

CONGRESSIONAL TESTIMONY

Testimony before
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Pensions

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Greetings Chairman Sanders, Ranking Member Bill Cassidy, M.D., and members of the Committee.

Thank you for this opportunity to appear before this Committee to discuss the causes and results of oral health shortages in The United States of America.

About Me

My name is Brian Jeffery Swann, testifying as an Oral Physician practicing in Tennessee, North Carolina, and Massachusetts in public health capacity. I am a board member of Remote Area Medicine (RAM), and a member and co-chair of the Committee on Global Oral Health Outreach for the National Dental Association. I provide clinical care as a volunteer with the RAM organization. Over 900,000 patients have received treatment at no cost.

I reside in an Appalachian town of Greenback, Tennessee not far from where I was born. I was inspired to become a dentist through my Mother, who was a dental assistant and a community advocate. After her passing in 2018, she was memorialized in the California House of Representatives for her contributions to health and education. At age 12, I had my first dental visit. I had 13 cavities and spent numerous days as a patient and for the exposure. The independence of the dentist and his contribution to the community resonated with me as a career choice and saved my dentition. I was not aware of the significance at the time, but it was a crossroad.

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About RAM

RAM is a major nonprofit provider of free pop-up medical clinics. The mission is to prevent pain and alleviate suffering by providing free, quality health care to those in need. We do this by delivering free dental, vision, and medical services to undeserved and uninsured individuals. RAM's Corps of more than 212,700 Humanitarian Volunteers along with licensed dental, vision, and medical professionals have treated more than 940,700 individuals, delivering over \$200,000,000 worth of health care services. Today, RAM is nearing its

1400th clinic. RAM also partners with other organizations striving to make a positive change in access to care. One of the organizations RAM partners with is The National Dental Association.

NDA/Harvard School of Dental Medicine

Founded in 1913, The National Dental Association's mission is to serve the marginalized and oppressed communities. I co-chair the global outreach committee which focuses on those marginalized and oppressed communities that have a shortage of dental care. Our aim includes mobilizing students and practicing dentists to join forces with existing interventions and outreach programs to provide needed care. This also serves as a teaching opportunity for student members.

As an assistant professor at the Harvard School of Dental Medicine, my students and I were introduced to the Medicine Wheel. The wheel charts the ingredients of optimal health. This tool combined with the fact that John Harvard who started America's first college, also began one of its first Indian Schools. Revisiting these facts, we began a program with the Wampanoag tribe that historically greeted the Pilgrims on Cape Cod. Specifically, we were drawn to the Aquinnah Wampanoag tribe on Martha's Vineyard (MVI).

In addition to Martha's Vineyard being home to many wealthy families in America, its original inhabitants have lived there between 10 to 14,000 years. Relative to dental treatment, the Island represents a microcosm of how dentistry looks across the nation. In 2013, the Martha's Vineyard hospital had a two (dental) operatory clinic which excepted dental benefits or insurances. All other dental offices on the island were cash only; they did not except any insurances. With the closure of the hospital dental clinic in 2020, a significant number of the year-round residents, including blue-collar workers and tribal members, had to go off island, a multiple hour, weather dependent journey each way, to seek affordable care. This necessitates an entire day off from work or school for an appointment that might last an hour. This is a prime example of the issues surrounding the complexity and unavailability of access to care. The social determinants of health that apply to this example include, rural location, transportation, affordability, elderly age of the population and the limited workforce. Adding to the issues of cost, when providers do not

accept dental insurance there is no regulation of fees charged to the patients. In some cases, prices exceed mainland averages by 30%.

The NEED

The need for organizations like RAM and its partners, are more than necessary to continue to make change, and to support human beings and their basic rights to be cared for. RAM provides opportunities for people to experience relief from various ailments that can be life changing. The people that come to RAM for assistance, often drive across multiple stateliness. They are advised to prepare to sleep in their cars, wrapped in blankets to stay warm. Many come days before the clinic opens to ensure that they receive a ticket to get the care they have come so far to obtain. Our patients suffer from the most prominent oral diseases, tooth decay and periodontal(gum) disease, which are the most prevalent diseases worldwide among children and adults according to the 2019 Global Burden of Diseases report. Also mentioned in this report is the connection between gum disease and Type 2 Diabetes along with other systemic illnesses including obesity, poor nutrition, kidney disease, lung disease, dementia, cancer, osteoarthritis, and heart disease. A high percentage of patients with a low health IQ, do not understand that what is happening in the oral cavity is connected to and may contribute to what is happening in the rest of their body. Preventive education is key.

Jade's Story

Jade was a 27-year-old, Appalachian woman with a history of type 2 diabetes that led to placement of a port after 2/3 of her right lung was removed. She developed swelling called cellulitis under her chin and neck region from a decayed and infected lower molar. Due to the swelling and pain and lacking a dental home, she did what many patients do and visited the emergency department at the local hospital for care. She was given antibiotics and pain medication in the form of pills and told to seek dental care. She went to the dentist (who had recently extracted all her mother's teeth) and was told that \$900 was the cost to remove the one offending tooth. Not having the cash, she decided to wait for an anticipated refund check. The following month the swelling had advanced, and she was prescribed more of the same medications which alleviated symptoms but did not treat the problem. In the 3rd month she contracted COVID which impaired her breathing even more.

Jade was given yet more antibiotics and pain medication which she could no longer swallow. The following month, she returned to the hospital a fourth time, unable to swallow. Her neck had turned black. The doctors immediately put her in an ambulance and rushed her to a nearby university hospital only 35 minutes away where she was given an IV and the tooth was removed. Two days later, she died. The cause of death was listed as sepsis from an infected tooth derived from a condition called Ludwig's Angina. As is typical in US medical schools, the hospital doctors had not received even limited training in oral health, which may have contributed to Jade's death. Her mother and husband of 1 year, who are in therapy, proclaimed, "If they'd only told us that a tooth infection could kill my daughter."

There is a need to bring attention to the social determinants of health and begin the process of educating not only patients, but the community and all health professionals on what is needed for sustainability and longevity of our oral and systemic health.

PREVENTION:

RAM represents an immediate short-term solution to a long-term problem. It creates a community template that could potentially become a sustainable entity. Prevention is the long-term solution. When the community begins to provide health access, care, and education for marginalized communities, the potential for that community to become healthier and more productive is attainable. RAM essentially provides a blueprint for change and positive impact.

RAM clinics go where they are invited. Volunteers from that community, are mobilized to provide the staffing services, which includes processing of patients, dispensing of medications and related information, controlling the influx of patients, sterilization of instruments, and most importantly greeting patients at the entrance with a warm and welcoming hello. Due to the lack of portability of licensed providers, sometimes services are hindered. There is often a lack of state-licensed healthcare providers in a given community. If we were able to open the doors to healthcare providers licensed in neighboring states, it would save time and more patients could be treated. A possible solution to this would be to allow temporary licenses for voluntary dentists, hygienists, and assistants.

My Own Experience with RAM

From my own experience working onsite, the first encounter between a RAM volunteer or provider and the patient, is most important. That moment is where the healing begins. I've had several encounters with patients who are overjoyed to see their smiles for the first time in years, or even to get a tooth or teeth pulled after a long battle of aches and pains.

Farmer's Story

I had a patient who was a disabled farmer, as it is the second most dangerous profession in America. He'd driven across 3 states to get to us. He was self-conscious about possibly having an odor due to sleeping in his car. He needed to have several broken teeth removed and a few teeth filled. We anesthetized him and used a technique that made the injection relatively painless. He seemed surprised; his worry and fear around this visit had dissipated. We didn't have to pull as many teeth as he thought. He was happy that some of his teeth could be saved. When the procedure was over, he shook my hand. He was so grateful that he had such a good encounter that he offered up a prayer to give thanks for the experience. He said he appreciated being validated and not condemned. We all shed a tear.

Human Connection

When a human being comes to these clinics for treatment, most often to escape pain or discomfort, and is treated with respect in the process, immense gratitude is felt. But not just for the patient, for everyone involved. We all receive a blessing in this exchange and in this work.