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TESTIMONY OF PATRICK PLETNIKOFF ON H.B. 728
MOBILE DENTAL CLINIC
April 7, 1978

Throughout the dental feasibility study conducted by APIA for the Aleutian/Pribilof area, it was very early apparent that massive efforts were made by Public Health Dental Units to deliver service to the people of this area over the past few years. However, the records show that these efforts were often uncoordinated, equipment very often arriving days late after the professional staff had arrived and in some cases when the dentist was ready to leave or had already left. One could criticize the Public Health's efforts to deliver dental care in almost the same wording as Dr. Douglas Smole, Chief, Service Unit Dental Program used in his criticism of our plan to use mobile units combined with supervisory professionals and overwhelming numbers of volunteers who want to help free of charge. I quote him here "one shot" programs have no potential for continuing success when they deal with disease processes as multifactorial as dental diseases. Furthermore, one shot programs are usually not cost effective."

The records clearly show that the one shot approach is in fact the approach most often followed by the PHS Dental Program.

In 1974, 1975, 1976, and 1977, the records clearly indicate that the one shot a year plan was the plan used and the same plan is anticipated for 1978.

Let's explain the facts:

ATKA - Village received a total of 9 days dental service with a single dentist from 1974 through 1978 and even at that the dentist waited for his equipment to arrive and in one case decided to talk about good dental health to the children instead because he had no equipment.

FALSE PASS - Received 9 days of dental care from 1974 through 1978. The 1974 trip was aborted due to weather and another attempt was made in March of the following year.

KING COVE - From 1974 through 1978 the average days of service for dental treatment was 10 days a year for a population of over 270 people. 7 evenings were devoted to night emergency treatment of adult teeth in 1974 and the dentist was told by his superiors the program emphasis was for children's teeth, not adults. Even with this increased number of days of service the reports read (rampant cares) decay out of control, and once again the late arrival of equipment needed to treat patients.

BELKOFSKI - Children were transported to King Cove when the dentist was there for emergency care. No opportunity was available for adults or out of school youth beyond grade 8 to have dental assistance.

NIKOLSKI - From 1974 through 1978, 5' days of service was delivered to children. A planned trip for November of 1976 was attempted again the next year in May.

NELSON LAGOON - 1974 to 1978, 9 days of service. An aborted trip in November was attempted again 6 months later.

SAND POINT - 1974 to 1978, almost 20 days a year of dental service was available except for the days equipment was late in coming and the time spent trying to find a place to have a clinic. The dental staff had to clean out an old building in order to set up at all, and the portable equipment arrived 3 days later leaving 4 of the 9 days for treatment. Community response was reported as very poor. Obviously little pre-planning was done to involve the community.

UNALASKA - Public Health reports a population of 104-252. The dentists say 500 year around. An average of 11 days service per year since 1974 with the usual late arrival of equipment reported by the dentists. A flouride program in the water system seems to be helping here.

A private practitioner in May of 1976 delivered emergency care for a 7 day period. The previous October, over 100 adults requested emergency treatment.

ST. PAUL - Reported population, 419. Although this community had more days care per year than all the other villages from 1974 to 1977, reports were of rampant dental disease, high sugar consumption and little or no community dental plan. Lack of coordination with school; 30 children reported as not showing for check ups in one period.

ST. GEORGE - Average of 6.4 days a year since 1974 of dental care by a dentist for a community of 154 people. Emphasis on children's teeth.

We cannot over emphasize our intention in our request for support of this program of dental care for the Aleutian/Pribilof people. We do not have as a goal the embarrassment of PHS, Indian Health Service or private practitioners. We appreciate all past efforts to check dental disease in our islands. The records clearly show that the present system is not working satisfactorily and a new approach is needed. We ask only that the new approach be given the support it deserves. The worst that can happen is the communities will get a little more dental care and the mobile unit can be used by any agency wanting to use it for delivery of service to our area.

The best that can happen is that we will have discovered and tested a new functional, less expensive way to bring dental health care to bush Alaska and other areas will be using the money they now waste on poor programs to duplicate this method of service.

THE FOLLOWING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

South Central District Dental Society

P.O. BOX 3-487
ANCHORAGE, ALASKA-99503 99501

March 17, 1978

Representative Alvin Osterback
Alaska State Legislature
Pouch V
Juneau, Alaska 99811

RE: BB 728 - mobile dental clinic

Dear Representative Osterback:

The South Central District Dental Society is deeply concerned that state funds be spent for services to specific, designated, select geographic groups. This would set a precedent of legislating public tax monies to provide health care for a group limited by race and geographical location.

It appears that the Aleut-Prhibilof Corporation did not assess rural area resources already available to meet the area's dental needs. Furthermore, it seems no cost effective studies were performed, nor did the Aleut-Prhibilof Corp. and the Indian Health Service coordinate in planning the project referred to in the bill.

The proposal of \$200,000.00 appropriates \$100,000.00 for transportation and \$100,000.00 for equipment. We are concerned that no appropriation were made for manpower evaluation and licensing or continuation of the project in successive years.

If, however, the funds are allocated, fixed facilities and equipment should be used in preference to a mobile unit. This would allow more equipment in more areas for the same dollar amount. As many as 20 communities could be served with permanent equipment.

Federal and state funds are currently being used in cost effective programs which provide services for the dentally needy, further, the continuity of licensed voluntary manpower is available within the state. Services may be provided through a multiplicity of funding sources such as: Indian Health Service, private insurance, Medicaid, General Relief Medical, and native health corporations.

In view of the above information, it seems apparent, that, in the interest of all Alaskans, the proposed legislation be further investigated. Please contact our lobbyist, Mr. Henry Pratt, for any additional information and assistance.

Sincerely,



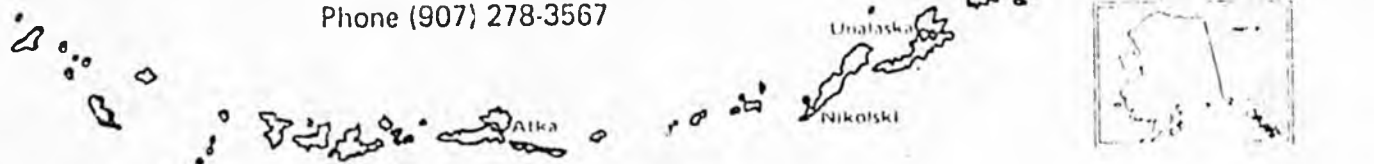
William F. Pratt, D.D.S., President
South Central District Dental Society

cc: Senator Ferguson Representative Parr
 Senator Backus Representative Gosper
 Senator Siskett Mr. Henry Pratt

THE PRECEDING DOCUMENT(S) MAY NOT FILM
LEGIBLY BECAUSE OF POOR QUALITY OF THE
ORIGINAL.

Aleutian/Pribilof Islands Association, Inc.

430 "C" Street, Suite 303
Anchorage, Alaska 99501
Phone (907) 278-3567



REPLY TO SOUTHCENTRAL DISTRICT DENTAL SOCIETY LETTER OF 3-17-78

To: William P. Fell, DDS, President
South Central District Dental Society

The letter signed by Dr. William Fell of the South Central District Dental Society was reviewed with interest and amazement. Why should the South Central Dental Society be concerned with an area of the State they do not serve nor have any intention of serving with dental care?

The statement that this program would provide health care for a group limited by race and geographical location is indeed erroneous by design. Nowhere in the proposed bill is health care limited to any one race. When it comes to geography, of course this demonstration project is designed geographically to demonstrate a solution to a problem of geographic delivery of service. Almost every bill out of the hopper has a geographic area of service or demonstration.

The Aleutian/Pribilof Association did assess rural area resources already available to meet the area's dental needs and found all sources committed, over committed and over spent and underfunded. When it comes to cost effective studies, the Dental Association should be willing to pass over this snake pit. Private dentists from the South Central Region occasionally contracted to deliver service were so far out of reach price wise that cost effectiveness would be a joke.

For instance, one dentist billed us \$30,000 for 10 days of service. That's 25% of the total PHS allotment for the entire area for a year.

William P. Fell, DDS

Page Two

The system we anticipate with this unit has proven itself over and over again as cost effective. We don't need to study the study anymore. The State of California found it so cost effective even Ronald Reagan made the support of the mobile dental units a part of the regular State budget every year to solve the dental problems of farm workers and their children.

We do not know where Dr. Fell gets his figures on cost of the unit and delivery of service. The correct figures are attached.

So far as continuation of the project over the years, we as a district have applied for self management of dental health care funds allotted to our district and have a long time commitment from the dental school to stick with us over the years ahead. We will not be returning every year for additional funding as some people have suggested.

Most of our communities lack even basic housing at this time for families. To suggest fixed facilities be built by the State for dental care is really uninformed. Does the good doctor know what it costs the State for a 900 sq. ft. building for schools in the bush? He is talking about millions, not thousands for his plan.

What does the doctor mean when he says "The continuity of licensed voluntary manpower is available within the State." Is he suggesting his organization will volunteer dental services? If so, we accept and will make the mobile dental unit available to them for that purpose.

As our program develops we will need all the help we can get and hope we will be able to count on Dr. Fell and his association for consulting and direct service.

Yours Sincerely,

ALEUTIAN/PRIIBILOF ISLANDS ASSOCIATION, INC.

Patrick Pletnikoff
Executive Director

PP:alp

SPECIAL NOTE

On the strength of various legislators' commitments to this project and our own faith in the legislature, the University of California has begun work on the dental bus already, so it will be completed in time to be operational this summer. Their students picked up the shell bus in Michigan and drove it back to school on their Easter Vacation.

We are told they have over 80 volunteers wanting to serve Alaska. It would be an embarrassment to have this Bill fail.

Recommendations

It is the recommendation of this consulting agency based on the information gathered to date that there are a number of alternatives to solving the problems of delivery of dental health care to the Aleutian/Pribilof Islands.

It should be understood that this area is the most expansive geographical area in the State covering over 1,000 air miles from Kodiak Island to the Pribilofs and that, although great, efforts have been made under limited budgeting restraints by the Indian Health Service and other agencies to provide care the task was almost impossible. Without a rather dramatic community dental health education program coupled with the availability of a number of practitioners, the task may never be accomplished.

Alternative I

Establish a dental unit in each of the 11 villages and bring in a dentist when needed.

Most villages have enough dental problems to require the presence of a dentist 100% of the year. The cost for such a program would be prohibitive due to State regulations and standards for building a dental health clinic coupled with the problem of getting a single dentist to work alone in one of these isolated villages as a life work.

Estimated cost of this plan would be approximately \$350,000 for each of the 11 villages served or approximately \$4 million without staff or equipment.

Alternative II

Fly in with 3 or 4 dentists with portable equipment, set up a clinic in the school or church and recruit students and townspeople to have their teeth repaired.

(1) Housing would be required for staff of professionals and support staff.

(2) Auxiliary x-ray developing tanks, etc. would be set up in some available building.

(3) Although the equipment for portables is good it does take up badly needed school space and it is more difficult to find things to work with under such conditions. The program is usually viewed as an intrusion because it displaces space and often staff to meet its goals as another extra in an already crowded school program.

(4) The availability of the numbers of staff necessary to complete satisfactorily the work needed is remote - other areas of the State are also in need and would suffer if staff were diverted to the Aleutian area needs.

Alternate III

Is the development of a complete mobile multi-seated and work station dental clinic completely outfitted as a large city facility not dependent on old buildings or the availability of space dedicated to the school program. Such a program has been tried previously and successfully carried out by the University of California Dental School under the direction of Dr. Stark and Dr. Solberg.

Visitation to the University of California Dental School and to its operational unit working in the Sacramento Valley fields for migrant workers' children. The willingness of the University to commit for such a project as ours was explored and the possibilities look good for such an arrangement to be made similar to the project now serving the migrant workers and

This program operates as follows:

1. Advance staff do surveys of the community to be served.
2. Massive school and community programs of information and education are initiated prior to the arrival of the mobile unit. Charts, posters and public lectures and films on diet health and tooth care are conducted.
3. Dental mobile unit arrives staffed by 3 University of California staff dentists and dental graduates awaiting their final licensure. Also a part of the team are dental hygienists who assist and work with the unit.
4. The complete unit operates steadily often rotating in other volunteers as needed.
5. Volunteers are paid only a per diem subsistence allowance and transportation costs. They would receive additional credit for added clinical experience.
6. A periodontist would also spend time in the unit and a good possibility of a follow up prosthetic unit to work over the year on dentures ~~be~~ good.

At present the Aleutian people have no qualified personnel to deliver dental health needs to their people and the Public Health Service delivers only emergency type care to this area.

Due to the over 1,000 miles one must travel in order to cover the distance of the Aleutian/Pribilof area -- and the isolation of the communities -- there is not adequate space or facilities to do quality dental work and as a result very little restorative work is done. The pattern has been to extract rather than repair.

With the mobile dental unit we are designing, we will be able to move this total working clinic from one place to another and recruit quality personnel to staff it.

The Aleutian/Pribilof Islands people have no funds at this time to develop this unit and provide the service.

Unless we have these facilities we will not be able to recruit the volunteer dentists and hygienists to work on our people.

Our objectives are to design and build a mobile dental vehicle equipped with three chairs -- total service units comparable to any found in a large city setting; to equip a step van to follow for the x-ray unit and hygienists and records; to staff the vehicles with volunteer dentists supervised by the professional staff of the University of California Dental School; to also staff the vehicles with volunteer hygienists and trained dental assistants; and to deliver full dental health service to all our people and to then make our units available to other Native groups in need in Alaska.

Methods of delivery of dental care to isolated areas have been examined throughout this country as well as in Canada and countries abroad; specialist in California and in British Columbia recommended unanimously a full mobile dental clinic which could be moved about from place to place as needed. All experts also are in agreement a short term summer program will not meet the needs of the Aleutian/Pribilof islands people. Neither the consultants nor officials from A/PIAI have ever contemplated a three to four week program as interpreted by Commissioner Helen Bierne.

Such conclusions are politically motivated and reflect a total lack of research on the part of her unit.

It is clearly the intention of A/PIAI and the volunteer dentist to develop a year round program of delivery of dental care -- beginning with clinical repair and graduating to specialized areas and ultimately using the facilities for a prosthetic follow through.

Children's rotten teeth continue to drain down their throats poisoning their systems and the older folks continue to suffer from swollen tongues and extreme malocclusion and deformity leading ultimately to warped speech patterns and systemic discord while politicians scheme out ways to protect themselves against criticism for non-delivery of service the public has been paying them to deliver.

The mobile dental system tried and tested and proven in the migrant labor areas of California and in refugee camps in Israel are not pursued with the idea of embarrassing anyone. What has or

has not been done in the past is history all are willing to forget.

We want to get on with the show. Surely our legislators would not be opposed to seeking alternative methods of solving this old problem.

We are not talking about 200 million dollars worth of service.

We are talking about 200,000 which we believe will deliver 2 million dollars worth of care. Is Alaska so affluent we can afford to pass up such opportunities? We are anxious as Mrs. Bierne to see permanent dental facilities in every village in Alaska -- and some day in the future this may be possible through a subsidized program of building dental facilities in isolated areas and providing incentives to young dentists to practice in these isolated areas. Perhaps some of our young professional volunteers will want to fill these vacancies in the future after a volunteer exposure to this area.

In the meanwhile our people need dental care now.

For answers to the ill informed comments about the impossibility of moving this mobile unit from place to place in the islands one needs only to look at the equipment being moved about in the islands now and since World War II. Oil drills, heavy equipment, portable fish processing equipment and millions of barrels of fuel oil as well as prefabricated homes are moved about as easy as moving a steel barrel and none has even suggested it was not possible.

All the Doubting Thomas' are welcome to stop by this next year, sit in our new mobile unit and have their teeth cleaned.

SOME QUESTIONS YOU MIGHT HAVE

Question

How long will the dentists use the unit?

Answer

We have a long term commitment from the University of California Mobile Dental Clinic to serve Alaska as long as we want their services.

The unit will be staffed with a dentist year round. This summer a team of three dentists, one supervising professor, two dental technicians and one x-ray technician will work for six weeks -- then throughout the year a licensed dentist will do follow up work. The following summer a new team will return for another six weeks time frame.

In addition to the teams from the University of California operating their summer program we have a number of volunteer dentists from around the country who are willing to donate their time and services for two weeks to a month at a time. One association has 180 members all willing to participate.

Question

What kind of unit is it and how will it be transferred to the Chain?

Answer

The unit is a G.M.C. 26' motor home stripped. Then refitted at the University of California as a dental clinic. When completed it will be just like a three chair dental office in a large city complete with cabinetry, overhead lights, delux dental chairs and all of the support equipment needed to do a good job.

It will be transported by sea to St. Paul Islands this summer. Next summer it will be moved to the Aleutians, possibly Unalaska or Sand Point by Sealand. At this time, moves are contemplated for Unalaska, Sand Point, and Cold Bay as needed.

Question

How will the dentists be licensed?

Answer

There are at least two ways -- (1) they can be employed by PHS for a dollar a year and assigned to the Aleutian/Pribilof Islands Association (The State law permits this); or (2) the State Department of Commerce also can license the dentists in remote areas not presently served by dentists (within a 50 mile radius).

Question

How long will the unit be in the Aleutian area?

Answer

We anticipate that after two years the unit could be moved to other remote areas of the State as requested -- we have long term consultants to staff throughout the State.

The dental program will serve anyone who is identified as in emergency need of dental care regardless of who they are. Our hygienist staff will work closely with village health aides to locate people in greatest need first and to repair on a priority basis, teeth which would be soon lost without immediate treatment.

Question

If you will primarily be serving Native Americans, why doesn't the Indian Health Service fund the program?

Answer

The primary responsibility for ensuring the protection of public health in Alaska is the State of Alaska. While this is not an overwhelming problem in the urban areas of our State where dentists establish their practices, it is almost non-existent in the rural areas.

While the Indian Health Service has a special responsibility for the health care of Native Americans, it is not capable of providing the most basic dental services to Alaska Natives.

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John A. [unclear]

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FMS PATRICK PLETNIKOFF

ALEUTIAN PRIBILOFF PROJECT 430 C ST

ANCHORAGE ALASKA 99501

THIS WILL CONFIRM OUR AGREEMENT SET FORTH TO NETTIE PERATROVICH

TO ESTABLISH A MOBILE DENTAL CLINIC IN ALEUTIAN ISLANDS
THIS CLINIC WILL BE DESIGNED AND BUILT BY DR MARVIN STARK AND DR
KENNETH SOELBERG OF THE UNIVERSITY OF CALIFORNIA SCHOOL OF DENTISTRY
SAN FRANCISCO MEDICAL CENTER THE CLINIC WILL BE STAFFED BY
PROFESSORS OF PEDIATRIC DENTISTRY AND SENIOR DENTAL STUDENTS AND
HYGIENISTS. CLINIC OPERATION SAME FORMAT AS MOBILE CLINICS IN SAN
FRANCISCO OPERATING FOR 10 YEARS IN MIGRANT FARM WORKER CAMPS.
CLINICS WILL ALSO HAVE CAPABILITY OF HEARING TESTING AND EYE
TESTING. FUNDS TO BE USED FOR TRANSPORTATION OF FACULTY AND STUDENTS
PLUS PER DIEM EXPENSES. YOU HAVE OUR COMMITMENT TO PROVIDE STAFFING
AND SERVICES AND COMPLETED CLINIC. CLINIC WILL BE SHIPPED AS PER
DIRECTION OF ALEUTIAN PRIBILOFF PROJECT AND ESTABLISHED ON ISLANDS
UNDER THEIR AEGIS. CLINIC WILL BE CONSTRUCTED UNDER THE SUPERVISION
AND DIRECTION OF MARVIN M STARK RESEARCH FOUNDATION A NON-PROFIT
FOUNDATION LICENSED IN STATE OF CALIFORNIA.

DR MARVIN STARK AND DR KENNETH SOELBERG

0300 EST

TO [Commissioner Helen Beirne
Dept. Health & Social Services
Juneau

DATE January 12, 1978

FILE NO

TELEPHONE NO 278-4668

FROM Frederick McGinnis
Deputy Commissioner
Dept. Health & Social Services
Anchorage

SUBJECT Request by Aleutian/Pribilof
Islands Association, Inc.:
Permit Request--Dental Services
for Aleutian Chain

Consistent with numerous other recent activities on the part of the Aleutian/Pribilof Islands Association to improve health and social services to the residents of the Aleutian Islands, information was sought from my office today with regard to our Department's assistance to the citizens of the Aleutian Islands for improved dental services.

Mr. Frank Peratrovich, Deputy Director of the Association, raised the question as to whether our Department is in the position to assist consistent with the applicable Alaska Statute--AS 08.36.271, Permits for Isolated Areas. For convenience a copy of the statute is attached (Attachment No. 1).

It is my understanding that the Aleutian/Pribilof Islands Association's plan is to secure the services of dentists on a voluntary basis mostly, if not entirely, from other states to render the services. The Public Health Service will be asked by the Association to employ the dentists at a nominal salary for technical purposes. The dentists apparently will meet the Alaska statutory requirements provided in AS 08.36.110 with latest amendments (see 1976 Supplement Amendments for 08.36.110).

It is in the knowledge of the A/PIA and their legal counsel that "the Department of Health and Social Services shall designate as isolated areas those specific places and regions remote..." (AS 08.36.271(a))

It is their impression that "the Board shall, upon recommendation of the Department of Health and Social Services, issue an annual permit authorizing..." (AS 08.36.271(b))

It is my understanding that the Association is considering requesting a slight amendment to AS 08.36.271 if necessary to accomplish certain goals but, at this time, it is not certain if such will be required.

RECOMMENDATION: It is recommended that

- (1) the Department officials concerned give strongest support to the proposed plan being developed by the Aleutian/Pribilof Islands Association, Inc. in their goals of addressing this extremely long neglected need to improve the dental health of the citizens of the Aleutian Chain.

January 12, 1978

- (2) the Department of Health and Social Services, after consultation with the Department of Law, release the attached suggested letter (Attachment No. 2) and the attached suggested "Designation of Isolated Areas" (Attachment No. 3).

EMG/mrg

Attachments: as indicated

cc: Catherine M. Lloyd, Deputy Commissioner

§ 08.36.260

ALASKA STATUTES

§ 08.36.280

gether with the registration fee. The division of occupational licensing shall, as soon as practicable, issue a registration certificate valid for the years for which issued. Each licensee shall keep the registration certificate beside or attached to his license. Failure to receive the registration form does not exempt a dentist from biennial registration. (§ 12 art III ch 186 SLA 1955; am § 9 ch 155 SLA 1968; am § 7 ch 121 SLA 1972)

Effect of amendment. - The 1972 licensing section in the first and amendment substituted "division of third sentences, occupational licensing" for "central

Sec. 08.36.260. Branch office registration. A licensee who practices in an established office with an address other than that address for which his biennial registration certificate is issued shall obtain a branch office registration certificate for each office. (§ 13 art III ch 186 SLA 1955; am § 10 ch 155 SLA 1968)

Sec. 08.36.270. Permits for isolated areas.

Repealed by § 3 ch 26 SLA 1965; § 5 ch 93 SLA 1965.

Sec. 08.36.271. Permits for isolated areas. (a) The Department of Health and Social Services shall designate as isolated areas those specific places and regions remote from major population centers which are not served by dentists licensed under this chapter and which have a geographical location which works financial hardship, extended loss of time, or arduous and costly travel upon residents needing dental care.

(b) The board shall, upon recommendation of the Department of Health and Social Services, issue an appeal permit authorizing the treatment of residents in an area designated under (a) of this section, who are not entitled to dental care by the state or federal government, by a dentist employed by the United States Public Health Service or qualified member of the armed services who serves in that area. (§ 1 ch 93 SLA 1965; am § 11 ch 155 SLA 1968; am § 6 ch 104 SLA 1971)

Sec. 08.36.280. Temporary permit. (a) The board may issue a one year temporary permit without examination to an applicant to practice dentistry in a locality requested by the applicant if the locality is of the type specified in (2) of this subsection and the applicant

- (1) meets the requirements of § 110 of this chapter;
- (2) desires to practice dentistry in a city or rural village which does not have a resident licensed dentist in active general practice;
- (3) has a license in good standing to practice dentistry in a state, territory, district or possession of the United States;
- (4) tenders and pays the fee prescribed in § 290(6) of this chapter.

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

Attachment No. 2
JAY S. HAMMOND, GOVERNOR

FGUCH H 01 - BUREAU 93311

January 16, 1978

Dental Examiners Board
937 Eighth Avenue
Fairbanks, Alaska 99701

Attention: Sydnor L. Stealey, President

Gentlemen:

Re: Designation by Department of Health and Social
Services of Aleutian Islands as Isolated Area

It has recently come to the attention of the Department of Health and Social Services that, through the initiatives of certain Alaska Native organizations, improved dental services for citizens of the villages of the Aleutian Islands may be arranged. Such plans envision the utilization of dentists falling under the general coverage of AS 08.36.271(a) and (b).

Consistent with the provisions of AS 08.36.271, the Department of Health and Social Services encloses at this time the appropriate formal designation by the Department for the region involved in the emerging plans.

In line with the specific provision of AS 08.36.271(b), the Department of Health and Social Services hereby recommends to the Board the issuance of annual permits to the dentist applicants meeting the qualifications of applicants contained in AS 08.36.110, with latest amendments. The specific and individual applications related to this recommendation will be filed in accordance with your procedures.

It is our understanding that qualified applicants shall be granted annual permits under the conditions contained in the statutes and consistent with the recommendation contained herein.

Sincerely yours,

Helen Beirne
Commissioner

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

OFFICE OF THE COMMISSIONER

Attachment No. 3
JAY S. HAMMOND, GOVERNOR

POUCH H 01 - JUNEAU 93311

January 16, 1978

DESIGNATION OF ISOLATED AREAS

by

STATE OF ALASKA, DEPARTMENT OF HEALTH AND SOCIAL SERVICES

In accordance with the provisions of Alaska Statutes 08.36.271, Permits for Isolated Areas, the Department of Health and Social Services hereby designates as isolated areas the entirety of the Aleutian Islands Chain of the state of Alaska, including any and all specific villages and communities of the Aleutian Chain.

Such designation is made solely for the purposes served by the provisions of the Alaska Statute cited above, and for dental services as provided in the cited statute.

Helen Beirne, Commissioner

Law Office of
JAMES F. VOLLININE
805 W. 3rd Avenue
Anchorage, Alaska 99501
Phone. 276-8144

January 11, 1978

Mr. Frank Peratrovich
Deputy Director
Aleutian/Pribilof Islands Association, Inc.
430 C Street, Suite 303
Anchorage, Alaska 99501

Dear Frank:

This responds to your request for my opinion as to whether or not A/PIA, under a contract which it has assumed from the IHS under P.L. 93-638, can employ dentists in the Aleutian area who are not licensed to practice dentistry under Alaska law. Unfortunately, at this point, the answer is not clear. Attached are copies of the relevant Alaska Statutes.

Under A.S. 08.36.271 the State Department of Health and Social Services is to designate isolated areas of the State which are not served by licensed dentists. Then, the Alaska Board of Dental Examiners shall, upon recommendation of the Department of Health and Social Services, issue an annual permit to a dentist employed by the United States Public Health Service. Hence, it appears that dentists need not be licensed to practice in Alaska if they are employed by the Public Health Service. As you suggested, perhaps there is some way that you can arrange to have the dentists under your contract employed by the Public Health Service. This would neatly solve the problem.

Another approach might be to have your dentists apply for a temporary permit from the Board of Dental Examiners to practice dentistry in Alaska. This approach is provided for in A.S. 08.36.280, a copy of which is attached. Basically, this provision provides that the Board may issue a one year temporary permit to a person not licensed in Alaska to practice dentistry in a rural area if:

(a) the applicant is of good moral character, and is a graduate of a dental college approved by the Council on Dental Education of American Dental Association at the time of graduation, and holds a D.D.S. or D.M.D. degree, or the equivalent; and

(b) the applicant has a license in good standing to practice dentistry in a State, territory, district or possession of the United States.

At first glance it would appear that your dentists could receive a temporary permit from the Board of Dental Examiners. However, I just spoke with Martha Dearborn of the Alaska Dental Society (phone 279-9144), and John Beard (phone 277-3213) who is an attorney who sits on the Board of Dental Examiners. Both persons told me that in December of 1977 the Board of Dental Examiners voted not to issue any further temporary permits. Mr. Beard stated that the Board felt that A.S. 08.36.280 was a "permissive, rather than a "mandatory" statute.

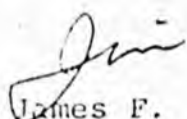
I feel that the determination by the Board of Dental Examiners not to issue temporary permits in Alaska is erroneous. In my opinion, if an applicant meets the legal requirements he is entitled to practice dentistry in Alaska under a temporary permit pursuant to A.S. 08.36.280. We could challenge the Board in Court. However, it will probably be best to have your dentists first apply to the Board of Dental Examiners for a temporary permit and obtain a formal decision from the Board. Note that the attached statute provides that the Board shall grant or deny an application for a temporary permit within sixty (60) days after it is received. After the applications are submitted we can request an oral hearing before the Board whereby we would attempt to put forward a compelling argument to persuade them to accept the applications. They are free to reverse their December 1977 ruling to the effect that no further temporary permits will be granted in Alaska. If they do not, depending on what A/PIA wants to do, we can then take them to Court.

As you stated, another approach, and possibly the best might be for A/PIA to approach the Alaska Legislature and attempt to have the attached statutes changed. However, we do not know how long this will take. Mr. Milne has just informed me that he will send me a memorandum on what should be included in the amendment to the dentistry laws. I will then draft a proposed bill.

In summary, the quickest approach would probably be for A/PIA to have the dentists employed by the United States Public Health Service. In the alternative, the dentists could apply for a temporary permit pursuant to A.S. 08.36.280. Third, A/PIA should attempt to have the dentistry statutes amended to more realistically conform to the needs of the rural populace.

If you have any questions please do not hesitate to call.

Sincerely,



James F. Vollintine

Health and Social Services shall designate as isolated areas those specific places and regions remote from major population centers which

are not served by dentists licensed under this chapter and which have a geographical location which works financial hardship, extended loss of time, or arduous and costly travel upon residents needing dental care.

(b) The board shall, upon recommendation of the Department of Health and Social Services, issue an annual permit authorizing the treatment of residents in an area designated under (a) of this section, who are not entitled to dental care by the state or federal government, by a dentist employed by the United States Public Health Service or qualified member of the armed services who serves in that area. (S 1 ch 93 SLA 1965; am § 11 ch 155 SLA 1968; am § 6 ch 104 SLA 1971)

Sec. 08.36.280. Temporary permit. (a) The board may issue a one year temporary permit without examination to an applicant to practice dentistry in a locality requested by the applicant if the locality is of the type specified in (2) of this subsection and the applicant

(1) meets the requirements of § 110 of this chapter;

graduate of dental college, U.S.S. or D.M.D.

(2) desires to practice dentistry in a city or rural village which does not have a resident licensed dentist in active general practice;

(3) has a license in good standing to practice dentistry in a state, territory, district or possession of the United States;

(4) tenders and pays the fee prescribed in § 290 (6) of this chapter. [*25.00*].

(b) The board may authorize a temporary permittee to practice dentistry in more than one city or rural village of the type specified in (a) (2) of this section.

(c) The board may annually renew a temporary permit upon written application of an applicant and upon payment of the prescribed fee if the applicant has not committed an act which is a ground for revocation in § 310 of this chapter, but in any case, within two years from issuance of his first temporary permit, the applicant must pass a board exam.]

(d) A temporary permit may be revoked, suspended or annulled, or the permittee may be reprimanded, censured or disciplined by the board in the same manner and for the same cause as a licensed dentist under § 310 of this chapter.

(e) The board shall grant or deny an application for a temporary permit within 60 days after it is received. (S 15 art III ch 186 SLA 1955; am § 4 ch 26 SLA 1965; am §§ 8, 9 ch 121 SLA 1972)

Sec. 08.36.285. Licensing a permittee.

Repealed by § 10 ch 121 SLA 1972.

~~Editor's note. -- The repealed section derived from § 5, ch. 26 SLA 1965.~~

Sec. 08.36.290. Fees and penalties. The board shall impose and collect the following fees and penalties:

- (1) for the issuance of an original license, \$40;
- (2) for the examination of an applicant, \$50;
- (3) for re-examination of an applicant, \$50;

Sec. 08.35.271. Permits for isolated areas. (a) The Department of Health and Social Services shall designate as isolated areas those specific places and regions remote from major population centers which

are not served by dentists licensed under this chapter and which have a geographical location which works financial hardship, extended loss of time, or arduous and costly travel upon residents needing dental care.

(b) The board shall, upon recommendation of the Department of Health and Social Services, issue an annual permit authorizing the treatment of residents in an area designated under (a) of this section, who are not entitled to dental care by the state or federal government, by a dentist employed by the United States Public Health Service or qualified member of the armed services who serves in that area. (§ 1 ch 93 SLA 1965; am § 11 ch 155 SLA 1968; am § 6 ch 104 SLA 1971)

Sec. 08.36.280. Temporary permit. (a) The board may issue a one year temporary permit without examination to an applicant to practice dentistry in a locality requested by the applicant if the locality is of the type specified in (2) of this subsection and the applicant

(1) meets the requirements of § 110 of this chapter; *graduate of dental college; D.D.S. or D.M.D.*

(2) desires to practice dentistry in a city or rural village which does not have a resident licensed dentist in active general practice;

(3) has a license in good standing to practice dentistry in a state, territory, district or possession of the United States;

(4) tenders and pays the fee prescribed in § 290 (6) of this chapter. [*25.00*].

(b) The board may authorize a temporary permittee to practice dentistry in more than one city or rural village of the type specified in (a) (2) of this section.

(c) The board may annually renew a temporary permit upon written application of an applicant and upon payment of the prescribed fee if the applicant has not committed an act which is a ground for revocation in § 310 of this chapter, but in any case, within two years from issuance of his first temporary permit, the applicant must pass a board exam.]

(d) A temporary permit may be revoked, suspended or annulled, or the permittee may be reprimanded, censured or disciplined by the board in the same manner and for the same cause as a licensed dentist under § 310 of this chapter.

(e) The board shall grant or deny an application for a temporary permit within 60 days after it is received. (9-15 art III ch 186 SLA 1955; am § 4 ch 26 SLA 1965; am §§ 8, 9 ch 121 SLA 1972)

~~Sec. 08.36.285. Licensing a permittee.
Repealed by § 10 ch 121 SLA 1972.~~

~~Editor's note. — The repealed section derived from § 5, ch. 20, SLA 1965.~~

~~Sec. 08.36.290. Fees and penalties. The board shall impose and collect the following fees and penalties:~~

- ~~(1) for the issuance of an original license, \$30;~~
- ~~(2) for the examination of an applicant, \$50;~~
- ~~(3) for re-examination of an applicant, \$50;~~

Mobile dental clinics, inside full sized buses, have been bringing much needed dental care to the children of migrant farm laborers in California since 1968. In 1971 the pioneering program was expanded overseas and next month they will go to Israel, Greece, Yugoslavia and Kenya.

A Busload Of Mercy

ONE OF THE most difficult things in the world to do is to try and help people—you're immediately suspect.

But if helping people is what you want to do and your motives and intentions are honest, untinged with a personal gain or greed—then you find a way. Dr. Marvin M. Stark, a Los Altos dentist, is one of those people who finds a way.

Dr. Stark very much believes that the future of the world depends on the welfare and happiness of children. In his own way, with the help of faculty colleagues and students at the University of California, San Francisco, Dr. Stark has been eliminating needless pain in children in California and overseas for several years.

Dr. Stark's way is with a bus—a mobile dental clinic complete with four treatment chairs, the latest equip-

ment for providing complete dental treatment, an auxiliary unit for x-ray equipment and a laboratory. Since 1968 mobile clinics have been traveling the dusty trails of the migrant farm workers, stopping wherever they did to give aid to their children. In 1971 the program was expanded overseas to Israel and then to Greece the following summer. This year it will expand even more to Yugoslavia and Kenya.

A CHILD'S visit to one of the mobile clinics is frequently also his first visit to a dentist. The friendly attitude on the part of the dental students soon allays any apprehension on the part of the children. The mobile clinic operates in each area for several days. The first day a dentist, interpreter and several assistants visit the location to orientate the children and their parents. A puppet show on dental hygiene is followed by the distribution

of toothpaste, brushes and mouth-wash. The mobile clinic is explained and the people are told it will be coming the following day.

When the bus arrives the children are all examined and given prophylaxis and fluoride treatment. Treatments are scheduled based on priorities determined from the examinations and x-rays. If the children require additional treatment, further appointments are made. Many of the dentists participating do not speak the various languages so an interpreter explains such things as Novocain is "a medicine to make your tooth and lip go to sleep. It will go away in a couple of hours."

The story of the mobile clinics is a remarkable one in many ways. It dates back to 1965 when Drs. Stark, Ronald Nicholson, Kenneth Soelberg and Robert Weis, professors of dentistry at the University of California

By Mary Gottschalk

Medical Center in San Francisco, found themselves with a house trailer left over from a UC dental project. They gave the trailer back to UC along with the concept of converting it into a dental clinic to treat children in Head Start schools and institutions for the handicapped.

THE HOUSE trailer was a success and the idea for a mobile clinic in the form of a large bus to provide sorely needed service to the children of migrant farm laborers seemed to be the next step. The buses in California are under the sponsorship of UC and funds for their operation come from the State of California's Bureau of Community Services and Migrant Education. In its first five years of operation alone, the clinic buses, which now number three, treated upwards of 15,000 children in the agricultural valleys of California. It is an on going program that this summer will be in Ventura, the Woodland Davis area, and areas such as Salinas, Soledad and San Joaquin.

With such a successful program underway in California why not just sit back—why branch out? Dr. Stark sees it as a "natural offshoot" of the United States program. But more than that, it is a "20th century covered wagon" filled with pioneers who want to earn friends for their country. In Dr. Stark's own words "There is no better way of making friends with people than by healing their children."

The first overseas bus, in 1971, went to Israel. It was a project that involved more than a year of preparatory work—not the least of which was raising the \$100,000 it took to purchase and outfit the first bus and to ship it to Israel.

THE MONEY did not come from any government sources or corporations—it was money donated by individuals who shared in Dr. Stark's vision of the mobile clinic and what it could accomplish. Dr. Nicholson, a

friend and faculty colleague for many years, gives the credit for the bus—the concept and the reality—to Dr. Stark.

Along with the charisma necessary to raise large sums of money, Dr. Stark has unshakable determination to see a project of this magnitude through to its fruition. He is also a man of vision. He recently found a helicopter pilot and now he is on the lookout for a helicopter to outfit as a clinic and visit remote areas that are inaccessible to motor vehicles. Some people might think "good luck" but with Dr. Stark nothing is an impossibility.

The overseas experiences are not easy to describe. Different things stand out in the minds of each participant. Gladys Stark, Dr. Stark's wife, perhaps best expresses the emotion and impressions of those who have experienced the trip first hand.

"THE CHALLENGE at first was an adventure into a new land, culture, language and people. There were many unknowns—would we be able to communicate? Where would we live (especially in a country where people wait years for a tiny apartment)? Could we adjust to new customs, new foods, extreme hot temperatures? Could we be of service? Would a war-torn people appreciate or realize we were trying to help in a new and different way by bringing dental care and education? All of these uncertainties made our first trip a very precarious one.

"Nevertheless we went and in spite of innumerable obstacles, we saw, we did, we accomplished a great deal and came home with many impressions. One in particular was our tremendous admiration for the courage and industriousness of the pioneering Israelis who but a few years ago took this impossible desert wasteland, interspersed with malaria swamplands, and transformed it into beautiful, green, fertile farmlands capable of producing the finest crops in

the world.

"Another overwhelming impression was the lilliputian, tiny size of the country. As one drives the length of Israel, which can be done in six to eight hours, on either side of the road Arab lands are visible. Looking at a map the many Arab countries with their huge expanses of vast uninhabited territories which they may never use is quite apparent. However their determination to have these few square miles of land, Israel, is an obsession.

"THE REWARDS were many. We were able to communicate. English is the second language taught in the schools. The diverse cultural backgrounds of the people exposed us to a fascinating mix of customs and languages. Besides Hebrew, we heard French, Russian, Italian, German, Polish, Spanish, Arabic and Yiddish. We were able to start a worthwhile dental health program. The needs were great. Institutions for the handicapped and retarded, kibbutzim, Druze and Arab villages, deprived sectors of Tel Aviv and Jerusalem overflowed with children in need of dental care and education.

"Often the days were long and arduous, the heat unrelenting. Still the rewards predominate. We found friends everywhere—not only because of what we were doing directly, but also because we were a group who came so far specifically to give unselfishly. At first the American dental group was suspect. What were our motives? Later as the word spread through the kibbutzim and villages, the doors opened widely and they remain open today with letters arriving daily requesting our speedy return."

For Dr. Bill Moore, who went to Israel the second year in 1972, the memories include treating a small boy one morning who had arrived at the clinic on his horse. The child spoke only Hebrew so communication was



Dr. Marvin M. Stark of Los Altos treats a woman in need of dental care at a mental institution in Israel. Dr. Stark is the single force behind the idea of a mobile dental clinic and he is the man who made it a reality for over 15,000 California children and people overseas.



A small child receives dental treatment from a senior dental student at a migrant farm workers' camp in the San Joaquin Valley. A faculty member from the University of California Medical Center supervises. Mobile dental clinics have aided over 15,000 children since they began operating.

non verbal. At the lunch break, Dr. Moore noticed the boy beckoning him to come out. He did and the boy gave him a ride on his horse to show his appreciation.

OTHER PARTICIPANTS recall their invitation to a Yemenite wedding. The wedding had over a year of preparation in it and the invitation to attend was extended to the entire group of 60 participating in the dental care program.

Dr. Weis had some apprehensions about his family which included a six-month old baby. There are no such things as disposable diapers in Israel, so the family filled their suitcases with them. They found their hosts very concerned about their comfort and welfare.

For Santa Clara dentist Dr. George Mednick, the mobile clinic

experience changed his life. While participating in the Israel program the first three summers, Dr. Mednick met his wife Tamar, an Israeli living in a kibbutz. He was further influenced by the program to become a children's specialist. In addition to his private practice, Dr. Mednick is also a part time instructor at the UC Medical Center.

Mark and Marina Rogdan of Palo Alto have also been active volunteers with the project since its inception. Mark started when he was an undergraduate at the University of Santa Clara, where many of the student volunteers come from. Marina volunteered when she was a dental hygiene student at UC. Mark and Marina were married last year and will continue their participation this summer with the program in Yugoslavia.

The mobile clinics are staffed by American students and dental instructors for only five weeks of the year, in late summer. To make sure they do not sit idle at other times, they are affiliated with institutions such as universities or municipalities. While they are there, the American group shares their methodology and skills with the dentists of the host countries. Those countries then operate it the rest of the year and it becomes a lasting goodwill project.

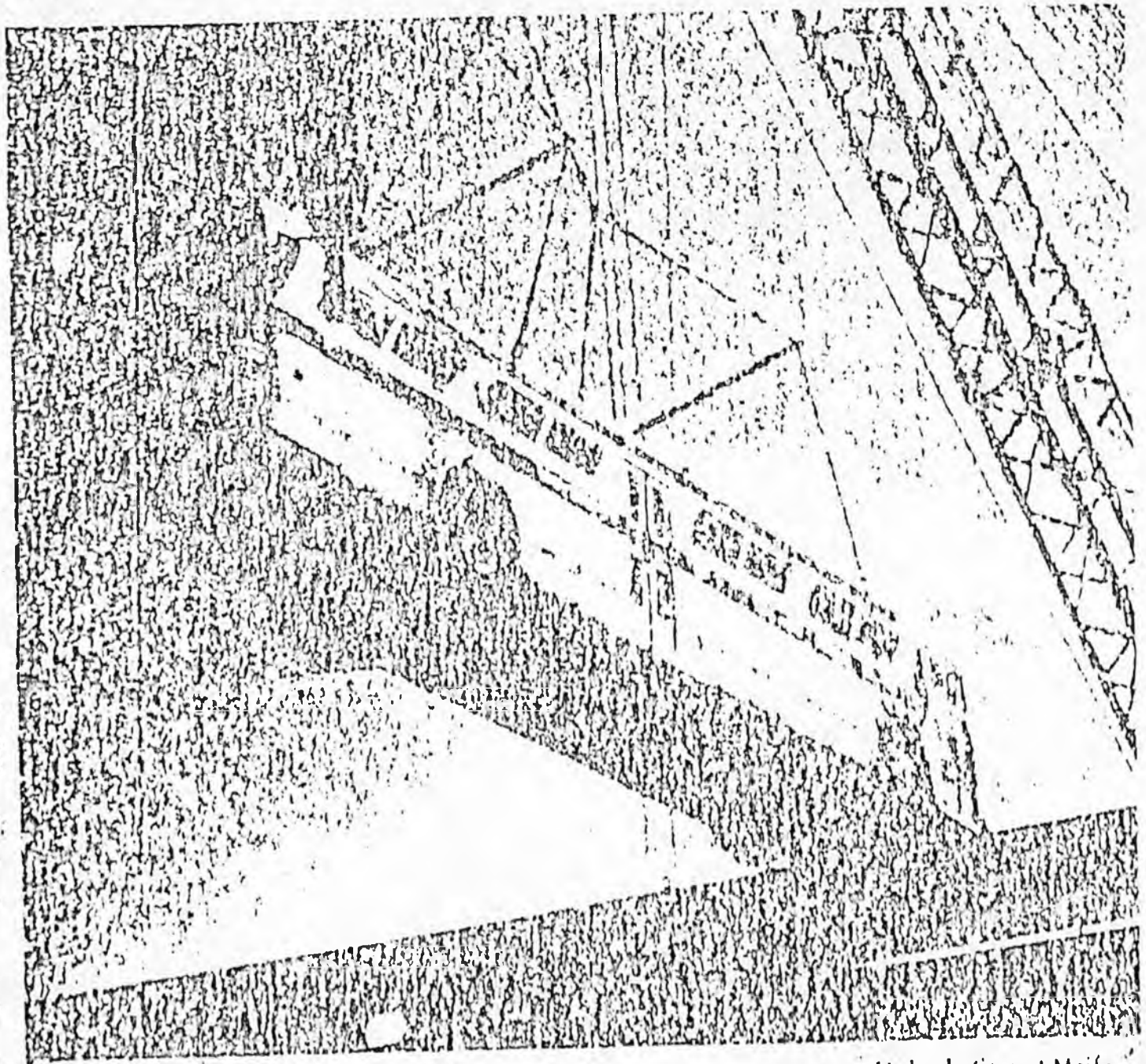
THE STUDENTS come from across the United States, not only from California. Participants have included students from Kentucky, Maryland, Michigan, Texas and Ohio. The host countries provide room and board and tender loving care to the participants, but no salary. Each person is responsible for raising the \$1,000 it will cost them in transportation costs overseas.

The project is an expensive one, but the money involved is carefully spent. Drs. Stark and Soelberg, as well as volunteer students, spend many of their weekends at the J. W. Cross Co. in Mountain View working on the buses. Owners Dr. James Cross and Gordon Nelson allow them to store the buses there. Dr. Soelberg is the chief designer of the interiors and a minimum of 2,000 man hours goes into the outfitting of each bus. Bud Fleitz and Bob Farry of University Electric in Santa Clara and Hank Heckman of Floorcraft Co. in San Jose have donated much of their time and skills in aiding the project as well.

Even now, buses are being worked on, supplies are being wrapped for shipping and money is being sought. There are still many long hours of preparation work left, to be followed by long hours of service in a foreign land. But as Gladys Stark has said, "I along with our extended family can say as Virgil's Aeneas: 'Many of these things I saw, and some of them I was.'" □

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ADA News



Debakation & Haifa

THE MOBILE CLINIC
GOES INTERNATIONAL

PAGE FIVE



SCHOOL OF DENTISTRY

SAN FRANCISCO, CALIFORNIA 94143

MARVIN H. STARK, D.D.S.

Date of Birth: March 14, 1921

PRESENT APPOINTMENTS:

Professor of Operative Dentistry and Oral Biology
University of California
School of Dentistry
San Francisco, California

Lecturer
Microbiology
University of California
School of Medicine
San Francisco, California

Consultant to Chief Health Officer, Dept. of Health, State
of California.

EDUCATION:

A.B. Microbiology. University of California Los Angeles, 1948

D.D.S. University of California San Francisco, 1952

Research Fellowship, Harvard School of Dental Medicine, 1952-53

PRIVATE PRACTICE:

General Dentistry, 1954 to present

Assistant Director, Dental Clinic, Santa Clara County Hospital

Visiting Staff, O'Connor Hospital, San Jose, California

MEMBERSHIP IN:

International Association for Dental Research
Northern California Academy of Endodontists
Omicron Kappa Upsilon
Fellow, American College of Dentists
American Dental Association
American Association of Dental Schools
American Men of Science
Fellow, International College of Dentists

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1. Laser Evaluation of Handpiece Contamination
Journal of Dental Research, Feb. 1978.
2. "Human Blood Pressure Pulse Rate Responses to Racemic Epinephrine Retraction Cord."
Journal Prosthetic Dentistry

Abstracts Presented at IADR Meetings

- A. Philadelphia-1954: Studies on Recurrent Aphthae: Evidence That Herpes Simplex is not the Etiological Agent, with Further Observations on the Immune Responses in Herpetic.
- B. Los Angeles-1964: The Localization of Radioactive Calcium Hydroxide Over Exposed Pulp in Rhesus Monkey Teeth.
- C. Toronto-1965: The Localization of Radioactive Calcium Hydroxide Over Exposed Pulp in Rhesus Monkey Teeth; and Hemorrhage Control in the Dental Pulp with the Use of Resorbable Oxycellulose.
- D. Bal Harbour, Fla.-1966: Autoradiographic Tracings Utilizing Ca-45-labeled Ethylene Diamine Tetra-Acetic Acid; and The Effect of Topically Applied Epinephrine on Blood Pressure and Pulse Rate.
- E. Washington D.C.-1967: The Measurement of Systemic Effects In Humans and Animals Following the Use of an Epinephrine Containing Gingival Retraction Agent.
- F. Houston, Texas-1969: The Effects of Commonly Used Retraction Procedures on Gingival Tissue and Blood Pressure; and Marginal Seal Afforded by Polysiloxane As A Cavity Liner.

LECTURES:

- Guest Lecturer: OB-GYN Staff, O'Connor Hospital, 1961, 1962
San Jose, CA
"Dental Problems of Interest to the
Obstetrician and Pediatrician"
- Guest Lecturer: Naval Reserve, Oak Knoll Naval Hospital Apr. 1960
"Current Concepts in Restorative Dentistry"
"Gingival Retraction"
- Guest Lecturer: Naval Reserve, Oak Knoll Naval Hospital Apr. 1961
"Problems Related to Amalgam Restoration"
"Cements: Their Use and Abuse"
- Guest Lecturer: Naval Reserve, Oak Knoll Naval Hospital Apr. 1962
"Varnishes, Bases, and Liners"
"Current Concepts in Restorative Dentistry"
- Guest Lecturer: Naval Reserve, Oak Knoll Naval Hospital Apr. 1963
"Gingival Retraction"
"Problems Related to Amalgam Restoration"
- Lecture: Northern California Assn. of Endodontists, Apr. 1963
Statewide Meeting
"Pulp Capping and Histological Effects of
Proprietary Compounds"
- Guest Lecturer: Naval Reserve, Oak Knoll Naval Hospital Apr. 1964
"Cements: Their Use and Abuse"
"Varnishes, Bases, and Liners"
- Guest Lecturer: Naval Reserve, Oak Knoll Naval Hospital Apr. 1965
"Current Concepts in Restorative Dentistry"
"Problems Related to Amalgam Restoration"
- Essayist: College of Physicians & Surgeons, 1965
Annual Alumni Meeting, San Francisco, CA
"Advances in Restorative Dentistry"
- Essayist: Univ. of Calif. Alumni Meeting 1965
"Current Concepts in Restorative Dentistry"
- Moderator & Participant: Dental Radio Conference, 1965
Graduate Education, Univ. of Calif.
- Lecture: California Teacher's Assn., San Mateo, CA 1965
"New Methods of Health Care Delivery"
- Lecture: CAIC Meeting, Pacific Coast Academy of 1965
Restorative Dentistry
"Gingival Retraction and Related Problems"
- Lecture: University of Maryland, Faculty 1965
"Educational Problems of Interest to
Restorative Dentists"
"Teaching of Operative Dentistry"

- Lecture: Research Symposium, U.C.S.F. 1965
"Aerosol Hazards of Interest to the Operative Dentist"
- Lecture: Mid-Peninsula Dental Society April 1965
"Epinephrine Uptake in Gingival Tissue"
- Lecture: Research Symposium, U.C.S.F. 1966
"Mercury Leakage in Amalgam Capsules"
- Guest Essayist: American Academy of Restorative Dentistry, Chicago. 1966
"Epinephrine Uptake in the Gingivae of Rhesus Monkeys" Film & scientific presentation.
- Essayist: American Academy of Crown & Bridge Pros. 1966
"Evaluation of Cements, Bases and Liners"
- Participant, Lecture and Discussion: Career Day Feb. 1966
Program, Foothill College, Los Altos, CA
- Lecture: Dental Society, Nassau, Bahamas Mar. 1966
"Cavity Liner, Restorative Dentistry"
- Lecture: Mendel Society, Research in Dentistry April 1966
University of Santa Clara.
- Guest Lecturer: Naval Reserve, Oak Knoll Naval Hospital April 1966
"Gingival Retraction" and
"Varnishes, Bases, Liners"
- Essayist: American Assn. of Endodontists April 1966
National Meeting, San Francisco
"Ca45 Labeled EDTA and Its Effects on Dentistry"
- Lecture: Peninsula Component Dental Hygienists May 1966
- Essayist: American Academy of Crown & Bridge Pros. 1967
"Aerosol Hazards of Interest to the Restorative Dentist"
- Guest Lecturer: Naval Reserve, Oak Knoll Naval Hospital April 1967
"Cements: Their Use and Abuse" and
"Problems Related to Amalgam Restoration"
- Lecture: Contra Costa County Dental Society. April 1967
"Epinephrine Uptake in Gingival Tissue"
- Essayist: Society de Endodontia, Bogota, Colombia. July 1967
"Pulp Capping: Clinical & Histological Discussion" and "Teaching Restorative Dentistry in the U.S."
- Lecture: Foothill College, Los Altos, California Oct. 1967
"Dentists' Role in Community Service"

- Lecture: Case Western University, Faculty, Students. Feb. 1968
Cleveland, Ohio.
"Teaching Restorative Dentistry" and
"Recent Advances in Restorative Dentistry"
- Lecture: Peninsula Component Dental Hygienists Mar. 1968
Palo Alto, California
- Guest Lecturer: Naval Reserve, Oak Knoll Naval Hospital April 1968
"Varnishes, Bases, Liners" and
"Current Concepts in Restorative Dentistry"
- Lecture: Western Study Group of Combined Therapy Dec. 1968
"Pulpal Response to Operative Procedures"
Los Angeles, California
- Essayist: Southern Calif. State Meeting, Los Angeles May 1968
"Advances in Restorative Dentistry. Discussion
of Pulp Protection; Bases, Varnish, Microleakage
Around Amalgam Restoration, Research and
Clinical Data"
- Lecture: Southern Calif. Academy of Endodontists Dec. 1968
Los Angeles, California
- Lecture: Greater New York Dental Meeting. Seminar. Dec. 1968
"Current Concepts in Restorative Dentistry"
- Guest Essayist: Chicago Mid-Winter Meeting 1968
"Evaluation of Cavity Varnishes and Bases.
Their Clinical Effectiveness and Shortcomings,
Research and Clinical Data."
- Guest Essayist: Chicago Mid-Winter Meeting 1969
"Recent Advances in Restorative Dentistry"
- Lecture: Southern Calif. Assn. of Endodontists Feb. 1969
Los Angeles, California
- Lecture: Dental Hygienists, Univ. of Calif. S.F. Mar. 1969
- Lecture: Oak Knoll Naval Hospital, Oakland, Calif. April 1969
- Lecture: San Gabriel Valley Dental Society, April 1969
Pasadena, California
"Current Concepts in Restorative Dentistry"
- Participant and Table Clinic: Santa Clara County April 1969
Health Fair, De Anza College, San Jose, CA
- Lecture: Alpha Omega Dental Alumni Chapter. L.A. April 1969
"Current Concepts in Restorative Dentistry"
- Lecture: Southern Calif. Dental Assn. Los Angeles May 1969
"Current Concepts in Restorative Dentistry"

- Lecture: Foothill College, Los Altos, Calif. May 1969
"Role of the Hygienist in Community Service"
- Lecture: University of Michigan faculty. June 1969
"Current Research and Clinical Studies in
Gingival Retraction"
- Headline Essayist: American Academy of Pedodontists. Aug. 1969
Chicago, Illinois.
"Literature Review and Research Data Related
to Steroids in Dentistry"
"The Pedodontist's Role in a Successful
University Community Dental Program"
- Lecture and Clinic Demonstration: Deutsche Rue Gruppe. Aug. 1969
Dusseldorf, Germany.
"Crown Preparation and Gingival Retraction
and Use of Hydrocolloids"
- Lecture: Royal Dental School, Faculty & students Aug. 1969
Copenhagen, Denmark.
"Pulp Protection. Cavity Disinfection.
Amalgam Restoration. Teaching of Operative
Dentistry. Admission Procedures in a U.S.
Dental School."
- Lecture: Ivoclar Company. Schaan, Liechtenstein. Aug. 1969
"Cavity Varnishes and Silicates"
- Lecture: L'Ecole dentaire de Paris, Paris, France. Sept. 1969
"Pulp Protection. Cavity Disinfection.
Amalgam Restoration. Teaching of Operative
Dentistry. Admission Procedures in a U.S.
Dental School."
- Lecture: Northern California Dental Ass't. Assn. Sept. 1969
- Lecture: Southwest Dental Assembly, San Antonio, Dec. 1969
Texas.
"Recent Advances in Restorative Dentistry.
Research in Varnishes and Bases. Radioactive
Tracer in Varnishes."
- Lecture: Mexico Dental Association. Mexico City. Dec. 1969
"Recent Advances in Restorative Dentistry.
Research in Varnishes and Bases. Radioactive
Tracer in Varnishes."
- Lecture: Los Altos Rotary Club. Los Altos, Calif. Dec. 1969
"Teaching of Operative Dentistry in a Mobile
Clinic. Description of a Community Program."
Movies and Discussion.

- Lecture: Bermuda Dental Association, Bermuda. Dec. 1969
 "Recent Advances in Restorative Dentistry.
 Research in Varnishes and Bases. Radioactive
 Tracer in Varnishes."
- Lecture: University of Guadalajara, Mexico. Jan. 1970
 "Recent Advances in Restorative Dentistry.
 Community Mobile Clinic Program."
- All Day Symposium: Mid-Winter Meeting, Chicago Dental Society. Feb. 1970
 "Current Research and Clinical Data Related
 to Gingival Retraction"
- Lecture: Northern Calif. State Dental Hygienists Assn. Feb. 1970
- Lecture: Dental Hygienists, U.C.S.F. Mar. 1970
 "Dentistry and Community Service"
- Lecture: Oak Knoll Naval Hospital, Oakland, CA Apr. 9, 23,
 "Research in Restorative Dentistry, Part I 1970
 and Part II"
- Participant and Table Clinic: Santa Clara County Health Fair, De Anza College. Apr. 1970
- Lecture: Rotary Club, Hayward, CA Apr. 1970
- Lecture: Berkeley Dental Society. May 1970
 "Current Research and Clinical Data
 Related to Gingival Retraction"
- Lecture: University of Athens, School of Dentistry Dec. 1970
- Lecture: University of Paris, Faculty and students Dec. 1970
- Lecture: Tel-Aviv University, Faculty of Continuing Education Dec. 1970
- Lecture: Denver Dental Society, Denver, CO Jan. 1971
 "Gingival Retraction"
- Lecture: Massachusetts Dental Society May 1971
- Postgraduate Course: Tel-Aviv University, Faculty of Continuing Education, Tel-Aviv, Israel Aug. 1971
- Lecture: New Orleans Dental Conference Nov. 1971
- Lecture: University of Athens, Faculty and students Dec. 1971
- Postgraduate Course: Ohio State University Jan. 1972
- Participant and Table Clinic: Santa Clara County Health Fair, De Anza College Apr. 1972

Lecture:	Oak Knoll Naval Hospital, Interns	Apr. 1972
Lecture:	American Dental Association "Sealants"	Nov. 1972
Lecture:	Mexico Dental Association	Jan. 1973
Essay:	American Dental Association, Houston, TX "Recent Advances in Restorative Dentistry"	Oct. 1973
Lecture:	Greater New York Dental Meeting "Concepts in Restorative Dentistry"	Nov. 1973
Lecture:	Oak Knoll Naval Hospital, Interns	Apr. 1974
Lecture:	Oak Knoll Naval Hospital, Interns	Apr. 1975
Mini Lecture:	Univ. of Calif. Alumni Assn. "Gingival Retraction Procedures"	Jan. 1976
Lecture:	Oak Knoll Naval Hospital, Interns	Apr. 1976
Lecture:	Oak Knoll Naval Hospital, Interns	May 1976
Mini Lecture:	American Dental Association "Gingival Retraction Procedures"	Nov. 1976
Lecture:	Brandeis University National Women's Committee, Palo Alto, CA "Mobile Clinics"	Feb. 1977
Lecture:	Oakland Naval Hospital, Interns	Apr. 1977

LECTURES AND CLINICS:

Clinical lectures and Scientific Session participant,
American Dental Association annual meetings:

1. "Pulp Protection" Los Angeles, CA 1960
2. "Epinephrine in Gingival Retraction" Las Vegas, NV 1964
3. "Current Restorative Dentistry Procedures" 1966
Dallas, TX
4. "Current Research in Restorative Dentistry" 1967
Washington, D.C.
5. "Clinical Data Related to Gingival Retraction" 1968
Miami, FL
6. "Current Concepts in Restorative Dentistry" 1969
New York, NY
7. "Current Concepts in Restorative Dentistry" 1970
Las Vegas, NV
8. "Current Concepts in Restorative Dentistry" 1971
Atlantic City NJ
9. "Techniques and the Result of Sealant Application" 1972
San Francisco, CA

Television Presentation, American Dental Association:

1. "Gingival Retraction Procedures" New York, NY 1969
2. Chaired: Television panel on "Restorative Dentistry
Procedures." Other participants: R.J. Nicholson,
K.B. Soelberg, R.H. Augsburger, Vern Tueller.

Motion Picture Presentations, American Dental Association:

1. "Abre La Boca": New York, NY Oct. 1969
Las Vegas, NV 1970
2. "Las Manos Que Ayudan": Las Vegas, NV 1970
Atlantic City, NJ 1971
3. "Chalutz" Atlantic City, NJ 1971
4. "Aliyah" San Francisco, CA 1972
5. "Sights and Sounds of the International Mobile
Clinic" Las Vegas, NV 1976

LECTURES AND CLINICS:

Table Clinics:

1. University of California Alumni Association: 1954, 1956, 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969.
2. California Dental Association: 1961, 1962, 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970.
3. American Dental Association:
 - a. "Pulp Protection" Atlantic City, NJ, 1963
 - b. "Pulp Capping" Las Vegas, NV, 1965
 - c. "Pulp Protection" Dallas, TX, 1966
 - d. "Gingival Retraction" Washington, D.C., 1967
 - e. "Pulp Capping" Miami, FL, 1968
 - f. "Gingival Retraction" New York, NY, 1969
 - g. "Pulp Protection" Las Vegas, NV, 1970
 - h. "Pulp Protection" Chicago, IL, 1975.
4. Southern California State meetings: 1967, 1968, 1969, 1970.
5. Chicago Mid-Winter meetings: 1963, 1964, 1965, 1966, 1967, 1968, 1969, 1970.

POST GRADUATE COURSES PRESENTED:

A. University of California

1. Stark, M. M.: "Restorative Dentistry." May 1964.
2. Stark, M. M., Nicholson, R.J., and Soelberg, K.B.: "Pulp Therapy." Dec. 1964.
3. Stark, M.M., Morris, M.E., and Nicholson, R.J.: Dental Radio Conference. April, 1965.
4. Nguyen, N., Stark, M.M., and Sapone, J.: "Modern Endodontic Therapy." June, 1965.
5. Stark, M.M.: "Research Symposium." April 1966.
6. Stark, M.M., Nguyen, N., and Sapone, J.: "Modern Endodontic Therapy." Sept. 1966.
7. Stark, M.M., Nicholson, R.J., Soelberg, K.B., Christie, T.H., Morris, M.E., and Sapone, J.: "Pulp Therapy." Oct. 1966.
8. Stark, M.M., Soelberg, K.B., and Nicholson, R.J.: "The Dental Pulp---Protective Procedures." Dec. 1967.
9. Stark, M.M., Christie, T.H., Morris, M.E., Nicholson, R.J., Sapone, J., and Soelberg, K.B.: "Pulp Therapy." Jan., 1968.
10. Stark, M.M., Nicholson, R.J.: "Endodontics for the Modern Practitioner." Feb., 1968.
11. Stark, M.M., Nicholson, R.J., Soelberg, K.B., and Augsburg, R.H.: Research Symposium, "Recent Advances in General Practice." June, 1969.
12. Stark, M.M., Soelberg, K.B., and Nicholson, R.J.: "The Dental Pulp---Protective Procedures" Nov., 1971.
13. Stark, M.M., Nicholson, R.J., and Soelberg, K.B.: "Save That Pulp" Jan., 1974.
14. Stark, M.M., Nicholson, R.J., Soelberg, K.B., Pelzner, R.B., Augsburg, R.H., and Barkin, P.R.: "Recent Advances in Restorative Dentistry." Nov. 1975.
15. Stark, M.M., Pelzner, R.B., Augsburg, R.H., Nicholson, R.J., Tueller, V.M., Soelberg, K.B., and Barkin, P.R.: "Mini Course in Restorative Dentistry" Jan., 1977

POST GRADUATE COURSES PRESENTED:

B. University of Southern California, Los Angeles

1. Stark, M.M., Christie, T.M., Nicholson, R.J., and Soelberg, K.B.: "Pulp Therapy." June, 1966.
2. Stark, M.M., Nicholson, R.J., Soelberg, K.B.: "The Dental Pulp--Protective Procedures." May, 1967.
3. Stark, M.M., Christie, T.M., Nicholson, R.J., Soelberg, K.B., and Weis, R.W.: "The Dental Pulp--Protective Procedures." Nov., 1968.
4. Stark, M.M., Nicholson, R.J., Augsburg, Christie, T.M., Soelberg, K.B., and Weis, R.W.: "Advanced Concepts in Restorative Dentistry." Nov., 1969.
5. Stark, M.M., Nicholson, R.J., Augsburg, R.H., Soelberg, K.B., Tueller, V.M., and Weis, R.W.: "Advanced Concepts in Restorative Dentistry." April, 1971.

Appointments

- A. Visiting Professor, University of Cartagena, Colombia, South America., 1967
- B. Member, Board of Director, American Cancer Society. Santa Clara County, 1956-1962.
- C. Pre-Dental Advisor, University of California
 - 1. Berkeley, 1950-1954
 - 2. Los Angeles, 1954-1964
- D. Member, Health Advisory Committee, State Board of Education.
- E. Member, Board of Director, University of California, Santa Cruz Association.
- F. Consultant to:
 - 1. Shering Corporation, Special Seminar of Pulp Capping, 1960.
 - 2. Johnson & Johnson, 1964-1967
 - 3. Pascal Company, Seattle, Washington. 1964-present.
 - 4. Barnes Hind Co. Sunnyvale, Calif. 1962-present
- G. Project Head Start Program and Peace Corps, July and August, 1965-66, for dental examinations.
- H. Consultant, U.S. Naval Hospital Oak Knoll California. 1966-67-68
- I. Volunteer, S.S.HOPE Ship, Cartagena, Colombia, 1967.
- J. Consultant, Tulare County School District, California Migrant Farm Children Program-Dental Project, Summer 1968
- K. Chairman, California State Dental Association Research Committee, 1970 to present.
- L. Member, Foothill Junior College, Dental Hygiene Advisory Committee-1970
- M. Consultant, Vick Chemical Company, Mount Vernon, New York 1969-present.
- N. Consultant, State of California Dept. of Education, Bureau of Community Service and Migrant Education.
- O. Faculty, Postgraduate Education, University of Southern Calif.
- P. Chairman, Projected Clinics in Color and Sound, U. C. Alumni meeting, January 1970.
- Q. Board of Trustees, California College of Podiatric Medicine, 1970-1973
- R. Visiting Professor, Tel-Aviv University, Faculty of Continuing Education, Dental Division. Tel-Aviv, Israel, 1971-72.

APPOINTMENTS continued

- S. Special Consultant, Ministry of Health, Israel, 1973.
- T. Consultant on Scientific Material, California Dental Association, 1974-present
- U. Special Consultant, Dr. Jerome Lackner, Director of Health, State of California. 1976-77
- V. Personal Consultant in Dental Health to Director of Health, Jerome Lackner, State of California. 1977
- W. Nominated: For Public Service Award, U.C.S.F awarded by the Chancellor for outstanding community service. 1975, 1976, 1977

COMMITTEES: University of California School of Dentistry

1. Bachelor Science Committee
2. Admissions Committee
3. Curriculum Committee
4. Building Committee
5. Chairman, Welfare and Memorial, Academic Senate Committee
6. Director, Mobile Clinic Program, U.C. project developed to provide treatment for underprivileged children utilizing a mobile clinic staffed by faculty-supervised dental students.

PATENTS:

1. The use of acridines as caries-disclosing agents
2. Artilk, articulating paper to disclose inequalities in occlusion
3. Dental cavity liner and method of restoring carious teeth

PATENTS APPLIED FOR: 1976

1. New capsule dispenser for amalgam
2. Special digital pulp tester
3. Unique crown remover
4. Pliers for inserting pins
5. Spot-welded band kit
6. Plaque remover and interdental stimulator
7. Dental Amalgam Well; a device to reduce mercury vapor

RESEARCH IN PROGRESS: 1976

1. Evaluation of varying concentrations of epinephrine-saturated cords in the control of hemorrhage. A unique blood pressure device is being used to evaluate changes in blood pressure and heart rate.
2. Evaluation of currently used amalgams in extracted teeth. Effects of polishing and the effects of dilute acid in alkali will be determined with the scanning electron microscope.
3. Effects of finishing and polishing on composites will be evaluated utilizing radioactive materials to determine marginal leakage.
4. Evaluation of currently used die stones and their compatibility with hydrocolloid impression materials.
5. Reinforced gutta percha---histological evaluation.
6. Evaluation of currently available high speed handpieces; ease of sterilization and bur removal.
7. Evaluation of mercury leakage from pre-proportioned and conventional amalgam capsules.
8. Clinical, two-year evaluation of modern amalgam and composite restorative materials in deciduous teeth.
9. Evaluation and development of new desensitizing paste.
10. Evaluation of mercury leakage around dental operatories.
11. Special testing on sterility of syringes.

PRODUCER:

1. Abre La Boca - 1969

28 minute, color and sound, 16 mm documentary movie describing the Mobile Clinic Program in the San Joaquin Valley of California.

Funds for the film obtained from a grant from the Vick Chemical Company.

Purchased by the American Dental Association for their film library for national distribution.

2. Las Manos Que Ayudan - 1970

26 minute, color and sound, 16 mm documentary which graphically portrays U.C.S.F. dental students providing dental care to migrant children, and depicts the social and educational benefits to the students and the children.

Funds for the film obtained from a grant from the ADA.

On file in the ADA film library for national distribution.

3. Chalutz - 1971

15 minute, color and sound, 16 mm documentary describing the free dental care being provided to Israeli children both Arab and Jew in an effort to promote international goodwill through the medium of dentistry.

Winner of 1971 CINE Golden Eagle Award. Entered as U.S. representative of educational films in international film festivals.

Funds for the film obtained from grant from the California Dental Association, \$8,000.

On file in the Library of Congress.

On file in the ADA film library for national distribution.

4. Aliyah - 1972

10 minute, color and sound, 16 mm documentary showing dental students under faculty supervision treating Israeli children on a mobile clinic in the Gaza Strip, and in the kibbutzim and moshavim of northern Israel as well as in schools for the handicapped.

Funds for the film were obtained from a \$5,000 grant from a private individual.

Winner of the 1972 CINE Golden Eagle Award.

On file in the Library of Congress film library.

On file in the ADA film library for national distribution.

MOBILE CLINICS: (California)

The following grants were obtained from the California State Department of Education to subsidize the Mobile Clinic program in California:

1969	\$ 40,835
1970	216,000
1971	113,000
1972	99,000
1973	91,920
1974	98,900
1975	117,210
1976	120,053
1977	78,467

TOTAL TO DATE \$969,385.

These clinics have operated in the State of California from as far north as Marysville and south to Santa Barbara.

To date approximately 25,000 children have received restorative care and instruction in prevention in these clinics. Approximately one-third of the students in the senior class serve in the these clinics each year providing dental care to the children of migratory farm workers.

These clinics have motivated a substantial number of students to proceed on to graduate work in Pedodontics.

MOBILE CLINICS: (Overseas)

A non-profit public foundation has been established which has IRS approval as a Charitable Trust 509A classification. The State of California has assigned a non-profit status to this corporation.

To date \$590,000 has been contributed to this foundation from private sources during the past 5 years.

Two clinics were built by Marvin Stark and his associates and are currently operating in Israel treating both Arab and Israeli children.

One mobile clinic was established in Greece in 1971.

One mobile clinic was established in Yugoslavia in 1975.

To date approximately 100 students have served in the clinics in Israel, Greece, and Yugoslavia, and at least 3,000 children have received restorative treatment in these clinics. Dental students from the Universities of California, Michigan, Southern California, Connecticut, Maryland, Case Western, and University of the Pacific have volunteered their service and provided their own transportation. The foundation provides living accommodations for the students.

MOBILE CLINICS OVERSEAS (continued)

SPECIAL APPOINTMENT: Chief Purchasing Consultant for the Kibbutz Movement. Responsible for assisting with design and equipment for dental clinics for 275 kibbutzim in Israel.

MOBILE CLINICS:

1971: Israel
1972: Israel, Greece
1973: Israel, Greece
1974: Israel, Greece, Yugoslavia
1975: Israel, Yugoslavia
1976: Israel, Greece, Yugoslavia
1977: Israel, Greece

AWARDS:

Myrtle Wreath Award: Presented to M. Stark and family by the San Francisco Chapter of Hadassah for their humanitarian work in providing mobile dental clinics in Israel. Jan. 1977

MOBILE CLINICS: (overseas)

Future Plans

1. Plans are currently underway to develop a program for Ankara, Turkey in conjunction with UNICEF.
2. Another clinic is in the formative stages for Cebu City, Philippines.

All construction and design of the mobile clinics in California and overseas have been accomplished by Kenneth Seelberg, Ronald Nicholson, and Marvin Stark and student volunteers.

As a result of the California mobile clinic grants from the Department of Education, the Regents of the University of California currently own:

1. 40 foot General Motors transit coach outfitted as a complete 4 chair dental clinic.
2. 40 foot General Motors transit coach outfitted as a complete dental clinic.
3. 30 foot General Motors, transit coach outfitted as a complete three-chair dental clinic.
4. Four support vehicles (transport personnel and supplies)
 - a. Chevrolet Carryall (2)
 - b. GM Rallywagon
 - c. Chevrolet Step-Van
5. X-ray equipment, and all other equipment necessary to operate 11 chairs in the field.

ADDITIONAL GRANTS:

From private industry:

1. \$26,000, Johnson & Johnson, 1960.
2. \$15,000, Vick Chemical Co.
Refr Mfg. Co.

STUDENTS SPONSORED: During the past 8 years the following students have received financial aid in graduate training:

1. Molly Green---University of Michigan, Pedodontics
2. Ernest Peterson---University of Indiana, Dental Materials
3. George Mednick---University of Michigan, Pedodontics
4. Michael Meyer---University of California, Orthodontics
5. Joseph Schmutz---University of California, Pedodontics
6. William Nielsen---University of California, Pedodontics
7. Ralph Zotovich---University of California, Pedodontics
8. Larry Ford ---Western Reserve University, senior student
9. Mark Bogdan---University of Detroit, dental student
10. Also sponsored---foreign students, all financial arrangements made for the student and provided for 3 years of education for the student.

FACULTY SPONSORED: The following dentists for abroad have received assistance with transportation, room and board while at U.C.S.F.

1. Ljebomir Orlic, Split, Yugoslavia
2. Daniel Kessler, one year post graduate training from Hebrew University, Jerusalem, Israel
3. Herb Judes, Head, Operative Dentistry, Tel Aviv University, Israel
4. David Assif, Tel Aviv University, Israel
5. Amos Buchner, Chairman Oral Pathology and Oral Medicine, Tel Aviv University, Israel

PUBLIC INFORMATION:

News articles related to Mobile Clinic activities have appeared in the following press releases:

1. Berkeley Gazette, June 2, 1965.
2. Synapse, U.C.S.F. campus publication, Sept. 17, 1965.
3. San Jose Mercury, Aug. 6, 1965.
4. Redwood City Tribune, Dec. 2, 1965.
5. Palo Alto Times, Aug. 3, 1966.
6. San Francisco Examiner, July 12, 1965.
7. San Jose News, July 11, 1966.
8. Redwood City Tribune, July 10, 1968.
9. Journal, American Dental Association, May 1969.
10. Journal, American Dental Association, Nov., 1969.
11. San Francisco Examiner Sunday Magazine, "California Living" May 10, 1970.
12. Congressional Record, Monday, June 1, 1970, p. E4995.
13. American Dental Association News, Sept. 14, 1970.
14. Rocky Mountain News, Denver, Colorado, Jan. 12, 1971.
15. News Letter, International College of Dentists, March 1971.
16. U.C. News (University of California Clip Sheet) April 18, 1972.
17. San Francisco Jewish Bulletin, June 30, 1972.
18. San Francisco Examiner, July 27, 1972.
19. The New York Times, Sept. 17, 1972.
20. The Campus Bulletin, (U.C.S.F. bulletin) Sept. 1972.
21. TWA Ambassador (official magazine of TWA Ambassadors Club) November 1972.
22. International College of Dentists, Scientific & Educational Journal, 1973. Vol VI, No. 2.
23. Journal American Dental Association, Feb., 1973.

PUBLIC INFORMATION: (news articles continued)

24. American Dental Association News, June 18, 1973.
25. U.C.S.F. News, June 1973.
26. California Dental Association Journal, Aug. 1973.
27. Congressional Record, June 4, 1974. Vol. 120, No. 79.
28. U.C.S.F. News, June 1974.
29. American Dental Association News. June 3, 1974.
30. Journal American Dental Association, July 1974.
31. The Hellenic Chronicle February 20, 1975
32. American Dental Association News, Oct. 11 1971
33. San Jose Mercury News Sunday Magazine, California Today, June 9, 1974.
34. Jerusalem Post, January 4, 1977. p. 5

PROFESSIONAL LICENSES:

- A. Clinical Microbiologist, 1949
- B. California State License Dentistry, 1952
- C. National Dental Boards, 1952
- D. Massachusetts License



**Dental Breakthrough
for Bush Alaska**

Senior Year dental students pose with their professors in front of the new mobile dental clinic — the first of its kind in Alaska. Paid for by the State of Alaska as the result of H.B. 728 which passed the House then cleared Senate HESS and was ultimately funded through Governor Hammon's discretionary budget.



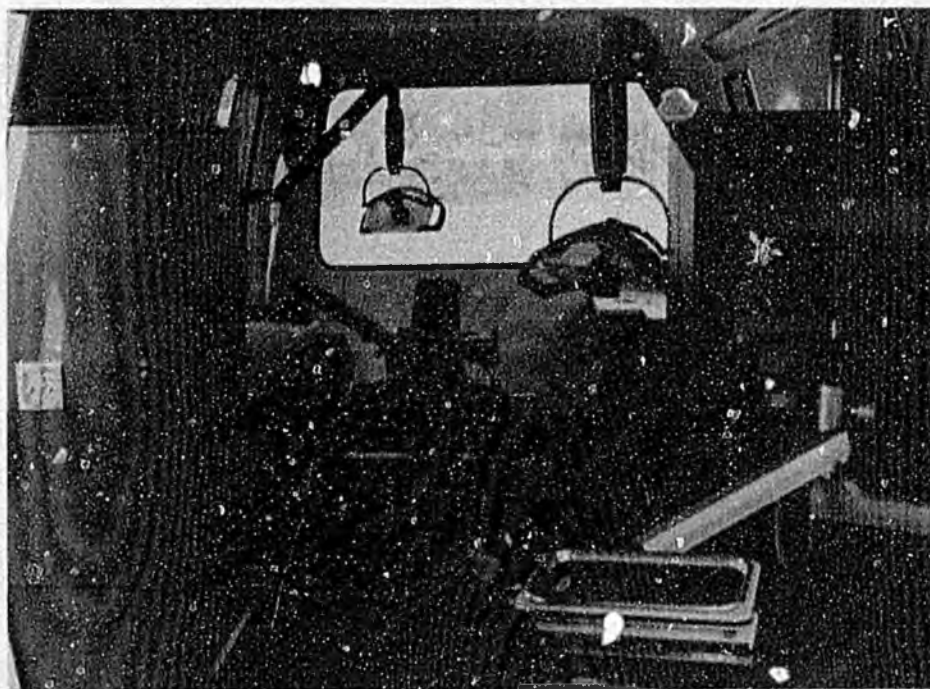
No clinic — mobile or stationery in the world is any better equipped or more modern than the new unit.



"There is no better feeling of worthwhile accomplishment than to leave a village knowing a whole lot of kids will no longer suffer from tooth aches."

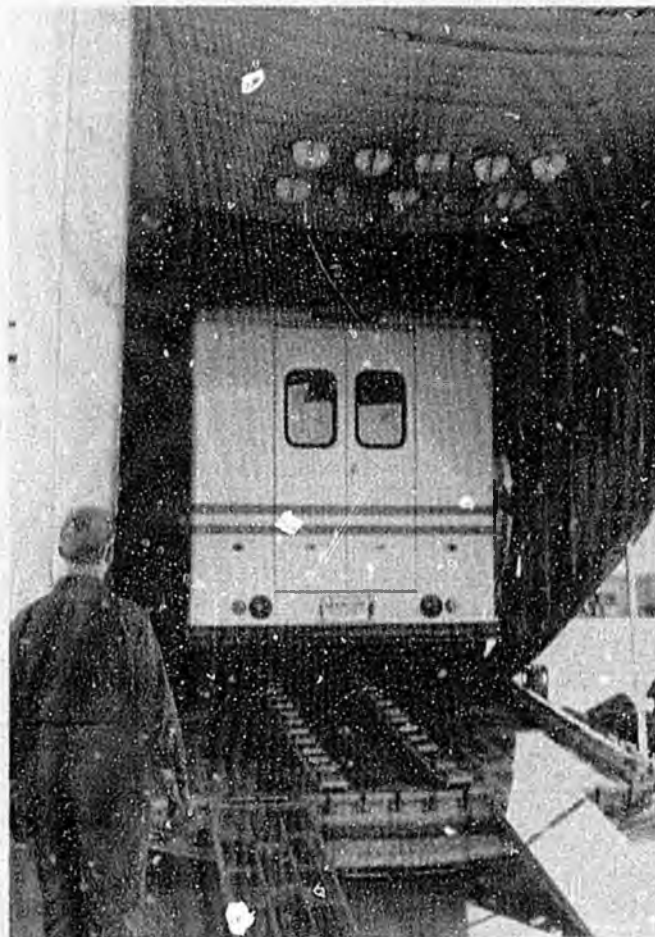


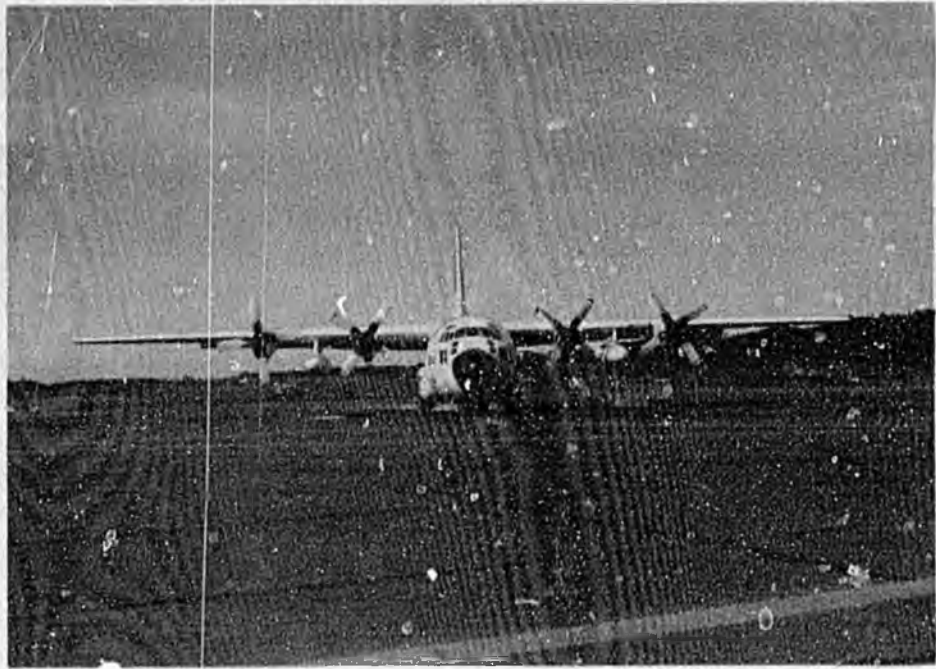
Dr. Kenneth Soelberg of the Stark Foundation joins in for the ribbon cutting ceremony, accompanied by Dr. Stolpe of PHS; Dr. Fred McGinnis, Deputy Commissioner for the State Department of Health and Social Services; Ralph Eluska, Deputy Director of APIA; and Jessie Dodson, Special Assistant to Governor Hammond.

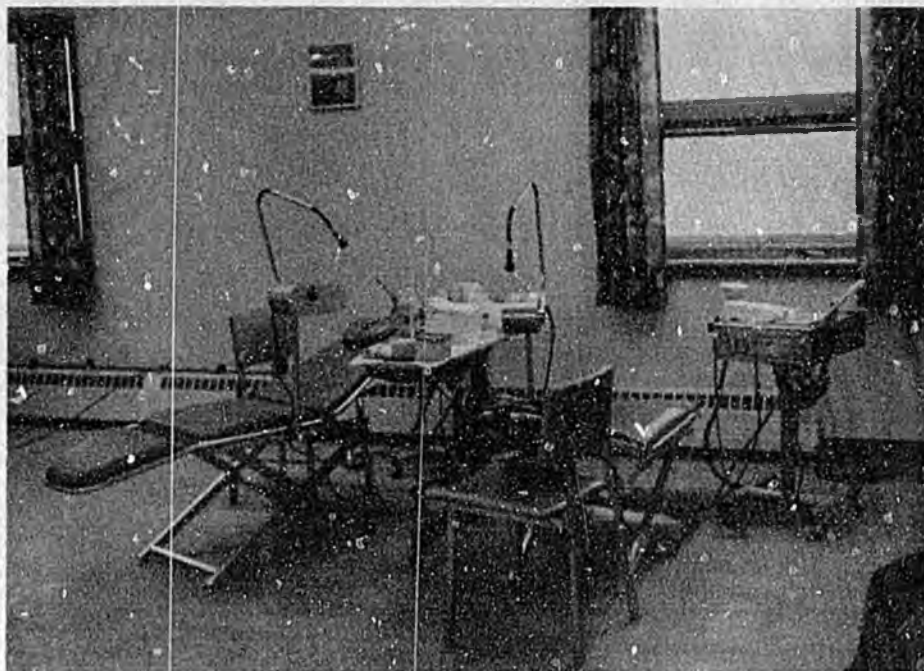


The mobile clinic has every feature available for comfort and efficiency — including stereo music to listen to while being treated, air load levelers for bumpy spots in the road and heaters strategically located throughout the unit.

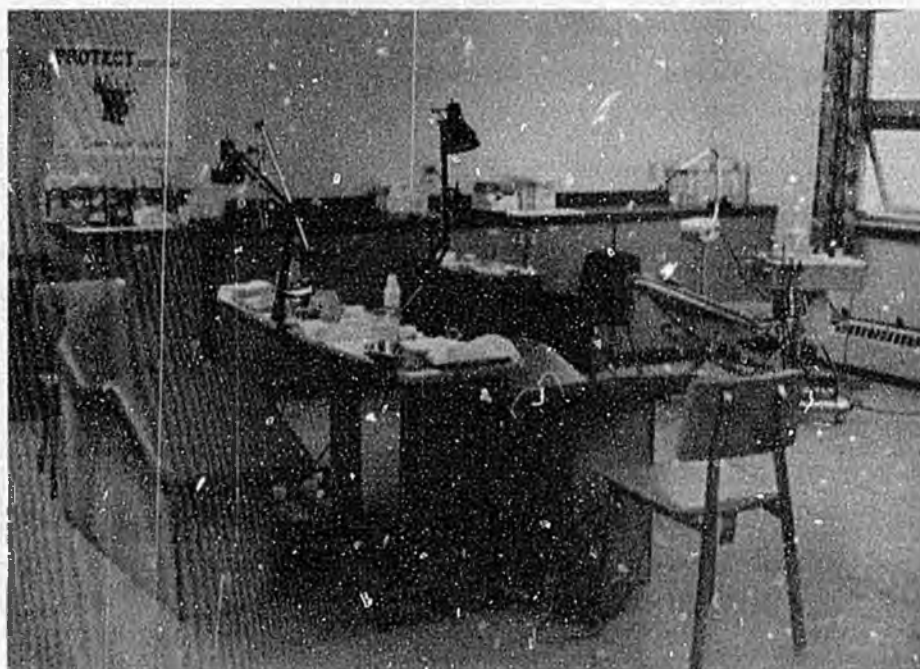
Pressing time and a missed barge bring the Coast Guard to the rescue. They delivered the companion support unit to St. Paul when there was no place else to turn for help.







Hygienists outside working at auxilliary units cleaned teeth and did preliminary examinations and screening.



With so many volunteers we were able to set up auxilliary hygiene units outside the mobile clinic which allowed us to serve more people.



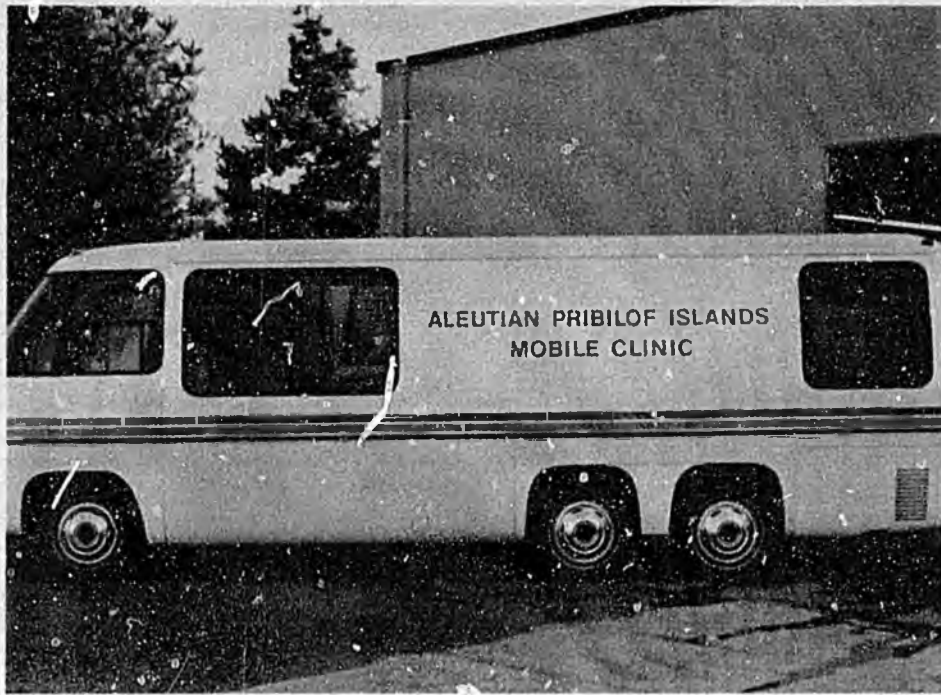
Every patient had thorough x-ray examinations so as to not miss any hidden cavities.



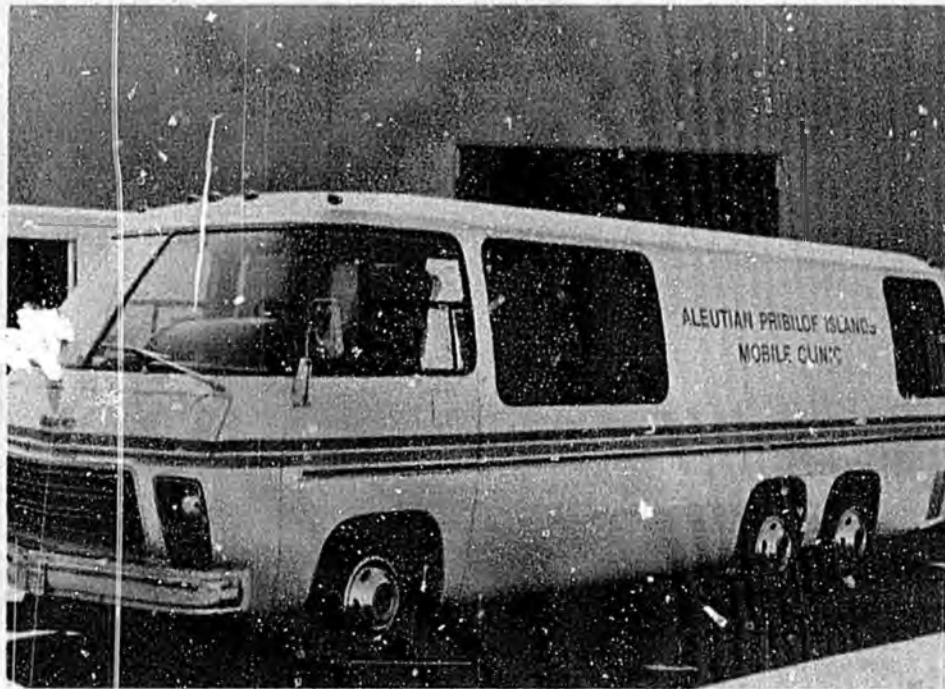
Dental Health is a Family Affair.



First class procedures were the watch word — full dental dams and quality techniques were applied to every patient.

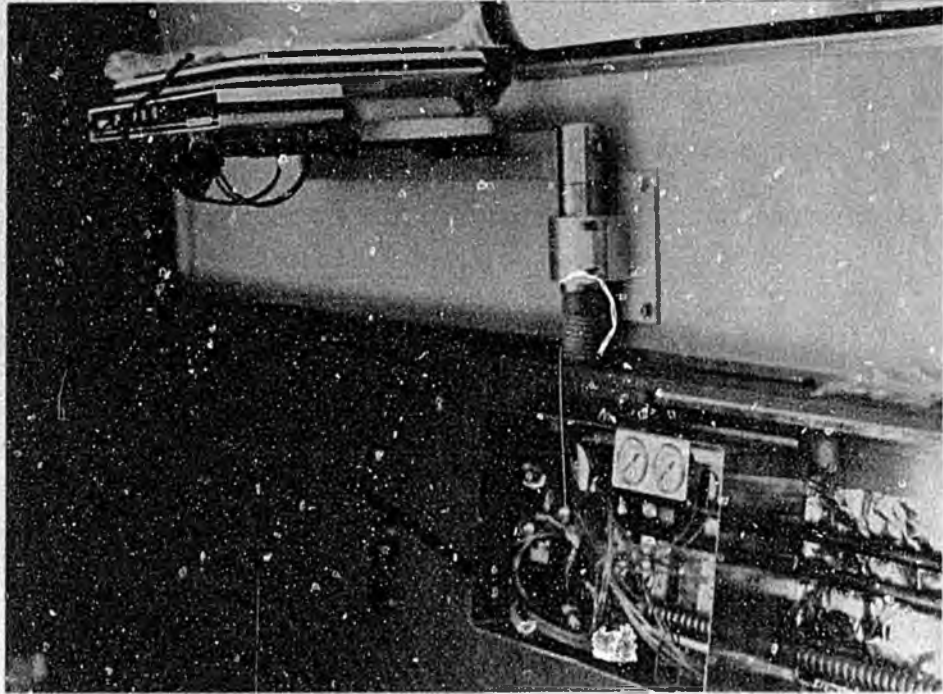


Working together is the only solution to the delivery of health care services to bush Alaska.

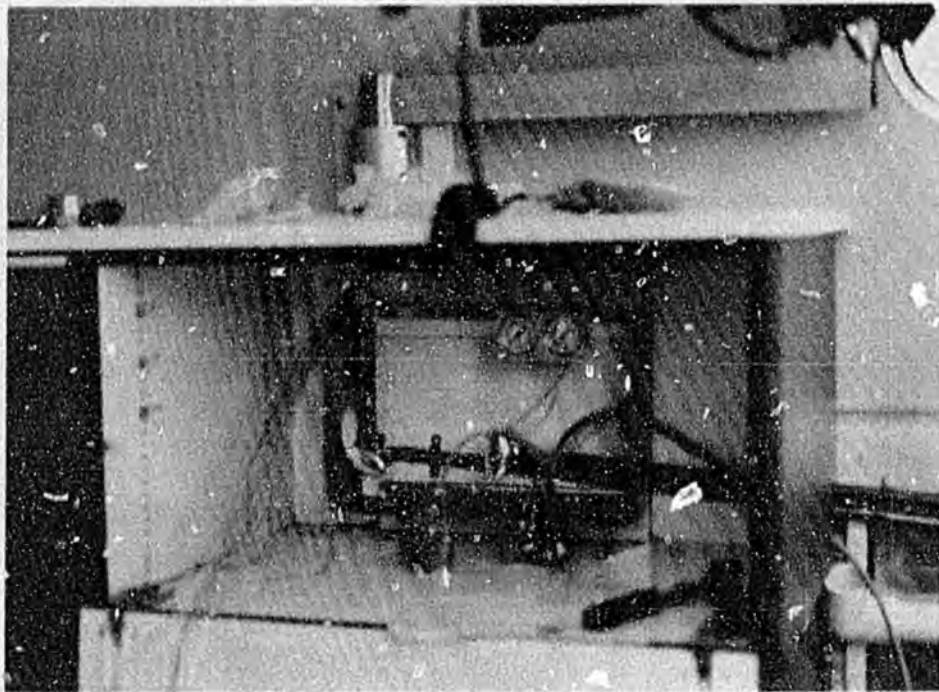




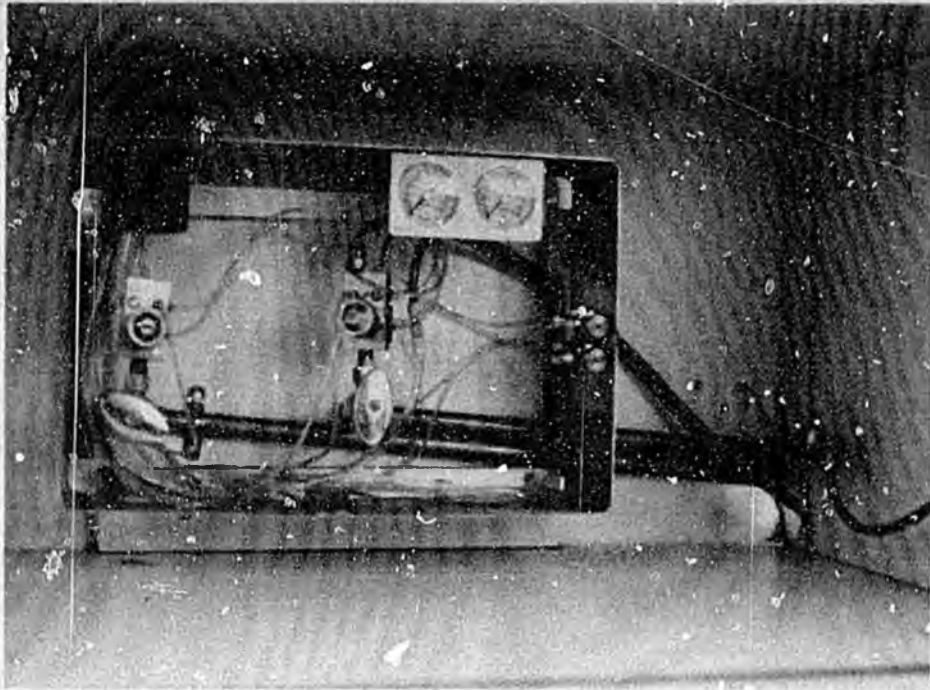
Students and professors built the unit from scratch cutting the cost by at least 25%.



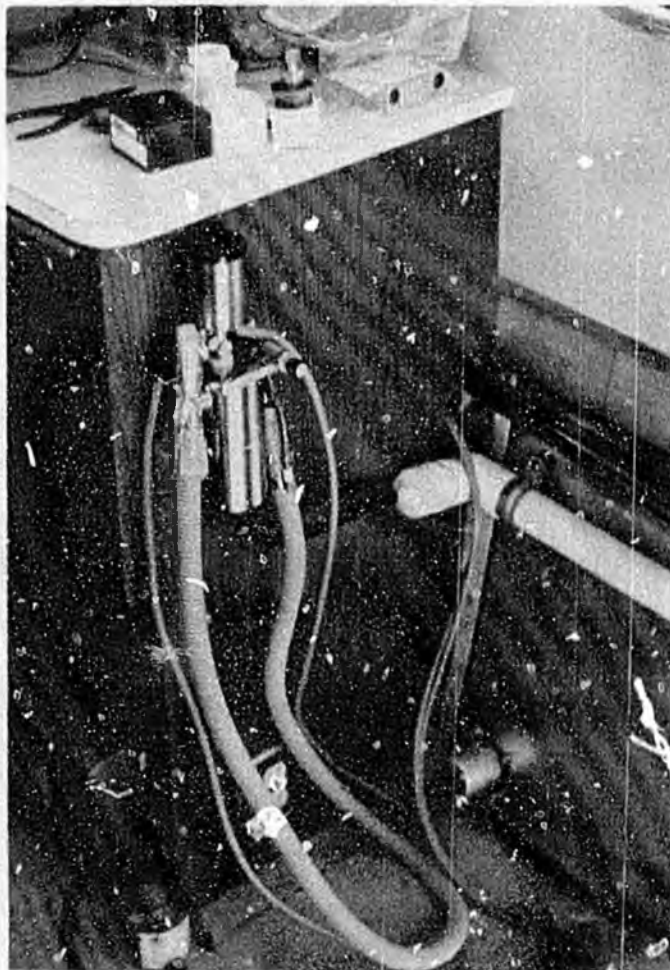
The x-ray system is wall mounted and swings out where needed.

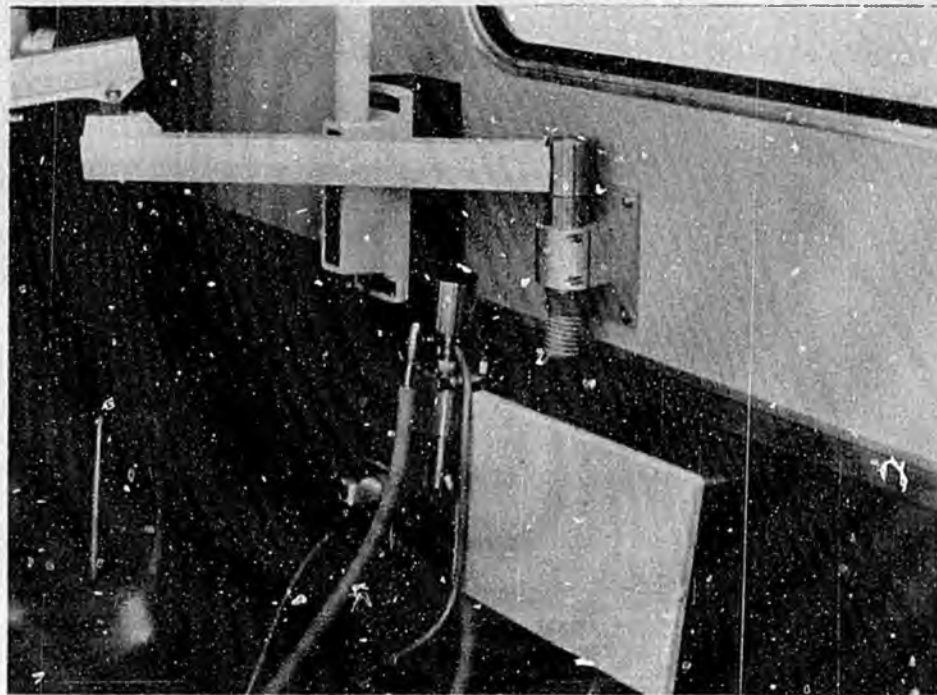


Plumbing and wiring were major undertaking for this modern unit.



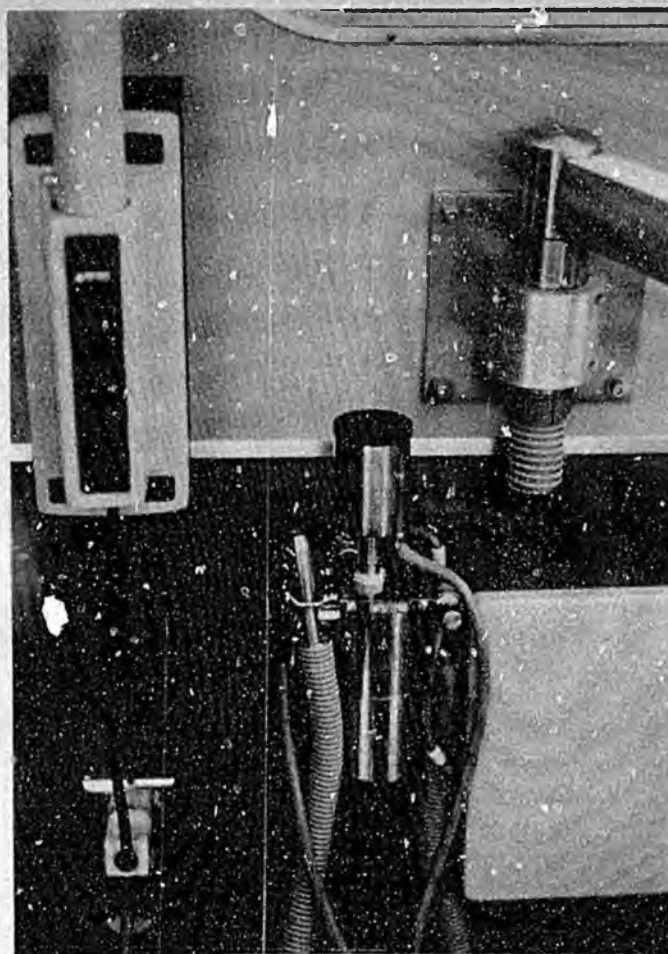
Dental Equipment hookups can be very technical — a challenge to any plumber.



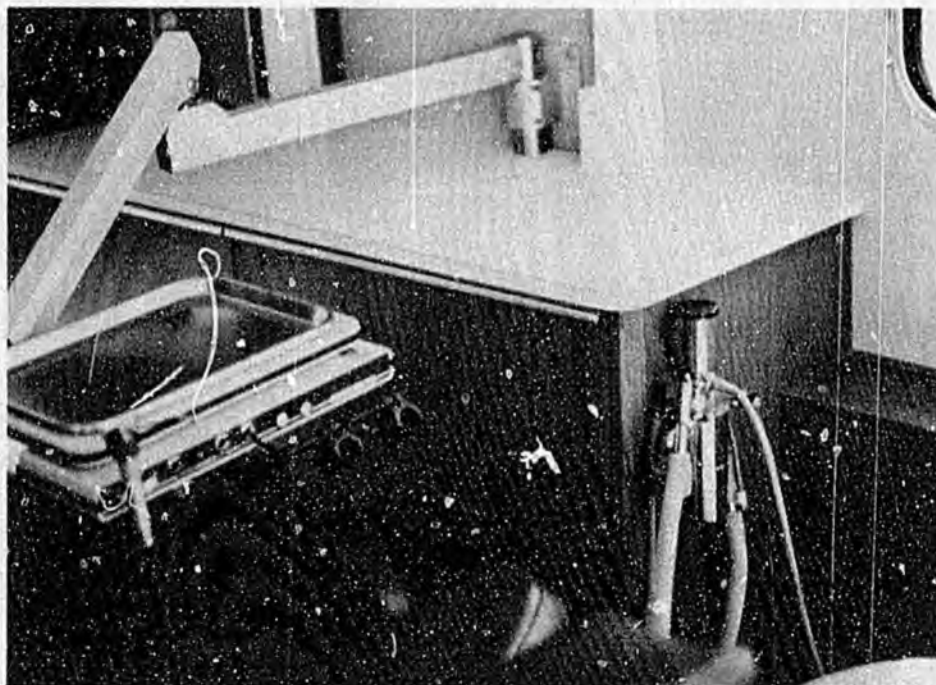


All equipment swings out and can be secured for the road.

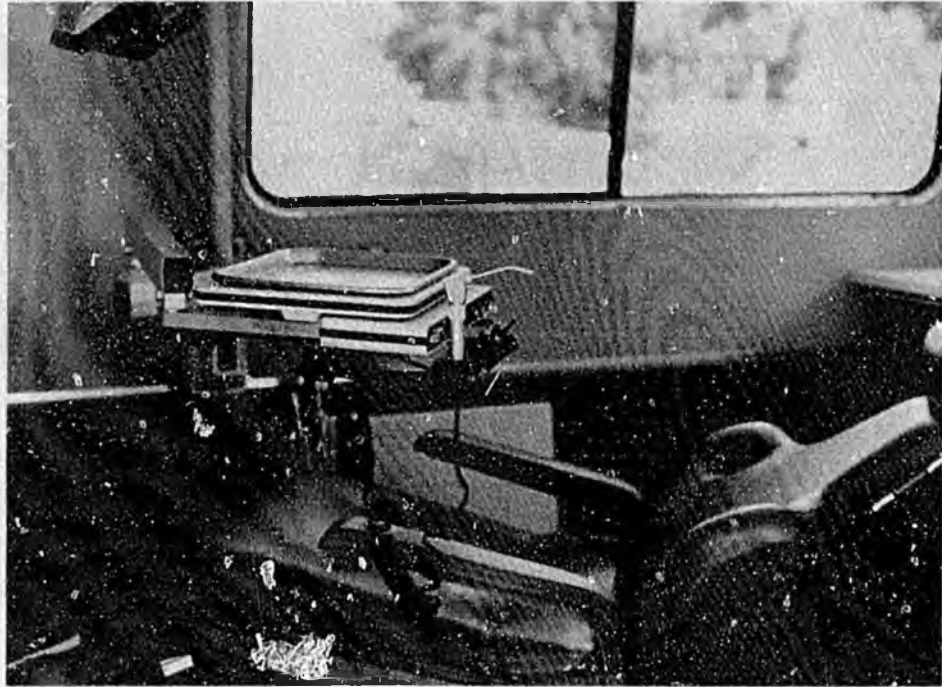




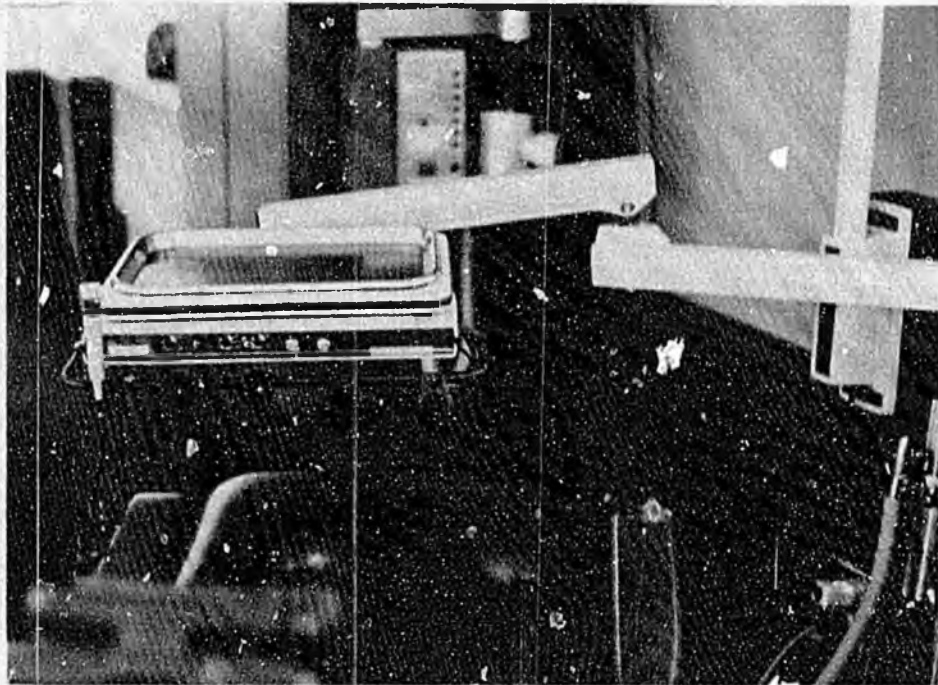
The stereo system and ear phones takes the patients mind off the drill and needles that frighten most patients. The Cukaracha Technique works well with kids.

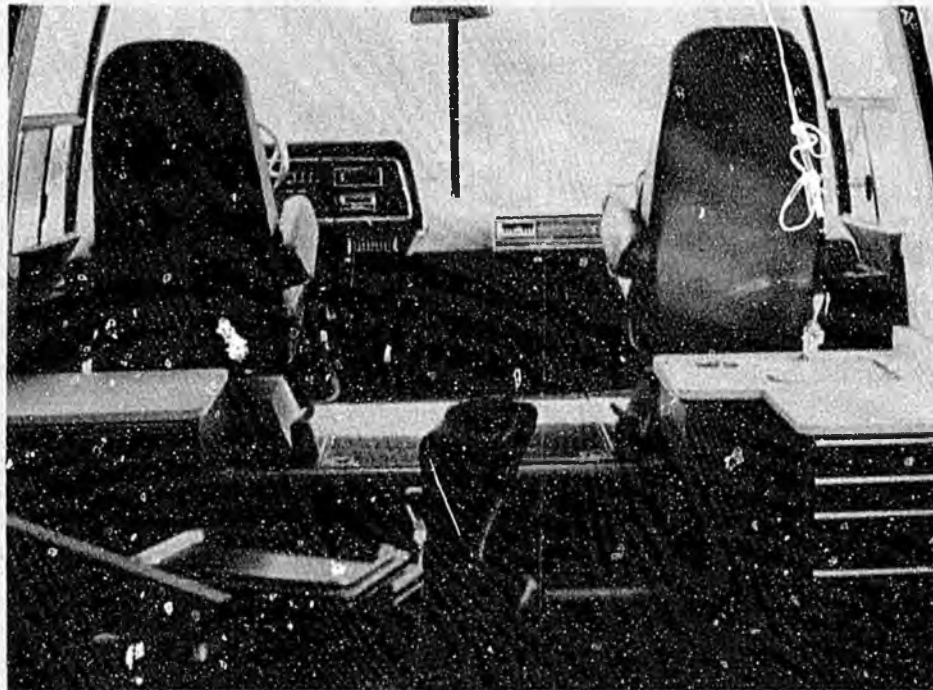
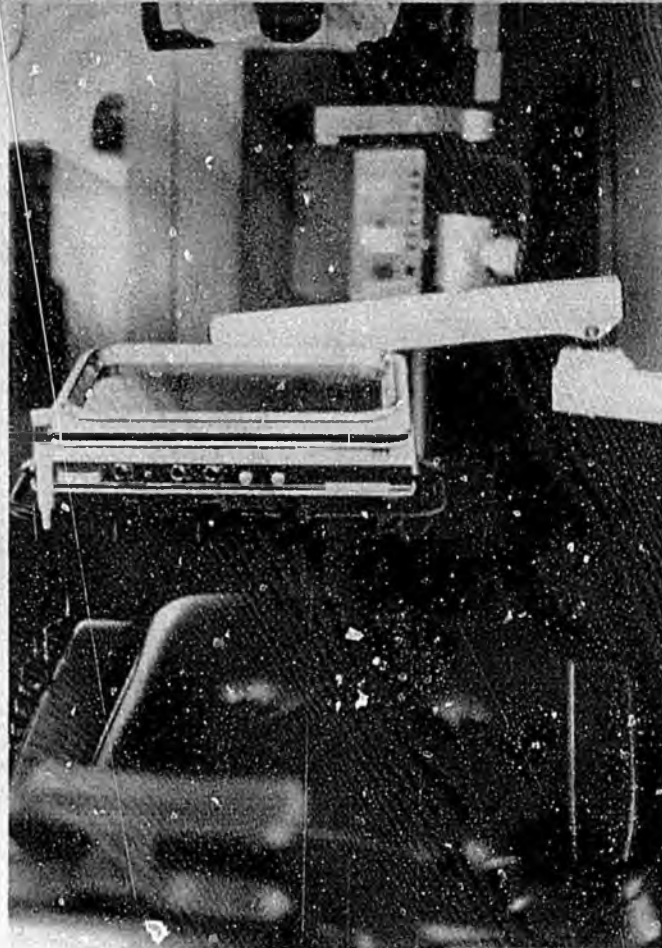


All of the equipment is the very latest and best.



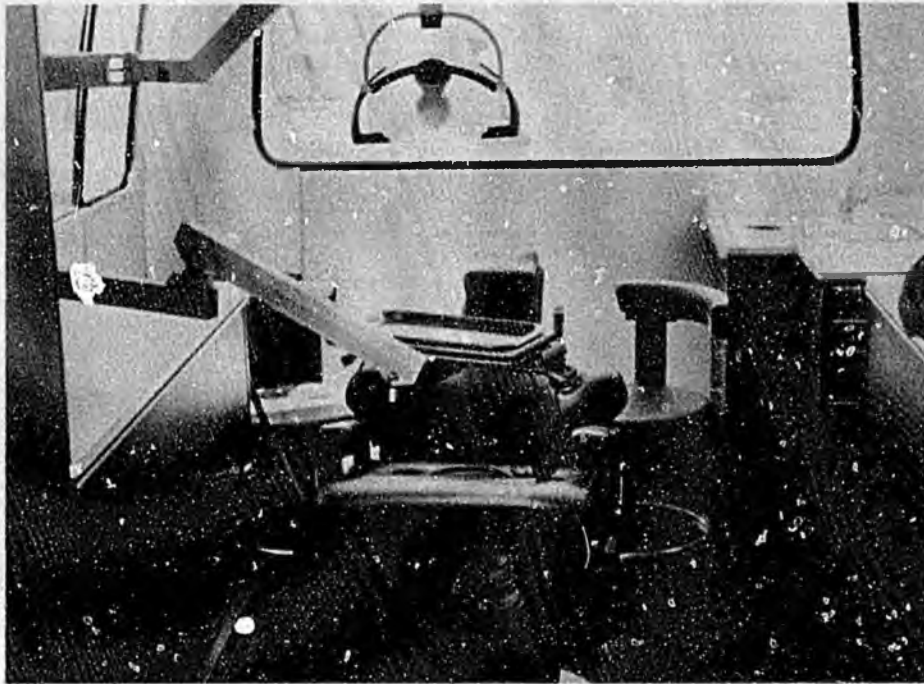
These Siemens chairs are the best in the world — and better than many dental offices now have.





The spaciouly designed drivers area allows plenty of room to operate and great viewing advantage through large picture like windows.

All equipment is designed to swing into place when and where needed.



That's it! We're all ready to go. All we need is legislation which allows Volunteer Dentists to give of their time and effort working with students of dentistry and dental hygiene fixing kids teeth in Alaska.

Your help is appreciated.

In Appreciation:

Our special thanks go to the Marvin M. Stark Research Foundation, an International organization dedicated to the health of children everywhere — for their unfailing devotion to the idea of delivery of voluntary health care to Alaska's isolated bush residents. They built the units, they drove them to Alaska and they staffed and operated the clinic as unpaid volunteers. They waded through unbelievable red tape and took a whole lot of bureaucratic abuse just so they could be of service. We apologize for the reception they got from the State Dental Board and other self serving professionals.

**Pass H. B. 401
for a
Sane Approach to
Bush Dentistry**