When you're young, everything is black and white. When you're half a century old, everything is 50 shades of gray. And as you get older, you see patterns.

I remember my senior year of high school when two men were dying of something called Kaposi's Sarcoma in a hospital in California. This was strange because the two men were young and the cancer was something typically only found in the older population.

Then researchers found out both men were gay. When they crunched the odds of this, it caught the attention of the Center for Disease Control and Prevention (CDC). Soon the numbers grew to prompt a medical investigation.

A New York Times article dated July 1981, reported:

In the United States, [Kaposi's Sarcoma] has primarily affected men older than 50 years. But in the recent cases, doctors at nine medical centers in New York and seven hospitals in California have been diagnosing the condition among younger men, all of whom said in the course of standard diagnostic interviews that they were homosexual. Although the ages of the patients have ranged from 26 to 51 years, many have been under 40, with the mean at 39.

This was, of course, the start of the AIDS epidemic of the 1980s. The CDC just hadn’t quite realized yet how widespread and destructive it would be.


The synopsis: Don Francis, epidemiologist and main character, questions the escalating number of unexplained deaths among gay males, particularly in large cities like New York and San Francisco. He starts to investigate the possible causes and keeps tally of those affected by the disease. This list is nicknamed “The Butcher's Bill.” He talks with politicians, professionals within the medical community and activists and eventually theorizes that AIDS might be sexually transmitted.

Now, we’re more than 30 years beyond this public health nightmare. And hindsight is 20/20. We might have high awareness now but at the time, it flew under the radar for years. And part of the problem was that people refused to talk about it.

In the past, oral and oropharyngeal cancer—or “mouth cancer,” as they call it in the U.K.—have most often been linked to drinking and smoking. And even more specifically, the cancer has been linear—someone who had smoked two packs a day for four decades was more likely to get cancer than someone who had smoked one pack a day for one decade. Chewing tobacco didn’t follow this model. It was less predictable and didn’t get a lot of attention, though still a cancer risk.

Now, the tides have turned. Today we’re seeing an explosion of oral cancer in young girls! Girls who have never had a cigarette in their lives and don’t have a drinking problem. They’re showing up at the doctor with lesions and screening positive for cancer. It’s HPV and it’s hitting us all by surprise. But nobody is talking about it.

You can’t talk about HPV without talking about oral sex… so let’s just get that out of the way. It’s awkward, but you’re an adult, so buck up. Last year the U.K.-based newspaper The Guardian published an article about Michael Douglas, who opened up the conversation about HPV’s ties to oral sex, attributing his own cancer to it.

I get it; you’re not a sex ed teacher, but if we’re going to call ourselves doctors, we need to be asking some tough questions. When I lecture I ask dentists if they
talk to their patients about HPV. It’s not even on dentists’ radar.

You should be asking every patient who comes in if they’ve been vaccinated for HPV. Many dentists give excuses. “That’s not my area. Their family physician should do that.” No! We are all on the frontlines of health. If we’re not talking about this, let’s just say we’re not doctors. We’re just molar mechanics.

We have a serious biological problem here: a virus. We’re knowledgeable about AIDS—possibly one of the only positive outcomes of the epidemic—but we’re missing the new problem right in front of us.

I talked to a mother of a patient in my office who refused to talk to her daughter about HPV. And the mother thought that vaccinating her daughter against the virus would be the same as sending her off to college with a box of condoms. She didn’t want her daughter to feel protected. These are huge moral, ethical, religious questions. We need to talk about this stuff, even if it is uncomfortable or controversial.

In 2007, Texas Governor Rick Perry worked to mandate the HPV vaccine among middle-school girls. Though it was controversial and was overridden in the months after, it was one of the only big-time public actions taken against the virus. All 50 states in the U.S. have a Department of Health and Human Services, and nearly every state has a dental division. Have you ever called yours to talk about HPV? Ask for resources. See what the division is doing in your state.

HPV is a topic that makes people squirm in their seats. We don’t want to talk about it. No one wanted to talk about AIDS either. It made people uncomfortable. But the epidemic happened right in front of us anyway. And in a way, we were blindsided! This is what’s going on right now with HPV. The fact is, we don’t know how serious it is or isn’t. And it’s our job—as dentists—to talk to patients and parents about the risks of the disease.

Not only are we not talking to patients, but we’re not talking to each other about it either. I’m on Dentaltown all the time and there is hardly any discussion at all about HPV. Let’s talk about how to educate patients and parents! Let’s converse about the public health risk and our part in the big picture. Americans see a dentist twice as often as they see a physician. We have 125,000 dental offices in America. That’s manpower! We have a massive ability to get out in front of this.

We don’t want to look back at an HPV Butcher’s Bill and ask ourselves what we could have done about it. I’d love for dentists to stand up and become physicians of the mouth. We’ve got a problem on our hands right now.