Hurricane Katrina—Pediatric Dentistry’s Response

Hurricane Katrina made landfall twice in August—first on August 25 just north of Miami as a Category 1 hurricane, then on August 29 along the central Gulf Coast near New Orleans as a more devastating Category 4 storm. It was the costliest and most destructive natural disaster in our nation’s history. The death toll to date exceeds 1,200, and the projected costs to the nation are estimated to exceed $200 billion. Over 1 million people have been displaced from their homes. Media reports have focused on New Orleans, where breaches in the levee system led to widespread flooding, property destruction, death, and evacuation of tens of thousands of individuals. But major damage also occurred along the coastal areas of Louisiana, Mississippi, and Alabama. Among the affected are children and members of the AAPD.

We are all well aware of the controversies surrounding the initial response to the aftermath of Katrina, but the humanitarian outpouring of support has been gratifying. Communities and individuals have opened shelters and even their homes to many of the displaced families. Children have begun school in towns and cities far from their homes and friends. To meet the oral health needs of these children, the dental profession has mustered a strong response through the establishment of temporary and mobile clinical facilities in the affected areas and locations with concentrations of evacuees. Dental schools throughout the country have provided emergency care to evacuees in their communities, foremost among them the University of Texas Dental Branch at Houston. Dentists have volunteered their talents and contributed dollars to provide oral health care for the victims of the storm. States across the country have facilitated licensure for displaced dentists, and practitioners have welcomed them into their practices. Pediatric dentists have been prominently involved in all of these efforts.

The Louisiana State University (LSU) School of Dentistry has been especially hard hit. The lower level of the school was flooded, and clinical operations have been temporarily moved to the main LSU campus in Baton Rouge. The school expects that most students will return. The faculty practice, however, is essentially gone, and some faculty are still scattered at locations distant from Baton Rouge and New Orleans. Facilities for some LSU pediatric dentistry residents have been provided in Baton Rouge through the efforts of local dentists, among them American Academy of Pediatric Dentistry (AAPD) members Ronald Landry, Mark Garon, and Thomas Kiebach. The 4 first-year residents have relocated to residency programs at the Baylor College of Dentistry, the University of Tennessee, and Harvard University, while 1 second-year resident transferred to the program in Houston. Kudos to our members and the administrations at these institutions for accommodating these residents.

Immediately after the extent of Katrina’s damage was known, the AAPD Foundation recognized the needs of our members in the Gulf Coast region. Many of them lost their practices and were forced into unemployment. Many lost their homes. To date, 80 offers of practice opportunities and temporary housing have been made by AAPD members. The Foundation quickly established a Hurricane Relief Fund to aid children and our members in affected areas. That fund, now converted into a permanent Disaster Relief Fund, has raised nearly $93,000 as of Oct. 12, 2005, and that figure is expected to increase as more of our members become aware of the Foundation’s efforts. The fund has already issued $20,000 in assistance to three organizations that provide services to children—the American Red Cross, Save the Children, and the Boys and Girls Clubs of America. The Foundation has also funded 8 requests from our members for relief funds; 5 of these were issued to LSU pediatric dentistry residents, our colleagues in training.

Dentistry in general, and pediatric dentistry in particular, have responded in a caring and generous way with time and talents, money, practice opportunities, and shelter to the victims of Hurricane Katrina. We must remember, however, that the effects of this humanitarian crisis, which rivals anything experienced by the United States since the Great Depression, will be with us for a long time to come. The inevitability is that our focus will be shifted to other crises that are sure to follow. While those, too, will be deserving of our attention, the risk is that we may lose touch with needs of those who will still be struggling for some time to come to recover their lives. Give generously now, and consider the future needs of the children and our colleagues affected by this storm.

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