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ILLEGAL FLUORIDATION OF
THE DISTRICT OF COLUMBIA
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Fluoridation of Water

EXTENSION OF REMARKS
OF
HON. A. L. MILLER
OF NEBRASKA
IN THE HOUSE OF REPRESENTATIVES
Monday, March 24, 1952

Mr. MILLER of Nebraska. Mr. Speaker, I wish to discuss, briefly, the pros and cons of adding fluorine to the communal water supply, in an effort to prevent dental caries in children. This subject is of a great deal of interest to all of the country.

The Special Committee on Chemicals in Food has just completed exhaustive hearings, the first of its kind, upon the question of adding fluorine to the water supply. We had before the committee 18 witnesses who qualified as experts on the subject. There certainly was no unanimity of opinion among these experts. This was true because the scientists felt that certain experiments now in progress were not far enough along in order for them to issue a sound opinion.

Mr. Speaker, a year ago I introduced a bill which would permit the Commissioners of the District of Columbia to add fluorides to the public water supply of Washington, D. C. I did this because I thought the adding of fluorides at that time was a good thing, and I wanted to have some discussion upon the subject. The Commissioners did not wait for a hearing on the bill; and without legislative authority, and under the prodding from the Health Department, they appeared before the Appropriations Committee requesting moneys to put the plan into operation.

Mr. Speaker, I can speak a little more clearly on the subject today. I say that because of the exhaustive hearings the special committee held. Because of the hearings I am wiser today than yesterday.

I believe that adding fluorides to the drinking water in the proportion 1 part per million, for children, will prevent about 50 percent of the caries that ordinarily occur. I am convinced from the hearings that they do not know at this time what effect fluorides might have upon an acutely or chronically ill child, or upon the older group who might be chronically ill. The scientists just have not completed their findings on this phase of the subject. To me it is unthinkable that the Public Health Service should recommend universal medication of water for everyone until all of the facts about the effects upon the ill are known. It seems to me that the public interest is best served by a more cautious attitude before advocating the addition of any chemical to the water and food supplies. Certainly cities that contemplate adding fluorine to the water should first know what percentage of fluorine they now have in their water supply and they should be aware of the facts—that all of the pros and cons as to its results on individuals who may be chronically ill has not been established.

I note in the Sunday Star of Sunday, March 23, 1952, that—

> Nearby Maryland area is being tested for fluoride effects, and that the United States Public Health Service is now making a long-range study of its value in water.

The article further states:

> The Public Health Service is trying to find out exactly how fluorides fight tooth decay and how it reacts in some other parts of the body.

I think it is all to the good, Mr. Speaker, that the Public Health Service will continue to investigate as to what happens when fluorides get into the system of the individual who is ill.

I can say to my colleagues, quite frankly, that until I had the advantage of hearing all of the experts on this question, I thought fluorine added to the water supply might be beneficial to every one. I was misled by the Public Health Service. I am a former State health director and have always supported the Public Health Service in the measures that they have advocated. I am sorely disappointed that they now are advocating every single soul in the community should take fluorine before all of the facts of experiments now in progress have been completed. It may be a good thing for everyone, but we ought to know whether sick children or adults with kidney disease, diabetes, fracture of a bone, or thyroid disturbances or tuberculosis, or any chronic disease, are able to eliminate fluorides as effectively as normal people do. In the testimony before our committee I could find no record of any such studies.

I am further disturbed, Mr. Speaker, because I was misled and perhaps others have been misled by statements that the American Medical Association had given their unqualified approval to this plan. I believe they do endorse the plan in prinple, but it is a qualified endorsement. Let me call your attention to what Dr. George Lull, secretary and general manager of the American Medical Association, said in an insert in the record of the hearings on March 6, 1952, which appears on pages 3971 and 3972 of the printed hearings, and I quote:

> The council purposely refrains from making any recommendations that communities support or oppose projects for the fluoridation of water supplies.

And on page 3972:

> The house of delegates did not urge or recommend that any community undertake to fluoridate their water supplies.

Mr. Speaker, that statement is of a definite nature. I was led to believe that they had given fluoridation of water their wholehearted support. I was told that by the Public Health Service. I have been guilty of quoting the American Medical Association as giving mass fluoridation their unqualified approval.

Mr. Speaker, despite my best efforts, and from the evidence before my committee, I cannot find any public evidence that gave me the impression that the American Medical Association, the Dental Association, or several other health agencies, now recommending the fluoridation of water, had done any original work of their own. These groups were simply endorsing each other's opinions.

The possibility of using fluorides for control of children's dental caries is an attractive one and in my opinion warrants additional study. There is no scientific basis for recommending immediate acceptance of the proposals to treat the entire population with fluorides. The mass medication of fluorides is still in the experimental category, and there is certainly a need for additional scientific studies. There is nothing that presents an urgent decision until decisive experiments have been done. It will then be time to make the decision.

It is quite possible that the use of fluorides in preventing dental caries will be a major discovery in the field of dentistry. It is too early to evaluate the results of experiments now in progress.

Mr. Speaker, it is disturbing to me when the men in the Public Health Service, who, as late as 1950, were not ready to endorse the universal use of fluorine, have now, almost to a man, come out for the endorsement. I want to refer to some published papers of Dr. Francis A. Arnold, National Institute of Health. The papers published in 1948, 1949, and 1950 said in substance:

> The evaluation of the effects of fluorine in water has not been established and must wait until the experiments now in progress are completed.

Dr. Arnold published another paper on dental research in May of 1951. The paper appeared in Tufts College dental school magazine. The paper refers to dental research as well as to the use of fluorine in water. I quote from page 3778 of the hearings held March 17, 1952:

> It is too early to evaluate the effects of this increased research activity on the improvement of the dental health of the children in the United States.

Dr. Arnold published another paper entitled "Fluoride Therapy for the Control of Dental Caries," reprinted in the Journal of the American Dental Association in October 1948. The conclusions are:

> At the present there is no acceptable controlled scientific evidence in an adequate number of observations with which to evaluate the supplemental feeding of fluoridation for caries-control.

Mr. Speaker, as I said in the beginning, I am convinced that the proper use of fluorides in the water or milk, or by tablet form, for children may reduce caries about 50 percent. The 18 experts which appeared before our committee all admitted that there are experiments now going on as to what the effects might be on the older age group, as well as the children and adults who might have chronic diseases, but the experiments are not completed and some of them are not ready to render an opinion. It seems unthinkable to me that we should proceed with universal medication until these facts have been carefully examined.