

2024 SUMMER/FALL

# U<sub>OF</sub>T DENTISTRY

STUDENT OUTREACH

COMPASSIONATE  
GRADS

SPECIAL-NEEDS  
DENTISTRY



## THE WORLD OF DENTISTRY

The state of oral health worldwide ► **PAGE 8**

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# U<sub>OF</sub>T DENTISTRY

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## MESSAGE FROM THE INTERIM DEAN

### DENTISTRY'S BIGGER PICTURE

**T**his issue of *U of T Dentistry* explores the role dentistry plays in overall health around the world. In 2025, the Faculty will mark 150 years of dental education, and will celebrate a century and a half of our commitment to education in oral health and our impact on tens of thousands of people in Canada and across the globe.

The Faculty of Dentistry has always worked outside its own walls to educate students and help communities. The legacy began with Ashley Lindsay, who graduated back in 1907 and helped establish modern dentistry in China.

In recent years, our faculty, staff and students have fostered care, education and research around the world through service programs in such places as Ethiopia and Uganda. (Along with busy programs closer to home, where need still exists.) While the pandemic saw a pause in these global outreach initiatives, we are so pleased they have resumed. Our students are always eager to participate in these trips and see the direct impact they make on communities in need.

Our students also benefit from international partnerships and exchange programs. These opportunities allow them to get a wider lens on ways to care for patients, note cultural differences and gain insights from fellow international dentists.

This issue will also look at dental care across the globe. With Canada now offering nationwide dental coverage for low-income people, it's the perfect time to compare ourselves with others,

understand how oral health care is provided elsewhere, and learn about what works and what does not.

Oral health care has long been overlooked. It happens in developing countries where dental issues and diseases are prevalent, but even in wealthier parts of the globe. The World Health Organization is urging nations to invest in care, and countries such as Japan and Germany — along with Canada — are showing how more comprehensive public coverage can work.

In fact, dentistry is now such a priority for Canada that Chrystia Freeland, deputy prime minister and minister of finance, paid the Faculty of Dentistry a visit this past summer. She gave an update on the Canadian Dental Care Plan and demonstrated just how committed the federal government is to putting oral health front and centre.

This is an exciting time for health care in our country. It's leading to change in the dental profession that may take some getting used to, but it's hopefully moving in the right direction for healthcare professionals and patients, too.

As we reflect on our past, consider our present and plan for the next 150 years, what is clear is that U of T Dentistry students, alumni and faculty lead dentistry, dental education and oral health research in Canada and around the world. This proud history is one that I am eager to celebrate, and I hope you will join me. ■

INTERIM DEAN LAURA TAM 875, 973 MSC D

With Canada now offering  
nationwide dental coverage for  
low-income people, it's the  
perfect time to compare  
ourselves with others and  
understand how oral health care  
is provided elsewhere

# UP FRONT

## DENTISTS DISCUSS THE CDCP



A student treats a patient at the Faculty's Clinic 7

Photo: Jeff Comer

Since its inception, and as of early August, 450,000 Canadians received treatment under the Canadian Dental Care Plan (CDCP). Health Canada reported at that time that 19,000 oral health providers, 75 per cent of registered professionals, were participating in the CDCP.

“We love to help patients. We love to provide treatment. So, you’d think 100 per cent of dentists would have signed up,” says one Ontario-based dentist. *U of T Dentistry* magazine spoke to a group of five dentists who chat regularly with a larger group on social media about the plan.

They discussed the CDCP’s use of a fee grid that does not match tried-and-true provincial guides. They also noted the restrictions that see the plan not covering space maintainers for kids, night guards and root canals for cracked teeth or in patients with periodontitis or untreated caries. “If a senior patient who hasn’t been to the dentist in 10 years is setting foot into a dental office, you might expect them to have either gum disease or cavities,” says one dentist.

These professionals say the government has marketed the

program as free, and that the income criteria should take net worth into account — it’s not targeting the most vulnerable. They also worry insurance companies will move away from dental coverage.

Provincial dental associations have also voiced their concerns with the plan. But the national associations representing dental assistants, hygienists and denturists have endorsed the CDCP. ■

### ALUMNI SURVEY

Complete our annual alumni survey by April 30, 2025, and be entered to win 1 of 5 \$50 Amazon gift cards



# INSURANCE IS NOT ALWAYS ENOUGH



Photo: SARINYAPININGAM via iStock

**T**he Canadian Dental Care Plan (CDCP) should help Canadians with low incomes achieve better oral health. However, people who have dental insurance don't qualify.

"I had a hypothesis that some people are falling through the cracks. I wanted to dig deeper to see if it's really a problem and what can be done about it," says Sonica Singhal 1T5 PhD DPH, assistant professor and graduate program director for Dental Public Health.

She and Mona Abdelrehim 2T2 MSc DPH, research associate with the One Smile Research Program at the Faculty, conducted the first Canadian study to assess people with private dental insurance and their barriers to accessing oral health care, publishing in *BMC Oral Health* last spring.

They looked at 17,789 people in Ontario who have private insurance, finding the majority of them went to the dentist regularly and reported good oral health. But 11.5 per cent experienced cost barriers to accessing dental care, with that rising to 20 per cent among those who make below \$40,000 a year.

While just 5.7 per cent of people visited the dentist only for emergency care, that increased to 17 per cent for people making under \$20,000. As well, 15.2 per cent of those making less than \$20,000 said their oral health was not good.

Singhal would like a new category of the CDCP created to allow people in households making under \$40,000 to qualify, even if they have insurance. "Just make one more level. This study has built a really good case with compelling evidence for the government, but there's more we can do," says Singhal. ■



Photo: Jeff Comber

## HOW GUMS BREAK DOWN

**P**rofessor Chris McCulloch 7T6, 8T2 PhD has received a five-year, \$750,000 Canadian Institute for Health Information grant to examine how periodontitis causes site-specific destruction of periodontal tissues.

McCulloch says, "Diseases such as periodontitis, osteoarthritis and rheumatoid arthritis cause chronic inflammation and brief episodes during which there is rapid tissue destruction."

He will look at how a protein called vimentin released from cells in chronic inflammation causes tissue destruction during these episodes. Understanding this process could help identify how this destructive mechanism can be inhibited to conserve tissue structure and function, particularly in periodontal tissues. McCulloch is working in collaboration with researchers from Chile, Philadelphia and Queen's University. ■

## STUDENT MENTORS

If you are a practising dentist in the GTA interested in hosting students at your practice as a part of their learning, please contact: [alumni@dentistry.utoronto.ca](mailto:alumni@dentistry.utoronto.ca) for more details

# CARING IN THE COMMUNITY

**T**he Dental Outreach Community Services course at the Faculty offers a hands-on educational experience for students while delivering care to those in need.

Rotations include Sovereign Dental, a clinic in Thunder Bay, and the Filling the Gap Dental Outreach program's Scarborough location. Patients include new immigrants, refugees, Indigenous peoples and those experiencing homelessness.

Professor Amir Azarpazhooh oT7 MSc DPH, rTo MSc Endo, rT1 PhD, the course director of Dental Outreach Community Services and Dental Outreach Global Services, says he hopes these opportunities enlighten students on dentistry's role in enhancing health and achieving health equity.

"These off-site rotations in underserved areas of Ontario offer invaluable real-world insights to our students, allowing them to observe dentistry's impact on community well-being," he says. "Through initiatives like these, we equip our students to emerge as compassionate and proficient dental professionals."

"I was exposed to a different demographic of patients and it helped to reinforce the need to also focus on the interpersonal aspect of treatments, especially with language barriers," says recent graduate Abir Islam zT4 of his time spent with Filling the Gap.

His classmate Inam Khan zT4, meanwhile, found his experience in Thunder Bay eye-opening.

"I felt that the one week at Sovereign gave me more experience than one month at the school's clinic," he says. "The experience in northwestern Ontario and the skills you develop are unlike what is available in the GTA."

Azarpazhooh says these projects could expand as the Faculty strives to provide transformative opportunities for students. ■



Students treating a patient for Filling the Gap

Photo: Courtesy of Filling the Gap



## NEW INTERNATIONAL PATHWAY

**T**he Association of Canadian Faculties of Dentistry (ACFD) is developing a new pathway for international dentists to obtain certification.

Leveraging more than \$8 million from the federal government, the ACFD is assessing training gaps in dentists who are new to Canada, developing modules to help them gain competencies and running training pilots at three Canadian dental schools.

Faculty professor Jim Yuan Lai oTo Msc Perio, president of the ACFD, says the pathway should be ready for national rollout in about four years. ■

## STAY IN TOUCH

Stay connected with what's happening at the Faculty and with your fellow alumni and friends in the community! Update your email address at [dentistry.utoronto.ca/alumni/-my-services](mailto:dentistry.utoronto.ca/alumni/-my-services)

# TRACKING CHALKY TEETH

**P**rofessor Bernhard Ganss has received a \$75,000 U of T Community Partnership Research Program grant for his research on molar hypomineralization (MH), which is also known as chalky teeth.

MH is a developmental defect of tooth enamel hardening that affects more than 20 per cent of school-aged children. The condition can lead to nerve damage and tooth loss.

The project will entail screening about 5,000 second-grade students in the Durham public school system as part of an ongoing dental health screening program. The study should yield the first scientifically sound prevalence rates of MH in a cohort in Ontario.

“Chalky teeth, a developmental defect that is very different from caries, affects about one in five children worldwide,” says Ganss, who collaborates with the global D3 Group, a translational network that is getting the word out about the condition via its Chalky Teeth Campaign.

“This study is a first in Canada to raise awareness for this



Photo: mediaphotos via iStock

condition and help alleviate the problems that children with chalky teeth face, including pain, bullying and expensive dental treatments.”

Ganss and his research team hope this study will help improve teaching, education and treatment. ■

**DEFY  
GRAVITY**

# WE NEED YOUR HELP

The future of U of T Dentistry  
relies greatly on modernizing our  
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learning and patient care

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124 Edward St.

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UNIVERSITY OF TORONTO  
FACULTY OF DENTISTRY



COVER STORY

# ONE WORLD,



# UNEVEN SMILES





As Canada moves toward offering more publicly funded dentistry, a look at how other nations support oral health

BY DIANE PETERS

ILLUSTRATION BY RYAN GARCIA

**N**ine million Canadians, more than a quarter of the population, will soon be eligible for government-funded dentistry via the Canadian Dental Care Plan (CDCP).





Already, 80 per cent of people in Canada have a dentist, 42 per cent have access to fluoridated water and 84 per cent report their oral health to be good or excellent, according to Statistics Canada. However, 32 per cent do not have dental insurance and 5.5 per cent have untreated caries. The CDCP will put Canada on an exclusive list of places around the globe that attempt to “put the mouth back in the body.”

“Unfortunately, in many countries, while they have universal health care, they don’t have universal dental care,” says Paul Allison, professor in the Faculty of Dental Medicine and Oral Health Sciences at McGill University. “There’s no reason why health care for your teeth should be any different from health care for the rest of your body.”

“It’s a worldwide problem,” he says of the lack of publicly funded dental care.

Caries, periodontal disease, edentulism, oral cancer, and untreated noma and cleft lip and palate reduce quality of life, or even cause death, for billions.

“It’s good to have experiences in different parts of the world,” says U of T Dentistry assistant professor Sonica Singhal, who

“Tooth decay is expensive for countries to treat, rich and poor, and dental decay is so preventable

has seen dentistry up close in Australia and India. “Otherwise, we get a bit insular.” A global perspective can help us know how to work smarter to improve overall health, support dental professionals and create an efficient system.

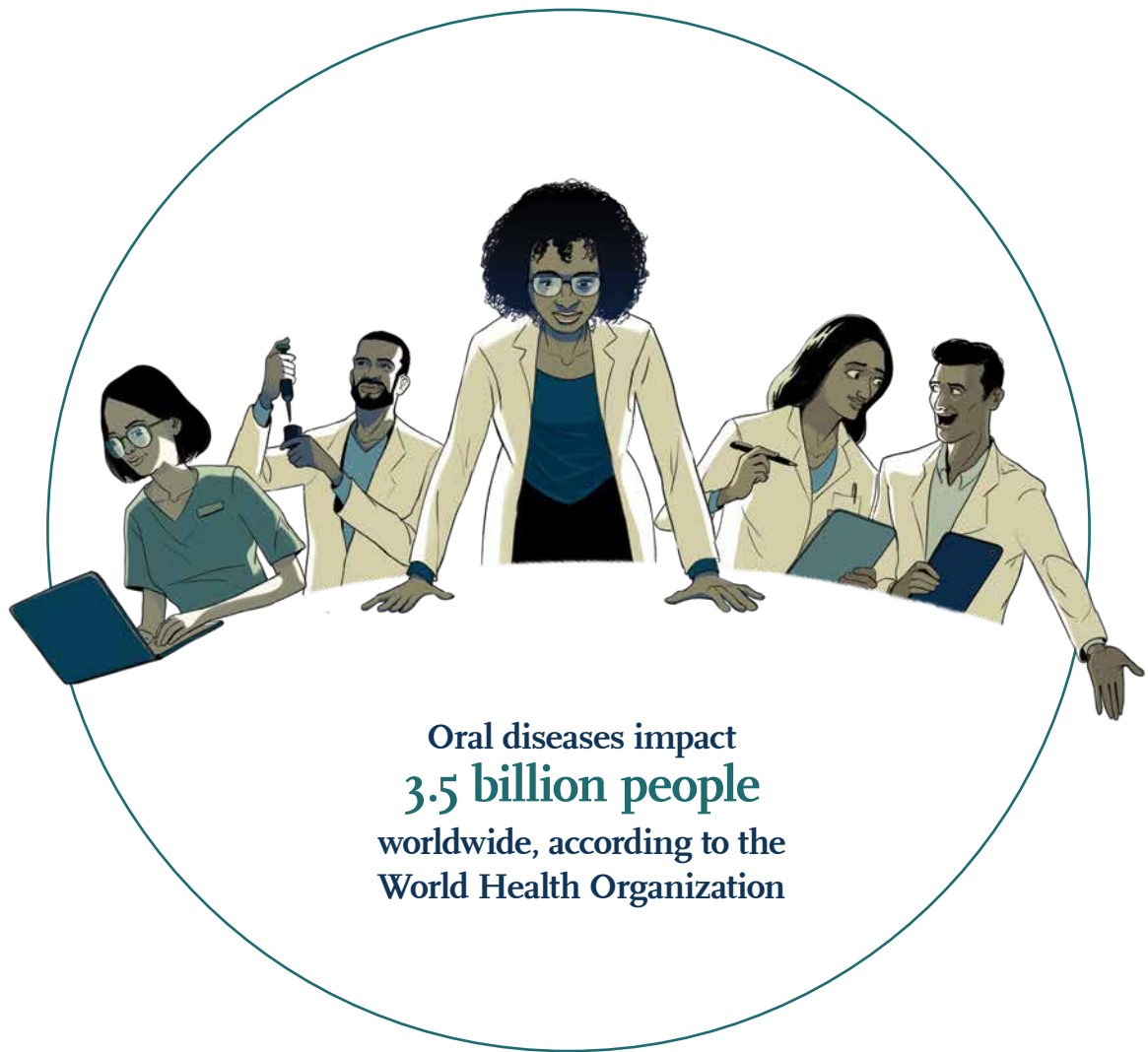
#### NOT ALWAYS HEALTHY MOUTHS

Oral diseases impact 3.5 billion people worldwide, according to the World Health Organization (WHO). Caries is the most common health condition in the world: about two billion people have caries in their permanent teeth while 514 million children have decay in their primary teeth. About seven per cent of people worldwide have lost their teeth, and that climbs to 23 per cent among people over age 60.

“Tooth decay is expensive for countries to treat, rich and poor, and dental decay is so preventable,” says Allison.

In 2024, the WHO finalized a global strategy on oral health that encourages all nations to include dentistry and oral care in universal health coverage by 2030. “The WHO is not expecting all countries to have achieved those goals in such a short time,





Oral diseases impact  
**3.5 billion people**  
 worldwide, according to the  
 World Health Organization

but it would like to see some level of progress,” says Allison, who serves on the Lancet Commission on Global Oral Health. “The CDCP is a step in the right direction to achieving that.”

#### PUBLIC CARE

A handful of wealthier nations are close to satisfying the WHO’s asks on oral health, offering universal or near-universal coverage. Greenland and Japan integrate dentistry into public health care, while Germany, Sweden and Denmark have robust systems that support basic care with minimal co-pays.

The U.K. and France, meanwhile, also offer strong public care systems, as does South Korea.

#### PUBLIC OUTCOMES

Nations with well-funded dentistry often have better health outcomes. The citizens of Denmark, Germany, Finland and the U.K. have the healthiest teeth and mouths in the world.

However, an over-arching public health dentistry system doesn’t automatically mean care is stellar. In Brazil, dentistry is covered by the government, but the program is poorly funded, and not everyone has a dentist or avoids paying out of pocket.

In public-dominated systems, dentists can struggle, which is what Kyle Kim 2T3 MSc Endo has noticed in South Korea. The government fully covers basic treatments and a percentage of elective or major treatments for some groups, such as 60 per cent of the cost of implants for seniors. However, the payment to the dentist is very low. “Where I’d see about 10 patients a day in Canada, in Korea, dentists are seeing maybe 30 to 50,” he says. “Does that mean patients overall are getting better health care? I don’t think so.” Similarly, in Ontario and other provinces, when dentists offer care through public health programs, their fees may barely cover costs.

Poorly designed public programs can bankrupt themselves. John Dale 7To, who is based in Sydney, Australia, recalls the

Chronic Dental Disease Scheme, which lasted eight years starting in 2004. “Medical practitioners were referring people to the dentist and they would be doing \$4,200 worth of treatment, some of which was not necessary.” He heard of people getting bridgework before simple restorative treatments. The plan blew through AUS\$1.9 billion, with some dentists getting charged for abusing the system, and studies showing much of the money didn’t go, as intended, to treating chronic dental health conditions. (Australia still covers some dentistry for children, and that program has endured.)

The National Health Service in the U.K. initially offered full dental coverage, but ended up dramatically clawing back services. “Within a few years, the money was exhausted,” says Singhal. She worries the same could happen with the CDCP, as there’s no cap on services, and many people who qualify have complex needs.

## PRIVATE CARE

The majority of nations support oral care with limited public health programs or clinics for low-income people — perhaps for seniors and kids, too — and private care for almost everyone else, expecting workplace insurance to fill gaps. Canada, in many ways, still falls in this category.

When a system relies heavily on private insurers, companies can start calling the shots. In Iran, dental insurance is very complicated, with some insurance companies only working with certain dental clinics. “For example, there’s a bank that provides insurance for their employees. And they sign a contract with dentists and they come to an agreement about the fees the dentist can charge,” says Gevik Malkhassian, MSc Endo, associate professor, teaching stream at the Faculty and director of the International Dentist Advanced Placement Program (IDAPP). He says most people pay out of pocket for dental care in Iran.

In Argentina, private insurance pays, but pays little. “The problem with insurance, is it doesn’t pay dentists well,” says Romina Quiroga, endodontist and instructor at the preclinical lab at the Faculty. “If a crown is more expensive, with a more expensive material, you cannot charge the insurance for that.” Quiroga came to Canada in 2023. Before that she worked at the University of Buenos Aires, her own dental clinic and then would also do root canals in a specialist clinic. Working from 8 a.m. until 9 p.m. is common for most dentists in Argentina.

Dale says that in Australia it’s tough for dentists, with young practitioners having trouble finding a job and the profession dealing with low fees from insurance companies. As well, people in lower-wage jobs often struggle to afford care.

In some countries, public health dentistry operates in nooks and crannies, outside of official systems. Singhal says she worked at a hospital in India treating hundreds of patients

a day. “I have never seen a paper from India saying that these are the public health services they offer and how much they cost. How do we know how much is coming from the public?” She suspects many countries similarly support their citizens, but it’s not tracked or widely promoted.

## HOW HEALTH FARES

“Private systems end up creating inequalities in access, whereas the public systems reduce the inequalities in access to care,” says Allison. The result, especially for poorer nations, is below-standard oral health overall.

In many corners of the world, dentistry equals extractions, full stop. “I remember going to the dentist for extractions, that’s all I knew. I don’t remember fillings,” says new Faculty grad Ola El-Maki, who emigrated from Sudan at age 11. There are not a lot of dentists in her home country, which may explain why there’s so little preventive care, but they garner respect and are often turned to for advice.

Relying heavily on private care often leads to more oral disease. The U.S. has a tiny public health system and relies on insurance, but 35 per cent of citizens have none. A quarter of adults in the U.S. have at least one untreated cavity — rates are two- to three-times higher for low-income people — and half of children under age eight have had caries.

About 55 per cent of people over 65 have edentulism in Iran. In Argentina, 41 per cent of children and 37 per cent of adults have untreated caries while severe periodontal disease impacts 18 per cent of people over age 15. Teens in Sudan have a caries rate of 91 per cent.

## WORLD SHIFTS

A quick scan of the globe reveals that oral health is a pressing concern for almost every nation. Even those with robust systems struggle with costs and complexities. Many nations find their system does not lead to good oral health.

Canada can be proud of its new federal plan, strong public health messaging and (at least moderately) supported public health programs. “In Canada, people understand that the dentist is important and oral health is important health,” says Quiroga. Singhal agrees that Canadians have it pretty good. “The glass is more than half full.”

All eyes are on Canada as more nations try to better support dentistry and seek an effective model. Private companies are joining together to look at how to better promote oral health for employees. Groups in the U.S. and Europe are calling for improved oral health programs while countries such as Russia and South Korea are bolstering care.

“Dentistry has not been on the radar for decades. Now it is in many countries,” says Allison, who has rising hopes for oral health care getting better across the globe. “It’s moving up the political agenda.” ■

# REACHING OUT

BY SUZANNE BOWNESS

U of T Dentistry nurtures  
international partnerships for  
positive impacts near and far



**D**uring her third year, Wenxin Miao 2T4 took nearly two weeks out of her hectic schedule and headed for Niigata, Japan. She was joined by fourth-year DDS student Kunyuan Yang 2T3 for a visit to Niigata University's Faculty of Dentistry, where they toured private clinics, experienced innovative technologies — including virtual reality simulations — attended lectures and went on field trips.

Miao says the visit — which was organized by the Faculty, funded by U of T Dentistry and Niigata University, and offered the two students a course credit — was a highlight of her degree. “It’s a once-in-a-lifetime opportunity to do this in dental school. This experience helped me to be more sensitive when I practise dentistry, learning about how different cultures view dentistry differently.”

Academic institutions have a mandate to generate and share knowledge with a wide scope, which is why the Faculty of Dentistry takes its global role seriously. International student rotations, teaching or lecturing abroad, exchanges and academic partnerships offer numerous benefits to students and faculty, and also the places they go to.

“These programs exemplify U of T Dentistry’s commitment to improving global health and achieving health equity,” says professor Amir Azarpazhooh, who is also the Faculty’s global outreach director.

Globetrotting while furthering dentistry offers an opportunity to build the Faculty’s reputation abroad and create genuine, mutually beneficial partnerships.

#### A GLOBAL PAST

U of T Dentistry has always had a worldwide scope. Back in 1908, recent grad Ashley Lindsay and his new wife travelled for five months to reach remote Chengdu, China, where he

treated patients in great need with few resources — his lab was in a shed with a mud floor.

He helped found the Department of Dentistry of the West China Union University and served as its first dean; it became a separate faculty two years later. He also established a dental hospital and journal, leaving a legacy in China, where he’s still known as the father of modern dentistry.

Having a global footprint, for a dental school, often begins with outreach via service rotations — they serve as remote versions of on-campus clinics, focused on building student skills and supporting those who need care.

Participating in the 1000 Smiles project has been very meaningful for students and faculty. Annually, volunteers visit the likes of Grenada, Turks and Caicos or Jamaica to treat hundreds of patients over a five-day period. The program is run by Great Shape! Inc., a California-based social service group that organizes dental outreach. It is affiliated with the Sandals Foundation and volunteers stay at the Sandals Resorts.

Clinical instructor Daniel Biner, who has been participating in the work since 2018, lauds the U of T dental class

“A big incentive for us is to give students **cultural competency.** Dentistry is much more than just a technical skill; it’s treating a person

presidents, who help organize the trips. On the ground, treatments include mostly restorative dentistry, extractions and scaling, plus some root canals. Anyone who shows up can access treatments for free. Patients often have an emotional response to their care.

“One guy who worked at a hotel said he can’t smile because his front teeth are broken. We fixed them up. He came to us afterwards, and he was the happiest person. It made such a difference. It’s a blessing for the students and a blessing for the patient,” says Biner of last year’s trip to Grenada.

Beyond the humanitarian aspect, Biner says the students get to experience more autonomy than they do in clinic. “We tell them, ‘This is the first time you’re actually practising as dentists.’ They get more freedom. We watch them carefully, but they’re doing it.”

As students leverage their technical skills, often with access to limited tools and technology, they tap into a deeper level of commitment and professionalism. Biner says in Grenada, the rotation wrapped up with more patients still waiting. “The students refused to go until we saw all of them,” says Biner. In August, 42 students and 11 dentists went to Jamaica, treating more than 700 patients with endodontics, restorative, surgery and periodontics.

Another long-standing program for U of T is an annual operation with the Build Your Smile Dental Foundation to southwestern Uganda. In January 2024, two fourth-year students provided preventive and periodontal care, restorative dentistry, extractions and other treatments to underserved communities. Other programs on hold but slated to restart include collaborations in the Dominican Republic with Bright

“Students right now have a very high level of **motivation** to have a social meaning to their career



Island Outreach, and in Honduras and Guatemala with the non-profit Health Outreach.

Students are prepared for these experiences through Azarpazhooh's Dental Outreach Global Services course. It covers public health and socioeconomic conditions, requiring students to reflect on and document their experiences, as well as the community impact of their work. Students can also take a course called Dental Outreach Community Services, taught by Azarpazhooh, through which students engage in outreach programs based in Toronto and Thunder Bay.

### TEACHING ABROAD

A natural extension of service rotation is sharing academic and clinical expertise with an international partner — all to foster better dentistry across the globe. Since 2014, the Faculty has been a part of the Toronto Addis Ababa Academic Collaboration in Ethiopia. The program is led on behalf of the Faculty by assistant professor, teaching stream, Joel Rosenbloom. He personally developed a passion for providing dental care in Africa after working in Sudan and Mozambique as a newly minted dentist.

Almost every October, Rosenbloom, who is also director of student life, takes a group of students and another faculty member to Addis Ababa University. The instructors teach from their respective specialties, to address gaps in the Ethiopian curriculum. Students also lecture and get to train their peers, plus meet teams from the 11 other U of T faculties that participate in the program. In a country with just 250 dentists, only 11 of whom are specialists, for 120 million people, it's valuable expertise to share.

The program engages students who want to make a difference. "Students right now have a very high level of motivation to have a social meaning to their career," says Rosenbloom. Working closely with Ethiopian dental students gives them new insights. "There's a nice connection that develops between our students and their students, because they can see that these are people who are doing exactly what they're doing. At the same time, students from Canada come to realize the difference in performing dentistry in a place where the resource differences are vast."

Rosenbloom and others often come back from abroad and share across the university. His lecture on noma, a severe gangrenous disease of the mouth caused by multiple factors such as malnutrition and poor sanitation, caught the attention of International Dentist Advanced Placement Program (IDAPP) student Benedict Chukwuma.

"That lecture moved me to tears, it really touched me, coming here and seeing that there's an advocacy group that fights to eliminate this disease," recalls Chukwuma, who is a trained dentist hailing from Nigeria. He joined the Faculty's

Noma Action Group, which played a role in an international campaign to have noma successfully listed with the World Health Organization as a neglected tropical disease. Chukwuma says the Faculty's other international and humanitarian efforts provide a meaningful opportunity to learn and give back. "For those that have the interest, they may want to make an impact and do something that will reverberate more than a thousand kilometres away."

### FINDING THE RIGHT PARTNERSHIPS

Schools cannot just buy plane tickets and treat mouths in all corners of the world without the right partners and a two-way understanding of mutual goals. Daniel Haas 7T9, 8T8 PhD, dean of the Faculty of Dentistry from 2012 to 2022, says that when he entered the role, the Faculty had an existing memorandum of understanding with the dental school in Chengdu, but few other international opportunities. He helped develop and implement a new strategic priority to increase global outreach through research, teaching and student experience. This resulted in the current robust slate of worldwide offerings and a Faculty-wide appetite for starting new initiatives.

Yet while the administration is enthusiastic, they are also careful to ensure that all exchanges and partnerships are a good fit. "Many programs have reached out to us because we have a good reputation," says Haas. The Faculty only signs when a program is built on mutual respect and equality.

Azarpazhooh says partnerships should address a gap in oral health care plus offer a learning experience aligned with the curriculum. "The program must offer significant educational and clinical value to the students. This includes opportunities for students to gain hands-on experience, enhance their clinical skills and understand the social determinants of health in diverse settings," he says. The destination must also be safe for students and faculty.

Haas says that the cultural experience provided by global opportunities is invaluable. "A big incentive for us is to give students cultural competency. Dentistry is much more than just a technical skill; it's treating a person," says Haas. Students with international experience often continue to pursue such opportunities. That includes a recent graduate Haas spoke to who still goes on outreach excursions. "If that happens, what we've done is expose the students, and now they will continue to do it forever because they realize this is a thing that we do as dentists — we give back."

Chukwuma says that international projects gives students valuable insights into dentistry's bigger picture. "U of T is producing dentists who will serve the community in the best possible way, who will also be global leaders, and that exposure to what is happening beyond Toronto, Canada, North America, will help them to think beyond to a global scale." ■





## 2024 – 2025 Course Offerings

Three-year CE cycle ending in December 2024 - sign up early!

COURSE TITLE	SPEAKER(S)	DATE(S)
Dental Practice Management (Virtual)	Linda Anderson	Sept 14, 2024 – May 2025
Small Field-of-View Cone Beam CT: A 2.5 Day Didactic & Hands-on	Dr. Dale Miles	Sept 20 – 22, 2024
Parenteral (IV) Moderate Sedation Refresher	Dr. Peter Nkansah	Sept 27, 2024
Tips and Tricks on Restoring Crowns: From Single Units to Multiple Units	Dr. Beatrice Leung	Sept 28 – 29, 2024
Unique Solutions to Challenges in Implant Dentistry	Dr. Mark Lin	Oct 4, 2024
Diagnosis and Management of Temporomandibular Disorders <b>CORE</b>	Dr. Iacopo Cioffi, Dr. Bruce Freeman, Dr. Sid Lisser	Oct 4 – 5, 2024
Oral Rehabilitation in Pediatric Dentistry	Dr. Lawrence Yanover	Oct 5, 2024
Stuff Happens: The Neuroscience of Difficult Conversations <b>CORE (1/2 day AM)</b>	Dr. Bruce Freeman	Oct 18, 2024
Orthodontic Procedures for Dental Hygienists and Level II Dental Assistants	Dr. Natoosha Nargaski et. al.	Oct 25 – 27, 2024
Ultimate 7 Day Prosthetic Implant Certification	Dr. Beatrice Leung, Dr. Jim Yuan Lai	Nov – Dec 2024 (fall) Apr – Jun 2025 (spring)
Mitigation of Medical Risk for the General Dentist <b>CORE</b>	Dr. Jordan Prince	Nov 1, 2024 (9am – 4pm)
Medical Emergencies <b>CORE</b>	Dr. Daniel Haas	Nov 8, 2024 (fall) Apr 4, 2025 (spring)
Periodontal Surgery for the General Dentist	Dr. Jim Yuan Lai	Nov 9, 2024
Nitrous Oxide & Oral Sedation	Dr. Daniel Haas et. al.	Nov 9 – 10, 2024 (fall) Apr 5 – 6, 2025 (spring)
Half Your Patients Will Have Cancer. How Does This Impact Their Dental Care? <b>CORE</b>	Dr. Patricia Brooks, Dr. Erin Watson, Dr. Gaurav Krishnamoorthy	Nov 15, 2024
Cracked Tooth: Keep it or Remove it? <b>CORE (1/2 day AM)</b>	Dr. Amir Azarpazhooh	Nov 16, 2024
The Endodontic-restorative Continuum Recommendations and Considerations Based on the Best Available Evidence <b>CORE (1/2 day PM)</b>	Dr. Amir Azarpazhooh	Nov 16, 2024
Basic & Advanced Skills in Oral Surgery	Dr. Marco Caminiti, Dr. Maria Franco Echevarria, Dr. Karl Cuddy, Dr. Nick Blanas	Nov 22 – 24, 2024
Rooted in Excellence: Mastering the Art and Science of Endodontics	Dr. Gary Glassman	Nov 29 – 30, 2024
Three Classes of Drugs That Every Dentist Should Know <b>CORE</b>	Dr. Aviv Ouanounou	Dec 6, 2024
Travel and Learn: Holiday Caribbean Cruise 2024 <b>CORE</b>   	Dr. Amir Azarpazhooh	Dec 28, 2024 – Jan 5, 2025
Orthodontic Procedures for Dental Hygienists and Level II Dental Assistants	Dr. Natoosha Nargaski	Jan 17 – 19, 2025
The Treatment Coordinator Role	Linda Anderson	Jan 24 – 25, 2025
From Oral Lesions to Orofacial Pain: A Review of Commonly Encountered Disorders <b>CORE</b>	Dr. Hagen Klieb	Feb 7, 2025
Nitrous Oxide for the Pediatric Patient	Dr. Jasdev Bhalla	Feb 21, 2025
Nitrous Oxide and Oral Sedation Refresher	Dr. Peter Nkansah	Feb 28, 2025
Keep the Kids in your Practice	Dr. Carla Cohn	Mar 1 – 2, 2025
Travel and Learn: March Break in Aruba 2025 <b>CORE</b>   	Dr. Bruce Freeman	Mar 7 – 14, 2025 or Mar 9 – 16, 2025
Crown Lengthening	Dr. Jim Yuan Lai, Dr. Ming-Yi Chou	May 24, 2025



To see all of our 2024-2025 course offerings, visit our website [cde.dentistry.utoronto.ca](https://cde.dentistry.utoronto.ca)

✉ [cde@dentistry.utoronto.ca](mailto:cde@dentistry.utoronto.ca)



# Celebrating 150 Years of Dental Education

The Faculty of Dentistry is marking a century and a half of breaking boundaries in education, patient care and research.

Save the Dates



**Alumni & Friends  
Cocktail Reception**

MARCH 6, 2025  
5:00 PM - 7:00 PM  
PAN PACIFIC VANCOUVER  
VANCOUVER, BC



**The Great Alumni Event:  
150th Celebration**

MAY 9, 2025  
5:30 PM - 8:30 PM  
DELTA HOTELS TORONTO  
TORONTO, ON



**Faculty Open House:  
150th Homecoming**

MAY 10, 2025  
2:00 PM - 6:00 PM  
124 EDWARD ST.  
TORONTO, ON



Learn more  
[150.dentistry.utoronto.ca](https://150.dentistry.utoronto.ca)



Stay in touch  
[alumni@dentistry.utoronto.ca](mailto:alumni@dentistry.utoronto.ca)

# *People* first, *dentists* second

2024 DDS grads  
who lead with  
professionalism and  
compassion







From l to r:  
Alexia Fernandes,  
Mohit Bhasin, Hajir Hamza

Photo: Jeff Comber

**D**uring dental school, Hajir Hamza 2T4 built friendships by talking about her life in Sudan, and learning about other people's backgrounds, too. To further connections, she baked cookies for Eid al-Fitr and gifted them to patients, students, faculty and staff.

"There's not a lot that everyone knows about my culture, so I thought this would be a way to share it."

For Eid in spring 2023, she aimed for an ambitious combination of 400 home-baked and store-bought decorated sugar cookies, so everyone could enjoy an array of flavours and decorations.

Hamza is just one 2024 DDS grad who "gets" the interpersonal side of dentistry.

"She really cares about her patients and her work," says Joel Rosenbloom, director of student life and assistant professor, teaching stream.

She trained as a dentist and worked for a few years before coming to Canada in 2017, joining the Faculty's International Dentist Advanced Placement Program (IDAPP) in 2022.

In Sudan, healthcare professionals are considered leaders. "If you have a problem in life, you talk to your physician or dentist," says Hamza. That influences her approach to care, as does her own experience feeling unsure as a patient. "You really need trust."

She built trust with her clinic patients by learning about their lives and then outlining her treatment plan. "I did a lot of talking," she says.

Hamza wants to take this approach in private practice. "I want to know my patients before we go ahead and do any treatments," she says.

New grad Mohit Bhasin 2T4 also caught the attention of his instructors with his compassionate approach.

**“ I want to know my patients before we go ahead and do any treatments**

When his patients worried about needles, he would take them through something of a guided meditation that had them picturing a picnic at the beach. “It helps them feel like they’re in a safe place,” he says.

Bhasin hails from India, but moved to Canada in 2017, taking work as a dental assistant and entering the IDAPP program in 2022. “I used to talk to patients when no one else was in the room,” he says of his dental assistant job. “That’s when they’d open up. They’d tighten up when the dentist walked in.” He theorized that if he could develop that kind of rapport as a dentist, he’d have highly successful treatments. “We need to connect with patients as humans.”

Rotations at the Centre for Addiction and Mental Health and with the non-profit Filling the Gap Dental Outreach exposed Bhasin to patients with complex oral health needs. “It was very humbling. I could make a tangible difference to people’s lives and their smiles.”

Now, Bhasin treats patients in Gander, Nfld., while his fiancé, a dental management consultant, works as the manager of the clinic. “It’s a great way to start as a clinician, working in a province where people really need access to care.”

Alexia Fernandes 2T4 knows how to deal with tough situations and stay positive. Her dad was diagnosed with cancer and passed away while she was doing her BSc at McMaster

University. “It changed my outlook on life. I really look at each person and know that they have so many stories.”

It also firmed up her commitment to a career in health care. Dentistry seemed a good fit. “I knew I’d take the time to get to know my patients and be compassionate. It would never be about me just getting my credits,” she says of doing her DDS.

She was put to the test in clinic by a patient while working through a full-mouth restoration. Fernandes filled out considerable paperwork to support this patient, who relied

on government benefits, but every step required slow-to-come approvals.

The patient came in for an emergency visit, in pain, but funds were not yet approved. “She really let me have it,” admits Fernandes, who tried to explain that she was doing her best.

Rosenbloom helped to calm the patient, and Fernandes observed his skill at

listening and explaining. “That was a very insightful moment for me about how to deal with patients and not taking it too much to heart.”

Now, she’s in Arizona doing an advanced education in general dentistry residency, at a facility with many Indigenous patients.

It’s an ideal position for Fernandes, who is eager to test her interpersonal and technical skills in dentistry. “It’s a great opportunity to do complex procedures, and to travel.” ■

“ I knew I’d take the time to get to know my patients and be compassionate. It would never be about me just getting my credits

## CONGRATULATIONS TO THE CLASS OF 2024

John Thomas Ackersviller  
Hassan Osama Hassan Ahmed  
Omar Al-Bugha  
Yousif Ashraf Adil Al-Noorachi  
Pouya Aminsalehi  
Zoha Anjum  
Justin Aoun  
Mark Nashaat Asham  
Reathm Azad  
Monica Bains

Shipra Bansal  
Rabia Bashir  
Hayley Esther Benudiz  
Shivani Bhakhri  
Mohit Bhasin  
Ankita Chakarvarty  
Akhil Chawla  
Grace Ge shan Chen  
Heather Alexandra Chen  
Yan Lin Chen

Kyung An Brian Choi  
Domenic Odone Colantonio  
Nicholas David De Billy  
Gurleen Kaur Dhaliwal  
Dhrupam Sanjaykumar Dhingra  
Nicole Ellen Doran  
Mitchell Chaim Dzaldov  
Niloufar Ebrahimian  
Marwan El Jadayel  
Ola Abdel Hamid El Maki

Alexia Simao Fernandes  
Riya Eapen George  
Ella Golrang  
Jade Goodman  
Meera Kaur Grewal  
Lis Marina Grinfeld  
Shirin Hakim Faal Esfahani  
Hanan Hammoud  
Hajir Abdulhalim Osman Hamza  
Royce Christopher Ing

## CLASS OF 2T4 CONT'D

Abir Ashrafur Islam  
Jason James Jacobs  
Seyed Sina Jafari  
Nikola Janev  
Pegi Kaimi  
Harry John Kapageridis  
Manjot Kaur  
Simrat Kaur  
Mohammed Inam Ullah Khan  
Sabrina Khera  
Saba Khuffash  
Juhyun Kim  
Patricia Jung-Hyun Kim  
Justin Charles Kurt Konrad  
Neha Shrikant Kothekar  
Alice Lang  
Kajal Laroia  
Samantha Ching Man Li  
Cheng Yan Lim  
Kathy Zhe Lin  
Abby Lindzon

Kendra Xue-Qi Ma  
Kyle Junyao Ma  
Tania Asha Mahendiran  
Michael Martico  
Sagar Marwah  
Nandini Mehta  
Maya Katrina Bishai Mesaros  
Wenxin Miao  
Ryan William Modafferi  
Jashandeep Kaur Mundi  
Surbhi Ashish Nair  
Alexandra Negotei  
Nicole Ng  
Sarah Patricia Nixon  
Ashif Ishtiaq Nuhash  
Arghavan Omid  
Akile Ozkan  
Dennis Daesoon Park  
Jenna Rose Pasternak  
Gayathri Devika Pillai  
Nicholas Francis Matthew Principe

Ragini Raghuwanshi  
Hanieh Rahimi  
Ledja Sami Rasul  
Shobana Ravichandran  
Matthew-Mina Reyad  
Shweta Channavir Saddu  
Amna Saigal  
Sukhraj Singh Sanghera  
Aarthi Sankar  
Sophia Sareen  
Jade Emily Schneider  
Alison Lexia Schumacher  
Andrew Thomas Seto  
Shanze Shahid  
Kamyab Shahmiri  
Liang Shao  
Itee Sharma  
Neha Sharma  
Hima Sobhana Lohi  
Sam Taheri  
Yingyue Tang

Amanda Paige Tittel  
Qian Tu  
Zaheer Ul Qadir  
Karim Wanes  
Curtis Weng  
Mathew Charles Williamson  
Timothy Wong  
Stephanie Rachelle Woo  
Shi Peng (Julia) Xiong  
Shravya Balaram Yandra  
Yujian Yang  
Sharon Yoon  
Shawn Adam Zahavi  
Maliha Zaman  
Clara Hao-Yue Zhou  
Ziyue Zhu

### SPECIALTY GRAD

Amanda Vincchi Chiu,  
MSc Anaes

*Listings are as accurate as possible as of press time.*



## NOMINATE ALUMNI OF INFLUENCE 2025

Nominations are now open for the Faculty of Dentistry's Alumni of Influence Award.  
To nominate an influencer, view past recipients, and for more information, please visit: <https://uoft.me/aoi>

*Pictured above: Alumni of Influence Award Recipients 2024  
(Jim Yuan Lai 0T0 MSc Perio, Mary-ellen Cascone 8T9, Sanjukta Mohanta 9T9)*



# GETTING TOGETHER

On April 19, U of T Dentistry hosted its annual Great Alumni Event, bringing together more than 400 alumni and friends at Steam Whistle Brewing. Alumni from the classes of 1954 to 2024 joined the celebration, and the evening was filled with nostalgia and reconnections.

We look forward to welcoming everyone next year for a special 150th celebration on May 9, 2025.



The University of Toronto Faculty of Dentistry's  
**Great Alumni Event**

**SAVE THE DATE**

**May 9, 2025**  
**Delta Hotels (75 Lower Simcoe St, Toronto ON)**  
**[uoft.me/greatalumni](https://uoft.me/greatalumni)**



Above: Photos from Great Alumni 2024



Photos: Lisa Sakulensky

# THANK YOU

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# CLASSMATES *REUNITE*

Class photos from the Great Alumni Event. To see more visit:  
[uoft.me/ga2024](https://uoft.me/ga2024)



Photos: Priya Sivathasan, WP Motion Media



DEFY  
GRAVITY

# With You, We Will Build the Next 150 Years of Good Oral Health



Patient Mark Snow  
in renovation priority Clinic 2

Celebrating 150 years of dental education in 2025, through your giving to U of T, you help build a legacy of excellence for the next 150 years of dental education and support the immense potential of our students and researchers.

Help us protect the reputation of our alumni degrees, expand our impact and ensure we remain the best dental school in Canada.

Join the Defy Gravity Campaign supporting the University of Toronto Faculty of Dentistry. Together, we build the future of good oral health.

**JOIN US**

<https://uoft.me/dentistrygiving>



UNIVERSITY OF TORONTO  
FACULTY OF DENTISTRY

150

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# DEFY GRAVITY

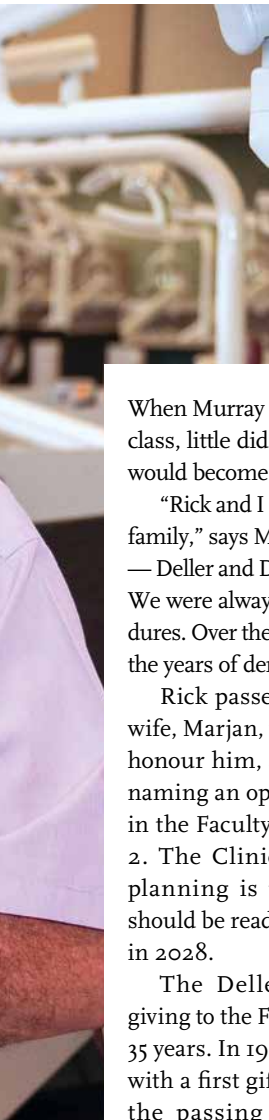


Marjan and Murray Deller with a photo of Rick Denney

## HONOURING THROUGH GIVING BACK

Alum names an operatory for a classmate and close friend

Photo: Jeff Corbier



When Murray Deller 7T8 sat down in his first U of T Dentistry class, little did he know that his seatmate, Rick Denney 7T8, would become much more than a peer.

“Rick and I quickly became good friends, and eventually, like family,” says Murray. “We sat in alpha order in seats 29 and 30 — Deller and Denney — side by side, all through our four years. We were always paired up for assignments and practise procedures. Over the years, our friendship grew stronger, well beyond the years of dental school. My kids called him ‘Uncle Rick.’”

Rick passed away in November 2023. Murray and his wife, Marjan, wanted a way to honour him, and so they are naming an operator for Rick in the Faculty’s future Clinic 2. The Clinic 2 renovation planning is underway and should be ready for occupancy in 2028.

The Dellers have been giving to the Faculty for nearly 35 years. In 1990, they started with a first gift of \$100. With the passing of Rick, they wanted to do more, so looked to make this generous \$50,000 gift in his name.

“I’ve always supported the Faculty – dentistry has been good to me and allowed me to have a very nice lifestyle, so I think it’s important to give back,” Murray says. “I had seen an article in a recent *U of T Dentistry* magazine about naming an operator. Rick had left some money to us in his will and

we thought that was a good way to use it. He’d be overjoyed seeing our names together in the space.” Marjan agrees. “We decided to honour Rick after he died since he has been in our family since dental school,” she says.

Murray adds that because his own daughter went through dental school more recently, the family is familiar with the considerable costs involved.

“I know how important it is to help support students, and part of this is ensuring their learning facilities have the necessary funding to be maintained,” he says.

Murray says that although dental school can be gruelling, he hopes others consider the impact of their gifts for the Faculty, including the opportunity to name one of the 75 operatories planned for the renovated Clinic 2.

“Some people left dental school and never looked back,” he says. “But I hope as they reflect, they can say that although it was tough, it was also a good time with excellent education, and we

became much more successful and better people for it.”

When Murray thinks of his own time as a U of T Dentistry student, some highlights come to mind, including meeting Marjan, his wife of 45 years, who was a patient at the Faculty’s teaching clinic.

“I left dental school with my future wife and a best friend,” he says. “That’s pretty special.” ■

“I’ve always supported the Faculty – dentistry has been good to me and allowed me to have a very nice lifestyle, so I think it’s important to give back





A special needs patient gets care at Mount Sinai

## A SPECIAL GIFT FOR SPECIAL NEEDS

A donor with a personal connection helps start an innovative program

A new Fellowship in Special Care Dentistry has been established at the Faculty of Dentistry, thanks to a gift.

The generous donor, who wishes to remain anonymous, has a personal connection to special-needs patients.

“My sister, who passed away several years ago, was a special-needs person,” says the donor. “My parents had always planned for her future to ensure she was taken care of, so I felt some of the funds should go to a program that means a lot to our family. It’s our way of honouring my sister and her legacy.”

The funding will support the education and training of a fellow at the Faculty of Dentistry and the Dental Care for

Complex Patients clinic at Mount Sinai Hospital, where the donor’s sister often received treatments.

The donor recognizes the need to help the special-needs population, whom they say is overlooked.

“While the government provides some support for special-needs patients, it often doesn’t sufficiently pay those who treat these patients to reimburse them for the added time, patience and, often, cost,” they say. “As a result, general practitioners often send these patients to clinics like Sinai’s.”

The donor hopes this fellowship will help ensure there are more dentists trained to see special-needs patients. Over time, fellows’ competencies will increase and they can pass on knowledge to colleagues. These dentists, in turn, may feel more

“While the government provides some support for special-needs patients, it often doesn’t sufficiently pay those who treat these patients to reimburse them for the added time, patience and, often, cost

comfortable offering routine care to these patients instead of referring them to a hospital.

This would also reduce the strain on patients, who often need to travel several hours for one appointment at a specialized clinic. Getting more care close to home is better for everyone.

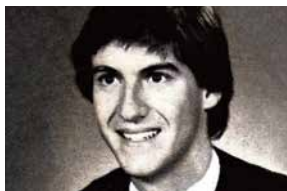
“We were lucky growing up in Toronto, because we had a hub of dentists we could access for my sister, but it was through much research and frustration,” the donor says. “It wasn’t easy to find a place and practitioner who was willing and able to deal with special-needs patients. It’s a specific skill set to understand what these patients are faced with, be equipped with techniques for providing care, and be aware of how this impacts family members and caregivers as well.”

The donor feels fortunate to have the ability to give this gift and encourages others to think about the impact they can make through a donation of their own.

“I realized I was able to do all of these things — go to dental school, be a specialist — and my sister wasn’t given the opportunity for any of that,” they say. “We all have some responsibility to the people we treat, and to advocate for those who don’t have the voice to do so themselves. Special-needs families deserve to get the care they need — and it’s our responsibility to find a way to make this possible.” ■

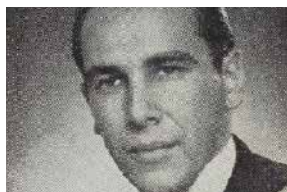
# WE REMEMBER...

## PETER COPP 8TO, 8T3 BSC D



Longtime Dentistry instructor Peter Copp died in July. He completed his DDS and his bachelor of dental anaesthesiology at the Faculty. He served as an instructor for close to 40 years, supervising anaesthesiology graduate students and also running a seminar course for pediatric grad students and joining the journal review seminar course.

## HARVEY TAUB 6T3



Harvey Taub died in July. He completed his DDS at the Faculty in 1963 and went on to do periodontology training at Boston University, which he completed in 1966. He was a partner in a perio clinic in Toronto and served as a clinical instructor at U of T, teaching both graduates and undergraduates.

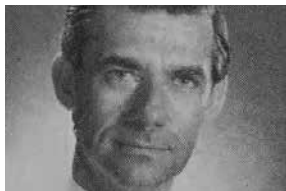
## ALLAN SALSBERG 7TO

Allan Salsberg died in March at age 81. He did his BSc and DDS at U of T. While practising in Toronto for more than 45 years, he also treated



patients in northern Ontario. Salsberg also served as a clinical instructor at the Faculty starting in 2016.

## JOHN CRUMP 7T2 DIP DH



John Albert Crump died in April at the age of 92. He was the first male hygiene graduate at the Faculty, and his 1972 classmates remember him as kind and funny. He went on to teach at George Brown College.

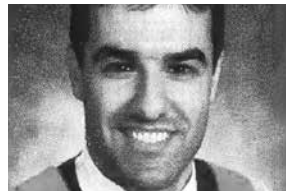
## ANN GOZIOTIS-DUNBAR 9TO, 9T3 DIP PERIO



Periodontist Ann Goziotis died in May at the age of 62. She did her BSc and MSc in pharmacology at U of T before completing her DDS in 1990. After an advanced education in general dentistry program in Rochester, she returned for specialty training. She practised

at a periodontics clinic in London, Ont., for 25 years.

## GINO GIZZARELLI 0T1, 0T4 MSC ANEAS



Gino Gizzarelli passed away at age 52 in July. He trained in pharmacy at U of T, graduating in 1995, and returned for his DDS and master's in dental anaesthesiology. He divided his time between working part time at Toronto General Hospital as a pharmacist, and dentistry roles. He served as a

part-time instructor at the Faculty. His family has established a scholarship named the Dr. Gino Gizzarelli Dentistry Award at the Faculty. ☐

## WE MOURN THE LOSS

Margaret Adams (née Bray) 5T2 Dip DN  
Malkit Brach 8T7

W M Chan (née Leung) 6T8,  
7T0 Dip Ortho

Gilbert Chapnick 4T4

Gerald Halbert 5T8

Anita Kashul 7T2 Dip DH

Melvyn Kay 6T9 Dip Pedo

Lee Kiborn (née Burger) 4T8 Dip DN

Victor Krueger 6T2

Bernard Mandel 6T3

Doris Walker (née Wood) 5T3 Dip DN

Frederick Wauchope 7T9

Sweelian Young 6T9

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# UPCOMING EVENTS


Our website hosts the most up-to-date information for upcoming alumni events and programming. We invite you to visit us at [dentistry.utoronto.ca/alumni/events](https://dentistry.utoronto.ca/alumni/events)



Class of 2024

Photo: Jeff Corbier

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