

Remarks on Receiving the Distinguished Service Award

John C. Greene, DMD, MPH

What a pleasant surprise it was to receive a telephone call from Dr. Rhys Jones informing me that I had been selected to receive the 1996 AAPHD Distinguished Service Award. Receiving this high honor from my peers is greatly appreciated. I want to thank the selection committee and the entire American Association of Public Health Dentistry for this recognition. It is something that I shall always cherish.

I feel most fortunate to have had an opportunity to have a public service career filled with adventure, challenge, variety, satisfaction, and rewards while doing the things I enjoy and for which I am being recognized. Becoming a dentist has enabled me to pursue a career that has taken me on pathways that I never dreamed even existed. Along the way it has been my good fortune to meet and work with many fascinating people, some of whom are legends in public health dentistry.

My varied career has enabled me to be involved in direct patient care—helping others organize and administer dental public health programs at the state and local level; chasing epidemics around the country as part of CDC's Epidemic Intelligence Service; conducting research in India and Ecuador; serving as the director of the Bureau of Health Resources Development and such major programs as Comprehensive Health Planning, Regional Medical Programs, the Hill-Burton Hospital Construction Program, and health manpower development; and serving as chief dental officer in addition to being the deputy surgeon general of the Public Health Service. Also, I had the opportunity to serve for 14 years as dean of the University of California at San Francisco School of Dentistry. The common thread linking these many facets of my professional career has been a concern for the health of the public with a special emphasis on oral health.

I became interested in dentistry as a profession because my parents ad-

mired and respected our family dentist so much as I was growing up. I thank them for steering me in that direction, for their caring, and for their guidance and encouragement. I am thankful, too, for the privilege of meeting and working with so many giants in dental public health. My professional and personal life was greatly enriched by their wise counsel and by the lessons they taught me.

The list is much too long to name them all, but I will name a few here to give you an idea of who some of the people were who helped to make and shape my career:

- Phil Blackerby, who shared his forward-looking vision of dental education and the role of public health.

- John W. Knutson, a strong leader and the first dentist to be president of the APHA, served as my mentor by letting me be assistant to him while he was the chief dental officer of the PHS. He insisted that while I was working for him I take time to continue my epidemiologic studies and that after being with him for two years I should enroll in an MPH program.

- Donald J. Galagan, a gifted leader and visionary role model who, as director of the Division of Dental Health, arranged for me to be assigned to the Epidemic Intelligence Service at the Centers for Disease Control to gain experience in epidemiology and later to establish the Epidemiology Branch at the Dental Health Center in San Francisco.

- Jack Pelton, as chief of the Division of Dental Resources, introduced me to the complex issues involved in documenting and predicting health manpower needs.

- Wesley Young taught me dental public health at the state level and about teaching community dentistry while he was at the University of Kentucky.

- Al Russell, head of the Epidemiology and Biometry Branch at NIDR, took me under his wing and taught me an enormous amount about the epidemiology of periodontal dis-



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ease and how to use the Russell Periodontal Index.

- George Nevitt arranged for me to work with him in the San Francisco regional office of the PHS, and in that assignment I learned a great deal about dental public health in the West Coast states.

- Jack R. Vermillion, a multi-talented public health professional with whom I worked in many capacities in San Francisco and Washington, was my coauthor on the Oral Hygiene Index and was an invaluable associate in many of my roles in the PHS.

- Viron Diefenbach, as director of the Division of Dental Public Health, appointed me to be his deputy and taught me about administration at the division level in Washington and prepared me for the larger responsibilities that were to follow.

- Edward J. Dyer, an exceptionally talented executive officer in the PHS, was my mentor on how to manage budgetary and personnel matters and how to get things done within a large government bureaucracy.

- David Striffler, as state dental director in New Mexico, taught me about public health dentistry in a state with no dental school, too few dentists, and low income levels; later at the University of Michigan he helped me

learn about scientific writing.

- Harry Bruce, a dedicated and talented public servant who demonstrated how to work effectively with advisory groups and committees to accomplish difficult tasks.

The people I've mentioned influenced my life enormously during my earlier years, and, of course, there were many others. I am deeply indebted to all of them. There are many, many more with whom I have had the privilege of associating in more recent times and they too have helped to shape and enrich my career. In fact, many have worked for me and made me look good by doing such outstanding work. I am indebted to them, for they deserve much credit for what, together, we were able to accomplish.

What has been the most enjoyable part of my career to date? It is very difficult for me to single out one part from all the rest; however, I think being chief of the epidemiology program at the Dental Health Center in San Francisco in the 1960s was the most exciting. I was just finishing the MPH program at the School of Public Health at Berkeley when Don Galagan called and asked me to establish the new dental epidemiology branch. We had an opportunity to create a new activity and were able to recruit a great group of people to run a program to study the epidemiology of periodontal disease, congenital malformations, and dental caries. Later I was transferred to Washington to be deputy director of the Division of Dental Health. That turned out to be a great move because from there I continued to have broader and broader responsibilities that gave me opportunities to serve the public health agenda in ways that had not been anticipated.

What am I most proud of as far as my accomplishments go? I'll have to name more than one. The development of the Oral Hygiene Index with Jack Vermillion early in my career was a major contribution to the early epidemiologic studies of periodontal disease and is still in use in many countries of the world. It was the first organized and validated method for documenting oral cleanliness. By using it in India and Ecuador we were able to document the association of oral hygiene with the presence and severity of periodontal disease. Next I should mention serving as deputy sur-

geon general of the Public Health Service. I was the first nonphysician to serve in that capacity, which involved all aspects of health encompassed by the PHS. By carrying out that role as well as being chief dental officer, I was able to make certain that dental programs in the department received needed support and that the documents like "Healthy People" and "Health Goals for the Nation" included goals for oral health.

Another one I would like to mention is being dean of the UCSF School of Dentistry. During my tenure there, we were able to develop a strong academic dental education program with one of the top oral health research programs in the country, as well as to create the first endowed chair in oral epidemiology anywhere. The last thing I will mention is that I am pleased to have been instrumental in getting the Institute of Medicine to conduct the recent study of dental education. I was on the IOM governing council at the time the AADS decided to ask the institute to conduct the study and had an opportunity to support that request before the council. I also chaired the planning meeting held by the IOM before the final commitment was made. I am proud of that because I believe the IOM report will prove to be one of the most important documents on the future of dental education to be produced in our time.

What are my thoughts about the future of dental public health? I believe the future of dental public health is very bright and that there is as much or even more reason for its existence today than at any time in my lifetime. In fact, if dental public health did not exist today we would need to be busy creating this discipline or something like it to address the oral health issues facing the people of this nation in the years ahead. There still are too many people who do not have access to proper dental care, resulting in too much preventable dental disease and too many unnecessary dental cripples. There is much work to be done even though great progress has been made in the past few decades; however, securing the resources to keep the encouraging trends going in the right direction will not be easy.

Diligence and dedication to the discipline of dental public health are essential if we are ever to realize the goal of a caries-free society, and one where

healthy dentitions function properly for a lifetime regardless of lifespan or economic status. We need to realize that the more successful we are, the more difficult it will be to sustain our cause. The more we diminish the threat of disease or discomfort, the more resistance there will be to allocating sufficient resources to continue the trend we seek. The up-and-down history of tuberculosis prevalence is a good example of what can happen when we become complacent and let our guard down. I am hopeful that the dedicated members of the AAPHD and the dental health section of the APHA will not let that happen in dentistry.

I was impressed with the leadership and concern demonstrated by the dental public health community for the health of the public by making sure that if there were going to be national health care reform, oral health would be included in a meaningful way. The way the AAPHD responded to the IOM report on dental education also was very impressive. I was pleased to be a part of that process and am proud of the final position that was adopted. As long as we provide such responsible leadership in the interest of protecting and improving the public's oral health, I believe dental public health will flourish.

What about my family? They are, and always have been, the most important part of my life. They have been a source of strength and encouragement that has helped me enormously throughout my career. Now that I have retired again, Gwen and I are enjoying having more time together, having an opportunity to set our own agenda, and taking time off to travel or spend time with our family. We have three children and seven grandchildren, all of whom live here in the San Francisco Bay Area. Our son, Alan, is a pediatrician in private practice in San Mateo and is on the clinical faculty at Stanford. Our twin daughters, Laura Nickel and Lisa Helm, are full-time moms at the moment and they and their families live not far from us. We are proud of them all and are most fortunate that they are so close by. As you might guess, we plan to stay here in California and enjoy our growing family.

Thank you again for selecting me for this high honor.