Lynda McKeown words on behalf of 50yr Members-Legacy Leaders

Good morning.

I have been asked to speak on behalf of the legacy leaders.

I am here to speak about **what we did—and what we believe still needs to be done.**

These women helped shape the profession you inherited.

Dental hygiene began with a commitment to prevention. Later, the profession fought for autonomy. The legacy leaders challenged boundaries and had a vision for what this profession could become.

I want to begin with a phrase: **“The wimpiest profession.”**

Those aren't my words. Laurie Nealin, a communications professional and activist—not a dental hygienist—once described dental hygiene to me as the wimpiest profession she had encountered.

But Laurie didn't simply criticize the profession. **She acted.**

In 2024, she received a pamphlet from her MP outlining the merits of the Canadian Dental Care Plan. Dental hygienists weren't mentioned.

She was upset. She contacted MPs, federal ministers and journalists, challenging the exclusion of dental hygienists and the inequity of reimbursing the same dental hygiene procedure at a higher fee in a dentist's office than in an independent dental hygiene practice.

That was not simply about money. It raised a bigger question: **Can a predominantly female profession be economically independent of dentistry?**

Now, when I look back at what many of us accomplished, I don't see a wimpy profession.

By 1963, dental hygienists were organizing nationally. Our colleagues Mai, Pat, Carol and Anne weren't simply forming an association.

They were building collective professional power.

They took bold and courageous steps. They challenged boundaries, challenged regulation and challenged the assumption that dental hygiene had to remain under dentistry's umbrella.

They were not afraid that dentists held considerable power or might not approve.

If we had been, dental hygiene might never have achieved self-regulation.

We believed dental hygiene had the knowledge, skills, therapies and services to benefit public health. And we acted on that belief.

But our story goes back even further.

An editorial in the 1840s *American Journal of Dental Science* criticized dentistry for concentrating on mechanical dentistry and surgery while the hygiene of the mouth was neglected.

Think about that. **Prevention was recognized as a problem before dental hygiene existed as a profession.**

Alfred Fones had a vision. He trained his cousin Irene Newman to carry out education and preventive work. Newman became the first dental hygienist.

An idea about prevention became somebody's work.

We were activists. We organized, advocated, educated and pushed for expanded roles and greater autonomy.

You did not simply inherit a profession. You inherited a struggle.

So, to the CDHA administration and conference attendees, I want to ask:

Where are we now?

I worry when I hear dental hygiene described as having an *"umbilical cord to dentistry,"* or as the person who cleans teeth for the dentist.

Dentistry is an important partner. But **don't confuse collaboration with subordination. Dentistry is not the boundary of our profession.**

If our purpose is prevention and oral health, why aren't dental hygienists more visible in primary health care, community health centres, long-term care, home care and Indigenous communities?

Why, after more than 70 years, does dental hygiene still exist so largely in dentistry's orbit?

And why does the public still say, “I'm going to the dentist to get my teeth cleaned”?

Language matters. Cleaning teeth describes a task. Oral-health assessment, dental hygiene diagnosis, prevention, intervention and evaluation describe a profession.

That difference is not semantic. It is about professional identity, authority and visibility.

There are still powerful, less visible barriers to overcome: occupational classification, payment structures, gaps in legislation and the exclusion of oral health from important health assessment systems.

Our responsibility is not simply to celebrate what we accomplished. It is to remind the profession what dental hygiene was created to do:

Prevent. Educate. Reach people where they live. Improve health.

Irene Newman saw work that needed to be done. She did it.

We saw work that needed to be done. We did it.

There is still tough work ahead.

Our legacy is not simply the years we gave to dental hygiene.

Our legacy is the profession we refused to leave unchanged.

We weren't wimps then. And we aren't wimps now.

We were women who saw what needed to change—and had the courage to change it.

Now it's your turn.

Develop a fully autonomous profession. Choose partnerships according to the health needs of the population—not according to the historical structure of dentistry.

Make dental hygiene impossible to dismiss

Make oral health impossible to separate from overall health.

Make dental hygiene essential in primary care.

Make our preventive therapies credible to other health professions.

Go for it!

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