

COMMENTARY

EXPERIENCING FULFILLMENT, EMPATHY, AND GRATITUDE THROUGH SERVICE



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Today, perhaps more than ever before, it is important to ponder the sacred commission of the dental profession and Pierre Fauchard Academy to help alleviate human suffering and improve the quality of life of those who are in need through better oral and systemic health. Dr. Richard A Stevenson, chair of the ADA Council on Access and Prevention has recently reminded us that we “fulfill the most meaningful aspirations of the profession by helping those who need care when so often it can be hard to be found. Volunteerism often brings out the best of all of us.”

From our own personal experiences with the non-profit organization Global Dental Relief (GDR), we affirm that this type of service can be life-changing for vulnerable children and all age groups suffering from the devastating consequences of oral disease. We also confidently predict it can be life-changing for the volunteers who are also making meaningful connections with others and enjoying a greater sense of purpose.

There are many service opportunities to consider both domestically and abroad. Many of you are already dedicated and frequent contributors while others are less engaged at this point. For those possibly seeking international experiences, the ADA has a dedicated foundation that provides excellent information and links to specific opportunities: <https://www.adafoundation.org/en/adaf-international-programs/international-volunteering-get-involved>

Below we share the volunteering stories of two families. We hope these may encourage some of our readership to personally engage more actively in this type of transformative humanitarian service.

THE STORY OF TWO FAMILIES VOLUNTEERING IN GUATEMALA AND CAMBODIA

Travelling as a family is a time-honored tradition punctuated by family photos highlighting the good times, while the threats to “turn this van around” fall to the wayside. Travelling internationally as a family takes this adventure to a whole new level, although

it's harder to ask the pilot to turn the plane around. Can you imagine that announcement coming over the intercom?

For two families from New York and Washington state, they both volunteered internationally and came out better for it on the other side. Despite their differences (one has three girls and the other 2 boys, they live on opposite ends of the country, and they went to two substantially different countries to volunteer), they had a remarkably similar and life changing experience volunteering as part of a dental team with the non-profit organization, Global Dental Relief (GDR).

Dr. Alice Leung from New York embarked on a GDR project to Cambodia with her husband Luther and three daughters, Keane, Tess, and Sage. Drs. Chad Slocum and Sara Lundgaard from Washington traveled to Guatemala with their two sons, Troy and Trenton.

Alice and her family make the effort to do one international trip per year with a specific focus on culture and history. Cambodia provides both in spades, but “at the end of the day...we want to teach them empathy,” which is why they combined their international trip with a GDR volunteer project. Tess and Keane have found that volunteering is extremely important to them because it enables them “to see the world from a different perspective” and “gives you exposure to things you may otherwise turn a blind eye to.”

For Chad and Sara, both the proximity to home and the timing of the Guatemala project were ideal. “We had always said we wanted to do something like this the summer before our oldest son was going to graduate from high school. It is a great experience at this stage of life with a side benefit is that it is great for college applications as well.”

Family members serve as invaluable assistants and support staff for the entire clinic apparatus. Recordkeeping, oral health education, and fluoride application are great jobs for anyone and



give an in-depth view into the structure and impact dental projects have in the local community. For clinicians, the presence of their family in the clinic has a twofold impact. First, they have the opportunity to work directly with their spouse or child in the dental chair which can be an intimate, relationship building exercise. Second, it allows for children to really understand and gain a new respect for their parents' chosen profession.

As clinicians, they emphasized the sense of accomplishment and gratitude that they've experienced as a result of their volunteer

Guatemala Accomplishments:	Cambodia Accomplishments:
Patients: 785	Patients: 882
Clinic Value: \$232,800.00	Clinic Value: \$236,550.00
Extractions: 279	Extractions: 342
Fillings: 740	Fillings: 716

service. Says Alice, "I've always wanted to give back and GDR gave me that chance. I remember after the trip, I looked down at my hands and felt a sense of fulfillment. I've told many colleagues that if you bring your pair of hands abroad, you'll come back with an infectious sense of accomplishment."

Chad echoes this sentiment in his description of his favorite clinical experience. "It came about midweek, midafternoon after lunch- when some of the kids were really challenging and I had just finished with the young girl and then walking up to get the next patient, a young boy with special needs. I thought, not sure if I can do another challenging procedure right after this, but he was the absolute best patient of the week, even though I wasn't sure he understood what I was doing. Extractions...fillings...but he didn't fuss. The one and only child who brought me to tears. His mother was standing there with him singing songs and keeping him calm. The one I was dreading, but the one I will never forget. My older son helped me work on that child which was a wonderful experience as well."

For non-clinical volunteers, the impact was just as great, providing memories and learning experiences for their lives



ahead. Alice reports, "When we talk about the trip, it is amazing to hear how [the girls] remember their experiences, how their experiences have helped them develop as a person, and how it incorporates into their everyday decisions." Her daughters shared their own favorite memories and lessons learned:

Tess: "My favorite memory of the trip would have to be of my dad acting as a crocodile and teaching the kids how to brush their teeth. He was very animated and there was a lot of laughter."

Keane: "One of my favorite memories was when my friend and I were applying fluoride and educating the kids. One of the kids was afraid of the fluoride. He thought it would hurt. In order to assure him it wouldn't hurt I took the brush and brushed it against his hand to show him that it wouldn't be painful. After I finished applying the process, he listened considerably to the short oral health lesson given afterward."

Sage: "Volunteering also teaches important life lessons like kindness and kinship with your fellow human beings. And if everyone in the world made the effort to feel kinship with their fellow human beings I think the world would be a better place."

Sara and Chad reflect on what they hoped the boys would take out of the experience before they went to Guatemala. "We wanted them to appreciate all the things Americans typically forget, all the things we take for granted. Be grateful for the things that we have."



When asked if they thought that it worked, they both laughed. “Oh yeah! Our biggest fear is that they would be complaining about not having phones, etc., but they didn’t complain at all. They worked really hard and connected with other volunteers. The only complaints were prior to the trip, but once underway they really embraced and enjoyed it.”

Come volunteer with Global Dental Relief as a family! For families with kids 14 years and older everyone is welcome on any of the original or comfort style projects. For those with any kids 10 to 14 years old give them a call and talk about the best project for your family.

About Global Dental Relief:

At Global Dental Relief, our mission is to bring free dental care to children around the globe, in Nepal, India, Guatemala, Kenya, Mexico, Cambodia. Teams of volunteer dentists, hygienists, assistants, and general volunteers deliver treatment and preventive care in dental clinics that serve children in schools and remote villages.

With a vision to transform lives and cultivate community through volunteerism, we provide opportunities for diverse groups of volunteers to explore the world and bring free dental care and oral hygiene education to thousands of impoverished children. Learn more at www.globaldentalrelief.org or call (303) 858-8857.



About Dr. Alice Leung: Dr. Alice Leung is a General Dentist in New York City and a graduate of Tufts University School of Dental Medicine.

About Drs. Chad Slocum, DDS, AFAAID, FICOI and Sara Lundgaard, DDS: Both dentists work together at Penny Creek Family & Implant Dentistry in Mill Creek, WA. Dr. Sara M. Lundgaard graduated from the University of Pacific School of Dentistry and Dr. Chad G. Slocum graduated from the University of Washington School of Dentistry.

COVID-19

Pandemic May Bring Opportunities for Dentistry



BACKGROUND

The American Dental Association (ADA) has played a central role in leading dentistry's response to the COVID-19 pandemic, including guidance on practice recovery. Even after cautious reopening, provision of dental care continues to be directly affected by SARS-CoV-2: many practices have experienced decreased procedure volumes, decreased revenues, and increased costs. Until effective vaccines are available to reduce the prevalence of COVID-19, dental practices will face persistent challenges.

'SILVER LININGS' OF COVID-19

Despite the disruptions of daily life and dental practice, the pandemic may have some "silver linings" for dental practice. Future pandemics are inevitable: the knowledge gained and actions taken in response to COVID-19 can serve as a template for responding to newly emerging pathogens. This includes important lessons in improving safety for dental patients and staff. The pandemic has also highlighted the critical importance of continued research on the unique airway-aerosol risks associated with dental procedures.

The explosive growth of teledentistry has drawn new attention to the potential for and advantages of seeing patients remotely, with uses in triage, monitoring, and postoperative care. Other applications of teledentistry include expanding access to rural areas and web-based approaches to oral health education in varied settings. The pandemic has also reminded us of dentistry's role in overall health care; the focus on emergency dental care early in the course of the outbreak helped to preserve the supply of personal protective equipment while keeping patients out of emergency departments.

There is also a new focus on alternative approaches to oral health care, including opportunities to emphasize prevention while promoting noninvasive caries management. The disruption caused by

COVID-19 has also led to reconsideration of issues related to dental education and licensure, particularly in the context of launching the Objective Structured Clinical Examination for dental licensure. The crisis has also focused on attention on the urgent need for "legitimate, data-driven, resource-based" reforms to oral health care reimbursement.

DISCUSSION

The dental profession's response to meeting the challenges of COVID-19 highlights the potential for necessity to drive needed innovations. The disruption caused by the pandemic provides opportunities for much-needed improvements in the provision of oral health care, which should continue even after the crisis has passed.

Clinical Significance

What hasn't been changed by COVID-19? It is incumbent on dentistry to identify some of the positive effects and carry them into our future practice. Key considerations for the post-pandemic world include improving our ability to respond to future infectious disease outbreaks, better protecting the health of patients and staff, and taking advantages of new technologies and approaches to increasing access to oral health care.

Klemmedson D: Is there an upside to COVID-19 for dentistry? *JADA* 2020;151:713-715.

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INEQUALITY

Systemic and Cultural Racism



BACKGROUND

The Black Lives Matter (BLM) movement has brought to light systemic racism in the justice system and exposed police brutality. However, racism isn't limited to these inequalities but extends to institutional racist behavior that affects communities

of Black, Indigenous, people of color (BIPOC). The social, environmental, and economic structures in our society, including health care systems, are also affected, with the result being that BIPOC populations experience poorer systemic and oral health. The development of racism in US society and its effects

on the general and oral health of communities of color were outlined.

DEFINING FEATURES OF RACISM

Racism is based on the belief that the dominant social group has the right to discriminate against, disempower, and marginalize minority groups, or those who are different in some way. North American colonies oppressed and enslaved BIPOC populations based on theories that White people were superior to other people. This belief affected the economic, educational, judicial, and health care institutions in North America and created a hierarchy based on race that allowed the marginalization of people of color.

Segregation remains a common manifestation of institutional racism. Federal policies have resulted in underrepresented minorities being segregated to neighborhoods distinct from those where White people live. These minorities experience poor access to healthcare, leading to poor health outcomes. This is based on the minorities' lack of educational and employment opportunities, leading to low socioeconomic status. These neighborhoods are characterized by poverty, low-quality housing, and hazardous physical environments that often include high levels of pollution.

HEALTH CARE MANIFESTATIONS

Added to the socioeconomic effects of segregation are daily slights and slurs. These lead to high stress levels and poor morale among BIPOC populations, which are then linked to a higher prevalence of chronic diseases such as diabetes, cardiovascular disorders, asthma, and obesity and higher mortality rates. The centuries of oppression experienced in Black communities have produced premature biological aging and vulnerability to disease. Compared to White males, African American men have consistently lower life expectancy. In addition, African American infant mortality is 2.5 times higher than that of White infants. Evidence has now shown that there is a high prevalence of changes in DNA methylation that correlates with epidemiologic data that confirm chronic disease prevalence and premature mortality in Black communities.

Specific to oral health, US communities of color evidence poorer oral health than White communities. Untreated tooth decay is seen in 37% of Mexican American adults and 40% of African American adults, but just 22% of White communities, with similar findings related to periodontitis.

Cultural racism also affects health behaviors and outcomes in BIPOC communities. Stereotypes, images, and ideas that promote an attitude of inferiority toward Black communities have been reinforced by cultural racism present both during and after slavery was abolished. This has led to an unconscious bias and discrimination in health care delivery systems. Poorer quality of care and fewer procedures are the norm for BIPOC populations. In addition, few community members become health care professional role models. As a result, these communities tend to develop mistrust of health care systems and have little faith in the entire process.

THE ROAD FORWARD

Solutions to the racism issue in health care and other social systems must originate from people making changes in how institutions develop and maintain their policies and endeavors. More health research is needed that focuses on and includes people of color. Only when White and BIPOC individuals engage together will we be able to raise awareness of the problem of racial bias and support the needed changes.

Clinical Significance

The racial inequalities that exist in health care result from policies in the past that diminished the value of the lives of people of color compared to White individuals. The presence of these inequalities has led to actual differences in the health status of individuals based on their race. Communities of color have a higher prevalence of chronic diseases, many of which we now know are linked to oral health. Unless the underlying bias is addressed, there will continue to be poorer health among people of color compared to White individuals. In addition, people of color will continue to experience disparities in their access to care and mistrust of the entire health care system. It's time to put things right.

Ioannidou E, Feine JS: Black Lives Matter is about more than police behavior. *JDR Clin Translational Res* 5:288-289, 2020

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