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A CONGRESSMAN VIEWS DENTAL HEALTH*

by

The Honorable John E. Fogarty

The title of this address might suggest that a Congressman views dental health in some unusual way. Actually, of course, he doesn't. But there are three reasons why you may be interested in such observations as I have to make.

1. I am a citizen and a family man, and so I have a personal picture of what good dental care means to a family.

2. I am a member of Congress, and thus-- if I reflect my constituents' views accurately-- my opinions represent those of a large group of people.

3. I am, and have been for fifteen years, a member and now Chairman of the House of Representatives' Committee for appropriations for the Department of Health, Education, and Welfare. In this capacity, I take a general interest in better health, and I have gained some specific knowledge of the past accomplishments, the present status and the future problems of your profession.

This is not to say, of course, that I am in any sense expert in your field. You, whose life work is in the field of dental health--whether you practice dentistry, or teach, or do research or dental public health work--do not need me to explain the problems you face. My purpose is merely to mention some of the facts and figures about dental health that have impressed me, as a citizen and Congressman.

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First of all, information gathered by the Committee on Interstate and Foreign Commerce, which has been brought to our attention, shows that the number of dental graduates is not keeping pace with the increase in our population. But if we expect progress in research and in dental care, the present trends must be reversed, and even better use must be made of the available dental manpower.

As you know, your Association, Congress and the Public Health Service are working individually and cooperatively to develop solutions to this problem. The Government, for example, is now extending some aid to dental schools. Seven grants amounting to more than \$900,000 have been made to dental schools under the Health Research Facilities Act of 1956. Through the same program, other grants have been approved for combined medical and dental research facilities. This particular legislation provides for a three-year program of \$30 million annually for matching grants for the construction of health research facilities.

A bill of mine, introduced at the last session of Congress, HR 7341, would authorize a five-year program of grants for construction of medical, dental and public health educational as well as research facilities. This bill would provide \$300 million, of which \$40 million would be earmarked for dental schools. These grants would be on an equal matching basis, except that new schools, and those with assurances of a five percent increase in freshman enrollment, would receive two-thirds of the construction cost. I believe legislation of this type would help break down one of the barriers to better dental health.

Increasing the supply of dentists by increasing the number of dental schools and enlarging their output is a slow process, however, even when legislatures act quickly. Fortunately, there is convincing evidence that better methods can, in effect, expand the limited supply of dentists.

Many of you know of the long-term dental study conducted in Woonsocket, Rhode Island, under the joint auspices of the City, the State Department of Health and the Public Health Service. From January 1946 to 1953, over 5,000 school children were under study to "provide information on how the problems of accumulated and maintenance dental care needs....were met in a specific segment of the population."

Chairside assistants were used in Woonsocket to a considerable extent. An average of one and a half dental assistants was available to each dentist. The contrast with the performance of unassisted dentists was striking. This favorable experience is being followed up by pilot programs in several dental schools to train students to work with assistants. These programs are supported with funds made available to the Public Health Service by our Committee.

The Woonsocket Study also showed that regular dental care, including application of topical fluorides, reduces the amount of dental decay dramatically. According to reports, this procedure is proving very useful in those parts of the country where fluorides have not yet been added to the drinking water.

Studies of topical fluoride applications back in the 1940's amply demonstrated the value of fluorides in combating tooth decay. Following these studies, the Public Health Service sent demonstration teams to various

parts of the country to teach the technique and make it as widely available as possible. I helped persuade my colleagues to provide an increase in funds for this activity, and when the job was done, the program ended. I mention this because there is a feeling sometimes that governmental programs, once started, never come to an end.

I am told that the dental caries attack rate is relatively high in my part of the country. It is a source of considerable satisfaction to me, therefore, that 77 percent of the people of Rhode Island are provided with fluoridated water. This is more than twice the national average, which clearly indicates that much more needs be done in promoting the application of this important preventive procedure.

Recognition of the value of water fluoridation as a means of reducing tooth decay was prominent in the decision of Congress to establish the National Institute of Dental Research. That organization, one of the seven Institutes of the National Institutes of Health, firmly established its high reputation early in its existence. I take a great personal pride as I learn of the progress of its dental research work. I hope the acute problems presently caused by shortage of space will be relieved by a new dental research building at Bethesda, Maryland. Congress has appropriated money for planning this structure, and I understand those plans are now well advanced. I can assure you that I will back you in your efforts to carry this project through.

Since 1950, the National Institute of Dental Research has been offering research grants, with the majority of the grants going to dental schools. It is encouraging to see an increasing number of dental schools

taking advantage of grant funds for fellowships and for research projects. These grants, which currently amount to only about 3 percent of the total operating budgets of dental schools, are primarily intended to further dental research at the graduate level. Therefore, they have had only an indirect impact on undergraduate teaching activities.

The greatest need in the program of dental research now appears to lie in the direction of training more people who can become first-rate teachers as well as competent researchers. This means the commitment of Federal funds for long enough to accomplish this purpose. But about three-fourths of the grant funds now are committed to continuing studies. And yet we also need to develop programs of clinical research and work more intensively in such fields as aging, chronic diseases, dental public health, epidemiology and radiation. It seems to me that all of us -- dentists, Congress and the Public Health Service -- probably should be thinking about dental education and research in broader terms. The horizon of our planning may need to be enlarged and our thinking put more in terms of long-range programs than individual projects.

I sometimes wonder why dental disease is taken so lightly by people generally. Perhaps you know why; I can merely speculate. In years gone by, people considered diseases of the teeth as an inevitable personal burden. Almost everybody got tooth decay in spite of brushing and diet, and everybody had to get their teeth fixed and refixed, and finally they had to have some or all of them out. It seems there wasn't anything they could do about it.

This narrow and unjust view has yielded in large measure because of advances in dentistry. But remnants of the fatalistic attitude remain,

and these need to be combatted-- not for the sake of your profession, but for the sake of the people who, if they understand, will more fully support both your profession and your practices. I urge you, therefore, to continue improving the availability of your services-- availability both in terms of geography and in terms of cost. The various pre-payment programs appear very promising, and further study and experimentation along these lines should be highly productive.

I am glad I have had this opportunity to meet with you and give you my views, and I trust I may have yours. Opportunities such as this help any Congressman understand your problems better. I assure you that, just as there is nothing partisan about tooth decay, so there is nothing partisan about actions of Congress in the health field. Congress has demonstrated that it recognizes the importance of good health and that it stands ready to support sound efforts to improve the public health. I trust this meeting will be constructive as well as pleasant for all of us.