

Editorial: On Becoming an Advocate

Between March 24 and April 4, I attended five meetings in nine days in two cities, including the American Dental Editors Association, ACP Education Foundation, ACP Board of Directors, the American Dental Education Association (ADEA) annual session, and the American Association for Dental Research (AADR) annual meeting. Late in 2009, I received some information requesting volunteers to attend AADR's Dental Advocacy Day on Capitol Hill. Since I was not scheduled for activities on Tuesday, March 2, I thought "what the heck, why not?" I later received some information indicating that I had been "accepted" to participate—this was back in early January. About 6 weeks prior to the AADR meeting, I received additional information indicating that I would be visiting several of my State Representatives to advocate on behalf of NIH (in general) and NIDCR (in particular).

On the designated date, I arrived at the Washington National Convention Center for the morning "training session." The trainers from AADR presented the information we were to be "armed" with on our trip up to "The Hill." They provided us with some very interesting information and statistics: for example, from 1995 to 2005, the NIH budget doubled (100% increase over a single decade). This meteoric rise in funding (this is Federal funding) has basically "flat lined" since 2005, with very modest increases since then. The 2011 budget, which is what is before Congress for debate this summer, has another modest increase for NIH/NIDCR of 2.5%. However, the current budget proposal shows a decrease in funding over the next 3 to 5 years, which is simply untenable to those in academic institutions that depend on federal research funding dollars. The training of our group of approximately 55 individuals from across the United States was well done, carefully orchestrated (they wanted the same message to go to all the Congressmen we were to visit), and very realistic as to what to expect. I was scheduled to meet with health care staff representatives for my two Senators from NC [Senator Kay Hagan (D) and Senator Richard Burr (R)] and with the Representative from my district [Representative David Price (D) from the 14th district]. The AADR staff provided us with handout materials to give to the staffers for their review. Basically, we were asking for increased funding for NIH and NIDCR for the next budget cycle, and certainly to consider a repeal of the budget cuts proposed.

I met with my Senators' staffers in the Senate Office buildings shortly after noon, and things went pretty much as had been described—both staffers were in their mid-20s, and were bright, articulate, and caring. Both immediately asked for the handout materials we were provided, and both indicated that their respective Senators were supportive of NIH/NIDCR, and would give our request their serious consideration. Both meetings lasted about 20 minutes.

The last meeting was with Representative Price, at 4:00 p.m. Representative Price is on the House Appropriations Committee, which is the group that puts together the budgets. I arrived

about 10 minutes prior to my appointment, checked in with the office staff, and sat down. About 5 minutes later, a photographer arrived, checked in, and sat next to me. "You must be Dr. Felton" he inquired. After exchanging some pleasantries, he informed me that, of the four to five members of the advocacy group who were supposed to meet with their Congressman (instead of a staff person), I was the only one who actually would meet mine (was I ever surprised). He was there for the traditional "Kodak moment." Promptly at 4:00 p.m., we were escorted into an adjoining office by Representative Price's Chief of Staff. After photos, I got to discuss the issues for a full 30 minutes with Representative Price, and for another 15 minutes with his Chief of Staff.

This was an incredibly exhilarating experience, and one I will not soon forget. Rep. Price started with "So, you're here to talk about Health Care Reform?," and seemed a bit surprised when I indicated that that was not at all my purpose for being there. We spoke specifically about the NIH/NIDCR budget, and he seemed caught off guard by the 2.5% increase for the next FY (he thought it was 3.5%), and was very surprised by the proposed cuts in the budget for the following 4 to 5 years. Then he asked me a very intuitive question, that being, "I'm willing to help you out if you can tell me, what is the potential impact of additional NIH/NIDCR funding specifically on North Carolina?" Drawing on my personal knowledge of the health care issues facing the citizens of NC, I asked him if he was aware that our state ranked 5th in the United States in the number of completely edentulous patients, that NC and SC combined have the highest expenditures for denture adhesives, and if he understood the relationship between tooth loss and systemic health. We discussed access to care, denture biofilms, and the fact that UNC-Chapel Hill School of Dentistry ranks 5th overall in NIH/NIDCR funding. This led to a wonderful discussion on how NIDCR funding (in particular) could potentially help treat the growing number of edentulous patients in NC, and could help those in need of dental care maintain their teeth longer. Noting that these edentulous patients are adult, voting constituents did not seem to hurt my cause either. I must admit, this was an exhilarating 45 minutes and has made me a convert to becoming more active in the political process. Just having the ability to spend an afternoon in the Senate and House office complex was an eye-opening experience, but my time spent with my US Representative and Senatorial staff persons was clearly the highlight of my nine-day excursion. I guess the bottom line is, if you are in Washington, DC, be sure to take the time to meet with your Senators and Representatives, and advocate on behalf of the patient cohort that we provide services to on a daily basis! Get involved, and hopefully, you will have a wonderful experience like I did.

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