

**The original documents are located in Box D28, folder “Michigan Dental Association, Grand Rapids, MI, April 10, 1970” of the Ford Congressional Papers: Press Secretary and Speech File at the Gerald R. Ford Presidential Library.**

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Travel Problems  
Michigan Dental Association, Pantlind Hotel,  
Grand Rapids, Michigan, Friday Evening  
April 10, 1970.

Deedee  
Walsh  
Major Sonnenfeldt

Initiation  
Nursing  
Billy  
Foster -  
Hansen

Romantic  
Hemphill  
WHEN I FIRST LEARNED I WAS TO BE  
YOUR SPEAKER FOR THIS EVENING, I IMMEDIATELY  
ASKED MYSELF WHAT ONE TALKS ABOUT WITH A  
GROUP OF DENTISTS. *After all the pain I have  
suffered, at your hands, I ought to have some flexibility.*  
I NEVER HAVE THAT PROBLEM WITH  
MY OWN DENTIST, OF COURSE. HE ALWAYS HAS  
MY MOUTH SO FULL OF INSTRUMENTS AND OTHER  
PARAPHERNALIA THAT ALL I CAN DO IS ROLL MY  
EYES AT HIM AND SAY, "UGH."


Just want  
to talk  
G.R.  
Ford  
line  
seems  
THE TRUTH IS THAT MY DENTIST IS  
DOING SO WELL FINANCIALLY HE TRIES TO  
DISCOURAGE ME FROM HAVING ANY WORK DONE ON  
MY TEETH. NOW, THERE'S AN HONEST MAN.

NATURALLY, I AND OTHERS WILL  
TALK ABOUT FLUORIDATION TONIGHT SINCE GRAND  
RAPIDS HAS THE DISTINCTION OF BEING THE

FIRST COMMUNITY IN THE WORLD TO FLUORIDATE  
ITS MUNICIPAL WATER SUPPLY, ~~AND THIS YEAR~~  
~~MARKS THE 25TH ANNIVERSARY OF THE INITIAL~~  
~~EXPERIMENT.~~

FLUORIDATION OF A MUNICIPAL WATER  
SUPPLY WAS AN ACT OF BRAVERY A QUARTER  
CENTURY AGO. I CAN REMEMBER WHEN ALL KINDS  
OF WELL-MEANING PEOPLE RAISED ALARMS ABOUT  
FLUORIDES AND DECLARED THAT ANY COMMUNITY  
PUTTING THE STUFF INTO ITS WATER WAS  
POISONING THE TOWN'S ENTIRE POPULATION.  
SOME OF THEM STILL TALK LIKE THAT.

BUT GRAND RAPIDS HAS BEEN A  
LEADER IN MANY WAYS -- AND SO OUR  
ENLIGHTENED CITIZENRY MOVED AHEAD WITH  
FLUORIDATION AND BECAME THE PIONEER IN THE  
FIELD. I CONGRATULATE THE PEOPLE OF GRAND  
RAPIDS TONIGHT FOR THEIR EARLY ACCEPTANCE  
OF A PRACTICE WHICH IS CLEARLY A BOON TO  
DENTAL HEALTH AND CARRIES NO RISKS TO



PHYSICAL WELL-BEING WHEN PROPERLY CARRIED OUT.

I MIGHT ALSO POINT OUT THAT PRESIDENT NIXON CITED GRAND RAPIDS IN A PROCLAMATION LAST JAN. 17 MARKING THE SILVER ANNIVERSARY OF FLUORIDATION IN THE NATION. THE PRESIDENT SAID, "WHEN GRAND RAPIDS, MICHIGAN AND NEWBURGH, N.Y., PIONEERED IN THIS ENDEAVOR, THEY HELPED TO IMPROVE THE DENTAL HEALTH OF THEIR CITIZENS AND TO ESTABLISH THE MEDICAL SAFETY, ECONOMY AND EFFICACY OF COMMUNITY FLUORIDATION AS A MAJOR NATIONAL WEAPON AGAINST DENTAL DISEASE."

EARLIER, ON FEB. 2, 1969, THE PRESIDENT RECITED THE BENEFITS OF FLUORIDATION AND DECLARED, "IT IS WELL THAT WE NOW REAFFIRM OUR GOAL OF OPENING FOR ALL OUR CHILDREN A READY ACCESS BOTH TO PREVENTIVE MEASURES SUCH AS FLUORIDATION,

AND TO A FULL REGIMEN OF PERSONAL DENTAL CARE. I KNOW THAT ALL OF MY FELLOW AMERICANS JOIN ME IN THIS COMMITMENT AND IN THE TASK OF CARRYING IT THROUGH."

NOW THAT I HAVE COMMENTED ON FLUORIDATION, I COULD TALK ABOUT THE ~~ADMINISTRATION'S~~ NEW FAMILY ASSISTANCE PROGRAM OR ~~ITS~~ REVENUE-SHARING PLAN. BUT I HAVE BEEN TOLD THAT MEMBERS OF THE MICHIGAN DENTAL ASSOCIATION HERE ASSEMBLED WOULD LIKE ME TO DISCUSS MATTERS OF HEALTH.

THAT REMINDS ME OF THE CHAUFFEUR WHO SAVED UP HIS VACATION TIME UNTIL HE HAD FOUR WEEKS COMING. KNOW HOW HE SPENT IT? DRIVING HIS WIFE FROM ONE END OF THE COUNTRY TO THE OTHER.

~~SUM~~ ~~BUT THERE IS A TIME TO BE~~ ~~SERIOUS, AND THAT MOMENT HAS ARRIVED.~~ MATTERS OF HEALTH ARE INDEED A MAJOR PROBLEM IN AMERICA TODAY. IN FACT, WE





ARE IN THE MIDST OF A HEALTH CRISIS.

THE CRISIS IS A MOST COMPLEX  
ONE. IT INVOLVES SHARPLY RISING COSTS.  
IT INVOLVES, TOO, "THE SYSTEM."

WE MUST IMPROVE THE SYSTEM BY  
WHICH HEALTH CARE IS PROVIDED IN AMERICA  
TODAY. WE MUST PROVIDE A VIRTUALLY NEW  
SYSTEM, OR HEALTH CARE IN THIS COUNTRY WILL  
DETERIORATE DESPITE GREATLY INCREASED COSTS  
AND MASSIVE INCREASES IN NUMBERS OF HEALTH  
PERSONNEL.

*Furthermore the problem will multiply  
despite the hard work and dedicated service of those in the dental*  
I AM TALKING ABOUT THE NEED FOR *dental*  
THE HEALTH RESOURCES IN THE PRIVATE SECTOR *program*  
TO RESHAPE THE HEALTH CARE SYSTEM. UNLESS  
THEY DO SO, THE CRISIS OF THIS DECADE MAY  
BECOME THE CALAMITY OF THE NEXT.

I AM CONVINCED THAT THE DECADE  
OF THE SEVENTIES WILL PROVE CRUCIAL FOR THE  
DENTAL PROFESSION AND FOR THE DENTAL HEALTH  
OF FUTURE GENERATIONS.



PART OF THE ANSWER TO THE CRISIS  
LIES IN DENTAL RESEARCH.

ALL OF YOU KNOW, FOR INSTANCE,  
THAT MOST OF THE QUESTIONS SURROUNDING THE  
CAUSE, PREVENTION AND CURE OF DENTAL  
DISEASE HAVE HARDLY BEGUN TO BE ANSWERED.

SUCH MEASURES OF DENTAL DISEASE  
PREVENTION AND CONTROL AS AMERICA BOASTS  
HAVE NOT YET BEEN FULLY EXPLOITED.  
FLUORIDATION IS PERHAPS THE BEST EXAMPLE OF  
OUR FAILURE TO GET THE MOST FROM A DISEASE  
PREVENTION PROGRAM. ONLY 55.9 PER CENT  
OF THOSE AMERICANS SERVED BY PUBLIC WATER  
SUPPLIES RECEIVE FLUORIDATED WATER. I MIGHT  
MENTION WITH PARDONABLE PRIDE, HOWEVER, THAT  
FOR MICHIGAN THE FIGURE IS NEARLY 90 PER CENT.

THERE ARE OTHER FAILURES.

? INTENSIVE ORAL HYGIENE PRACTICE IN RELATION  
TO PERIODONTAL DISEASE IS ONE OF THEM. IT  
IS AN OBVIOUS AND SIGNIFICANT LAPSE WHICH



MUST NOT BE OVERLOOKED.

EXPEDIENCE, IF NOTHING ELSE,  
DEMANDS THAT PREVENTIVE SERVICES SHOULD  
BECOME A MAJOR FACTOR IN PROFESSIONAL  
PLANNING AND ACTION AGAINST DENTAL DISEASE.  
YET MOST DENTISTS ARE STILL OVERWHELMINGLY  
ORIENTED TO REMEDIAL RATHER THAN PREVENTIVE  
PRACTICE. DENTISTS ALSO WORK PRIMARILY AS  
SOLOISTS, ALTHOUGH THE LOGIC OF THE SERVICE  
SUPPLY SITUATION INDICATES A NEED FOR MORE  
PRODUCTIVE METHODS OF PRACTICE.

THERE IS NO QUESTION IN MY MIND  
THAT THE TECHNICAL EXPERTISE OF AMERICAN  
DENTISTS IS THE GREATEST IN THE WORLD. BUT,  
AS WE USED TO SAY ON THE UNIVERSITY OF  
MICHIGAN FOOTBALL TEAMS I PLAYED ON, YOU'VE  
GOT TO DELIVER. AND THE AMERICAN DENTISTRY  
TEAM'S DELIVERY SYSTEM IS NOT SATISFACTORY.

THE DELIVERY SYSTEM IS GENERALLY  
CONDEMNED AS OBSOLESCEENT. SOME CRITICS GO





SO FAR AS TO SAY A "SYSTEM" DOESN'T EVEN EXIST. IN ANY CASE, THERE IS NO DOUBT THAT MANY MORE PEOPLE GO WITHOUT DENTAL SERVICES THAN RECEIVE THEM.

NOW, WHAT CAN BE DONE ABOUT IT?

IT IS A CHALLENGE WHICH I THINK CAN BE MET ONLY IF DENTISTS ACCEPT THE IDEA OF PARTNERSHIP -- A PARTNERSHIP WITH THE FEDERAL GOVERNMENT, A PARTNERSHIP WHICH IS FASHIONED OUT OF MUTUAL CONCERN FOR THE DENTAL HEALTH OF THE INDIVIDUAL AMERICAN CITIZEN.

? WHEN THE FEDERAL ROLE IN HEALTH CARE IS MENTIONED TODAY, MOST PEOPLE THINK IMMEDIATELY OF MEDICARE AND MEDICAID -- AND PROBABLY LITTLE ELSE. *Let me say I don't simply mean*

*a partnership.*  
BUT BEHIND THE FEDERAL CARE PROGRAMS ARE A HOST OF OTHER FEDERALLY SUPPORTED PROGRAMS OF DIRECT CONCERN TO DENTISTS AND AMERICAN CONSUMERS: EDUCATION



AND MANPOWER PROGRAMS TO PROVIDE MORE  
DENTISTS AND AUXILIARIES, SCREENING FOR  
ORAL CANCER AND PERIODONTAL DISEASE,  
CONTINUING EDUCATION FOR PRACTITIONERS,  
TEACHERS AND DENTAL RESEARCHERS, ORAL  
SCIENCE RESEARCH AND TECHNOLOGY, APPLIED  
RESEARCH TO INCREASE THE PRACTITIONER'S  
SKILL AND PRODUCTIVITY, AND PREVENTIVE  
PROGRAMS LIKE COMMUNITY FLUORIDATION.

LET ME POINT OUT THAT THE  
UNIVERSITY OF MICHIGAN DENTISTRY SCHOOL HAS  
JUST RECEIVED A FEDERAL GRANT OF  
\$227,500 AND THE UNIVERSITY OF DETROIT  
DENTISTRY SCHOOL \$184,500 UNDER THE  
CONTINUING FEDERAL HEALTH PROFESSIONS  
EDUCATIONAL IMPROVEMENT PROGRAM. IN THAT  
CONNECTION, I NOTE THAT THE COSTS OF  
PROFESSIONAL TRAINING ARE GOING UP AT A  
FRIGHTENING RATE.

TODAY, BOTH THE GOVERNMENT AND



THE DENTAL PROFESSION ARE CENTERING THEIR CONCERN ON THREE OVERRIDING CONSIDERATIONS IN THE AREA OF DENTAL CARE: THE LAG IN DENTAL RESEARCH, BOTH BASIC AND APPLIED; THE SHORTAGE OF PROFESSIONAL MANPOWER, TOGETHER WITH RELATED PROBLEMS IN EDUCATION, DISTRIBUTION AND UTILIZATION; AND THE INACCESSIBILITY OF ADEQUATE DENTAL HEALTH PROTECTION FOR LARGE NUMBERS OF AMERICANS.

I PROMISE YOU THAT THE PRESENT ADMINISTRATION WILL SUPPORT FORWARD-LOOKING ACTION IN ALL OF THESE AREAS.

A GOOD BEGINNING HAS ALREADY BEEN MADE. THE CHIEF EXAMPLE THAT COMES TO MIND IS IN THE FIELD OF RESEARCH. LET ME POINT OUT THAT THE PRESIDENT'S FISCAL 1971 BUDGET ALLOCATES AN ADDITIONAL \$5 MILLION FOR THE FIGHT TO ELIMINATE DENTAL CARIES.

IN THE NIXON ADMINISTRATION, DENTISTRY WILL AT LAST RECEIVE THE CONCERTED



AND IMAGINATIVE SUPPORT IT DESERVES.

WHAT MAKES THE \$5 MILLION  
ADDITIONAL FOR RESEARCH ESPECIALLY IMPORTANT  
IS THAT IT WILL BE USED TO SUPPORT A BROAD  
SPECTRUM OF ACTIVITIES FOR BOTH BASIC  
RESEARCH, AND RESEARCH IN THE APPLICATION OF  
BASIC FINDINGS.

THE ATTENTION OF ANYONE COMMITTED  
TO THE CAUSE OF DENTAL HEALTH SHOULD ALSO  
FOCUS ON MANPOWER. THAT, IN MY JUDGMENT,  
IS THE CORE PROBLEM.

THE SHORTAGE OF DENTISTS IS  
TREMENDOUS. BUT I DON'T BELIEVE WE CAN  
SOLVE THE PROBLEM SIMPLY BY INCREASING THE  
NUMBER OF DENTISTS. I SAY THAT BECAUSE TO  
MEET THE NEED WE WOULD HAVE TO PRODUCE SOME  
168,000 PRACTITIONERS IN 10 YEARS' TIME.  
WELL, THAT OF COURSE IS OUTSIDE THE REALM  
OF POSSIBILITY.

SO WHAT CAN BE DONE? WE MUST






NEARLY DOUBLE THE PRESENT DENTAL  
CAPABILITY BY THE 1980s. WE MUST REACH  
FOR HIGHER LEVELS OF PRODUCTIVITY. WE MUST  
ASK WHAT THE DENTIST OF THE FUTURE SHOULD  
BE LIKE -- HOW HE SHOULD FUNCTION TO MEET  
HIS FULL RESPONSIBILITY TO SOCIETY.

MORE SCHOOLS OF DENTISTRY SHOULD  
BECOME INVOLVED IN MEETING THE HEALTH NEEDS  
OF THEIR OWN COMMUNITIES AND AREAS. DENTAL  
STUDENTS OF THE UNIVERSITY OF KENTUCKY, FOR  
INSTANCE, HAVE TAKEN DENTAL CARE TO THE  
CITIZENS OF RURAL WOLFE COUNTY ON WHEELS  
BECAUSE THEY RECOGNIZE THAT DENTAL  
DEPRIVATION IS FOUND MOST COMMONLY AMONG  
THE POOR AND THE ISOLATED.

COMMUNITY DENTISTRY WILL REQUIRE --  
AND SHOULD BEGIN TO EDUCATE -- ITS OWN  
BRAND OF SPECIALISTS -- SPECIALISTS WHO ARE  
EXPERTS IN THE DESIGN AND ADMINISTRATION  
OF CARE PROGRAMS, AND CARE AND DELIVERY



## SYSTEMS RESEARCHERS.

WE SHOULD ALSO SERIOUSLY EXPLORE THE POSSIBILITY OF IMPROVING DENTAL PRODUCTIVITY THROUGH EXPANSION OF GROUP AND MULTI-DISCIPLINARY PRACTICE. AT THE SAME TIME WE MUST DEVELOP THE MEANS TO KEEP PRACTITIONERS ABREAST OF ADVANCES IN TECHNOLOGY, MATERIALS, AND RESEARCH APPLICATION.

MOST IMPORTANT OF ALL -- IN THE DECADE AHEAD OF US -- WE MUST MOVE TO A FAR MORE EXTENSIVE USE OF AUXILIARY PERSONNEL IN PROVIDING DENTAL CARE SERVICES.

THIS INVOLVES REORIENTATION. IT WILL NOT BE EASY. THE UNDERGRADUATE SCHOOL WILL HAVE TO TAKE THE LEAD, BUT CONTINUING EDUCATION WILL ALSO OCCUPY A CENTRAL PLACE IN THE SCHEME OF THINGS.

THERE IS NO GREATER THREAT TO QUALITY OF CARE THAN AN INADEQUATE SUPPLY OF



SERVICES. THE NATION FACES PRECISELY THAT  
THREAT, AND THAT IS WHY THE USE OF DENTAL  
AUXILIARIES HAS BECOME A CENTRAL FACTOR IN  
DENTAL MANPOWER PLANNING.

AS YOU KNOW, A DENTIST TODAY  
DEVOTES A GREAT PORTION OF HIS TIME TO  
ROUTINE JOBS THAT COULD BE DONE JUST AS  
WELL BY SOMEONE WITH FAR LESS TRAINING.  
THIS MEANS THAT DENTISTS ARE DENYING  
PATIENTS THE BENEFITS OF THE HIGHEST  
EXERCISE OF THEIR MOST VALUABLE SKILLS.

THIS IS WHY THE DEPARTMENT OF  
HEALTH, EDUCATION AND WELFARE IS SUPPORTING  
DENTAL AUXILIARY UTILIZATION TRAINING  
PROGRAMS IN ALL THE NATION'S DENTAL SCHOOLS.  
AND WHERE THESE PROGRAMS HAVE CONCENTRATED  
ON THE TRADITIONAL SINGLE AUXILIARY, THEY  
SHOULD NOW BE BROADENED TO INCLUDE MULTIPLE  
AUXILIARIES PERFORMING EXPANDED FUNCTIONS.

WHY? BECAUSE AS I MENTIONED




EARLIER WE MUST DOUBLE THE AVAILABILITY OF  
DENTAL SERVICES BY 1980.

THERE MAY BE SOME WHO DOUBT THE  
NEED FOR SUCH AN EXPANSION. I AM NOT ONE  
OF THEM. LET ME POINT FIRST OF ALL TO THE  
FACT OF MEDICAID AND OTHER PUBLICLY  
SUPPORTED COMMITMENTS TO DENTAL CARE. AND  
BEYOND THE PUBLICLY SUPPORTED PROGRAMS WE  
HAVE AN ACCELERATION OF PRIVATELY SUPPORTED  
PREPAID DENTAL CARE PROGRAMS.

THE FEDERAL GOVERNMENT WILL DO ITS  
PART IN COOPERATION WITH THE STATES AND THE  
PROFESSION TO BRING ABOUT NEW ADVANCES IN  
DENTAL CARE.

THE PRESENT OBSOLESCENT DELIVERY  
SYSTEM MUST NOT REMAIN AS AN INSURMOUNTABLE  
BARRIER BETWEEN THE PEOPLE OF THIS COUNTRY  
AND THE DENTAL CARE THEY NEED AND DESERVE.

RESPONSIBLE PUBLIC OFFICIALS ARE  
DETERMINED THAT THIS SHALL NOT HAPPEN.





WE KNOW THAT DENTISTRY HAS A GREAT  
HERITAGE. THE DENTAL PROFESSION HAS  
CONSISTENTLY BEEN RESPONSIVE TO CHANGING  
NEEDS AND IT HAS ALWAYS BEEN OPEN TO  
INNOVATION.

THAT IS WHY I SAY THAT YOU WILL  
CONTINUE TO PROGRESS AND THAT WORKING  
TOGETHER WE WILL MOVE FORWARD INTO A NEW  
DECADE OF EVER GREATER ACHIEVEMENT.

-- END --



*Distribution: 20 Copies Mr. Ford*

*M Official Copy*

AN ADDRESS BY REP. GERALD R. FORD, R-MICH.  
REPUBLICAN LEADER, U.S. HOUSE OF REPRESENTATIVES  
BEFORE THE MICHIGAN DENTAL ASSOCIATION  
AT THE PANTLIND HOTEL  
GRAND RAPIDS, MICHIGAN  
FRIDAY EVENING, APRIL 10, 1970

FOR RELEASE AT 6:30 P.M., FRIDAY

When I first learned I was to be your speaker for this evening, I immediately asked myself what one talks about with a group of dentists.

I never have that problem with my own dentist, of course. He always has my mouth so full of instruments and other paraphernalia that all I can do is roll my eyes at him and say, "ugh."

The truth is that my dentist is doing so well financially he tries to discourage me from having any work done on my teeth. Now, there's an honest man!

Naturally, I and others will talk about fluoridation tonight since Grand Rapids has the distinction of being the first community in the world to fluoridate its municipal water supply, and this year marks the 25th anniversary of the initial experiment.

Fluoridation of a municipal water supply was an act of bravery a quarter century ago. I can remember when all kinds of well-meaning people raised alarms about fluorides and declared that any community putting the stuff into its water was poisoning the town's entire population. Some of them still talk like that.

But Grand Rapids has been a leader in many ways -- and so our enlightened citizenry moved ahead with fluoridation and became the pioneer in the field. I congratulate the people of Grand Rapids tonight for their early acceptance of a practice which is clearly a boon to dental health and carries no risks to physical well-being when properly carried out.

I might also point out that President Nixon cited Grand Rapids in a proclamation last Jan. 17 marking the silver anniversary of fluoridation in the Nation. The President said: "When Grand Rapids, Michigan and Newburgh, N.Y., pioneered in this endeavor, they helped to improve the dental health of their citizens and to establish the medical safety, economy and efficacy of community fluoridation as a major national weapon against dental disease."

Earlier, on Feb. 2, 1969, the President recited the benefits of fluoridation and declared: "It is well that we now reaffirm our goal of opening for all our

(more)



children a ready access both to preventive measures such as fluoridation, and to a full regimen of personal dental care. I know that all of my fellow Americans join me in this commitment and in the task of carrying it through."

Now that I have commented on fluoridation, I could talk about the Administration's new Family Assistance Program or its revenue-sharing plan. But I have been told that members of the Michigan Dental Association here assembled would like me to discuss matters of health.

That reminds me of the chauffeur who saved up his vacation time until he had four weeks coming. Know how he spent it? Driving his wife from one end of the country to the other.

But there IS a time to be serious, and that moment has arrived. Matters of health are indeed a major problem in America today. In fact, we are in the midst of a health crisis.

The crisis is a most complex one. It involves sharply rising costs. It involves, too, "the system."

We must improve the system by which health care is provided in America today. We must provide a virtually new system, or health care in this country will deteriorate despite greatly increased costs and massive increases in numbers of health personnel.

I am talking about the need for the health resources in the private sector to reshape the health care system. Unless they do so, the crisis of this decade may become the calamity of the next.

I am convinced that the decade of the Seventies will prove crucial for the dental profession and for the dental health of future generations.

Part of the answer to the crisis lies in dental research.

All of you know, for instance, that most of the questions surrounding the cause, prevention and cure of dental disease have hardly begun to be answered.

Such measures of dental disease prevention and control as America boasts have not yet been fully exploited. Fluoridation is perhaps the best example of our failure to get the most from a disease prevention program. Only 55.9 per cent of those Americans served by public water supplies receive fluoridated water. I might mention with pardonable pride, however, that for Michigan the figure is nearly 90 per cent.

There are other failures. Intensive oral hygiene practice in relation to periodontal disease is one of them. It is an obvious and significant lapse which must not be overlooked.

(more)

Expedience, if nothing else, demands that preventive services should become a major factor in professional planning and action against dental disease. Yet most dentists are still overwhelmingly oriented to remedial rather than preventive practice. Dentists also work primarily as soloists, although the logic of the service supply situation indicates a need for more productive methods of practice.

There is no question in my mind that the technical expertise of American dentists is the greatest in the world. But, as we used to say on the University of Michigan football teams I played on, you've got to deliver. And the American dentistry team's delivery system is not satisfactory.

The delivery system is generally condemned as obsolescent. Some critics go so far as to say a "system" doesn't even exist. In any case, there is no doubt that many more people go without dental services than receive them.

Now, what can be done about it?

It is a challenge which I think can be met only if dentists accept the idea of partnership -- a partnership with the Federal Government, a partnership which is fashioned out of mutual concern for the dental health of the individual American citizen.

When the Federal role in health care is mentioned today, most people think immediately of Medicare and Medicaid -- and probably little else.

But behind the Federal care programs are a host of other Federally supported programs of direct concern to dentists and American consumers: education and manpower programs to provide more dentists and auxiliaries; screening for oral cancer and periodontal disease; continuing education for practitioners, teachers and dental researchers; oral science research and technology; applied research to increase the practitioner's skill and productivity; and preventive programs like community fluoridation.

Let me point out that the University of Michigan Dentistry School has just received a Federal grant of \$227,500 and the University of Detroit Dentistry School \$184,500 under the continuing Federal Health Professions Educational Improvement Program. In that connection, I note that the costs of professional training are going up at a frightening rate.

Today, both the Government and the dental profession are centering their concern on three overriding considerations in the area of dental care: the lag in dental research, both basic and applied; the shortage of profesisonal manpower, together with related problems in education, distribution and utilization; and the

(more)



inaccessibility of adequate dental health protection for large numbers of Americans.

I promise you that the present Administration will support forward-looking action in all of these areas.

A good beginning has already been made. The chief example that comes to mind is in the field of research. Let me point out that the President's fiscal 1971 budget allocates an additional \$5 million for the fight to eliminate dental caries.

In the Nixon Administration dentistry will at last receive the concerted and imaginative support it deserves.

What makes the \$5 million additional for research especially important is that it will be used to support a broad spectrum of activities for both basic research and research in the application of basic findings.

The attention of anyone committed to the cause of dental health should also focus on manpower. That, in my judgment, is the core problem.

The shortage of dentists is tremendous. But I don't believe we can solve the problem simply by increasing the number of dentists. I say that because to meet the need we would have to produce some 168,000 practitioners in 10 years time. Well, that of course is outside the realm of possibility.

So what can be done? We must nearly double the present dental capability by the 1980s. We must reach for higher levels of productivity.

We must ask what the dentist of the future should be like -- how he should function to meet his full responsibility to society.

More schools of dentistry should become involved in meeting the health needs of their own communities and areas. Dental students of the University of Kentucky, for instance, have taken dental care to the citizens of rural Wolfe County on wheels because they recognize that dental deprivation is found most commonly among the poor and the isolated.

Community dentistry will require -- and should begin to educate -- its own brand of specialists -- specialists who are experts in the design and administration of care programs, and care and delivery systems researchers.

We should also seriously explore the possibility of improving dental productivity through expansion of group and multi-disciplinary practice. At the same time we must develop the means to keep practitioners abreast of advances in technology, materials, and research application.

(more)

Most important of all -- in the decade ahead of us -- we must move to a far more extensive use of auxiliary personnel in providing dental care services.

This involves reorientation. It will not be easy. The undergraduate school will have to take the lead, but continuing education will also occupy a central place in the scheme of things.

There is no greater threat to quality of care than an inadequate supply of services. The Nation faces precisely that threat, and that is why the use of dental auxiliaries has become a central factor in dental manpower planning.

As you know, a dentist today devotes a great portion of his time to routine jobs that could be done just as well by someone with far less training. This means that dentists are denying patients the benefits of the highest exercise of their most valuable skills.

This is why the Department of Health, Education and Welfare is supporting Dental Auxiliary Utilization training programs in all the Nation's dental schools. And where these programs have concentrated on the traditional single auxiliary, they should now be broadened to include multiple auxiliaries performing expanded functions.

Why? Because as I mentioned earlier we must double the availability of dental services by 1980.

There may be some who doubt the need for such an expansion. I am not one of them. Let me point first of all to the fact of Medicaid and other publicly supported commitments to dental care. And beyond the publicly supported programs we have an acceleration of privately supported prepaid dental care programs.

The Federal Government will do its part in cooperation with the states and the profession to bring about new advances in dental care.

The present obsolescent delivery system must not remain as an insurmountable barrier between the people of this country and the dental care they need and deserve.

Responsible public officials are determined that this shall not happen.

We know that dentistry has a great heritage. The dental profession has consistently been responsive to changing needs and it has always been open to innovation.

That is why I say that you will continue to progress and that working together we will move forward into a new decade of ever greater achievement.

20 copies to Mr. Ford only

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The crisis is a most complex one. It involves sharply rising costs. It involves, too, "the system."

We must improve the system by which health care is provided in America today. We must provide a virtually new system, or health care in this country will deteriorate despite greatly increased costs and massive increases in numbers of health personnel.

I am talking about the need for the health resources in the private sector to reshape the health care system. Unless they do so, the crisis of this decade may become the calamity of the next.

I am convinced that the decade of the Seventies will prove crucial for the dental profession and for the dental health of future generations.

Part of the answer to the crisis lies in dental research.

All of you know, for instance, that most of the questions surrounding the cause, prevention and cure of dental disease have hardly begun to be answered.

Such measures of dental disease prevention and control as America boasts have not yet been fully exploited. Fluoridation is perhaps the best example of our failure to get the most from a disease prevention program. Only 55.9 per cent of those Americans served by public water supplies receive fluoridated water. I might mention with pardonable pride, however, that for Michigan the figure is nearly 90 per cent.

There are other failures. Intensive oral hygiene practice in relation to periodontal disease is one of them. It is an obvious and significant lapse which must not be overlooked.

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Expedience, if nothing else, demands that preventive services should become a major factor in professional planning and action against dental disease. Yet most dentists are still overwhelmingly oriented to remedial rather than preventive practice. Dentists also work primarily as soloists, although the logic of the service supply situation indicates a need for more productive methods of practice.

There is no question in my mind that the technical expertise of American dentists is the greatest in the world. But, as we used to say on the University of Michigan football teams I played on, you've got to deliver. And the American dentistry team's delivery system is not satisfactory.

The delivery system is generally condemned as obsolescent. Some critics go so far as to say a "system" doesn't even exist. In any case, there is no doubt that many more people go without dental services than receive them.

Now, what can be done about it?

It is a challenge which I think can be met only if dentists accept the idea of partnership -- a partnership with the Federal Government, a partnership which is fashioned out of mutual concern for the dental health of the individual American citizen.

When the Federal role in health care is mentioned today, most people think immediately of Medicare and Medicaid -- and probably little else.

But behind the Federal care programs are a host of other Federally supported programs of direct concern to dentists and American consumers: education and manpower programs to provide more dentists and auxiliaries; screening for oral cancer and periodontal disease; continuing education for practitioners, teachers and dental researchers; oral science research and technology; applied research to increase the practitioner's skill and productivity; and preventive programs like community fluoridation.

Let me point out that the University of Michigan Dentistry School has just received a Federal grant of \$227,500 and the University of Detroit Dentistry School \$184,500 under the continuing Federal Health Professions Educational Improvement Program. In that connection, I note that the costs of professional training are going up at a frightening rate.

Today, both the Government and the dental profession are centering their concern on three overriding considerations in the area of dental care: the lag in dental research, both basic and applied; the shortage of profesisonal manpower, together with related problems in education, distribution and utilization; and the

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inaccessibility of adequate dental health protection for large numbers of Americans.

I promise you that the present Administration will support forward-looking action in all of these areas.

A good beginning has already been made. The chief example that comes to mind is in the field of research. Let me point out that the President's fiscal 1971 budget allocates an additional \$5 million for the fight to eliminate dental caries.

In the Nixon Administration dentistry will at last receive the concerted and imaginative support it deserves.

What makes the \$5 million additional for research especially important is that it will be used to support a broad spectrum of activities for both basic research and research in the application of basic findings.

The attention of anyone committed to the cause of dental health should also focus on manpower. That, in my judgment, is the core problem.

The shortage of dentists is tremendous. But I don't believe we can solve the problem simply by increasing the number of dentists. I say that because to meet the need we would have to produce some 168,000 practitioners in 10 years time. Well, that of course is outside the realm of possibility.

So what can be done? We must nearly double the present dental capability by the 1980s. We must reach for higher levels of productivity.

We must ask what the dentist of the future should be like -- how he should function to meet his full responsibility to society.

More schools of dentistry should become involved in meeting the health needs of their own communities and areas. Dental students of the University of Kentucky, for instance, have taken dental care to the citizens of rural Wolfe County on wheels because they recognize that dental deprivation is found most commonly among the poor and the isolated.

Community dentistry will require -- and should begin to educate -- its own brand of specialists -- specialists who are experts in the design and administration of care programs, and care and delivery systems researchers.

We should also seriously explore the possibility of improving dental productivity through expansion of group and multi-disciplinary practice. At the same time we must develop the means to keep practitioners abreast of advances in technology, materials, and research application.

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Most important of all -- in the decade ahead of us -- we must move to a far more extensive use of auxiliary personnel in providing dental care services.

This involves reorientation. It will not be easy. The undergraduate school will have to take the lead, but continuing education will also occupy a central place in the scheme of things.

There is no greater threat to quality of care than an inadequate supply of services. The Nation faces precisely that threat, and that is why the use of dental auxiliaries has become a central factor in dental manpower planning.

As you know, a dentist today devotes a great portion of his time to routine jobs that could be done just as well by someone with far less training. This means that dentists are denying patients the benefits of the highest exercise of their most valuable skills.

This is why the Department of Health, Education and Welfare is supporting Dental Auxiliary Utilization training programs in all the Nation's dental schools. And where these programs have concentrated on the traditional single auxiliary, they should now be broadened to include multiple auxiliaries performing expanded functions.

Why? Because as I mentioned earlier we must double the availability of dental services by 1980.

There may be some who doubt the need for such an expansion. I am not one of them. Let me point first of all to the fact of Medicaid and other publicly supported commitments to dental care. And beyond the publicly supported programs we have an acceleration of privately supported prepaid dental care programs.

The Federal Government will do its part in cooperation with the states and the profession to bring about new advances in dental care.

The present obsolescent delivery system must not remain as an insurmountable barrier between the people of this country and the dental care they need and deserve.

Responsible public officials are determined that this shall not happen.

We know that dentistry has a great heritage. The dental profession has consistently been responsive to changing needs and it has always been open to innovation.

That is why I say that you will continue to progress and that working together we will move forward into a new decade of ever greater achievement.