

## Herschel S. Horowitz Memorial Symposium Concluding Remarks

Alice M. Horowitz, PhD

Good morning, and thank you for joining us for this very special session. First, I want to thank the Executive Council for dedicating the 2004 National Oral Health Conference to Hersh. What a wonderful tribute! And, I thank Myron for the idea for this session, Recent Advances in the Fluoride Legacy, and the planning committee for concurring with his suggestion. In addition, I am very grateful to our speakers—Erni, John, Kevin, Stan, and Brian—for their excellent and timely presentations. Kevin, a special thanks to you for standing in for Saskia. Hersh would have valued this session immensely and, as most of you know, he would have been the first person in line for a microphone.

I also thank each of you for all of your support over the past two years. It is two years ago now that Hersh became ill in Chicago, where we spent seven weeks in two hospitals so that he was well enough to be moved to a rehabilitation hospital in Virginia. Your outpouring of support in the form of calls, letters, cards, visits, hospitality, and flowers was overwhelming and very much appreciated by both of us. Hersh was a very unassuming person and had no idea how much everyone thought of him. He recuperated reasonably well through November, but when he didn't continue to improve after his near-death bout with pneumonia, I insisted we see his physician. It was in late February after many tests and procedures that we learned that he had pancreatic cancer. Once that became known to our public health family, the support began again and continues today. I can never thank each of you enough. Both Hersh and I were buoyed by your support, which meant that his life mattered to so many.

Hersh spent most of his career conducting research with various types of fluoride application and published widely. Early in 2003 he received the galley from his last publication. We knew then that he was seriously ill. At that point he was extremely tired and could work for only short periods of time. But he took special pains to review the galley, make corrections, and return them to Scott Tomar in a timely manner because he believed so strongly in what he had written. That manuscript, "The 2001 Recommendations for Using Fluoride to Prevent and Control Dental Caries in the United States," was in response to a CDC report, which has been referenced during this session (1).

On the professional side, Hersh had a very strong opinion about the role of fluorides in caries prevention. He believed, as do I, that both pre- and post-eruptive fluorides are necessary for the greatest protection against this nearly ubiquitous disease. The final verdict is still out. But whether the benefits of fluoride are pre- or post- or both, the bottom line is *fluoride works*. Improved methods of measurement of the mechanisms of action of fluoride, undoubtedly, will provide us with a clearer idea of the role of each. It goes without saying that clear evidence of the role of preeruptive fluorides in caries prevention would provide us with greater leverage when expanding the use of community water fluoridation, salt fluoridation, and dietary fluoride supplements.

Equally important is that fluoride *does* work, but relatively few people recognize how important fluorides are to prevent this disease. I must share with you one of the wonderful cards I received after Hersh's death. The card was from a woman whom neither of us knew. She lives in the metropolitan

Washington, DC, area and obviously had read his obituary. In her note of condolence, she said she had not known before that fluorides prevent tooth decay and she was grateful to know about Hersh's role in conducting the research demonstrating their effectiveness. She went on to say that she had had many restorations; her children had a few caries lesions, but her grandchildren had none. My point in sharing this information with you is that I suspect at this point, it is *more* important to educate the public, providers, and decision makers about the fact that fluorides work than it is to focus on the merits of pre- or post-eruptive effects. We must eradicate fluoride illiteracy! And, clearly, we need more research in the mechanisms of action of fluoride as well as research regarding the best ways to help ensure that the public understands the role of fluoride in caries prevention.

Hersh was a man for all seasons. He was a print collector extraordinaire and he loved all kinds of music, dance, and other forms of art. He would have been the first on the stage to sing and dance at Monday night's karaoke fund raiser. He had a wonderful sense of humor. Hersh was special as a loving and kind person first and as a professional colleague and partner whose work reflected his dedication to principles of public health and conducted with integrity. He was my strongest critic and best teacher and supporter. Again, thank you for all your friendship, love, and support that you have extended to both of us.

### Reference

1. Horowitz HS. The 2001 CDC recommendations for using fluoride to prevent and control dental caries in the United States. *J Public Health Dent* 2003;63:3-8.