



SAN ANTONIO  
district dental society

# NEWSLETTER

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**WOMEN'S  
HISTORY  
MONTH '21**



**TEAM UP WITH TDA**

**MAY 7-8, 2021**  
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# Clinical Guidelines: FROM THE BENCH

by Robert Marbach, BA, CDT • President, Authentic Dental Lab



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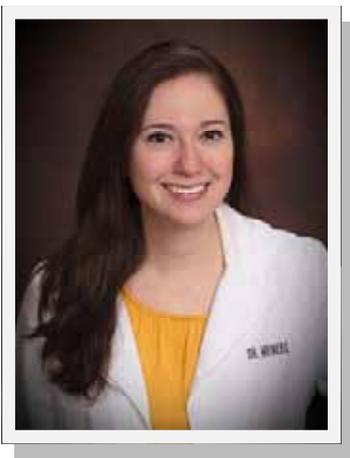
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*All statements of opinion and supposed fact are published on the authority of the author, including editorials, letters and review. They are not considered to be the views of the San Antonio District Dental Society. The advertisements are not to be construed to be an endorsement of the San Antonio District Dental Society.*



# President's Message

## Christine Meiners, DDS

The start of 2021 has been particularly eventful, to say the least. As many of us still recover from the lingering effects of 2020, February's winter storm brought even more hardships for our home and workplace. If there is anything to take away from these events it is to always be prepared and to not take any basic amenities for granted. The TDA has disaster assistance resources available to members and I encourage you to seek out the help if you are in need. Thanks to you, in the aftermath, SADDS members came together for the SA Food Bank and doubled our goal to raise over \$2000 for the needy in our community. I am proud to be part of an organization with such amazing members and I encourage each of you to continue to serve in your own way and inspire others to do the same by sharing your efforts with us on social media with [#servewithsadds](#).

The winter storm not only halted our work week but also postponed TDA Legislative Day that will be rescheduled. A big thank you to each of you who helped send emails to our local legislators and EVAP committee members. As a collective voice we can make a bigger impact on future legislative decisions. Since the start of the new year, we continued to seek opportunities for our members to get vaccinated. I would like to extend my sincere gratitude to UT Health for partnering with SADDS to offer our members and their team the COVID-19 vaccination. I am grateful that many of our members were able to take advantage of this wonderful opportunity.

March marks Women's History Month and in this newsletter you will read about some amazing women of SADDS and the wonderful women who paved the way before them. Thanks to their leadership and example we have a great representation of woman leaders on our board and committees. Our current board is made up of more than half women, our newly appointed membership, diversity, and the new dentist committee chairs are women, and TDA has been recognized as having one of the

highest number of woman dentist members! We sure are lucky to have such strong female leaders within the SADDS family! I am greatly humbled to lead them and they inspire me everyday to be better and do more. As a historic first, New York Dental County Dental Society has recently inducted an all female executive committee and credits the impact of mentorship and diversity. Another historic first is the all female national HDA executive committee, where I currently serve as secretary. As we continue to embrace mentorship and diversity as the national, state, and local level and we continue to see a rise in the female dental workforce, I hope this is the first of many future female leadership teams.

In April we celebrate Diversity Awareness Month. It also marks the one year anniversary of the formation of three minority oral health organizations the Hispanic Dental Association, National Dental Association, and the Society of American Indian Dentists joining to form the Diversity Dental Society (DDS). Under the leadership of another all female executive committee,

*"I would like to extend my sincere gratitude to UT Health for partnering with SADDS to offer our members and their team the COVID-19 vaccination. I am grateful that many of our members were able to take advantage of this wonderful opportunity."*

(what a great time to be a woman in dentistry!), and united by their common mission, these national organizations are working together to make a difference in oral health and racial disparities. They will hold their first virtual multicultural health summit this June, make sure to save the date! The SADDS diversity & inclusion committee has been working hard to create some new and exciting events for students, professional members and your dental team. We will start the new month with a diversity panel discussion moderated by Dr. Peter Loomer, UT Health Dental Dean and Dr. Chiquita Collins, UT Health Chief Diversity Officer and Vice Dean for Diversity & Inclusion. SADDS is excited to offer this event for students to have a safe space to ask questions and learn more about the importance of diversity and inclusion within our profession. On April 13th we have invited Dr. Cathy Hung, oral surgeon and author of the book "Pulling Wisdom" to

speak on cross cultural communication. This is a great lecture for ALL healthcare professionals and a great way to get your team involved in cultural awareness and learn tips to increase treatment plan acceptance. Make sure to take advantage of our early bird registration and even consider sponsoring a student, associate, or team member to attend. After reading her book I learned so many things; this is a course you definitely don't want to miss! Her feature in this newsletter is just a taste of many "wisdoms" she has to share.

As Texan begins to open up, we are beginning to safely plan some in-person meetings and socials. I can't wait to see some familiar faces outside of a computer screen! TDA has also announced a limited in-person meeting along with virtual course access, stay turned for the course schedule and call for volunteers. We look forward to seeing you soon, but until then we still have many webinars and CE opportunities for you to take advantage of. We will be having TDA Perks webinars to inform members of the most popular and useful benefits you might be missing out on and if you haven't had a chance to catch one of Dr. Robert Lemke's COVID-19 updates, make sure to sign up for the next one. **An extra big thank you to Dr. Lemke for taking the time and effort to put together these great updates for our members, the course reviews have been outstanding!** April also marks Oral Cancer Awareness Month and we have invited oral pathologist, Dr. Juliana Robledo along with a three-time oral cancer survivor to speak at our next GM meeting on Tuesday, April 27th at Maggiano's. We are hoping this will be our first in-person meeting so make sure to sign up early. Hope to see you there!

At your service,

Christina



**Registration & housing are open**  
FOR THE 2021 TDA MEETING.

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TDA members and their teams get complimentary registration before April 15th.



## Congratulations to SADDS & Faculty Member Dr. Amber Ather ADA 10 Under 10 Award Winner!

A student, teacher, researcher, and caregiver, **Dr. Amber Ather** wears many hats – and wears them all with pride and passion. Dr. Ather received his Master of Dental Surgery in 2011 in India prior to attending the University of Colorado School of Dental Medicine in 2014. His colleagues fondly address him as "Google" for his in-depth knowledge of basic and clinical sciences. Dr. Ather is a recipient of the prestigious Omicron Kappa Upsilon (OKU) award. After completing dental school, Dr. Ather worked at non-profit dental organizations in Texas, providing dental care to the underserved population.

He recently graduated from the Endodontics program and is currently pursuing his M.S. in Dental Science at **UT Health San Antonio School of Dentistry**.

In addition, he also serves as a Clinical Faculty at the University. During his residency, Dr. Ather has contributed to a number of publications. His article, **“Coronavirus Disease 19 (COVID-19): Implications for Clinical Dental Care”** (<https://pubmed.ncbi.nlm.nih.gov/32273156/>), was the first of its kind to be published by a U.S scholar, sharing extremely time sensitive guidelines for practicing dentistry during the pandemic. Dr. Ather was awarded a \$20,000 grant by the **American Association of Endodontists Foundation for Endodontics (AAEF)** for his research project, wherein he will be investigating the effect of dexamethasone in vital pulp therapies.



*Dr Amber Ather, University of Colorado, School of Dental Medicine – 2015*

Dr. Ather also serves on the scientific advisory board of **Journal of Endodontics** and the **American Association of Endodontists (AAE)** practice affairs committee.

The ADA 10 Under 10 Award honors dentistry’s rising stars: dentists who are making an impact on the profession less than 10 years after graduating from dental school.

The 2021 winners are driving dentistry forward and inspiring their colleagues through their work in science, research & education, practice excellence, philanthropy, leadership and advocacy.

After reviewing more than 100 submissions, see the all-stars who rose to the top : [ADA.org/10under10](https://www.ada.org/10under10)

Dr. Ather has a keen interest in photography and has had his work featured in National Geographic and Lonely Planet. When Dr. Ather is not practicing dentistry, he loves to travel and spend time with his family.

**Note: SADDS President Dr. Christine Meiners also was a 2018 10 Under 10 Inaugural Award Winner!**

# Editor's Message

Kelly C. Lemke, DDS, MS



“The insurance and corporate entities have virtually unlimited resources and will never cease to exist.” (Richardson dentist Dr. Jack Brodie, in a Nov. 1, 2018 letter to the *ADA News*.)

It is an unavoidable fact that practicing dentists aren't the only 'voice' advocating for the present and future state of our profession.

Another fact is that SADDS and the TDA aren't the only entities providing continuing education courses, camaraderie with fellow dentists, and mentorship.

However, your membership in SADDS and TDA gives you something unique and eminently valuable...**major political clout in Austin.**

The TDA exists to inform and amplify its members' voices. **More members = stronger voice.** And it goes without saying: **Fewer members = weaker voice.**

As the voice of dentistry in Texas, the TDA is the leading oral health advocate in both the legislative and regulatory arenas. The TDA's priorities for the 87<sup>th</sup> Legislature include:

**Preserving dentists' independent, professional judgment:** Do you think that non-dentists should interfere with patient/clinical care? I don't. DSOs and large, multiple-location practices play an increasing role in delivering oral healthcare to Texans, and non-dentists have a financial stake in some of these ventures. The TDA seeks to hold non-dentists accountable for any actions that undermine the safety of patients and the sanctity of the doctor-patient relationship.

**Teledentistry:** The usage of telehealth has skyrocketed during COVID, which has left us wondering when teledentistry will come to Texas, and what it will look like when it does. TDA supports efforts to ensure that teledentistry aligns with telehealth and telemedicine, seeks to uphold the current standard of care in dentistry, and emphasizes dentist oversight, supervision, and delegation.

**Medicaid and CHIP:** Making Texas healthier through access to a dentist is a goal of the TDA. It therefore advocates for maintaining adequate reimbursement rates and reduced administrative burden for dentists who participate in programs that increase access to care.

**Dental schools:** Fall 2021 will bring the opening of a new dental school in Texas...something that last happened over 50 years ago here in San Antonio. The TDA's position is that state dollars for the existing schools in San Antonio, Houston, and Dallas must be protected so that they can continue operating their clinics and training the state's dental workforce.

Of course, TDA offers much more than advocacy, and some of these benefits will be highlighted in future issues of this newsletter.

In the meantime, I want to share that your SADDS Executive Board has been engaged in **strategic planning focusing on membership** since January. SADDS comprises every possible practice setting: solo practice, small group, large group, DSO-owned, public health, academic, military...you name it, and we count them amongst our members. Make no mistake, maintaining or increasing our current membership numbers will benefit the profession as a whole...no matter how you practice dentistry. **More members = stronger voice.**

## Questions for Dr. Mosh Farokhi “Profile in Diversity”

### Life Lessons

By Dr. Kelly Lemke



My professional journey has been a series of interconnected events and incredible lessons. Attending the University of Minnesota (U of M) for my Bachelor of Science was a joyful experience. During that period, exchanges with fellow U of M students representing other states and all corners of the globe along with attending speaking engagements

from world leaders such as Benazir Bhutto and Peter Arnett was an amazing cultural experience. During this time, I was also exposed to the compassionate teaching of a nursing faculty who sealed my faith about what an effective educator would look like.

Later as a senior at U of M School of Dentistry, I fabricated dentures for the low-income elderly population under the direction of a faculty mentor at a project titled High Rise. The name came from the high rise apartment building where low-income older adults lived. This was my first exposure to a vulnerable population outside of my parents' numerous charity efforts that included attending to orphanages. At the time, I learned that it is possible to have one foot in private practice and one foot in the public health arena just as my father, a prominent orthopedic surgeon, had always modeled. I also learned the value of effective faculty mentorship.

Later, I co-founded a pro-bono geriatric denture clinic in Colorado where I was a dentist and the owner of a dental practice. That clinic was a place where I attended on my day off to share fellowship with the other founder, a retired dentist. Again, I met the most vulnerable elderly patients and also learned about patient advocacy because of elder abuse incidences.

Later, while living in Scotland, I completed a Master's in Public Health with an emphasis in oral health at Glasgow University, situated within a beautiful castle. This was by far my most invigorating learning opportunity, spanning from classrooms to public health campaigns. I studied under influential professors who taught me about patient empowerment and public health campaigns. During this period, the freedom of not having to justify who I was and where I came from was intoxicating. I perceived Europeans as well traveled where they spoke several languages and did not express their misjudgments in the form of microaggressions so freely and openly.

Finally, upon the completion of my dental public health training at the University of Texas Health Science Center at San Antonio, I realized my passion of becoming an educator. I had always self-reflected throughout my entire educational journey and realized that my educational yearnings had not been fulfilled. Hence, I resolved to discern how to become an effective educator and an inspiring mentor for dental students.

In retrospect, long before any of these lessons and throughout my ever-changing journey in America, from Georgia to Minnesota, to Colorado and Texas I had been the recipient of the frequent query “You have an accent, where are you from?” The more I heard it, the deeper the realization that a judgment was being unnecessarily placed based on an accent. On numerous occasions patients had assumed that I was a foreign dental school graduate. Others outside dentistry made the presumption that I was living off the welfare system. I began analyzing questions before answering where I was from and the answer always depended on who was asking. This process was harder as a teenager and became easier as an adult. I assured some that I was paying into the system and not taking from it and that my knowledge and skills in dentistry mattered more than my beliefs and culture. It all came to a head during a return visit to my birthplace, where I was

reminded that my accent no longer mattered and that I was a descendent of proud and honorable people. In my twenties I finally realized that I had the same rights and dignity as anyone else no matter where I lived. From that point forward, I stopped hiding behind where I was from. If others had a problem with who I was, it was their internal conflict, not mine, and their words represented who they were and not who I was.

Having learned lessons in humility, I have joined forces with colleagues in San Antonio from the Long School of Medicine and School of Nursing to operate a clinic for the local refugee population. Even though I personally could not relate to them, the fact that I consider myself a world citizen due to my worldwide travels and living in three continents helped. While I may not fully understand the sacrifices refugees make to start life all over again in a foreign land, I desire to make their journey easier. I only had to adjust from an upper crust family and lifestyle to being a foreigner and all that comes with it. I cannot imagine their hardship and the challenges but can empathize with them. It is not about their accents but rather if they speak English. It is not about their job but rather if they have one. When I hear about their physical pain due to tasks that no one else elects such as night shifts and lifting heavy items, I realize that I was spared.

*"I aim to serve vulnerable populations and aspire to be an effective educator and mentor for the dental students who cross paths with me".*

My past professional experiences represent who I am now. I aim to serve vulnerable populations and aspire to be an effective educator and mentor for the dental students who cross paths with me. Above all, I aspire not to judge or fault anyone for who they are. I would like to say to that brave 12-year-old who flew on a transatlantic journey to Atlanta, Georgia in pursuit of becoming fluent in English that all lessons learned are valuable. I would tell her how others treat you has everything to do with them and nothing to do

with you, and that you have done nothing wrong being who you are. I would also tell her that everything will always work out!

I look to the poets like Rumi (Persian) and Maya Angelou (American) for inspiration. I would love to have sat at a table with them along with my grandfather, a nobleman whose philanthropy and generosity still transcends 59 years after his death and my father whose service has touched so many lives in Kerman. What I know for sure is that I have always been diverse, and that inclusivity has not been up to me. I also know that all human beings regardless of their cultures, beliefs and traditions desire the same things in life: health, happiness and prosperity.

## SADDS DIVERSITY COMMITTEE

The San Antonio District Dental Society understands the diversity of our membership is our greatest strength. Our vision for 2021 is to create a conversation for change and foster a more diverse, welcoming and inclusive environment for our members. By creating a SADDS Committee for Diversity and Inclusion we hope to increase diversity within our profession, our membership, and our leadership. As members of SADDS we want you to not only have a seat at the table but a voice that is heard and used to facilitate a change. This change starts with you! If you are not a member, I invite you to begin a dialogue with us and see what we can do to improve this organization and make it one you would be proud to be a part of. We are all part of a great profession that includes a diverse population; a population that we would like you to be a part of so that your voice can be heard on all issues facing dentists today. We have a spot for you ready and waiting!



**By Kelly Lemke, DDS, MS**

March is Women's History Month, and to celebrate we would like to highlight two of the women who have impacted our profession locally. Dr. Risé Martin and Dr. Christina Meiners truly embody what it means to be multidimensional, successful, passionate, empowering, and compassionate leaders.

Dr. Shivani Kamodia Barto, chairman of the SADDs Diversity and Inclusion committee posed the following question to Drs. Martin and Meiners:

**What is one experience, obstacle, or challenge you faced as a woman in dentistry; how did you overcome it and where did you receive support; and what is your advice for women following in your footsteps?**



**Dr. Martin:** *In dental school, we only wore gloves when we did oral surgery procedures. Glasses were worn only if they were prescription. I graduated in 1985 and infection control was taken to a whole new level that year with the news that a dentist passed AIDS to a patient.*

*The whole dental profession made rapid changes to include sterilization of handpieces and wearing gloves, masks, protective eyewear with side shields, scrubs and other outer gowns. Just one problem – everything seemed to be one size – BIG! The gloves stretched an inch past my fingertips. Every item was designed for the average male structure. Performing dental procedures, especially endodontic treatment, was very stressful.*

*Someone needed to enlighten the dental industry. I contacted representatives at several major dental suppliers and offered ideas. I actually presented mock-ups of dental equipment at several sales meetings to help employees understand the dilemmas that most women in the dental profession were facing. When I included women dentists, hygienists and dental assistants, the value became more obvious to the dental industry. I was very active in the American Association of Women Dentists (AAWD), and several large corporations really listened to suggestions and started to make changes in dental patient chairs, operator stools, instruments, and protective equipment.*

*I cannot stress enough the value of networking with other women.*

*In 1989, I had hand surgery on my right (dominant) hand and discovered the need to wear gloves that were even more specialized. I requested custom gloves (right and left specific). To my amazement, the glove companies agreed to adapt; after all, sterilized surgical gloves were already made and packaged this way.*

*My advice is to other women is this: if there is an obstacle, find a solution. Worthwhile solutions are seldom easy. Be bold in pursuing your dreams!*



**Dr. Meiners:** *I can't grow a beard! After almost 11 years of practicing, I still hear the occasional "how long have you been doing this?" or "Are you sure you are going to be able to get this out?" At a conference I once heard the advice to grow a beard since it'll make you look older and wiser...great advice for a male, but not so much for a female.*

*As a defense mechanism we sometimes laugh these moments off, but some advice I've learned is to maintain your professionalism. You can display confidence by maintaining eye contact, carrying yourself with authority, and speaking slowly and clearly with your patient and staff.*

*My other advice is one that resonates well with my life right now. I read a [comment by the author Nora Roberts on Twitter](#) about juggling different balls in life as a metaphor for work/life balance ("the key to juggling is to know that some of the balls you have in the air are made of plastic & some are made of glass"), and it helped put some things in perspective for me.*

*As a young leader I wear a lot of different hats and my time is pulled in many different directions, but now as a wife and new mom I'm starting to see that not all balls are made the same. It's ok to say no and it's ok to have a "lazy day" and not feel so guilty about it.*

# *Pulling Wisdom: Filling the Gaps in Cross-Cultural Communication for Healthcare Professionals*

Presented by **Cathy Hung, DDS**



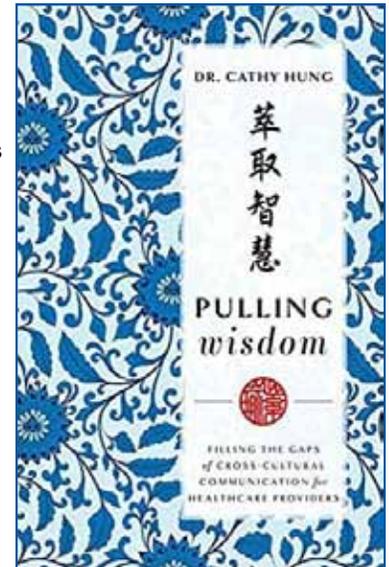
Cathy Hung, DDS

Join us for a presentation by Dr. Cathy Hung on cultural competency, diversity, and inclusion, and the importance of these topics as healthcare professionals.

Dr. Cathy Hung, Oral and Maxillofacial Surgeon, speaker and coach on cultural competency and author of *Pulling Wisdom: Filling the Gaps in Cross-Cultural Communication for Healthcare Professionals*, will address the day-to-day relevancy and the racial and gender disparity within the profession and how it directly impacts patient care.

Specific strategies will be discussed to build cultural competency not just for the doctors but for the entire team in order to increase practice success as part of practice management.

This course is suitable for doctors, dentists, auxiliaries and all healthcare professionals. *Pulling Wisdom* is now available in the ADA e-bookstore as a practice management tool.



## Learning Objectives:

- To discuss strategies in the book *Pulling Wisdom* to build cultural competency for healthcare professionals and the entire team for better treatment acceptance with the understanding of cross-cultural communication
- To discuss the racial and gender disparity within the profession and how it impacts public health
- Bonus discussion for young practitioners to establish confidence in the first years of practice



Locally Approved PACE Program  
FAGD/MAGD Credit  
Approval does not imply acceptance  
by a state or provincial board of  
dentistry or AGD endorsement  
(1/1/19 to 12/31/2022)

April 13: 6:30pm - 8:30pm: Presentation by Cathy Hung, DDS (2 CE Hours)

April 29: 6:30pm - 7:30pm: Pulling Wisdom Book Discussion (1 CE Hour)

Register at [sadds.org](https://sadds.org)

Book available for purchase on Amazon & ADA e-bookstore - purchase of book is optional



SAN ANTONIO  
district dental society

April 13, 2021



## Not crazy or rich, just Asian: From my Singapore Experience to Tackling Stereotypes and Building an Inclusive Culture

by Cathy Hung, DDS, FAAOMS  
For San Antonio District Dental Society

Before I came to the U.S. I had two years of “secondary school” experience in Singapore. My father was doing business in Singapore and Malaysia and decided to migrate to Singapore in the mid-80s. My father, feeling confident that I would be able to catch up on the curriculum, put me in a local public school without any preparation of ESL (English as a Second Language) courses. At that time, I transitioned from an all-Chinese curriculum to an all-English curriculum, and spent hours of time each day trying to play catch-up with English language.

Singapore is a unique country in that it is multicultural and multilingual. English is its official language, with three official second languages: Malay, Tamil, and Chinese. Every student must choose a second language class. Everyone’s English name is spelled two different ways: one as translation from Mandarin Chinese, in PinYin, and one as translation from a dialect. There are several dialects spoken: Cantonese, Fukienese and Hakka. On our report cards, you would see two names listed side by side (dialect name in parentheses), with family name listed first and there are spaces between three single-syllable words: a literal translation of Chinese name. This unique way of displaying names in English represents the fusion of local culture under previously British-colonial ruling. Muslim, Taoism, Buddhism and Christianity coexist in Singapore.

As a transfer student entering mid-year at age of 16, I did not experience much cultural shock, except for the fact that I needed to gain English proficiency quickly. My classmates were very inviting and friendly. Almost all of them spoke Mandarin Chinese quite well. Almost all of them spoke English, Mandarin Chinese, plus a dialect that they spoke at home. Multilingualism was a norm. Multiculturalism was a norm. No one questioned the existence

of different races. I was amused to find Sriracha packets in all fast food chains including Burger King and McDonalds. They showed me around in school and invited me to after school events from the get-go: walking around in the mall, BBQ on the beach, and birthday parties. No one ever made fun of my English. No one had ever made me feel that I was excluded. I was embraced right away into class and I still remained in contact with many of my classmates from Singapore to this day. As a teenager going through informative years, the Singapore experience was positively invaluable and opened my eyes about diversity and inclusion: a term I didn’t know yet. I only lived it.

When I came to the U.S., I experienced different types of negative stereotypes about Asian. I was assumed as being passive or submissive. I received unwanted advances from men with “yellow fever”. I was assumed to be less intelligent because of my ethnic name. I was called “little girl” due to my physique. I was called “Chink” by a patient. I was laughed at by some dental colleagues because they couldn’t believe why or how I could be an oral surgeon: being Asian, female and petite. These experiences prompted me to raise awareness of cultural competency, as I realized that much work needed to be done, not just in general, but within our dental profession.

In my book, *Pulling Wisdom*,<sup>1</sup> I talk about experiences as a first-generation immigrant. When a person whose English is limited proficient (LEP) arrives in a new country, he or she not only has to deal with the language barrier but also the cultural barrier, which can take much longer to overcome. I discussed the concept of second language acquisition, “Chain of Zig Zags” in my book, where different skills, reading, comprehension, writing and speaking, all would improve at different speeds. The fact that each

person learning English as a second language has different proficiency needs to be taken in consideration when you communicate with your patients as they may not always understand what they are consenting to, when signing paperwork. When practitioners are conducting consultations, or going over instructions, these patients may be looking at you, nodding and smiling, but will turn around and ask again what was being said, or fail to show up at the next appointment.

In a hospital environment, real-time medical translators are readily available via phone or video chat. It is usually not the case in a private practice setting for most dental professionals. Therefore, we rely on dental staff members and patient’s family and friends to translate for us. It is often difficult to gauge what is being translated. It is inevitable that certain vital information might have been omitted. For example, in treating an older female patient who speaks Spanish with the diagnosis of osteoporosis, she did not put down any medications that she is currently taking on the questionnaire. It is important to pursue further and ask if this patient was prescribed antiresorptive medications when she was living in her home country twenty years ago. This little piece of information could change the picture if you are performing invasive dental procedures such as surgical extractions or dental implants. Bear in mind that many brand names are different, including antibiotics and pain medication formulations. I recently saw a patient who had extractions of third molars in Venezuela, and he wanted to make sure all extraction sites healed well. He told me two different names, both unfamiliar to me. After he showed me the boxes, I realized that they were equivalent to Amoxicillin and Acetaminophen. These are important information to document, and not to be dismissed just because it happens in another country. If I

were to dismiss that information and had simply asked the patient to take Tylenol, he could have taken more than the allowed amount of Acetaminophen for the day.

According to ADA's 2016 Data,<sup>2</sup> out of 9808 dentists practicing in the State of Texas, there 64.1% White, 19.9% Asian, 9.6% Hispanics, 5.2% Blacks and 1.1% other. The 2019 Wallethub Survey<sup>3</sup> showed Texas as the second most diverse state in the country. Being a coastal state bordered by Mexico, it is not surprising that Texas has many immigrants. Diversity within your patient base and your dental team alone will not create a sense of belonging without inclusive efforts. Such efforts can make your patients and team members feel welcome and is one fundamental key to practice management success.

Diversity only means the existence of differences. Inclusion is the act of embracing diversity and promoting cohesiveness by engaging everyone. Inclusive efforts require recognizing, accepting and embracing differences. Inclusive efforts require an open heart and eagerness to learn. Start by asking open-ended questions about the patient's expectations and their past experiences with dentists. Since many other countries have different healthcare systems, patients' experiences may vary vastly. It is important to understand not just the surface cultural characteristics but their mentality toward the healthcare system in general. Some cultures may be more inclined to have non-surgical or alternative medicine as treatment, and you may be experiencing more resistance when certain treatment is proposed. Most other countries do not have insurance as complicated as the U.S., and therefore questions regarding copay and how patients perceive the value of the treatment can vary. Most immigrant patients have access to the healthcare system of their home country, therefore, it is not uncommon to see these patients returning to their home country for care. Be careful not to lump cultures together, as the same language may be spoken by different countries (Example: Spanish-speaking countries), and multiple languages can be spoken by people of the same country of origin (Example: India).

Avoid "y'all look the same" comments or jokes.

Within your dental team, inclusive efforts can include celebrating cultural events and having on-going conversations with your team members, on a personal or a professional level, to promote understanding. In Texas, the most spoken languages secondary to English and Spanish include: Vietnamese, Chinese, Tagalog, Korean, Arabic, German and French.<sup>4</sup> Do you routinely see these patients in your practice? Readings or research on these languages and the cultures associated with them would be very helpful if you serve or live in this particular demographic. Aside from immigrants, don't forget to learn about Navajo as well. When it comes to resolving conflicts, it is important to recognize whether the conflicts stem from different communication styles, which could be largely cultural, or personality differences. It is simply not enough just to employ someone who speaks Spanish or Vietnamese to translate for your patients so that you could say you have a Mexican and an Asian working in your office. Ask your team members to share some interesting stories with you or to introduce you to their favorite dish. A simple gesture can go a long way. Encourage them to reach out.

Diversity and inclusion should also reach organizational dentistry as leadership positions may or may not be representing local membership in their demographics. Often there is a mismatch. Pathways to groom young leaders of underrepresented groups should be created with the possibility of mentorship programs. In time, leadership representing women, minority groups and LGBTQ+ are expected to increase presence in order to advocate interests representing the underrepresented.

I enjoyed the love story of "Crazy, Rich Asians"; I also fear that the movie portrayed a different stereotype of Asians as being crazy rich. In my brief time living in Singapore for two years, my classmates and I were living as common people in a very diverse environment--no one was crazy rich. Every morning before classes, the whole school recited the Pledge of Allegiance. I now understand why my classmates, at the tender age of

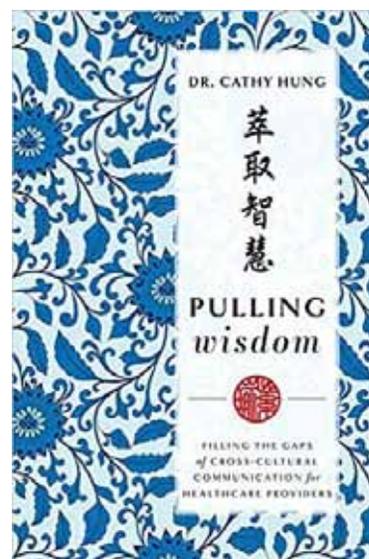
fifteen, or sixteen, kindly applied the principles of diversity and inclusion so well, as the Pledge reads:

*We, the citizens of Singapore, pledge ourselves as one united people, regardless of race, language or religion, to build a democratic society based on justice and equality so as to achieve happiness, prosperity and progress for our nation."*

It is my wish that we seek to understand one another as individuals and not through the lens of stereotypes. As America is getting more diverse, this is the best time to learn how to build an inclusive culture, as it is the only way to coexist and prosper as a nation.

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1. Pulling Wisdom: filling the gaps in cross-cultural communication for healthcare professionals. Cathy Hung. 2019. Advantage books.
2. ADA, Health Policy Institute, Supply and Profile of Dentists 2016 Data (revised 2018)
3. The most and least diverse states in America. Adam McCann. Wallethub.com, September 17, 2019
4. The languages most spoken in Texas. <https://texantranslation.com/blog-1/of/language-communities-in-texas>



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**Robert Lemke, DDS, MD**

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Dr. Lemke is a board-certified oral and maxillofacial surgeon. Born and raised in San Antonio, Dr. Lemke is a graduate of Trinity University and the University of Texas Health Science Center San Antonio, where he received his dental and medical degrees and completed his residency training in Oral and Maxillofacial Surgery. Dr. Lemke’s extensive training and dual degrees (DDS and MD) allows him to provide superior care to every patient.

Dr. Lemke has published numerous articles in academic journals, written 13 scientific abstracts on facial surgery, and contributed chapters to 2 books. He has lectured nationally on subjects including craniofacial reconstruction, facial cosmetic surgery, facial trauma, and the ‘Teeth-in-a- Day’ procedure for full-arch reconstruction.



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## Profile in Diversity, Student Edition: Current and Future Role Model Victoria Diggs

By Kelly Lemke, DDS, MS

***Victoria Diggs will soon be graduating from UT Health San Antonio School of Dentistry as a member of the class of 2021. She majored in Biology and minored in Political Science at Duke University, where she graduated in 2016 with Distinction in Biology.***

***She has been highly involved in extracurricular activities of all types at the School of Dentistry: Student National Dental Association (SNDA), American Association of Women Dentists (AAWD), Academy of General Dentistry (AGD), American Student Dental Assn (ASDA), American Academy of Oral Medicine (AAOM), Student Research Group, The LEAD Program, and the Teaching Honors Program. She has served in leadership roles in SNDA, AAWD, and the Student Research Group. Ms. Diggs also is on the SADDS Committee on Diversity & Inclusion.***

***Ms. Diggs was kind enough to answer some questions about her journey in dentistry so far and her plans for the future.***

### ***What inspired you to pursue a career in dentistry?***

Right before I started college, I began to think about what I wanted to pursue as my future career. Both my parents and older sister are attorneys, so seeing what their careers were like made me recognize that I wanted something that would provide me with a little more human interaction and minimal time at a desk. I thought about how positive of an experience going to the dentist and orthodontist was for me as a child, and I felt that dentistry would allow me to take advantage of my strengths.

My Mom always told me that my career should provide me with the ability to give back to my community and help those who haven't been as fortunate as I. During my time in college, I volunteered at some free dental clinics and realized that there was vast opportunity to serve the community via organized dentistry. Ultimately, that was the confirmation I needed that a career in dentistry was right for me.



### ***What you love most about the dental profession, so far?***

I really enjoy the patient interaction aspect of dentistry. I love being able to educate my patients and provide them with high quality dental care, but I find connecting with my patients and getting to know them as people to be the most fulfilling part of my days. The best compliment I've gotten was when a patient thanked me for listening to her, taking time to answer all her questions, and for using some time in each of our appointments to just have normal conversation.

### ***I've heard that you are planning to attend an orthodontics residency at UTH-Houston.***

#### ***Why ortho?***

When I was in second grade, I underwent orthodontic treatment. I thought I was so cool showing up to school as a 7-year-old with braces, and I subjected my younger brother to being my patient by putting tinfoil on his teeth. So, I always really enjoyed my experience in the orthodontic office. When I started dental school, I wanted to keep an open mind and focus on becoming a well-rounded general dentist. But in my second year we started our didactic orthodontic course and I really loved the treatment planning aspect of orthodontics.

After that course, I realized how much interest I had in orthodontics as a career and I started to participate in all the orthodontic selectives UTHSA had to offer. I am so incredibly excited to be attending UT-Houston for my orthodontics residency!

***A lot of talk around inclusion and diversity centers on historically underrepresented groups in dentistry. How do you identify with this concept (if you do in fact identify)? Has diversity impacted your personal/academic/professional life, either positively or negatively?***

According to the ADA, only 3.7% of dentists are Black and that number is down from what it was prior to the year 2018. I am one of 3 total Black students in my dental school class, so I would absolutely agree with the fact that I am part of an underrepresented group in dentistry. I can think of many ways being part of this underrepresented group has affected all aspects of my life in both positive and negative ways.

Therefore, it is a major goal of mine to encourage more underrepresented students, especially young Black girls, to pursue a career in dentistry. In the future, I'd like to hold outreach events in schools that have largely minority student populations to inform middle schoolers and high schoolers of dentistry as a viable career option. I want to create shadowing and mentoring opportunities for students to understand what a clinical career in dentistry looks like. I believe that with the rise in awareness of disparities in healthcare for different racial and ethnic groups, providing culturally competent care must be prioritized more than it has been in the past. Dental schools can lead the charge in making culturally competent care the new normal by actively working to educate dental students on how to provide culturally competent care and how to recognize and dismantle any implicit biases they have. I plan to play my role in the initiative by not only actively working to provide culturally competent care to my own patients, but by mentoring and being a resource to help diverse applicants from underrepresented groups gain admission into dental school.

***Do you see yourself as a role model, and if so, how?***

I would like to say that I've been a role model for both pre-dental students and dental students who started their educational journey after mine. During my dental school career, I've participated in volunteer tutoring, student information panels, pre-dental days, and served as a student interviewer for dental applicants. While only 3.7% of dentists are Black, I hope that my visibility as a dental student and my future visibility as an orthodontist allows me to be a role model to people of color, and women, wanting to pursue education and careers in not only dentistry but STEM as an industry.

***If you weren't a dentist, you'd be a...***

My practical answer would be an attorney, as my Mom, Dad, and sister are all attorneys, and I really am interested in America's legal system. However, if I were *really* chasing my dreams, I would want to be a marketing director for a Formula 1 Racing team!

***Other non-dental hobbies or interests?***

I love to play golf, usually I'll play with my Dad and brother when I'm home for breaks. Lately I've been working on baking through different challenges from the Great British Bake Off. I documented my first attempt on my Instagram story, and it was quite entertaining for my friends to see me take over 4 hours to complete a bake that the contestants had 1.5 hours to complete on the show. Another big thing I've been working on has been planning my wedding!

***Anything else to share?***

I am so thankful for the love and encouragement I've received from my parents and siblings, and the amazing education and support I've received from all the faculty members I've interacted with here at UTHSA!

***Victoria - Good Luck in your dental career! Thank you for allowing us to take a look into your future plans. And, we do hope you are able to fit in some time to attend a few Formula 1 races!***

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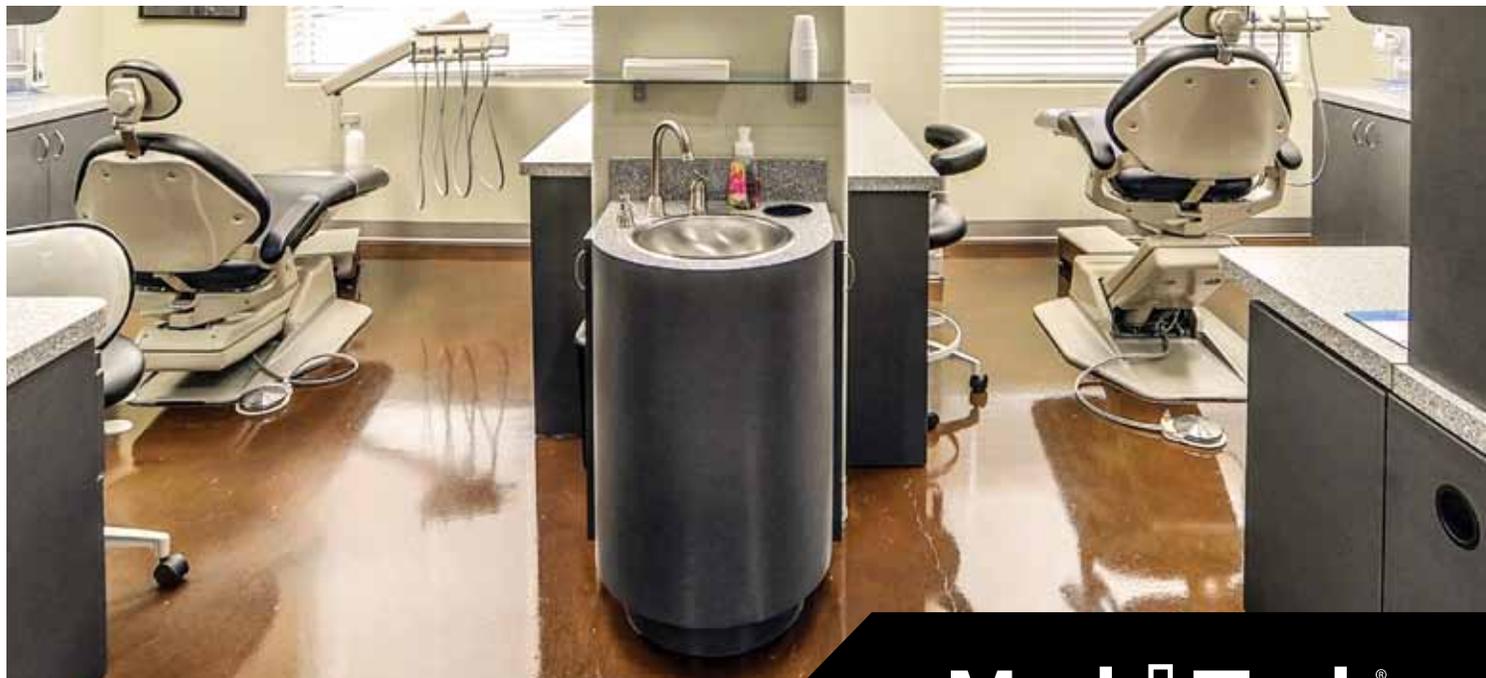
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## Dental Board Update

### By Jeanine Lehman, Attorney at Law

**Here are highlights of the Texas State Board of Dental Examiners 3/12/2021 regular board meeting.**

Discussion indicated that administering vaccinations for Covid-19 is not within the scope of practice of dentists. To enable dentists to vaccinate, action by the Governor or the legislature is needed. There are 24 other states which allow dentists to administer Covid-19 vaccinations, and nine which allow hygienists to vaccinate. These other states have statutes or executive action to allow such vaccination.

There was discussion of the use of Botox and injectables at both the 3/11/2021 meeting of the Dental Practice Committee and at the full board meeting. The matter has been referred to staff to make a recommendation concerning either keeping the existing "TSBDE Policy Statement: Facial Cosmetic Surgery/Treatment", which is on the Board's website, or proposing a new rule. There has been concern about confusion arising from courses on Botox administration being given at professional meetings, which may go beyond the scope of practice under the Board's policy statement.

On 1/1/2021, new rule 111.5 on electronic prescribing waivers was implemented. Over 2,000 waivers have been processed. The waiver status will be added to dentists' profiles. The Board's Executive Director, Casey Nichols, indicated that if a dentist has a problem with a pharmacy on the waiver of electronic prescribing, go directly to Ms. Nichols for assistance. Beginning 1/1/2021, dentists, who do not have a waiver from the Board, must use electronic prescribing for controlled substances and dangerous drugs.

Additions to Rule 108.54 were adopted to allow advertising of oral medicine, orofacial pain, and dental anesthesiology specialties. New rules 119.10, 119.11, and 119.12 were adopted to define oral medicine, orofacial pain, and dental anesthesiology specialties.

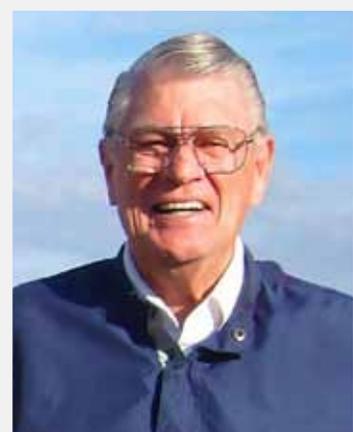
An addition to Rule 108.8 was adopted to allow a maximum amount of \$30 to be charged for provision of a cone beam CT scan, for duplication by other than a radiograph duplicating service.

An addition to Rule 108.7 was adopted indicating that a dentist must hold at least a level 1 anesthesia permit before prescribing and/or administering Halcion (triazolam), and should administer in an in-office setting.

Virtual meetings will be allowed to continue under the pandemic emergency. In the current legislative session, legislation has been proposed to allow open meetings to continue to be held virtually in the future. In May 2022, the Board will move into a State owned office building close to the capitol building.

Comment was made by a Texas Dental Association representative that the TDA is designing an app and computer program for TDA member dentists to keep track of their continuing education.

***Jeanine Lehman is an Austin, Texas dental, health and business law attorney with a statewide practice – [www.jeanine.com](http://www.jeanine.com). She can be reached at (512) 918-3435 or [Jeanine@Jeanine.com](mailto:Jeanine@Jeanine.com). © Jeanine Lehman 2021. This article is not legal advice.***



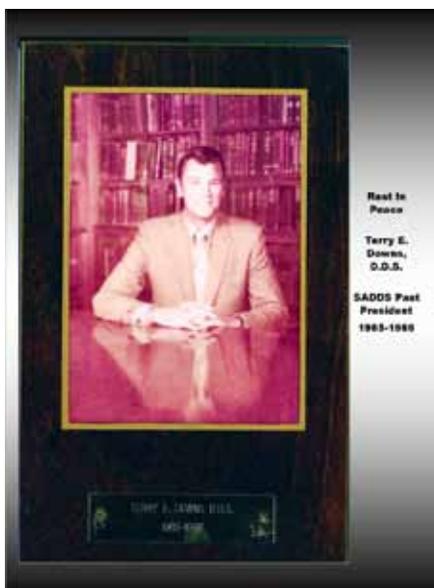
## Terry Evans Downs SADDS President 1965-1966 May 8, 1928 - February 27, 2021

Terry Downs was born, May 8, 1928 in San Antonio, TX, graduated Brackenridge High School and attended Baylor University and graduated with his B.S. Degree in Biology. He then went on to earn his Doctor of Dental Surgery, earning his DDS degree from Baylor College of Dentistry in Dallas in 1955. Terry served in the 36th Division of the U.S. Army Air Force 3510 Hospital Group in San Antonio before establishing his private practice in Terrell Hills. **Dr. Downs was a past President of the San Antonio District Dental Society 1965-1966** and was inducted to the American College of Dentists in 1988. Terry retired from his Dental Practice in 2000 and became a Dental Transition Analyst Consultant for AFTCO.

Terry is survived by his son William Downs of Houston, TX, daughter Donna Koch of Plano, TX and his brother Raymond Downs of Quincy, MA, three grandchildren, nine great grandchildren and many beloved nieces and nephews including Barbara and Joel Stuart of San Diego, CA, Dan Downs of Brattleboro, VT and Michael Downs of Wichita, KS.

All that knew Terry loved him and described him as “larger than life,” a distinct Texan with a Texas sized presence in the life of all he knew. Terry loved life and had a gregarious personality and sense of humor with a unique ability to get to the heart of the matter. He was a leader in most every activity he engaged in. Terry was an accomplished athlete having played baseball and football as an All-American for the Baylor Bears in the 1950s. In later life Terry was a

competitive golfer playing in annual Pro-Am tournaments as a member at Oak Hills, Sonterra and Dominion Country Clubs in San Antonio. He was a lover of the outdoors and cultivated vacation home getaways for family and friends with great love in the Pines of Northern Arizona and the Texas Hill country of Canyon Lake.



Terry was a devout man of faith, active in the choir and church community of the Prince of Peace in Plano, and prior to that at St. Matthews church and First Presbyterian Church in San Antonio, TX. Terry is preceded in death by his loving wife Hazel Downs, son, Terry E. Downs Jr, parents Raymond Downs and Ina Downs, sister Lucille Norris; and Georgina Downs Ulbrich, the mother of William Downs and Terry Downs Jr.

Internment will be held at Prince of Peace Catholic Church Memorial Garden Columbarium. A virtual memorial remembrance celebration will be held later in March. All are invited and are welcome to participate and celebrate the life of Terry Downs... a life well lived and well loved. To sign up for this on-line service and be notified with the details, links and schedule, please send a message to the following email address:

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# UPCOMING MEETINGS

## SADDS Meetings

**April 13, 2021**  
**Cathy Hung, DDS**  
**April GM Meeting**

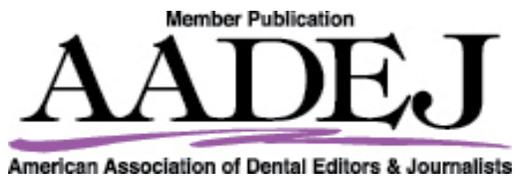
**April 15, 2021**  
**Opioid Prescribing**  
**in Dentistry**

**April 29, 2021**  
**“Pulling Wisdom”**  
**Book Discussion**

**May 18, 2021**  
**May BOD Meeting**

**June 8, 2021**  
**Babak Najafi, DDS, MDS,**  
**FRCD(C)**  
**June GM Meeting**  
**Register at [sadds.org](http://sadds.org)**

**November 4-6, 2021**  
**Texas Mission of Mercy**  
**for Veterans**  
**VFW Hall Post 9186**  
**San Antonio, TX**



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Submission of manuscripts and guest editorials are encouraged. News items of important events in the lives of the members are always welcome. Anonymous communication will receive no consideration. E-mail to: [sadds@sadds.org](mailto:sadds@sadds.org), or mail to Editor, *SADDS Newsletter*, 14603 Huebner Rd., Suite 2403, San Antonio, TX 78230. Call the SADDS office for details.

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## WELCOME NEW SADDS MEMBERS!

Viral Patel - GP  
 Hania Alkudmani - Perio  
 Saeed Bayat Movahed - Endo  
 Maria Becerra Garcia - GP  
 Alexis Polczynski - GP  
 Juliana Gaviria - GP  
 Maressa Mistretta - GP

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## Worrisome Lesions of the Oral Cavity and Oral Cancer: How Do We Know and What Do We Do?

**Dr. Juliana Robledo, Oral Pathologist**



There are several lesions that look worrisome, show up in worrisome places and look like they could turn into worse conditions. In this lecture, we will learn about the clinical characteristics and progression of these worrisome lesions, how to identify them, what to do and even who to send them to in order to manage our patients adequately. We will also discuss the characteristics of classic oral cancer and HPV-associated oral cancer and the importance of early cancer detection. We will review how to perform a thorough head and neck exam and what are new diagnostic tools in the market place which can help to perform a much detailed exam.

Learning objectives for this presentation include:

- Learn the characteristics of potentially malignant oral lesions
- Identify causes of worrisome lesions of the oral cavity
- Review and differentiated between classic oral cancer and HPV associated oral cancer
- Review the steps of a thorough head and neck exam and learn the different diagnostic tools available

Dr. Robledo completed her oral and maxillofacial pathology residency in 2002 at the University of Florida and continued with a fellowship in Head and Neck Surgical pathology in 2003 at the University of Texas Health Science Center San Antonio. She was employed by the University of Nebraska-College of Dentistry as an Assistant professor and was also director of the oral biopsy service, before returning to San Antonio, where she started her practice in oral and maxillofacial pathology, South Texas Oral Pathology. Dr. Robledo has recently accepted a full-time position as Assistant professor at UT Health San Antonio with the Department of Pathology at the Long School of Medicine and will be in charge of teaching future dentists and doctors, and the Oral pathology biopsy service.

**Welcome Guest Speaker Joana Breckner, 3 Time Oral Cancer Survivor!**

Ms. Breckner was initially diagnosed by her dentist 20 years ago during a routine check-up and oral cancer screening. Listen to her story and the power she discovered to get through oral cancer and how it reinforces the message of how early detection in the dental chair is critical to survival. She says that dentists are truly the front line of potentially saving lives and giving their patients the best quality of life possible.

**April is National Oral Cancer Awareness Month**

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