

## ASTDD President's Welcome and Address

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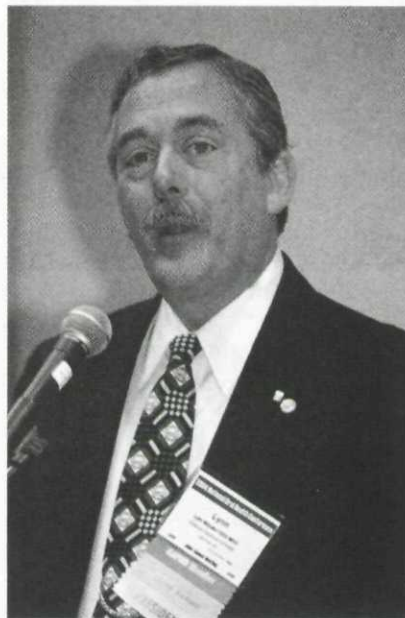
On behalf of the Association of State and Territorial Dental Directors, I want to welcome each and every one of you to the 2004 National Oral Health Conference. This conference has grown almost exponentially in the past five years, since the agreement to have AAPHD join with us in such an incredible effort. I also want to thank each and every one of the many people in both organizations, recognizing their time, their efforts, and their commitment to making this the best NOHC ever.

I stand here today representing ASTDD, but like many of you, I am a member of both organizations and proud to be doubly involved. Of course, I'm glad that it doesn't mean paying double the registration fee. The National Oral Health Conference has matured to be the preeminent annual gathering of the best and brightest in oral health.

To complement the best and the "brightest," you can see from your program that this year we have put the spotlight directly on oral health. Calling on the time-honored phrase of "Lights, camera, action," we welcome you to celebrate the challenges, opportunities, and progress in oral health.

Lights in dentistry began with north windows. Our predecessors, such as G. V. Black and Pierre Fuchard, realized that the best dentistry of the time was delivered with the chair facing a north window, providing nonglaring, "color-adjusted" lighting. Dentists early in the current era copied that dictum when concerns of color-matching really did become necessary.

The light shone differently on dentistry with the innovation of electric operating lights. Suddenly, a new era of dentistry was born by dentists actually being able to SEE what they were doing. Blind allies such as the development of the grain-of-wheat handpiece finally led to the development of the fiber optic handpiece—in recent years now accompanied by loops and microscopes. Now dentistry can truly see what's going on in that little dark



*Dr. Lynn Mouden*

hole—and also see what we're missing. Public health has the same needs—seeing what we need and seeing what we are missing.

Of course, some of us work with a much different light—the glaring, unblinking stare of the computer monitor screen. When I graduated from dental school in 1975, it never would have occurred to me that I could affect the oral health of literally millions of people—by the light of the computer screen. The computer and its attendant access to the Internet have changed public health—and dental public health—forever.

The other lights that affect our ability to improve oral health are the glare of the television and the political spotlight. None of us work beyond the glare of media attention or far from the realities of politics—dental politics as well as legislation and policy.

The television camera makes us think of changes in cameras we've seen throughout dental history. About the time G. V. Black was developing our guiding principles in cavity design, Matthew Brady was immortaliz-

ing Americana with wet plates and long exposures. (I know dentists don't like the word "exposure," but here we really are talking about photography—not that bleeding spot at the base of the prep.)

Photography moved forward with pioneers such as George Eastman and Edward Land and soon we were documenting dental procedures for ourselves and our patients. Video cameras helped us in our training, giving us close-up views of procedures we hoped to soon master. I can't tell you how impressive it was to have a crown and bridge professor doing a prep while looking at the TV monitor of a broadcast image of a tooth reflected in the mouth mirror. Intraoral cameras now bring dentistry up close and personal to the lucky patients who never really knew what restorations—or caries—look like.

Now we have the movie camera to give us entertainment, food for thought, and even reasons to consider our faith. Movies have reflected dentistry in innumerable ways. We've seen the horror of "Marathon Man" (and if you've seen the movie, the phrase "is it safe?" makes you cringe in pain). We've seen the craziness of Steve Martin's dentist in the "Little Shop of Horrors." We've also seen the grim reality of Tom Hanks' "Castaway" dealing with poor oral health and his own dental neglect in what may be the most watched extraction in history. St. Appolonia, the patron saint of dentistry, would certainly understand.

The television camera is now our best friend and our worst enemy. Not only do we decry all the hours our children spend in front of the idiot box, we also have to deal with the idiots who often rail at us from that same box. Every idea, well-founded or incredibly stupid, now gets aired—often with the filter of news organizations' and their own political bent.

And we now arrive at "action." Sir Isaac Newton described action and reaction for us in the most simple of



terms. He told us that every action has an equal and opposite reaction. Unfortunately, action and reaction for all too many years were the cornerstones of oral health policy. Problems arose; we reacted. Only in recent years has oral health policy been involved on the front end—truly learning what it means to be PRO-active.

The Surgeon General's "Call to Action on Oral Health" gives us a new angle on being proactive. At last year's meeting in Milwaukee, we were honored to have US Surgeon General Dr. Richard Carmona announce the call to action. We were certainly pleased to have him present the announcement in person, and for the unique opportunity for the state dental directors to meet with him personally before the conference. National and even international attention was decidedly fo-

cused on us—focused on oral health and focused on oral health professionals—on that auspicious day. The TV lights, the video camera, and the call to action came together in one glorious moment.

Our challenge, and the challenge of this conference, is to keep the focus on oral health. We have the opportunity—we must not lose it!

As you have heard me say, many of life's problems and opportunities can be addressed through what my father, the one-time physics professor, called "simple physics." Cas Evans labeled the surgeon general's report and call to action as springboards for optimum oral health. But simple physics tells us we only get out of a springboard what we put into it. If you don't bounce a time or two—adding energy to the system—all you do is fall off the board

and into the deep water. Add energy and you can spring to new heights—creating new programs, creating new opportunities, creating new policies, creating new legislation, and yes, even creating new funding. All these are what will truly give us the chance to do our best, to do what is needed to treat our patients. "Our" patients—the roughly 250 million Americans who depend on us to make the right decisions.

I'm told Clint Eastwood, in his role as movie director, never calls out "ACTION!" He says that scares the actors. Instead, he just says, calmly and softly, "Ok, let's go." So I challenge you: "Let's go." Let's learn, let's explore, let's enjoy, let's build new friendships and foster old ones, and let's move forward toward optimum oral health for all. Thank you.

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