

REMARKS OF HONORABLE JOHN E. FOGARTY,
U.S. REPRESENTATIVE SECOND CONGRESSIONAL
DISTRICT OF RHODE ISLAND AT FALL MEETING
OF RHODE ISLAND SOCIETY OF DENTISTRY FOR
CHILDREN, JOHNSONS HUMMOCKS RESTAURANT
PROVIDENCE, RHODE ISLAND, MONDAY OCTOBER 2,
1961 AT 7:15 PM

Thank you Dr. Whelan (Society President). I am delighted to be here today, in my home state of Rhode Island and with a group that includes many personal friends.

President Kennedy has said that "The health of our Nation is a key to its future."

As you know, Congress doesn't always see eye-to-eye with the President, and we've been known on occasion to even disagree with Mr. Kennedy.

But on the matter of health and research, I can assure you, gentlemen, there is complete unanimity in Washington.

In fact, during the past several years Congress has given practical expression to this view by substantially increasing the appropriations for the National Institutes of Health which--as the research arm of the Public Health Service--have the primary operating responsibility for Federal participation in the advancement of medical and dental sciences.

As Chairman of the House Subcommittee on Appropriations for the Department of Health, Education, and Welfare, I have long held the position that no reasonable opportunity for pressing the attack on disease should be lost or delayed because of lack of funds. This policy has enthusiastic public support, and my colleagues in the Senate have consistently joined in appropriating funds to support a wide-ranging research program.

As you know, the National Institute of Dental Research is one of the seven Institutes that comprise the National Institutes of Health

in Bethesda, Maryland. In a little over a decade this Institute has become an international focal point for biologic research in dentistry. And today, it is the fountainhead of new knowledge where all segments of the dental profession--particularly those dealing with children such as most of you do--may look for better methods of diagnosis and treatment for our citizens of tomorrow.

From my vantage point on the House Appropriations Committee, I have watched the progress of this Institute with a great deal of interest, and with, if you'll forgive me, a good measure of personal pride, for I have been actively involved with its appropriations since the Institute was born in 1948.

Some idea of the growth of the Nation's dental research and training programs today can be seen in the Institute's appropriation history. Ten years ago their total budget was somewhat less than 2 million dollars. In 1956 it was still below 3 million. The following year, 1957, it jumped to 6 million, and by last year it had ascended to a little over 15 million. Just last month a joint House-Senate conference approved a budget of almost seventeen and one-half million dollars for the current fiscal year. This is a 300 percent increase over the 1957 budget, and tonight I would like to discuss some of the broad implications of this level of support for dentistry.

But first I want to depart for a moment and say a few words about dental health in general. We all know that the American public

is interested in good health--yet the high prevalence of dental neglect among both children and adults, is indeed a sad commentary. National statistics indicate that very limited attention is being paid to children's teeth at the most crucial period for protecting them against damage in later life. Public apathy about adequate dental care is difficult to understand. One obvious explanation is the fact that many individuals simply do not feel that such care is important. In one recent report on 16 communities in California, for example, only 3 percent of a large group of 17-year-olds were free of dental decay.

Not totally unrelated to this public apathy, I am sorry to say, is the occasional indifference of the local professions. The sophisticated public of today expects their dentists and their physicians, and the professional societies to which they belong, to initiate and take part in local and statewide health programs. They like to feel that someone cares about the health of their community as a group. Such programs--if successful--require active participation and forceful leadership from the professions--the kind we see at work right here in the great state of Rhode Island, and the kind we have represented here tonight. The Rhode Island Society of Dentistry for Children is dedicated to improving the dental health of our young citizens, and almost a quarter of all practicing dentists in the state are active members of this society. Moreover, I happen to know this is the highest percentage of participation

in any state in the union. Each of you here--by virtue of your profession, your specialties, and your affiliation with this great Society--possesses a depth of knowledge about the oral health status of children. You probably know that in this country less than one child in eight needing orthodontic treatment is now being cared for. You may also know that children born with cleft lips and palates are accumulating at a rate of about 8,000 per year, and only a fraction of these tragically afflicted children are receiving the extended care needed for rehabilitation. I would wager that most of you know there is a handicapped child born somewhere in this country every 15 minutes, and the number of persons so afflicted is close to the five million mark. In our small state alone, it is estimated that between 13,000 and 15,000 families have an intimate knowledge of this problem. So pressing is the problem, that President Kennedy has recommended that we establish a new National Institute of Child Health and Human Development that would include a center for Research in Child Health as well as other broad-ranging health research activities.

Proper dental care for the handicapped child is a unique problem of national importance, and here I want to say that I am extremely proud of the pioneering efforts of our own Samuels Dental Clinic in this specialized field. Their programs, under the able direction of Dr. Michael Messori, and with the enthusiastic support of this society, have in the space of three years established an outstanding reputation throughout New England and other parts of the country.

Also, I am proud that the state of Rhode Island was the first in the country to include a definite orthodontic program in its public welfare services. This too came about through the pioneering efforts of your society and the Samuels Dental Clinic.

History shows that the dental profession has consistently responded to the challenges of providing and maintaining necessary oral health for those who desire these services. Public health educational programs that emphasize dental care have stressed the importance of routine examinations and treatment. A better understanding of oral disease, improved concepts of preventive dentistry, the development of newer techniques, and the increased use of auxiliary personnel have all made it possible for the profession to offer more and better service in spite of the decreasing dental-population ratio.

Yet, there still remains an astonishing backlog of untreated dental problems. There are ominous signs of early periodontal problems in half of our 20 to 30-year-old citizens, advanced pyorrhea in half of the middle-aged population, and serious involvement with virtually every one by the time they reach retirement. Nationally, dental decay affects almost everyone, including 90 percent of school age children, and the accumulation of untreated teeth far exceeds the capacity for treatment. And, if I haven't made my point, it is a disquieting commentary that almost one-third of all who reach middle age today are without any natural teeth.

Obviously the dental profession has not yet accomplished its primary objective, the prevention of oral disease. And until this is done, the dental health needs of the country can never be adequately met.

The key man in any effort to provide dental care to more people has been and will always be the dental practitioner and particularly those specializing in children's dentistry. However, to simply maintain the present level of dental care in a rising population, without allowing for an increase in demand for care, would require at least 134,000 dentists by 1975. This is about one-fourth more than can be expected at the present rate of graduation for dental schools. Today the ratio of dentists to population is adequate to provide about a third of our people with comprehensive care. Superficially, the solution would seem to be to triple the number of dentists. But even if this were a lasting solution, and it is not, it is not easily done, because dentistry is in direct and oftentimes unsuccessful competition with the other professions for promising students.

The fluoridation of community water supplies has and will continue to have a profound and beneficial effect on oral health in the years ahead. Since 1950, the dental profession has had this potent weapon that reduces tooth decay by at least 60 percent. Yet in the entire country less than 25 percent of the people are protected by this safe, economical, convenient, preventive measure, and most of these people live in the larger cities. Only 5 percent of the towns under 2,500 persons are now fluoridating their water,

and it has been estimated that at the present rate of acceptance, the goal of 100 percent fluoridation will not be reached for over a century. Incidentally, when I argue for fluoridation--and I often do--I know my house is in order, because nine out of ten persons in the state of Rhode Island are now receiving fluoridated water. But until a larger segment of the American public ceases to be impressed by the arguments of health and other faddists, that fluoridation is dangerous, immoral, unconstitutional, or unscriptural, the true potential of the health measure will remain untapped.

These things I have mentioned--increasing the number of dentists, educating the public, accepting fluoridation--they are all a necessary part of the dental health picture. But, gentlemen, they will never be enough, for in the final analysis they are only stop-gap measures.

The American Council on Education in their recent report on the status of dentistry in the United States pointed out that one scientist, if he should discover a means of preventing or reducing periodontal disease, for example, might do more for the Nation's oral health than several thousand practitioners.

This essentially is the philosophy of Congress with regard to support of our Nation's research and training programs. Such programs, supported by Federal grants have in recent years become the most effective driving force behind our total national effort in the dental sciences. A great variety of studies now under way

in dental schools are generating important scientific knowledge, and new programs continue to exemplify the increasing scope of dentistry.

Many areas of research need are constantly being brought to the attention of my committee through citizens' testimony. One of these, for example, is in the field of congenital anomalies, where we are now giving particular attention to the study of the cleft lip and palate syndrome. Grants already awarded place emphasis on an integrated team approach to the cleft palate problem and, quite importantly, they are also designed to train investigators and practitioners in this complex field of inquiry.

Recognizing the manpower problem and the opportunity to increase the quality of dental services by the use of auxiliary personnel, Congress appropriated funds last year for the establishment of a new training program for undergraduate dental students. These grants are made to dental schools to establish, as an integral part of their undergraduate course, formal programs for teaching students to work effectively with chairside assistants. Here, the long range purpose is to offset a decline in the supply of dental services. I might add that one of the important pilot studies that provided a sound basis for this national program was carried out at Woonsocket here in the state of Rhode Island. Scientists working in the new four million dollar dental research laboratory in Bethesda (we just dedicated that building last May) are probing ever closer to the cause of the major oral diseases.

For example, in testimony before my Committee this year I was told that the specific bacteria that cause tooth decay in certain animals have now been identified. These scientists also suspect that human dental decay may be caused by a single bacteria, and if this proves to be the case, the problem of its eventual control by vaccination or chemotherapy is certainly within the realm of possibility.

The comprehensive health program which President Kennedy outlined in his message to Congress this year includes specific recommendations for substantial Federal aid to education, and there are many Congressional proposals that would make Federal funds available for the building of more schools and the training of more dentists. I have again this year introduced legislation providing for wide-ranging support for dental and medical education. I have also proposed legislation that will not only bring us closer to the goal of more adequate supply but will also help us attain higher standards of dental education. One of these is a scholarship bill that will permit dental schools to select applicants of high intellectual promise from an increased number of applicants stimulated by the availability of scholarships. The second of these bills would provide operating grants to schools, make it possible to provide for expanding enrollments, and supply necessary funds to improve the quality of instruction.

In conclusion, even though I am not a dentist, I am immensely proud of my honorary membership in the American Dental Association. I am certainly not a scientist, but I have followed with keen interest the progress of dental research both in Government laboratories and in our Nation's dental schools. I am not a dental educator, although, I think I recognize the problems of molding a dental curriculum that will serve both the needs of general practice and research. But while I am perhaps none of these things, I do share a special obligation to understand your needs, and to legislate in their behalf.

As I look around this year, it seems as never before, that public health, particularly better health for our children, is very much in vogue, and this is good. I say it has been in vogue in this state and this community for a long time-- due to the high professional skills and the quality of leadership associated with organizations such as the Rhode Island Society of Dentists for Children.

Gentlemen--it has been a distinct pleasure to be with you this evening.