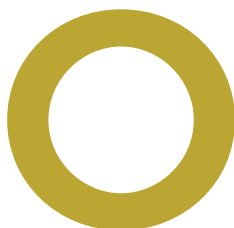




Photos: Hugo Schmidt, DDS

St. Sophia Cathedral, built by order of Prince Yaroslav the Wise in 1037, is located in the center of town close to the ancient Golden Gate, which is 1,000 years old.

Hugo Schmidt, DDS



On a casual stroll with Max, my 12-year-old black Labrador retriever, I felt a strong pull on the leash as he came face to face with a small monkey dressed in a red jacket and short black pants. For a moment, I witnessed an intense staring contest as both dog and monkey tried to size each other up. The street photographers in Kiev, Ukraine, use monkeys, owls, hawks, a raccoon, a pony and costumed humans to entice strollers to pay for a once-in-a-lifetime Polaroid picture. In many ways, Max's experience with the monkey mirrors my experience with the dental culture as we both try to size each other up.

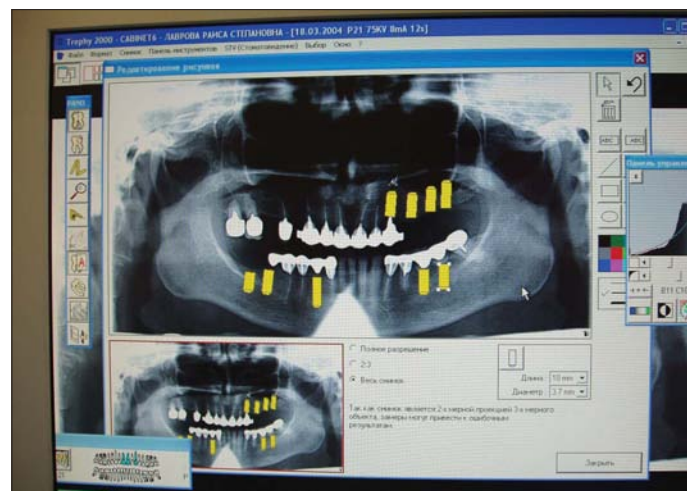
Four long blocks of the beautiful Kreschatyk Avenue in central Kiev are closed to auto traffic on holidays and weekends to accommodate the folks who drink beer, listen to and watch musicians, balloon sellers, jugglers, break dancers, acrobats, and each other. Rock concerts, sponsored by commercial interests to market their products (LifeStyle condoms for example), often compete with the city-sponsored recorded music blaring onto the street, lending a movie-like feel to the scene.

My story comes to you with a degree of concern that some of my observations and experiences may be interpreted in an unintended negative way. Ukraine and Russia were isolated from Western dental research and practice for more than 70 years during the Soviet era. As a result of this isolation, dentists developed beliefs and assumptions regarding dental education, research and treatment that are often quite different from ours. Here, the major emphasis by dentists, and also the general population, is on pain relief and fixing dental problems and not on preventing them. That may be one reason why most dentists limit themselves to restoring holes in the teeth, tooth removal or replacement. Additionally, most people do not come in for routine cleaning and care, but wait until they have substantial pain before seeing a dentist for treatment. This tendency is strengthened by difficult economic conditions which impact dental care in a variety of ways. For example, one of the older dentists who attended my

Author / Hugo Schmidt, DDS, is an international educator. He was in private practice of general restorative dentistry for 40 years in Newport Beach, Calif., and a part-time professor at the University of Southern California School of Dentistry.



Operative dentistry, Porcelain Clinic, Kiev, Ukraine. Two handed in the mouth with usually one assistant for back up on the side.



Digital panorama film with planned implant sites at the Porcelain Clinic. Implant placement is increasing as the economy improves.

course on anterior porcelain crown preparations at the Post Graduate Academy in Kiev commented that he enjoyed the slide and video program, but that he never has the opportunity to provide such “expensive” therapy.

There are other examples of how dental treatment has been impacted by the long history of isolation. I frequently observe that differential diagnosis of pain is not evidence-based, and X-ray interpretation is vague and often underutilized. Some practitioners do excellent crown and bridge procedures but most pay little attention to the impact of their restorations on the periodontium. Extensive rehabilitation is rarely accomplished with a semi-adjustable articulator and therapeutic occlusion as we understand it. Occlusion is not understood here, except by my students. Additionally, while composite resin restorations are usually skillfully accomplished, over-treatment in endodontia is prevalent. When I ask my students and doctors for evidence that indicates a need for endodontic therapy, I receive such responses as “It is a big cavity,” “The tooth needs a crown,” “The tooth is painful,” or, “There is infection.” In the case of the latter, the etiology is usually periodontal!

I may be a slow learner, but after more than three years of living in the former Ukrainian Soviet Socialist Republic, I still frequently experience culture shock. I was not conscious of my American cultural beliefs until reading “American Beliefs” by John Harmon McElroy. But now, I attempt to see the big and the smaller picture as I often encounter cultural roadblocks.

For example, the dental clinic director and the chief dentist in the clinic in Kiev where I volunteer as a consultant recently told me they could not advise their female patients

**A scaler costs \$30,
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and doctors make that
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regarding periodontal disease/infection and pre-term birth. This information, to me, seemed quite important, and treatment would be good for their reputation as a progressive clinic. However, they felt treatment would be too scary for patients and might negatively affect the pregnancy. Since periodontal disease is ignored by most dentists here, this should not have surprised me even though my clinic is progressive and cleans teeth and cuts gums 1950’s style. Periodontal scalers and pocket measuring probes are scarce items. One reason for this scarcity, I am told, is a scaler costs \$30, which is a large sum in this economy where schoolteachers and doctors make that amount in a month.

I function as a volunteer, unpaid consultant in this clinic and this allows me opportunities to share information with the more progressive dentists. Sometimes this information has unintended consequences. This has become quite apparent when it comes to removable partial denture design. Dentists are accustomed to sending the working cast to the laboratory without a prescription, and the technician designs and fabricates an RPD. Since fit and function are frequently unsatisfactory, the dentists are excited by my design suggestions and the resulting improved RPDs. However, the laboratory technicians are not happy with my interference and especially with the published partial designs in American publications.

You may be wondering how a Newport Beach dentist, after 40 years of private practice, ended up in Kiev. My presence here is due to a series of unpredictable events, one a near

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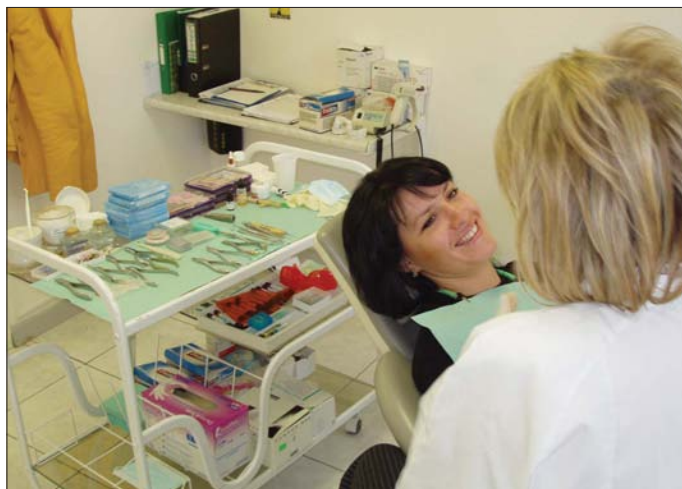


Author at the gate of National O.O. Bohomotets Medical University, Kiev, Ukraine, founded in 1841.

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tragedy. In summer 1998, my wife Diana and I were cycle touring in southern France and she was hit by a car and severely injured. Lying on the road, waiting for the ambulance, she reflected on her life's accomplishments. Missing in this accounting was the chance to be a Peace Corps volunteer. As a UC Berkeley student in the 1960s when President John Kennedy established the Peace Corps, she had vowed to join. Thirty-seven years later, she asked me if I would join her as a volunteer if she recovered from her injuries. So in February 2000, we came to the Ukraine as Peace Corps volunteers and after three months of language and cross-cultural training, were assigned to work at a business center in southern Ukraine. After returning to Laguna Beach, Diana was offered the position of deputy director of Peace Corps Ukraine, the largest of the 70 Peace Corps posts around the world.

I became the unemployed spouse and found myself on the streets of Kiev looking for adventure. In Ukraine, if you are from the West, especially from America, you may be seen as intimidating (think new ideas), you may arouse suspicion (think Cold War), and most of the time are given the label of "guest" (think food and vodka). How do Ukrainians react to an intimidating, suspicious guest? Not knowing these things, I couldn't understand the cultural "NO" I had received from the dean of a southern Ukraine dental school when I offered my services free of charge as a Peace Corps volunteer. I was fed tea (vodka declined) and cookies, wasn't I? His non-invitation to work with students or faculty disappointed and disturbed me. However, two years later in Kiev, I began to make progress with the dental community while exploring



Orthodontia patient at the Porcelain Clinic. Orthodontia is a new, fast-growing specialty in Ukraine.

**I learned that
a valuable personal
relationship is
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opportunities with dental clinics. From my Peace Corps experience, I learned that a valuable personal relationship is the key to accomplishment in this society. This requires time and patience, and lots of tea and cookies (vodka, if you wish).

I was introduced to a young dentist who became my interpreter and she was helpful with her comments to the university prosthetics department head that I was an "expert" in occlusion. Since the conversation was in Russian, I did not realize what she was saying. As his English was worse than my Russian, the casual discussions in his office (tea and cookies) were subtle interrogations aided by my dentist friend's translation. The breakthrough came when, on his invitation, I agreed to consult with one of his very difficult patients. This proved quite challenging working with an interpreter while learning that cues a former Soviet citizen presents are similar to those we get from an emotionally challenged patient in the United States. The conclusion of my written report, after many appointments, was that we had accomplished all that dentistry could provide at this time and that psychiatric consultation would be helpful and necessary in order to complete treatment. Unfortunately, this professor is still working with this patient, trying to satisfy her complaints as referring a patient for psychiatric treatment is not the norm here.

However, since I had successfully passed my "test," I was asked how much time I would need to teach a course in occlusion. (The ritual had stepped up to offers of cognac,

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Presentation of attendance of occlusal seminar "diplomas" by dental school dean, Professor Nespriyadko, front row, third from left. Front row: the author, and Dr. Karpenko (translator), prosthetics professor. Back row, center, is Professor Klitinsky, prosthetics department head, with four interns.

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without cookies.) I told the professor I had been studying and learning about this topic for 40 years as a private practitioner, but that maybe a year with his students would be a good introduction. We negotiated four, two-hour lectures as a starter. Now, I was on the hot seat and had to deliver. After lots of research, a personal brain search, PowerPoint slide organization, learning about digital photography, and editing a few video clips from Peter Dawson and Gordon Christensen, I was ready. Oral biology has always been interesting for me and I had a chance to demonstrate the need for an understanding of the neuromuscular aspects of occlusal function. This was like a solved mystery for many of these students, with some of the faculty included.

The dean became curious and attended when time permitted. We now have small group seminars once a week, and we are all learning together as I require input from the graduate interns. As they become more comfortable with my Western ways, I will give gradually more challenging assignments. This is a NEW style of education here as I attempt to bring down the wall that is common between teacher/professor and students. The Soviet educational system did not allow independent thinking or questioning of the instructor. While Ukraine is 13 years into transition from the Soviet system, the educational system, like everything else, has been slow to change. I wonder if my school professors and CE lecturers have had the same joy and fun I am experiencing.

In April 2004, we had the pleasure of a visit from two distinguished professors — Dr. Ray Williams from the University of North Carolina and Dr. Hessam Nowzari from

I had a chance to demonstrate the need for an understanding of the neuromuscular aspects of occlusal function.



Upensky Cathedral, main attraction at the UNESCO World Heritage Site named Pechersk Lavra. Cathedral dates from 1073. There are approximately 70 churches on this site which includes catacombs dating from 600 AD. Picture taken from the adjacent bell tower after a 300-step climb.

the University of Southern California. Their two-day, eight-hour combined course in periodontia added much to the impact of Western dental science on the local dental scene. The professors were questioned after their lectures, and I have been constantly questioned as well since I am still available. I have told the students that I also learned from these lectures, and that continued learning is required of any health professional who want to provide the best possible care (another new idea). Other speakers¹ have presented here and they have all contributed to a dramatic change in the acceptance of Western dental science and clinical therapy. Another example of support comes from three Newport Beach colleagues who provided Internet answers for questions in their specialties.² I predict the catch-up point is coming soon in this society that is 99 percent literate and highly values education.

My cultural adjustment continues, but there is no need for interpretation to appreciate the architecture of the astonishing 200- to 1,000-year-old cathedrals, the 100- to 200-year-old buildings, a 1,000-year-old city gate, and the two beautiful botanical gardens that explode with color in the spring and summer. This city has 1,500 years of history and is located on the Dnipro River, long a transportation corridor to ancient Ukraine when Kiev was the first capital of Russia. Many concert halls are in operation, our favorite being the classic 1800s era Opera House where we often enjoy world-class opera, ballet and classical music. A tourist visiting Kiev will realize in a few days that this city is equal in beauty and history to many better-known European cities. However, Ukraine still presents a village atmosphere,

economy and lifestyle once you leave Keiv. It is not hard to fantasize that you will see the Fiddler on the Roof just around the next bend.

One of the important principles I learned as a Peace Corps volunteer is that sustainable changes are more valuable than doing the work myself. It is the old "teach a person to fish" idea. So in my time here, I have been attempting to practice "sustainable volunteerism." After months of seminars and the visits from my American colleagues, my graduate interns and some of my clinic colleagues now understand there is more to see in the oral cavity than holes in teeth and missing teeth. I have the students using articulators that were generously donated³ to evaluate their classmates, after careful examination and diagnosis, some with early signs and symptoms of TMD. The professor will carry on when I leave. The student doctors are urged to share their knowledge and continue to study. My

collection of journals⁴ and videos⁵ will stay with the university library. My collection of articulators will find new homes with young Ukrainian doctors. I have often been asked, "Why do American doctors send this valuable equipment, books and journals to students/doctors they do not know?" My answer comes easily, "They want to share knowledge and improve patient care."

I don't want to give the impression that all dental continuing education comes through visitors from America. In Ukraine, dentists maintain their licenses to practice by attending the Ukrainian Medical Post Graduate Academy in Kiev for one month of study and a written examination every five years. They can also get credit hours by attending courses at the frequent dental meetings of the Ukrainian Dental Association. I have attended several of these courses and came away with beautiful certificates, signed and stamped with a seal, all in the Ukrainian language.



The author with 'Sweet Little Tooth' doll at the U.S. Embassy-sponsored orphanage oral hygiene extravaganza.

In addition to working with dental students, professors and practicing dentists, I have also had the gratifying experience of working with children and teenagers at an orphanage near Kiev. This orphanage has been “adopted” by some folks from the U.S. Embassy who play with the children, do artwork, and sometimes take the children to the Kiev Circus or zoo on a monthly basis. When I announced my planned visit to several American colleagues, I received an amazing mailing of toothbrushes, toothpaste and a Zoo Animal doll with a big toothbrush and a big mouth. Some of this was donated from commercial sponsors, and some was out of pocket from generous friends.⁶ At first, I was concerned that the stuffed toy would be boring to these children. After all, many American children spend their time playing computer games or participating in sophisticated organized sporting activities. But “Zubichka” (translation: Sweet Little Tooth) was so popular I had to gently protect him from children who might have torn him apart in their desire to touch or hold him.

Living here has not been all work. As long-term residents of Kiev, my wife and I have developed a life where we can pursue many of our longtime interests. Since we enjoy cycling, canoeing, and skiing, we take many opportunities to pursue them here. We live walking or cycling distance from the Dnipro River and the island aquatic camp where local athletes train. For a few dollars, the coach rents us a canoe that puts us on this beautiful, large river. We can cross-country ski in our neighborhood park most of the winter, and a day’s drive to the west will get us to the



Bessarabska Rynuk (market), established 1901, is a marvelous building that appears from the outside and inside is an old world train station, but was built for use as a market. Ukraine agriculture is well represented with fruits and vegetables only hours from the field or orchard.

HVO offers many overseas opportunities in all dental specialties either as a clinician or lecturer.

Carpathian mountain ski resorts near the Polish border. Travel to western Europe is less than two hours by air to many destinations such as Budapest, Vienna, Prague, Zurich, Frankfurt and Amsterdam. For more exotic travel, Istanbul also is two hours away by air.

Many colleagues have asked me how they can volunteer without making the move to live in another country. One opportunity comes from working with Health Volunteers Overseas (HVO). Through membership in HVO and the ADA, I have traveled to Chisinau, Moldova, to present seminars at their dental university. HVO offers many overseas opportunities in all dental specialties either as a clinician or lecturer. Charitable or volunteer dentistry internationally has provided me with a boundless possibility for adventure and personal growth. Now, it is very apparent to me that we, who have been educated in and practiced in the U.S., are a most fortunate group. We have knowledge and opportunity envied by many of our foreign colleagues. Much of our routine daily dentistry is considered advanced and we are well-paid professionals. We enjoy a lifestyle uncommon in most places of the world and we are respected members of our communities. We have continuing education opportunities unparalleled anywhere and we have amazing benefits available to us as members of our local and state societies and the ADA. I have received prompt response from the ADA for requests of dental education opportunities for foreign students and doctors.

My unexpected transition to a dental consultant and lecturer came about by chance but has added an exciting dimension to a wonderful career. It has allowed me to contribute

not only to students but also to dental faculty, practicing dentists and to patients. My Ukrainian interpreter, Dr. Marianna Evans, is now enrolled in the foreign dentist degree program at the University of Pennsylvania. She was the only periodontist practicing in Kiev (3 million population), educating patients and dental colleagues. Her goal is a periodontal residency program in a U.S. university and my goal is to help her make it happen.

Support from dental colleagues, the ADA, as well as commercial companies⁷ in the U.S. has been generous and gratifying. I told one of my friendly contributors that receiving the packages, journals, articulators, Give Kids A Smile supplies for the orphanage, videos, and textbooks is like receiving presents from home when at summer YMCA Camp many years ago.

My wife and I will leave Kiev this December, but we will take with us great memories of friends and adventures while here. And who knows where the next adventure will take us! **CDA**

References / 1. Fadi Bedoun, New Jersey; Dr. Larry Wynn, Long Island, N.Y.; Dr Cliff Szaphir, N.Y.; Dr. Stanley Malamed, Los Angeles (USC).

2. Rob Cavalieri, Don Dornan, and John Brady.

3. Jack Ericsson and Dan Burkhead, Newport Beach, Calif.; Robert Kriegsman, Greensboro, N.C.; Whip Mix, Corp, Louisville, Ky.; Panadent, Grand Terrace, Calif.

4. Carl Rieder, Newport Beach, Calif.; Steve Mackler, Greensboro, N.C.; Dick Lewis, Torrance, Calif.

5. Gordon Christensen, Provo, Utah; Terry Tanaka, San Diego, Calif.; Cherilyn Sheets, Newport Beach, Calif.; Howard Ferran, Ariz.

6. Larry Wynn, Long Island, N.Y.; Steve Mackler, Greensboro, N.C.; Colgate; Crest.

7. B.C. Decker, Mosby and Thieme.

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