

Career of Caring Controls Compass of Life

I have been associated with Head Start since the late 1960s when I chaired the Pediatric Dentistry Department at University of Pennsylvania. I continued my association as a private practitioner in northern Pennsylvania where I had the opportunity to provide care for the local Head Start program and to serve as a Head Start dental reviewer for Region 3 of the Public Health Service.

When I retired from private practice in 1996, I agreed to serve as a Head Start Health Reviewer and have participated in well over 100 reviews all over the country. I presently complete 10 to 12 reviews each year which include migrant and American Indian reviews, as well as those in both rural areas and urban and inner-city locations. With few exceptions, I can say that the most urgent health need for Head Start is the access to quality dental care. As I read your knowledgeable and well-presented editorial I felt that here, at last, was a well-informed pediatric dentist in a position of include who could both educate and motivate our colleagues to meet the dental needs of the parents and children in Head Start.

While I have tried to be understanding and nonjudgmental in the response to our profession to the needs of those who face both financial and lifestyle barriers to dental care, I will admit to you that in all to many cases I am ashamed and embarrassed by the perceived (and very often real) lack of response I have seen.

In my 25 years of private practice, my office, to my knowledge, never turned away a child with a medical card or who had no means of payment. My lifestyle suffered no negative impact. I was able to live well, send my children to private schools, and retire comfortably at a relatively early age. In fact, I was truly enriched by my experiences and sincerely wished that more of my colleagues could be as fortunate as I was to feel how needed and appreciated our services were to those who had often been denied them. I know that I am not unique and that many dentists have done and have experienced what I did. Indeed, I have known those who have done much more.

I cannot and will not accept any perception that we are a cold and uncaring profession. I know of many colleagues who can and will, as you have said, "step up to the plate" if we can eliminate or at least decrease the real or perceived barriers, which they face when asked to meet the needs of Head Start children and those others in similar circumstances.

In accepting our dental license, we accept the responsibility to provide access for dental care to all the people in our respective states. No matter what we paid or sacrificed to earn our degrees, the citizens of each state underwrote a portion

of our education. This should be an understanding of our responsibilities when we decided to become dentists.

That being said, it is incumbent upon us to act in concert with others to make our responsibilities a functioning reality. Our roles as "advocates" must take a concrete form. We should, at the very least, form within the AAPD a committee with the objective of decreasing any barriers to our services for all children. Head Start is a good place with which to begin. It can become a good model to find what needs to be done and how to do it. We do not need to "reinvent the wheel." The ABCD (Access for Babies and Children to Dentistry) program in the state of Washington is one program which shows great promise. On a recent Head Start review in Centralia, Wash, I saw the pre- and post-ABCD results. I am sure there are other programs which have been developed.

Over a gateway at Penn there was a Latin inscription, which in translation said, "We shall find a way or we shall make one." With leadership from the AAPD, I am confident that in overcoming the barriers to access to dental care for children in need we can make that inscription a reality.

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Editor's Comment:

Dr. Castano's letter is a needed compass-righting for all of us to consider. In these times in which everyone and every agency seems to know how to solve the problem of early childhood caries, all arrows still point to a basic principle of pediatric dental care – get a child into a dental office early.

This letter reminds me of an evening I spent several months ago, sitting across from a pediatric dentist from another western state at dinner. This state has fewer pediatric dentists than a 3-year-old has teeth, so he has been a major provider of care for poor children, and has advocated for them in the halls of government, both statewide and nationally. On this evening preceding the AAPD's annual legislative day on Capitol Hill, we chatted about caring for poor children. I thought his response was the encapsulation of a long career of caring and down home wisdom:

"I have a big house, a lot of nice cars, a boat, my wife and I travel, and I make a lot of money. I also see a lot of Medicaid kids. It can be done, and we need to do it."

Thanks to Dr. Castano for reminding us why we have been given this opportunity and responsibility.

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