

Symposium on Dentistry
American Geriatrics Society-American Dental Association

The Third Dimension - Lay Participation

by
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The Third Dimension - Lay Participation

Having just returned from meetings of the World Health Organization in Geneva, it is appropriate that my first opportunity to speak should be the occasion of the first "Symposium on Dentistry" to be cosponsored by the American Geriatrics Society and the American Dental Association.

I would like to commend the sponsors of this meeting for their recognition of the need to develop a coordinated approach to the broader field of geriatrics. Too often in the recent past, the importance of dentistry was overlooked or given minor consideration when it should have been rated among the most significant contributions to health and hygiene in the later years.

I hope the American Geriatrics Society will be encouraged by the success of this meeting to hold similar symposia in key cities throughout the nation and with other related professions.

In preparation for this meeting, it was interesting to learn that dentistry as a vocation existed in ancient times, where reference was made to a Roman "who removes or restores a bad tooth." It was

a little surprised to find out, that dentistry, though recognized as a profession in France during the 18th Century, did not take on an institutional character of a profession in this country until about 1840.

It is my understanding that dental education in the United States has been carried on independently of medicine and surgery. This gives added meaning to this meeting that attempts to coordinate the many interested professions concerned with developing practical positive solutions to the total health needs of the nation.

Those of you who know me or of my frank approach to a problem will not be surprised or offended when I say that for some time I have been aware of and disturbed by the failure or blind-spot of the whole medical profession to recognize the value of lay participation in their meetings or as members or consultants on the staff or on advisory committees.

I am well aware of the usual objections that "lay representatives would weaken the professional status of the group" or "eventually they would dominate or take over the meetings or committees." As a lay

person interested and deeply involved in appropriations affecting older persons, I do not think there is very much validity to these objections. I believe that in addition to the medical doctors, and doctors of dentistry the third dimension needed to balance a health program and relate it to the community is lay membership and representation on major advisory boards, councils, and among the delegates to professional meetings.

Admittedly, I speak with some prejudice as a lay person working in the field for over 14 years. As Chairman of the House Subcommittee on Appropriations, I have become deeply aware and very much concerned about the health affairs of the nation for persons of all ages and more particularly the elderly. I do not know whether to be flattered or offended by the reference to me in the current issue of Holiday magazine. I am credited for my "persistent drive for bigger and better appropriations for Public Health Service, called a "zealot" and a "big-hearted Irishman" who "simply delights in the thought of easing pain and saving lives."

In all honesty, the descriptions are fair, to some extent. As long as heart disease, cancer, rheumatism, arthritis and other threats to healthy living continue to plague our people, I shall continue to persist in my drive to provide the financial support necessary for the research study and demonstration by the Public Health Service and other health agencies or institutes. As one who has known personally the value of outstanding medical care, I am impatient in my insistence on its availability to others. As for my delight at the thought of easing pain and saving lives, I know of no greater thrill than to see and learn of the miraculous recoveries now possible through medicine and prompt treatment. So you see - I have been able to assist the professional workers in the field as an interested lay person applying my experience and utilizing the tools of my office constructively.

Admittedly, I occupy a strategic position, but there are countless other lay persons who can also serve and share their experience for the mutual benefit of all.

Perhaps never before have we been so conscious of the need for improved communications between the medical profession and lay leaders. There has been a growing trend more recently for representation of the medical profession as members on committees, councils and commissions of responsible organizations. The reverse has not been true. I do not believe that professional groups have to any degree accepted lay persons on their advisory boards or councils, and I think they are overlooking a valuable resource in relating and strengthening the total program in which each has a major role to play.

It is my hope that favorable action will be taken this session on the identical bills that Senator McNamara and I have introduced to create an independent U. S. Commission on Aging.

Under the provisions of the bill, grants would be available for planning, demonstration, education and training.

The bill recognizes the needs that were developed by the White House Conference on Aging and the failure to implement these recommendations because of a faulty organization structure that relegates aging with all of its many facets to a place of low departmental priority.

Placed outside and above the interests of any one department or agency, established on a nonpartisan basis, the U. S. Commission on Aging would be a focal point at the Federal level to work cooperatively with the American Geriatrics Society and the American Dental Association, as well as other national organizations interested in promoting practical action programs to meet the growing challenge of our aging population. The Commission would take full advantage of the potentials of research, training and demonstration projects in creating attitudes and conditions that will permit older persons to realize a purpose in their added years and make it possible for them to enjoy these years as healthy, responsible, independent individuals.

The result of your deliberations here and the example you are setting for cooperative efforts among professional people will go far toward encouraging others and establishing new patterns for action.

I pledge you my continued support of legislation and appropriations that will strengthen and support programs for the elderly that will measure up to your goals and the standards we must achieve for the aging in America. This is a long range program, but the time is

growing short for many who have need for action now.

Much of the responsibility is in your hands. You have an important stewardship of influence.