

ADDRESS OF HONORABLE JOHN E. FOGARTY, U. S. REPRESENTATIVE SECOND DISTRICT  
OF RHODE ISLAND AT MEETING OF THE ASSOCIATION OF STATE AND TERRITORIAL  
DENTAL DIRECTORS ON TUESDAY, APRIL 21, 1959 IN WASHINGTON, D. C.

It was a privilege and an honour to accept the invitation of the Association of State and Territorial Dental Directors to be with you this evening. You may recall that the late Dr. Thomas Clune invited me to meet with you two years ago, but due to sudden illness in my family I was unable to do so. Tom Clune was my good friend for many years. I know he is remembered as a friend and valued colleague by many of you. I am sure I speak for each of you when I say we all miss Tom very much.

I want to thank you for extending me another invitation to be with you. As most of you know, I have a special interest in the health field of which you and your profession are an integral part. Occasions like this provide me with an opportunity to learn first hand what many of you are doing in your State dental health programs, to get to know your points of view on certain issues and to know your problems.

This year, the Centennial Anniversary of the American Dental Association marks a great milestone in the history of your profession. It is an occasion of great significance not only in this country but throughout the world. As I read the record, your professional ancestors developed technical competence in this country which was superior to that in any other land. Traditionally American dentists have led the world in technical skills. This story is familiar to all of you, but



I believe your achievements should be told to the public in a more forthright fashion.

Your public relations job has become even larger in recent years. Dental science has made remarkable forward strides comparable in significance to the other biological sciences. For some reason, however, new advances in dentistry seldom enjoy the publicity given to many medical discoveries. Think for a moment of the significance of some of these accomplishments in the field of dentistry. I refer, particularly, to dental research in the physiologic effects of general anesthesia; the extensive genetic studies made through oral structures; the relation of nutrition, systemic diseases and oral health; the bacteriology and biochemistry of the oral cavity; and research in growth and development of the whole face and head. I refer to new knowledge in dental care for the chronically ill and homebound; the simple addition of a trace element to water to prevent tooth decay; removal of excess fluorides from public water supplies; new devices for reducing the cost of fluoridation, for adding, measuring, and controlling fluorides in water supplies; and to learning more about people's attitudes toward dental care and public health measures. I refer, too, to the information now available on dental manpower problems, prepayment and postpayment insurance plans, and the remarkable growth of dental service corporations.

To my way of thinking, the most significant thing about these achievements is their broad diversity and scope. It is plain to see that dental public health and dental research workers are engaged in



activities that have far-reaching implications for all of public health and medical science. I believe firmly that this is a most productive, sound and constructive trend, and you and the entire profession are to be congratulated on your imaginative thinking and readiness to accept increased responsibilities.

The status of a science, at any one time, reveals something of the culture of that period. Moreover, the progress of a people depends greatly upon their community health and the extent to which advanced medical practices are employed for the public good. Just as the status of society influences the practice of medicine and dentistry, so have these practices influenced society. Social, economic and scientific factors constantly interact upon the art and science of medicine and dentistry. As an example, consider how man's forthcoming entry into space has accelerated the understanding of the physiology of man in an ever-increasing variety of ways, and will continue to do so.

All of the biologic sciences today seem to be generating new knowledge rapidly. It is a time of breathtaking ascent, when each achievement opens up vistas of still greater promise of a more healthful and abundant life than envisioned before. In dental science, as in the other sciences, research has been the key to new ideas, new concepts, and new horizons of better things to come.

Last June, the National Institute of Dental Research had its tenth anniversary. Since its creation by the Congress, efforts have been directed toward developing a broad program of basic research both in the laboratories in Bethesda and in the dental schools and



research centers throughout the country. The results occurring from these efforts are now beginning to show.

The recently expanded research training grants programs of the Institute have been utilized quickly by the dental schools. In some cases, their teaching and research staffs have been expanded and curricula arranged to permit the establishment of research training centers.

The research fellowships appear to be achieving their purpose of increasing the number of trained dental scientists. A recent survey showed that 97 percent of those so trained currently were engaged in research.

It seems clear that the increased opportunities for training that have been provided during recent years will profoundly affect the course of dental research and the quality of dental education. These programs now provide investigators with the stability of long-range support and permit a broadening of the scientific base on which dental services rest.

Undoubtedly all you are pleased, as I am, that money was appropriated in 1958 for construction of a new building for the National Institute of Dental Research. Ground already has been broken for construction, and the building is scheduled for completion by January, 1961. I am proud to have been able to play a part in developing many of these resources and facilities.

American dentistry has made many important contributions to the public health down through the years. The most remarkable of all



dental disease preventives, of course, is water fluoridation. The latest figures on the status of fluoridation provided me by the Public Health Service show that more than 35 million people in the United States now are drinking water containing close to the recommended level of fluoride. I know that most of you here in this audience made these advances possible, and I want to congratulate you on your fine achievement.

The program to improve early detection of oral cancer is another example of dentistry's alertness. This program, started in 1948, has continued to be widely adopted in dental schools throughout the country. The National Cancer Institute tells me that currently 46 of the 47 eligible dental schools are participating in the program. As you know, this program provides grants-in-aid up to \$5,000 annually to approved schools for cancer teaching. A number of clinical and fundamental oral cancer studies have resulted from this program, and it has offered the practicing dentist another opportunity to contribute to improving the Nation's health.

These illustrations, of course, are only two highlights drawn from many of dentistry's achievements and contributions to public health. However, I suspect you are not satisfied with this kind of progress. For example, although my home State of Rhode Island is leading all the other States in the proportion of people drinking fluoridated water, our State Health Department isn't satisfied with its own performance - and won't be until the job is completed. Much remains to be done to bring this remarkable benefit to as many people as possible.



Typical among the new technical advances which will require your diligent and aggressive support if it is to become widely used is the development of a device for fluoridating home water supplies. The Public Health Service tells me it reported on the feasibility of a system for fluoridating home water supplies more than a year and a half ago, yet I believe I am correct in saying that the use of home fluoridation units is not widely promoted.

One of the most serious problems which you face, it seems to me, is that many public authorities throw up their hands when they are asked to deal with the almost incomprehensible field of dental illness. The problem seems too vast - the cost too great. As a result, you often meet a defeatist attitude about proposals to solve these problems. Yet, we must move forward, no matter how small the step.

I am sure we can and should go much further in devising ways to provide services for those persons who are not now receiving dental care. This problem is especially acute in that great portion of the population in the lower middle incomes. And at whatever income level you agree that a person is indigent from a dental standpoint, no matter how closely you may draw the line, there is a large proportion of the population which is either unable or unwilling to provide dental care for themselves. The dental profession must take the lead in devising and improving a mechanism for providing such personal health services - a challenge and, at the same time, an opportunity for constructive and forthright action.



If there is agreement that dental health is an integral part of total health - and I believe there can be no argument on this point - then we must also make dental care an integral part of any program of medical care. We have not gone very far, as yet, in providing comprehensive dental care for the mass of people. Take for example, the application of the health insurance principles, in some form, to the provision of dental care. I hope that through your efforts, better utilization of these ideas will be forthcoming in the near future. There is a real opportunity here to improve the health of our people by imaginatively conceived, carefully planned, and soundly established dental health programs.

The health of America is our Nation's greatest resource. Some people seem to feel that we cannot afford to improve our health status much further - that the cost is too great. I submit that we cannot afford not to improve it. In the field of public health, we must do something more than provide a pure water supply, pure milk, curb epidemics, and mercifully take care of medical emergencies.

Family dental bills total 1.7 billion dollars annually, although only 40 percent of our population gets treatment in any one year. Dental caries affects almost 100 percent of our teenagers. Malocclusion, cleft lip and cleft palates permanently cripple a sizable number of our people. Adults lose half their teeth by the age of forty; 21 million are edentulous. You are more familiar with the more specific dimensions of these problems than I.



The current progressive accumulation of these conditions constitutes a heavy national burden - painful, costly, and disfiguring. Time is running out when our Nation can afford to disregard the health, economic and manpower implications of dental neglect. All of us remember, too well, the unnecessarily costly effort made during the early days of World War II to rehabilitate the mouths of our servicemen.

We must see to it that people in this country have an opportunity to be born healthy, to have good nutrition, to have decent housing and recreational facilities, to have an education and to have an opportunity for health security, including dental health security. The broad objective of the dental and medical professions should be to take the leadership in giving the people of this country their maximum health opportunity.

As a matter of fact, your horizons today must be extended even beyond our own shores. We, in the United States, have the opportunity and the responsibility to share our technical advances in the biological sciences with our friends across the sea. Nothing could contribute more toward international goodwill and understanding than the provision of technical assistance and support of research and public health programs in less well-developed countries. There is great interest in the Congress in the contribution which improved health and health practice can make toward world peace. I am sure that you will be called upon to contribute to that effort, and I know you will be ready to serve when necessary.



Social, economic and scientific progress in today's world are creating urgent problems that must be solved. The central problems that face the dental profession are not alone the search for the cause of disease and discovery of preventives. One of the very great problems which you must surmount is the application of available knowledge in an ever widening area. The widespread practice of preventive and control measures already at hand would leave a lasting mark of improved dental health on the next generation.

In my view, the challenge in dental public health is one of the most provocative public officials have faced in a long time. Few areas have more potential for improving the health of our Nation. To that end, I pledge you my sincere and continued support.