



Need for vigilance

The juxtaposition of the two news items in the ADA's August 8, 1996, Washington Report framed the problem well. The first item described a GAO report on the deterioration of health insurance coverage for children and the inevitable consequences on their health over a lifetime. The second item reported a multimillion dollar grant from NIDR to look at cardiac patients for a link between periodontal and heart disease.

The problem is the de-emphasis of children's health and it has become systemic. Down-sizing, balancing the budget, managed care, baby-boomer, and welfare reform are all terms we're familiar with these days, and what they have in common is that whenever they're used, you can bet children will ultimately suffer. Oral health may be yet another victim.

While much is made of the decline in caries of the permanent dentition, we seldom hear that primary dentition caries is alive and well and no longer declining.

Recently we have begun to hear reports of a growing problem with delay in treating primary dental caries under some-third party coverage plans.

In some places, our specialty is criticized publicly for overtreatment, yet those criticized are often the only source of care for those children most severely affected, dentally and socioeconomically.

Our profession's research emphasis has moved from dental caries to other concerns of a more mature voting majority.

My public health colleagues suggest that federal budget cutbacks may cut the "T" from the EPSDT program, making it little more than a four letter acronym for poor oral health.

Perhaps most telling of all is that while our profession tinkers with sedation guidelines in the name of saving young lives, we avoid the underlying

issues of why these children need to be sedated at all!

However, this editorial isn't about blame or criticism, but it is a call to advocacy. More than ever, for better or worse, like it or not, we as an organization must stand as the voice for children's oral health. We need to be armed with two things: a comprehensive advocacy plan and the courage to withstand the inevitable criticism that we are self-serving. With our new child advocate, Jim Crall, we have the opportunity to build on Dave Johnsen's national visibility in Washington; to set advocacy goals; to link numerous local efforts on legislation, Medicaid reform, and third party enlightenment within our Academy; and to create a network at the state level where this work will be done. Much of this effort has already begun.

Finally, while it may be important to identify psychologic, physiologic, and other factors in Type A personalities that link heart disease with periodontitis, perhaps some money could be diverted from the pursuit of a gums and TUMS connection to address why children continue to be plagued with primary dental caries. Somehow, the toll of untreated primary dental caries needs to be made more visible, in morbidity statistics from emergency rooms, offices and clinics, and from large-scale studies that get to those most affected.

Rather than dwell on a growing mortality register from sedations gone awry, we should be going to the root of the problem. Today, it remains true that for some children, it is dental—not atherosclerotic—plaque that can kill.

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