impossible for students in the two-year program to gain the competencies that result from immersion in the new, four-year curriculum on DVD,” said Dr. Spielman. “Another issue is that DVDs remove some of the artificial barriers built into the traditional dental curriculum, which may send an unintended message to some students that science can be left behind after the second year.

Continuation of the two-year program would only reinforce this philosophy.”

Added Dr. Spielman, “Our new curriculum recognizes the fact that lifelong learning is fundamental to professional growth. Because international students arrive at the College with a vast multitude of educational backgrounds, there naturally will be great diversity in the importance they attach to the continuing education of the dentist. We fully expect that the additional time spent by international students in the new curriculum will have a significant impact on their approach to lifelong learning.”
Friends in Need
NYUCD REACHES OUT TO DOMINICANS AT HOME AND ABROAD

Recently Dean Alfano welcomed New York State Assemblyman Adriano Espaillat to our campus to discuss ways in which NYUCD could meet some of the overwhelming needs of his constituents in the 72nd Assembly District in Manhattan, the majority of whom are Dominican Americans, including many recent immigrants who have never visited a dentist. Assemblyman Espaillat is the first Dominican-American elected to a State House in the United States.

As a result of that meeting, NYUCD is now working with Assemblyman Espaillat to offer his constituents the entire patient registration and evaluation process completely free-of-charge. There are also plans to bring the “Smiling Faces, Going Places” mobile dental van to the Assemblyman’s district.

Assemblyman Espaillat also spoke about the critical need for dental equipment in the Dominican Republic. At Assemblyman Espaillat’s request, NYUCD therefore has donated more than 40 dental chairs to the Northern Manhattan Economic Coalition, a civic organization which will ship them to the Dominican Republic.

“It’s especially gratifying to be able to make a substantial donation to our friends in the Dominican Republic at this time,” said Dean Alfano, “when the tragedy of Flight 587 has made the economic and health-care needs of Dominicans more critical than ever before.”
The ADA Oral Cancer Awareness Campaign billboards across from Grand Central Station.

Third Regional Oral Cancer Screening

On November 15, the Oral Cancer Consortium conducted its third annual free oral cancer screening at 29 sites throughout New York and New Jersey. In addition to NYUCD, the founding members include the Columbia University School of Dental and Oral Surgery, the SUNY/Stony Brook School of Dental Medicine, the UMDNJ New Jersey Dental School, and the Office of Oral Health, Programs, and Policy for New York City, part of the New York City Health and Hospitals Corporation. For the third consecutive year ABC 7 ran a vigorous campaign of public service announcements.

More than 1,500 patients were screened for oral cancer and more than 130 brush biopsies were performed. NYUCD alone screened nearly 300 patients and performed 20 brush biopsies.

“What started as a local and regional effort with five founding partners now includes nearly 30 metropolitan-area health-care institutions and professional societies in the New York-New Jersey area and has helped to spur a national campaign sponsored by the ADA that is visible on billboards and in subways in New York City today,” said Dean Alfano. “The Oral Cancer Consortium has made a major impact on oral cancer diagnosis which should eventually result in countless lives being saved.”

Sam Champion, ABC 7 meteorologist, broadcasting live in front of the “Smiling Faces, Going Places” van on the eve of the oral cancer screening program.
NYUCD is Now Accepting Nominations for the Irwin Smigel Prize in Aesthetic Dentistry

The Irwin Smigel Prize in Aesthetic Dentistry, presented by the NYU College of Dentistry, recognizes Dr. Smigel’s pioneering achievements in aesthetic dentistry and honors significant contributions to the field by others at the global level. The prize carries with it a stipend of $5,000 and an award designed by Calvin Klein. It will be presented in October 2002 at a full-day symposium on aesthetic dentistry sponsored by the NYU Continuing Dental Education Program. The inaugural recipient of the Smigel Prize in Aesthetic Dentistry was Dr. Ronald E. Goldstein.

Nominations, including a c.v. and a letter of support, should be sent to the attention of the Smigel Prize Committee, c/o Mr. Kendall Beacham, NYU College of Dentistry, 345 East 24th Street, New York, NY 10010, or email kendall.beacham@nyu.edu. Phone inquiries can be made to: (212) 998-9971. Nomination deadline is March 1, 2002.

Global Health Nexus Wins Second Annual ICD Award

For the second year in a row, Global Health Nexus, the official magazine of the NYU College of Dentistry, has won a prestigious journalism award from the International College of Dentists.

In citing the magazine’s award-winning features, the judges said, “Nexus leaves the planet by way of celestial graphics of orbiting round spheres that propel the reader into articles that propose changes in the dental education and delivery systems of the United States. These images combine with the color photography of people, places, and things to create dramatic effects throughout the magazine. A production worthy of merit in any publication, especially one of a dental school.”
Dr. Page Caufield, an internationally-prominent cariologist/infectious disease authority, has been named Head of the Division of Diagnostics, Infectious Disease, and Health Promotion.

Prior to joining NYU, Dr. Caufield had served as director of both the Specialized Caries Research Center and the Postdoctoral Training Program in Caries Research at the University of Alabama at Birmingham. Dr. Caufield holds both a D.D.S. degree and a Ph.D. in cellular and molecular biology.

Among Dr. Caufield’s contributions to caries and infectious disease research is a major study demonstrating that mutans streptococci are transmitted from mother to infant during a discrete interval around 26 months of age, which has been designated the “window of infectivity.” Dr. Caufield has published over 175 scientific articles, books, book chapters, and abstracts in his field.
Dr. George J. Cisneros, who developed and established Postgraduate Training Programs in Orthodontics at Albert Einstein College of Medicine, Montefiore Medical Center, and Saint Barnabas Hospital, all in New York, has been named chairman of the Department of Orthodontics.

Dr. Cisneros holds a D.M.D. degree from the University of Pennsylvania School of Dental Medicine and a Master of Science degree from the Harvard School of Dental Medicine. He is Board-certified in both pediatric dentistry and orthodontics.

Dr. Cisneros’s research activities include employing nuclear medical techniques for evaluating facial growth and development; the use of speech bulb reduction appliances in children with velopharyngeal insufficiency; diagnosis and treatment of patients with obstructive sleep apnea; the impact of orthodontics appliance design on the efficiency of tooth movement; and the relationship between malocclusion and speech problems.
**RECRUITING**

**DR. ANANDA P. DASANAYAKE**

Appointed Associate Professor of Epidemiology and Health Promotion and Director of the M.S. Program in Clinical Research.

Dr. Ananda P. Dasanayake, an oral biologist and epidemiologist, has joined the NYU faculty as an associate professor of epidemiology and health promotion and director of the M.S. Program in Clinical Research.

Dr. Dasanayake comes to NYU from the University of Alabama at Birmingham. He holds a dental degree from the University of Peradeniya in Sri Lanka, and a Ph.D. in oral biology from the University of Alabama at Birmingham.

Noted for his research and publications in the areas of racial disparities in oral health and specialized caries research, Dr. Dasanayake is currently the principal investigator on a CDC Special Interest Project entitled Evaluation of a Community Dental Sealant Program.

**DR. YIHONG LI**

Appointed Associate Professor of Basic Science and Craniofacial Biology and Director, International Research.

Dr. Yihong Li, a molecular epidemiologist, has joined the NYU faculty as an associate professor of basic science and craniofacial biology and the Director of International Research. Dr. Li was previously an associate professor of oral biology and the program director of the Graduate Program in Oral Biology at the University of Alabama at Birmingham. Dr. Li holds a D.D.S. degree from the Peking University School of Stomatology in Beijing, and both a master’s degree and a doctorate in public health from the School of Public Health at the University of Alabama at Birmingham.

Dr. Li’s research interests include the etiology of early childhood caries from the perspective of molecular epidemiology.

**DR. ANDREA SCHREIBER**

Appointed a Full-Time Clinical Associate Professor of Oral and Maxillofacial Surgery.

Dr. Andrea Schreiber, a graduate of the Harvard School of Dental Medicine and the NYU/Bellevue Oral and Maxillofacial Surgery Residency Program, and a Diplomate of the American Board of Oral and Maxillofacial Surgery, has joined the faculty as a full-time clinical associate professor of oral and maxillofacial surgery.

A prolific author and researcher, Dr. Schreiber is also active in international outreach activities, where her clinical focus is on cleft lip and cleft palate surgery.
Dr. Angela R. Kamer, who holds both a certificate in periodontics and a Ph.D. in pathology from the State University of New York (SUNY) at Buffalo, has joined the faculty as an assistant professor of periodontics.

Prior to joining NYU, Dr. Kamer was a research assistant professor in the department of oral and maxillofacial surgery at SUNY Buffalo. Her research focuses on bone metabolism and physiology and the biology of cancer.

Dr. Kenneth E. Fleisher, who earned his dental degree at the Columbia University School of Dental and Oral Surgery and a certificate in oral and maxillofacial surgery at the University of Miami School of Medicine/Jackson Memorial Hospital, has been appointed an assistant professor of oral and maxillofacial surgery. Dr. Fleisher is a Diplomate of the American Board of Oral and Maxillofacial Surgeons.

Dr. Cristina M. C. Teixeira, who holds both a certificate in orthodontics and a Ph.D. from the University of Pennsylvania, has joined the faculty as an assistant professor with a dual appointment in orthodontics and in basic sciences and craniofacial biology.

Dr. Teixeira’s research focuses on understanding the cell and molecular biology of chondrocyte differentiation maturation and apoptosis, especially as these developmental events are related to orthodontics.
Promoting our Own

**Dr. Andrew I. Spielman**, formerly head of the Division of Biological Science, Medicine, and Surgery and chairman of the Department of Basic Science and Craniofacial Biology, has been named associate dean for academic affairs. He succeeds Dr. Stuart M. Hirsch, who has been designated associate dean for development and international affairs. Dr. Panno was previously head of the Division of Reconstructive and Comprehensive Care and chairman of the Blatterfein Department of Prosthodontics at NYU.

In his new role, Dr. Panno is responsible for overseeing the College’s clinical care program, the largest program of its type in the world.

**Dr. David A. Sirois**, chairman of the Department of Oral Medicine, has been named head of the Division of Reconstructive and Comprehensive Care.

A primary focus for Dr. Sirois is pain and pain control. His studies involve investigation of the capacity for the central nervous system to undergo functional and anatomical changes in response to changes in sensory experience, such as may follow nerve injury, sensory deprivation, or sensory enrichment. He has recently expanded his research interests to focus on the best methods for diagnosing oral cancer.
DR. KENNETH L. ALLEN, formerly a clinical faculty member in cariology and operative dentistry, has been appointed an assistant professor of general dentistry and director of the foundation skills program.

As director of the foundation skills program, Dr. Allen has primary responsibility for overseeing the new multimedia clinical simulation and laboratory center. The program, a key component of the new curriculum, integrates all the former preclinical and laboratory and didactic courses into one continuum with participation by faculty from all disciplines.

DR. WARREN I. SCHERER, a professor of general dentistry and management science and of prosthodontics, has been named acting chairman of the Department of General Dentistry and Management Science.

The newly-established department of general dentistry and management science focuses on promoting integrity and professionalism throughout the four years of study; helping students to achieve the goals for competency that have been adopted for each area of the curriculum; working closely with students to enable them to pass the licensing requirements of any state in the nation; and partnering with students to promote critical-thinking abilities.

DR. LOUIS TERRACIO, associate dean for research, has been named acting head of the Division of Biological Science, Medicine and Surgery and acting chairman of the Department of Basic Science and Craniofacial Biology. He will also continue as associate dean for research.

A leading authority on muscle tissue engineering, Dr. Terracio has received major funding from the National Institutes of Health (NIH) and the U.S. Army. His investigations focus on chemical and physical factors affecting heart development.

DR. JOHN G. Poulos, a clinical associate professor of prosthodontics, has been named acting chairman of the Blatterfein Department of Prosthodontics.

Dr. Poulos’s goals include refining the teaching of prosthodontics by interweaving it with aesthetics, biomaterials, biomimetics, and implant dentistry—areas which are rapidly becoming mainstream and being embraced by progressive dentists. Additional goals include maintaining a policy of open communication among students and faculty as the basis for an environment focused on ethics, integrity, and professionalism.
By Ruben Cohen, ’02

Located about three hours southwest of Mount Kilimanjaro lies the village of Arusha in Tanzania. Arusha is the home of more than two million people. It is located about six hours by car from the capital of Tanzania, Dar es Salaam, and this past August it was the destination for a three-person team of NYUCD students and faculty who headed to East Africa to provide dental care.

In addition to the NYUCD team, the outreach included a delegation of 20 students from other universities in the United States. I organized the dental outreach component with the full support of Dean Alfano and with help from Edward Bergman, a junior at the NYU School of Continuing and Professional Studies and a cofounder of a not-for-profit community development and revitalization organization.
called Miracle Corners of the World, Inc., which had built a community center in Arusha. I worked with Dr. Anthony Vernillo and Ms. Mai Nguyen, ’04, to set up a dental clinic where local residents could be treated.

The clinic had two plastic lounge chairs that were used as dental chairs. Each patient filled out a questionnaire that had been translated into Swahili. Once the patient was seated, a full dental evaluation was performed, using a data entry sheet based on a form obtained by the World Health Association. The majority of patients presented with severe fluorosis stains on their teeth. I had never seen such yellow and black teeth from fluorosis. Most patients suffered from thermal sensitivity, some had infections, but overall the rate of caries was not extremely high, probably because of the fluorosis. Within eight days, our team had screened and treated over 200 patients, performing procedures ranging from prophies and fillings to extractions.

During our visit to Arusha, we met the Regional Commissioner Daniel Ole Njoolay, and Dr. B. S. Lembariti, Dean of the Faculty of Dentistry at Muhimbili University College of Health Sciences in Dar es Salaam. Both men expressed interest in staffing our new dental clinic on a permanent basis through a collaborative effort between NYU and Muhimbili University.

On our last day, we held an opening ceremony for the community center, where hundreds of families came to show their support and thank us for our services. Personally, I experienced great satisfaction when the dental clinic was dedicated in memory of my sister, Liana Cohen.

Global Health Nexus is not the only NYUCD project winning design awards these days.

The wall display shown here, which greets visitors to the Dean’s office, recently placed first in the annual American Graphic Design Award Competition sponsored by Graphic Design USA. Not surprisingly, it won in the category of “wall display.”

We plan to return annually to Tanzania. The Arushans have no other option for dental care, and many said they will wait for us to come back.
NYUCD has received an $8.3 million award from the National Institute of Dental and Craniofacial Research (NIDCR) to establish the NYU Oral Cancer Disparities Research Center. This award places NYUCD in the vanguard of a national effort to redress disparities in our nation’s health.

The NYU Oral Cancer Disparities Research Center is one of five new Centers for Research to Reduce Oral Health Disparities funded by the NIDCR in partnership with the National Center on Minority Health and Health Disparities. Collaborating with NYU on the Center are Boston University, Howard University, The Johns Hopkins University, the University of Pittsburgh, Tuskegee University, the University of Alabama at Birmingham, the University of Puerto Rico, the Puerto Rican Health Department, and Memorial Sloan-Kettering Cancer Center.

While the research focuses on identifying factors contributing to oral cancer disparities, as well as on developing and testing new strategies for eliminating them, the project also has the goal of providing training and career development opportunities for scientists in underrepresented groups and others interested in establishing careers in oral cancer disparities research.

“I am convinced that enacting a national oral cancer agenda requires academic dental centers to develop mechanisms that will assure a sustainable increase in the number of people conducting research to eradicate oral cancer disparities,” said Dean Alfano.

Oral cancer, like many diseases, takes a disproportionate toll on minorities. African-American males suffer the highest incidence of any group in the United States. Puerto Rican males residing in Puerto Rico also have a disproportionately high incidence of the disease.

Failure to diagnose oral cancers in their earliest stages is probably the greatest factor contributing to poor treatment outcomes,” said Dr. Ralph V. Katz, who heads the NYU Oral Cancer Disparities Research Center. “Our research will determine why minorities do not get oral cancer exams that might pick up the earliest signs of the disease. We will look at differences in willingness to participate in cancer screening exams among African Americans, Puerto Ricans residing in Puerto Rico, Puerto Ricans residing on the U.S. mainland, and whites. In addition to investigating clinical scientific questions, our researchers will look at current and emerging technologies for detecting oral cancers. We will also look for ways to alter behavior to reduce risk factors such as tobacco and alcohol use. One project, for example, will study smoking cessation interventions conducted during patient visits to the NYU Dental Clinics.”

The NYU Oral Cancer Disparities Research Center will also collaborate with the newly established National Center for Bioethics in Research and Health at Tuskegee University in supporting research on bioethical issues related to dentistry.
Leadership Team Formed to Raise Funds for New Graduate Center for Clinical Excellence

An exciting new initiative underway at NYUCD is destined to change forever the course of specialty education and care. A group of current and former faculty members, including directors of the advanced education programs at NYUCD, have come together to spearhead an effort to raise funds for the creation of a Graduate Center for Clinical Excellence (GCCE). The GCCE will house a highly-networked community of postdoctoral specialty training programs dedicated to providing both state-of-the-art specialty training and a consulting and referral service for specialists and other dentists with challenging cases.

The GCCE Leadership Team includes Dr. Paul A. Rosenberg, associate dean for postgraduate programs and director of the Advanced Education Program in Endodontics; Dr. Francis V. Panno, associate dean for clinical affairs and professor of prosthodontics; Dr. Dennis P. Tarnow, professor and chairman of the Ashman Department of Implant Dentistry and director of the training program in implant dentistry; Dr. Robert S. Glickman, professor and chairman of the Mecca Department of Oral and Maxillofacial Surgery and director of the NYU/Bellevue Residency Program in Oral and Maxillofacial Surgery; Dr. S. Sigmund Stahl, professor emeritus of periodontics and former director of the Advanced Education Program in Periodontics; and Dr. Gerald Borell, professor emeritus of orthodontics and former director of the Advanced Education Program in Orthodontics.

All the GCCE Leadership Team members have pledged individual gifts continued on the next page.
continued from the previous page

of $15,000 to fund one treatment room in their respective specialty areas within the GCCE, and are asking specialty program alumni to join them in this effort.

According to Dr. Stuart M. Hirsch, associate dean for development and international programs, “The new GCCE will have the look and feel of the finest specialty practices in Manhattan. It will comprise three full floors at the College. Patients will arrive through a separate entrance and will take an elevator maintained exclusively for their use. There will be a smooth flow of both patients and faculty from discipline to discipline, always with a focus on the good of the patient. NYUCD will take special care to reinforce the referring doctor’s role as the patient’s primary specialist and to make clear our role as a consultant. We believe that this collaborative approach will promote the finest patient care and speed the transfer of new knowledge from generation to generation.”

For more information, contact Dr. Hirsch at (212) 998-9950.

Abrons Foundation Grant Expands Care for Seniors

The Louis and Anne Abrons Foundation, Inc., recently advanced its long tradition of charitable giving to NYUCD by awarding a generous grant to provide additional dental care subsidies for impoverished, elderly New Yorkers.

Since 1997, thanks to the Abrons Foundation’s support, NYUCD has been providing oral health services to indigent elderly Russian-speaking immigrants. In consultation with agencies referred by the Metropolitan New York Coordinating Council on Jewish Poverty, patients were selected and matched with Russian-speaking student dentists at the College. Patients were also provided transportation. This program was recognized by the American Dental Association with its Geriatric Oral Health Care Award.

With the most recent gift from the Abrons Foundation, Inc., NYUCD will be able to build more strategically upon this experience with Russian-speaking senior citizens in order to serve a broader section of the New York City geriatric population. The new program targets specifically senior citizens receiving Medicaid. As a result, services not covered by Medicaid, such as endodontics and fixed and removable prostheses, are being provided by NYUCD to a larger number of needy people. “Expansion in this way is helping to ensure that the funds awarded benefit the greatest number of elderly New Yorkers in need,” said Dean Alfano.
Student Council Gift Supports Anti-Domestic Violence Program

A gift to Safe Horizon, a private New York City organization that works to combat domestic violence, has been made by the NYUCD Student Council. The gift will be used to provide baby diapers, baby food, backpacks, and other needed items to domestic violence shelters throughout the city. In acknowledging the gift, the CEO of Safe Horizons expressed special thanks to Mr. Jeff Bengert, assistant director of student affairs, for his role in organizing the contribution.

Jeff Bengert (left) with NYUCD Student Council vice president, Ali Karimi, '03.

Palm Awards Mobile Medicine Grant to NYUCD

Palm, a pioneer in the field of mobile and wireless Internet solutions and a leading provider of handheld computers, has awarded a mobile medicine technology grant to the NYU College of Dentistry. NYUCD is one of 17 U.S. universities and teaching hospitals in medicine, dentistry, pharmacology, and veterinary medicine to receive grants.

The NYUCD grant provides 25 color Palm Pilots, Palm IIICs, which will be used to help faculty and students gain insight into the best ways of integrating handhelds into the dental education program. Projects will include English-to-Spanish and Spanish-to-English translations of greetings, dental health histories, and emergency treatment, diagnosis, and treatment planning. Subsequently, faculty will investigate the use of palm handhelds and dental language translation software by third-year students at the point of care.

*Palm is a registered trademark of Palm Inc.

Dr. Elise Eisenberg, Director of Dental Informatics, directs the Palm grant.
Applause! Applause!
Faculty, Student and Staff News

Second Annual White Coat Ceremony

The Class of 2005 was warmly welcomed on September 5, 2001, as NYUCD rolled out its Second Annual White Coat Ceremony. “We have great confidence in our entering students,” said Dean Alfano. “We want them to know that from day one and also to know that the faculty will be with them every step of the way.”

After a talk by Dean Alfano on “Ethics and Integrity in Dental Practice,” the students heard from Dr. Robert J. Garofalo, president of the NYUCD Alumni Association. Then, one by one, each student was called up to be cloaked by a faculty member. The ceremony concluded with both a Student Pledge and a Faculty Pledge affirming mutual commitment to professionalism, humanism, integrity, and ethics, and, in the case of the faculty, to creating a partnership with students on behalf of excellence in scholarship, clinical care, and research.

Following the ceremony in Saklad Auditorium, students and faculty joined together in a less formal setting for a reception in a tent outdoors that had been set up especially for the occasion.

We Are Family
Special Events Volunteers Honored

Life at NYUCD is not all clinics, DVDs, and labs. There are also special events when the NYUCD community gathers to celebrate the arrival of an entering class, major grant awards, holidays, retirements and other landmark occasions. Fortunately, NYUCD has a core of staff volunteers who help to put these events together and see that they run smoothly.

Dean Alfano recently turned the tables on these volunteers by hosting a special event — a reception and dinner — in their honor. The Dean personally thanked each volunteer for working so hard to ensure that NYUCD’s events are indeed special.
Brenda Dawkins

An Artist Follows Her Bliss

As someone who has painted, played classical piano, and written poetry and short stories since childhood, Brenda Dawkins, manager of the Ashman Department of Implant Dentistry, realized early on that artistic creation is her haven and fulfillment. Today, Brenda’s artistry focuses on the ancient African art of beading. “When I’m beading” she says, “it’s like stepping into another world. I’m in bliss.”

All of Brenda’s jewelry pieces are one-of-a-kind. In celebration of her heritage, the earrings, necklaces, and bracelets are highly Afrocentric in design. However, she also draws inspiration from Bali and Nepal, both cultures which aspire to spiritual transcendence. Her medium is strictly beads, usually in earth tones, and in a wide range of materials including amber, batik bone, semi-precious stones, and glass. All of her pieces use sterling silver and gold-overlaid sterling silver to give an antique finish. Some of her favorite materials are chevron glass beads and trade beads, which are highly regarded in Africa.

Until recently, when she decided to present her work to a larger audience, people would stop Brenda on the street because they liked a piece of jewelry she was wearing. But regardless of how much they tried to persuade her to duplicate it for them, she would refuse. She insists that every piece must be the product of a unique artistic inspiration. The distinctive pieces she creates can take anywhere from several hours to several months to complete, depending on their complexity.

Looking at Brenda’s art, one feels that each piece resonates with the same sense of deep calm that emanates from the artist herself, inviting others also to follow their “bliss.”
Celebrating Our Community

Congratulations to:

**DR. MICHAEL C. ALFANO,**
dean of NYUCD, on serving as guest editor for a special issue of *Practical Procedures & Aesthetic Dentistry.*
The issue was devoted exclusively to articles written by faculty from the Ashman Department of Implant Dentistry. Dean Alfano also authored an article entitled “Too Few Sirens,” a commentary on the September 11 terrorist attacks, which appeared in the *ADA News*; he coedited a special supplement to the *Journal of the American Dental Association* on “Combating Oral Cancer,” and he coauthored two articles in the supplement. He also authored an article entitled “Purpose of Conference — Issues” that appeared in a special issue of the *Journal of Dental Education* devoted to the proceedings of the NIH Consensus Development Conference on Diagnosis and Management of Dental Caries Throughout Life. And he presented papers at the ADEA Conference on Dental Research in Bethesda, MD; at a conference on Healthy People 2010 in Washington, DC; and at the ADEA Dean’s Conference in Scottsdale, AZ.

**DR. RIMA BACHIMAN-SEHL,**
associate professor of epidemiology and health promotion, on her appointment as associate chairman of the department of epidemiology and health promotion.

**DR. STEPHEN J. CHU,**
clinical assistant professor of implant dentistry on coauthoring an article entitled “Digital Shade Analysis and Verification: A Case Report and Discussion” for *Practical Procedures & Aesthetic Dentistry.* Dr. Chu’s coauthor was Dr. Dennis P. Tarnow ’72, professor and chairman of the Ashman Department of Implant Dentistry. Dr. Chu was also featured in a report on ABC 7 and in an article in *Mode Magazine* on the digital shade analysis technique.
RUBEN COHEN, ’02,
on participating in the 2001 Hinman Student Research Symposium and presenting a research project done at the NIH last summer entitled “CD69 Expression in HIV+ patients with Recurrent Aphthous Ulcers,” and on receiving the Goldmann Student Merit Award presented by the Public Health Association of New York for a paper entitled “Preventing Childhood Oral Health Problems in New York City by Educating Our Non-Dental Health Professional Students.” Ruben’s mentors on this project were Dr. Neal G. Herman, ’72, clinical professor of pediatric dentistry, and Ms. Jill Fernandez-Wilson, clinical associate professor of pediatric dentistry. Added kudos to Ruben as the recipient of the Pierre Fauchard Academy Dental Student Scholarship Award.

ADA COOPER, ’02,
on being inducted as a student member of the American College of Dentists.

MS. EVELYN DELGADO,
Dental Assistant Program Class of 2001, on winning the inaugural Ultradent Diversity Award, sponsored by Ultradent Products, Inc. The award recognizes a DAP student who has fostered and encouraged respect, acceptance and understanding among people of different backgrounds through clinical experiences, community service, and education.

MS. JILL FERNANDEZ-WILSON,
clinical associate professor of pediatric dentistry, on coauthoring an article entitled “Treating Dental Injuries on the Field” for Sports in Primary Care. Professor Fernandez-Wilson’s coauthors were Dr. Lily J. Lim, clinical assistant professor of pediatric dentistry, and Dr. Martha B. Miqueo, assistant professor of pediatric dentistry.

DR. HERBERT FROMMER,
professor of diagnostic science and urgent care and director of radiology, on the publication of the seventh edition of Radiology for Dental Auxiliaries. This text, complemented by a study guide for self-evaluation, is the most widely used book of its type and has been translated into both Spanish and German.

DR. STUART FROUM, ’70,
clinical professor of implant dentistry, on coauthoring an article entitled “The Use of Enamel Matrix Derivative in the Treatment of Periodontal Osseous Defects: A Clinical Decision Tree Based on Biologic Principles of Regeneration” for The International Journal of Periodontics & Restorative Dentistry. Dr. Froum’s coauthors included Dr. Jeffrey R. Lemler, ’89, clinical assistant professor of periodontics and of implant dentistry; Dr. Robert Horowitz, clinical assistant professor of implant dentistry; and Dr. Bruce Davidson, ’73, clinical associate professor of periodontics.

DR. DONALD B. GIDDON,
clinical professor of epidemiology and health promotion, on his appointment as a member of a Center for Scientific Review Study Section (Special Emphasis Panel) of the National Institutes of Health.

MS. EMILIE GODFREY,
administrative coordinator of the NYU Oral Cancer Disparities Research Center and a registered dietitian, on being quoted on the relative merits of fast food in BrideGuide.com.

BRIAN HONG, ’03,
on receiving the fourth annual Dr. Edward G. Kaufman Award for Academic Excellence. The Kaufman Award is presented annually to the student who has attained the highest grade point average during his or her freshman year.
**DR. ZIAD N. JALBOUT,**
a resident in the implant dentistry program, on coauthoring “The Implant Peripical Lesion: Four Case Reports and Review of the Literature” for *Practical Procedures & Aesthetic Dentistry.* Dr. Jalbout’s coauthor was Dr. Dennis P. Tarnow, ’72, professor and chairman of the Ashman Department of Implant Dentistry.

**DR. LAURANCE JERROLD, ’75,**
visiting associate professor of orthodontics and director of the Advanced Education Program in Orthodontics, on authoring an article entitled “Georgia On My Mind,” a commentary on a Georgia Court of Appeals ruling for the Litigation, Legislation, and Ethics section of the *American Journal of Orthodontics and Dentofacial Orthopedics.*

**DR. MLADEN M. KUFTINEC,**
professor of orthodontics and director of orthodontic research, on his solo choral performance at the Spring 2001 Choral Concert at Saint Peter’s Church in Manhattan.

**DR. LLOYD S. LANDA, ’57,**
clinical professor of implant dentistry and of prosthodontics, on coauthoring “A Prospective 2-Year Clinical Evaluation of Overdenture Attached to Nonsplinted Implants Utilizing ERA Attachments” for *Practical Procedures & Aesthetic Dentistry.* Dr. Landa’s coauthors included Dr. Sang-Choon Cho ’97, instructor in implant dentistry, Dr. Stuart J. Froum ’70, clinical professor of implant dentistry, Dr. Nicholas Elian ’91, assistant professor of implant dentistry and Dr. Dennis P. Tarnow ’72, professor and chairman of the Ashman Department of Implant Dentistry.

**DR. HARALD A.B. LINKE,**
professor emeritus of basic science and craniofacial biology, on coauthoring “Oral Clearance and Acid Production of Dairy Products During Interaction With Sweet Foods” and “Effect of Increasing Sucrose Concentrations on Oral Lactic Acid Production,” both for the *Annals of Nutrition & Metabolism.*

**DR. LEIF A. LOBERG, ’01,**
on receiving the Dr. Bernard P. Tillis Award for Excellence in Dental Journalism for his design and writing for the NYUCD Student Council Website. The Tillis Award is funded by Mrs. Bella Tillis in honor of her late husband, Dr. Bernard P. Tillis, ’36, who served for 22 years as editor of the New York State Dental Journal.

**DR. DENISE MURPHY,**
clinical associate professor of general dentistry and management science, on authoring “Ergonomic Considerations for the Care of Special Patients” for *The New York State Dental Journal;* a chapter entitled “Ergonomic Concerns for Dental Professionals” for the *International Encyclopedia of Ergonomics and Human Factors;* and “Occupational Exposures to Blood in
Dr. Denise Murphy with Habitat for Humanity beneficiaries.

a Dental Teaching Environment: Results of a Ten-Year Surveillance Study" for the Journal of Dental Education. Added kudos to Dr. Murphy for placing as a finalist in the regional “Nurse of the Year” competition sponsored by Nursing Spectrum and for her service as a Habitat for Humanity volunteer in Paraguay.

DR. FRANCIS V. Panno,
associate dean for clinical affairs, on being selected to receive the Distinguished Alumnus in Dentistry Award for 2002 presented by Marquette University.

SALIM S. Rayman,
instructor in dental hygiene, on being featured in RDH: The National Magazine for Dental Hygiene Professionals in an article entitled “Life’s Like a Circuit Board.”

DR. PAUL A. ROSENBERG,
associate dean for postgraduate programs and professor and chairman of the Dr. Ignatius N. and Sally Quaratararo Department of Endodontics, on being appointed an Endodontic Consultant to the ADA Commission on Dental Accreditation.

DR. JONATHAN A. Ship,
professor of basic science and craniofacial biology and of oral medicine and director of the Bluestone Center for Clinical Research, on being quoted in The Lancet on a study which identified T1R3, a sweet receptor gene that is selectively expressed in the taste cells of the tongue and mouth of human beings.

DR. PAULA-NAOMI SMALL, ’94,
clinical associate professor of implant dentistry, on coauthoring “Gingival Recession Around Wide-Diameter Versus Standard-Diameter Implants: A 3- to 5-Year Longitudinal Prospective Study” for Practical Procedures & Aesthetic Dentistry. Dr. Small’s coauthors included Dr. Dennis P. Tarnow ’72, professor and chairman of the Ashman Department of Implant Dentistry, and Dr. Sang-Choon Cho ’97, instructor in implant dentistry.

SNDA,
the Student National Dental Association, on receiving this year’s “Most Improved Chapter Award” presented at the 88th annual National Dental Association (NDA) convention.

DR. ANTHONY T. VERNILLO,
professor of basic science and craniofacial biology, on authoring “Diabetes Mellitus: Relevance to Dental Treatment” for Oral Surgery, Oral Medicine, Oral Pathology.

DR. JULIE K. Yip, ’93,
assistant professor of periodontics, on coauthoring “Dental Students' Attitudes Toward Smoking Cessation Guidelines” for the Journal of Dental Education. Dr. Yip’s coauthors included Dr. Gustavo Cruz, assistant professor of epidemiology and health promotion and director of public health and health promotion. Dr. Yip is also the recipient of a special commendation for excellent teaching from the Class of 2003.

JOSEPH ZELIG, ’02,
on placing second in the student research competition at the Greater New York Dental Meeting for his paper entitled “The Prevalence of Identical Porphromonas Gingivalis Strains Among Family Members.” The project contains a novel adaptation of PCR methodology to the study of bacterial transmission. Joseph’s faculty mentors were Dr. Robert J. Boylan, associate professor of basic science and craniofacial biology; Dr. Mea A. Weinberg, clinical associate professor of periodontics; and Dr. Upinder Fotadar, assistant research scientist.
Focus on Alumni

THE PRIDE OF NYUCD

Congratulations to:

50’s

ERNEST BADEN,
Class of 1950, on publishing a chapter entitled “Diagnostic Methodology” in Implants and Restorative Dentistry; on presenting two research papers at the July 2001 International Meeting on Plagues, Epidemics and Societies (“Alexander Yersin: Another Facet of His Genius” and “Head and Neck Manifestations of the Plague”); and on presenting two lectures at the University of Nice, France (“The Preventable Ascent of Arturo Ui by Bertold Brecht: An Allegory of Totalitarianism” and “Diagnostic Methodology in Dental Implantology”).

DR. NORMAN D. “SKIP” SPERBER,
Class of 1954, the Chief Forensic Dentist for San Diego and Imperial Counties, on his role in helping the New York City Medical Examiner’s Office identify some of the thousands killed when terrorists flew planes into the World Trade Center.

80’s

DR. STEVEN R. SCHWARTZ,

90’s

DR. JUAN CARLOS LOPEZ ALVAREZ,
Classes of 1993 and 1995 Advanced Education Programs in prosthodontics and in implant dentistry, respectively, on presenting a two-day continuing dental education course in New Delhi, India, under the auspices of the NYU Continuing Dental Education Program.

DR. MARC BENJAMIN HERTZ,

DR. SARATH B. THIKKURISSY,
Class of 1998, on completing an AEGD Program with the U.S. Air Force; being named United States Air Force Space Command Junior Dental Officer of the Year 2000; and participating as the sole duty dentist during a humanitarian mission to Haiti sponsored by the U.S. Air Force. Dr. Thikkurissy has also begun specialty training in pediatric dentistry at Ohio State University.
Heather DiMatteo, 00, Appointed GPR Coordinator at Long Island Jewish Hospital

DR. HEATHER DIMATTEO, '00, shown above at her graduation, has been appointed Coordinator of the General Practice Residency Program at Long Island Jewish Hospital. Dr. DiMatteo's appointment came just two days after she completed her own one-year GPR at LIJ. Because there is a faculty practice based at the hospital, Dr. DiMatteo will be able to practice privately in addition to coordinating the GPR Program. Dr. DiMatteo credits Dr. Francis V. Panno, associate dean for clinical affairs, both with preparing and inspiring her to obtain this appointment in just one year.

In Remembrance
Dr. Philip I. Adesso, Class of 1947

What’s New?
Let Us Hear From You

If you have news of professional activities that have occurred during the past year, let us know and we will include it in Global Health Nexus. You can e-mail your news items to elyse.bloom@nyu.edu, or you can use the envelope enclosed with this newsletter.
An Open Letter to Alumni

Dear NYUCD Graduate,

Now, more than ever, we need your help! We were all devastated emotionally on September 11th, and although your alma mater did great things to help during the tragedy, it was hurt both programmatically and economically. Accordingly, this is not your typical “soft” solicitation letter. Your alma mater is rebuilding its curriculum, enriching student life, recruiting world class faculty, and systematically converting its physical plant to create a spectacular education center. More importantly, the NYU College of Dentistry is proving to be a leader in expanding the prestige of dental practice and in fostering new partnerships with organized dentistry.

The prestige of the profession has been enhanced by the ADA’s Oral Cancer Initiative, which was seeded in part by NYU through the establishment of the Oral Cancer Consortium. Soon we will lead the nation in sponsoring programs on the role of the dentist in bioterrorism preparedness, further enhancing the public image of the profession. We are also innovating by moving both esthetic dentistry and implant dentistry into the predoctoral curriculum; and we will continue to lead in the area of health disparities as one of only five dental schools nationwide with an $8.3 million NIH grant in this area.

So where do you come in? If we are to continue to improve our physical plant, programs, and people, if we are to continue to innovate, if we are to continue to enhance the value of your degree, and if we are to succeed in our critically-important bioterrorism preparedness initiative, we need your help. The old excuses that the College might have treated you poorly 20, 30, or 40 years ago seem hollow in view of the dramatic improvements in the program today, the positive impact we are having on the profession, and our pledge to help equip the profession to deal with what could be decades of bioterror. Indeed, no less than three recent issues of the ADA News have underscored the financial problems of dental education, and the Future of Dentistry report of the ADA has called specifically for dentists to contribute generously to dental education.

In turn, I pledge to you that the NYU College of Dentistry will excel in its programming, innovate on behalf of the profession, and demonstrably increase the value of your NYU degree. September 11th changed the attitudes of so many people, about so many things. Perhaps it will cause you to rethink the role of your alma mater in your life. Now, more than ever, we need your help.

Sincerely,

Michael C. Alfano, D.M.D., Ph.D.
Dean
25,000+
Samuel W. Askins
Stanley M. Bergman
Mr. and Mrs. Leonard N. Block
Brasseler USA
Stephen J. Cruchel and Martin Kane
Foremost Dental MFG. Inc.
Frontier Dental Laboratories, Inc.
Fuchsberg Family Foundation
Healthplex Inc.
3i Implant Innovations, Inc.
Jason J. Kim Laboratory, Inc.
Kind Fame Limited
New York Community Trust
Nobel Biocare USA Inc.
Estate of Viola Odenheimer Shendell Foundation
Irwin Smigel
Ultradent Products, Inc.
Herb Wolfe
Zenith DMG

10,000-24,999
BriteSmile
Cosmedent Inc.
Eastman Kodak Company
Estate of Pashalís Elliséou
Lazard Freres & Co., LLC
Samuel & Hannah Holzman Trust
KLS Martin, L.P.
The Patricia Kluge Foundation
Donald Kramer
The Family of Ignatius N. and Sally Quartararo
Estate of Saul Shapiro
Harry Stern Charitable Lead Trust

5,000-9,999
Michael C. and JoAnn Alfano
Americus Dental Labs Inc.
The Auxiliary NYU Dental Center
The Baird Family Fund
Columbia Dentof orm Corp.
Ronald Cullen
Dental Learning Systems Co., Inc.
Frontier Dental Laboratories, Inc.
William E. Gelfman
Mr. James R. Glidewell
Andrew F. Gold
Martin D. Gutmacher
Family Fdn., Inc.
Charles O. Hoyt
Martin Elihu Kantor
David L. Korris
M. John Matos
David M. Mootaheni
NYU Implant Alumni Association of Korea
Parkell Inc
Bellanca S. Rutter
Lawrence Salman
Henry Schein, Inc.
Bernard E. Small
Sultan Dental Products LTD
Louis Terracio
U.S. Trust Company of New York
Ultradent Products, Inc.
Urban Dental Management Vidor Foundation, Inc.

East End Temple
Fuchsberg Family Foundation
Robert J. Garofalo
Mr. and Mrs. David Goldstein
Audrey & Martin Gruss Foundation
Michael A. Katz
James C. Marsters
Micro Dental Laboratories
Alexander M. Mikhailov
Elliott M. Moskowitz
Barry L. Muskant
Pauline Pitt
Larry W. Rosenthal
Stanley & Karin Schwalb Family Fdn.
Lois V. Smigel
Judith Steir
Straumann U.S.A.
Teledyne Water Pik
Lynn Quitman Troyka
Valley Dental Arts
Daniel H. Ward
Leonard J. Zweifler

1,000-1,999
Kenneth L. Allen
American Express Foundation
Rand V. Araskog
Samuel W. Askins
Jeffrey L. Bewkes
Mr. and Mrs. E. Garrett Bewkes, Jr.
Bioplant, Inc.
Mr. and Mrs. Leon D. Black
Mr. and Mrs. Ronald C. Broth
John R. Calamia
John S. Cavallaro, Jr.
Christopher F. Choyke
Richard A. Collier
Martha L. Cortes
Craig Personnel, Inc.
David Crystal
Mr. and Mrs. Steven David
Alexandre Delvaux
Joseph D. DeMaio
Dental Duplex
Dentsply
Dominick P. DePaola
John J. DiGregorio
Fred Dubrowsky
Bert Dweck
James M. Eisdorfer
ESPE America Inc.
Peter C. Furnari, Jr.
Robert A. Ganley
Bert David Gaster
Michael L. Gelb
Joel C. Gelbman
Richard J. Geronemus
Donald B. Giddon
Frank C. Ginsberg
Benjamin Godder
Norman Gordon
Greater New York Academy of Prosthodontics
Jerrold P. Gultz
Marvin Hamlish
Chiori Hashiba
Gerald S. Hoch
Mr. and Mrs. David L. Hoexter
John J. Hunter
Ironwood Realty Corporation
Irving & Adele Rosenberg Foundation
H. Kenneth Jackier
James E. Jacobs
Laurance E. Jerrold
Jewish Communal Fund
Kenneth W.M. Judy
James M. Kaim
Shin Kaneko
Charles Kaner
Vasiliki Karlis
Seok-Kyun Kim
Richard A. Kiman
Gerald M. Klaczany
Andrea Krantz
Masahiro Kuwata
Lloyd S. Landa
Emily F. Landau
Stanley W. Lane
David H. Lang
Mr. and Mrs. Burton Langer
Arthur I. Larky
Marc E. Lazare
Fern Phuong Le
Melvyn M. Leifert
Marc S. Lemchen
Roger P. Levin
Leonard I. Linkow
Constance Littman
James T. Lopresti
Kenneth S. Magid
Arthur Mahler
Paul J. Matrullo
Maurer Foundation
Meister Seelig & Fein LLP
Bruce A. Merriam
Edward C. Michaud, Jr.
J. P. Morgan Charitable Trust
Stephen J. Moss
Martin Novack
Oceanside Institutional Industries, Inc.
Francis V. Panno
Joan M. Panno
Marcelo Fonseca Pereira
Peter Perimenis
John G. Poulos
Premier Dental Products Co.
Ignatius N. Quartararo
Alan H. Rattet
Bella Rector
Susanne Reyto
Peter Rinaldi
Steven N. Rosenberg
Mrs. Naomi H. Rosenbloom
Mr. Michael Rosenfeld
Jack Roth
Suzanne Ryer
Warren I. Scherer
Robert S. Schoor
Richard Selig Equities Corp.
James Caserta
Dr. Abraham Sherer
Dr. H. Peter Sherman
Shofu Dental Corporation
Barnet B. Shulman
Charles Silk
Walter P. Silverstein
Allan M. Solden
Jacob I. Sopher
Francis J. Murphy
Paul J. Spada
Andrew I. Spielman
Daryl Stynier
Harold I. Sussman
Tomihiko Suwa
Dennis P. Tarnow
Peter C. Teng
Patricia Tordik
Stanley N. Turetzky
Farhad Vahidi
Mr. and Mrs. Richard I. Vogel
Gerald S. Wank
Keigo Watanabe
Noel D. Wilkie
Clifford Williams
Melvin J. Wilner

500-999
H. Lee Adamo
Air Techniques, Inc.
Henry R. Amen
Lisa R. Antonoff
Astra Tech, Inc.
Mr. and Mrs. Frank Barsalona
Benco Dental
Richard Boneville
Leo Botwinick
Gregory Browne
Corina Buruiana
Philippe Chpindel
Mr. and Mrs. Paul K. Chu
Margaret M. Crabtree
Richard T. Cullari
David S. Dane
Hardin K. Davis
John A. DeVoy
Dobor Lithographers LLC
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Jeffrey P. Feingold
Herbert Freedner
David M. Gallin
The William J. Gies Fdn
for the Advancement of Dentistry, Inc.
Cathy Goldstein Schwartz
Faye Goldstep
Edwin M. Greenstone
Ernest M. Halpryn
Gene A. Harnick
Randolph A. Holly
Henry C. Immes
Ralph S. Kaslick
Abraham H. Kedeshian
Kerr Corporation
Ira E. Klein
Paul Landman
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