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Mr. Fogarty - Md. State Dental
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Last winter when I had the opportunity of addressing the annual meeting of your parent organization in Miami, I also had the pleasure of meeting your own Dr. Joseph P. Cappuccio. He very kindly invited me to meet with you here at your 75th anniversary, and I somewhat eagerly accepted for a number of reasons.

The first set of reasons has to do with my own particular view of the dental profession. I know your field, of course, from personal experience -- not only as a husband and father -- but also as an individual who has benefited from the professional care I have received. As a member of Congress, I can perhaps represent with a fair degree of accuracy the attitudes toward dental health of my own constituents in the State of Rhode Island. I also chair the committee in Congress which bears primary responsibility for the health appropriations of the Federal Government, and thus have gained some insight into both the past accomplishments and the future problems of your profession.

The second set of reasons has to do with my own attitude toward annual meetings, especially those of a professional nature. Annual meetings are a time for interchange of knowledge, a time for solidifying professional and organizational relationships, a time for comradeship and relaxation, a time for rededication by the individual to the goals and principles of the group. And they are a time for looking ahead -- for definition of tomorrow's problems, and for consideration of how those problems can best be met.

I would not presume to discuss or even to state what these problems may be; but I do have some thoughts to share with you -- observations -- questions -- reflecting my views of dental health.

In my fifteen plus years in Congress, serving on a committee considering, among other things, the national support of medical and dental public health programs conducted through the Public Health Service, one thing stands out prominently in my mind. It is this: tremendous progress has been made in those years toward the concept of man as a single biological entity and not merely a conglomerate of parts. Associated with this has been progress toward a concept of the interdependence of all science that seeks to protect man in this increasingly complex environment that he has created. This unity, strangely enough, becomes more apparent even as the range of the problems and the number of approaches to their solution increases. Thus we see around us today a proliferation of specialties and subspecialties, of disciplines and subdisciplines. We see categorical programs, both public and private, and subcategories within each major group. And yet, with all this, as man's knowledge grows, the artificial boundaries tend to disappear.

I have observed in the past few years that those who comprise the specialties and disciplines of the dental profession are gaining ever-increasing stature in the health field. Associations such as yours, as well as the smaller and larger ones in your field, share in bringing about this justly deserved measure of prestige. I am sure I need not remind you that recognition such as this is of a somewhat temporary and fleeting nature. The lasting image of your profession, I am sure you will agree, depends upon demonstrated competence and thoughtful leadership and quality service. If you find your image to be to your satisfaction today, it means that you must redefine your goals -- set them at a higher level -- and plan their achievement in the years ahead.

As I mentioned at the Miami meeting, the American dental profession has a peculiar "added" responsibility, especially when dentistry is considered as a categorical disease problem along with others such as heart disease, cancer, arthritis, and others. Most of the disease categories are represented nationally by voluntary health agencies, which -- among other functions -- help the profession in obtaining public understanding and support for needed activities. There is no voluntary organization for the dental profession, and I am sure that the American Dental Association recognizes this fact by acting both as the voluntary agency and the professional group. State, district, and other regional professional organizations should also give special emphasis to the inherent voluntary aspects of their respective rôles.

Several questions come to mind in this connection. Do the <u>people</u> of Maryland know the nature, the extent, the importance of dental illness? Do they know what you have done, either as a group or as individuals, to improve the quality and distribution of trained individuals who can help them achieve better dental health? Apart from tooth decay, do they understand the meaning of dental illness? Have they been given every opportunity to be informed concerning the scientific evidence in support of fluoridation of public water supplies, the topical use of fluorides, and other measures for the prevention of tooth decay?

Questions such as these suggest the rapid changes that have been taking place in dental practice. Just a few years ago, one had to be almost fatalistic about tooth decay and other types of dental diseases. In recent years, as advances in dental science have been applied in dental and public health practice, we know that there is much that can be done. Even in the face of revolutionary

advance in scientific knowledge, remnants of the fatalistic view remain. This view should be combated, primarily for the sake of the people who, if they understand, will find ways to support both your professions and your practices in order to achieve better total health for themselves and the members of their families.

Communication immediately suggests itself as one means of overcoming the fatalistic view; communication not only within your profession, but also between your profession and the people you serve. The soundest basis for this type of activity perhaps begins -- as charity -- at home. Once having established an effective means for communication within your organization, it becomes much easier to proceed to effective communication with those you serve. I am happy to know that the Maryland State Dental Association has established a fine professional journal of its own. I am sure that all of your members and, in turn, their patients will benefit from this very effective medium of communication. As I paged through that first issue of the Journal, I was impressed by the rôle that Maryland has played in the development of dental literature. In fact, I found that the first dental periodical, the American Journal of Dental Science, was edited and published here in Baltimore over a hundred years ago. Although that journal yielded to others, many of which similarly were published here, each made its own contribution to better understanding among the dental profession in Maryland and throughout the nation. As the first issue of the new Journal states so aptly: "The altered conditions of the present day have been created by revolutionary developments that have come to the world during the past quarter of a century. Every social institution of service to mankind has been affected by the changes that have taken place in the social, scientific,

economic and political attitudes of the people of the world. The Journal is coming on the scene at this opportune time to take its place and to do its part in the adjustments which must be made to fit dentistry to the demands of the modern era."

Now I should like to focus a bit more closely on some of the "altered conditions" and "revolutionary developments" referred to in that editorial. They have to do with the relationship between you, your profession, and the government. This is a matter of deep interest and concern to me, and elements of that relationship have been revealed to me with increasing frequency as -- each year for the last sixteen years -- I have considered the Public Health Service's dental programs in terms of their appropriation needs.

I have found that there has developed in the dental field during this period of time a pattern of cooperation which assures rapid progress toward objectives which the Public Health Service and the dental profession share. I have found that the Service seeks -- in all of its activities -- to supplement and to complement, and not to duplicate or dictate. One measure of how well it achieves this goal is the degree to which it receives the support of your Association, other State associations and the national organization.

One program of the Public Health Service is concerned with developing methods for relieving personnel shortages in the dental field and extending services to patients. These studies include the educational resources for dentistry and dental hygiene, techniques for determining the efficiency of specific dental operations, and devices for better recording of dental services and needs. One of the studies in this program was conducted in my own state of Rhode Island, where over 5,000 children were followed for a seven-year period

to see "how the problems of accumulated and maintenance dental care -- were met in a specific segment of the population." The study provided evidence that dentists can be utilized more effectively if there are three dental assistants available to support every two dentists. It also showed that regular dental care, including application of topical fluorides, reduces the amount of tooth decay dramatically.

As a footnote to this problem of personnel needs, you may be interested to know that the House Interstate and Foreign Commerce Committee conducted a study of medical and dental schools, which included a summary of practicing dentists related to the population of each State. In Maryland, for example, we found that for the period included -- 1900 to 1955 -- the ratio stood at the lowest level in 1955: some 34 dentists per 100,000 population as compared with 36 in 1900 and 50 in 1930. The pattern I have cited for Maryland was generally repeated throughout all sections of the country. For the United States as a whole, the number of practicing dentists declined from 58 per 100,000 population to 46 in 1955. These facts are all the more serious today when more and more people are becoming aware of the need for more and better dental care.

The American Dental Association, through its Council on Dental Education, has taken a realistic view of the current and impending national shortage of dentists. Several steps have been taken and are being planned to meet this problem. One step has been in the establishment of new dental schools. Since 1946, seven new dental schools have been opened, and another four are currently being planned. Based upon the assumption that the number of dental graduates will increase to 3,360 by 1961 and continue at that level through 1975, and that the U. S. population will rise to about 221 million by 1975, the disparity

between the number of practicing dentists and the number needed to regain 1930 levels will be even wider.

Another facet of your profession that can be supported to improve the level of dental care in this nation is in the improvement and expansion of research facilities. A relatively new program, now in its second year, is giving assistance to dental schools under the Health Research Facilities Act. Under this program, nine grants in the amount of 938,000 were made to dental schools to aid in the construction of research facilities; in addition a few grants have been approved for combined medical and dental research facilities. This $90 million, three-year program is limited to research construction. In the last session of Congress I introduced a broader bill under which $300 million would be available over a five year period of either teaching or research construction. Under this plan, $40 million would be earmarked for dental schools. Legislation of this kind is badly needed, and I intend to continue to press for passage of this bill.

Another area of Public Health Service responsibility is in the support of research projects through grants. Since 1950, through the National Institute of Dental Research, dental schools and other nonfederal institutions have received research grants, and more recently, fellowships of various kinds. Two years ago, in the hearings held by the Appropriations Subcommittee, we found general agreement that the ultimate answers to the problem of dental disease must be found by research on etiologic factors, fundamental tissue changes, metabolism, heredity, and epidemiologic techniques. We heard many good reasons for the expansion of the research grants program, stimulating the individual participation of dental schools, hospitals, and other scientific

institutions. We found that under the dental research grant program that then existed, it was possible to support only about one of every six projects that the National Advisory Dental Research Council recommended for approval to the Surgeon General. Consequently, in Fiscal Year 1956, only 45 projects were supported in some 22 nonfederal institutions. My committee in the House of Representatives recommended a five-fold increase to about $2.5 million for dental research for Fiscal Year 1957. The National Advisory Dental Research Council set up a special committee, in light of this new support, to encourage and stimulate research in neglected areas. In the twelve months that followed, the number of pending requests for research project grants increased more than ten-fold, and the number of projects supported rose from 45 to 240. We found that not only the number of grants increased, but there was also a very striking increase in the number of different types of institutions participating in the research program. Today, the number of research projects now supported is at about 300, distributed among 82 institutions in 32 States and 3 foreign countries. I am happy to see, too, that over 90 percent of the dental schools now have active research projects.

It seems clear that the increased opportunities which have been provided during the past two years will deeply affect the course of research in dental schools, and, in addition, also have a significant effect on the quality of dental education. Another benefit of this special effort is that presently available funds have been expended largely for the purpose of continuing, on a broader and firmer base, the support of individuals who had received grants in prior years. Thus investigators, for the first time, now benefit from the assurance of stability through long-range support.

Now I would like to turn for a moment to the dental research program conducted at the National Institute of Dental Research in Bethesda. In the past few months, I have found that dentists throughout the country are aware of this program and its future needs. I, and members of my committee, have received countless letters from members of your profession in practically every State, urging construction of the Dental Research Building in Bethesda. Despite a lack of suitable laboratory facilities, the scope and variety of dental research there has grown appreciably. The Committee has been particularly impressed by studies showing that many dental defects are hereditary, studies using the electron microscope indicating the precise way in which tooth decay attacks tooth enamel, and studies of the chemical composition of saliva in persons with and without dental caries.

It was somewhat distressing to the Committee, therefore, to note that the Administration's proposed budget for Fiscal Year 1959 omitted this project in spite of the fact that it had already been authorized by the Congress, that the final plans would be completed before July of this year, and in spite of the present high rate of unemployment and generally depressing economic outlook. In response to the need, expressed by the general public and members of your profession, the House Subcommittee on Appropriations has included $3,700,000 for construction of this greatly needed facility authorized by the 80th Congress.

In closing, I would like to leave you with this thought relevant to the Federal Government's rôle in all health programs. I sincerely believe that the primary responsibility for all activities designed to provide better health and care for people rests with States, communities, individuals, and their institutions and organizations, such as this one. We know, of course that there are

important areas in which the State and local resources need and must be given appropriate Federal support. The primary burden of responsibility in considering these matters is to assure that the Federal Government does not usurp those functions which States and communities must carry out themselves. Although I see for the future a continued expansion of certain Federal health programs that can best be accomplished on a national basis, I shall continue to support only those Federal programs that maintain the freedom and integrity of individuals and groups of individuals -- an imperative tenet for the growth and prosperity of our democracy.