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February 2, 2011

The Honorable Kathleen Sebelius
Office of the Secretary
U.S. Department of Health and Human Services
200 Independence Ave., SW
Washington, DC 20201

Re: Division of Oral Health at the Centers for Disease Control and Prevention

Dear Secretary Sebelius:

On behalf of the ***Friends of the National Institute of Dental and Craniofacial Research (FNIDCR)***, a leading broad-based coalition of individuals, academic institutions, patient advocate groups, dental societies, and corporations, that understands the importance of dental, oral and craniofacial health to our society, I am writing to express our strong concern about the elimination of the Division of Oral Health (DOH) at the Centers for Disease Control and Prevention (CDC) by folding it into the Division of Adult and Community Health (DACH). This is an alarming development, and we strongly and respectfully urge you to reverse this decision.

Although the Friends of NIDCR is committed to supporting the National Institute of Dental and Craniofacial Research (NIDCR), our diverse membership views the contributions of the DOH to the oral health community—and to our fellow citizens—as significant and invaluable. For example, the division:

- Interfaces with states,
- Supports community-based efforts, and
- Has been the venue for ensuring that prevention and health promotion are the cornerstone of oral health programs at the local and state level.

We also valued the division's work with NIDCR and the National Center for Health Statistics to develop a National Oral Health Surveillance Plan as part of the HHS 2010 Oral Health Initiative.

How can a division that HHS identified as being integral to meeting the goals of its Oral Health Initiative, as recently as within the past year, be eliminated?

Unfortunately, we firmly believe that the division's elimination will diminish the ability of the Oral Health Initiative to meet these goals.

Moreover, it is important to note that the DOH supports research that examines prevention strategies. The division does so by:

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- Evaluating how effective interventions are in preventing and controlling oral disease,
- Identifying the most efficient ways to deliver interventions, and
- Reviewing the published scientific evidence in a systematic way to determine successful interventions.

As such, eliminating the division reduces the research performed to evaluate the effectiveness of strategies enacted to prevent and treat oral health disease.

Finally, folding the DOH into the DACH sends the wrong message about the overall relevance of oral health to society. Primarily, we are concerned about the impact upon children. DACH, with its intense focus on adults, will not be able to place adequate emphasis on, or the proper resources toward, early prevention among children. The tragic death of Deamonte Driver is sad reminder that the need to focus on prevention among children is real. It cannot be minimized or set aside to be ignored within the DACH. Although cliché, “Out of sight, out of mind” is the appropriate phrase to describe what will be the fate of oral health by folding DOH into DACH.

Therefore, for these reasons, we strongly support keeping the Division of Oral Health as a stand-alone division within CDC. Thank you for your consideration of our request. We look forward to your reply.

Respectfully submitted,

A handwritten signature in blue ink that reads "Bruce Donoff". The signature is written in a cursive, flowing style.

R. Bruce Donoff, D.M.D., M.D.
FNIDCR President

CC: Dr. Howard Koh, Assistant Secretary
Dr. Thomas Frieden, CDC Director
Senate and House Committees Appropriations Chairmen and Ranking Members
Congressional Caucus on Oral Health