in 1968 and of both the North Dakota Public Health Association and the Association of State and Territorial Dental Directors in 1971.

John consulted regularly for various councils of the American Dental Association. He took part in several important workshops and conferences on fluorides and diagnostic criteria for caries studies. We both were part of a few of these convocations. Unlike some of us, who chattered excessively in attempts to make our points, John generally was quiet until he had something important to say, and then his comments usually were right on the mark. John may be perceived as quiet and has a serious mien, but he possesses a wry and witty sense of humor.

John Peterson is a worthy recipient of AAPHD's Distinguished Service Award. I regret only that he was not able to attend this 1998 Awards Luncheon so that he personally could receive this recognition.

References

1. Horowitz HS. The halcyon days of clinical field studies of dental caries prevention, 1960-1980. J Dent Res 1998;77:1380-3.
2. Horowitz HS, Peterson JK. Evaluation of examiner variability and the use of radiographs in determining the efficacy of community fluoridation. Arch Oral Biol 1966;11:867-75.
3. Peterson JK, Horowitz HS, Jordan WA, Pugnier V. Effectiveness of an acidulated phosphate fluoride-pumice prophylaxis paste: a two-year report. J Dent Res 1969;48:346-50.

Tribute to John K. Peterson Upon His Receiving AAPHD's Distinguished Service Award

Kathleen A. Mangskau, RDH, MPA

I am extremely proud to see Dr. John Peterson named as a recipient of the 1998 AAPHD Distinguished Service Award. When I arrived at the North Dakota Department of Health in 1985 after John's retirement, evidence of his accomplishments were everywhere. There were files of reports on research studies he conducted on various caries preventive methods and agents—including pre- and postfluoridation studies in North Dakota communities, studies of fluoride dentifrices, and studies of school-based sealant applications. In 1985, 92 percent of North Dakota's population on public water systems was receiving fluoridated water—an accomplishment achieved primarily through John's efforts.

John was a dedicated and skilled researcher whose efforts impacted not only North Dakotans, but many Americans. In 1986, when North Dakota was celebrating their centennial, John was asked to reflect on changes in oral health. He said, "... overall oral health has improved dramatically. The use of fluoride dentifrice is almost universal. I think this was a major public health accomplishment, and I am proud to have been a contributor to it."

John also is a man of strong conviction. In the early 1980s the Environmental Protection Agency began requiring communities to post public notice advising consumers that the fluoride water content exceeded federal standards, and then to repeat the notice every three months as long as the noncompliance continued. Dr. Peterson sent letters to communities informing them of the new rule, but stating that he did not agree with it. He knew compliance would be no easy task for the 27 small communities he notified. He said it would be "financial suicide" for these small communities to lower the natural fluoride content in their water. Even finding another water source would be an expensive alternative and would not always result in a better water supply. Across the state headlines in North Dakota newspapers read, "EPA, Health Department Clash on Fluoride Issue."

John didn't give up. He wrote letters to the Environmental Protection Agency, the American Dental Association, and the United States Public Health Service expressing his concern for these small communities. He wrote letters to the EPA requesting exemptions for North Dakota communities, which eventually were granted. These exemptions allowed communities a legal remedy while allowing more time to seek solutions.

I am pleased to take this award back to Dr. Peterson, an individual who has contributed a great deal to dental public health. On his behalf, thank you for this honor.

Written Remarks on Receiving the Distinguished Service Award

John K. Peterson, DDS, MPH

I am amazed to receive this honor 14 years after my retirement and with virtually no contact with AAPHD and the member friends that I can still remember. I am grateful and especially want to thank Herschel and Alice Horowitz for not forgetting working with me on several caries and plaque control studies.

I was active in and went through the chairs of AAPHD, the State and Territorial Dental Directors and the American Board of Dental Public Health. However, I must confess that my greatest interest was in the clinical testing of cariostatic agents.

I started public health work in 1950 with Bill Jordan at the Minnesota Department of Health. The Askov topical fluoride study was already in progress. We measured lactobacillus levels in the subjects because we then thought it could cause caries.

The Public Health Service supplied us with portable dental chairs and supplies for topical fluoride treatments and caries studies. It supplied ethyl alcohol for sterilizing instruments. We soon found a different use for the ethanol and a better sterilizing solution. Soon after, we started a penicillin dentifrice (Dentocillin) study. After one year, it showed benefits, but we stopped because we realized that such a low level of constant penicillin treatment would cause problems.

I did my first Crest study in Minnesota. Art Radike headed up Procter & Gamble dental research. He strongly emphasized that an investigator who biased his findings was detracting from human knowledge, not advancing it. The standard he set was double blind with neither the examiners nor the subjects knowing if they were assigned to the product being tested, the placebo, or an active control (if used). Crest used SnF at the time.

I moved to North Dakota in 1957, but continued working with Jordan on studies in the Fargo-Moorhead area. We tested 8 percent topical SnF and SnF silicon prophy paste, but ceased because of staining and poor acceptance because of taste.

In the mid-1960s we tested a General Foods breakfast cereal with a phosphate added. An earlier study showed promise, but ours and another showed no benefits. We also tested a Bristol Myers orthophosphate fluoride dentrifice that showed minimal, if any, benefits. In the 1950s, caries rates were high and moving plaque aside was often necessary to do a good examination. Then, the number of subjects needed was about 100 in each study group. This number kept rising with the decrease in caries. In 1980 in a fluoride dentifrice study in the Portland area, we needed to include 4,000 children. This study was halted after two years because of poor results, which I believe could be attributed to the use of sealants and the prophylactic filling of "sticky" fissures.

I was fortunate to be in public health in an era of great opportunity and significant discoveries. Thank you for remembering my small part in these changes.