



## Teeth and a Nickel Tip



**Dr. Daniel Thomas Moran**

Clinical Assistant Professor  
Department of General Dentistry

Turning twelve was a big deal and maybe I am not really sure why. It might have only been because it was a year shy of thirteen when the Jewish kids in the neighborhood became men and the rest of us looked a little more closely in the mirror waiting for something to happen. At twelve we were never convinced it would. For me it meant something else as well. I was officially old enough to get a paper route. As it turned out, the kid who did it in our little piece of suburbia was moving on to a real job washing dishes at Musicaro's or stocking shelves at Bohack. I wasted no time getting over to the distributor's house and applied for the job. Here was a guy who was a perfect role model, someone who never quite got past the paper route stage, someone I wanted to not grow up to be. There was really no training to speak of and I signed my creaky signature in a couple of places and shazam, I was a paperboy. It was big money alright, and the kid on the block with the route always seemed to have plenty of ready money for Yoo-Hoo and Twinkies, and the biggest collection of baseball cards. Some of them even got Schwinn Sting-Ray bikes that made the rest of us drool with envy.

A few years before my folks had decided to teach me the value of a buck by giving me an allowance of seventy-five cents in exchange for a few chores, which I never seemed to accomplish in a timely or adequate fashion. It also gave them some leverage for blackmail by taking it away at a whim for various infractions of propriety. It hardly got me anywhere but got them a lot of apparent latitude over my life. (Continue on page 4)



On Wednesday, November 7, The Jawbreakers, GSDM intramural ice hockey team, defeated Saucy and Frothy to win the 2012 Boston University Intramural Championship Game.

Dr. Joseph Calabrese, Assistant Dean of Students with senior members of the Jawbreakers team. (From L to R) Melissa Smith (DMD 13), Caitlin Reddy (DMD 13), Sara Mandell (DMD 13) and Paul Nardi (DMD 13).

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**Homan Javaheri**  
Advanced Standing DMD 14  
Editor-in-Chief

# Editor's Desk

## This story has no ending

- 1 The first issue of 2013 has been published with a semi-new team. For the new season of our newsletter, we have changed the logo and increased the number of pages. I would like to thank our former Editor-in-Chief, Sammy Gill, who is now the BU Chapter treasurer, and the previous contributing editors for their awesome work. I also would like to thank Dr. Calabrese and Erica Manczuk. Without their help and support, this issue would not be as it is.
- 2 In this issue, it is intriguingly interesting to read Dr. Moran's story of how he chose dentistry as a career. Not only is the story eye-opening and inspirational, but the way he tells story makes it impossible to resist reading it to the end without putting it down. We all have similar stories to relate, "How could you live and have no story to tell?" as Fyodor Dostoevsky, Russian novelist and journalist once said.
- 3 Do you want to create a CV that is as good as it gets? Are you planning to apply to post-graduate programs? Rachel and Danielle's articles contain several important tips about writing a CV and applying to residency programs. Steve's article is about health care reform and why the ADA has not fully supported it. The very first ASDA National Leadership Conference was held in November 2012 and 7 BU ASDA representatives attended the meeting. You can learn more about their experiences in Ahmed's report.
- 4 It has been 285 years since *Pierre Fauchard*, the French physician credited as the "Father of Modern Dentistry", wrote his book, *Le chirurgien dentiste*, "The Surgeon Dentist". *Greene V Black*, the "Father of Operative Dentistry" and one of the founders of modern dentistry in the U.S., was born in 1836 and 4 years later, the *Baltimore College of Dentistry* was founded as the first dental college in the world. *Boston University Henry M. Goldman School of Dental Medicine* is celebrating its 50<sup>th</sup> anniversary and some of us will be graduating this year in May; and this story has no ending. ■



## News in Pictures

1. GSDM volunteers at *Christmas in the City* on December 16, 2012 offered holiday cheer along with dental screenings and interactive activities promoting oral health.
2. Dean Jeffrey W. Hutter and the GSDM Fall 2012 Intramural Championship teams at the Champions' Lunch on January 14, 2013.
3. Getting into the giving spirit: American Association of Women Dentists (AAWD) BU Chapter brought over two carloads of winter clothes for Rosie's Place.





**Steve Armbrust**  
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# Where the ADA Stands on Health Care Reform

Ever since the Supreme Court ruling on June 28 that deemed the Affordable Care Act (ACA) constitutional, the reality of health care reform in the United States has slowly begun to sink in for all Americans. While it is clear that the act will reshape health care across the nation, many of its effects remain uncertain, especially the impacts it will have on dentistry. What does the ACA mean for our profession, and how will everyone, both dentists and patients, fit into the evolving health care landscape?

The ACA does several things right. It provides additional funding for oral health infrastructure through the Centers of Disease Control (CDC), increases support for the development of dental training programs, extends liability protection to individuals who work at free clinics, and provides additional funding for school-based health centers as well as the National Health Services Core loan repayment programs.

So why does the American Dental Association (ADA) refuse to support the ACA? While the ADA recognizes the pros of the bill, it points to several fundamental shortcomings that ultimately prevent them from supporting the legislation.

The primary reason for the ADA's lack of support is the bill's failure to properly fund Medicaid. The act plans to extend Medicaid eligibility to individuals with family incomes up to 133% of the federal poverty level, but it does so without providing a basic adult dental benefit for existing or new Medicaid enrollees.

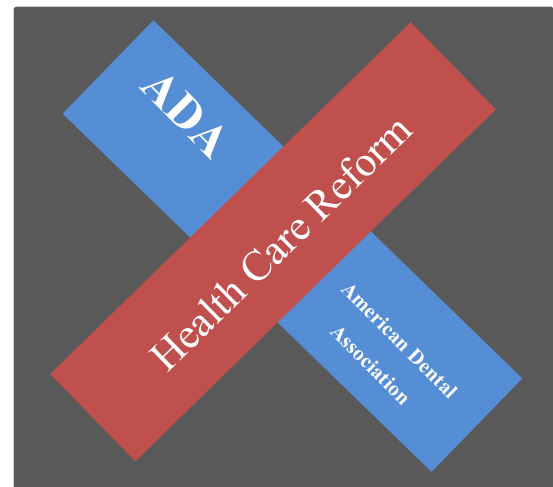
The ADA fears this will only further feed the current crisis of insufficient reimbursement for dentists who provide care for Medicaid beneficiaries. According to the ADA, there is a direct relationship between the level of reimbursement and both dentist and beneficiary participation. The easiest and the least costly mechanism to immediately improve access to oral health care, they argue, is to improve funding for Medicaid dental services, something the Affordable Care Act fails to do.

The only requirement the ACA has introduced is for individual health insurance plans to include "pediatric oral health services." However, there is no proof that these plans would actually be able to offer a level of pediatric dental care sufficient for meaningful oral health impacts. The ADA wants assurances that this coverage will be substantial and shake the inefficiencies that plague many current dental benefits, which the ADA claims functions

more as medical plan marketing tools than properly utilized means to improve oral health among its beneficiaries.

Then there are adults, whose individual mandate does not include dental care in its "essential benefit package." The bill does not adequately address patient protections in the new state health insurance exchanges, and patients may face coverage insufficiencies and payment limitations on uncovered services that will hinder their oral health. The ADA advocates maximum competition that will give consumers a real choice of benefit plans, yet there are no standards in place.

The ADA has voiced a few other objections. These include future restrictions to Flexible Spending Accounts (FSAs), which many Americans use to pay for needed dental care, as well as misplaced funding for workforce pilot programs, which may lead to non-dentists, such as Dental Health Aide Therapists (DHATs), performing surgical dental procedures. Funding would be better placed, argues the ADA, in improving the dental Medicaid program, funding proven oral disease prevention and wellness programs, and rebuilding the dental public health infrastructure – relatively small government investments that could save millions of Medicare dollars in the long run.



The future of dental care under the ACA remains to be seen. Whether you support the bill or agree with the ADA that this legislation will negatively impact our profession, it is crucial for us as dental students to be well-informed about the potential impacts it may have on dentistry. Advocating for further revisions to the ACA and supporting additional improvements elsewhere in public health services will undoubtedly improve future dental care for millions of Americans, especially the underserved populations who are in the greatest need of positive change. ■ / We would like to thank Andrea Lam (DMD 16) for her helpful suggestions.

**(Continued from page 1)**

It was hardly worth it. Having a paper route opened a big door for me on the road to independence and I went through that door dancing. At the distributor's house, the garage door was flung open and the garage was just teeming with newspapers, and bustling with determined little entrepreneurs who grabbed their perfectly counted piles and stuffed them into their sacks. The distributor handed me a brand new canvas bag with NEWSDAY written across the face it, which had an ingenious strap that could be slung over the shoulder, or mounted on the handlebars of a bike. Most of the other kids, the real veterans, had bags which had become black with newsprint and often the corners were frayed. It was a badge of honor to have a nasty looking bag. I put the thing on my bike for the first time and loaded up my 35 papers plus one.

They always gave us an extra paper they called a carriers copy, not for us to read so as much as being able to get a new customer started right away should they call the house or stop you as you made your rounds. So now I felt like a company man, the blue emblem of our great Long Island newspaper emblazoned on my bag and my own copy of the paper, which, I am proud to add, I often read. The deal was this: the paper was a nickel a day and there was not yet a Sunday paper. I paid 22 cents for the six papers, kept eight for myself and hoped for tips. Back in 1969, a nickel was a nickel and it actually could get you something like a candy bar or a pack of baseball cards with a stick of bubble gum in it. For all intents and purposes, a good tip was a dime a week. Many paid with a quarter and a dime, which left a nickel tip. Those people always said, "you can keep the change" like they had handed you the keys to their car, and I was grateful, although now I am not sure why. Some people, who must have been millionaires, gave me fifty cents. That was big. After a while you started to know what to expect from each of the neighbors. If they had some dislike for your parents, or if you had broken one of their azaleas running for a fly ball in a stickball game, you were screwed. In the old movies you see the paper boy flinging the newspaper toward the front stoop and some guy in slippers and a robe would emerge and yawn and grab the paper, having a look at the front page before he turned to go back in the house. Newsday did not believe in flinging.

So I had to park the bike, and balance it on the kickstand just so or the weight of it would cause the bike to tumble and the papers to fall out. Then I'd head up the walk and place the paper in the mailbox beside the front door. Some people had dogs, which barked wildly the minute you parked the bike, and I was sure one of them was going to rip my head off. Some stayed out in the fenced-in yard and I would jiggle the gate to see if they were in the yard. Dogs don't like mailmen but they want to eat paperboys for lunch starting with the legs and working their way up. The owners always said, "Don't worry he doesn't bite". It was only because of wits and reflexes that I was only bitten three times. To this day I still hate dogs. There is not one thing about a dog, which appeals to me. To me, Hell might be having to spend eternity listening to barking. And then there was the rain and the snow and the freezing cold. There were also the hot days, when I wished I had never thought of being the wealthiest kid on the block, and wished some more that I were down at Jones Beach with my mother and siblings swimming and picking sand from my baloney sandwich. And for their nickel a day plus tip, my customers were

very demanding. They wanted their paper dry and clean, and they wanted it on time. If they did not get it that way, they would call our house to complain.



My Father, never any help, might say that he understood perfectly, that he had paid me allowance for years for nothing and looked out the kitchen window at our uncut lawn. They might even call the distributor, and he was not very patient about those matters. He always had a line of kids like me waiting their chance to kick me to the curb. It seemed at times like a lot of work, and a lot of responsibility, but I didn't mind all that

**Dr. Moran on the left at the age of twelve**

much except for the miserable dogs Did I remember say how much I hated those dogs? What a dopey idea to take a wild carnivorous beast and keep it in your living room and expect it to behave. Still, I always liked the money. On a good week I could make six bucks. Boy what you could do with six bucks in those days. I survived as a paperboy for about two years and I finally got that new bike, a ten-speed racer, which I used to ride up to Bethpage Park to caddy. I left home at four in the morning and rode for 45 minutes, and then waited five hours for "a loop", a chance to lug a big old leather bag around a golf course for another five hours. The thing weighed about half as much as I did for sure. Then I rode back home again. A twelve hour day, five bucks for the work, a dollar tip if you managed to not lose any golf balls. That was big money. I had only been at it a few weekends when someone swiped my new bike while I was out on the golf course. I ended the day, and my caddying career, being driven home by a sympathetic New York State Trooper. As I stepped out of the car in front of my house I could imagine the chatter of the neighbors. "They finally nabbed that Moran kid. Do you know how many times I didn't get my paper on time? He yelled at my dog too. His father tells me he never remembers to take out the trash on Wednesdays either. Serves him right." I retired briefly at age fourteen and then went to work for Mr. Solovieff, the landscaper over in Amityville. I worked twenty-five hours a week and came home completely black with dust and sweat, learned what the term withholding tax meant and took home about thirty bucks a week. The statement I got from Social Security when I turned fifty-four last Spring reflected every handful of money I had paid in from those early pay stubs. After that I had several jobs, mainly in restaurants and mainly for about two dollars per hour. Somewhere among all those late nights, and tanks of soapy water, and asking people politely, "can I take this plate for you?" I decided I should go to college become a dentist. And then I did. ■



**Rachel Lukas**

DMD 13  
First Delegate BU Chapter

## Do's & Don'ts: Curriculum Vitae and Resumes

If someone asked you to submit your resume to a potential employer tomorrow, would you be ready? Most of our experience as dental students with resumes is focused on getting admission into dental school, but what about getting out into the real world?

At ASDA's 2012 Annual Session in Minneapolis, during a workshop titled "CVs/Resumes: What Every Dental Student Should Know" lead by Colleen Greene, Harvard '13, students were given resumes to review the "Do's and Don'ts" of resume writing. The skill of resume writing lies in making oneself look as good on paper as he or she does in person.

To compare the perfect resume to a piece of bread is a good starting point. Make a resume that is too much like a popover, or too light and fluffy, and one won't be taken seriously. Create a resume that resembles Matza bread, or is too dense and heavy, and the potential employer won't know where to focus. The goal is to create a resume that is somewhere in between – for instance, a nice French bread. It's light enough, yet a bit buttery with substance.

Next, in reviewing some resumes from top to bottom different sections were evaluated. Essential sections include

education, leadership, research, and awards. These sections were compared to other sections that may be considered "bonus sections" like teaching experience, publications, or conference presentations. Optional sections like relevant coursework and conferences and meetings attended were neither encouraged, nor discouraged.

Some aspects of resume writing are a matter of personal preference. For instance, italicizing the name in the header, or using periods with bullet points? Regardless of personal style, the bottom line is that the body of a resume needs to be easily readable, organized well, concise, and driven by accomplishments.

Remember, it's never too soon to start compiling a list of achievements. For best results, it is important to update a resume frequently. Record meaningful events and activities, and rank them according to the amount of effort required. It is sometimes necessary to create a cut-off point of where one acts as a leader and where one is just a participant. Many students are not actively seeking employment, however many scholarship opportunities and post-graduate programs require a resume. ■

*Need help writing your resume or want someone to review the one you already have?  
Contact Elizabeth Pinone, Career Resources Coordinator, [epinone1@bu.edu](mailto:epinone1@bu.edu); 617-638-4720*



**Danielle Fernandez**

DMD 14  
Second Delegate BU Chapter

## How To: Getting into residency programs (Part II)

### 1: Is Residency right for you?

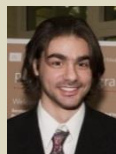
The panel suggested figuring out your likes and dislikes within dentistry. Don't just apply for a residency program because of its prestige or pressure from an outside source. Apply because you have a genuine interest and passion for the specialization. If you are unsure of which specialties interest you, ask faculty members or neighborhood specialists if they would mind you shadowing them for a day. I am sure they wouldn't mind and in fact would love to have you. Make sure to take note in everything you do and don't like so that you can weigh out the pros and cons when you get home.

### 2: Keep up your grades!

As first, second and third years it is extremely important to do well in your classes. Especially with the NBDE's recent change to a pass/fail grading system. In terms of numbers, your GPA is now what will set you apart from another candidate who also has a "pass" on their NBDE part 1. Now, if you don't have a 4.0 GPA don't become discouraged! Luckily most programs tend to like well-rounded individuals who have other interests and hobbies outside of dental school. **(Continued on page 7)**



## BU representatives at ASDA's first-ever National Leadership Conference



**Ahmed Jawad**

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DMD 16

From November 2 to 4, 2012, 363 dental students and 22 pre-dental attendees gathered in Chicago, Illinois for the first-ever ASDA National Leadership Conference (NLC). Seven students represented the GSDM chapter of ASDA - Sonja Evans (DMD 13), Danielle Fernandez, Sameet Gill, and Zara Nensey (DMD 14); Muhammad Ali Shazib (AS 14), Antonio Maceda-Johnson (DMD 15) and David Lane (DMD 16). By attending, the students gained knowledge to improve the local chapter.

The conference began with two presentations - "Release Your Inner Superhero" from business performance expert Ryan Estis, which focused on tapping into one's highest potential and working through failure, fear, doubt, and stress in life and the work place and "Art of Networking" by Dr. Chris Salierno, an alumnus of Stony Brook. Following the presentations, the conference split into four learning tracks which allowed representatives to organize themselves according to their primary interests - *ASDA & Organized Dentistry*, *Career Planning & Business Leadership*, *Advocacy, Politics & Professional Issues*, and *Chapter Leadership & Management*.

*ASDA & Organized Dentistry* included presentations on major issues in dentistry, how to find a great mentor, the various specialties and residencies in dentistry, the use of social media for ASDA communications, and the various opportunities for involvement in the national leadership of ASDA. *Career Planning & Business Leadership* included such topics as personal Finance and accounting, debt management, how to succeed in an associateship, marketing strategies, and a lesson in CV writing by Colleen Greene, the ASDA president. *Advocacy, Politics & Professional Issues* included topics on health care reform and its relation to the promotion of prevention in dentistry, protection of the dental profession through successful organized dentistry and advocating against non-dental practitioners, and "The Licensure Equation", which dealt with the deeming of the NERB/WREB and other patient-based regional licensure exams as "unethical" by the ADA, which recommends a "universal" licensure process. This was a topic of particular interest to Muhammad Ali Shazib, AS 14.

"How many of us are aware that in California, the state has decided to grant dental license upon submission of clinical case portfolios based on work done in a CODA-accredited Californian dental school?," says Shazib. He goes on to say "Wouldn't having such a policy nationwide eliminate the need to stress about arranging the exam patients and other unrelated burdens? Shouldn't our



**GSDM ASDA representatives pose for a photo at NLC 2012**

From left to right: Sonja, David, Antonio, Sameet, Ali, Danielle and Zara

Summative cases be a part of that prospective portfolio for licensure?"

Additional questions raised were: what is the exact reason that even after the ADA has passed a resolution of labeling these traditional patient-based licensure exams as unethical, state dental boards continue to do so? This brings up the ethical issue of using patient photographs in the clinical case portfolios and how these photographs may violate patient confidentiality. Moving forward, there will soon be resources for BU students to understand or get involved in education and licensure reform through BU ASDA chapter.

*Chapter Leadership & Management* dealt with recruiting new leaders for your chapter, working efficiently with dental school administrations, how to run an effective meeting, and tips on public speaking and presenting such as preparing an "elevator pitch" and how to properly address your audience, whether it is a patient or a fellow dentist.

In addition to the four learning tracks, there were numerous other presentations such as "The Art of Motivation", which distinguished between mere manipulation and proper motivation of people to reach their goals in order to properly inspire a team as its leader, "Personality Plus", which classified individual leadership styles into Directors, Thinkers, Relators, and Socializers, then described how they balance each other out in a team, **(Continued on next page)**



(Continued from page 6)

“Oral & Maxillofacial Surgery”, which described good ways to enter OMS and cleared misconceptions students have about their chances of entering OMS programs, and “How to Be a Successful Licensure Representative”, which taught the responsibility of a licensure representative to keep up to date with all regions on changes to state licensure requirements, provide resources for students about these requirements at the school level, educate people about licensure exams at the district level, and proactively lobby with local state dental boards to implement ADA policy.

The planning committee of the NLC found the event to be a success as did the GSDM representatives. “It was nothing short of amazing,” said David Lane, DMD 16 Class Representative. AS 14 Class Rep Shazib called it “eye-opening.” “Both professionally and personally, the conference instilled within us an inner drive to move our BU ASDA chapter forward and incubate new ideas for the coming years” said Lane and Shazib. “We are in an era where connectivity and diversity are paramount to success in all walks of life, and a conference such as NLC provided us all with tools that will make complex goals solved in a team-oriented manner.” In addition to learning on key issues in dentistry such as licensure reforms, healthcare bill,

meet with fellow students and dentists from all over the US and share school experiences.

“NLC really helped me to understand what is important in my pursuit of a successful career”, said Lane. “It focuses my approach for all the things we are doing. The leadership skills we were taught can be used in student organizations and committees. I knew dentistry was a stable career and these sessions taught me that it is so because of an incredibly involved and successful representation in Washington”.

Also interesting to note is that GSDM was one of the few schools to send a foreign-trained dentist to the conference. Shazib commented that most advanced standing students come from a very regiment-oriented dental education and most of their time is spent in acquiring dental skills and knowledge from textbooks. But since coming to GSDM, there has been a strong emphasis on professional development and networking/lobbying and having an awareness of policies that may alter the shape the field of dentistry. Shazib also hopes that more AS students to become involved in ASDA and specifically forums such as NLC. ■

**For more information, photos and presentations, visit [www.ASDAnet.org/NLC](http://www.ASDAnet.org/NLC).**

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### **3: Research the programs you are interested in.**

One of the residents told us, “You can’t find your residency program until you figure out what skill sets you want to achieve.” I thought this was an extremely important point to keep in mind. For example, AEGD or GPR? Well, it’s really up to you, as the candidate. Are you interested in a residency program that is going to be hospital-based, where you will be more likely to encounter surgeries? Or a program that is clinically-based where you will be doing more operative and fixed dentistry? Figure out your niche and what areas you would like to get some more experience in. Also, find out what each individual program places importance on. Do they like research? Are they really into community outreach? If so, start preparing now! It is much easier to participate in all of these extracurricular activities in two years rather than in the six months prior to applying.

### **4: Extern with the programs you are interested in.**

Although, it is extremely difficult to find free time between patients and requirements, we all have two weeks’ worth of vacation time, where if interested, you can schedule a one-week externship at the program you are interested in. It was brought to our attention that this is especially important for Oral Surgery applicants but anyone interested in any other specialty is also encouraged to do so. This will allow you to see how the program is run and to get acquainted with faculty and students to see if the program provides the right environment for you. Make sure to be aware of programs that don’t allow you to have some alone time with residents while interviewing. Any program that isn’t hiding anything would be delighted to allow you to speak with their residents. This externship opportunity will also allow you to figure out whether a shorter or longer residency is best for you.

### **Tip 5: MATCH System. Rank honestly!**

There has been some speculation about specific algorithms that will help you match at your top program. The residents completely dispelled the rumors by letting us know that there isn’t any rocket science that goes into the matching process. This match system was actually made to benefit the candidate. So when at this step in the process, make sure to rank your schools honestly and in the order of your preference. ■

# Q & A

## Which celebrity would you like to have as a patient?

by Homan Javaheri



“ The actor whose smile I would really like to change is *Steve Buscemi*. He has not just crooked teeth but crooked teeth for all the wrong reasons, leaning more towards periodontal disease. The poor fellow doesn't even smile with his teeth showing in any of the public events. He is definitely the number one on my list of celebrities I want to treat so as he can finally show a smile as sparkling as his eyes and do justice to the rest of his look. ”

**Manu Sharma, AS 13 Class President**



“ I would choose *the Boston Bruins*. I am a fan of the team and if you can fix a professional hockey team's teeth, you can fix anybody's teeth! ”

The Boston Bruins are a professional ice hockey team in the National Hockey League. The team has been in existence since 1924, and is the league's third-oldest team and the oldest in the United States.

**Wyatt Traina, DMD 14 Class President**



“ I would like to have *Tom Cruise* as a celebrity patient of mine, because the dental work that he has had is quite unacceptable according to my standards. His Maxillary midline is shifted towards the left, so when he smiles, it's kind of awkward. I feel being a celebrity, he should have a decent smile or at least an acceptable one. Hopefully he will come to my office someday and I can treat him! ”

**Rajiv Tuladhar, AS 14 Class President**



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