# An American Disaster

By now, the images are all too familiar. Desperate faces of the poor, mostly minorities, clearly suffering and not knowing where to turn for help. They wander in search of help only to be turned away. They have heeded the instructions and assurances of federal and state authorities; but in the end, the government fails to deliver needed help or reacts so late that the help is often too meager to be meaningful. Those in positions of power in both the public and private sectors pledge to improve and address longstanding disparities in the future. Grassroots Americans respond with emotion rather than logic, helping a few but are largely ineffectual, not really knowing what to do or how to do it.

Katrina?

No.

It's the epidemic of early childhood caries!

The parallels between the natural disaster of Hurricane Katrina and the national disaster of early childhood caries (ECC) are many. Few Americans, even in dentistry, noted the recent report by the Centers for Disease Control and Prevention on the continued and worsening epidemic of ECC, thus confirming what many of us in the field have known for years – ECC is epidemic and growing.[1]

How is the ECC epidemic like the natural disaster of Hurricane Katrina? We can begin with the 3 decades of data that have portrayed this dental disaster but have been largely ignored, much like the many predictions of a Katrina-like hurricane disaster. After Katrina hit, the media reported that numerous governmental and private agencies had repeatedly warned of "the big one" with scientific evidence and well-constructed, accurate computer models. True to Aesopian irony, officials ignored these warnings and played to the public's desire for optimism with images of economic growth and fun in the sun. In dentistry, we have almost exclusively touted declines in permanent dentition caries and, not mentioned except briefly in passing, the continuing problem of ECC. So successful and seductive has this focus on limited achievement in caries decline been that even today, many dental leaders believe caries to be eradicated, and dental public health officials see only fluorosis as today's "clear and present danger!"

Then there is the issue of governmental advice and help. Just prior to Katrina, the poor calmly heeded the advice of officials to evacuate and seek shelter, only to find that the emergency infrastructure and response ultimately failed them. So too, in the epidemic disaster that is ECC, officials tell the poor to seek help in Medicaid, which, like the Superdome, proved to be a very large but mostly empty promise. In truth, in oral health as in Katrina's wake, there is little help from the public sector. As in Katrina's aftermath, well-meaning citizens, churches, benevolent groups, and others rushed to help without coordination or adequate planning and information. Across the country, in response to the Surgeon General's Report of 2000 and numerous local surveys of oral health needs, isolated safety net clinics sprouted. Because of limited funding, inability to find dentists willing to work as volunteers (or for what they could pay) or lack of will to stay the course by health agencies, many now stand empty. The lack of a systematic sustainable response not only characterized the weeks after Katrina, but our continuing response to ECC!

We first laughed, then wanted to cry at the stories of warehouses full of bottled water and donated clothing never to be used and the millions of dollars spent on ice that ended up where it started because of the confusion that was called hurricane relief. How many millions of toothbrushes have been handed out to the poor in the spirit of addressing ECC, and how many more will follow to no avail? When CDC dental officials admit, "...we need to know more...,"[2] it is clear that this problem of ECC, like the muck on New Orleans' streets, will not soon be brushed away.

Prevention as we know it has failed the child with ECC. Like the levees and pumps that gave false hope to New Orleans, prevention that may work for permanent teeth is not the solution – at least as we know it now. Our armamentarium and its application are of little help for the child with ECC – a fact also well known for decades. And, as the Children's Dental Health Project has stated in a response to the CDC announcement, "...medical and dental care providers should continue to develop, evaluate, and adopt clinical protocols for risk identification and early preventive intervention."[3]

Hundreds perished in Katrina's aftermath, but this toll dwarfs against the cumulative suffering of countless millions who have and will continue to endure the effects of this disaster. Similarly, in the case of ECC, we see only mean decayed surfaces and percentages of children thus affected. Few, even in the profession, see the effect of daily pain, hospitalizations, lost sleep and work, child and parental anxiety, and damaged development that reaches well into the tens of thousands of poor children and their families. Like those of our natural and man-made disasters, statistics we keep do not come close to depicting the effects of ECC. NHANES is an acronym for just that – not hardly anywhere near an estimate of severity.

Think I am out in left field on these parallels? Consider this last one. The American Academy of Pediatrics

recently published a report entitled *Psychosocial Implications of Disaster or Terrorism on Children: A Guide for the Pediatrician*[4] in which they discuss the short- and long-term damage to the psyche by natural and man-made disasters. In those pages you will see described the same ECC children whose eyes we look into in our dental chairs and the same children dulled into submission from chronic dental pain so aptly described by authors like Jonathan Kozol.

If getting the attention of those in charge can be seen as a glimmer of hope, then the renewed focus of national attention on disasters like Katrina and their prevention and management may spell hope for the future. At the October 2005 American Dental Association's House of Delegates, the concept of a dental home (and its inherent 12-month dental visit) found widespread support, hopefully in recognition of the disaster of ECC.

There may be some hope for *this* American disaster after all.

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## References

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