At first glance, the Pacific Palisades in Southern California looked like heaven. Blanketed with luxurious movie star homes built on top of mountains overlooking the crashing waves of the Pacific Ocean, it felt like a dream. But like any good dream, it had to end ... or did it?

In 1990, the Moalej family left their homeland of Iran to immigrate to America. Uncle Kian had finally convinced Dad that a better life awaited his family. Dad had always wanted to give his children the hope and opportunities he never had, and America would give that chance for success, prosperity, and, most importantly, education.

Upon arrival, we lived with Uncle Kian in the Pacific Palisades, one of the most affluent and rich districts of Los Angeles, a far cry from the former world in Iran. While on the outside the surroundings were beautiful and the land seemed like paradise, I quickly learned that not everything was as it seemed.

Unbeknownst to anyone in the family, my brother Pouya was born with a Class III malocclusion. As a child growing up in Iran, this would not have been an issue. However, in Pacific Palisades, being “normal,” if not perfect, was the standard in order to be included among his peers, and the teasing and exclusion was merciless.

Pouya spent years after immigrating to Los Angeles growing in with his fellow classmates, whose perfectly engineered smiles were absolutely beyond Dad’s financial circumstances. He woke up every day dreading school — not because the teachers were unfriendly or the curriculum was exceptionally difficult, but because he had immigrated to a society in which a Class III malocclusion was reasonable cause for being teased.

Children can be cruel. That’s a simple fact of life. When one comes from a distant country and has teeth that do not resemble everyone else’s, they can be even crueler. When one’s teeth are not as white and seemingly perfect as the rich, privileged elite classmates of the school, that individual will hear about it — over and over. Thus began a daily tumultuous cycle of abuse for Pouya. Teased and mocked for his “subnormal” physical appearance, he found it hard to adjust and feel comfortable, losing a bit of his inner pride each day. Pouya’s transformation was shocking. Within weeks, a confident, bright boy had turned into a moody recluse.

The Moalej family, like most immigrants, had come to America with almost no money. After years of humiliation, Dad had saved enough money to get Pouya orthodontic care. Finally after being miserable and hopeless for so long, Pouya had found his light.

Once shy, self-conscious and insecure, he soon became confident, assured and outgoing. When the process was complete, not only had a new man emerged, but I had discovered a passion that would shape my personal, academic and professional life — an obsession to care in relation to orthodontics.

Pouya’s situation is not unique. There are untold numbers of similar cases exist, wherein people suffer from unaddressed dental problems due to financial constraints or lack of knowledge. Perhaps one of the greatest obstacles to treatment is that orthodontics is considered a luxury that can be postponed. This is often defined by dental insurance not being universal and having deductibles and co-pays that are so high that families use the insurance only in dire circumstances. The result is that basic cleaning, not much else is covered. Misalignments and deeper cleanings are not even considered, thus setting the stage for a lifetime of poor dental hygiene habits.

The responsibility of health-care professionals does not end once the crown is placed or the brackets are removed. Instead, their duty is never-ending. It is an ethic of individual choice to assure that all patients are cared for with benevolence and equality regardless of financial status.

In today’s society, health-care professionals can be viewed as members of an extended community; thus, their decisions can ultimately impact their communities. We as health-care providers are accountable for educating patients as well as communities about the impact of dental care. In this way, orthodontists can fulfill their obligation of virtue and social justice for the community welfare.

Social transformation can be achieved through giving additional time to patients, advocating for changes in dental insurance or lobbying for expanded dental coverage to poorer patients. In this manner, orthodontists can easily become mentors of social justice reform for all individuals, his or her community and society.

An orthodontist’s career provides an opportunity to form lifelong relationships between practitioners and patients and the ability to enhance an individual’s self-image through non-invasive methods. However, being an orthodontist not only concerns aligning teeth, but also representing faithfully the needs of all patients, including those in need of financial or educational assistance in achieving superior dental care.

The day Pouya walked out of the orthodontist’s office, smiling and holding his head high for the first time in years, it had a profound effect. At that moment, I vowed to make a difference in this world. Believing that if even one person was protected from humiliation, all the hard work and time entailed in reaching that position would be worthwhile. My goal as a future orthodontist is to remember those who have provided inspiration and guidance for this challenging profession.

The spark that was ignited within me as a young girl has continued to burn, fueled by the patients who have allowed me the privilege of providing them care. In the future, my goal will be to rely on the skills and knowledge I have built, as well as genuine care and commitment to improving the lives of those patients in the surrounding community.

The day Pouya walked into the orthodontist’s office, timid and scared, neither of us expected the spark of life that would be ignited within me. It is that spark that has encouraged me each day of training thus far, and it is that spark that will continue to fuel, motivate and provide guidance throughout my career as I witness the transformation of my patients’ lives.

As Sir Winston Churchill stated, “We make a living by what we get. We make a life by what we give.” Practitioners earn their living through monetary payments, but true fulfillment in life arises from what is given back to the community. Orthodontics may not only be about making a living, but also about making a life.