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News Letter

Vol. 1 - No. 6

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A.D.A SPOKESMAN URGES CONGRESS TO ESTABLISH CIVILIAN BOARD TO RECRUIT DENTISTS FOR ARMED FORCES

Creation of a civilian authority similar to the former Procurement and Assignment Service which would be in charge of recruiting dentists for the Armed Forces as needed was recommended to Congress on April 20, by Dr. Carl O. Flagstad of Minneapolis, chairman of the A.D.A. Committee on Legislation.

Dr. Flagstad testified before the House of Representatives Armed Services Committee which is considering Selective Service legislation requested by President Truman. His recommendation was in answer to the provisions of proposed Selective Service bills which would make dentists, physicians and veterinarians up to 45 years of age subject to a special call for duty with the Armed Forces.

The A.D.A. spokesman urged that the proposed procurement board be made directly responsible to the President of the United States and that it be given authority by law to secure dentists to serve as officers in the Dental Corps. He also urged that Congress make provision for the autonomous direction of dental activities by the Dental Corps.

Dr. Flagstad said that all recent dental graduates and those trained under the Army Student Training Program (A.S.T.P.) and under the Navy V-12 program who have not rendered any active military service should be called first to serve in the expanded military services. There are a sufficient number of men in this latter category, he asserted, to supply sufficient dentists for the needs of the Armed Forces in the immediate future.

(According to official records there are approximately 3,000 dentists trained under A.S.T.P. and 375 dentists trained under V-12 who have not seen active service. If manpower increases in the Army and Navy are authorized as requested, it is estimated that an additional 745 dentists will be needed in the Navy and that about 2,000 more dentists needed in the Army, or a total of 2,745 — about 700 less than the total of those trained by the Army and Navy who have not seen active service.)

Dr. Flagstad said that the new board should be empowered to develop additional categories on an "equitable basis" in the event more dentists are needed for the Armed Forces.

Pointing out that Selective Service officials "wasted" dental manpower during the last war by inducting a considerable number of dentists as privates, Dr. Flagstad urged that all dentists who are called to active duty be commissioned and utilized in their professional capacity.

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Dr. Flagstad also urged that dental students and a "reasonable pool of pre-dental students be deferred so as to assure a normal class of dental students in the coming years."

The formal recommendations of the legislative committee chairman included the following:

That the President be authorized to re-establish the Procurement and Assignment Service; or similar board, its purpose to be to evaluate the dental needs of the Armed Forces in relation to civilian needs; that the board shall be empowered to call dentists into service as required in such numbers, priority

and age categories as deemed advisable. It is suggested that the board, when created, consider the following priority in procuring dentists: all former A.S.T.P. and V-12 students who have not rendered any active military service, other than in school, and also all recent graduates who have not served on active duty in the military forces of the United States.

Dr. Flagstad pledged the full cooperation of the American Dental Association to the Congress, the Armed Services and the proposed procurement board in developing "a Dental Corps adequate to take care of the needs of the personnel of the military services." He also urged that the dental needs of the civilian population be considered fully in developing a program of dental services for the Armed Forces.

Copies of Dr. Flagstad's recommendations were submitted to the Armed Service committee of the U. S. Senate which likewise is considering Selective Service legislation. How soon the hearings will be adjourned and when the draft issue brought to a vote in Congress were unknown when this issue of the A.D.A. NEWS LETTER went to press.

SEEKS EXTENSION OF VA DENTAL SERVICE PROGRAM

A new bill (H.R. 5619) has been introduced in Congress by Rep. Homer A. Ramey (R. - Ohio) to extend to two years the period after discharge from the Armed Services in which a veteran will be entitled to treatment of any dental disability under the dental service program of the Veterans Administration. The present law limits to one year after discharge the period in which all dental disabilities of veterans are presumed to be service connected. After the one-year period, veterans must prove that dental defects or disabilities are service connected to be eligible for treatment under the V.A. program. If enacted, the proposed bill would increase considerably the dental case load of the V.A. The bill is now being studied by the A.D.A. Committee on Legislation.

PRESIDENTIAL ITINERARY

Dr. H. B. Washburn, A.D.A. president, will speak at several state society meetings during May. His itinerary for the month follows: May 3, Des Moines, Ia.; May 5, Little Rock, Ark.; May 10, Sioux Falls, S. D.; May 11, Minot, N. D.; May 18, Indianapolis, Ind.; May 20, Springfield, Ill.; and May 24, Fairmont, Minn.

CORRECTION

The new surgeon general of the United States Public Health Service is Dr. Leonard A. Scheele and not "Dr. Leo Scheele" as was incorrectly stated in the April 15 issue of the A.D.A. NEWS LETTER.

SIX ADDITIONAL MEMBERS NAMED FOR DENTAL HEALTH SECTION OF NATIONAL HEALTH ASSEMBLY

Six additional persons, making a total of 48, have been invited to participate in deliberations of the dental health section of the National Health Assembly to be held at Washington, D. C., May 1 to 4. New dental members are: Dr. Otto W. Brandhorst, dean, School of Dentistry, Washington University, St. Louis, and Dr. R. P. Spurlin, Jr., Berryville Ark. Other new members of the dental health section are: Miss Hazel V. Dudley, director, Division of Public Health Nursing, Hartford, Conn.; Mrs. John A. Jones, representing the General Federation of Women's Clubs, Weirton, W. Va.; Rueben G. Soderstrom, president, Illinois State Federation of Labor, Chicago; and Kenneth J. Kelly, secretary-treasurer, Massachusetts State Federation of Labor, Boston.

In all, 600 representatives of the health professions and other organizations have been invited to be present. Several hundred "unofficial" observers are also expected to attend the Assembly which has been divided into 15 sections, each dealing with a special phase of the health activities. Headquarters will be the Statler Hotel. President Truman will speak at the opening dinner meeting, Saturday, May 1. The Assembly is being financed by voluntary contributions.

Dr. Ernest G. Sloman, dean, School of Dentistry, College of Physicians and Surgeons, San Francisco, will preside at sessions of the dental health section.

URGES LOCAL CONTROL OF TOPICAL FLUORIDE PROGRAMS

A recommendation that local and state dental societies be consulted in the development of topical fluoride treatment programs proposed by the United States Public Health Service was made by Dr. Allen O. Gruebbel, secretary of the A.D.A. Council on Dental Health, in a recent appearance before a sub-committee of the Appropriations Committee of the House of Representatives at Washington, D. C.

The U. S. Public Health Service has requested Congress to appropriate \$2,680,000 for a nation-wide program to encourage the use of topical fluoride therapy among children. The appropriation request included \$1,000,000 for the organization of field demonstration units in conjunction with state health departments; \$180,000 for publicity and promotion programs through professional societies and public health agencies; and \$1,500,000 for grants-in-aid to states to publicize and promote the use of topical fluorides.

Pointing out that both the Council on Dental Health and the Council on Dental Therapeutics of the A.D.A. have approved topical application of a sodium fluoride solution for children as a caries control measure, Dr. Gruebbel urged that administration of the proposed program be decentralized so that local dental societies will participate directly in its operation. Dr. Gruebbel also recommended that all health education material, publicity releases, and other information designed for the public be screened carefully to prevent the distribution of misinformation.

11 STATE DENTAL SOCIETIES EMPLOY EXECUTIVES

Eleven of the 53 constituent societies of the American Dental Association now employ full-time executives to administer society affairs. They are: California (northern), Massachusetts, Michigan, Minnesota, Missouri, Oklahoma, Pennsylvania, Southern California, Texas, Washington, and Wisconsin. State societies of Iowa and Ohio are considering plans for the employment of full-time executive secretaries.

NEW OFFICERS

Names of new officers of all constituent and component dental societies should be reported to the Secretary's office, American Dental Association, 222 East Superior Street, Chicago 11, Illinois, immediately after election. Prompt reporting will eliminate delays in the transmission of official communications to the newly-elected officers.

EXPECT COMMITTEE ACTION SOON ON A.D.A. DENTAL RESEARCH BILL

The Committee on Interstate and Foreign Commerce of the House of Representatives is expected to vote within the next two weeks on the dental research bill sponsored by the American Dental Association, Chairman Charles A. Wolverton (R. - N. J.) has informed A.D.A. representatives.

The dental research bill was passed by the Senate last summer. Favorable action by the Commerce committee and approval by the Rules committee are necessary before the bill can be brought to a vote in the House of Representatives. If passed by the House of Representatives the bill will go to President Truman for signature before becoming a law.

At a public hearing conducted by the Commerce committee on March 11, all witnesses testified in favor of the bill which would appropriate \$2,000,000 for the construction and equipment of a research laboratory building and \$730,000 for the first year's operation of a dental research program. Dr. Carl O. Flagstad, chairman of the A.D.A. Committee on Legislation, reports that prospects of passage of the bill by the present Congress are the brightest in the several years the measure has been pending before the national legislature.

BIG VARIANCE IN STATE SOCIETY DUES

Membership dues of state dental societies of the American Dental Association range from a low of \$3 to a high of \$37 annually according to a recent survey conducted by the Central Office. The average membership dues of the 52 constituent (state) societies of the A.D.A. are \$11.04 per year. State dues are assessed in addition to local or district society dues and the A.D.A. dues of \$6 annually.

The highest state society dues in the nation--\$37--are paid by members of the Southern California State Dental Association. Second highest are the \$27 annual dues of the Washington State Dental Association. Next highest are the \$24 annual dues of the state dental societies of California, Massachusetts and Nevada.

Lowest state dues are the \$3 a year of the New Mexico society. Three other state societies--Indiana, Maine and Virginia--have dues of \$4 per year, the second lowest, and four state societies--Arkansas, Kentucky, New York and South Dakota--have annual dues of \$5, the next lowest amount.

Current annual dues of the 52 constituent societies have been reported as follows:

Alabama	\$12.00	Louisiana	\$10.00	Ohio	\$ 6.00
Arizona	7.00	Maine	4.00	Oklahoma	17.00
Arkansas	5.00	Maryland	6.00	Oregon	18.00
California	24.00	Massachusetts	\$24.00	Pennsylvania	7.00
S. California	37.00	Michigan	8.00	Puerto Rico	6.00
Colorado	17.00	Minnesota	8.00	Rhode Island	15.00
Connecticut	18.00	Mississippi	6.00	South Carolina	6.00
Delaware	20.00	Missouri	6.00	South Dakota	5.00
Dist. of Columbia	20.00	Montana	14.00	Tennessee	10.00
Florida	8.50	Nebraska	6.00	Texas	20.00
Georgia	13.00	Nevada	24.00	Utah	6.00
Hawaii	8.00	New Hampshire	9.00	Vermont	6.00
Idaho	8.00	New Jersey	11.00	Virginia	4.00
Illinois	10.00	New Mexico	3.00	Washington	27.00
Indiana	4.00	New York	5.00	West Virginia	6.00
Iowa	13.00	North Carolina	7.00	Wisconsin	13.00
Kansas	7.00	North Dakota	7.00	Wyoming	12.00
Kentucky	5.00				