In 2007, when I was working as a reporter for the Washington Post, I found myself standing by the hospital bedside of Deamonte Driver, a Maryland schoolboy who was dying of complications from untreated tooth decay.

Doctors said that bacteria from an abscessed tooth had spread to his brain. At the time Deamonte had gotten sick, his mother had been searching for a dentist to see his younger brother who was complaining about dental pain. But they were Medicaid children. And Medicaid dentists were very hard to find.

The story of the death of Deamonte Driver, a few miles from the United States Capitol, helped inspire Congressional hearings and state and national efforts to address the shortage of care for millions of poor children across the country. I covered the unfolding events. There seemed to be so much to learn and to say about dental care — or the lack of it — in America. I kept writing.”

Mary Otto

NNOHA: Mary Otto, you have written a book about American attitudes towards teeth, a book that ranges over subjects as diverse as the relationship of poverty to poor oral health, the historical development of dentistry and medicine as parallel but separate professions, beauty pageants, the high cost of dental education, scientific developments in dentistry, the Federal Trade Commission, the impact of dental organizations on access to care, racial disparities in dental providers, and the role of teeth as evidence in archaeology and paleontology — with a little poetry on the side. You are a great storyteller. How did you choose which stories to tell?

OTTO: You know the ones that stay with me. The ones that I hear and then just continue to talk to me. Journalism has many roles, and one of those is story telling. And I felt like that was an important role for me in working on this book.

NNOHA: For you personally is there any one that really inspired you to write this book? Was there an “Aha” moment where you decided to put this story in a book format? Or was it just a long time coming for you?
OTTO: I think the original story that got me started was the story of Deamonte Driver, a 12-year old Maryland boy who ended up dying of complications of tooth decay, and then watching the discussions that unfolded after his death. Living in nearby Maryland I went to Congressional hearings where the implications of the lack of care for children on Medicaid were debated in Congress. I could follow the state of Maryland’s efforts to look at its systems and reform its system to improve care for Medicaid children. The state raised reimbursement rates; dentists were attracted to work with the program. Public health hygienists were put into schools and clinics to expand preventive care to these needy groups. The whole state Medicaid dental system was reformed to make it more streamlined and make it less difficult for dentists and patients both to access. So that was very interesting to watch the state go from worst to first in terms of Medicaid performance. It was an important thing to cover as a reporter. And to watch the local efforts by the National Dental Association to raise money and get a mobile dental clinic and raise volunteer support to go out to the schools where Deamonte and other poor children in Prince George’s County needed care and weren’t getting it.

So the story went on unfolding and it was an important thing for me as a journalist to cover it. I’m especially thankful to Dr. Norman Tinanoff from the University of Maryland School of Dentistry and his colleagues were anxious to help me as a reporter learn to understand how oral care is provided and they allowed me to come to the dental school so many times to learn and observe. That was an important part of telling this story too.

NNOHA: Your book relates the beginnings of dentistry as a profession. It starts in 1840. I have to tell you, I don’t know that I would have wanted to see a dentist in 1840, or a doctor either.

OTTO: There were very harrowing accounts. I’m lucky enough that the story unfolded right there in Baltimore, which was on my beat when I worked on the metro desk at the Washington Post. The world’s first dental college, the world’s first dental college, was established in Baltimore in 1840, which struck me because so many of the current stories of oral health and dentistry that I was working on were unfolding in Maryland, so the fact that the world’s first dental college and the profession got their start right in Baltimore just called to me as part of the story. And I also lived near the National Library of Medicine so I could go and read those early journals that Chapin Harris edited in Baltimore, and I could go to the places in Baltimore where the first classes were taught and visit these sites, and the building where the physicians set up their first school. It’s all still very real, and it was a great opportunity for me to be so close to these places.

NNOHA: Well you must have gone other places. Can you tell us a little about your research and how you did it, because it sounds like you went to multiple places over the course of your reporting?
OTTO: My first real journey in telling this story beyond Maryland where I did so much of my work was thanks to a Knight Science Journalism Fellowship which allowed me to spend a year in Massachusetts studying at the Harvard School of Dental Medicine and the Harvard School of Public Health. And that gave me a year to think about the big picture beyond what I was learning about the dental care system in Maryland. I had a chance to learn about the national and international implications of oral health and disease. And then when I started reporting on the book in earnest I spent time in the Library of Congress and the National Archives. I visited rural Virginia for one of these free clinics, and went to other free clinics in Maryland, visited Ohio, Florida, California, New York, and Alaska. The Alaska trip was part of my fellowship. The Knight Science Journalism Fellowship allows each fellow to take one research trip and Alaska was what I chose because I wanted to see what life was like out there and see how care was being delivered.

NNOHA: So far, what are the reactions to your book? When people talk to you about the book, what are they wanting to say or ask?

OTTO: It’s interesting. It’s so different from just sitting in a newsroom or working as a reporter out in the field, to get reactions on a book. But I’ve gotten a lot of interesting feedback, honestly, from dental patients and from dental providers and from people in the wider community. A lot of people have thanked me for writing the book. And even in interesting ways people who work in the oral health field told me a number of times they bought a copy of the book for someone else. They’ll say, “I wanted to tell my parents what I’m doing and I bought them this book.” Or, “I bought this book for my dentist or for my state lawmaker to give them, because they feel like it provides a useful look at dental care and oral health. So that’s been really gratifying.

NNOHA: Has there been any negative pushback? I know one of your callers on an interview show yesterday, a dentist, seemed almost defensive about dentists not taking more Medicaid patients, and wanted the listeners to be sure to understand how low Medicaid reimbursements are. Are they are. There is nothing in your book to indicate otherwise.

OTTO: Yes, I actually go into the points he made. There is certainly an aspect of the shortage of care that I explore in the book. He wanted to reaffirm to the listeners what many dentists say, that reimbursement rates are low, there are high no-show rates, and that’s certainly a reality for dentists. But I think the book goes beyond those factors to explore that while yes, reimbursement rates are low, there are efforts to raise them, in spite of many, many pressures on the health care budget. At the same time dental organizations have been calling for higher reimbursement rates and they certainly were raised in Maryland since I’ve been reporting.
I’m thinking about that caller yesterday. Providers want higher reimbursement rates. Dentists talk about no-show rates among Medicaid patients, but there are strategies being used to reduce no-shows. For instance, case management has been shown to help Medicaid patients understand how important it is to keep their appointments. There are other ways of getting care to people that can be more cost effective than what the current system allows.

Dentists made those points to me often as I did my reporting and I did explore them in the book. In Maryland, after Deamonte Driver died and the shortage of Medicaid dentists became a source of great public concern, Medicaid reimbursement rates were raised and did help attract more providers to the program. The Medicaid bureaucracy was streamlined as well, in response to dentists’ complaints about the paperwork involved and these steps, I learned, were credited with improving the system.

Sometimes, dental organizations point out that the low reimbursement rates are a reflection of the fact that as a society, we do not value oral health enough. It is a compelling argument. But at the same time, I also found out in my reporting (and tried to mention yesterday in response to that call) dental organizations have strongly resisted efforts to find ways to deliver care more economically and more broadly. As for the concerns about no-show rates, I also learned that some practices (and clinics) have successfully addressed them with specific case management approaches.

NNOHA: There has been a lot of emphasis in recent weeks on the future of Medicaid. But there are many persons with too much income to be eligible for Medicaid who still cannot afford dental care.

OTTO: Oh that’s right. Many of them are retired. I mean Medicare, which covers more than 50 million Americans has never included routine dental benefits, and so a number of people I have met along the way have been retirees. The other thing is the state of Maryland eliminated routine adult dental coverage under Medicaid years ago, and even emergency benefits in a more recent decade. So yes, there is a severe lack of care for Medicaid adults in Maryland. There is a group that is pushing for a reinstatement of adult dental benefits in Medicaid in Maryland right now. Benefits and eligibility varies widely from state to state. Benefits are one of the first things that end up on state budget chopping blocks in difficult times so they tend to disappear when people need them the most. Then, as with children, it can be very difficult to find a dentist who accepts Medicaid. So it can be hard for many people to maintain routine oral care.

NNOHA: So when you go to a Mission of Mercy, what do you come away with personally? What’s your emotional reaction to all those people lining up in the pre-dawn darkness?
OTTO: You come away with that experience of being with so many people who are in such pain. You know they are not all there just for dental care. A lot of these free clinics like the remote area medical clinics bring in doctors, nurses, mental health professionals, eye doctors. They have a chest X-ray machine there so people can get their lungs checked. So people are there with a number of issues in some cases, but dental care is usually the first thing on their list. And the other things they take care of if they can. But the pain that they’re in is something that you can’t forget.

NNOHA: Well I can’t let you go without talking a little bit about organized dentistry and organized medicine and their role in helping us get where we are today regarding access. Sometimes it makes one wince a bit when one reads about positions taken in our profession in the 1920s and 1940s and 1960s. It seems like the main priorities have been to protect “the profession” more than protect the public. Is that a fair statement or are we reading too much into individual historical episodes?

OTTO: Well you know I wasn’t there in those days, but the record certainly does seem to reflect, the medical profession played a role in this too, it wasn’t just dental professionals who were fighting these fights, that these professional organizations were very anxious to protect not only their professional autonomy, but the control they had over delivering care and the marketplace for their care and the services they provide. And you know it is sometimes painful to read about history, both personal and collective history, but it has really shaped the place we have in the world and understanding it is powerful and a useful way to go forward.

NNOHA: Now you work with an organization called the Association of Healthcare Journalists. Is there much talk about medical/dental integration when you talk with your journalism colleagues who cover medicine or psychiatry or pharmacy? Do those disciplines have the same sort of interest in integration that we’re hearing from the dental profession?

OTTO: You know, I think the fact that the medical and dental professions have been separate for so long makes this a particularly important issue. I do think there is growing interest in providing care for the whole patient in the healthcare world. And data and research have increased our ability to understand whole patient care. I think dental care has been left behind somewhat because of the difficulties in integrating dental records into medical records. But that’s changing. It’s slowly evolving.

NNOHA: You used the word “stigma” in your book. I want to explore that with you for just a second. A stigma about “bad teeth”. One of the callers on a radio show where you were being interviewed said “it’s the parents’ responsibility to see that children get oral health care.” There seems to be a feeling in certain quarters, I don’t know how wide-spread it is, if you have bad teeth, it’s largely your fault. If you had just brushed your teeth and gone to the dentist you would be fine. Where does this stigma comes from? Can it be eliminated? There is no comparable stigma for having bad knees. No one blames the mother if a child has asthma. Is there any merit to the idea that poor oral health implies a lack of personal responsibility?
OTTO: You know, I do believe that oral disease is an oral disease. Responsible self-care is important. And oral health literacy is important. But those things often need to be taught and provided. And when people have been shut out of the system, you know roughly a third of the American people experience significant barriers getting access to the system that provides dental care, can we expect them to fully know and appreciate how to maintain their oral health at the same level as people who've always had access? I feel like many people who have been deprived of care for generations have a very fatalistic attitude toward maintaining their oral health and their children’s oral health and they may not understand fully how to do that. They certainly also don’t always have the ability to navigate from the larger healthcare system to the largely private practice system that provides much of dental care in this country. So to simply say it’s their own fault, misses some important pieces of the larger puzzle in terms of oral disease, you even tooth decay being a multi-factorial disease, and a progressive disease, and the most common chronic disease among people of all ages. Some people are able to get treatment, and others not. It’s not just the poor who suffer from oral disease.

NNOHA: Is there anything else you would like community health center dentists and their staffs to know?

OTTO: Well I think that a lot of great work is going on in these community health centers. They are doing so much and serving so many people. Prevention is really an important part of the whole puzzle, and getting sealants. Fewer than half of kids get them, but sealants are very powerful and an important way of preventing disease. Children from poorer community with less access to dental care could really benefit from sealants. I think health centers are aware of this, I’m probably preaching to the choir. Prevention is so important, but our system incentivizes treatment more than prevention.

NNOHA: Mary Otto, thank you for telling us these important stories and for your time today.

Mary Otto is a Washington, D.C.-based journalist who began writing about oral health at The Washington Post, where she worked for eight years covering social issues, including health care and poverty. In 2007, she wrote the story of 12-year-old Deamonte Driver, a Maryland child covered by Medicaid who died after bacteria from a dental infection spread to his brain. The death of the boy spurred congressional hearings, a revamping of Maryland’s Medicaid dental system and increased attention to oral health access for Medicaid children nationwide. In 2009-10 Otto spent an academic year as a Knight Science Journalism Fellow studying oral health and public health at Harvard University. Her ongoing exploration of barriers to dental care in poor communities has been assisted by a California Endowment Dennis A. Hunt Fund grant. Otto has continued to write about oral health and other health and social issues as a freelance writer for the Washington Post, a contributing writer for an online publication for oral health professionals called DrBicuspid.com. From 2008 to 2014 she served as Editor-in-Chief of Street Sense, a newspaper produced and sold by homeless men and women in Washington, D.C.
What others are saying about *Teeth: The Story of Beauty, Inequality, and the Struggle for Oral Health in America*.

- **New York Times March 23**
- **The Atlantic March 2017**
- **Kirkus Reviews**
- **New Republic**
- **Call-in radio interview WBUR June 2017**