advisory and review committees. These activities have included the National Institutes of Health, the Centers for Disease Control and Prevention, the Office of Child Development (DHHS), the National Academy of Sciences, World Health Organization, American Dental Association, American Association for Dental Research, World Dental Federation, and the University of Malaya. His expertise has been used for the review of research grants and projects, to provide advice on fluoride policies, for the review of advanced education programs in dental public health, and for consultation for Project Head Start. Brian's editorial and manuscript review activities have been substantial. Since 1997 he has been the editor of *Community Dentistry and Oral Epidemiology*, the journal for which he was associate editor since 1988. He has been an editorial board member for the *Journal of Dental Research* and editorial consultant of the *Journal of Public Health Policy* for 18 years. He has coauthored several widely read dental public health texts: "Dental Public Health: an Introduction to Community Dentistry and Dentistry, Dental Practice, and the Community" (third, fourth, and fifth editions).

Brian has authored or coauthored over 150 publications. His work has addressed oral diseases and conditions and their prevention. Included in his publications are studies of dental caries, periodontal diseases, tooth loss, fluorosis, and the caries preventive effects of fluorides, sealants, and diet. He also has reported on studies of dental health education, health care delivery systems, ethics, economic analyses, and the development and value of various oral epidemiologic indices. As I look around this room, many of Brian's coauthors are sprinkled in this audience. Brian has been admired by his students for his detailed grasp of the literature and his willingness to give his time and full attention to them. They also have appreciated his and Lizzie's dinner party each year ... an extravagant and luscious treat.

In the letter to Brian, we stated that this award is meant to "recognize your tireless efforts on behalf of the AAPHD mission and the health of the public. Your career embodies a commitment to understanding and improving oral health. We wish to recognize your significant contributions toward improving oral health through research, teaching, and mentoring. We also appreciate your energetic work and leadership in editing the primary dental public health text used by so many throughout the world." Thank you!

Remarks on Receiving the 2001 Distinguished Service Award

Brian A. Burt, BDS, MPH, PhD

Thank you, Dushanka, for all those kind words. My first reaction on receiving the news of this award was how privileged I am to be added to this list of the giants in our field. It is a signal honor that I appreciate deeply.

A time like this doesn't come all that often, so it leads to some reflection about how on earth did I get here anyway. Why did I choose public health instead of a nice comfortable suburban practice? In retrospect, I think the die was cast pretty soon after I got out of dental school, even though I didn't recognize it at the time. I had gone through dental school in Perth on a scholarship from the Western Australian government, and in return I owed them five years of service. (When policy discussions come around to service-payback plans in dental education, I'm an expert!). After a few months in central dental clinics, I was appointed the first dentist-in-charge of the Western Australian State Health Department's new mobile dental operatory. This mobile clinic, which was state-of-the-art at the time, was headed for the outback where the people were few, the dust penetrated everything, where the doctor arrived in an airplane, and no dentists existed for many hundreds of miles. I needed to be a genuine all-round dentist for that job, for I was going as a raw rookie to where no experienced colleagues were around to refer the hard stuff to. The skills I needed for this job were not all related to dental care—before we left Perth I was packed off to learn a lot of machinery maintenance from a mechanic at the Public Works Department, and then I had to get my truck driver's license to let me legally drive the mobile unit.

The outback in Australia is vaguely defined as the country a good distance from the amenities of the major cities. In those days it had not been glamorized by Crocodile Dundee, "Survivor," Steve the Crocodile Hunter, and the Discovery Channel. This city boy found that living in the outback towns for any length of time took a lot of adaptation. Even moving the mobile unit around through the summer dust and the wet-season mud at times took a lot of ingenuity. For most of the time I was the only male in a team of three or four, which I hasten to assure you was not quite what it might sound to be. Life in the outback could get lonely and monotonous. It really was hard work with long and unorthodox hours required to treat people who might have driven for hours to get to the clinic, although I usually didn't mind because there wasn't much else to do.

Dental needs at this time and place were unbelievable, totally overwhelming. This period, the early 1960s, was near enough to the peak of the caries epidemic. There were days when it seemed I worked all day with a pair of forceps in each hand. Al-

though spending all day ripping out teeth, or the remains of teeth, is not all that much fun, I did by necessity become a pretty good exodontist. I was so adept at retrieving lost and broken roots that for a while I thought about becoming an oral surgeon.

What professional life in the mobile clinic really taught me, however, was the futility of dealing with massive dental needs by individual clinical treatment. On one occasion, after a quick screening of the schoolchildren in a small town, I realized that I had 400 kids to treat, all of them with black holes in their first molars, in four days. Nothing in dental school had prepared me for how to deal with that, so I called my boss back in Perth. I briefly described the situation and asked him what I should do. During the significant pause that followed, though it was only a few seconds, it dawned on me that he didn't have a clue either. His reply: do what you can.

Do what you can, indeed: words to live by. Outback dentistry called for some approaches that would have horrified my dental school faculty. One technique I developed was geared for dealing with the unending parade of 7–8-year-olds with black holes in their first molars. I would take a number 10 round bur, tell the kid to hang on, and do a two-minute whiz around the periphery of the black holes. With a hand excavator I would then take out as much of the carious dentin from the floor as I dared; a pulpal exposure with this procedure was to be avoided at all costs. While I was packing a big plug of zinc oxide into the holes (to call them prepared cavities would be pretentious), the dental assistant would be mixing a pile of zinc-phosphate cement. Timing was crucial here, for if the air conditioning was on the blink (as it frequently was) that stuff would set like yellow concrete in a few seconds. As soon as I had plugged in the zinc oxide, I would top it off with a scoop of zinc-phosphate in each tooth, have the kid bite hard on a cotton roll on both sides, and then quickly scrape off the excess zinc-phosphate in the few seconds I had before concrete time. What amazed me was how many of these bush-dentistry restorations were still there, functioning and symptomless, up to two years later. What has amazed me even more was to have the essence of my technique (which I never dared mention to my crown-and-bridge friends in Perth) dignified some 30 years later by becoming Atraumatic Restorative Technique (ART) and the subject of field trials and conferences.

But when I would ponder on what I was doing to leave the world a better place than I found it, I realized that I could work like this, in this environment, for 50 years and never make any real difference. There would always be this endless tsunami of rotten teeth to be dealt with unless we changed things through a public health approach. So I had no problem deciding that day-to-day clinical practice was not what I wanted out of life. Trouble was, I didn't know what I did want—among the many things that were not covered in our dental school curriculum was alternative careers to private practice. I went back over my notes from our practice administration class looking for clues, but all I could find was the admonition to not conduct an affair with a patient who was still receiving a course of treatment. Either postpone the affair until the treatment was completed, or if you simply couldn't wait, then refer the patient to a colleague for the rest of the treatment. No help there on careers.

As luck would have it, there was a colleague who had finished dental school in Perth a few years before me, and who had done his MPH at the University of Michigan. My service-payback time on the mobile unit had ended by now, so I was a free agent again. I asked my friend about his studies at Michigan, and it sounded intriguing. He had a great series of anecdotes about Dr. Ken Easlick, the program director, with his uncompromising insistence on thorough scholarship and his rigid views on use of the English language.

A grand plan then took take shape in my mind. My marriage to Lizzie was coming up, so I suggested that we honeymoon in the United States while I worked toward the MPH degree, then we could come back to a grateful public in Western Australia and solve all their dental problems with a public health approach. Lizzie thought it was a great idea, so five days after we were married we boarded a ship bound for the United States (I know that sounds like something from the 18th century, so I should point out that the ship was a metal affair with an engine, not a sailing ship).

Well, the first part of the grand plan—that is, getting the MPH degree— worked fine, but we never got around to returning in triumph to a grateful public in Western Australia. As it turned out, there was no need for me there, anyway, because other people did the public health thing much better than I would ever have done. With fluoridated water, a first-class program of operating dental therapists, and superb data-based methods of evaluation developed by Dr. Paul Riordan, Western Australia today has what I see as a model approach to running a children's dental service. The black holes I dealt with daily are now very much a thing of the past.

By the time I got to Ann Arbor, Dr. Easlick had retired as program director, though he was still very active. My mentor was Dr. David Striffler, and he brought to me to a style of teaching that I never knew existed before. After my outback years, I thought I knew a thing or two about dentistry, but Dave knew how to handle that. I remember in one class sounding off about the benefits of munching an apple to clean the teeth after eating. Dave listened in silence, then said that the science basis for this information was so important that it should be shared with my classmates, so would I mind going to the library and bringing to the next class a list of references to support the value of apple eating as a tooth cleaner. Well, every night for the next week I was the last customer thrown out of the dental school library as I scoured the shelves for the evidence I needed. Of course there wasn't any, and I had to so confess in class the following week. Dave could have told us that at the beginning and so saved all those hours of searching, but the method he chose made the point so much better. Dave Striffler opened up a whole world of dental public health and I found I couldn't get enough of it. He would probe, enquire, demand evidence, stimulate curiosity. It became a quest of mine to trump him on some point or other. That didn't happen much, but it was sweet when it did, and he was always gracious on those odd occasions.

I've never regretted getting into public health. I have always believed that dental services anywhere should be based on public health principles while coexisting easily with private practice. Public health prevention for

everyone, and top-quality basic clinical care available to all. I suppose that is how most of us view the world, and it certainly is the outlook we find within the American Association of Public Health Dentistry. We can all support and promote the association's policies and general philosophy, for they have been shaped down the years by some of the best brains that the dental profession has produced.

Once again, it is an honor to join the list of those who have received this award in the past, and I thank you for your attention.