ADDRESS OF HONORABLE JOHN E. FOGARTY, U.S. REPRESENTATIVE SECOND CONGRESSIONAL DISTRICT OF RHODE ISLAND AT THE 30TH ANNUAL SESSION OF THE AMERICAN ASSOCIATION OF DENTAL SCHOOLS, BOSTON, MASSACHUSETTS, MONDAY, MARCH 27, 1961

H. G. Wells once declared that "human history becomes more and more a race between education and catastrophe. After reading the summary report issued by the Comission on the Survey of Dentistry, any thoughtful citizen will be made aware of how appropriately that statement may be applied to the future of dental health in this country. For one recurring theme in the Comission's summary is the crucial importance of education to the solution of the most serious problems now confronting members of the dental profession and the public they serve.

The Commission stresses again and again the extent to which sound solutions depend ultimately upon the nation's ability to educate and to be educated, upon our knowing more and applying what we know with greater force and effectiveness. This is the theme in the discussions of manpower planning,

research expansion, better utilization of available preventive measures, specialized care for the aged, and the many other topics covered in their broad-based report.

If the problems detailed by the Commission had been totally unexpected, or if the burden of solving them had to be borne by any single group, we might well ask ourselves whether we have the time or the strength or the resources to assure a future of good dental health for the citizens of this country.

Fortunately, the task can be shared by many groups. Though the dental profession has both the right and the responsibility of leadership, the public--individually and through the medium of government--also has its duty to support you in finding solutions and in making them work.

The problems demanding attention are not totally new.

All of us here today have long known that a critical need exists for more dentists and for the schools in which to train them, for better utilization of auxiliary personnel, for intensified research, and for more effective health programs. Corrective action in all of these areas has been urged repeatedly by professional groups like the American Association of Dental Schools and the American Dental Association, by government agencies like the Public Health Service, by interested laymen and members of Congress like myself, and, most recently by the new President of the United States in his health message.

It does not detract from the importance of the Commission's report to suggest that its greatest value stems not so much from the newness of its basic findings as from the objectivity, candor, and practicality of its analyses and

recommendations for action. What the Commission has given us is a fresher viewpoint, a broader perspective. To consider our own problems from another's vantage point is always helpful, for often we need to be reassured that deep concern and long familiarity with the issues at hand have not blinded us to obvious solutions. Otherwise, there is always a danger of responses becoming automatic rather than thoughtful. A commission like this one, representing a variety of interests, is not likely to fall victim to such occupational hazards as dedicated near-sightedness or over-active reflexes. And since, despite the diversity of their professional backgrounds, the members have been able to reach what Dr. Adams, in his foreword, describes as a firm agreement on what needs to be done, the authority and importance of their report is even further enhanced.

I therefore find it of great significance that the Commission's estimates of the seriousness of the dental manpower shortage not only substantiate what dental organizations and government agencies have said before, but indicate that the shortage may be even greater than anticipated. In the first place, these new estimates remove any basis for denying, as some people have, that there is any manpower problem to overcome. In the second place, they assure those of us who have been deeply concerned about inadequate dentist ratios that we were right to be concerned, and that the steps we have already taken to offset them, have been well taken. We at least have gained a short head start in the race against time.

If American dentists had not scored impressive gains in their own efficiency, if they had not begun to employ auxiliary personnel more extensively and with greater effectiveness, the manpower shortage would already be felt by the public, and critically felt. Increased efficiency,

therefore, has momentarily cushioned us against the impact of shortage. But what of the future? The margin for improved efficiency is narrowing. There is a limit to the load the individual practitioner can bear. These are facts which cannot be ignored, for neither the times we live in nor the standards we live by are fixed and static.

The Commission points out that currently only some 40 percent of the public are receiving anything approaching adequate dental care. This is neither as good as the country needs nor the best it can expect. In the twentieth century, the entire conception of health and the health services has been changing. We look upon adequate health protection not as the special privilege of a fortunate few but as the right of all.

This modern viewpoint is reflected in the Commission's

concern about the nation's manpower needs. Commission members see the future of dentistry as one of great growth and complexity, of increasing prestige and authority, and, by the same token, of greater responsibility. They see this responsibility as one which cannot be met by relying solely upon the achievement of higher technical proficiency in clinical procedures. The Commission would have us realize that this nation not only needs more schools and more dentists, it needs better schools and better dentists. We can be glad that a start has been made in this direction.

The comprehensive health program which President Kennedy has outlined in his recent message to the Congress includes specific recommendations for substantial Federal aid to education, and there are many Congressional proposals which would make Federal funds available for the building of more schools and the training of more dentists. I myself

have again introduced legislation providing wide-ranging support for dental and medical education. I have proposed that the Congress appropriate $100 million for the construction of new schools and $50 million for the expansion and modernization of existing schools. Passage of this bill willmake it possible to produce the larger numbers of dentists so urgently needed.

I have proposed, in addition, two other measures which will not only bring us closer to the goal of more adequate supply but will also help us attain the higher standards of dental education which the Commission envisions. The first of these is a scholarship bill which will permit you to fill the additional school spaces which will be created, and to fill them with applicants of greater intellectual stature.

The second measure will provide operating grants to schools. Although this measure, too, includes an incentive for expanding enrollments, its real purpose is to provide schools with the

funds needed to improve the quality of their instruction.

The Commission has a great deal to say about the method and content of undergraduate dental training, and some of it is critical of things as they exist. I will not attempt to judge the worth of all the recommendations in the report. But many of the comments the Commission makes are as applicable to other branches of education as they are to dentistry, and in this regard, I found in them a vigorous and stimulating challenge to habitual patterns of thought.

For I suggest to you that we in this country must become more constructively critical of our traditional approaches to education. We should ask some questions. Why do we teach what we teach? What is it we are educating for? And wherever we find that we are doing things just because they have always been done, we might ask whether we are educating for the twentieth and twenty-first centuries

or merely perpetuating the methods inherited from the nineteenth.

Education, after all, is not a monument to the past; it is the architecture of the future.

If I read the report aright, the Commission believes that in current dental education there is perhaps too much emphasis upon restorative dentistry, too little upon preventive. The Commission assumes-- and I certainly agree -- that the dentist's responsibility extends far beyond the providing of treatment to the patient who knocks on his door and demands it. If this were all we expected from our dentists, restorative dentistry might be all they needed to know. But the dental profession also has a responsibility for seeing that the receipt of care more accurately reflects the actual need for it. Treating the patient who knocks on the door is only one in a progression of important activities in which the profession participates. Ideally, the first step in that progression is the development of methods for the prevention

of disease itself. Therefore, if dentistry is indeed educating for the future, it should obviously be educating for research.

As the commission observes, of all avenues leading toward the prevention of dental disease, the one offering the most hope is research. One investigator, if he should discover a means of preventing or reducing periodontal disease, might do more for oral health than several thousand practitioners of restorative dentistry." Yet the Commission finds little reason for satisfaction with the current status of dental research, although it acknowledges the substantial progress which has been made in recent years.

The Federal government has played, and undoubtedly will continue to play, a major role in conducting and sponsoring dental research programs. I have always been deeply interested in this field, and I look upon the growth of the

National Institute of Dental Research --incidentally, NIDR will soon move into its new building -- and of its grants program in support of extramural activity as being among the notable contributions the government has made to the advancement of health standards. I am glad to have had a part in making them possible. Yet I agree with the commission that while the federal government should increase its support of research, and I think it will, the government cannot carry the burden alone. Financial support from other sources must be forthcoming.

There is, as you know, a codicil to the Commission's recommendations for increased financial aid: the increase should be commensurate with the increase in available research personnel. Since, as the Commission points out, the best source of researchers is the undergraduate student body, the availability of personnel depends to a very great extent upon

the dental educator. Yet today, teachers do not have time to pursue research projects; students are given neither the scientific depth, nor the curriculum time, nor the intellectual stimulus to interest them in the field. The Commission sees the result as a shortage so acute that "the recruitment for dental research is even more important than the recruitment for dental practice, and it urges the integration of research with teaching at the undergraduate level as a logical first step toward overcoming the shortage.

That stronger and better designed undergraduate program will in time do much to strengthen the whole intricate structure of dental research in this country strikes me as a sound and practical observation. I therefore suggest that proposals which advocate Federal or private financial aid for talented undergraduate dental students who are interested in research and teaching careers deserve serious consideration from us all.

At the same time, ways must be found to increase the scope and intensity and effectiveness of activity at the more advanced levels of dental research.

For the general public, these extended progress of research will have greatest meaning when preventive discoveries are given practical application in day-to-day life. And in view of the seriousness of the overall dental health problem, the nation's failure to utilize fully the preventive techniques already at its disposal is nothing short of tragic.

Every leading health organization in the country, among them the American Dental Association, theAmerican Medical Association and the American Association of Dental Schools, has endorsed fluoridation. The Commission on the Survey of Dentistry therefore speaks forinformed opinion when it states it is "totally unimpressed by the arguments advanced, usually by health and other faddists, that fluoridation is dangerous,

immoral, unconstitutional, and unscriptural." Yet today, more than 10 years after the introduction of a simple procedure for the controlled fluoridation of public water supplies, something less than a fourth of the American people have access to the benefits thatmethod provides. The public denies itself those benefits, and now the fluoridation of water supplies is not even pacing population growth. Evidently the "health and other faddists" have lately been more successful in presenting their case to thepublic than the pro-fluoridationists, though the latter have scientific fact on their side. Perhaps the difference is in the intensity of effort.

Let me quote some other statements from the Comission's report and, I warn you, quote them out of sequence:

"Although 37 percent (of some 750 dentists participating in an opinion survey) take part in fluoridation campaigns in their communi ties, only about 2 percent have been active as individuals

in initiating these campaigns."

"Widescale educational efforts must be undertaken to acquaint the American people with the importance of dental health and with means of attaining it."

"Education, in the dental health sense, has many facets ranging from campaigns on behalf of public health measures to hygiene instruction in primary school."

And, finally, there is the recommendation of the Commission that "all public agencies, with the assistance of voluntary associations and professional societies, make greater efforts to promote water fluoridation and community topical fluoride programs."

As the Commission recognizes, the possibility of making greater efforts will depend to a large degree upon the possibility of securing substantial grants for expansion of the State and local dental health programs needed to win

widespread public support for fluoridation and other preventive measures. But important as they are, grants are not a substitute for incisive and coordinated action. They serve only as the foundation upon which better programs can be built.

I remarked earlier that the Commission continually stresses how much depends upon our ability to educate and be educated, and upon our ability to use what we know with greater force. The fluoridation issue is a case in point. If they are to strengthen and intensify activities in support of fluoridation, public health agencies at the national, state, and local level must make sure that they employ their special resources and knowledge and practical experience to the very fullest extent. And their efforts, in turn, must be reinforced by the professional knowledge and prestige and influence of the private practitioner, working individually in his community

and through his dental society. This kind of cooperation should produce an educational force persuasive and authoritative enough to offset the statements, however, dramatic, of the small but vocal opposition.

Valuable though preventive measures like fluoridation are, I am sure the Commission is right when it states that the achievement of dental health solely through the prevention of disease is far in the future, a fact which throws into relief the importance of what the Commission calls "prevention of progression through treatment." And since people differ both in their ability to pay for care and even in their physical ability to seek it, the receipt of treatment cannot be left to chance. The Commission makes a series of recommendations for reducing distance between dentistand patient which impress me as both imaginative iand workable.

One of these, the incremental care program for school age children, seems to me to be of particular value and importance. Beginning the first year with six-year-olds and adding a new crop of them each year, the program would eventually cover all children through high school, and do so at a minimum of cost, for the care would begin in most cases before serious treatment problems have had a chance to develop. Since cost to the family would be based on the ability to pay, every child, regardless of financial status, would have a chance for a lifetime of good dental health. And that, eventually, should mean an impressive reduction in the accumulation of the nation's unmet treatment needs. Therefore, though a program of this scope would undoubtedly require Federal and state aid in the form both of financial support and of participation by official health agencies, it would also

represent a national aspect.

Another group whose special needs for treatment deserve more thoughtful attention is the chronically ill and aged. The Public Health Service, for a number of years, has been conducting a series of studies designed to measure existing needs among these disadvantaged people. In cooperation with state and local dental societies and health departments, the Service has been experimenting also in the development of techniques and in the training of personnel to adapt traditional types of treatment to the special needs of people who are too infirm to visit the dentist in his office.

Some idea of the extent of the problem of caring for the homebound and institutionalized came out of a study recently completed in Kansas City. Four thousand nursing home patients, with an average age of 75, were examined;

68 percent were in need of care. If this measure of need holds true for all the population aged 75, then there are today some 4 million older people who require a service they are not likely to get unless a concerted effort is made to provide it. In less than 20 years, the figure will be 8 million. If we are to meet the special dental care needs of our growing population of older people, undergraduate training in dental geriatrics may well be a necessary addition to the modern dental school curriculum.

In efforts to narrow the gap between need and receipt of services, the greatest attention is perhaps being centered currently on the growth of various types of group prepaid dental care plans. Such plans may eventually have as great an impact upon dental care as hospital and medical coverages have had upon medical care. The recommendations of the commission that the dental profession cooperate with industry, labor

and government in experimentation with various approaches to group programs are therefore eminently sensible. Their suggestion that dental societies form service corporations to facilitate the development of group programs bears out the opinion of public health officers that this particular approach offers dentistry the best opportunity of assuring orderly growth and quality of care within the framework of group plans.

Even though many people disapprove in principle of group dental programs, cooperation in their design is still advisable. At least you must be prepared to face the changes they entail and to deal with them constructively. For it is much better to control circumstances than to be controlled by them.

Controlling circumstances bicomes increasingly difficult as society becomes more complex. It requires infinitely more knowledge and patience. Today the members of all professions find themselves involved in activities which a few years ago did not even exist. And as activities increase, so do the demands upon professional skills and qualities of leadership.

Because this is true, laymen and professional men must meet together to discuss problems of mutual concern. And it becomes all the more necessary for us to accept the fact that we cannot limit our vision to the merely convenient or tailor the future by a pattern fitted only to the past. That is why it is so essential to realize that we must train more professional people, and that we must train them better.

Perhaps we must even train a new breed of men -- men of broader vision and greater scientific depth than we have ever before known. Certainly in a field as essential as dentistry, we

must, at the very least, forego the luxury of a narrow vocationalism in our educational processes.

To do what must be done will require the best that is in all of us -- thewillingness to try and the courage to fail. For much of what we must learn and teach can only be discovered by trial and error. If that is a painful process, it is also our greatest hope. As the great Oxford teacher E. E. Dodds once put it, "If the truth is beyond our grasp, the errors of tomorrow are still to be preferred to the errors of yesterday; for error in the sciences is only another name for the progressive approximation to truth."