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## ADA News Letter - 03/04/1953

American Dental Association

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## **TWO-YEAR EXTENSION OF DENTIST-PHYSICIAN DRAFT LAW COVERING MEN UP TO AGE 51 IS RECOMMENDED BY A.D.A. BOARD OF TRUSTEES**

A two-year extension of the special dentist-physician draft act to replace the present law which expires June 30, 1953, was approved in principle by unanimous action of the A.D.A. Board of Trustees at its regular winter meeting in Chicago last week (Feb. 27 and 28). It was urged that the present age limit of 51 years be retained in the new legislation. (See A.D.A. News Letter, Feb. 15, 1953.) The Trustees concurred in recommendations of the Councils on Federal Dental Services and Legislation that a new law extending the present liability of dentists and physicians for active military duty would be necessary to meet future needs of the armed forces for professional manpower. The Trustees, however, urged that a number of changes be incorporated in the new legislation (see below). Included were recommendations that there be adequate provisions for the deferment of qualified faculty members of dental schools, dental and pre-dental students and dentists essential to the welfare of their respective communities. The proposed extension of the special draft law is now being prepared by the Department of Defense. It is expected that it will provide for only two priority groups. The first will consist of non-veterans, essentially the same as the present Priority III men. The second will consist of those who have had prior military service. Most veterans are now in Priority IV. The new law is also expected to require that all men now in Priority I and II be subject to call for active duty as soon as they become available.

### **TRUSTEES LIST 12 POINTS FOR PROPOSED DRAFT LAW**

Specific points which the A.D.A. Board of Trustees directed the Council on Legislation to attempt to have included in the new draft law are as follows:

1. The law should not be extended more than two years, i.e., beyond June 30, 1955.
2. The present maximum age for the induction of dentists should be maintained at 51.
3. The national, state and local advisory committees to the Selective Service System should be retained and their authority in no way diminished. The Health Resources Advisory Committee should be given positive statutory authority with respect to insuring the exemption from military service of an adequate supply of health personnel to protect the health of the civilian population.
4. In determining assignments to a particular priority, credit should be given for service with an allied government in World War II and for service in World War II prior to entering an ASTP or V-12 course.
5. Maximum required service should not be more than 24 months, and provision should be made for the release, after not more than 17 months of service, of those who served 12 months or more subsequent to Dec. 7, 1941, in the armed forces of the United States or of a country allied with the United States, ASTP or V-12 service excluded.
6. Persons who served and are discharged after June 25, 1950, should be excluded from further service except in time of war or national emergency hereafter declared by the Congress, except where an individual has additional liability as a general registrant.

7. It should be possible, at the expiration of any period of active duty occurring after June 25, 1950, for any dentist who is not subject to the general draft law, to submit, and have accepted, his resignation from the armed services.

8. The \$100 per month special pay for dentists should be retained.

9. Adequate provision should be made for the deferment of persons essential to the community or to the nation, and for those who are disabled or under severe personal hardship which would be aggravated by service.

10. Newly commissioned dentists should be assigned grades commensurate with their professional experience. Veterans recalled through Selective Service processes or as reserves should be given higher rank than that held in World War II if justified by their subsequent professional experience.

11. The law should insure the freedom from induction by Selective Service processes, or as a reserve officer, of any members of the faculty of a dental school who cannot be replaced and whose induction would have the effect of (1) diminishing the quality of instruction offered; (2) seriously affecting the administrative or research program of the institution; (3) diminishing the number of students who could be offered adequate courses of instruction.

12. The law should contain a specific directive, or if that is not possible, an expression of policy, to indicate that it is the intention of the Congress to defer a sufficient number of individuals at the college level in order to provide a reservoir for the procurement of future students in schools of dentistry, medicine, veterinary medicine and the like.

Hearings on the proposed extension of the doctor draft bill are expected to be held within the next few weeks. The foregoing points will be transmitted to Congress by A.D.A. spokesmen at these hearings.

#### PRESIDENT FORECASTS CUTBACK IN TOTAL OF MEDICAL OFFICERS

President Eisenhower, at a press conference last week, revealed that the Department of Defense has discovered that the armed services could get along with a smaller number of medical officers than had been previously estimated. Whether similar cutbacks in total personnel were under consideration for dental officers could not be immediately learned. The Washington Report on the Medical Sciences reported that the proposed reduction in medical officer strength would probably result in a sharp curtailment, if not total abolition, of medical care for servicemen's dependents. The A.D.A. long has been on record urging that dental care for military dependents be abolished except in overseas areas where access to non-military dentists is difficult. Another indication of the growing concern over military requisitions for dental and medical officers was the demand made in mid-February by Rep. Davis (R., Wis.) that Defense Secretary Wilson investigate possibilities that the armed services have been "hoarding" dentists and physicians. Rep. Davis said that it appeared that the armed services have been "stockpiling" professional manpower "like critical material with little immediate need for their services." Rep. Davis' request for an investigation and the subsequent press conference comment by President Eisenhower on medical manpower needs strengthened beliefs that the Pentagon is now in the process of seriously reviewing its projected requisitions for professional manpower.

#### DR. BRANDHORST URGES SUPPORT OF RED CROSS FUND DRIVE

Dr. O. W. Brandhorst, of St. Louis, A.D.A. president, this week urged all members of the Association to support the American Red Cross in its 1953 fund campaign. In a letter to the Red Cross he said: "It is impossible to estimate the total good that accrues from the funds thus raised...the American Dental Association feels that it is a privilege to support this drive for funds and is sure that the members of the profession will respond to the call."

## FOUR MORE CITIES BEGIN FLUORIDATION FOR TOTAL OF 604 COMMUNITIES

Fluoridation of public water supplies was scheduled to begin March 1 in Tulsa, Okla., serving approximately 250,000 persons supplied by the city's water system. In New York state, two more cities placed the program in operation. They are Elmira, with a population of 70,000 persons, and Poughkeepsie, with 41,000 persons. The program was also started in Matewan, W. Va., to bring to a total of 604 the number of U.S. communities served by the public health measure. Meanwhile, the city of Milwaukee prepared for a referendum on fluoridation April 7. The program was approved unanimously by the City Council in 1950. Opposition attributed in major part to certain industries of the city resulted in a review of the action a year later. City attorneys found that while the program was approved, there was no authorization in the approval for the city's water department to begin the operation. A Citizens' Committee for Fluoridation is leading a campaign in favor of the program.

### HARPER'S ARTICLE IS PROTESTED AS "IRRESPONSIBLE JOURNALISM"

The Association has protested an article on fluoridation that appeared in the February issue of Harper's magazine. The article, "Go Slow on Fluoridation" by James Rorty, was seen as a distortion of the report of the Delaney committee of the 83rd Congress. In a letter to the magazine, the Association said that "the implication of the article that the representative bodies of the health professions of this nation would urge and recommend a harmful procedure for the entire public is ridiculous and is unworthy of the traditional standards of Harper's." The article was described by A.D.A. staff scientists as "an amazing example of irresponsible journalism." Copies of the letter have been mailed to presidents, secretaries and editors of constituent and component dental societies. Additional copies can be obtained upon request to the A.D.A. Bureau of Public Information. The St. Louis Post-Dispatch also took strong issue with the article. The newspaper, in an editorial on Feb. 13, pointed out that Mr. Rorty had "blown up the minority view" of the Delaney committee and added: "The Delaney group, however, did not differentiate the degree of reliability to be accorded the various witnesses, and neither apparently did Mr. Rorty." The editorial is reproduced on the enclosed mimeographed sheet. A revised edition of "Fluoridation in the Prevention of Dental Caries" has been issued by the A.D.A. Council on Dental Health. Single copies are available free upon request.

## V.A. FUNDS INADEQUATE TO MEET DEMAND FOR DENTAL CARE OF VETERANS

The gap in the Veterans Administration between legitimate demands of veterans for outpatient dental treatment and the backlog of unprocessed applications is widening to the point where either the law should be amended to reduce the scope of the program or adequate funds should be provided, Dr. John Fauber, V.A. dental director, said last week in Congress. In testimony before the House Veterans Committee, as reported in the Congressional Record, Dr. Fauber revealed that more than \$260 million was spent on dental care for veterans between July 1, 1946, and Feb. 1, 1953, of which 84 per cent or \$215 million went for private dentists in the hometown dental care program. Dr. Fauber said approximately 3,500,000 cases were examined and 2,500,000 treated out of 5 million applications. Citing an upward trend, Dr. Fauber said at the end of January, the backlog of unprocessed applications exceeded 300,000 while the figure is expected to reach 400,000 by June 30, the end of the fiscal year. He added that the number of applications for retreatment has risen sharply. Pointing out that most veterans are entitled under the law to continuous treatment for service-connected and related adjunct dental conditions, Dr. Fauber added that "it has been said that it is possible for a veteran patient to have one service-connected tooth and finally to receive full dentures from the V.A." He said that "it is possible by law and has occasionally, but not frequently, occurred." Dr. Fauber estimated that between 11 million and 16 million veterans are potentially eligible for outpatient dental treatment. He said the number of eligible veterans is being increased at the rate of 1 million a year. Since the end of World War II, he said, the average cost per case treated by fee-basis dentists has risen from \$70 to \$101.57. Nearly 62,000 dentists participated in the hometown care program last year. "The dental program has been made expensive by the fact that a large proportion of the veteran applicants require dental prostheses and also by the fact that once service-connection is established, the government provides continuing care at the federal expense," Dr. Fauber said.

## **FIVE CONSTITUENT SOCIETIES QUALIFY FOR A.D.A. HEALTH AND ACCIDENT INSURANCE PROGRAM; NATIONAL ENROLLMENT IS 6,608 SHORT OF QUOTA**

Five constituent societies -- Arizona, Idaho, New Mexico, South Carolina and Hawaii -- qualified for the new accident and health insurance program of the A.D.A. during the enrollment period from Sept. 1 to Dec. 31, 1952, Dr. Paul W. Zillmann, chairman of the Council on Insurance, reported to the A.D.A. Board of Trustees last week. In these five states, certificates of insurance have been issued to all A.D.A. members in active practice who applied, including those with unfavorable medical backgrounds, that is, impaired risks. In the nation as a whole, the total applications from A.D.A. members for the new disability insurance fell 6,608 short of the minimum number necessary to qualify the plan so that impaired risks would be eligible for coverage, Dr. Zillmann reported. Under the original plan submitted by the National Casualty Company of Detroit, disability insurance policies providing benefits of from \$100 to \$400 a month would be issued to all A.D.A. members provided 50 per cent of the members under 65 years of age applied for such coverage. In the event this quota was not obtained, policies were to be issued to the unimpaired risks only. Policies already issued in five states, New York, New Jersey, California, Nevada and Utah, where the program has been in operation for a number of years, were counted toward the 50 per cent minimum. This meant that a total of only 17,016 new applications from A.D.A. members would be necessary to provide coverage for all impaired risks under age 65. Applications received during the enrollment period totalled 10,408, or 6,608 short of the quota. Of the total applications, 6,944 were accepted and are now covered by insurance, and 3,169 were returned as impaired risks. Of the remaining applications, 106 were withdrawn by dentists and 189 are still being processed.

### **IMPAIRED RISKS CAN REAPPLY IN NEXT ENROLLMENT PERIOD**

coverage during the next enrollment period and will be covered when the required quota is reached in either their respective state or on a national basis. Dr. Zillmann also pointed out that all applications, both from impaired and unimpaired risks, are counted toward the national or state quota. Dr. Zillmann was instructed by the Board of Trustees to press for a second enrollment campaign as soon as possible so that the necessary quota could be achieved to permit all A.D.A. members under age 65 in active practice, including impaired risks, to obtain health and accident insurance coverage. Applications for coverage may now be filed by A.D.A. members and policies will be issued currently to those who are physically qualified. These new policies will be counted toward the state and national quotas, Dr. Zillmann said. The Board also directed Dr. Zillmann to seek an amendment of the insurance contract to permit members applying before age 65 (the age limit under the present plan) to obtain coverage when the plan is qualified even though the individual has then passed age 65. Dr. Zillmann pointed out that the number of applications received during the original enrollment period was considered by insurance executives to be an excellent response. He noted that in New York, several enrollment periods were required to enroll the 50 per cent of the society's membership to qualify the group insurance for impaired risks.

In his report, Dr. Zillmann pointed out that all A.D.A. members not eligible for insurance as impaired risks will have the right to reapply for

### **DENTIST GROUPS URGED TO TAKE FIRST AID COURSES FOR CIVIL DEFENSE**

A.D.A. members are urged to participate in the Red Cross first aid training program as a civil defense measure in a resolution adopted by the Board of Trustees last week. The Board praised the Association's Subcommittee on Civil Defense for its fine work and pointed out that the Red Cross program "offers an exceptional opportunity for the cooperation of dentists at the local level in the civil defense program." Meanwhile, Dr. Russell W. Bunting, of Ann Arbor, Mich., dental consultant to the Federal Civil Defense Administration, reported that groups of dentists in many parts of the country are enrolled in the Red Cross first aid courses. He urged that all dental societies take the initiative in arranging for courses limited to dentists. All a society has to do, Dr. Bunting noted, is to get in touch with the local Red Cross which will provide qualified instructors. By limiting the classes to dentists, it is possible to by-pass instruction in basic details of human anatomy and physiology and concentrate on actual care of bodily injuries, he pointed out.