

Preface

Dentists and dental hygienists, as individuals and members of professions, have demonstrated records of professional volunteerism and contribution at all levels of the community, state, federal, and political arenas in the United States and the world. The dental profession is one of the most highly regarded and socially active of health care professions. Dentistry enjoys a public status that is recognized as a significant system of health care and a professional autonomy, collaborating with the professions of medicine, nursing, public health, and information sciences. Dentists have the opportunity for specialization, including surgery and public health; each individual dentist actively elects how he/she will practice dentistry. The clinical skill sets and infrastructure that the dental profession can bring to support community needs is singularly impressive.

As the magnitude of man-made and natural disasters increase in scope and destruction, the local availability of first responders and infrastructures available to political decision makers becomes paramount. If the local assets are overwhelmed, the expectations for response within the community change. The role of traditional first responders shifts particularly during a disaster, when assets are exceeded, which possibly causes the role of the oral health professional to shift as well. The nature and extent of this shift requires an examination of the expansion of the definition of first responders and an assessment of the validity of the inclusion of the dental profession as significant contributors within the domain of the first responder community.

For example, in Illinois, while the initial idea to create the “Dental Emergency Responder” as part of the Illinois Dental Practice Act came from the Illinois Department of Public Health Division of Oral Health, a great deal of the legislative legwork was driven by the state dental society. Other states currently are pursuing similar legislative definitions to protect the interests of dental professionals, and these measures will be successful only with the support of individual practitioners on many levels.

Preparedness, in its nature, is multifaceted and requires a great deal of creativity to overcome the limitations imposed in the use of expected or traditional assets. This issue chronicles the view of numerous dental professionals who have demonstrated careers in public health and community responses, especially in the domain of first response to man-made and/or natural disasters. Each author details experiences related to the participation

of oral health professionals across the country in disaster response over the past five years. Readers will observe that the dental profession has been involved in this new first responder paradigm for many years and on many fronts, including policy, education, drills, and team training. The scope of experiences demonstrated here helps to frame the definition of potential roles for oral health care professionals in disaster medicine response. All authors agree that there is a profound role for dentistry in the disaster response paradigm, both in personnel and infrastructure support. Hygienists, dentists, and dental specialists can bring a wide range of skill sets based on personal experience, training, and enthusiasm. The oral health community offers skilled manpower and orthogonal medical supply caches, which provide a high-impact contribution to disaster planning and management activities. However, members of public health, emergency planning, and other stakeholders must be encouraged to include the dental profession in their tactical and strategic planning, and they must be educated about the potential roles oral health professionals see for themselves.

Hurdles remain, because the majority of the disaster medicine and response community naturally does not perceive a contributing role by the dental profession. Therefore, it remains imperative for the oral health community as a whole to continue to be active participants in all aspects of preparedness involving disaster medicine and response education to participation. If the dental profession does not become involved and partner with the disaster medicine and response community, noninvolvement will lead to a complete inability to participate. We must make the case to the disaster medicine and response community that the dental profession can participate and should be perceived to belong within the disaster medicine and response domain. Becoming involved in disaster medicine readily can be seen as an extension of dental practice. As dentists recognize oral manifestations of systemic ailments and offer appropriate intervention and follow-up measures, dentists also can become familiar with the various manifestations of exposure to chemical and biological agents, provide initial intervention, and recommend appropriate advanced care. In order to have this opportunity, however, the entire dental community must remain involved in discussions around policy, planning, and implementation to shape the image of the role of the dentist and dental hygienist within medicine and response.

With the recent passage of the anniversary of September 11, many questions about the past and the future resurfaced, particularly whether or not our nation is prepared, and what preparedness means. Each segment of our society should contribute to the answer and the definition, because an effective response will come only from community-wide acceptance of the actions required to respond. On a personal level, involvement in the health and welfare of the community reconfirms the role of the dentist in overall health care. On an ethical level, dental professionals who provide public health and community care to those in need fulfill one of the primary tenants of medicine. In reading this issue, it is the authors' hope that the dental

community will be inspired by the successes, will be better prepared for the difficulties, and will be ready to support the concept of dentistry's role within disaster response.

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