is Dr. Lachner from Costa Rica. (Applause)

The next one we have has been a long way off since we had our last meeting, a man who is actively concerned with promoting public health training among dentists in foreign countries, Dr. Phil Blackerby from the Kellogg Foundation. (Applause) Incidentally, it would be my impression from what Dr. Scheele said that Dr. Blackerby's efforts as a consultant to WHO on dental matters are paying off.

Next we have Dr. Phil Phair, representative from the American Dental Association, who needs no introduction. We are certainly glad to have you with us, Phil, to come here and get educated with us.

I have been asked to announce that out on the table in the hall are four sheets of paper on which you are to indicate which group you would like to be assigned to in the work sessions, which leads me to the leader of the work sessions. It is Dr. Nisonger. He is going to be our catalyst.

Now we come to what might be called the pièce de résistance on the program. I say that because not so long ago I was scheduled to present the pièce de resistance on a program in Wisconsin. They invited me out there to tell about recent advances in the prevention of dental caries. Now, out in Wisconsin they started promoting water fluoridation in 1945. Yet they asked me from the Public Health Service to come out there and tell them of recent advances in the prevention of dental caries. As you all know, the Public Health Service didn't get around to approving water fluoridation until five years later, in 1950.

You all know that Dr. Frank Bull has appeared before us, this group, and also many dental groups during the past five years, asking the simple questions: "What are we waiting for? Why don't we go ahead and fluoridate drinking water supplies?" He is not going to do that today, not going to try to sell you on water fluoridation. We have all, a bit late perhaps, come to the conclusion that he was right in 1945. Now what we want is some guidance and help in doing the job, in bringing about water fluoridation. It is going to be a big job, perhaps a bigger job than most of us realize. There are 16,000 community water supplies in this country that we would all like to see fluoridated this year. Most of those water supplies—in fact, over 10,000—supply people in communities from 500 to 5,000 population. So to give us some guidance, and tell us some of his experiences in actually promoting water fluoridation in communities, we have asked Dr. Frank Bull to come before us again. With that, Frank, will you come forward and proceed?

(Applause)

DR. BULL: Dr. Knutson, Dr. Fulton, fellow public health workers, after hearing that introduction I am kind of anxious to hear myself talk.

A lot has happened since the meeting a year ago. Since the State and Territorial dental directors came out with a resolution endorsing fluoridation a year ago, practically all the top level health groups have come out with similar recommendations. Of course we in Wisconsin have believed for a long time that this is one of the great all-time public health programs. I hope we are right. I feel sure we are.

But now that all of these recommendations have been made, where does that leave us? Well, it leaves us just about where we started. No recommendation or policy ever helped the public. It is only when a policy or recommendation affects the attitude of the public that we are ever going to be able to bring about any improvement. I think we should give a little thought to that.

We thought we in Wisconsin had a pretty tough job in promoting fluoridation, but I think you in the other states are going to have just about as tough a job. I think our experiences are going to be repeated all over again,



and I think there will be quite a challenge to your promotion of fluoridation. And how you handle this challenge will decide what kind of results you get in your communities.

I think the fact that we are new in public health — it has only been in recent years that we have really had some honest to goodness public health programs — has some bearing on the matter. We haven't had a background of experience in promoting public health programs, and I think that a little review would be in order.

If we study the history of all public health programs we find certain similarities. One is that they all started at the local level: Public health programs don't start at the national level. They all start at the local level. That is where they should start. John talks about the Public Health Service's being five years late. Well, most public health programs never had national level approval for 15 or 20, or even 30 years. So I don't think we have anything to apologize for on that, John. We needed that waiting period. We have had it, and it hasn't been too long.

If you study these public health programs you will come to another conclusion, and that is this: We have more data based on human experience with our fluoridation program than was ever collected on any public health program in the past. That is a thing we should stress, because when people start raising objections to fluoridation, if we cannot handle them with all the data we have on humans, not on guinea pigs, how would we have ever handled any of these programs in the past where you had practically no human experience?

I think there is another thing that comes in, and that is this: All of our past public health programs have been a matter of weighing the good that is in them against the bad. Now, every one that I know of had some bad, and quite a bit of it. Some of our oldest programs, like our immunization programs, are examples of this. Two years ago we really had a mess in Wisconsin with immunization. We had two county nurses that nearly went crazy, because they had so many sick children from an immunization program.

Now, we have never had any public health programs in the past that didn't involve some bad, and it was a matter of weighing it and deciding that there was also much good connected with it. This was the case with penicillin. We still know the trouble we have with penicillin, but the good is great and the bad is comparatively little, so the program is promoted.

Well, we are into a program, fluoridating the water, which has absolutely no bad connected with it. If you can't sell that, then you are certainly going to wonder how these other programs were sold in the past.

I think there is another historical factor that is well to remember, and that is that none of these public health programs ever had a hundred percent approval when they were started. None of them even after 30 or 40 years of experience has received 100 percent approval. We still have people in high positions in health work who are against some public health programs, absolutely against them, but does that stop the program? If you let that sort of thing stop your program then you would be acting according to the approval of one-quarter of one percent of the people, and after all, that isn't democracy in action. But those things are from history. If we are going to be able to go out and sell fluoridation, we have got to know what is considered evidence, something like court work. After all, courts take into consideration past decisions when they are making a present-day decision. Well, we have to do that in public health. We dare not let these people write a whole new standard for us when we introduce our dental program. We must not let