

REMARKS
by
Hon. John E. Fogarty
House of Representatives

Dr. Lowenstein and members of Alpha Omega, it is hard to find words to tell you how much this medal means to me. This is the second time that members of your profession have taken extraordinary action to indicate their approval of my work on health legislation. The first time was in 1957 when I was made an honorary member of the American Dental Association. While I recognized that the ADA membership did not make me a dentist, I must confess that I do interpret the award of this medal from your fraternity as a symbol of friendship, akin to your relationship with your fraternity brothers.

This makes me feel very proud. It also is reassuring, because I know that well-meaning citizens who concern themselves with the affairs of a profession can sometimes do more harm than good. This medal tells me I have escaped that pitfall - so far at least. The medal has added meaning because I know and admire many of those to whom you have awarded it in past years. You have put me on a most distinguished honor list and I thank you from the bottom of my heart.

My primary interest in the health field, as you know, has been the fostering of research. The role government can play in research is necessarily circumscribed. To paraphrase a well-known poem, only God can create the minds that give us research breakthroughs. All that government can do is help to see that the possessors of such minds receive the educational opportunities

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and the work settings which will enable them to make their maximum contribution. It has been my constant desire to see that the Federal government does all that it can appropriately do within this circumscribed role.

In this connection, I watch with pride and pleasure the new dental research building that is now going up at the National Institutes of Health. It will be ready to occupy this spring and plans for a dedication in May are already being made. I hope to attend; I hope that all of you will attend because I think that all of us, working together, had a good deal to do with turning this dream into a reality.

Similarly, it has been your support, and your clear and patient explanations of the problems on which you thought your government could help, that has made it possible for us in Congress to advance the cause of dental health. Legislation for research grants, for construction of non-Federal research facilities, dental training programs and many other dental health measures have been possible only because you looked upon your government as a trusted partner in advancing dental health goals. I hope that we in Congress shall always continue to merit this trust and cooperation.

There is still much to be done in dental research: in studies of oral cancer, of periodontal disease, and of various congenital defects such as cleft lip and palate, to mention only a few. Yet I believe it is no exaggeration to say that we owe to the dental profession one of the most dramatic research breakthroughs that has been achieved in the health field in this

century. I refer, of course, to the decay prevention properties of water fluoridation. While we have preventives for other diseases, such preventives, in the last analysis, benefit only the relatively small proportion of the population who would otherwise contract the disease. But dental decay attacks almost everyone so that, in terms of the number of people it could ultimately benefit, fluoridation has no rival.

As with so many research discoveries in the health field, however, the good that can result from it is not dependent upon professional action alone - the public must also act.

And sometimes, as in communities where fluoridation referenda are held, no one can benefit from a new health measure unless the majority elect to enjoy its benefits. In last month's elections, in almost every community where a fluoridation referendum was held, the majority of citizens elected to deny their children this important health protection. However much our views may differ on the other outcomes of the elections, I believe I am safe in assuming that all of us found this particular outcome disappointing if not downright discouraging.

To me, it was one more poignant reminder of a broader problem that has been on my mind increasingly in recent months: the problem of how to carry the public along so that they understand, demand, and use the rich health saving gifts that are pouring out of the nation's research laboratories in ever greater volume.

No doubt you read last summer about the polio epidemic in my own State of Rhode Island - an epidemic that would never have occurred if all our residents had taken advantage of the Salk

vaccine. Haunted by this needless tragedy, I have become increasingly sensitive to the wide range of health losses that result from people failing to understand and use modern health knowledge.

Almost 40 million children are growing up without tooth decay protection; 27 million children and 50 million adults are taking unnecessary risks with polio. About 13,000 women die each year of cervical cancer, a disease that is almost 100 percent curable if detected early through periodic and painless checkups. Glaucoma remains a leading cause of blindness only because so many of us who are over 40 fail to get the annual, painless, checkups that would find the disease in its early and treatable stage. At least half the crippling from fractures, strokes and arthritis could be prevented by use of modern, restorative services.

I could go on with a long list of the diseases and disabilities that could be avoided if we made full use of modern health knowledge. All have one common denominator: the layman rather than the professional holds the trump card. If, as with fluoridation in the recent elections, he fails to play it, the full potentials for health are lost.

Does this mean that we must resign ourselves to the slow evolutionary process, taking years to accomplish what, so far as technical know-how is concerned, could be achieved tomorrow? Or does it mean that we ought to take a leaf from our totalitarian competitors, making certain health and life saving measures compulsory?

I am far from willing to accept either of these answers yet. I cannot resign myself to needless loss of health. Neither can I

believe that the only alternative is the loss of something equally precious - individual freedom.

That is why I am searching, and I hope you and all your colleagues in the health professions will join me in the search, for a third way - an American way.

Perhaps we could start by considering what innovations Americans have accepted and how they came to accept them. Over the last few decades, there have been hundreds: television, commercial plane travel, motels, frozen foods - I won't even try to complete the list. Add them up and it is obvious that the American public gladly spends for these modern luxuries of life many, many times as much as they spend for the greatest of all the good things of life - good health.

Why? Why does the man who thinks he can't afford the repair work you have recommended for his teeth go out and spend twice as much for a new model television? Will a better view of Westerns bring him greater satisfaction than better teeth?

Why do Mr. and Mrs. Public, who risk their lives a hundred times a day - crossing streets and using all sorts of modern contraptions whose mechanisms they do not understand - rebel at swallowing the perfectly harmless, microscopic amounts of fluoride that will protect their children's teeth?

Why, in brief, are some innovations readily accepted and others rejected?

Pondering these questions, it occurred to me that the method of merchandising an innovation might hold some clue to the answer. I know, of course, that you cannot sell health like you sell toothpaste. But is it entirely a coincidence that, while

there have been radical changes over the last half century in methods of bringing most products and their potential users together, there has been virtually no change in methods of bringing health services to their potential users?

I am not optimistic enough to believe that, even if we modernize our 19th century pattern of health services, we can make them as readily available as food at the modern supermarket. I doubt if people would see their dentists and doctors as often as they see their car dealers even if they could receive the same bombardment of reminders to do so. But I do believe that the same American ingenuity which has created a mass market for new products can find methods to achieve mass application of modern health knowledge. I cannot accept the view that progress in bringing the fruits of research to the American people must be limited to material products.

Perhaps one of the greatest obstacles to progress is the difficulty of determining who should be responsible for merchandising health. The aggressive promotion, which is necessary to capture public attention in these days of multiple distractions, may well call for methods that do not quite become the dignity of our professional organizations. Governmental bodies are barred from taking leadership in such promotion for a different reason - the fear of being accused of propagandizing. Can't you imagine the mountain of letters I would receive from the anti-fluoridationists if I proposed that the government spend as much money to inform the public of the value of fluoridating public water supplies as is spent to inform the public of the anti-decay properties of a well-known toothpaste?

The voluntary health agencies, on the other hand, have traditionally considered health promotion as a legitimate field for action and have made a valiant effort. However, with limited funds and with the categorical nature of their interests, their results have been fragmentary. The wealth and prominence of their benefactors, rather than the seriousness of the health problem, must often determine the volume of educational effort they can afford to engage in.

One way out of this jurisdictional problem is illustrated by the polio vaccination campaign. Here the question of who should do it was answered by involving all of the major groups concerned. The professional organization - in this case the American Medical Association, the governmental agency - which was the Public Health Service, the voluntary agency - namely, the National Foundation, and the experts on modern promotional techniques - as represented by the Advertising Council, banded together to use car cards, billboards, radio, television, press and magazines - all the sources modern man relies upon for most of his information.

Although small in comparison to commercial campaigns, this polio promotion was a factor in prompting 93 million Americans to use the vaccine within five years after it first became available. Never before has a new preventive been used so widely so soon. Is the polio vaccination campaign a rough prototype of what our health promotion programs of the future should be like? Certainly it appears to be more effective than our traditional method of relying primarily upon person to person counselling, supplemented with occasional "think" pieces, in the press or on TV, that appeal chiefly to eggheads.

Creating demand for the new, however, is only half the job. Even more important, or so the modern merchandising experts tell me, is developing a sound marketing program to assure that the demand can be met. In other words, it isn't just coincidence that when the man on TV tells you to buy a certain brand of soap, you so often find that same brand featured in the windows of your corner drug store and your nearest supermarket, with plentiful stocks of it inside those stores.

Devising a sound marketing plan for health services is certainly going to be much more difficult than merchandising soap. I am happy to announce, however, (and this is the first public announcement that has been made of it) that the Public Health Service is now ready to launch a new program designed specifically to help communities modernize their methods of marketing health services.

This program is called "Comprehensive Health Care". Assuming the necessary legislative authority can be obtained - as I am confident it can be - a new Bureau, to be called the "Bureau of Community Health", will be created in the Public Health Service to carry out that program. The dental public health and dental resources programs will be coordinated as a division of that Bureau. Other divisions in the Bureau will deal with chronic diseases, communicable diseases, accidents and other major facets of today's health problems. Unified into a Bureau, these divisions will focus on a single goal: fostering community experimentation in methods of mobilizing both public and private health resources to provide a continuum of care that includes prevention, treatment, and rehabilitation.

Continuum is the key word. Instead of each health problem being dealt with as a separate entity, unrelated to all others, comprehensive health care envisions a coordinated, all-embracing pattern which will assure that all of the services they need will reach all of the people who need them at the optimum time. Comprehensive health care can, and I believe will, replace the too little, too late, available to too few health pattern that now prevails in most communities.

Such a pattern will not be easily evolved. No doubt it will vary from community to community. But enough study has been made so that my friends in the Public Health Service assure me that it can be done if - and I admit this is a big if - private practitioners, health and other public officials and civic leaders can be persuaded to accept this as their goal and work together to achieve it. The Public Health Service, through its new Bureau, and in cooperation with State health departments, will be prepared to furnish technical assistance and, perhaps even more important, financial aid, to communities that are ready to embark on this type of experimentation.

As dentists and civic leaders, each of you can do much to foster this long overdue modernization of community health practice. I hope you will interest yourselves particularly in the problem of promoting better health among the middle aged and the elderly since it is in relation to this growing segment of our population that our present patterns of health services are most deficient. Many of their illnesses stem from poor nutrition which, in turn, stems from neglected dental conditions. I know that some work is being done to find practical methods of meeting the dental

needs of the chronically ill, but much remains to be done. And the problem of furnishing dental care in time to prevent malnutrition and its resulting ills is even more serious, as indicated by the fact that the average American has lost half his teeth by the time he is forty. Quite obviously, no community can hope to develop an adequate program of comprehensive care without the support and leadership of its dentists.

Admittedly, the concept of comprehensive health care is still little more than a gleam in the eye; even so, it is significant because it indicates a growing recognition that our present mechanisms for keeping our people as healthy as possible need to be modernized. Recognizing that a problem exists is the first big step toward solving it.

Thank you for listening so patiently to these thoughts about health needs that concern us consumers of your professional services. The clues for meeting them which I have suggested may prove false. But good or false, they will have served their purpose if they encourage you to join in the search for the right clues. Because it is to you and your colleagues in the other health professions that we look for leadership in the effort we all must make to break down the barriers that now stand between health knowledge and its fullest possible application.

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