

A Tribute to Herschel S. Horowitz, DDS, MPH, from a Personal and Public Health Perspective

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I would like to thank Alice and Dushanka for inviting me to participate in this symposium in honor of Dr. Hershel Horowitz—one of the true great men of dental public health. It is fitting that we honor him because of his outstanding contributions to the improvement of oral health for the people of this country and the world.

Hersh and I grew up together in Detroit, Michigan, during the Depression days. Hersh lived less than five miles from me, so we had much in common and always enjoyed reminiscing about Detroit each time we met. I first met Hersh in the summer of 1958 at Detroit Receiving Hospital, where we shared an operatory together for a few months treating indigent patients. I had just graduated from the University of Detroit and was waiting to hear from North Carolina about a position on their staff; Hersh, who graduated from Michigan, was returning there to obtain his MPH degree. Our next meeting was in 1965 in Milwaukee, Wisconsin. I was with the state of Wisconsin and Hersh was with the United States Public Health Service. Our paths crossed regularly after that because of our careers and I would like to relate in a more personal way how our lives intertwined in the two states that I worked—Wisconsin and Virginia.

There is no question that Dr. Horowitz and his colleagues not only defined, supported, and promoted fluoridation, but they also developed new modalities of fluoride application that improved the oral health of the public. They also did pioneering work on the application of dental sealants (1). They affected for the good the operation of the dental programs of practically every state and many local health departments throughout the nation. I speak of school-based fluoride mouthrinse, school fluoridation

programs, and dental sealants.

After Hersh's and his colleagues' papers were published on the beneficial effects of school fluoridation (2-5), we received a call in Wisconsin from Dr. Bill Bock, director of the Division of Dental Health at CDC, offering us a \$100,000 grant to initiate a school fluoridation program. We agreed and hired a recent graduate, Tom Shuler, from the University of Wisconsin-Stevens Point to coordinate the program. This was his first job, which he mastered quickly, and when I left Wisconsin to return to Virginia in 1977, we had 26 schools fluoridating and by 1984 they had 45. He eventually left our program to go with the Department of Natural Resources, but returned a few years later to the health department and now is a public health consultant with the Maternal and Child Health Program. He and I have been friends ever since his employment and we see each other every time I return to Wisconsin. I credit Hersh with not only improving the oral health of many of Wisconsin's schoolchildren, but also providing me with a lifelong friend.

The other story involves the NIDCR national fluoride mouthrinse program. Wisconsin applied for and received one of the grants. As part of that study, Dr. Ann Miller from NIDCR came out to visit the program. The school people were so impressed that a person would come all the way from Washington to visit the program, particularly in the winter months. Ann told me she always wanted to see the Dells, a tourist destination in Wisconsin, so we decided to go back to Madison through the Dells. Just as we crossed the bridge coming out of the Dells, we hit a slippery spot on the road and the car did a 180-degree turn, a truck right behind us hit our front bumper and turned us back around

another 180 degrees—and we went flying off the road. Luckily, we were not hurt and the truck driver stopped and called a state trooper, who had our state car pulled to a gas station. He then gave us a ride back to Madison so Ann wouldn't miss her plane. I always figured Ann never forgot me and when they were looking for a site to do the pilot study for the first country-wide dental caries survey, she called me in Richmond, Virginia, and we set it up in Prince William County with the cooperation of Dr. Lynn Browder, the dental director, and the county school system. I figured that occurred because of Hersh and the fluoride mouthrinse program.

Incidentally, we implemented the fluoride mouthrinse program in many Wisconsin schools. According to the ASTDD Web page, Wisconsin still has 10,000 children rinsing.

I was pleased to see that when I returned to Virginia, Hersh and his colleagues had begun a fluoride tablet, mouthrinse, and fluoride toothpaste program (6) in Nelson County. Nelson County is a small rural area that prides itself on having no traffic lights. It was also my first assignment when I joined the dental program in Virginia in 1959. I saw the conditions so aptly described by Hersh in his 1996 article (7) celebrating the 50th anniversary of fluoridation in Grand Rapids, Michigan. He stated, "Some of us are old enough to recall mouths of many children riddled with unsightly caries in their anterior teeth or with permanent molars with hypertrophic, necrotic pulps that caused great pain." That certainly described the conditions I saw when I was assigned there. I didn't really know where to begin, so we decided to restore just the first and second primary and permanent molars of the younger children.

That program, which lasted for

many years in Nelson County and greatly improved the children's oral health, was greatly enhanced when it added the application of dental sealants 1984. They employed the wife of one of our public health dentists who was a dental hygienist to do the sealants. This happened just after a presentation by Dr. Richard Simonson, an advocate of dental sealants who will be speaking next, at one of our staff continuing education sessions. After that session it was decided that the use of sealants would be encouraged in the dental program in Virginia. The hygienist trained our dentists, dental hygienists, and assistants. Once again, one of Hersh's programs came to bear great fruit in Virginia. We presently have 50,000 children in 208 rural schools in 50 counties rinsing, and each year our Virginia dental program provides over 50,000 sealants.

We also had a school fluoride program in three rural counties of Virginia. NIDCR originally wanted to do another study looking at the benefits of school fluoridation. While that did not work out, we did manage to keep the school fluoridation systems operating in two of the counties for many years and were very pleased with the results as noted in the paper written by Dr. Karen Day, Virginia's director of the Division of Dental Health.

Perhaps many of you know that southeastern Virginia, because of its high natural fluoride level, was one of the original sites studied by Dr. H. Trendly Dean in tracking the distribution of mottled enamel in the United States (8). Because we were anxious to learn how to scientifically measure fluorosis, and become familiar with his Tooth Surface Index for fluorosis (9), we invited Hersh to come and give us a hands-on demonstration. Because of the strong interest in the subject, we had public health dentists from North Carolina and CDC request to attend the session. Based on Hersh's presentation, we were later able to conduct surveys and make recommendations to the people in that area on how to

avoid fluorosis for their children.

I have just highlighted the beneficial effects in two states of Hersh and his colleagues' (Drs. Stanley Heifetz, William Driscoll, Phil Swango, and Ms. Rhea Meyers) research and their willingness to share their knowledge. Imagine what it is for the country and international community. According to the ASTDD Web page, 30 states are still involved with the fluoride mouthrinse program, and many state and local health departments have sealant programs as well.

In a positive way I have many times stated that the "feds propose and the states dispose." Certainly, Hersh and his colleagues with all of their preventive initiatives gave the states many opportunities to implement programs beneficial to those they serve. He was held in the highest esteem by the nation's state and territorial dental directors. As a way of saying thanks for a job well done, Dr. Horowitz received the 2003 Fluoridation Merit Award sponsored by the Association of State and Territorial Dental Directors, the Centers for Disease Control and Prevention, and the American Dental Association.

I need to mention one other thing that Hersh did that benefited the entire country. He and Alice practically rewrote and edited several times the fluoridation pamphlet "Community Water Fluoridation," which has been distributed by the American Association of Public Health Dentistry for many years. The pamphlet promotes fluoridation by answering in an understandable way the most often asked questions regarding fluoridation. By all accounts it is a bestseller. Over the years we have sold literally thousands and they have been used in so many fluoridation campaigns throughout the country. Hersh also was very supportive of Alice and all the work she did for the association. I don't think we will soon forget the night in Florida when Hersh sang a song of tribute to Alice, who was our president that year.

Walter Cronkite, in his book entitled

"A Reporter's Life" (10), stated that "a career can be called a success if one can look back and say: 'I've made a difference.'" By that standard and any other, Hersh had a very successful career, for through his work he has changed our lives and those of future generations for the better.

Alice, thank you for sharing Hersh with us and Hersh for letting us share in your outstanding legacy! To you the nation will be ever grateful!

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