1. **integrity** *n*

   1. the quality of possessing and steadfastly adhering to high moral principles or professional standards.
eth·ics

1. the discipline dealing with what is good and bad and with moral duty and obligation.
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On June 16, 2006, NYU President John Sexton named Dr. Michael C. Alfano to the position of Executive Vice President of NYU. (For details on the appointment, please see the related article on page 72).

No one who knows Mike was the least bit surprised that President Sexton chose him for such an important position, thus enabling the entire University to benefit from his prodigious talents.

Thanks to Mike’s visionary leadership, NYUCD has been transformed into what no less an authority than Crain’s New York called “one of the nation’s top schools.” The reasons are many. Because of the generosity of our alumni and friends, fundraising has been unprecedented, leading to the creation of important new facilities and programs, that play a critical role in attracting the best students. Last year, 4,000 students applied for admission to the four-year DDS Program, more than ever before, making it possible for us to be more selective than ever before. Indeed, the academic qualifications of an entering class have never been better than they are for the freshman class of 2006, with top scores in all relevant categories.

We have also recruited world-class...
faculty; new roles for dentists and new models for healthcare education and delivery have been advanced; dental care for poor New Yorkers has been expanded; and NYUCD has emerged both nationally and globally as an important center for healthcare research, dental education reform and patient care innovations. It is not too much to say that NYUCD today is well on its way to becoming the most influential dental institution in the world, with the greatest impact on the health of society.

An equally important achievement of Mike’s tenure — and one of his proudest accomplishments — is the remarkable esprit de corps he helped to build among NYUCD students, faculty, staff, alumni and friends. With such a strong foundation in place, NYUCD’s future promises to be nothing short of extraordinary. On a personal note, I feel both proud and privileged to have had the opportunity to work alongside Mike.

President Sexton has appointed a search committee to help select the outstanding individual who will become the next Dean of the College of Dentistry. Headed by Associate Dean for Research Dr. Louis Terracio, the committee has been charged with presenting President Sexton with the names of three to five unranked candidates by early next year. As Interim Dean, it is my honor during the search period to lead the College on its continuing upward trajectory.

A key issue confronting us today is the state of ethics and integrity in our society. Hardly a day goes by that we do not hear about acceptance of cheating being on the upswing, and with this challenge much on our minds, this issue of Global Health Nexus explores concepts of ethics and integrity as related to health care. The content is not meant to be exhaustive, which would be impossible, but rather to foster what we hope will be an ongoing conversation.

My own view is that as clinicians, ethics and integrity go well beyond such things as not lying, cheating,
stealing, committing insurance fraud or trying to persuade a patient to have a procedure that is not essential.

I strongly believe that ethics and integrity include taking personal responsibility for knowing everything we need to know to appropriately treat our patients. Ethics and integrity mean making the time to keep current about the relevant literature, being able to evaluate the literature and to explain treatment recommendations so that patients can give genuinely informed consent. For example, if a patient presents with a history of lupus, and if we are not totally familiar with the disease at the first visit, that’s understandable — it may have been some time since we studied the relevance of lupus to oral health care. But if the patient comes in a second time and we are still uninformed, then shame on us.

When you translate this thinking into the realm of healthcare education, it means that if a student doesn’t know what he or she is supposed to know about his or her patient, that’s not an academic problem, that’s an ethical problem. By not knowing, by doing just enough to get by, the student is demonstrating a lack of caring for the patient, and therefore a breach of ethics, because he or she is unwilling to acquire the foundation of knowledge that will enable the provision of appropriate care.

The most important thing dental education can do for students is to instill in them the conviction that good ethical practice means taking responsibility for themselves and for their patients. In addition to the dentist being sure that he or she is providing the best possible care for his or her patients, it also means that the dentist cares enough about himself or herself to seek constant learning.

NYU President John Sexton often asks people, “Are you leading a meaningful life?”
intellectual stimulation. The more a dentist knows, the more confident that dentist feels, and the more fulfilling that dentist’s practice will be. The bottom line is that good dentists love what they’re doing because they are being constantly challenged intellectually.

We’re tremendously honored to have a group of leading thinkers across a range of disciplines share their views on ethics and integrity in this issue of Global Health Nexus. We begin with Dr. Charles Bertolami, Dean of the University of California at San Francisco School of Dentistry, who has contributed the lead article, “Is It Possible to Educate Students to Act Ethically?” We are also privileged to hear from Dr. Insoo Hyun, Assistant Professor of Bioethics at Case Western Reserve University School of Medicine; Dr. Anthony Vernillo, Professor of Oral & Maxillofacial Pathology, Radiology & Medicine at NYU, who recently completed an MS degree in bioethics; Professor Gloria Ramsey, a leading nurse-attorney with the Uniformed Health Services University of the Health Sciences; and Dr. Frederick More, Professor of Epidemiology & Health Promotion, who is the linchpin of NYUCD’s ethics curriculum.

You’ll also find stories on the exciting research being conducted at NYUCD and on the people who make NYUCD such a wonderful place to study, work and create new knowledge. I hope you enjoy this issue of the magazine as much as we have enjoyed bringing it to you.

THE MOST IMPORTANT THING DENTAL EDUCATION CAN DO FOR STUDENTS IS TO INSTILL IN THEM THE CONVICTION THAT GOOD ETHICAL PRACTICE MEANS TAKING RESPONSIBILITY FOR THEIR PATIENTS.

IF A STUDENT DOESN’T KNOW WHAT HE OR SHE IS SUPPOSED TO KNOW ABOUT HIS OR HER PATIENT, THAT’S NOT AN ACADEMIC PROBLEM, THAT’S AN ETHICAL PROBLEM.

Editor’s Note:

NYU President John Sexton often asks people, “Are you leading a meaningful life?” Or, one could ask: “Are you leading an ethical life, one based on integrity?” Both questions challenge people to look within themselves, to become introspective. We feel that this is such an important question, particularly with regard to health professionals, that we have made it the focus of this issue of Global Health Nexus.

For some, ethics and integrity mean adhering to a professional code, but that can be problematic, since codes vary by profession. For example, it is ethical for lawyers to split fees; it is not ethical for dentists to split fees. Lawyers ethically need to accept a certain percentage of pro bono cases; dentists do not. Integrity is something else. It is a fundamental way of leading one’s life that does not vary from situation to situation or from profession to profession. It is the path one follows in attempting to answer the question, “Am I leading a meaningful life?” We invite you to follow along with us in seeking to answer that question.
Is It Possible to Educate Students to Act Ethically?

By Charles N. Bertolami, DDS, DMedSc
Dean, University of California at San Francisco School of Dentistry

In an April 2004 essay in the Journal of Dental Education entitled “Why Our Ethics Curricula Don’t Work,” Dr. Bertolami argued that ethics curricula in dental schools must be considered failures because no one’s behavior changes as a result of what is taught. The essay identified three specific weaknesses in a traditional ethics curriculum: 1) failure to recognize that more education is not the answer to everything; 2) ethics is boring; and 3) course content is qualitatively inadequate because it does not foster an introspective basis for true behavioral change. As a solution, the author proposed the implementation very early in the dental education program of a “precurriculum,” which would address the disconnect between knowledge and action, using as an example the elective program he introduced at UCSF. In the following article, Dr. Bertolami revisits these issues.

To say that ethics curricula in dental schools must be considered failures may be overstating the case — though, admittedly — I was trying to be provocative. Maybe a more accurate assertion would be that our existing ethics curricula leave the job unfinished because students are unprepared to study professional ethics. I don’t see much effort in ethics curricula to remediate students in critically important ways — hence the notion of a precurriculum.
In the professions, there is often an implicit presumption of ethical behavior just because one is intelligent and successful. But the ethics of an applicant to dental school are seldom actually taken into consideration as part of the admissions decision. Students are usually accepted into dental school because of their intelligence, personality, test scores or service activities (often undertaken specifically with the ulterior aim in mind of enhancing their application to dental school). None of these things reveals a person’s ethics. Thus, I think it would be fair to assume that the ethical profile of dental students (and dentists) is pretty much the same as that of the general public. Even if this assumption isn’t technically true, I think we’re safer not giving ourselves the benefit of the doubt.

I made this point in my essay by asserting that we in the professions are almost trained to be bad; that is, professional people can be uniquely vulnerable — unintentionally trained to be unethical: “People who go to dental, medical, law school, etc., are accustomed to competing to get what they want. Competition means winners and losers. Professionals are at the top of a highly competitive pyramid and have become acclimated to (or even acquired a taste for) being the winner. Professionals such as dentists are equally accustomed to seeing a lot of losers along the way, and become hardened to the notion that there are always going to be losers.”

The central motive behind thoughtful introspection is simply that we really can’t be trusted with ourselves, without constantly questioning whether we might be giving ourselves (and the profession) the benefit of the doubt. An ethical life doesn’t just happen “…it takes education and practice [italics added] in order to become virtuous.”

Sommerville offers an arresting example of introspection envisaged from two completely different

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worldviews which appear superficially to yield identical immediate results, but for very different reasons and with significantly different implications: He asks students to imagine seeing someone coming down the street toward them at night, with a big purse under her arm. It occurs to you that there might be something you wanted in that purse and you could knock her over and take it. But you don’t. Why not? You might think that there could be someone watching, and that you could get into trouble for doing that. At the least, people might despise you for being the sort of person who picked on the weak. In other words, you would be thinking entirely of yourself, of your honor or reputation, not of the little old lady... .

But your train of thought could have been quite different. You might have put yourself in her shoes and thought how unpleasant being mugged would be. Others might be depending on her, and the suffering you cause would spread even further. In short, you are taking others into consideration and wanting the best for them... . An ethics system based on honor is a self-regarding ethic, while one based in charity is an other-regarding ethic.

Sommerville’s point is that both ethical systems “are equally self-evident to those who grow up with them. But think of the corollaries. With honor goes a concentration on pride rather than humility, dominance rather than service, courage rather than peaceableness, glory rather than modesty, loyalty rather than respect for all, generosity to one’s friends rather than equality.”

Today we admit students to dental school who are raised in and comfortable with both of these alternative worldviews (and many others besides). I don’t see our ethics curricula taking this foundational difference into account.

Incidentally, the “honor” scenario involving no one being around to see what someone is actually doing might be especially significant in a dental context inasmuch as what dentists do in a patient’s mouth in a private office is largely unobserved, creating a very different and a very potent dynamic in comparison with other kinds of healthcare givers whose professional lives are played out more in the open — physicians in a hospital setting for example.

An Introspective Precurriculum Versus a Traditional Ethics Curriculum

The premise of the precurriculum is that there is a disconnect between theory and practice that might be corrected if students experienced a remedial program aimed at making subsequent formal courses in ethics both more intelligible and more relevant. As a precurriculum, the course would come sometime before the standard ethics program but would still be part of the dental school’s overall educational program.

The precurriculum seeks to bring into the open some of the unstated, even subliminal, boundary conditions that underlie practitioner (and student) behaviors.
Many different styles to achieve that aim would work, but I do think that uncovering such issues is important if subsequent courses in ethics are going to “take.”

In the context of professional education, I suggest that we use the term *curriculum* to mean a course or sequence of courses that, when viewed as a whole, satisfactorily answer three basic questions: What, how and why? Used this way, most dental schools don’t actually have an ethics curriculum. Most do a reasonable job at answering “what,” a less good job at answering “how,” and a poor job of answering “why.”

In my essay, “Why Our Ethics Curricula Don’t Work,” I make the point that we see ourselves teaching *about* ethics, which is slightly different from teaching ethics — in the sense of expecting behavior to change as a result of what is taught. This happens because we set for ourselves the very limited objective of simply teaching students “what” and nothing more.

The question “what” is directed toward transmitting information — “what” in the sense of what is being taught? In other words, what is the formal course content, the actual subject matter, the product of research or accumulated experience, the repository of information considered important for students to know by those who are expert in the field?

Taking an ethics curriculum to the next level requires that we also ask: “how” and “why?” How do you actually do it in practice? This aspect of an ethics curriculum is not going to be achieved in any one didactic course because the “how” element can be accomplished only by role-modeling. In dental schools, we teach students how to be dentists; but unfortunately, that’s not what students learn. What students actually learn is how to go to dental school, which is entirely different.

Astonishingly little role-modeling takes place in dental school. It is quite possible for a student to go through four years of dental school and never actually see a dentist practicing dentistry. This is one of the great tragedies of traditional dental education. Are there isolated exceptions? Possibly. Community-based dental programs where students and practitioners treat patients side-by-side might be one such exception. But, in general, there are relatively few opportunities for students to see how a practicing dentist actually brings together the theoretical and highly compartmentalized procedural aspects of dental school to effectively care for significant numbers of patients (not just two per day) and, at the same time, makes a living at it — ethically. Usually, the disparate and compartmentalized components of dental practice all come together in only one place: the student’s imagination — often with significant assembly errors along the way. In other words, we teach students how to *do* dentistry; we don’t teach them how to *practice* it.

**AS A PRE-CURRICULUM, THE COURSE WOULD COME SOME TIME BEFORE THE STANDARD ETHICS PROGRAM BUT WOULD STILL BE PART OF THE DENTAL SCHOOL’S OVERALL EDUCATIONAL PROGRAM.**

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1. Ibid., 69-70.
Role-modeling is the way to make this change because it answers the question “how?” How are things actually done in practicing this profession, how does it all really come together to work? Within the context of both teaching ethics and practicing dentistry, it answers the second of the three questions, “how?”

What, exactly, is role-modeling? I’d like to propose a definition: Role-modeling is a condition occurring in the mind of a student that conflates a given action with the identity of another person, a mentor whom the student respects, admires and — ideally — feels affection toward. Expressed more simply, the student says, “This is how Dr. X would do things, and I want to be just like Dr. X.” I’ve written elsewhere on possible adaptations of the dental curriculum to promote a greater degree of role-modeling.5
This leaves us with the question “why?” Answering the “why” question is the purpose of the precurriculum. Why? Why be good? Why be ethical? Only the answers to those questions have any hope of convincing anyone to do anything differently.

Ethical behavior requires people to act — and, often, to do so in the face of opposing social and personal pressures. Thus, the precurriculum is focused on the thought–action axis, helping a student to become sufficiently convinced of something that it alters behavior here and now. If consistently ethical behavior emerges from discovering satisfying answers to the three fundamental questions mentioned earlier (what? how? why?), topics in the precurriculum focus on helping students to formulate for themselves answers to the “why” question that are both objectively convincing and subjectively captivating as a basis for ethical behavior and the engine that translates good intentions into action. The answer to “why” has to emerge as a core insight that’s percussive enough to make a person do things differently.

In conducting my course at UCSF, I like to start with the question of “ultimacy.” That is, what does a student really care about ultimately? We play an exercise called “the 5 whys” which I describe in my essay and which I’ve borrowed from the business literature as a means of helping students define for themselves what is really of ultimate importance to them. Next we ask how well their current behavior moves them toward what they say they really want.

The course also introduces students to Goleman’s’ description of someone possessing emotional intelligence as being “socially poised, outgoing and cheerful, not prone to fearfulness or worried rumination. [Having] a capacity for commitment to people or causes, for taking responsibility, for having an ethical outlook, sympathetic and caring in their relationships, comfortable with themselves, others and the social universe they live in.” Almost everyone says that they would like to be such a person themselves and that they would be willing to work to become such an individual. We then begin to dissect this description of emotional intelligence and often conclude that emotional intelligence can be virtually equated to character (or at least to the fundamental traits that underlie character). We explore the attributes of character and discover that, in essence, character (and integrity) are driven not by intellectual or physical traits but by emotional ones. For many students this comes as a significant insight.
The Goals of the Precurriculum

I think that there is an enormous difference between simply doing the right thing and wanting to do the right thing. This nuance recalls T.S. Eliot’s observation that “[t]he last temptation is the greatest treason: to do the right thing for the wrong reason.” Aligning actions and reasons is a goal of the precurriculum. Very often I have found that there is a huge disparity between what students say they want and where their current actions are leading them. Rationally, I’d like to think that if students could be formally encouraged to think through what they actually want (not what they have been told to want by others), and then have their behavior assessed in light of their stated goals, the improved alignment would be beneficial both for them and for the profession.

Another goal is to motivate students to develop a genuine sense of enlightened self-interest. The key word is enlightened. A major problem is the inability of dental students to make the transition from learning about dental practice acts, codes of ethics and various historical ethical theories to acting based on what has been learned. When students (and practitioners) get into trouble ethically or even legally, it’s because they have simply misconstrued where their own true interests lie. I also believe that a goal of a curriculum devoted to introspective ethics is to set in motion a whole-life project devoted to both the process and the benefit of building character and the kinds of thinking necessarily antecedent to ethical decision making. I model this part of the course on Barbara Fredrickson’s “Broaden and Build” hypothesis.

But does it work? How can you objectively demonstrate an improvement in ethics? What kind of outcome measures would suffice? Here’s a true story: In 1980, a UCSF dental student hijacked an American Airlines jet to Cuba. Since that time, there have been many changes made in the school. Correspondingly, no more dental students have hijacked airplanes. Are the changes and the lack of hijackings related? Do no hijackings in 26 years qualify as an outcome measure? No. In other words, I don’t think that we’re looking for that kind of evidence. We’re not trying to prove that some intervention can be credited with a 50% decrease in the number of dental schools making headlines because of cheating scandals. Rather, we’re engaged in a very low-cost enterprise that has intrinsic value—like someone who enjoys working in the garden and who never expects the weeding to actually ever be finished. We don’t try to objectively prove that a concerto is beautiful because we all realize that “music is more than vibrations in air.” To paraphrase Cornelius Plantinga, in teaching ethics, we are ennobled by the transcendence of our object. And that should be sufficient.

A Final Note

I am not on a campaign to have this particular idea adopted in exactly the way I have developed it. My point is simply to recognize that many dental students have not yet thought through for themselves some key life issues that relate very closely to ethics in professional life. In that sense, I don’t think they’re ready to
experience our traditional ethics courses because we can make no assumptions about the set of boundary values that today's students bring to the table. Thus, I think some sort of remediation is helpful. I'm hopeful that these opinions will open a conversation about how to make our ethics courses intelligible and of consequence. I've taken one particular approach to the matter, but there are undoubtedly innumerable other ways the same goals could be accomplished. The bottom line is simply this: It's not about “statistical abstractions or points on a scatter diagram . . . [What’s] inside is what we, as fellow humans, are really after.”


Sommerville, op. cit.; 113-115.

Recently a patient who came for a consultation told me a disturbing story. She and five or six friends discovered that they all shared the same dentist, who had told each person that she needed two, three, or four crowns. They came away with the impression that the dentist was more interested in the income he could bring in by making crowns than in each individual person’s treatment. Because I tend to be very conservative, I told the patient I felt she needed one crown at most. With all the excellent new techniques and materials available, it isn’t necessary to crown teeth right away. I think that proposing unnecessary treatment diminishes us all as health professionals.

Dr. Gerald M. Klaczany, Class of 1986
Ethics, Integrity and an Aristotelian Road Map to Moral Excellence

Anthony T. Vernillo, DDS, PhD, MBE (Bioethics)
Professor, Department of Oral & Maxillofacial Pathology, Radiology & Medicine

If a patient asks a doctor for a procedure that, after careful evaluation, the doctor determines to be unsuitable, unnecessary or not in the best interests of the patient, but which the patient insists on having, what is an ethical response on the doctor’s part? Is there a limit on what procedures a patient can expect a doctor to perform? Where do the patient’s rights end and the doctor’s moral and social responsibility begin? These are questions of ethics and integrity, areas in which we still have much to learn from the ancient Greeks.

Ethics Is Not Arbitrary

Aristotle saw the ability to reason as the key to understanding ethics. According to Aristotle, “All people seek the good, not the way of their ancestors.” This means that people by nature are motivated to think and reason about what is necessary to achieve a good life, rather than mindlessly to adopt the ready-made moral judgments and traditions of previous generations.

Ethics is a generic term for various ways of understanding and examining the moral life. Ethicists and moral philosophers disagree on what might serve as the normative basis of moral judgment, but they do not disagree on the need for something normative. Ethics is a form of inquiry that

Dr. Anthony T. Vernillo

While on sabbatical leave from NYUCD during the 2004–05 academic year, Dr. Vernillo earned a Master’s degree in bioethics from the University of Pennsylvania School of Medicine and Center for Bioethics.
attempts to answer the question, “Which general norms for the guidance and evaluation of conduct should we accept and why?” Ethical theories attempt to identify and justify these norms. The fact that a person believes something is right or wrong is not enough; the moral philosopher insists that those beliefs must be justified by something normative, and the exploration of what is normative is the work of ethics.

Norms provide a set of guidelines for behavior. In the area of health professional ethics, norms include respect for autonomy (a norm of respecting the decision-making capacities of autonomous persons); nonmaleficence (a norm of avoiding the causation of harm); beneficence (a group of norms for providing benefits and balancing benefits against risks and costs); and justice (a group of norms for distributing benefits, risks and costs fairly).

But do these norms provide answers for the ethical dilemmas we face today? After all, we are the first generation to have to deal with such issues as brain imaging and brain privacy (neuroethics); artificial organs, including hippocampal brain implants and what it means to be human; facial transplantation, identity and self; stem cells, cloning and genetic engineering.

Given these issues, the debate can seem intractable, with all sides convinced of the validity of their position. For some, the solution is to believe that there are no absolute truths, and, therefore, that ethics is arbitrary. But if there are no absolute truths, there are no consequences, and hence no morality, leaving us adrift in a meaningless universe. By definition, ethicists and moral philosophers reject such thinking.

Dr. Paul Wolpe, a bioethicist at the University of Pennsylvania’s Center for Bioethics, notes that there is in fact widespread consensus on a number of ethical issues, including those involved in science policy. Current health professional norms may not answer all ethical questions arising from advances in science and technology, but he argues that they do demonstrate that consensus is possible. For example, Dr. Wolpe cites agreed-upon guidelines for the conduct of research and universal standards of informed consent, risk/benefit analyses, ethics review committees and subjects’ rights to participate or refuse to participate in
research investigations. These guidelines lay the foundation for reasoning together, and hence for ethical debate.

**Character, Wisdom and Virtue**

Ethics is also about character. In fact, the ancient tradition of thinking about ethics gave character centrality. The ancient Greek word *ethos*, from which we derive our term *ethics*, did not mean rules or norms; it meant, simply, character. Character is determined by how much wisdom (an understanding of how we ought to live) and virtue (a habit of acting in accordance with wisdom) one has in one’s life.

And how is character shaped? We learn from our teachers, who teach by example. Socrates taught Plato. Plato taught Aristotle. Aristotle taught Alexander the Great, even when Alexander wasn’t so great. Alexander, however, became great through association with the great man, Aristotle. That’s how it works. We become like the people we are around—not because of what they say, but because of what we see them do. Goethe stated it best, “Character calls forth character.”

Still, the character tradition in ethics holds that the core of morality is not about good actions, but is rather about good people, the idea being that good people will do good things. Character therefore is not first and foremost about what we do, but is rather who we are, as manifested in what we do. It is about settled habits of attitude and action. If we become wise and virtuous people, we perform wise and virtuous actions.

Virtues are understood to be characteristics, attitudes, habits or dispositions of character — integrity, trustworthiness, honesty — that aid us in living well together, in making a positive difference, in becoming the best people that we can be, and thus are foundations of human flourishing (Aristotle’s *eudaimonia*).

Morality is that domain of human endeavor concerned with identifying, cultivating and encouraging those virtues, or qualities, that facilitate ultimate human flourishing. For Aristotle, these ancient virtues included, but were not necessarily limited to, justice, truthfulness, honor and shame.

Aristotle maintained that we acquire virtues much as we do skills. Aristotelian ethical theory has long insisted that moral excellence is closely connected to virtues and moral ideals. Still, the Aristotelian model does not expect perfection, only that a person continually strive toward perfection. Whenever a person is on the continuum of developing character, there will be a goal of moral excellence that exceeds what he or she has already achieved. According to Aristotle, human beings ought to follow a moving target of excellence as a fundamental way of leading one’s life, including one’s professional life.

**Integrity**

In Aristotelian logic, to pursue virtue is to behave ethically, and integrity is the sum of that ethical behavior. Given this background, let’s return to the questions that began this essay, questions concerning the role of ethics and integrity in the doctor-patient relationship.
Integrity, considered by some to be the primary virtue in health care, can be defined as consistently upholding and standing firm on one's values. Two contemporary ethicists, Beauchamp and Childress, argue that problems in maintaining integrity sometimes arise not from straightforward moral conflict, but from demands that people abandon personal goals. People can feel violated if they feel they are being asked to abandon their commitments in order to pursue goals set by others.

Healthcare professionals sometimes confront this kind of situation when they refuse to comply with the requests of patients or with the decisions of their colleagues on the grounds that to do so would compromise or sacrifice their core beliefs. To put it another way, to compromise below the threshold of integrity is simply to lose it. We justify any actions or refusals to act on the grounds that if we acted otherwise, we would sacrifice our integrity.

People also sacrifice their integrity through manipulation and mendacity, inflicting harm on others, or treating other people as they would treat physical objects, as mere means to their own ends. According to Kant, we treat others as a mere means to an end when we force them to do something, or when we obtain their consent through coercion (overt or subtle), or dishonesty. The injunction against such behavior is absolute. A clinician who places his or her own interests above the well-being of the patient, by persuading a patient to have an unnecessary procedure, for example, is violating that injunction. A clinician is acting ethically and with integrity when his or her first question is: “Does the patient really need that procedure?”

Integrity is above all about an approach to life that does not vary depending on the situation. Ethics is about evaluation of a situation based on agreed-upon guidelines. Ethics inevitably employs determinations and judgments about values. It also means being brutally honest with ourselves and about the standards we set in our profession to benefit our patients and protect them from harm. Ultimately, it comes down to each of us. If we have the moral character to act virtuously, that is, ethically, we will influence others to do the same.

“Sometimes when students feel pressured to complete their requirements in a narrow time frame, there’s a tendency to perform too many procedures in one visit, resulting in inadequate patient care. This is something we all have to deal with because of the pressures of meeting our requirements for graduation, and it’s a challenge.”

Jocelyn Jeffries, Class of 2007
Scientific Ambition, Ethical Misbehavior and the National Interest: A Delicate Balance

A Conversation with Insoo Hyun, PhD
Assistant Professor of Bioethics
Case Western Reserve University
School of Medicine

Dr. Hyun received a BA and an MA in philosophy from Stanford University and a PhD in philosophy from Brown University. His predominant interest is in biomedical ethics. In the summer 2005, with the help of a Fulbright Research Award, Dr. Hyun collaborated with Korean bioethicists and with South Korean scientist Dr. Woo Suk Hwang to study the ethics of human research cloning. Subsequently, Dr. Hwang, who claimed to be the first scientist to make viable stem cell lines from cloned human embryos, was charged with scientific and ethical misconduct for having fabricated research data involving egg donations. On his return to the U.S., Dr. Hyun became a frequent commentator in the media on the Korean situation.

Dr. Hyun's long-term goal is to use his findings to begin building collaborative research projects between bioethicists in other countries and the U.S. who share an interest in studying the international and cross-cultural facets of human research cloning and embryonic stem cell research. He was recently appointed Chair of the Ethics and Public Policy Committee of the International Society for Stem Cell Research (ISSCR). In the conversation that follows, Dr. Hyun talks about what it means to be a bioethicist, what may have brought about the collapse of the Korean cloning experiment and what he believes the future holds for stem cell research.

Global Health Nexus (GHN): How did your interest in bioethics develop?

Dr. Hyun: I began as a graduate student in philosophy with a focus on ethical theory and epistemology – both core areas in traditional analytic philosophy. During my graduate work with Dan Brock, a very prominent bioethicist and philosopher, my first big entry into bioethics was a cloning issue. Right after Dolly was cloned by Ian Wilmut in 1997, President Clinton asked his National Bioethics Advisory Committee to come up with two position papers on the ethics of human cloning: one a religious ethics paper and the other a secular ethics paper. Dan Brock, as a member of the President’s Committee, was picked to do the secular ethics paper, and I was his research assistant. I had been a pre-med major in college until I switched to philosophy, and what I saw at that time was that bioethics was a way for me to combine my interests in biomedicine and science with philosophy.
GHN: What do bioethicists do?

Dr. Hyun: Bioethics is an extremely broad field and bioethicists are a very diverse lot. You have people who work in professional or medical ethics, relating to clinical issues between doctor and patient and in the clinic setting. They deal with ethical issues that are not completely answered by the law and are not purely religious questions, and they’re not medical questions exactly — they’re questions of deep personal values and human rights. Then you have people who do work in health policy, perhaps at the political level, who represent the voice of concern about the implications of health policy for society. Finally, there are those in biomedical research, who consider what implications come from biomedical technology. They serve as the voice of social concern in this area. Bioethicists are also active in teaching, academic publishing and government.

GHN: Both professionally and personally, you’ve had a bird’s-eye view into one of the most ethically controversial episodes in the history of embryonic stem cell research. Could you comment on that experience?

Dr. Hyun: In the spring of 2005, about a year after Dr. Woo Suk Hwang had published his first paper in *Science* claiming that he and his South Korean colleagues had cloned human embryos for the first time and had produced an embryonic stem cell line from one of these cloned embryos, I was awarded a Fulbright Faculty Research Fellowship to go to Korea for the summer to study the factors that had enabled Korea to make this advance. I eventually arrived in Seoul two weeks after the publication of Hwang’s second paper in *Science* announcing that his team had produced 11 patient-specific stem cell lines from embryos that were cloned from many different people. The Hwang team was at the height of their popularity internationally during the summer of 2005 — the period of my fellowship.

Dr. Hwang really liked the idea of my being Korean-American — in fact, as far as I know, I’m one of perhaps only two Korean-American bioethicists in the U.S. — and he gave me broad access to his team. Based on Dr. Hwang’s published claims that he and his team had been able to improve efficiency in egg donation, I wanted to study the consent process the team used as a basis for developing an ethical donation system that could be used by other scientists in other countries.

Initially, it appeared that the Hwang team followed rigorous informed consent procedures to procure eggs and somatic cells for their research. As events developed, however, it emerged that Dr. Hwang’s data was distorted, and rather than develop a more efficient system, his team actually had access to 2,000 eggs and was still not able to create a viable cloned stem cell line.

GHN: Before Dr. Hwang’s fabrications came to light, the South Korean government had provided massive public funding for the project. What type of cultural, legal and social environment made it possible for South Korea to invest so heavily in this research?

Dr. Hyun: Koreans, even those who are uncomfortable with embryonic stem cell research, felt an overwhelming sense of pride in Dr. Hwang’s earlier research and in what it appeared his team could further accomplish. This created a willingness to set aside religious qualms in favor of the future economic growth of the country. In other words, one set of values took precedence over another. Also, in Korea, the issue of stem cell research is not wrapped up in the abortion debate as it is in the U.S. Culturally and legally in Korea, an embryo has no protected status until it’s implanted in a woman’s body.

GHN: Might some of the same motivations that led the nation to support Dr. Hwang’s research also have contributed to the ethical breaches that occurred?

Dr. Hyun: Given the enormous public funding that Dr. Hwang had received, there was immense pressure on him to show very grand results. I think he may have thought that if he claimed to be the first scientist to make viable stem cell lines from cloned human embryos, someone somewhere in the world where active research is occurring in this area — in
China, India, Britain, Singapore, Sweden or the U.S. — would soon succeed at getting stem cells from cloned embryos, and his claims would be validated.

**GHN:** The possibility that he might have been willing to take credit for something he did not, in fact, accomplish indicates a lapse in integrity, as well as in ethics. Would you agree?

**Dr. Hyun:** Yes. The issue of integrity is central. Integrity means that you consistently act in accordance with your own principles of moral wholeness; in fact, the word shares a root with *integer* as it relates to wholeness and unity. To take credit for something that had not occurred is obviously in conflict with a posture of moral wholeness.

The issue of integrity is also relevant in terms of a society’s willingness to support stem cell research. When one is morally opposed to the destruction of a human embryo, it’s a challenge to preserve a sense of integrity, especially if one also appreciates the value of the long-term therapeutic aims of embryonic stem cell research. If you think that a pre-implantation embryo has rights, it’s very hard to accept its destruction, even if you also desperately want to see cures for serious medical conditions that may afflict some of your loved ones.

**GHN:** Do you think this conflict can ever be resolved?

**Dr. Hyun:** I do, because eventually some really significant clinical breakthrough will occur that will silence a lot of the debate. People need more than an abstract concept in order to get behind funding for stem cell research. When they see some kind of significant patient benefit — if the pluses outweigh the minuses — people will become more accepting. Just think back to the 1970s when the first in vitro babies were born. Initially, people thought it was unnatural and wrong, but once a lot of cute babies were born, they became more accepting. If you can envision the potential benefits for someone you love and are in a relationship with, it’s going to be very difficult to withhold support based on a much more abstract idea of the moral status of an embryo.
**GHN**: Why is embryonic stem cell research so important? Why not just study adult stem cells, which would not require the destruction of any human tissue?

**Dr. Hyun**: I think it’s important to pursue both kinds of research — it’s not an either/or situation. Embryonic stem cells are pluripotent — they can turn into basically any kind of tissue, whereas adult stem cells are much more limited. So while it’s very hard to clone even many animals and we’re still very far away from successful embryonic human cloning, there are nevertheless a number of immediate benefits to be had from studying embryonic stem cells. Take, for example, those that are genetically matched to particular diseases. We could set up models to study the progression of a particular disease — a kind of storyboard of the disease. We could watch the disease’s progress unfold without incurring the risks of studying it in a human being. This would also allow us to test drugs without the dangers inherent in human trials. So we would achieve both a better understanding of the disease and a better understanding of targeted therapies.

But adult stem cell research is important also. Indeed, one of the most promising directions in this area is nuclear re-programming of adult stem cells so that they behave like early-stage stem cells. Researchers in Japan are working on this.

**GHN**: That begs the question: Where does the U.S. stand in terms of stem cell research vis-à-vis the rest of the world?

**Dr. Hyun**: Human embryonic stem cell research is in dire straits in the U.S. We are ahead in adult stem cell research because there’s been funding in this area for the past 30 years. But unless there is a change in federal funding policy, we’re going to lose our advantage. Already there is a major brain drain of scientists from the U.S. to the U.K., Singapore, Japan and other countries that provide better funding for this research. Advantages will come where money is being spent.

**GHN**: Finally, what do you say to people who say that stem cell research is not cost-effective?

**Dr. Hyun**: Here is my answer. There is strong evidence that the most effective use of cloning and stem cell technology is for spinal cord injuries and diabetes, because these conditions would not require genetic manipulation of patients’ stem cells. And while the cost to undertake this kind of treatment would be great, so too would be the cost-effectiveness. Just think: It currently costs hundreds of thousands of dollars annually to provide care for a patient with a spinal cord injury. Also, the complications arising from diabetes in the U.S. cost our healthcare system millions. Stem cell research could reduce such medical expenses dramatically if it could lead to cures for both of these kinds of conditions. In fact, one could make a case that it would be unethical not to fund embryonic stem cell research for spinal cord injury and diabetes. There are major opportunity costs that must be acknowledged when the social choice is made to withhold funding.

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“**The way one deals with ethical challenges is so important to me and to our department that for the past four years whenever I interview prospective faculty members, I present them with various hypothetical scenarios requiring them to wrestle with an ethical challenge. Their responses are invaluable to me in assessing their potential as faculty members.**

Dr. Leila Jahangiri
Assistant Professor and Chair,
Blatterfein Department Of Prosthodontics”
Why I Chose This Path

I chose to become a nurse-attorney because as a disabled young nurse I felt increasingly left out of the medical decision-making process, and I believed that the law would empower me to become both a more successful self-advocate and an advocate for the countless others who, due to disability, education, language skills, etc., were also being ignored.

Early on, I learned that some people equated my loss of the ability to walk with an inability to continue to practice as a competent nurse. They also wondered whether my gender, race and ethnicity were factors in my diagnosis and treatment recommendations. These experiences made a powerful impression on me, and during my illness, while reading an article in a professional journal, RN, that spoke of new career pathways for nurses, I became intrigued by one career in particular: nurse-attorney. Two principles that underlie the study of ethics — autonomy and respect for persons — drew me to the law. Patients have choices, and when those choices are informed, they ought to be respected.

I contacted The American Association of Nurse Attorneys (TAANA) and learned that there were no courses per se leading to a combined degree as a nurse-attorney, and that I would have to go to law school. So I set out to find an ABA-accredited program that offered the most health law-related electives. Seton Hall University
School of Law, my school of choice, was the right fit for someone interested in combining both careers.

**Ethical and Legal Challenges Faced by Nurses**

Nurses who provide care across all settings regularly confront and are challenged by ethical and legal issues. Some of the most frequently cited legal and ethical issues concern advance directives, competence and decision-making capacity, decisions about life-sustaining treatments, organ and tissue donation, pain management, participation in research and the use of ethics committees.

When asked, nurses report that care of the dying is perhaps the most difficult and emotionally charged issue they face. How much should I do? Am I doing too much? What is too much? When should I stop? When should I let go? Nurses who understand the legal and ethical frameworks within which these questions arise, and such issues as the influence of culture and religion on decision making, are best prepared to provide optimal care to patients and families, to be zealous advocates on their behalf, and to work in effective collaboration with the Palliative Care and Hospice personnel who also care for the dying.
But nurses must be able not only to identify and address methods of problem solving relevant to the practice setting in which they work, and to the unique ethical issues in that setting — they must also be able to actively participate in policymaking, ethics committees and other formal forums for dispute resolution.

To that end, the American Nurses Association (ANA) has been active in developing Ethics and Human Rights Position Statements and has been involved in many of the policy issues our nation faces. For example, in 2000, the ANA Board of Directors addressed the need for nurses to participate actively in the public debate and to be able to speak to the ethical implications of policy developments. The ANA Board of Directors also determined that nurses must be present on governmental and nongovernmental ethics and policy boards engaged in examining the scientific, ethical, legal and social implications of advances in cloning and related technologies. The Board also recommended that continuing education programs focusing on the scientific and ethical intersections among issues such as cloning, gene therapy and stem cell advances be designed for nurses.

While each of these recommendations is empowering for nurses, I believe that some are not being implemented vigorously enough. I am concerned that we have done a better job of addressing issues related to the care of dying persons and to withdrawal of life support than to issues such as stem cell research and genetic testing. Nurses in daily practice do not feel adequately prepared to address these more complex and complicated ethical, social and political concerns. More needs to be done to equip graduate nurses to address many of the controversial issues in health care today.

While I was teaching at NYU from 1994–2005, we addressed this need. With the generous support of the Teagle Foundation, Inc., we were able to build upon our existing nurse-ethics efforts to establish relationships with other key New York City organizations and colleagues in order to link our students and faculty interested in this field of study. The mission of what became the NYU Program in Bioethics was to strengthen ethics education in baccalaureate programs and to prepare nurses to actively participate in ethics research, practice and policy efforts. Our objective was to equip nurses to articulate, analyze and respond to the complex ethical, legal, social and political aspects of their educational, practice and research roles. The NYU College of Nursing sponsored forums and conferences and collaborated with Montefiore Medical Center/Albert Einstein College of Medicine to offer a Certificate Program in Bioethics and the Medical Humanities. In addition, research opportunities for students and faculty were explored. Each of these efforts was
designed to position well-poised nurses into the pipeline to become leaders in nursing ethics education and practice, thereby advancing the ANA Board’s recommendations.

**New Challenges**

Having worked with civilian nurses my entire professional life, I am honored and most pleased to have been recruited to the Uniformed Services University of the Health Sciences in Bethesda, Maryland, to work with military nurses. Our motto, “Learning to Care for Those in Harm’s Way,” is truly a humbling thought as I present each and every lecture to our graduate and doctoral students. Since joining the faculty, my emerging clinical and scholarly interests include challenges of military ethics and, in particular, the unique challenges related to the role of the military healthcare providers in such situations as Abu Ghraib and Guantanamo Bay.

I want to add how pleased I am that the NYU Colleges of Dentistry and Nursing are working collaboratively to expand access to primary healthcare services for medically underserved New Yorkers. Creating partnerships to improve health is a fine objective. As director of Community Outreach and Information Dissemination at the Uniformed Services University Center for Health Disparities, my mission is to promote health-related change and ultimately to reduce health disparities among racial and ethnic minorities through research, education, training, community outreach and information dissemination. The NYU dentistry/nursing collaboration holds great potential to alleviate the disproportionate health burden borne by too many racial and ethnic minorities, who are dying prematurely and suffering from preventable diseases such as heart disease, stroke, cancer, diabetes, HIV/AIDS, infant mortality and vaccine-preventable diseases.

> Recently I saw an older patient who had misplaced his lower denture. Under Medicaid regulations, he was not eligible for another full lower denture until January. I wanted to begin treatment right away so that he would have his new denture in early January, on the same day that Medicaid would pay for it, but the rules prohibit it. If I were not so well acquainted with Medicaid guidelines, I might have overlooked them and proceeded to fit my patient with a new lower denture, which I believe was the reasonable and justifiable thing to do. I followed the guidelines, but wondered if there wasn’t something more that we could have done — maybe have a special fund at NYUCD to help such patients?

Justin J. Seaman, Class of 2008
I am usually ruffled when I hear the word “integrity.” Typically, the word is used in a way that suggests the speaker’s belief that everyone knows what integrity is, and that we all agree on its meaning. But do we all agree on what integrity means? Integrity is adherence to a set of values, which may or may not be widely held. Integrity among healthcare professionals denotes adherence to values of respect for individual autonomy, a commitment to act in the public’s best interest, avoidance of harm from all sources, truth telling, and equity and justice. But standing in front of a mirror, how many of us would honestly evaluate ourselves as strictly adhering to these values?

In 2004, Charles Bertolami, Dean of the University of California at San Francisco School of Dentistry, published an article in which he asserted that ethics curricula in dental schools accomplish nothing.1 Some ethics teachers were indignant because they believe that ethics curricula have never been better. A second article, published months later, responded to his critics.2 As I reflect on the two articles, I wonder if perhaps Dr. Bertolami had in mind a larger theme, one concerning the ethical standards and values within our profession — standards and values which mirror the crisis in ethics in the broader culture.
In his fascinating book, *The Cheating Culture: Why More Americans Are Doing Wrong to Get Ahead* (2004), David Callahan points out the general acceptance of cheating in our culture. He gives many examples, such as parents buying diagnoses of learning disability for their children to gain extra time on SATs and to become more competitive and attractive to top schools. He talks about healthcare professionals using procedure codes that do not represent actual diagnoses to get broader coverage from payers for their patients. He claims that Americans today have a dual moral compass, one relating to issues like property, sex and fidelity, and another that changes direction when it comes to issues of money, achievement and success. Extending this example, our mirror becomes two-faced and more — like circus mirrors that distort one’s image.

Dentists point with pride to the fact that the profession consistently ranks as one of the more trusted professions in society. This legacy of previous generations of dentists, who have earned their patients’ trust, is ours to lose.

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This legacy of previous generations of dentists, who have earned their patients’ trust, is ours to lose. On the one hand, dentists across the U.S. strive to be the best dentists possible. They meet and exceed requirements for continuing education. They accept their responsibility as respected members of their community and contribute in many ways to the quality of life for everyone.

On the other hand, some dentists compromise their ethics by developing treatment plans that focus on financial gain for the dentist rather than a shared plan that benefits the patient. The respect they have earned in other contexts will be lost when the public catches on that many dentists do not do a head and neck cancer screening as part of their oral examination. The public may become skeptical when they learn that some dentists, while interested in helping at the time of a catastrophe, do not have current certification in basic life support, much less training in catastrophe preparedness. The public will continue to be justifiably outraged when newspapers, like The New York Times, report alleged Medicaid fraud by dentists.

Ethics courses do not teach ethics. Done properly, ethics courses provide a forum for open dialogue about the values, beliefs and responsibilities we share as healthcare professionals. Effective ethics courses stimulate dialogue that extends beyond the hours allocated for the formal ethics courses. Ethics courses must empower students to raise issues with their peers, faculty members, dental school administrators and — yes — even the deans of the college. But does this approach extend beyond the dentist’s formal education? While several dentists are prominent in their advocacy of ethical reflection and are excellent role models in their personal and professional lives, dentists do not elect to take courses in professional ethics.

Former Dean Michael Alfano was fond of saying that “Good people make Good dentists!” This simple statement has profound implications. What is a Good person and who decides? If you do not lie, cheat or steal, is that enough? Is a Good person required to be compassionate, empathic and accountable? If we look in the mirror, see our reflection and cry, “You are Good!” does that qualify us as Good? I believe Mike Alfano reflected a high-minded view that Good people are willing to be measured by their actions, beliefs and values. The key word is “measured.” A person of integrity is humble and open to receiving feedback and evaluation.

Integrity is in large part an “inside job.” How do we feel about our actions in the last 24 hours? If we apply Callahan’s moral compass, how true is the direction we choose? Do we resist the temptation to add an additional procedure to an insurance claim form to add to our reimbursement? Do we recognize that we have no right to the additional payment? Do we spend extra time with an anxious patient and skillfully manage the situation without receiving recognition or compensation for that time?

I am convinced that not even the best teacher can “teach” ethics. We can foster dialogue and raise issues concerning our actions and the actions of others, including our elected leaders, who obfuscate issues by taking ambiguous stands. We can take a higher road by admitting that we do not know the answer to every question, and we can conduct research to find evidence to support our position. And then we can look in the mirror and be honest about what we see. Maybe the mirror really is the ultimate test of integrity.
The Ethical Challenge of Ensuring Minority Representation in Biomedical Research

TUSKEGEE LEGACY PROJECT STUDY OFFERS SURPRISING CONCLUSION:
Inadequate Recruitment and Retention Strategies, Rather Than Unwillingness to Participate, May Explain Low Representation by Minorities in Biomedical Research

The U.S. Public Health Service (USPHS) Syphilis Study at Tuskegee (1932 – 1972), a study of 400 syphilitic African-American male sharecroppers in Macon County, Alabama, who were followed for 40 years so that researchers could observe the effects of untreated syphilis on various organ systems, is arguably the most infamous biomedical research study in U.S. history. Today there is a widespread belief that a major legacy of that study is a strong reluctance among African Americans to participate in clinical research studies for fear of further abuses. But is that true? A new study, The Tuskegee Legacy Project, led by Dr. Ralph V. Katz, Professor and Chair of the Department of Epidemiology & Health Promotion, finds no difference among Blacks, Hispanics and Whites in self-reported willingness to participate in biomedical research, although the two racial/ethnic groups are 1.8 times as likely as Whites to have a higher fear of participation in biomedical research. The study appears in the November 2006 issue of *The Journal of Health Care for the Poor and Underserved*, published by Johns Hopkins University Press.

According to Dr. Katz, the results present an ethical challenge to researchers, who are mandated by NIH guidelines to include all groups in biomedical research in order to get a true picture of the health of Americans. Efforts to recruit and retain minority participants for ongoing and future biomedical research therefore must become more aggressive, says Dr. Katz. “Essentially what we learned is that the reason Blacks have been underrepresented in research studies is that while they were willing to participate, they were not invited.”
A pair of identical twins develops caries on the same tooth surfaces over the course of several years. Their dentist wonders: How much of a role does genetics play in this pattern?

In an effort to explain how genetics and the environment interact in caries development, NYU dental researchers Dr. Walter Bretz, Associate Professor of Cariology and Comprehensive Care, and Dr. Patricia Corby, Assistant Professor of Periodontology and Implant Dentistry, have assembled 1,100 pairs of twins — the largest group of twins ever gathered for oral health research — to assess the relative significance of 15 potential factors in caries development, including anatomical problems, such as porous enamel and deep pits and fissures; salivary protein profiles; oral bacteria levels; sucrose taste preferences and other factors linked to both genetics and the environment; as well as socioeconomic concerns, such as a lack of access to fluoridated water and dental care. By the conclusion of their five-year study, funded by a $1.7 million grant from the National Institute of Dental and Craniofacial Research (NIDCR), the researchers will develop a risk-assessment equation that assigns numerical values to various factors in caries development.

The 1,100 twin pairs assembled by Dr. Bretz and Dr. Corby, both natives of Brazil, include both male and female identical
and fraternal twins up to 21 years of age living in disadvantaged neighborhoods in the northeastern Brazilian city of Montes Claros, where inadequate water fluoridation and inability to access dental care put residents at risk for caries.

Because they live together and have similar dietary habits and health practices, twins are considered excellent subjects for research that compares caries development in people of the same age from similar environments.

One method used to identify a genetic predisposition to caries is to compare identical twins — who share all their genes — against fraternal ones, who share an average of half their genes. If identical twins tend to develop caries one way, while fraternal twins show no equivalent pattern, investigators may infer that genetics plays a leading role. Conversely, if caries development follows similar patterns in both identical and fraternal twins, environmental factors may be the chief factor.

Preliminary results from the study support a strong role for genetics. For example, the researchers observed high levels of caries-causing bacteria in identical twin pairs, but no similar level of colonization in fraternal pairs.

Working in collaboration with Dr. Thomas Hart, a geneticist at the NIDCR, Dr. Bretz and Dr. Corby also will conduct research that identifies specific genes contributing to caries. Ultimately, this research could lead to new methods for identifying those most at risk for caries, such as genetic tests that dentists could administer chairside.

Dr. Bretz noted that the study’s twin research model also could be used to study the development of other diseases.
Can periodontal infections increase the risk of developing Alzheimer's disease? A one-year pilot study by the College of Dentistry, in collaboration with the NYU School of Medicine, seeks to answer this question with the help of a grant from the School of Medicine’s Alzheimer's Disease Center.

The study’s principal investigator, Dr. Angela Kamer, an Assistant Professor of Periodontology and Implant Dentistry, hypothesizes that inflammatory molecules associated with periodontal disease increase Alzheimer’s risk by further elevating the high level of brain inflammation that contributes to Alzheimer’s pathogenesis. To test this hypothesis, she is examining plasma samples from 200 subjects — approximately half of them Alzheimer’s patients, the other half healthy people — to determine if a greater proportion of the Alzheimer’s subjects had elevated levels of antibodies to periodontal bacteria.

Dr. Kamer is using plasma samples originally gathered for other studies on aging, memory loss and early Alzheimer’s diagnosis by her lead coinvestigator, Dr. Mony de Leon, Director of the School of Medicine’s Center for Brain Health. Her other coinvestigators include Dr. Miroslaw Brys and Dr. Lidia Sobranska, both visiting physicians at the Center for Brain Health; Dr. Ronald G. Craig, an Associate Professor of Basic Science and Craniofacial Biology and of Periodontology and Implant Dentistry; and Dr. Ananda Dasanayake, Professor of Epidemiology & Health Promotion, both at the College of Dentistry.

Other recent College of Dentistry/School of Medicine collaborations on oral-systemic health links include an in-depth, NIH-funded study on preterm birth risk factors that is expected to shed light on the link between periodontal disease and prematurity, and a study that showed that pregnant women with high levels of oral bacteria associated with dental caries were at risk for delivering preterm, low birth weight babies.
Early tests on a new coating for orthodontic brackets and wires developed by NYUCD researchers suggest that it could inhibit plaque growth and decalcification common in patients wearing fixed appliances without decreasing the bond strength between brackets and teeth.

The NYUCD researchers observed minimal plaque and calculus formation on teeth surrounding the coated braces and no significant difference in bond strength between coated and uncoated braces during their two-year in vitro study.

The coating is made from a calcium phosphate base that releases zinc — a common ingredient in mouthwash and toothpaste — onto braces and surrounding teeth. Zinc inhibits the growth of acid-producing bacteria that demineralize teeth, and it minimizes dental calculus formation. The coating would be inexpensive to produce, would not require FDA approval, and could be available to market pending patent approval and further testing in patients, said principal investigator Dr. Racquel Z. LeGeros, Professor and Associate Chair of Biomaterials and Biomimetics and the Linkow Professor of Implant Dentistry.

This is believed to be the first time that such a calcium-phosphate coating has been studied. Efforts to stem plaque and calculus formation in orthodontic patients with other methods, such as applying fluoride-releasing tooth varnishes or performing laser therapy around brackets, have had limited success and have diminished bond strength in some cases.

Dr. LeGeros collaborated on the study with Dr. John LeGeros, an Adjunct Professor of Biomaterials and Biomimetics, and Dr. Jae Hyun Park, a 2005 graduate of the MS in Biomaterials Science and Certificate in Orthodontics programs. Dr. Park’s research won him the NYUCD Orthodontics Research Award as well as First Place in the American Association of Orthodontics resident scholars competition.
Dr. Walter A. Bretz Appointed Associate Professor of Cariology and Comprehensive Care

Dr. Walter A. Bretz, an authority on the role of genetics in oral disease, has been appointed an Associate Professor of Cariology and Comprehensive Care. Dr. Bretz holds both a master’s degree and a PhD in oral epidemiology from the University of Michigan School of Public Health, a DDS degree from Federal University of Rio de Janeiro School of Dentistry in Brazil, a Certificate in Cariology and Dental Sciences from the University of Michigan School of Dentistry and a Certificate in Oral Microbiology from the University of Michigan Schools of Dentistry and Medicine. He previously served as an Associate Professor of Pediatrics and Developmental Sciences at the University of Pittsburgh School of Dental Medicine. Dr. Bretz has assembled 1,100 pairs of twins — the largest number ever for oral health research — to study possible genetic causes of caries (see related article on page 32).
Dr. Patricia Corby Appointed Assistant Professor of Periodontology and Implant Dentistry and Assistant Director of the Bluestone Center for Clinical Research

Dr. Patricia Corby, an expert on oral microbial genetics research, has been appointed an Assistant Professor of Periodontology and Implant Dentistry and Assistant Director of the Bluestone Center for Clinical Research. Dr. Corby holds a DDS degree from Fundacao Tricordiana de Educacao in Minas Gerais, Brazil, an MS degree in biomedical informatics from the University of Pittsburgh School of Medicine and a certificate in molecular biology/microbial genetics from the Forsyth Institute. She also completed specialty training in periodontics and in implants at Universidade Instituto de Ciencias da Saude de Universidade Paulista in Sao Paulo, Brazil. She previously served as an Assistant Professor of dental public health at the University of Pittsburgh School of Dental Medicine and as a Research Associate in Oral and Developmental Biology at the Harvard University School of Dental Medicine.

Dr. Wayne Kye, ’01, has been appointed a Full-Time Clinical Assistant Professor of Periodontology and Implant Dentistry. Dr. Kye also holds an MS degree in Oral Biology and a Certificate in Periodontics from the University of Maryland Baltimore College of Dental Surgery.
MORE of the BEST

DR. MARJAN MOGHADAM, a graduate of both the DDS program, ’02, and the Advanced Education Program in Prosthodontics, ’06, has been appointed a Clinical Assistant Professor of Prosthodontics. Dr. Moghadam also holds a Master’s Degree in psychology from NYU.

DR. SANG-CHOON CHO has been appointed a Full-Time Clinical Assistant Professor of Periodontology and Implant Dentistry. A graduate of both the DDS program and the Advanced Program in Implant Dentistry for International Dentists, Dr. Cho also holds a dental degree and an MS degree from Kyungpook National University in South Korea. In addition to teaching and conducting research at NYUCD, Dr. Cho also serves as a liaison to the NYUCD South Korean Alumni Study Club.

MR. STEVEN BOLAN, formerly Director of the Academic Support Center at Stevens Institute of Technology, has been appointed Director of Student Affairs. Mr. Bolan holds a Master’s degree in speech communications studies from Emerson College.
DR. GIUSEPPE CARDAROPOLI, formerly an Assistant Professor of Periodontology at the University of Siena, Italy, has been appointed an Assistant Professor of Periodontology and Implant Dentistry. Dr. Cardaropoli holds a DDS degree from the University of Turin, Italy, and a certificate and a PhD in periodontology from Goteborg University in Sweden.

DR. DENISE FORAN, a graduate of the Advanced Education Program in Endodontics, ’06, has been appointed a Clinical Assistant Professor of Endodontics. Dr. Foran holds a DDS degree from Stony Brook University School of Dental Medicine and was the Chief Resident in the General Practice Residency Program at Staten Island University Hospital’s Department of Dentistry.

DR. CHRISTIAN STAPPERT, a graduate of the MS in Biomaterials Science Program, ’06, has been appointed an Assistant Professor of Periodontology and Implant Dentistry. Dr. Stappert holds a DDS degree from the Johannes Gutenberg University in Mainz, Germany.
DR. AMY TRUESDALE, Advanced Education Program in Pediatric Dentistry, ’04, has been appointed a Full-Time Assistant Professor of Pediatric Dentistry. Dr. Truesdale is one of the dentists supervising care on the Smiling Faces, Going Places mobile dental van.

MS. DIANNE SEFO has been appointed a Full-Time Instructor in Dental Hygiene. Ms. Sefo holds an AAS degree in dental hygiene from Monroe Community College.

DR. ENISA BEGIC has been appointed a Full-Time Instructor in Cariology and Comprehensive Care. Dr. Begic holds a DDS degree and an advanced education certificate in general dentistry from Stony Brook University School of Dental Medicine.
Ms. Elyse Bloom
Promoted to Assistant Dean for Communications and Public Affairs

Ms. Elyse Bloom, formerly Senior Director for Public Affairs, has been promoted to Assistant Dean for Communications and Public Affairs. The Office of Communications and Public Affairs is responsible for developing and implementing communications strategies for press, publications, marketing and public relations operations on both a day-to-day and a long-range basis, and it also plays a key role in fostering positive government relations. The position of Assistant Dean for Communications and Public Affairs reflects the increased strategic importance of communications, public affairs, marketing and government relations at NYUCD.

Dr. Ananda P. Dasanayake
Promoted to Professor of Epidemiology & Health Promotion

Dr. Ananda P. Dasanayake, formerly Associate Professor of Epidemiology & Health Promotion, has been promoted to Professor of Epidemiology & Health Promotion. Dr. Dasanayake, who joined NYUCD in 2001, has been pivotal in expanding clinical research training at NYUCD through his leadership of the Master of Science Degree in Clinical Research Program and the Certificate in Clinical Research Program, which recently celebrated their fifth anniversary (see related story on page 68).
**MS. JANE ROSENTHAL** has been promoted to Assistant Director of Student Retention and Academic Advising in the Office of Student Affairs and Admissions. Ms. Rosenthal, who joined NYUCD in 2004 as a learning specialist, holds a master’s degree in education from the University of Pennsylvania. In her new position, she is responsible for monitoring academic progress, as well as for helping students enhance their learning and test-taking skills.

**DR. ANDREW B. SCHENKEL,** Clinical Assistant Professor of Cariology and Comprehensive Care, has been promoted to Group Practice Director. Dr. Schenkel’s focus is on better integration of preclinical and clinical training.

**DR. MOREY J. GENDLER,** Clinical Assistant Professor of Cariology and Comprehensive Care, and a privately practicing dentist for over 20 years, has been promoted to Group Practice Director. Dr. Gendler is dedicated to mentoring students to become highly skilled clinicians.

**MR. PATRICK MINSON,** Assistant Director of Development, has been promoted to Associate Director of Development. The promotion recognizes Mr. Minson’s role in increasing alumni giving to NYUCD.

**MS. ASHLEY SHARP,** Alumni Outreach Coordinator, has been promoted to Assistant Director of Alumni Affairs. Ms. Sharp is responsible for organizing events designed to motivate alumni to reconnect with NYUCD.
**MS. LISA B. STEFANOU.** Clinical Assistant Professor of Dental Hygiene and Director of Dental Hygiene Enrollment Services, has been promoted to Clinical Associate Professor of Dental Hygiene. Ms. Stefanou holds an AAS degree in Dental Hygiene from the Forsyth School for Dental Hygiene, a BS degree in health education from Northeastern University’s Bouve College of Health Sciences and an MS degree in public health from NYU’s Steinhardt School of Education.

**MS. SUSAN ABRAHAM,** Executive Assistant to the Executive Associate Dean for Finance and Administration, has been promoted to Director of Administration. Ms. Abraham’s responsibilities range from coordinating facilities expansion, renovations, relocations and public sector funding opportunities, to overseeing the Administration Office support staff.

**MS. KATE GAFFNEY,** Human Resources Manager, has been promoted to Assistant Director for Human Resources. Ms. Gaffney is responsible for staff and administrator recruitment, employee relations, compensation and performance management.

**DR. LAURENT DEJEAN** has been promoted to Assistant Professor of Basic Science and Craniofacial Biology. Dr. Dejean earned Master’s degrees in neuroscience and in biochemistry and cell biology and a PhD in biochemistry and cell biology, all from the University of Bordeaux in France.
G L O B A L  H E A L T H

Focus on International Faculty

DR. ANANDA P. DASANAYAKE: SHAPING HEALTH POLICY AT THE GLOBAL LEVEL

The New York State Department of Health & Mental Hygiene recently included oral health screenings for the first time in its recommended healthcare guidelines for pregnant women. In Santiago, Chile, health officials went one step further, making periodontal screenings mandatory for expectant mothers.

The new guidelines were prompted by research conducted by Dr. Ananda P. Dasanayake, Professor of Epidemiology & Health Promotion and Director of the MS and Certificate Programs in Clinical Research, and his colleagues in other countries, which established a connection between a mother’s untreated periodontal disease and a heightened risk of preterm, low birth weight delivery.

When Dr. Dasanayake and colleagues in his native Sri Lanka conducted a follow-up study on pregnant women free of the tobacco, alcohol and illegal drug use reported in some earlier research subjects, they found no significant association between periodontal disease and preterm low birth weight, a possible indication that previously reported associations may have been linked to consumption of these substances. (Another study, published in November in *The New England Journal of Medicine*, found no significant difference in preterm birth weight rates between mothers with treated and untreated periodontitis.)

Dr. Dasanayake has also teamed up with investigators in Asia to study cultural and behavioral factors influencing oral health, such as the connection between tobacco chewing, which is common in South Asia, and oral cancer rates in the region, and an increase in caries among Sri Lankan aborigines who adopt Western diets high in sugar-saturated foods.

“Collaborating with overseas colleagues will continue to be one of my priorities because of the positive effect we can have on public health policy, both in the United States and abroad. Some of the countries where I conduct research, though very poor, have better indicators of health (such as infant mortality rates) than the United States has. We can learn a great deal from these countries in our efforts to reduce racial, economic, and other health disparities.”

Collaborating with overseas colleagues will continue to be one of my priorities because of the positive effect we can have on public health policy, both in the United States and abroad.
Dr. Racquel Z. LeGeros has made over 100 trips abroad to present her research on calcium phosphates to colleagues at overseas universities and scientific congresses. In the process, she has helped to found an international scientific community dedicated to researching calcium phosphate in teeth and bones, calcification’s impact on oral and systemic function, and calcium phosphate biomaterials for bone and soft tissue repair, replacement and regeneration. In October, she was awarded an honorary doctorate for her work in the field of international biomaterials research by the University of Nantes, where she has been a visiting scientist for much of the past 20 years (see related story on page 75).

Dr. LeGeros, a native of the Philippines who is Associate Chair and Professor of Biomaterials and Biomimetics and the Leonard I. Linkow Professor of Implant Dentistry, emphasizes that her international activities are always a two-way street. In fact, she says, she has learned much about biomaterials development during her travels, which have taken her to universities in Japan, China, France, Tunisia, Thailand, Australia, Kazakhstan and Saudi Arabia, among other places.

“Two years ago,” she recalls, “I learned about an outstanding example of technology transfer at Wuhan University of Technology, in China, where scientists develop biomaterials for bone repair, and then manufacture and ship the finished product directly to hospital clients.

“When I visited Chulalongkorn School of Dentistry in Thailand in 1996, a colleague demonstrated how bones of sheep, cows and pigs were used as a filter, to absorb excess fluoride from the local water supply. And I learned of innovative ways to tap calcium phosphate from rock deposits in North Africa when I visited the Tunisian Institute of Science and Technology ten years ago on a mission sponsored by the U.S. Agency for International Development’s Tunisia Technology Transfer Project.

“There is always so much to learn. My colleagues and I energize one another; we have a shared focus; and we are dedicated to exploring all the amazing possibilities for the use of calcium phosphates for medical and dental applications.”
Dental hygiene educators from European countries with growing immigrant populations were among those gathered last April in Amsterdam to learn how NYUCD trains dental hygiene students to communicate with its ethnically diverse patient population. The occasion was “International Week,” an annual event sponsored by InHolland University’s dental hygiene school. Professor Cheryl Westphal, Assistant Dean for Allied Health Programs and Director of the Dental Hygiene Program, described patient-care scenarios that students encounter in NYUCD’s cultural sensitivity training program — a mandatory part of the curriculum. A second presentation, by Ms. Janet Tuthill, Clinical Assistant Professor and Academic Coordinator of the Dental Hygiene Program, described how NYUCD has integrated dental hygiene student training with DDS clinical training, offering a potential model for the European schools.
First India Outreach Planned for December 29 - January 6

Members of the NYUCD international program team will ring in the New Year in a very special way — by conducting the first-ever outreach visit to India to provide care for the people of Gadhshisha, a rural village of 60,000 people with no local dentist.

The trip was initiated by Dr. Girish Shah, Clinical Associate Professor of Oral and Maxillofacial Pathology, Radiology & Medicine, who, in addition to having family in India, enjoys a personal relationship with a trustee of the Shree Bidada Sarvodaya Trust, which 30 years ago established a free hospital clinic and rehabilitation center in the city of Bhuj to provide medical care for people in the surrounding villages, including Gadhshisha. The hospital has only one full-time dentist and two dental assistants.

Each January, the Shree Bidada Sarvodaya Trust sponsors an annual healthcare festival, which attracts over 130 volunteer physicians from around the world who provide physicals, ENT, ophthalmic, dermatology, urology and cardiology services. Until NYUCD stepped in, however, dental care was not part of the program.

In October, Dr. Shah and Ms. Lauren Meyers, Programs Administrator in the Office of International Programs and Development, made a pre-program site visit to Gadhshisha, where they met with local officials and villagers to plan for the outreach.

After flying to Mumbai (formerly Bombay), traveling to Bhuj to meet the head of the hospital and the sole dentist, and then driving an hour through the desert to reach Gadhshisha, Ms. Meyers and Dr. Shah were warmly welcomed by the villagers and greeted by the village Saint, who blessed the outreach plans.

From December 29 to January 6, 2007, the outreach team, consisting of 15 DDS students and six faculty and staff members, will be in Gadhshisha, where they will set up a temporary clinic in one of the seven local high schools. The clinic will provide preventive, restorative, surgical and educational services. Based on pre-screening done by the hospital, it is estimated that a staggering 26,000 people need dental care. Look for a follow-up story in the next issue of Nexus.
Dr. Daniel Malamud Receives $9M NIH Grant for Oral Fluid-Based Diagnostics

DETECTION OF PATHOGENS IN MINUTES, NOT HOURS, WILL IMPROVE PATIENT CARE

“Most molecules that are in blood are also in an oral fluid sample,” notes Dr. Malamud. “There are numerous benefits to the oral sample over the drawing of blood. It’s generally cheaper, because you don’t need a trained phlebotomist; oral testing poses a lower risk of infection to the healthcare provider; and in pediatric or geriatric cases, rubbing a wand inside the mouth is much more desirable than getting stuck with a needle.”

This device could be used in a doctor’s office, emergency room, public healthcare setting or in a mobile response unit to collect a sample, and within minutes, not hours or days, a diagnosis can be made, thus permitting rapid therapeutic intervention.

Dr. Malamud joined NYUCD in the fall of 2005 and has been involved in HIV research for the past 15 years. The present device will be tested using clinical samples to detect HIV infection along with several bacterial and viral diseases that occur as opportunistic infections in HIV/AIDS patients.

The NIDCR grant supports a cooperative research program, which includes Dr. Malamud as the principal investigator, with subcontracts to the University of Pennsylvania School of Engineering, the Chemistry Department at Lehigh University, and the Cell and Molecular Biology Department at Leiden University Medical Center in the Netherlands.

Dr. Daniel Malamud

Dr. Daniel Malamud, Professor of Basic Sciences and Craniofacial Biology, was recently awarded a five-year, $9 million grant from the National Institute of Dental and Craniofacial Research (NIDCR), part of the NIH, to continue developing a portable, credit card-size microfluidic “lab-on-a-chip” for rapid point-of-care detection of multiple bacterial and viral targets using oral fluids.

The device uses a disposable cassette in which a fluid sample is divided into a series of channels, and then a series of reactions are carried out to amplify the sample and detect specific bacterial or viral signals. It will be possible to simultaneously detect the presence of 10 or more different infections using Up-converting Phosphor Technology (UPT) and an existing reader.
College of Dentistry Shares $1M NIDCR Grant to Study Jaw Osteonecrosis

PEARL Network

Practitioners Engaged in Applied Research and Learning

The National Institute of Dental and Craniofacial Research (NIDCR) has awarded the PEARL Network, a regional practice-based research network at the College of Dentistry, a $1 million, one-year, jaw osteonecrosis research grant, in conjunction with two other regional networks, the Dental Practice-Based Research Network of the University of Alabama at Birmingham School of Dentistry and the Northwest Practice-Based Research Collaborative in Evidence-Based Dentistry at the University of Washington School of Dentistry in Seattle.

The PEARL (Practitioners Engaged in Applied Research and Learning) Network was established in April 2005 with a $26.7 million grant from the NIDCR to create a network of private dental practitioners engaged in research of immediate relevance to the profession and the public.

The study is being led by Dr. Ananda P. Dasanayake, a member of the PEARL Network’s executive management team and a Professor of Epidemiology & Health Promotion at the College of Dentistry.

*Jaw osteonecrosis is a rare but serious condition that involves severe loss, or destruction, of the jawbone.*
NYUCD to Collaborate on College of Nursing Grant to Develop Interdisciplinary Geriatric Research Center

MULTIPLE NYU SCHOOLS INVOLVED

NYUCD will partner with the NYU College of Nursing (NYUCN) on a major two-year grant funded by the RAND Corporation, with support from The John A. Hartford Foundation, to develop a center focused on improving the health of older adults through innovative, interdisciplinary research. NYU is one of seven institutions nationwide to receive the grant, known as the “Building Interdisciplinary Geriatric Health Care Research Centers Initiative.” The award signifies both the ongoing importance of NYU’s work in the field of geriatrics and the promise of significant future contributions.

The new research center will capitalize on existing strengths in geriatric research and training at NYU, bringing together extensive gerontological expertise at NYUCN with that at NYUCD, the School of Medicine (SOM), School of Social Work and the Robert F. Wagner Graduate School of Public Service. Its mission is to develop and study innovative clinical and health-services interventions in geriatrics, and to provide interdisciplinary research and training opportunities for new and established investigators.

The grant will focus on the following three pilot studies:
- The first study, involving NYUCN, NYUCD and SOM, will test an innovative methodology for estimating the prevalence and incidence of elder abuse — a significant contributor to morbidity and mortality among older adults — in a large sample of community-dwelling elderly.
- The second study, involving SOM and the Wagner Graduate School of Public Service, aims to expand the reach of a highly successful falls screening and prevention program by offering screening, assessment and intervention within naturally occurring retirement communities (NORCs).
- The third study, involving NYUCD, NYUCN and the School of Social Work, will assess the burden of xerostomia — or dry mouth — on the geriatric patient population at the Nursing Faculty Practice located within NYUCD. Researchers will investigate its causes, develop treatments for individual patients and determine the impact of the syndrome on subjects’ quality of life.

Ms. Rose Knapp, Adult Nurse Practitioner, with a patient.
Dr. Cristina Teixeira has received a $650,000 grant from the National Institute of Dental and Craniofacial Research (NIDCR), part of the NIH, to study how to manipulate the spread of nitric oxide, a powerful gas that signals temporary cartilage cells to grow bone.

Understanding how to control nitric oxide could provide scientists with one of the tools needed to engineer cartilage implants that convert into maxillofacial bone. Nitric oxide gas is one of many mechanisms that cartilage cells use to stimulate their conversion into long bones, such as vertebra and ribs, in embryos and young children. Dr. Teixeira, an Assistant Professor of Orthodontics and of Basic Science and Craniofacial Biology, hypothesizes that these growth mechanisms could also spur implanted cartilage to grow into bone large enough to fill the gaps in cleft palate and head and neck cancer patients. “Bone formed from cartilage would thus have an advantage over direct bone grafts, which cannot expand,” says Dr. Teixeira. A separate study, funded by a grant from the American Association of Orthodontists Foundation, looks at whether chicken cartilage cells implanted in mice can spontaneously induce bone formation.
Are low-tar cigarettes less hazardous to health than regular cigarettes? Although some studies suggest that low-tar cigarette smoke is slightly less toxic, the research has been limited to tobacco’s effects on laboratory animals.

Now, the National Institute of Dental and Craniofacial Research (NIDCR), part of the NIH, has awarded a two-year, $320,000 grant to an NYU dental team to test a unique new method for comparing early changes in human cells exposed to smoke from regular and low-tar cigarettes. The study will also test early changes in human cells from an ultra low-tar version that the tobacco industry claims is less toxic because it heats tobacco instead of burning it.

The team’s method is to observe changes occurring after liquefied tobacco smoke is added to a mixture of normal human oral cells and rat cells. The rat cells are genetically engineered to act as sensors detecting mutations in human cells exposed to tobacco smoke. These mutations, beginning as soon as two weeks after exposure, can represent the earliest stage of oral cancer. At the conclusion of the study, the researchers will assess which kind of cigarette smoke caused the greatest number of mutations. A significantly higher mutation rate would indicate a greater cancer risk.

“Our study will be useful for comparing the cancer risk of different cigarettes,” said the team leader, Dr. Joseph Guttenplan, a Professor of Basic Science and Craniofacial Biology. Dr. Guttenplan’s coinvestigators are Dr. Peter Sacks, Professor of Basic Science and Craniofacial Biology, and Dr. Fang-An Chen, Adjunct Professor of Oral and Maxillofacial Surgery.
A gift of $1 million from Dr. Gerald P. Curatola, Class of 1983, will create the Curatola Wing for Clinical Research. To be located in the College’s Bluestone Center for Clinical Research, the Curatola Wing will focus on developing new and innovative approaches to building wellness models.

An international leader in aesthetic dentistry and a Clinical Associate Professor of Cariology and Comprehensive Care, Dr. Curatola is dedicated to advancing the concept that oral health is a vital component of longer and healthier living. Dr. Curatola said that he was moved to make his gift by the enormous potential that he sees for dentistry to play a leadership role in creating wellness-based initiatives that can improve the health of people around the world. Research conducted in the Curatola Wing will include both clinical research and translational research — so called because it translates novel basic science findings into testable hypotheses for evaluation in clinical trials.

Dr. Curatola’s previous philanthropy to NYUCD includes a generous gift to name the Dr. and Mrs. Gerald Curatola Nursing Station, also located within the Bluestone Center. In addition to supporting NYUCD, Dr. Curatola is committed to charitable ventures around the world, including a current project to build a medical/dental clinic in Andhra Pradesh, India, at a children’s orphanage and home.

Dr. Gerald and Georgia Curatola
Since its launch in the fall of 2006, the fund to create the Tarnow Wing for Periodontology and Implant Dentistry has rapidly gained momentum. From across the country and around the world, friends and colleagues of Dr. Tarnow’s have been making generous gifts to enable NYUCD to construct the Tarnow Wing, a full floor that will be dedicated to the concept that patients requiring implant dentistry and periodontal care are best served by an interdisciplinary approach. The Tarnow Wing honors a global leader in both periodontology and implant dentistry, Dr. Dennis P. Tarnow, Professor and Chair of the Ashman Department of Periodontology and Implant Dentistry.

A key person in building the fund’s momentum has been Ms. Kate Matsumoto, CDE Short-Term International Program Director, who serves as a liaison between the dental community in Asia and NYUCD’s Continuing Education Program. In just a few months, Ms. Matsumoto has generated a total of $450,000, representing 18 gifts of $25,000 each from dentists throughout Asia.

“When I was informed about the campaign to raise funds to build the Tarnow Wing for Periodontology and Implant Dentistry, I immediately wanted to join the effort. I know the high esteem in which Dr. Tarnow is held by his students, friends and colleagues and was certain that they would wish to be as generous as possible. Like me, they feel that the naming of the Tarnow Wing is a most appropriate honor and recognition of his excellent teaching, scholarship and clinical ability. In addition, we feel that the environment in which dental education takes place plays a vital part in the learning experience. Dentists from all over the world come to NYUCD to update their knowledge and skills by learning from experts in their respective fields; accordingly, NYUCD should have an environment that matches these dentists’ expectations. With the help of Assistant Dean for Continuing Education Ken Beacham and Dr. Tarnow’s many devoted friends and colleagues, I look forward to continuing my efforts on behalf of the Tarnow Wing.”

Ms. Kate Matsumoto
Just in Time for the Holidays
Great Tax-Planning News from Washington

The new Pension Protection Act lets you make an annual charitable gift from your IRA — entirely tax free — while satisfying all or part of your required minimum distribution for the year. Here are some points to consider:

• You must be 70 1/2 years of age
• Tax benefits apply for gifts up to $100,000 per year in tax years 2006 and 2007 only
• Your IRA Account Administrator must make the distribution directly to charity
• Only outright charitable gifts can be made (not life-income gifts such as charitable tax annuities)

We hope that you will take advantage of this new, limited-time tax break that can greatly benefit both you and NYU.

In 2006 and 2007 only, you can use your IRA to make an annual gift to NYU, satisfy or prepay a current pledge, or establish a named scholarship or other permanent fund at NYU. Not only will you lower your tax burden, you will help secure the future of NYUCD.

To learn more, please contact Alan Shapiro, Esq., NYU’s Director of Gift Planning, at 212.998.6960 or e-mail alan.shapiro@nyu.edu.

For a limited time, you can avoid tax on your IRA distribution while supporting NYU!
NYUCD in the News
A sampling of recent news coverage:

**Crain’s New York Business** announced the appointment of Dr. Michael C. Alfano, former Dean of NYUCD, as Executive Vice President of NYU. The appointment was also announced in the ADA News, New York State Dental Journal, the Villager and NYU Today.

**ABC7 Eyewitness News** broadcast a series on oral health during the 2006 NYU, ABC7, Colgate Free Fall Festival of Health. The series included stories on laser dentistry for children, with Dr. Amr Moursi, Professor and Chair of the Department of Pediatric Dentistry, and Dr. Ken Magid, Clinical Associate Professor of Cariology and Comprehensive Care, and on a new aesthetic dentistry technique that replaces orthodontics for adults, with Dr. Michael Ghalili, Clinical Professor of Prosthodontics and Director of the International Program in Aesthetic Dentistry.

**ADA News** reported on the NYUCD-student-led, first New York City Oral Cancer Walk in April.

**ADA News** interviewed Dr. Dianne Rekow, Professor and Chair of the Department of Basic Sciences and Craniofacial Biology, on the impact that dental CAD/CAM systems have had on dentistry.

**Cleveland/Akron Family** quoted Dr. Neal G. Herman, Clinical Professor of Pediatric Dentistry, in an article about preventing caries in infants and young children.

**Medical News Today** reported on the Journal of Evidence-Based Dental Practice joining the curriculum at NYU College of Dentistry. The story was also carried by Eureka Alert and MediLexicon.

**The Journal of Health Care for the Poor and Underserved** reported on a study led by Dr. Ralph V. Katz, Professor and Chair of the Department of Epidemiology & Health Promotion, which found that contrary to popular belief, black Americans are equally as willing as white Americans to participate in biomedical research studies, although they are more wary. The results of the study were also distributed by the Health Behavior News Service.

**Dental Equipment & Materials** carried a story on Nobel Biocare™ that included commentary on the strategic partnership between Nobel Biocare™ and NYUCD to integrate a dental implant treatment planning and aesthetic dentistry curriculum into NYU’s DDS program.

**Inside Higher Ed** reported that NYU has started a new, dual degree, five-year program in dentistry and global public health.

**Harvard Health Letter** reported on a study led by Dr. Kenneth L. Allen, Assistant Professor of Cariology and Comprehensive Care, which found that CDs and chewing gum may help students master dental anatomy.

**NYUCD in the News**

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**New York State Dental Journal** reported on FDA approval of a time-release calcium sulphate bone regeneration product developed by Dr. John Ricci, Associate Professor of Biomaterials and Biomimetics.

**Esquire Magazine** interviewed Dr. Mark Wolff, Professor and Chairman of Cariology and Comprehensive Care, on whether flossing too much can be bad for the teeth.

**Equity News** reported on Broadway Smiles, a collaborative program between Actors’ Equity and NYUCD, which offers young performers reduced-cost treatment at the Rosenthal Institute for Aesthetic Dentistry.

**Health Magazine** interviewed Dr. Walter Bretz, Associate Professor, Cariology and Comprehensive Care, on the causes and prevention of bad breath.

**National Public Radio’s A Moment of Science** broadcast a report about a study led by Dr. Yihong Li, Associate Professor of Basic Science and Craniofacial Biology, which suggested that some infants delivered by C-section may be at a higher risk for developing caries later in life. Bavarian Radio also interviewed Dr. Li on this topic.

**Queens Chronicle** reported on a visit by the Smiling Faces, Going Places mobile dental van to the Ridgewood, Queens district office of New York State Assemblymember Catherine Nolan. The story also appeared in Western Queens Gazette.

**Australian TV’s “What’s Good for You”** interviewed Dr. Steven J. Chu, Clinical Assistant Professor of Periodontology and Implant Dentistry, on the topic of nail biting and what it does to the teeth.

**Town & Village** reported on a visit by the Smiling Faces, Going Places van to P.S. 188 on Manhattan’s Lower East Side.

**Self** quoted Dr. Jonathan A. Ship, Professor of Oral and Maxillofacial Pathology, Radiology & Medicine and Director of the Bluestone Center for Clinical Research, in an article about treatment for tongue burns.

**United Press International** reported on a study led by Dr. Walter A. Bretz, Associate Professor of Cariology and Comprehensive Care, which found that a two-week regimen of tongue and tooth brushing in combination with dental flossing decreased gingival bleeding by 38 percent. The story also appeared in WebMD, HealthDay News, Medical News Today, NewsRX, Science Daily, and Washington Times Insider.

**Wedding Channel.com** quoted Dr. Graziano D. Giglio, Clinical Associate Professor of Prosthodontics, in an article featuring oral health tips for brides.
With the opening last summer of the NYU College of Nursing (NYUCN) Faculty Practice at the College of Dentistry, New Yorkers’ access to primary healthcare services got easier. When the Division of Nursing joined the College of Dentistry in September 2005 as a new College of Nursing, one of the stated objectives was to address healthcare challenges of the 21st century through innovative practice models and responsive, patient-centered care. The new Nursing Faculty Practice is an example of that approach.

Staffed and managed by NYU Nurse Practitioner (NP) faculty, the Nursing Faculty Practice is initially targeting older adults, whose high prevalence of chronic illness puts them at risk for increased morbidity with resulting disability and decreased quality of life. Over time, services for all age groups will be offered.

An NP is a licensed, registered nurse (RN) who has completed advanced education and training at the master’s or doctoral level and is competent to diagnose and manage common
medical conditions, including chronic illnesses such as diabetes, high blood pressure and asthma. Nurse Practitioners provide a wide range of preventive and acute healthcare services to individuals of all ages and can serve as a patient’s regular healthcare provider, either independently or in collaboration with a physician.

Typical Nurse Practitioner services include diagnosis and treatment of acute health problems such as infections and injuries; diagnosis, treatment and monitoring of chronic diseases such as diabetes and high blood pressure; prescribing medications; specialist referrals; health maintenance care for adults, including annual physicals; well-woman exams, including PAP smears, STD testing and contraception; routine immunizations, including flu shots; mental health assessment and support for conditions such as anxiety, depression and stress; educational programs and services on topics such as CPR, exercise, nutrition and smoking cessation.

“The NYU Nursing Faculty Practice provides a core of services that address not only disease-based clinical management, but also health promotion and disease prevention,” said Dr. Terry Fulmer, Dean of the College of Nursing. “Most studies indicate that at least 85 percent of primary care office visits can be managed equally well by NPs or MDs. Our faculty practice, in collaboration both with a physician who is a long-time member of the nursing faculty and with dental faculty, brings an added dimension to the overall health care available to patients.”

Patients are referred to the Nursing Faculty Practice by the professional and clerical staff at the NYU dental clinics and seen by NYUCN Nurse Practitioners. Patients who have a primary care provider will be offered health promotion services that complement the care they are already receiving. Those who do not have a primary care provider will be offered the option of receiving their primary care at the Nursing Faculty Practice. Patient records will include both dental and general health information. This shared information will provide a more comprehensive healthcare record than currently exists in other practice models.

“The core philosophy of the new Nursing Faculty Practice is individualized care, with a focus on prevention, wellness and patient education priorities, and an important part of that is easy access to care,” said Dr. Carolyn Auerhahn, who is both an Adult and a Geriatric Nurse Practitioner and the Director of the Nursing Faculty Practice.

“The fact that we’re located within the NYU College of Dentistry supports that concept by offering both convenience and consumer-centered care.”
NYUCD, in partnership with Oral Health America, launched a new, in-school program, “Smiles Across America” (SAA), on Tuesday, October 31, 2006, at P.S. 130, in lower Manhattan. The program’s mission is to bring essential oral health services to New York children who would not otherwise have access to care. At the launch of the NYC SSA initiative, 24 children received over 80 tooth sealants — clear, plastic coatings applied to the biting surfaces of teeth to prevent decay — free of charge.

“ Tooth decay is the most common chronic disease of children in this country,” said Interim Dean Richard I. Vogel, “and as with most chronic infectious diseases, the poor are disproportionately affected. We are proud to partner with Oral Health America in their Smiles Across America program, which helps to fight untreated oral disease across the country. We are also very grateful to our program sponsors, Ronald McDonald House Charities® and Trident® and its parent company, Cadbury Adams USA LLC, for their generous support, and to Pulpdent®, for donating sealants.”

“We need to change the prevailing attitude that we have solved the problem of children’s oral health, when in fact, according to the Surgeon General, it is a hidden epidemic,” said Dr. Robert Klaus, President of Oral Health America. “Sealants are effective and they are dentistry’s hidden secret. The secret has got to end.”
In New York City, where only 12 percent of children are reported to have sealants compared to 30 percent upstate, the need is especially critical.

“It is our goal to provide sealants for over 700 children, over 2,800 sealants, through this program throughout the six schools we adopt this year,” said Dr. Amr Moursi, Professor and Chair of the Department of Pediatric Dentistry. “We intend this to be a long-standing commitment, coming back to the same schools year after year to follow up and make sure the sealants we did place are checked, adjusted and replaced if necessary.”

Mr. Luis Reyes, Health Policy Director for the Office of NYC Councilmember Alan J. Gerson, noted, “Prevention is much better than treatment, and I would hope that this sealant program could be expanded to several other schools where we have a high proportion of uninsured children who can benefit from the objectives of the SAA program.”

Speaking on behalf of the NYC Department of Health & Mental Hygiene, Assistant Commissioner Joyce Weinstein said, “We champion greatly this type of public and private collaboration between New York University College of Dentistry and Oral Health America and the private sponsors, which will allow the City of New York to maximize our resources and provide dental services to the greatest number of underserved children. “We look forward to working with all of you to target and design innovative approaches and interventions that will have the greatest benefit and maximize the impact on children’s health in New York City.”
NYU has introduced a new full-time, dual degree program that enables students to earn both a dental (DDS) degree and a Master of Public Health (MPH) degree in Global Public Health in five years, rather than the customary six.

“Oral health conditions like tooth decay, periodontal disease and oral cancer have become major global health concerns,” explains the program director, Dr. Gustavo D. Cruz, Assistant Professor of Epidemiology & Health Promotion and Director of Public Health Promotion at the College of Dentistry. “This new program teaches dentists to address those concerns by integrating oral health promotion and disease prevention into public health policy at the international level.”

Faculty from the College of Dentistry teach core courses covering regional and national differences in oral health delivery, policy, disease prevention and health promotion; social and cultural factors influencing health behavior; and oral public health research. Additional core courses are designed to prepare graduates to understand the contributions of specialists from other fields to international public health and are taught by faculty from throughout the University, including the College of Nursing, the School of Medicine, School of Social Work, Steinhardt School of Education and Wagner Graduate School of Public Service. There are also opportunities to take elective courses at any of

Oral health conditions like tooth decay, periodontal disease and oral cancer have become major global health concerns.
the NYU schools, subject to the approval of the student’s advisor.

Students fulfill their DDS didactic requirements in the program’s first and second years. Adjustments are then made to the standard DDS clinical training schedule to enable them to balance MPH degree coursework with clinical instruction in the third through fifth years. Fifth-year students also undertake an overseas public health assignment, such as designing an oral cancer prevention program for a rural community in a developing country.

Applicants must be accepted separately by the MPH and DDS programs. DDS students have the option of waiting until the first semester of their second year to apply to the MPH program.

“We are training students to understand the intricacies of oral health from both a clinician’s and a policymaker’s perspective so that they can assume leadership roles in the government agencies and private sector organizations that develop international health policy,” said Interim Dean Richard I. Vogel.

NYU also offers an MPH degree in Global Public Health with a concentration in oral health for students who already hold a dental or other advanced degree. The program is available on both a full- and a part-time basis.

Starting in the fall, The Journal of Evidence-Based Dental Practice (JEBDP), the foremost publication providing information about evidence-based dental practice, became a required element in the “Skills in Assessing the Professional Literature” course offered in all four years of the DDS curriculum. Through a special arrangement with the publisher, Elsevier, NYUCD is providing online access to the full contents of each new issue of JEBDP through the College’s Waldmann Library. Individual students and faculty members are also encouraged to “opt in” to receive the print edition of the journal by mail.

“Today’s dental students are the first to be educated wholly in the ‘evidence-based’ era — from their very first day of clinical practice, they’ll be expected to know not just what to do but why they’re doing it,” says Dr. Ralph V. Katz, Professor and Chair of the Department of Epidemiology & Health Promotion. “Incorporating JEBDP into the curriculum will help our students develop critical skills in filtering, appraising and synthesizing information for use in clinical decisions, in order to achieve optimal health outcomes for every patient in any number of clinical circumstances.”

“On behalf of the editorial board, we look forward to a fruitful and mutually rewarding partnership with NYU College of Dentistry,” said Dr. Michael G. Newman, Editor-in-Chief of JEBDP, and Dr. Philippe P. Hujoel, Senior Associate Editor of JEBDP. “Through ongoing evaluation and feedback, we hope to learn more about how students, faculty, and clinicians use JEBDP, thus helping us build an even better journal for the future.”
The last time you were in your dentist’s waiting room, did you read a magazine? Or did you have a nutrition consultation while you were waiting? Sound strange? Not so strange if you are at NYUCD’s pediatric clinic for a check-up. Through a collaboration with the NYU Steinhardt School of Education’s Department of Nutrition, Food Studies, and Public Health, graduate students in the clinical nutrition program are working in the pediatric dental clinic to educate children and their caregivers about healthy food choices. The program began in 2005 and has been so successful that almost all of Steinhardt’s clinical nutrition interns spend two weeks of their 26-week internship at the pediatric dental clinic.

“The mouth is the beginning of the digestive tract and vital to good nutrition and overall health,” said Jill Fernandez-Wilson, Clinical Associate Professor of Pediatric Dentistry. “So it was a natural progression to work together.”

The vision of the American Academy of Pediatric Dentistry is “optimal health and care for infants, children, adolescents, and persons with special health care needs.” Pediatric dentists have a wonderful opportunity to make an impact on their patients’ health through comprehensive nutritional and dietary counseling that goes beyond the prevention of dental disease.

“The relationship between oral health and chronic disease supports the need for collaboration between dentistry and dietetics,” said Lisa Sasson, dietetic internship director and Clinical Assistant Professor in the Department of Nutrition, Food Studies, and Public Health. “Nutrition-related chronic diseases, such as diabetes, heart disease, and obesity, are among the top 10 leading causes of death in the United States. Childhood obesity is a growing concern for health practitioners, with national and local prevalence rates reaching epidemic levels. Dental and nutrition professionals play key roles in the prevention and management of such public health issues.”

The nutrition students also do community outreach in the public schools that NYUCD visits. “One of my favorite activities was participating in the dental school’s Head Start Program,” comments Fran Condon, a master’s candidate in dietetics and nutrition. “The dentist talked to the kids about good dental and oral health, and I was able to talk to the kids about good nutrition. This really helped me to develop a sense of professional responsibility in the community.”

Condon remembers one particular family’s experience with her nutrition counseling. “I was counseling a mother with three children, two boys and a girl, all having multiple cavities.

The mouth is the beginning of the digestive tract and vital to good nutrition and overall health.
Because all three children were seeing the dentist, I had the opportunity to see the family several times during my rotation.

“The mother was concerned that her children refused to eat vegetables,” continues Condon. “Although the mother had talked about why vegetables were good for them numerous times in the past, when they heard it from me it was like they heard it for the first time ever. Every time the family came in, they would report to me, ‘the doctor,’ what vegetable they had eaten the night before.

“It didn't matter that I told them many times that I was not a doctor,” says Condon. “I told them I was a nutritionist and they should call me Fran, but to them, I was the ‘food doctor.’ The kids were excited to report to me their good work and efforts to eat better.”

“The best aspect of this collaboration is to see the change in our pediatric residents and faculty,” notes Professor Fernandez-Wilson. “They are so much more aware of the importance of good nutrition and its relationship to dental health.

“ Personally I have changed my own eating habits, and I’m more careful of what I buy,” admits Professor Fernandez-Wilson. “I actually read food labels now.”

The relationship between oral health and chronic disease supports the need for collaboration between dentistry and dietetics.
Dental and Nursing Colleges, ABC7 and Colgate Offer Free Shape-up for Fall

FREE SCREENINGS FOR ORAL CANCER, OBESITY, DIABETES AND OTHER CONDITIONS

From October 18–20, the Colleges of Dentistry and Nursing provided over 1,000 free screenings to New Yorkers of all ages. Dubbed the “Fall Festival of Health,” the event featured dental and oral cancer screenings, blood sugar testing, blood pressure testing, obesity screening, dental IDs, vouchers for free sealants and mouth guards for children and for full denture replacements for senior citizens, plus oral healthcare products compliments of Colgate.

Once again, the College of Dentistry’s longtime screening partner, ABC7, promoted the screenings vigorously on the air with popular meteorologist Sam Champion as the spokesman. ABC7 also broadcast several stories on oral health, including a story on laser dentistry for children and one on a new aesthetic dentistry technique for adults that in two visits can produce aesthetic results that are comparable to those it takes two years to achieve using traditional orthodontic methods.

Participants first saw College of Nursing faculty and students for general health screenings, followed by dental and oral cancer screenings provided by dental students and faculty — a “one-stop shopping” approach that proved to be a big hit. As several people remarked, “It’s great to be able to get both a medical and a dental check-up in one place.”

Patients say, “It’s great to be able to get both a medical and a dental check-up in one place.”
Thirty-four students from universities on the U.S. mainland and in Puerto Rico participated in a trio of student research training programs this past summer — the largest group since NYUCD began offering summer research training three years ago.

“Students are drawn by the opportunity to train with professors who have won major NIH research funding,” said Dr. Kathleen C. Kinnally, Professor of Basic Science and Craniofacial Biology, who oversees the three programs: a five-year, NIH-funded grant for minority predoctoral dental students from NYU, Howard University, Tuskegee University and the University of Puerto Rico; an NIH-funded NYU Oral Epidemiology Research Training Program for NYUCD predoctoral students; and a Dean’s Student Research Fund program for NYUCD students who are between their first and second years. The students organized a poster presentation, which highlighted topics such as cardiac tissue engineering, programmed cell death and the under-representation of minorities in clinical trials.

“Next summer,” said Dr. Kinnally, “we hope to welcome many more students.”

Class of 2009 summer research program participants, from left: Piotr Brzoza, Paul Chen, Sae Hee Kim, Rosemarie Phen, Dip Desai
Clinical Research Program Celebrates Fifth Anniversary

In fall 2001, in response to a recommendation from the NIH calling for initiatives to address a national shortage of adequately trained clinical researchers, NYUCD established the Graduate Program in Clinical Research, offering both a Master of Science Degree and a Certificate in Clinical Research. The program’s goal is to prepare individuals from various scientific and medical backgrounds to design, conduct and evaluate clinical research according to the highest scientific, ethical and regulatory standards, which can be applicable to a broad array of industrial and academic fields.

Now, five years later, under the inspired leadership of Dr. Ananda P. Dasanayake, Professor of Epidemiology & Health Promotion, the programs have more than met their goal. Commenting on the fifth anniversary, Dr. Dasanayake said, “In 2001, we had just two students and a few dedicated faculty members who taught courses in their offices, and very limited resources, but we had an administration that was unusually supportive. Over the next few years, ideas were generated, resources were allocated and we started to grow.”

To date, 20 students have graduated from the MS Program and 16 from the Certificate Program. They have found jobs in industry and academic health centers or have enrolled in other higher education programs to further enhance their career prospects. NYUCD congratulates Dr. Dasanayake, his program faculty and, above all, the graduates, who are helping to meet a critical national need that shows no signs of abating.
NYUCD Hosts Annual Meeting of International Pemphigus Foundation

One hundred and seventy people — a huge turnout — attended the annual meeting of the International Pemphigus Foundation (IPF), hosted by NYUCD from September 15–17, and cosponsored by The Pemphigus & Pemphigoid Society.

Classified as rare disorders by the FDA, pemphigus and pemphigoid cause the body to produce an autoimmune response to a specific portion of desmoglein 3, a protein found in normal healthy skin and oral mucosa. Indeed, the most common initial presentation is multiple, chronic oral ulcers, and the dental professional can often speed the correct diagnosis. The conditions result in painful blisters, erosions and ulcerations on the skin or in the mouth, which, if left untreated, can lead to disfigurement and even death. Patients are treated with immune suppressive agents with significant risks for medical complications.

“The IPF is a nonprofit, tax-exempt organization whose mission is to increase awareness of, and research into, pemphigus/pemphigoid among both the general public and the biomedical community,” explained Dr. David A. Sirois, Associate Dean for Graduate Programs and President of the Board of Directors of the IPF. The Foundation also provides emotional support to patients living with these diseases as well as to their families and friends, and advocates research into causes, diagnoses, treatments and cure.

“The 2006 annual meeting was unprecedented in its focus on contemporary disease management and on the needs of patients, family members and caregivers,” said Dr. Sirois. “It is critical for all of us to understand these diseases and how we can make and get the best information and treatment available.”

Built around the theme of “Unity, Growth and Progress,” the weekend included a Patient/Doctor Meeting featuring education for pemphigus/pemphigoid patients and a gala dinner at New York’s Water Club with awards presented to patients, scientists and clinicians for their outstanding volunteer service in bringing greater awareness to the public and medical community about these rare autoimmune diseases. For more information, please visit the IPF Web site, at www.pemphigus.org/
NYUCD has acquired one of the very few cone-beam computer tomography (CT) scanners in New York City specifically designed for oral and maxillofacial imaging. The scanner produces maxillofacial radiographs with an unprecedented level of accuracy and is available to support treatment planning by students and faculty from throughout the College, as well as dentists in private practice.

“Cone-beam scanning eliminates the distortion commonly seen in panoramic radiographs and facilitates implant treatment planning by providing a more accurate depiction of bone levels,” said Dr. Hassem Geha, Assistant Professor of Oral and Maxillofacial Pathology, Radiology & Medicine, who oversees the new scanning operation. The scans are also used to evaluate maxillofacial fractures and bone pathology and to chart the position of teeth in patients with temporomandibular disorders,” said Dr. Herbert Frommer, Professor of Oral and Maxillofacial Pathology, Radiology & Medicine, and Director of Radiology.

“An added advantage,” said Dr. Joan Phelan, Professor and Chair of the Department of Oral and Maxillofacial Pathology, Radiology & Medicine, is that “we can provide cone-beam CT and analysis on-site by dentists who are familiar with the needs of our students and faculty, instead of having to send patients to outside radiology centers. This enhances both learning and the patient care experience.”
NYU College of Dentistry Hosts Donald H. Enlow International Research Symposium

AN INTEGRATIVE APPROACH TO SKELETAL BIOLOGY

The NYU College of Dentistry hosted a two-day symposium in November to honor the life and career of Donald H. Enlow, PhD, the developer of one of the most notable comparative bone histological slide collections in the world. The collection, consisting of over 25,000 slides, is currently being curated by the NYU College of Dentistry and was on display at the symposium.

The collection reflects Dr. Enlow’s integrative approach to human skeletal development and morphology, which has come to define the current relationship between health and basic sciences. It is based on extensive studies that date from 1955 to 1990, from human, macaque, cat, rabbit and rat craniofacial and postcranial specimens that represent various projects, ranging from the ontogeny of auditory ossicle histology to the cleft lip.

According to Dr. Timothy G. Bromage, Professor of Biomaterials and Biomimetics and of Basic Science and Craniofacial Biology, who arranged the symposium, “These studies have had a major impact on the theoretical and practical aspects of skeletal biology within numerous fields of science, including paleontology, hard tissue biology, orthodontics and anthropology.” To celebrate the occasion, an internationally prominent group of researchers who were influenced by Dr. Enlow made presentations in these areas.
NYU NAMES DR. MICHAEL C. ALFANO AS EXECUTIVE VICE PRESIDENT

On June 16, 2006, New York University President John Sexton named Michael C. Alfano, DMD, PhD, Dean of NYU’s College of Dentistry since 1998, to the post of Executive Vice President of NYU. As Executive Vice President, he oversees the University’s budget and finance operations, the human relations division, and the real estate, planning, and construction operations. Dr. Alfano, whose career has included significant posts in both academics and business, started in the new position on July 17, 2006. Dr. Alfano succeeded Jacob Lew, who had served as the University’s Executive Vice President since 2001. Mr. Lew left NYU to take a position in the private sector.

In appointing Dr. Alfano to the position, Dr. Sexton said, “I am very pleased that Michael Alfano, who has had an outstanding record of achievement as Dean of NYU’s College of Dentistry after a career that included impressive responsibilities in both academe and the private sector, has agreed to accept my request that he assume the assignment of Executive Vice President. As Dean, he has been an extraordinary leader: admissions has become more selective and competitive; new roles for dentists and new models for healthcare education have been embraced; dental care for poor New Yorkers has been expanded; fundraising has been unprecedented, leading to the creation of important new facilities; and the College of Dentistry has emerged as an important center for healthcare research. Between his background, his familiarity with NYU, his commitment to the University’s academic advancement, and his talent for entrepreneurship and collegiality, it would have been all but impossible to find a better candidate for this position than Mike.”
President Sexton continued, “The University is very fortunate to be able to turn to such a person, because the departure of Jack Lew leaves a large hole to be filled in the NYU community. Jack — who came to NYU from President Clinton’s cabinet, where he was Director of the Office of Management and Budget — has brought extraordinary integrity, experience, and leadership to his post over these past five years. He was a key architect in setting and achieving our goals and in helping us successfully confront our challenges, and his legacy will be felt for many years.

“On behalf of the entire NYU community, I would like to thank both Jack and Mike for the service they have given and continue to give NYU, and congratulate them on their new posts.”

“I am very pleased that Michael Alfano, who has had an outstanding record of achievement as Dean of NYU’s College of Dentistry after a career that included impressive responsibilities in both academe and the private sector, has agreed to accept my request that he assume the assignment of Executive Vice President.”

— NYU President John Sexton

“Dr. Michael C. Alfano’s Message to the NYUCD/NYUCN Community on Becoming Executive Vice President of NYU

“For many years, I have admired the compelling vision, the high integrity, and the personal warmth of John Sexton, first as Dean of the Law School, and now as President of NYU. Therefore, I feel highly privileged to accept his invitation to join his administration. The position of Executive Vice President is focused squarely on the internal workings of NYU with responsibilities for finance, budget, human resources, real estate, construction, planning and many other infrastructure services. I trust my experience, which includes 16 years in industry and 16 years in academe, will be useful in forging the connections between NYU’s primary academic mission and its secondary but essential business functions.

“Many of you have heard me say in recent times that, ‘Great academic institutions are built by great economic strengths, not the other way around.’ I often follow this theorem with a corollary that states, ‘The IQ of a dean at a school with money is perceived to be 75 points higher than a dean at a school that is poor!’ Indeed, one additional key to the recent formidable success of NYUCD/CN has been its financial health. Accordingly, I believe that I can help President Sexton achieve his formidable goals for NYU by ensuring that the infrastructure of the University — both physical and human — is run as efficiently and effectively as possible, and that the economics of our University are sound and strong. In this manner, NYU can become the place where faculty, students and staff are empowered to achieve more than they can at any other institution on earth.

“I thank you most sincerely for the privilege and high honor to have served as your leader.”
MR. STEVEN DONOFRIO APPOINTED VICE PRESIDENT FOR ADMINISTRATION AND CHIEF OF STAFF TO THE EXECUTIVE VICE PRESIDENT OF NEW YORK UNIVERSITY

Mr. Steven Donofrio, Executive Associate Dean for Administration, has been appointed Vice President for Administration at NYU and Chief of Staff to the Executive Vice President. Mr. Donofrio’s appointment became effective September 7, 2006, but he will remain at NYUCD until a replacement is found.

In his new position, Mr. Donofrio will be involved with planning and design, facilities and construction management, budget and financial planning, human resources, public resource administration and development, faculty housing and purchasing services, in addition to serving as a liaison to the Office of the Executive Vice President.

During nearly 20 years at NYUCD, Mr. Donofrio has had an unbroken record of success as the officer in charge of all non-academic operations. No matter how big the challenges, he has always met them with intelligence, efficiency, skill and diplomacy, becoming NYUCD’s “go-to” guy to solve virtually any problem.

In commenting on the appointment, Executive Vice President Michael C. Alfano said: “I have worked very closely with Steve Donofrio for eight years, and have developed enormous respect for his energy, creativity and management skills. He is a terrific team player, and has an exemplary ability to bring people together to move projects forward on time and on budget. Steve knows how I think, and I can trust him implicitly. Accordingly, I thought it would be a gift to the University to draw on his formidable talents for the greater good of the entire University.

“Moreover, I detected some hints that Steve might be thinking of retiring, and I knew that the challenges presented by the University would get his ‘can do’ juices flowing and keep him at NYU for several more years. Finally, I knew that the financial situation at the College of Dentistry was very secure, that the University and the College could share Steve until his replacement was fully up to speed, and that Dean Vogel has such a strong grasp of operations at the College that all would go well for my many friends and colleagues in dentistry and nursing.”

All of us at NYUCD/NYUCN have absolute confidence that with the dynamic duo of Alfano and Donofrio on President Sexton’s senior leadership team, the best is yet to come.
Dr. Racquel Z. LeGeros, Professor and Associate Chair of Biomaterials and Biomimetics and the Linkow Professor of Implant Dentistry, has been awarded an honorary doctoral degree, “Doctorat Honoris Causa,” by the University of Nantes in France, the second largest university in the country. Presented every four years, these degrees recognize eminent international scholars who have made a major global impact in their respective fields. Dr. LeGeros was one of six individuals honored and the only woman in the group.

In awarding the degree, Dr. Francois Resche, the President of the University of Nantes, said: “This honoris causa is being awarded to Professor Racquel Zapanta LeGeros in recognition of her pioneering contributions to research in biologic and synthetic calcium phosphates and in appreciation of her many years of significant collaboration with the Biomaterials Laboratory research group of the Faculté de Chirurgie Dentaire.”

In her remarks, delivered in French, Dr. LeGeros thanked President Resche and her colleagues at the University of Nantes for the honor they had bestowed upon her and said, “Development of biomaterials like calcium phosphates requires multidisciplinary collaboration among chemists, physicists, biologists, veterinarians, dentists and physicians. It requires high scientific integrity and a strong commitment and dedication to improving the health and quality of life of our fellow men and women.

“Our calcium phosphate lab at NYU and the biomaterials lab at Nantes have become unofficial extensions of each other. Together we have explored and continue to explore the potential of calcium phosphates as biomaterials, a collaboration that has resulted in several joint publications and the development of at least two calcium phosphate biomaterials with applications to both orthopedics and dentistry that are now being produced commercially worldwide. I have been privileged and blessed to be part of such an effort.”

In addition to the prestige of receiving an honorary degree, Dr. LeGeros has an added occasion for celebration: 2006 marks 50 years of distinguished, continuous service to NYU and its College of Dentistry. We are privileged to applaud her achievements.

Dr. Resche pins the epitoge symbolizing “Doctorat Honoris Causa” on Dr. LeGeros.
THE WHITE COATS ARE HERE!

On September 5, in a ceremony marking the beginning of their dental studies, the 233 members of the Class of 2010 donned their white coats for the first time. Faculty members helped the students into their coats in an act symbolizing NYUCD’s commitment to student-faculty partnerships.

In his remarks, Interim Dean Richard I. Vogel urged the entering students to wear their white coats — the uniform of the dentist — with pride, and to recognize the sacred trust associated with the white coat. “As you take on the mantle of becoming a dentist,” he said, “you assume a humanistic as well as a clinical responsibility for the well being of your patients. That responsibility means serving patients in the most ethical manner and with their well-being foremost in mind. I promise you that following this path will bring you lifetime satisfaction in having chosen to pursue a career in dentistry.”

ARTICLES BY NYUCD RESEARCH FACULTY AMONG THE MOST CITED, SAYS JOURNAL OF DENTAL RESEARCH

According to the August 2006 report by the *Journal of Dental Research* on the 50 most-frequently cited articles in International Association of Dental Research (IADR) publications, two articles by three NYU dental research faculty ranked in the top 10 citations.

The three faculty members whose articles were in the top 10 are Dr. Page Caufield, Professor of Cariology and Comprehensive Care; Dr. Ananda P. Dasanayake, Professor of Epidemiology & Health Promotion and Director of the MS/Certificate Programs in Clinical Research; and Dr. Yihong Li, Associate Professor of Basic Science and Craniofacial Biology and Director of International Research Collaboration. Congratulations to Dr. Caufield and Dr. Dasanayake for their article, “Initial Acquisition of Mutans Streptococci by Infants: Evidence for a Discrete Window of Infectivity,” *Journal of Dental Research*, Jan. 1, 1993; and to Dr. Caufield and Dr. Li for “The Fidelity of Initial Acquisition of Mutans Streptococci by Infants from Their Mothers,” *Journal of Dental Research*, Feb. 1, 1995.
NYUCD STUDENTS COME OUT FOR NEW YORK CARES DAY

A dozen NYUCD students and six fellow students recruited from the UMDNJ Dental School joined thousands of volunteers in October to revitalize more than 100 New York City public schools during the 15th Annual New York Cares Day, New York’s largest day of volunteer service. They added bright new line games to playgrounds, painted murals and classrooms, re-organized storage closets and much more.

According to Dmitry Baron, Class of 2009, who organized the NYUCD contingent, “It was an amazing day. The work we and the other volunteers did will have a lasting impact, and will provide thousands of school children with cleaner, safer and more stimulating environments in which to learn and grow.”

GLOBAL HEALTH NEXUS WINS ICD GOLDEN PEN AWARD

The International College of Dentists (ICD) has awarded its prestigious Golden Pen award to the fall/winter 2005 issue of Global Health Nexus — the oral cancer scoreboard issue. This is the fourth ICD Journalism Award won by Global Health Nexus.

In announcing the award, Dr. James P. Fratzke, the ICD Award Committee Chairman said, “Articles pertaining to oral cancer exams in the Fall/Winter 2005 issue present a timely and important subject for dentistry.”

“We are extremely honored by this award,” said Interim Dean Richard I. Vogel. “It signifies the profession’s growing awareness that oral cancer is an issue whose time has come.”
NYUCD AND “BROADWAY SMILES” OFFER FREE AESTHETIC DENTAL CARE TO YOUNG PERFORMERS

To help young performers improve their smiles so that they can look their best and land more jobs, NYUCD’s Continuing Dental Education (CDE) Program and The Actors’ Fund of America are partnering on a new program called “Broadway Smiles,” which is making aesthetic dentistry procedures available to young professionals in the performing arts at reduced or no cost. Treatment is provided through the CDE Program, while The Actors’ Fund administers the eligibility of individuals applying for care.

“Young performers may be self-conscious about spaces between their teeth and missing, misshapen, uneven or discolored teeth,” said Assistant Dean for CDE H. Kendall Beacham. “‘Broadway Smiles’ provides them with an opportunity to correct those problems. We hope it leads to further employment.”

“We are very excited to be able to offer these services to the people who need them,” said Joseph Benincasa, Executive Director of The Actors’ Fund. “It fits into the mission of The Fund, which is to help all professionals in the performing arts and entertainment maintain a career in their chosen field. And we are especially pleased to be partnering with one of the finest dental schools in the world.”

Each participant is evaluated for general oral health, and the aesthetic treatments provided may include tooth colored fillings, bleaching, bonding, laminates and crowns. Initial funding for the program has been made possible by a gift from Dr. Irwin Smigel, ’51, and his wife Lucia, whose son Robert is a well-known comedy writer and performer.
Nearly 1,000 NYU dental and nursing students, faculty and staff came together for a fall celebration as guests of Interim Dean Richard I. Vogel at Planet Hollywood in October.

A mecca of movie memorabilia, Planet Hollywood draws people in with celebrity handprints on the outside to be surrounded on the inside by giant screens showing iconic moments in cinema history. Previous fall celebrations have been held at the Big Apple Circus, the UN, Madame Tussaud’s Wax Museum and other Manhattan venues.

“These are great occasions for the dentistry and nursing communities to get to know one another in a relaxed, fun setting,” said Interim Dean Vogel. “They allow us to recharge our batteries in ways that make us a more interdependent, cohesive community. I think those who attended the Planet Hollywood party will agree that it was one of our best events ever.”
NYU students, faculty and staff received an extra benefit this year at NYU’s Annual Wellness Expo, which featured dental and oral cancer screenings aboard the Smiling Faces, Going Places mobile dental van. The event also included screenings for blood pressure, body fat and HIV.

According to Ms. Constance Robinson-Turner, the Smiling Faces, Going Places Program Administrator, “In addition to providing screenings, the event offered a wonderful opportunity for the wider NYU community to see the van in action. Many students were so impressed that they told me they planned to pursue careers in dentistry.”
Congratulations to:

DR. MICHAEL C. ALFANO, former Dean of NYUCD, and currently Executive Vice President of NYU and Professor of Basic Science and Craniofacial Biology, on receiving the New York State Dental Foundation’s “Foundations of Excellence in Academics Award,” in recognition of his enormous contributions and creative innovations in dental education. In particular, the award recognizes Executive Vice President Alfano’s “emphasis on broadening the scope of traditional dental practice to encompass a more holistic approach to oral health.”

DR. KENNETH L. ALLEN, ’73, Assistant Professor of Cariology and Comprehensive Care, on coauthoring an article entitled “Evaluation of CDs and Chewing Gum in Teaching Dental Anatomy” for the New York State Dental Journal. Dr. Allen’s coauthors were Dr. Diana L. Galvis, ’02, Clinical Professor of Dental Hygiene, and Dr. Ralph V. Katz, Professor and Chair of the Department of Epidemiology & Health Promotion and Director of the NYU Research for Adolescent and Adult Health Promotion (RAAHP) Center.

MS. SU-YAN L. BARROW, Clinical Associate Professor of Dental Hygiene, on receiving the 2006 American Dental Hygienists Association/GlaxoSmithKline Unrestricted Educational Grant. Added kudos to Professor Barrow on authoring an article entitled “Dentin Hypersensitivity: An Overview” for Dimensions of Dental Hygiene.

MS. JENNIFER BALLANTYNE BERWICK, Class of ’07, on receiving the Pierre Fauchard Academy Student Scholarship Award in recognition of leadership and accomplishment in dental school.

DR. WALTER A. BRETZ, Associate Professor of Basic Science and Craniofacial Biology, on coauthoring an article entitled “Assessment of Treatment Responses to Dental Flossing in Twins” for the Journal of Periodontology, with Dr. Patricia Corby, Assistant Professor of Periodontology and Implant Dentistry and Assistant Director of the Bluestone Center for Clinical Research; on presenting abstracts entitled “Compliance with Xylitol and Sorbitol Chewing Gum Regimens in Clinical Trials” and “On the Acquisition of Periodontopathic Bacteria by Children from Mothers: A Randomized Double-Masked Placebo-Controlled Trial in Bauru, Brazil,” at the Second International Xylitol Symposium.

DR. ANANDA P. DASANAYAKE, Professor of Epidemiology & Health Promotion and Director of the Graduate Programs in Clinical Research, on becoming a Fellow of the American College of Epidemiology.

DR. ELISE S. EISENBERG, ’84, Clinical Professor of Epidemiology & Health Promotion and Director of Dental Informatics & Digital Services, on receiving the distinction of being the first American Dental Education Association (ADEA) member to be profiled in the Bulletin of Dental Education Online.

DR. STUART FROUM, ’70, Clinical Professor of Periodontology and Implant Dentistry, on receiving the William J. Gies Award for Outstanding Clinical Research by the American Academy of Periodontology.
DR. STANLEY GERSCH, PG Orthodontics ’77, and Clinical Assistant Professor of Orthodontics, on being elected president of the New Jersey Association of Orthodontists.

DR. DONALD B. GIDDON, Clinical Professor of Epidemiology & Health Promotion, on authoring an article entitled “What’s Wrong with ‘Oral Physician’?” for AGD Impact, and a letter to the editor entitled “Miss, Mister, Doctor: An Insult,” for the Journal of the Royal Society of Medicine.

DR. GARY GOLDSITNE, ’69, Professor of Prosthodontics, on being inducted as President of the Academy of Prosthodontics. In addition, Dr. Goldstein was appointed Associate Editor of the International Journal of Prosthodontics; he authored “Evidence-Based Dentistry 2006: Where Are We?” for the International Journal of Prosthodontics, and coauthored “Comparison of Bond Strength of a Pressed Ceramic Fused to Metal vs. Feldspathic Porcelain Fused to Metal” for the Journal of Prosthodontics. Dr. Goldstein’s coauthors were Dr. Daniel Schweitzer, ’96, and PG Prosthodontics, ’06; Dr. Nelson Da Silva, Assistant Professor of Prosthodontics; Dr. John P. LeGeros, Adjunct Professor of Biomaterials and Biomimetics; and Dr. Eugene L. Hittelman, Associate Professor of Epidemiology & Health Promotion.

MR. ADAM HAGAN, Class of 2009, on receiving the Army Achievement Medal in recognition of his exemplary volunteer work with the Fort Hamilton Army Dental Corps.

MS. ROSEMARY D. HAYS, Clinical Associate Professor of Dental Hygiene, on coauthoring an article entitled “Fluoride’s Balancing Act” for Dimensions of Dental Hygiene, with Professor Cheryl Westphal, Assistant Dean for Allied Health Programs.

MR. MARCUS D. JOHNSON, Class of ’08, on his election as President of the NYU Chapter of the American Student Dental Association (ASDA).

DR. RALPH V. KATZ, Professor and Chair of the Department of Epidemiology & Health Promotion and Director of the NYU Research for Adolescent and Adult Health Promotion (RAAHP) Center, on authoring “The Importance of Teaching Critical Thinking Early in
Dental Education: Concept, Flow and History of the NYU 4-Year Curriculum or ‘Miracle on 24th Street’: the EBD Version” for the *Journal of Evidence-Based Dental Practice*.

**DR. ROSS KERR**, Clinical Associate Professor of Oral & Maxillofacial Pathology, Radiology & Medicine, on coauthoring an abstract entitled “Comparison of Two DNA-Specific Staining Protocols, Feulgen-Thionin and Feulgen-Pas for DNA Ploidy Measurements of Oral Epithelial Cells” for *Oral Surgery, Medicine & Pathology*. Dr. Kerr’s coauthors included Dr. David A. Sirois, Associate Professor of Oral & Maxillofacial Pathology, Radiology & Medicine and Associate Dean for Graduate Programs; Dr. Kenneth E. Fleisher, Assistant Professor of Oral and Maxillofacial Surgery; and Dr. Peter G. Sacks, Associate Professor of Basic Science and Craniofacial Biology.

**DR. JAN MARC LEVY**, Clinical Assistant Professor of Cariology and Comprehensive Care, on presenting a talk on “The Dentist’s Role in the Identification and Referral of Domestic Violence” at the Office of Brooklyn District Attorney Charles Hynes.

**DR. WILLIAM J. MALONEY,’92, Clinical Assistant Professor of Cariology and Comprehensive Care, on coauthoring “Malaria: Treatment and Prevention” for *U.S. Pharmacist*.

**DR. MAUREEN MCANDREW,’83, Clinical Assistant Professor of Cariology and Comprehensive Care, on presenting posters entitled “Service Learning at Lincoln Hospital: A New Initiative,” and “Domestic Violence, New People, New Protocol,” at the American Dental Education Association’s (ADEA’s) annual meeting. Dr. McAndrew’s coauthor was Dr. Jan Marc Levy, Clinical Assistant Professor of Cariology and Comprehensive Care.

**DR. ELLIOTT M. MOSKOWITZ,’72, Clinical Professor of Orthodontics, on being awarded second place in the William J. Gies Foundation Editorial Competition for his editorial entitled “Second Opinions,” which appeared in the April 2006 issue of *The New York State Dental Journal* (NYSDJ). Dr. Moskowitzz is the editor of the NYSDJ.

**DR. ANA M. MUNOZ,’95, Clinical Assistant Professor of Orthodontics, on coauthoring “Acrylic Occlusal Rim” for the *Journal of Clinical Orthodontics*.

**MS. MARIA BELEN MUNOZ, AAS Class of 2007, and MS. PAYAL PATEL, AAS Class of 2007, on copresenting an award-winning poster entitled “Botox for TMD,” which was the first dental hygiene student presentation ever entered into the New Jersey Dental Meeting table clinic competition.

**DR. IVY PELTZ,’83, Clinical Associate Professor of Cariology and Comprehensive Care, on being inducted into the Pierre Fauchard Academy; on presenting a poster entitled “Battleground: The High Road vs. the Bottom Line,” coauthored with Dr. Eric S. Studley, ’85, Clinical Assistant Professor of Cariology and Comprehensive Care, at the annual meeting of the Association for Dental Education in Europe; and on presenting an abstract entitled “Nightguard Vital Bleaching Efficacy: Hydrogen Peroxide vs. Carbamide Peroxide” at the annual meeting of the Academy of Dental Materials. Dr. Peltz’s coauthors on the abstract included Dr. Studley; Dr. Evelyn M. Nelson, Assistant Professor of Cariology and Comprehensive Care and of Epidemiology & Health.
Promotion; Dr. Andrew B. Schenkel, Clinical Assistant Professor of Cariology and Comprehensive Care and Group Practice Director; Dr. Arnold Rosenstock, ’74, Clinical Associate Professor of Cariology and Comprehensive Care; and Dr. J.W. Schwarz, ’63, Clinical Associate Professor of Cariology and Comprehensive Care.

Dr. Walter J. Psoter, Assistant Professor of Epidemiology & Health Promotion, on coauthoring an article entitled “Proposed Educational Objectives for Hospital-Based Dentists During Catastrophic Events and Disaster Response” for the Journal of Dental Education. Dr. Psoter’s coauthors included Dr. Neal G. Herman, ’72, Clinical Professor of Pediatric Dentistry; Dr. Frederick G. More, Professor of Epidemiology & Health Promotion; Ms. Patricia Park, Assistant Research Scientist in the Department of Epidemiology & Health Promotion; Dr. Miriam Robbins, Clinical Associate Professor and Associate Chair of the Department of Oral and Maxillofacial Pathology, Radiology & Medicine; Dr. Dianne Rekow, Professor and Chair of the Department of Basic Science and Craniofacial Biology; Dr. James M. Ryan, ’06; and Dr. David Glotzer, ’58, Clinical Associate Professor of Cariology and Comprehensive Care.

Dr. Dianne Rekow, Professor and Chair of the Department of Basic Science and Craniofacial Biology and Director of Translational Research, on editing a supplement for the Journal of the American Dental Association (JADA) on computer-aided design and manufacturing systems; on coauthoring an article entitled “Computer-Aided Design and Fabrication of Dental Restorations” for JADA; and on authoring an article entitled “Leveraging Your Research — Mapping Our Future,” for the Journal of Dental Research.

Dr. Georgios E. Romanos, Clinical Professor of Periodontology and Implant Dentistry, on being appointed Chairman of the North American chapter of the Society of Laser Dentistry and a member of the Editorial Board of the International Journal of Oral & Maxillofacial Implants, and on coauthoring “Osteoblast Attachment on Titanium Discs After Laser Irradiation” and “YAG Laser to Improve Osseointegration of Titanium Alloy Implants” for the International Journal of Oral & Maxillofacial Implants.

Ms. Jane Rosenthal, Assistant Director of Student Retention and Academic Advising, on raising over $2,500 for the Avon Walk for Breast Cancer.

Dr. Peter G. Sacks, Professor of Basic Science and Craniofacial Biology, on coauthoring an article entitled “Cortacin Overexpression Regulates Actin-Related Protein 2/3 Complex Activity, Motility, and Invasion in Carcinomas with Chromosome 11q13 Amplification” for Cancer Research.

Mr. Pradip Shetye, Class of 2007, on the following presentations: “Long-term Evaluation of Mandibular Growth Following Distraction Osteogenesis” at the International Congress of the International Society
of Craniofacial Surgery; “Mid-Term Follow-up of Midface Distraction for Syndromic Craniosynostosis” at the American Cleft Palate-Craniofacial Association’s annual meeting; and “Stability and Growth Following Midface Distraction for Syndromic Craniosynostosis” at the American Association of Orthodontists annual meeting. Mr. Shetye also coauthored the following publications: “Midfacial Morphology in Adult Unoperated Complete Unilateral Cleft Lip and Palate Patients” for *Angle Orthodontist*, and “Distraction Osteogenesis in a Patient with Juvenile Arthritis” for *The Journal of Craniofacial Surgery*.

**DR. JOSEPH M. SHETYE,** Professor of Craniofacial Surgery, on presenting a poster entitled “The First European Consensus on Immediate Loading of Implants” at the International Congress of Oral Implantologists World Congress.

**DR. MEA A. WEINBERG,** Clinical Associate Professor of Periodontology and Implant Dentistry, on authoring “Bisphosphonate Associated Osteonecrosis of the Jaws: Impact on Oral Health,” “Oral Cancer Risk Factors and the Pharmacist’s Role in Intervention,” and “Malaria Treatment and Prevention,” all for *U.S. Pharmacist*.

**MR. MICHAEL JOSEPH WEINER,** Class of ’09, on his presentation entitled “Calcium Sulfate and PLLA Containing Bone Repair Materials” at the 2006 Annual Session of the American Dental Association.
Focus on Alumni

A Message from Dr. Ivy D. Peltz, ’83, 2006-2007 Alumni Association President

The 2006–2007 academic year promises to be a great one for the NYU College of Dentistry Alumni Association, which this year will focus on meeting the needs of recent graduates. Perhaps our theme for the year should be, “Grow with the Alumni Association of NYUCD, ‘the best is yet to be.’” (Apologies to Robert Browning.)

Three years ago, then-President Walter Silverstein launched two events designed to introduce the NYUCD Alumni Association to the student body: the Residency Fair and the Senior Boat Cruise.

The Residency Fair gives second-, third- and fourth-year students the opportunity to interact with representatives from various programs and hospitals in an effort to facilitate educated decisions regarding their postgraduate plans. Several graduates have been placed in Residency programs as a result. The Senior Boat Cruise celebrates the seniors as they approach graduation and provides an opportunity to welcome them into the dental profession. Both events have been wildly successful, and have been repeated each year since Walter’s presidency. This year, the NYUCD Alumni Association will extend its scope beyond the predoctoral experience, and into postgraduate life.

Graduating students often remark that they would benefit from continued access to Practice Management lectures. Accordingly, in October the Alumni Association sponsored an event entitled “Life After Dental School: Ten Years Out.” Dr. Eric S. Studley, ’85, presented a brief lecture, followed by a reception and a forum for recent alumni to chat with experts in fields related to issues of interest to the new dentist. As a follow-up, on May 31, 2007, we will host a Young Alumni Night, which will enable recent alumni to network and socialize with one another.

The NYUCD Alumni Association can and should serve as a dynamic organization responding to the needs and desires of our graduates. We have learned that our alumni need and want not only a growing association, but also the opportunity to meet regularly with colleagues and engage in activities that support and enhance their professional growth. We intend to meet that need.

Celebrating the new slate of alumni officers for 2006-07: President, Dr. Ivy Peltz, ’83; President-Elect, Dr. Kenneth Allen, ’73; Vice President, Dr. Lucy Troncoso, ’94; Secretary, Dr. Maura Maloney, ’92; Treasurer, Dr. Ralph Cunningham, ’72
Congratulations to:

30's
DR. SIDNEY I. SILVERMAN, Class of 1933, on receiving a citation for outstanding scientific contributions from the New York Academy of Traumatic Brain Injury.

40's
DR. SAUL M. SACKS, Class of 1943 and PG Orthodontics, 1956, on publishing *Half A Lifetime Lucky in War, Lucky in Love: A Memoir*.

60's
DR. ROBERT J. DOHERTY, Class of 1969, on receiving the New York State Dental Association’s Distinguished Service Award.

70's
DR. LARRY W. ROSENTHAL, Class of 1972, on authoring an article entitled “Attracting Cosmetic Dentistry Patients” for *Dental Economics*.

80's
DR. SHAHIDA QAZI, Class of 1982, on receiving the American Academy of General Dentistry’s (AGD’s) prestigious Mastership Award.

90's
DR. MICHAEL KAPNER, Class of 1998, on being named Editor of the *Ninth District Bulletin* of the New York State Dental Association.

00's
DR. KHADINE ALSTON, Class of 2006, on copresenting a poster presentation entitled “Raising Awareness Through the NYUCD Student-Sponsored Oral Cancer Walk” at the annual meeting of the American Association for Cancer Education. Dr. Alston’s copresenter was Ms. Jocelyn Jeffries, Class of 2007. Additional support was provided by Dr. Ross Kerr, Clinical Associate Professor of Oral & Maxillofacial Pathology, Radiology & Medicine.

DR. ADA COOPER, Class of 2002, and ADA Consumer Advisor, on being selected by the ADA to comment on *NBC Nightly News* about FDA hearings on dental amalgams.

DR. HARPREET DHILLON, Class of 2006, on winning the 2006 New York State Dental Association Student Leadership Award.

DR. RANDY J. WEINSTEIN, Class of 2002, on coauthoring an article entitled “Acrylic Occlusal Rim” for the *Journal of Clinical Orthodontics*.

In Remembrance

Dr. Benjamin Falk, Class of 1929
Dr. Roksolyana Fokshey, Class of 1996
Dr. Harold Kresberg, Class of 1947
Dr. Norman M. Lubell, Class of 1962

Dr. Richard Shelton, Class of 1944
Dr. Barry Tackler, Class of 1952
Dr. Harriet Wolinsky, Class of 1956
$5,000,000
George and Ann Witkin

$1,000,000
Gerald and Georgia Curatola
Dennis P. and Karen Tarnow

$500,000 - $999,999
Nobel Biocare USA, Inc.

$250,000 - $499,999
3i Implant Innovations, Inc.

$25,000 - $49,999
Anonymous

$10,000 - $24,999
H. Kendall Beacham
Gilbert Beldengreen
Richard S. Berk
David M. Blank
Elyse Bloom Greenfield
William W. Bongiorno
Thomas Bracco
Clarence M. Calman
Judith L. Cleary
Stephan A. Cooper
A. Norman Crain
Ralph Cunningham
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Margot Ammann Durrer
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Denise J. Estafan

We thank our benefactors
alumni, faculty, friends, corporations, foundations, and organizations—for their generous support of the College. We are proud to recognize your gifts of cash, pledge payments, planned gifts, gifts-in-kind, and pledges over $25,000, which were made between September 1, 2005, and August 31, 2006.
Matching Gifts
The following corporations have generously matched gifts that were made to the College of Dentistry from September 1, 2005 - August 31, 2006:

- Global Health
- Humedco Corporation
- Cristian Jager
- Jack L. Kabcencell
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- Glen R. Kreitzberg
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- Michael G. Landy
- Neil O. Lawner
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- Sam William Levine
- Valentin Lezhansky
- Lawrence T. Lieberman
- Howard N. Livers
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