

cently 'recall elections.' After hearing these 'warnings,' I returned to Bethesda and related my stories to Dushanka, who smiled and assured me that this was likely posturing and maybe Congress could symbolically close the government over a weekend. This radiant confidence was also projected by other experienced NIH leaders. Time passed quickly, but I kept hearing these rumblings from select congressional leadership. However, based upon Dushanka's wisdom, my wife Lois and I invited our family (children and grandchildren) to visit us in Washington, DC, just before Thanksgiving. We arranged for visits/passes to the White House, Senate dining room, museums, the Kennedy Center, etc., for mid-November 1995. Our family arrived eager to see us and to savor our nation's capitol. Yes, the government closed, and Dushanka, planner that she is, immediately provided me with wonderful things to do and places to see in Baltimore. After that first government-wide 'shutdown,' Dushanka and I spent a great deal of time planning for the future during the second historical shutdown of mid-December 1995. The January blizzard of 1996 followed this. Through this 'welcome to federal government,' and so much more, I learned a great deal about Dushanka Kleinman—she is a truly remarkable human being, a fantastic mentor and coach, a champion for doing the right thing, and a highly skilled health policy talent with unlimited energy and passion. She is a talented and devoted wife, mother, and daughter and the best friend in the world."

Pat Grady, a friend and deputy director of another NIH institute said, "I have been impressed by her dedication to quality in all things. Her attention to detail and level of commitment, whether on projects at work or at

home is unceasingly impressive. She personifies the line misquoted from Lewis Carroll's *Alice in Wonderland* character who 'accomplishes six difficult things before breakfast.'"

So what is it like being part of Dushanka's life?, Pat asks "I can only say, buckle your seat belt and prepare for the ride. Whether it's signing up for Bikram yoga (good for balance and upper body strength—you know, for women of a certain age), preparing for a walking marathon, or just hanging out, the experience always broadens your horizon and will never bore you. Dushanka is also a wonderful strategist, whether trying to get an important work project launched or figure out how to pack more events into less time. She is also funny and unpretentious. In a society that often is characterized by self-promotion, there is the concern that Dushanka is a bit self-effacing. However, it is clear that her accomplishments speak for her and they speak volumes.

Longtime friend Susie Alberts credits Dushanka for introducing her to many things, all the Chicago museums, bookstores, bike paths, parks, and to her incredible family. Dushanka's intelligence, attention to detail, openness, resourcefulness, curiosity, and ability to put things in perspective, and her ability to create a joyful world, fully accepting any problem that appears, have made her a treasured friend.

Since 1980, Dr. Kleinman has been in a variety of positions at the National Institute of Dental and Craniofacial Research. During that time she has worked with four different directors and since 1991 she has been deputy director. She also served as acting director of the institute for over a year. In all of these roles she has strongly supported disease prevention and health promotion activities and led the

institute in developing research agendas addressing disparities in oral health. If Dushanka had not provided a little money to conduct baseline surveys on oral cancer, we would not have the state models of oral cancer prevention and early detection. On more than one occasion, she has had to educate the NIDCR director vis-à-vis dental public health because usually they are basic researchers. More recently, she served as the co-editor, major strategist, and major contributor to the "Surgeon General's Report, Oral Health in America." This first-ever surgeon general's report on oral health was a monumental effort that took several years of concentrated effort. As you know, earlier this year a "National Call to Action to Promote Oral Health" was released. She was intimately involved in the process and the product. She also has been a major contributor to Healthy People 1990, 2000, and 2010—our national health objectives. Without her input, the NIDCR would not have been a major player in this important effort.

Dr. Kleinman is the first woman dentist to earn the rank of Rear Admiral in the US Public Health Service, which attests to her many talents and contributions to public health throughout the years. She also is the first chief dental officer to receive the Knutson Award while serving in that position. She has published numerous scientific articles and book chapters and is the recipient of many awards. Clearly, Dushanka V. Kleinman has distinguished herself as extraordinary public health and a wonderful human being. Although she is MY Dushanka to her mother, she is OUR admiral and a dental public health treasurer. Dushanka, you are truly deserving of this most prestigious award. Congratulations!

Remarks on Receiving the 2003 APHA Knutson Award

Dushanka V. Kleinman, DDS, MScD

It is a great honor to be the recipient of the APHA John W. Knutson Distinguished Service Award in Dental Public Health. I did not believe the words I was hearing when John Brown called

to inform me. Thoughts of, "Is he kidding? So much more remains to be done!" and "Am I really this old?" ran through my mind. I never thought I would thank anyone for making me

feel old, but I do thank the Awards Committee, the nominator, the Section Council, Chair Jane Steffensen, and Colgate Pharmaceuticals for this special honor. The truth is that nothing in

public health work of any kind is done by one person alone. I have had the good fortune to have worked on many teams, with individuals who have invented and facilitated new pathways for dental public health. So I view this award as a recognition of the efforts of these many teams and team members.

Choosing Alice to provide comments was a given. However, over the past months Alice did her best to drum up anxiety and, with her devilish smile and smirk, has kept the suspense rising. I am glad that everyone she interviewed held back from providing her with truly exposing stories. I can only imagine what could have been in her opening comments. I thank you, Alice, for that extensive and revealing introduction.

This award has given me the opportunity to look back over the past three decades and realize how many people have been instrumental in guiding me. This award also has given me the opportunity to give thought to the future challenges for dental public health.

Although my formal training in public health did not begin until 1974, I include in my 30-year capture my "rotating" dental internship after dental school at the University of Chicago Zoller Dental Clinic. It was during this internship that I experienced firsthand the complex health needs of underserved populations. It was there I met and treated individuals and families who had no other recourse but to use the night shift of the emergency room for their primary care. Robert Likins, one of the first dental investigators at NIDR, was the director; Ken Burrell, now secretary for the ADA Council on Scientific Affairs, had just completed a tour with Project Hope and was one of our clinic directors; Frank Orland came to lecture, and Robert Goepp trained us in sialography and the importance of histopathology. The setting was bubbling with the excitement of research, service, and public health. I did not know until later that Cas Evans had preceded me in the internship by a few years, and that John Rutkauskas and Eva Dahl would follow.

However, it is Tony Jong who lured me into dental public health, and to whom I owe my deepest gratitude and appreciation. I was exploring specialty training programs in the Boston area after my internship and a friend from dental school said that I should call

Tony Jong for advice. Tony was then an associate dean for admissions at Harvard's dental school and, in that capacity, worked actively with the American Student Dental Association. Everyone knew Tony. He had just recruited the first entering Harvard dental school class comprised of more than 50 percent women, among them Linda Niessen. When I initially met Tony, he was about to transfer to Boston University's dental school to direct their community dentistry program and develop a master's program in dental public health for dental hygienists and dentists. I had my focus on endodontics (good money, short hours, ability to balance work and family-to-be), but his description of the world and work of public health was captivating. His recruitment skills were incredible. His energy was unparalleled. Money was a concern to me, since the residency did not come with a stipend; but this did not worry Tony. He arranged for us to meet at O'Hare Airport one afternoon, where we began to prepare an NIDR National Research Service Award individual training grant application. In addition to funding, I was curious to know more about his personal character, and asked him to describe himself. As he left to get on the flight back to Boston, he said, "Read 'Fear of Flying' by Erica Jong (then a bestseller). She is my sister-in-law, and I was the basis for the African-American orthopedic surgeon character in that book." I did, I learned, and I followed Tony to Boston. The training grant was funded and in the two years that followed I was exposed to what was to be a tremendous foundation for public health.

Boston was a hotbed for dental public health in the 1970s, and Tony made sure his students were exposed to all aspects. He introduced me to Lou Calisti at Harvard, with whom I worked on a group dental practice analysis project. He assigned me and other students to Myron Allukian at the Health Department, who trained us to reinforce to the state legislators the benefits and need for water fluoridation. He placed me at the Brookline Health Department with Sandra Kranz to carry out a study of preventive knowledge, attitudes, and behaviors of mothers and children attending the dental clinic. He gave students the ultimate freedom to extend beyond the

traditional walls of public health, and let me take courses in the School of Business and School of Communications, pharmacology courses with the clinical dental specialty residents, and very special seminars given by James Dunning.

It was in Boston that I met Sue Sanzi (not yet Schaedel), who was one of Tony's key faculty members, and studied with and learned from Madi Mann, Jane Forrest, Marty Liggett, Stephanie Dort (now Bryn), Joe Boffa, Paula Friedman, Eleni Kousvelari, Agnes Donahue, and many more. Tony's mentorship and guidance was as much a lesson as his teachings. I am indebted to Tony for opening the public health door to me and especially for introducing me to all of you and the values you represent.

Through the years I have benefited from the insights, creativity, and compassion of people who have taken and forged nontraditional paths. I consider myself very fortunate. These individuals have challenged me, nudged me, opened doors, and closed them behind me. I thank them all. Let me highlight just a few:

Lee Joseph (now Admiral Joseph)—the consummate leader who continues to forge new grounds in public health and US Public Health Service (USPHS) leadership—gave me her trust by hiring me into my first public health position at the University of Maryland.

Rudy Micik—a visionary public health leader who among his many achievements extended the extramural community-based preventive services training of dental students—opened the USPHS Commissioned Corps door to me and let me partake in the many diverse activities of the then Division of Dentistry, Health Resources Administration. With his support I met and worked with amazingly committed individuals such as Reg Louie, Jay Balzer, Larry Meskin, Stan Lotzkar, among others.

Lois Cohen—the interdisciplinary research pathfinder and global health guru—offered me a position at NIDR less than 24 hours after Joel and I were blessed with our oldest daughter, Alexa. She taught me about evaluation research and research planning, and continues to teach all of us about the importance of worldwide collaborations and partnerships among all science disciplines.

Alice and Hersch Horowitz—the ul-

timate power public health team—showed me the breadth of what can be done and what needs to be done; and showed all of us the magic that can happen when interventions are modified to benefit entire populations, and new diseases and disciplines are explored and directed toward oral health promotion. I know that if I did everything that Alice said needs to be done, the world would be a better place and I would be totally worn out.

Robert Mecklenburg—a role model who demonstrated how dental public health specialists need to and can address health determinants—opened up his office when he was the USPHS chief dental officer and created an environment where young individuals could thrive, discuss, and test their public health theories.

The Fluorite Five (e.g., calcium fluoride)—Linda Niessen, Skip Collins, Bill Maas, Steve Corbin—is a motley group brought together to facilitate studying for the American Board of Dental Public Health. This group has created a home base for all of us—one from which to experience diverse agencies, different ideas, and overall support throughout the years.

Jens Pindborg—whose teachings, enthusiasm, and support for growing science throughout the world was infectious—allowed me, Phil Swango, and others to explore the world of oral mucosal lesions during the early days of HIV infection and AIDS.

I learned much about leadership and vision from each of the directors of NIDCR (David Scott, John Goggins, Harald Löe, Hal Slavkin, Larry Tabak) and the surgeons general (Antonia Novello, David Satcher, Richard Carmona) with whom I had a chance to work. It was Tony Novello who gave me a year-long dose of surgeon-general-land and let me see the needs of children from all perspectives. The ability of these great leaders to take on expected and unexpected challenges facing the nation's health and to take risks and enhance the nation's capacity to address and understand oral health needs was extraordinary.

Cas Evans, Wendy Mouradian, and Burt Edelstein—each of whom left the comforts of their work and locations to take up the challenge on behalf of the nation's oral health, taught me about commitment. I thank them for letting me be part of their teams. These individuals, and so many others—Dick

Adelson, Joan Wilentz, Isabel Garcia, Mary Kay Richter, and the many USPHS officers—have provided guideposts, mentoring, support, friendship and, most importantly, lessons about character, integrity, and values. I know that each of you have similar overlapping lists of individuals—those who came before, those who are no longer with us, and those who are to follow—whose imprints have been amalgamated into your character and thinking.

Most of my time has been spent within the USPHS—working first at the Health Resources Administration (now Health Resources and Services Administration), then at the NIDR/NIDCR, and now concurrently with the Office of the Surgeon General. From these vantage points I have seen the promise and contributions of science for public health application, as well as the need for implementing what we already know more efficiently and effectively. I also have seen the competition among agencies. These are healthy tensions. Working on the Surgeon General's Report (1) with Cas Evans gave me time to see how far we have come. At the same time—and as highlighted in "A National Call to Action to Promote Oral Health" (2)—I have seen how much more we have to accomplish. These documents are tools for our action. I know how extensively and effectively each of you is taking action and I thank you.

I now ask for your vision and help in harnessing the power of emerging technologies and scientific knowledge—such as genomics, bioengineering, informatics, and health literacy—and applying them for the public's health benefit. This is the future of dental public health. The biomedical research world needs your involvement in ensuring that the wonders of basic science lead to interventions that will extend health surveillance and increase the efficiency and capacity of disease prevention and promote health. Answers for further health promotion and improvements lie in blending the life sciences together and working closely with the physical sciences. This is not new to us in public health, where we have relied on the behavioral and social sciences, engineering, biology, chemistry, and more. We need to increase the number of dental public health researchers en-

gaging in multidisciplinary research teams, establish new funding mechanisms, and create partnerships among service, regulatory, and research agencies to leverage our resources. The public's health will not be served well if it is not science-based and science-driven, but I know that you are all too aware that science alone cannot address the public's health needs.

We must not lose ground in applying existing knowledge to meet the needs of underserved populations. This requires moving oral health/dental health further into the public conscience—to ensure its rightful inclusion in planning policies, research, education, and more. This is highlighted in the first action of the "Call to Action," and also is key to the future of dental public health.

Our challenge rests within the challenge of enhancing the public health literacy of our nation. Laurie Garrett has documented the global and overwhelming extent of public health issues that must be dealt with. If we were to take a poll, I believe we would learn that the ability of individuals to understand and take action for activities that promote population health is in dire straights. The public is not exposed to the key issues affecting communitywide and community-based approaches to health until there is a problem. We definitely have experienced this in oral health, as witnessed by water fluoridation debates, and we have seen it with immunizations and other critical health programs. As we work toward changing public perceptions about oral health, we must join others in improving the public's public health literacy. I learned today that the mission of California's Public Health and Medicine Initiative is "Public health is everyone's business." I believe this says it well; but if it is everyone's responsibility, then someone needs to take the first step and lead. That responsibility rests with us.

To carry out that responsibility in a comprehensive manner, those of us in public health need to revisit our core competencies. Two recent IOM reports—"The Future of the Public's Health" (3) and "Who will Keep the Public Healthy? Educating Public Health Professionals for the 21st Century" (4)—serve as guides. These reports recommend that all public health professionals will need expertise and skills in areas I already have men-

tioned as well as in communication, cultural competence, community-based participatory research, global health, health policy and law, ethics, and more. With these and other competencies our workforce capacity will be enhanced and better prepared to address future challenges.

These are just a few thoughts about the future of dental public health. How we prepare and proceed as an integral component of public health can be explored and debated in settings such as APHA and other professional organizations. These organizations are critical gathering, networking, and energizing places. It was Tony Jong who introduced me to APHA. In fact, APHA was the first public health professional organization I joined and attended. I can still see the room in Chicago where the then Dental Health Section held its symposium. Esther Colchimero was in the front row, as were Alice and Hersch Horowitz. Lee Joseph and Cas Evans were in the back. I still remember the excitement of that first meeting. When Andrea Azevedo first came to APHA, her energy and enthusiasm triggered in me what each of us felt during our initial meetings. We must ensure active participation and continuation of this op-

portunity.

In closing, I would like to thank my family. I learned about social, political, and public health values from my parents through their travels from country to country, their scientific endeavors and accomplishments, and their love of all that life has to offer. My grandparents, and especially my grandmother, provided the stability for our home. My brothers continue to amaze me with their talents and continual learning—they are both lawyers by discipline and have expanded into social services and the arts. My husband's passion for science is an inspiration to me—his ability to focus, to continually learn and grow, and his great sense of humor provide me with a refreshing perspective daily. I am indebted to him for his support. Our children, Alexa and Jessica, continue to give Joel and me the gifts of new insights into this world.

Joel and I are also blessed with having so many of you as our friends. We have laughed and cried with you. We have learned by watching how you conduct your lives and how you pursue your commitment to the public's health.

I wish you continual success in your efforts and look forward to being a

member of your future teams. Thank you again for this honor.

References

1. US Department of Health and Human Services. Oral health in America: a report of the surgeon general. Rockville, MD: US Department of Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research, 2000; NIH pub no 00-4713.
2. US Department of Health and Human Services. A national call to action to promote oral health. Rockville, MD: US Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, and the National Institutes of Health, National Institute of Dental and Craniofacial Research, 2003; NIH pub no 03-5303 (<http://www.nidcr.nih.gov/sgr/nationalcalltoaction.htm>).
3. Institute of Medicine, Committee on Assuring the Health of the Public in the 21st Century, Board on Health Promotion and Disease Prevention. The future of the public's health in the 21st century. Washington, DC: National Academies Press, 2002. Available at: www.nap.edu.
4. Institute of Medicine, Committee on Educating Public Health Professionals for the 21st Century, Board on Health Promotion and Disease Prevention. Who will keep the public healthy? Educating public health professionals for the 21st century. Gebbie K, Rosenstock L, Hernandez LM, eds. Washington, DC: National Academies Press, 2003. Available at: www.nap.edu.

Copyright of Journal of Public Health Dentistry is the property of American Association of Public Health Dentistry and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.