This summer was certainly chock full of great experiences for the Homeless Veterans Dental program. Getting to kick off the first nationwide funding for homeless veteran’s dental care was exciting. Many stations hit the ground running and had veterans lined up for their first dental visits. We received a lot of positive feedback, especially from homeless coordinators in the field, who get to hear first-hand how grateful the veterans are for getting their dental needs met. The 9 million dollar initiative is a godsend to many of these vets who are making a concerted effort in rehabilitating their lives. So, thanks to the Offices of Mental Health and Dentistry for this wonderful undertaking.

We are in the midst of receiving all the reports for FY06. Fiscal activity regarding this project will be reviewed for each station and secondary allotments will be sent out accordingly. Remember, this is a one time funded project. If the money is not used, it will be difficult to justify a request for more in the future. Our sincere hope is that every last penny of this initiative is used to serve the dental needs of our homeless veterans, as we know the need is tremendous.

Carol Yakimo, the assistant director for the HVDP, and I had the opportunity to attend the largest, and arguably, the most comprehensive Stand Down in the country this August. The breadth of preparation and logistics that goes into this event is a learning experience for anyone who has an interest in serving veterans. (Please read more about the East Bay Stand Down on page 2.)

Finally, I had the chance to leave high heat and oppressive humidity in my beautiful state of Florida to attend the VA’s Biannual Dental Conference in Philadelphia, where it was just plain cool and rainy. Thanks to Dr. Frame and Dr. Ward for putting on an educational and entertaining conference (Can anyone say eyeballs?). I guess you had to be there to get that joke; ask your nearest dental service chief and they’ll fill you in! Honestly, though, I think it’s safe to say we all walked away with information that will improve our dental practices.

Until next time, enjoy the upcoming holiday season...
This summer, the Homeless Veterans Dental Program directors had the opportunity to attend the largest event for homeless veterans in the country. The East Bay Stand Down was held in Pleasanton, California on August 10-13. What an honor it was for the HVDP to join the over 1,100 volunteers that marched on to the Alameda County Fairgrounds with the sole purpose of serving those who have served our country. The biannual event has provided a myriad of services for over 1,600 homeless veterans since it began in 1999. This relief effort strives to get homeless veterans back on their feet and successfully reintegrated into society. This is no easy task and not one that can be done by any one organization.

Denver Mills, EBSD Executive Chairman, and Jerry Yahiro, EBSD Director, both agree that the effort required to pull off an event like this must be comprehensive. The volunteers were comprised of VA employees, military personnel, private and public organizations, and private citizens. It was through their tireless efforts and donations, that nearly 400 veterans’ lives were touched that weekend.

The homeless veterans were bussed in from surrounding areas and spent 3 nights in a “tent city” that was erected on the fairgrounds. Housing assistance, free clothing and shoes, showers, legal aid, and medical/dental care were just some of the services provided. Dental services, of course, were a popular stop for many homeless veterans. Dr. John Jow, a prosthodontist and VA dental service chief has been a key organizer for the dental portion of this event since its inception.

“We can offer much more dental care and do more sophisticated care when we can staff four operatories on-site and a number of volunteers off-site” Jow said. A record 279 veterans registered for dental services and received dental screenings, treatment, or referrals for dental care. Dental volunteer participation increased as well this year, with 12 dentists on site working out of two donated mobile vans, 20 dentist volunteers working out of their private practices, four labs and two local VAs coordinating care. Solicitation of private dental services is an important component in making dental care successful at these types of events. Local dentists are asked to volunteer time or services during the weekend and feel a sense of humanitarian accomplishment without having to leave their offices. Sue Kuehn and Terry Alvarez, who did most of the legwork in seeking the services of the local dentists for the EBSD stated “we are already trying to get pledges for the next stand down in 2008.”

Obviously, it is difficult to take care of all the dental needs of a patient in one weekend.

Years of neglect typically leads to dental disrepair that cannot be resolved quickly. Josh Orlans, a social worker from the Oakland VA, was tasked to provide the veterans with information about community dental resources. He will also insure that the veterans who need follow up attention receive the care they need. Kudos to the EBSD for assigning a social worker to the stand down for this purpose, as follow up care is so often lost with this transient group.
The HVDP officers were highly impressed with this event and strongly urge anyone involved with the treatment of homeless veterans to attend the next EBSD, especially anyone who organizes stand downs. There is a lot to be learned about the coordination and planning required to pull off such a large and successful event. Mark your calendars for August 8, 2008 and get involved!

Remember Stand Downs occur throughout the year all across the country. If you want to learn more or volunteer at a stand down, please visit the following websites:

http://www.eastbaystanddown.org
http://www1.va.gov/homeless/page.cfm?pg=6
http://www.nchv.org/standdownevents.cfm

Entry Gate

Onsite Mobile Dental Van

Tent City

Many Community Services were provided.
In 1882, Dr. Robert Koch discovered the tuberculosis bacillus (TB). To this day, TB remains to be one of the leading causes of infectious disease deaths in the world. Approximately 2 billion people annually (one third of the population of the world) become infected with the tuberculosis bacteria. Of this number, about 9 million become ill and 2 million die each year. TB primarily affects impoverished communities in developing as well as in overpopulated countries. The United States, however, is not immune to this contagion. Case rates have increased over the past 10 years mainly because of immigration, HIV/AIDS, and the diminution of tuberculosis control programs.

As a result of this overall case increase, tuberculosis in our homeless population has become a major cause for concern. Transmission of Mycobacterium tuberculosis can occur more fiercely in this population especially since it can be spread rapidly and healthcare may not be readily available. Oftentimes, people share small living quarters such as in homeless shelters, hostels, domiciliaries, emergency departments and correctional facilities. These types of living conditions are ideal for the spread of the disease. Not surprisingly, it is believed that the rate of homeless people with tuberculosis may be 20 times greater than in the general population.

Essentially, there are two types of TB infection: latent and active. In latent TB, victims are not physically ill. They are carriers of the tuberculosis bacillus, but the bacteria are not active. At this stage, tuberculosis is not contagious. The tuberculosis bacillus, in the active phase, multiplies and destroys tissue. It is at this stage that the disease is contagious. TB of the throat and lungs can be spread by coughing, sneezing, singing, talking, etc. Symptoms of general tuberculosis include weakness, weight loss, fever, fatigue, loss of appetite, and night sweats. Tuberculosis of the lungs may be present with other symptoms including coughing, bloody sputum (hemoptysis), and chest pain. TB can also settle in other areas of the body, with symptoms varying depending on the location.

Head and neck manifestations of TB are not unusual. The most common extrapulmonary sites in the head and neck are the cervical lymph nodes followed by the larynx and middle ear. Much less frequently, primary tuberculosis oral lesions may present on the gingiva, mucobuccal folds, and inflamed areas of the mouth near extraction sites. In secondary TB, lesions present mostly on the tongue, palate and lips. These oral lesions typically appear as chronic painless ulcerations. It is important that dental providers consider TB in their differential diagnosis when presented with these abnormal findings.

Once identified, immediate treatment of both stages of tuberculosis should be initiated. In the latent stage, drugs are administered to kill the bacteria before it develops into active stage TB. If not treated, the TB bacillus can develop into an active stage when the person’s immune system is compromised. Approximately 10% of these patients will go on to develop active tuberculosis at a later stage of their lives.

Several medications are used in the treatment of TB. The basic pharmacological regimen, in active cases, is isoniazid, rifampicin, pyrazinamide and ethambutol for two months, then isoniazid and rifampicin alone for four additional months. For latent tuberculosis, the standard treatment is six to nine months of isoniazid alone.
Detailed treatment regimens should be compatible with the most recent recommendations of the American Thoracic Society and/or the Centers for Disease Control and Prevention. VA Memorandum 516-04-0069, “Tuberculosis Exposure Control Plan,” outlines the procedures associated with the management of patients with or suspected of having TB.

When active cases of tuberculosis are suspected in homeless individuals, the infected individual must be referred to the relevant county or state public health department for placement in a community DOT (directly observed therapy) program or placement at the state TB hospital. Furthermore, all elective dental treatment should be postponed until the infection has been fully treated. Patients with latent TB may be treated in the dental setting with standard infection control precautions provided they first have medical clearance.

Identification and proper treatment of people infected with TB is paramount in decreasing the incidence of this disease. Because we deal with a high risk population, we should be especially aware of the signs and symptoms of TB. Ensuring that infected persons are managed appropriately will help reduce the risk and transmission of tuberculosis.

REFERENCES:


IN THE SPOTLIGHT...

New Dental Clinic

Domiciliary Dental Clinic
Opens at Bay Pines, FL

The HVDP is delighted to announce the opening of a new dental clinic in the Bay Pines Domiciliary. The domiciliary houses approximately 175 veterans a year, most of whom are categorized as homeless. The veterans have an average stay of 6 months, during which they are involved with many forms of rehabilitative treatment. The vets are involved with a myriad of classes everyday, including success management, budgeting, and job placement preparation.

As patient management in the domiciliary has developed over the years, so have the physical spaces within the building. “We have made numerous improvements at the Bay Pines Dom, but none is more significant than the addition of the new Dental Clinic. We are so proud to be able to offer this service in-house to our veterans” said Mr. George Rohrmann, Domiciliary Chief.

According to Dr. Scheitler, Chief of Dentistry at Bay Pines, “The homeless veteran has been in need of dental care for years, as the first step towards re-entering society. The National Homeless Veterans Dental Program, which is now housed at Bay Pines VAHCS, is a great beginning. The operatory we open today shows the strong commitment by management and staff to see that our homeless veterans get back on track regarding oral hygiene and detection of head/neck diseases.”

Screening exams and as well as in-depth oral hygiene instructions will be provided to the domiciliary residents. Bay Pines recently entered an affiliation with St. Petersburg College Dental Hygiene Program. Hygiene students will rotate through the clinic once a week and review oral hygiene techniques with the patients as well as take necessary x-rays. “During a deep cleaning appointment, I usually don’t have much time to review nutritional counseling and go into much detail with oral hygiene,” said Carol Yakimo a registered dental hygienist, so “this will be a great use of the hygiene students.”
The opening of the dental clinic, as well as the affiliation with the hygiene school, highlights a couple of the positive steps the HVDP has taken locally to improve dental care. However, Dr. Elizabeth Nunez, Director of the HVDP, states that she hopes it will be an instructive model for other stations to follow nationally. “We are committed to bringing awareness to the issues of homeless veterans, especially to the concept that dental care should be an integral part of their rehabilitation process.”

HAVE YOU HEARD???

Here are some great products we wanted to share with you…

Applied Dental’s i-paks are disposable intraoral exam packets that are ideal for Stand Downs, domiciliary, or nursing home exams. Included is a dental mirror and a double-ended probe/explorer instrument.

We had some trouble finding a nice carrying container for oral hygiene implements. But, the Quantum Lab’s Toothcase fit the bill for a sturdy case that can easily carry a toothbrush, paste and floss. And what we like best about it is that it has a pocket to place your business card!

Disclaimer: The HVDP does not endorse any products for monetary or other gains.
In my painting, I attempt to take a glimpse into what lies ahead by going beyond the all-powerful, omnipotent and omnipresent superiority of time itself. Time stealthily makes inroads to our lives, moment by passing moment, always leaving us with the same thought that in the end, we’ll simply grow old and die.

There is truly but one thing that can defeat the passage of time—Eternity—companion of the soul and the only key to bliss, grace, and salvation. It greets us with a kiss, allowing us the joy of escaping the clutches of time. Eternity overcomes and introduces us to the timelessness of truth, peace, and love.

By William J. DeLara

The Un-Named Man

I have lived in my car, when I had one.
I have slept on wet sand with fleas and mosquitoes competing for my skin.
I have slept in the woods with critters and crawlers and afraid of who was sleeping next to me.

I have slept under bridges, and under stairwells, and in cardboard boxes.
I committed crimes for the country’s “3 hots and a cot,”
For respite, safety, looking for a good night’s sleep.
I became a number and lost my name.

Un-named Veteran

The HVDP welcomes any creative contributions from our homeless veterans. Please let us know if you have something for the next newsletter.