

# Rotten Teeth or Dental Care

by Glen Harper

Oh God, I thought as he opened his mouth to talk with me, I don't think he has any teeth. Sitting across from me in the lunch room, at a warehouse where I had just started work, was one of my fellow staff. Earlier in the day I had talked with him about a bad spill in the aisle where the milk was stored. The first stretch of the aisle, on both sides, was filled with crates of bagged milk stacked high on pallets, which would be picked for orders and shipped out to grocery stores across western Canada. One of the powered industrial truck operators had aggressively dropped off a

pallet in one of the bin locations and the crates tipped over. Something like sixty crates hit the floor and poured milk all over the floor in both directions like a tidal wave. My co-worker had to drive up and down the aisle on the mobile cleaning machine and suck up all the liquid.

Again he started talking to me, and indeed I had seen right. There were no teeth in his mouth. Not just one or two teeth were missing, as if perhaps he had been in a fight. All of his teeth were missing, except two tiny particles, barely white, sticking out of his upper gums at the front. If those particles were formerly teeth, it looked like somebody had worked on them with a hammer and chisel. He continued to talk to me, and now I regretted that I had approached him out on the floor while he was sitting up on the cleaning ma-

chine. How did he chew his food, I wondered? In fact it was lunch time and he wasn't eating. I looked away, though trying not to be obvious about it. His mouth, when open, was hideous to look at, and I hoped that he never came to talk with me again, no matter how good of a guy he seemed to be.

Part of my reaction to that man, I later realized, was a sense of fear on a deeper level. I had a lot of dental problems when I was a boy. Too many teeth

were growing in on the upper and lower levels, and they started pushing up against each other. My teeth didn't have enough

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room to grow in straight, as the dentist explained to me and my father. Then there were the two teeth that were decaying from the inside, and became sore. Soon after both of them became cavities. Plaque buildup was also a problem, which was likely the result of eating junk food. The excessive plaque was opening up gaps between the tooth and the gum across the whole of my mouth. All of this happened while I was a regular brusher. Time and again when I was young, my father and mother would hound me to brush my teeth. Left unchecked and untreated, these conditions would have developed into serious oral problems.

Maybe my teeth and gums would not have decayed as much as that guy I encountered in the warehouse. But I feel certain that I would have at least experienced the same problems as

some other people I have known. There is my mother. At the age of ten she had to get a partial plate for her mouth with four false teeth. A few years later, two more false teeth had to be added to the plate and, as she recalled, she had a lot of toothaches and her mother would rub oil-of-cloves on her gums to ease the pain. Then there was a co-worker at another warehouse job. While he still had all of his teeth, they were hardly pretty to look at. Two of the top front teeth obviously weren't supposed to be there. They had been pushed forward and out of place to make way for his other teeth, and curved inward, giving them the appearance of fangs.

I avoided a similar outcome with my oral health only because I had a parent with a benefit plan through work, one that included dental coverage for the whole family. Through this plan my father was able to take me in to see a dentist at an early age, allowing my tooth and gum problems to be diagnosed and treated before they fully developed. I still remember the freezing of my gums while two teeth were extracted to make way for the others, and the same thing in my early teenage years as two more teeth were pulled out. "Your teeth look so straight," a student said to me while I was volunteering as a high school teaching assistant in my mid-20s. His teeth were a mess. My two cavities were filled, and the build-up of plaque was regularly scaled off. Chewing my food properly was not a problem, I had no toothaches, and felt no self-consciousness socializing with other people.

In other words, I got lucky. I just happened to be born into that part of the population that had a private healthcare benefit plan. Moreover, the luck continued in my young life. Not only was the benefit plan around when I was born, as it was for my three older brothers, but right up through to adulthood. That was because my father remained employed with the same company, with that same benefit plan, for his entire career of thirty-eight years. At no time did the company go out of business and my father become unemployed. At no time was my father laid off, or underemployed, or employed with a company that had no benefit plan, or self-employed. There were no breaks in the availability of professional dental care for

the first nineteen years of my life. Had the plan lapsed for whatever reason, even for only a few years, I could easily have missed out on essential dental care and experienced real oral problems down the road.

In fact, just how lucky I was with the benefits became clear at the age of 19, when they ran out after I ceased to be a dependent of my parents. The university I attended up to the age of 23 did not have a dental plan for the students. Working part-time during this period at a car wash, and then at Sears' department store, brought no benefits. Sears did have a benefit plan, but it was restricted to full-time staff and management. Nor did the Militia, in which I served as a private soldier for two years, provide benefits. Suddenly I was having to pay for the cost of dental care on my own, which included not only the portion previously covered by the benefits, but also the deductible, previously paid by my father. I was able to keep going to the dentist, though only once per year, because I continued to live at my parents' place and they charged me nothing for room and board.

Then my visits to the dentist declined some more. Between the ages of 23 and 28, I moved from graduate school to unemployment, to seasonal employment, to a summer job, and then back to graduate school. Only twice did I see a dentist during this five-year period. Again, one of these visits, at 25, happened only because I was living with my parents. The appointment did not go well. Expecting to pay only \$125, I learned from talking to the receptionist over the phone that some extra work brought the total to \$190. Just the \$125 was a big stretch for me, let alone an extra \$65, and I argued with the receptionist. The next visit came at 28, and this happened only because I received a \$6000 scholarship, supplementing my student loan and the money I earned from part-time work. After three years, the plaque build-up was so bad that the dental assistant had to wipe tears from my eyes while the dentist worked on my teeth for an hour.

The four years following that last appointment with a dentist were even worse than the five years before. At my first regular job after leaving university, there was no benefit plan. If I wanted to see a dentist, I had to pay for the treatment

entirely out of pocket, and with an hourly wage of \$7.25 that was impossible. Nine months later I was laid off and now really stretched financially. Employment Insurance provided 55% of my gross income, putting me well below the poverty line. A family in this situation would have struggled to eat and pay rent, let alone think about any kind of dental care. Two more times I was laid off, and my pay at a second job was \$8.50 an hour. Only once during this period did I see a dentist. After a fourth stretch of unemployment, I lucked into a construction job that paid \$12 per hour and I scraped together enough money for a cleaning and checkup.

A little later, more serious dental problems started to develop, indicated by toothaches, despite regular flossing. Again I was unemployed and unable to see a dentist. It was only through blind luck that I stumbled into a job that provided benefits five months later, at the age of 33. The position was as a housekeeping supervisor and also came with subsidized staff accommodation. There were no benefits for non-management staff. After recovering a little financially, which took many months at \$10 an hour for pay, I managed to visit a dentist. During the check-up, I learned that it was a cavity in one tooth and a crack in another that were causing the toothaches. About a year later, I was finally able to get these more serious problems fixed. By then I had moved on to another supervisory job, which had benefits, significantly higher pay, and subsidized accommodation. Non-management staff had no benefits. The total cost of treatment was \$2386.10, of which the deductible paid by me was \$709.63.

Not long after that last dental appointment, and now 35 years old, I left that job and again found myself without benefits. This time it was because of my position as a temporary worker. As a temp, I was separate from the regular staff at the warehouse to which I was leased by the staffing agency, and thus excluded from their company benefit plan. Moreover, while the temp agency advertised benefits for the workers they leased out, in truth they provided none to me, even after working through that agency for almost eleven months at full-time hours and overtime. The same thing happened to me at another temp agency seven years later. Again I was excluded from the benefit plan for the regular staff at the warehouse to which I was leased, even though I was doing all of the same work, and again none of the healthcare benefits advertised by the staffing agency were provided to me after a total of nine months.

When I was finally hired on as a regular staffer at the first warehouse, at 36 years of age, I still had to wait for the benefits. First I had to go through the three-month probation period for all new hires, and on top of that was a twelve-month waiting period for the dental benefits to kick in. After more than two years, I was once more in a position to get regular professional dental care, and even then the situation could still be precarious. My hourly wage at the start was only \$13.50. I was living just above the poverty line as a bachelor. Providing any children with dental care would have been a struggle, especially with the 20% deductible for such procedures as filling cavities and extracting teeth. For major dental work

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such as crowns, dentures or bridges, the deductible was 50%. While I was on workers' compensation for an injury during the last six months on that job, the benefits dropped completely.

During the four-year period that my benefits were in effect at that warehouse, I did get to the dentist for regular care, the first time since I was covered under my father's plan. Every nine months, as allowed by the plan, I got in for scaling and polishing of my teeth, and on one occasion had a full oral examination. By that point in my life, my late thirties, all of the more substantial dental work seemed to be done. I required no fillings or root canals or bonding of cracked teeth. At the second warehouse, where I finally got hired as a full-timer and continue to work, it has been the same. Despite wages that are still low, I get to the dentist about every nine months for a cleaning. Now I am in my mid-40s and continue to enjoy good oral health. My visits to the dentist are generally brief and painless. It should have been the same for those other people I have known.

But my luck may run out again. Then I would be in the same situation as before, and the same situation as many other Canadians. According to the Canadian Health Measures Survey 2007-2009, approximately 38% of the population – or 12,012,901 people – have no dental care coverage.<sup>1</sup> Another report, released by the Canadian Institute for Health Information in 2010, placed the number of people without dental care coverage at approximately 40% of the population, or 13,909,675 people.<sup>2</sup> So more than one-third of Canadians have no dental care coverage. Out of this group, according to a 2014 report from the Canadian Academy of Health Sciences, as many as 6,000,000 people simply cannot afford to go to the dentist.<sup>3</sup> They are getting no dental care whatsoever. For the other 6,000,000 to 8,000,000 people, the dental care obtained is irregular at best, and only up to a basic level. Many of these people are children, who are not going to get the head start on good dental care and oral health that I did.

Professional dental care should not come to somebody by virtue of good luck, by being in the right place at the right time. Far too many people are not in the right place at the right time, through no fault of their own, and the consequences can be severe. Even for many of the people with

benefits, paying for dental care can be strenuous. That is the result of a dental care system that is almost exclusively based on private insurance. Access to early and life-long proper dental care should be based on just being a person. Every man, woman and child, to borrow words from Tommy Douglas, should be able to just walk into a dental office and present their provincial healthcare card and get whatever treatment they need, just as we do at the doctor's office or at a hospital. Dental care, so important to our health and well-being, must be incorporated into the Canada Health Act and made part of our overall healthcare system.

### End Notes

1) Minister of Health. *Summary Report on the Findings of the Oral Health Component of the Canadian Health Measures Survey 2007-2009*. Ottawa, Ontario: Publications Health Canada, 2010. I discovered this survey through the websites of the Canadian Dental Association-L'Association Dentaire Canadienne ([www.cda-adc.ca](http://www.cda-adc.ca)) and the Canadian Association of Public Health Dentistry ([www.caphd.ca](http://www.caphd.ca)). The figure is based on the 2006 census, which placed the population at 31,612,897.

2) Canadian Institute for Health Information. *National Health Expenditure Trends 1975-2010*. ([www.cihi.ca](http://www.cihi.ca)). I discovered this report through the following article: Quinonez, Carlos. *Why Was Dental Care Excluded from Canadian Medicare?* Toronto, Ontario: Network for Canadian Oral Health Research Working Paper Series, 2013. The figure is based on the 2006 census.

3) Canadian Academy of Health Sciences. *Improving Access to Oral Health Care for Vulnerable People Living in Canada* ([www.caahs-acss.ca](http://www.caahs-acss.ca)). I discovered this report through the following two articles posted on the internet: Andre Picard, *Cost of dental care in Canada keeps patients away*, Globe and Mail, Sept. 12, 2014; Andrea Janus, *High costs keep 6 million Canadians from the dentist each year*, CTV News, Sept. 13, 2014. See also Paula Baker, *Overcoming Barriers to affordable dental care*. Global News, Nov. 29, 2013.

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