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Good morning. I am Peter Galbraith.

I appreciate the opportunity to testify in favor of Senate Bill S20.

The number of Vermonters that go without dental care and suffer the associated pain and humiliation is at a crisis level.

A brief history, I did a Dental Residency at what was the Medical Center Hospital of Vermont and subsequently established a private practice of dentistry in Burlington.

As a consultant to Head Start in 1968 I saw children who gargled with kerosene to numb their pain and teenage girls anxiously awaiting their 16th birthday so that they could get all of their teeth removed and replaced with dentures.

Hopefully we will not return to those days.

We responded to that dental crisis by creating the private non-profit, Vermont Dental Care Program and the Tooth Fairy Program that partially subsidized dental care for those who were not Medicaid eligible.

Vermont Dental Care had 8 portable dental clinics serving thousands of children from a church basement in Newport to the Molly Stark elementary school in Bennington and many communities in between.

We are looking at the option of restoring a statewide program like Vermont Dental Care Program to provide access to the thousands of Vermonters currently going without care; however, I would rather see a more sustainable approach, the dental therapist.

Unlike the Vermont Dental Care Program, the dental therapist will be under the control of private dentists and easily integrated into existing practices.

While the dental society is strongly opposed to this legislation, experience from around the world clearly shows that when it is implemented they will support it and make it successful.

The expanded dental team, as proposed in S20 has been well established around the world for many years.

If you got in your car and drove 80 miles north you could find a dentist who employs a dental therapist. This dental therapist could very well have been in this practice for 30 years.

It is also not new to the United States.

More than 40 years ago the University of Kentucky provided hygienists with an additional 200 hours of academic training and 150 hours of clinical practice. The University prepared the hygienists to do the same procedures that S20 authorizes.

Private practice dentists from the community were asked to evaluate the care offered by the Kentucky hygienists by comparing their work with work done by dental students about to graduate from dental school. While the difference in quality of work was not substantial, the dental hygienists performed better on the clinical assessment.

In my conversations with the Vermont State Dental Society and dentists, I hear two objections. They worry about the quality of care and believe that the Dental Therapist option is not viable economically.

Extensive research demonstrates that the dental care performed by dental therapists is comparable to that of dentists. They are an asset to the dental team and to the communities they serve. They are safe and effective,

Similarly, the economic viability of this healthcare model has been clearly established in the United States and around the world.

Organized dentistry exerted the same political pressure on the University of Kentucky program as they are doing here today and shut the Kentucky program down.

Massachusetts had a similar experience in 1970.

Organized dentistry has a virtually unblemished record of raising doubts and fears, stopping progress, while providing no viable alternatives. They are

indicating an interest in promoting the so called Expanded Function Dental Assistant and that's certainly a good idea, but it is not going to resolve our crisis.

The next time a dentist tells you that you need to worry about this or that, ask them if they can provide you a copy of the scientific literature that backs up their claim. Dr Joe Nieters who is with us today and or I will be happy to review any of the studies they might produce.

Of the 1100 studies that have looked at the dental therapist, not one substantiates the claim of poor quality. Quite the contrary.

A solid scientific and clinical foundation supports this proposal.

And this is what I find so disappointing. In order to be admitted to a dental school you have to demonstrate some level of competence as a scientist. And all Vermont dentists have clearly done this. And yet organized dentistry ignores the scientific literature that overwhelmingly documents the effectiveness and safety of this health care model.

I have the greatest respect for many of my dental colleagues and have benefitted from their expertise including two years of orthodontic braces recently completed. My current dentist is unrivaled in his expertise and quality of care.

I am saddened when I witness Dental Society officials tell their newly elected leaders that they are not permitted to speak in favor of this legislation.

The opposition to this bill by Vermont dentists is simply unfounded. We need to go ahead and implement a model that has had great success around the world as well as in the United States.

As I mentioned earlier, dentists will support the dental therapist and make it work.

This will be a giant step toward relieving the pain and suffering of so many Vermonters.

The very dentists that oppose S 20 today are the dentists who will assure a high quality of care provided by the dental therapists under their supervision.

The Senate was shown pictures of young children with severe dental disease and were told that this is what the dental therapist will be treating.

That's simply absurd. In my post graduate training, I treated very young children in the hospital under a general anesthetic; however, once I was in private practice I recognized that these kids would be better off in the hands of a pediatric dental specialist. A dental therapist will do the same thing.

Vermont can once again offer national leadership and begin by creating the Dental Therapist. They are an asset to the dental team and to the communities they serve.

Dental Therapists can improve the dental health profiles of entire towns.

This would be welcomed by so many Vermonters whose only option is temporary relief of pain in an emergency room.

Thank you for your consideration