

Defluoridation rule challenged

Washington—A federal regulation that would require some communities to lower the levels of naturally occurring fluoride in their water supplies is being challenged by the ADA.

The Association has asked the Environmental Protection Agency and the Department of Health, Education, and Welfare to place a moratorium on the recently written rule that fluoride above the level of two parts per million should be removed from community drinking water. The optimal level of fluoride for caries prevention is in the range of 0.7 to 1.2 parts per million.

The ADA maintains that defluoridation of water that is above two parts per million is unnecessary from a health standpoint and that the regulation could place a severe financial burden on many communities.

Called a 'contaminant'

The EPA last July classified fluoride that exceeds two parts per million as a "contaminant" and is requiring communities with amounts above that to either abandon their water supplies or install expensive equipment to remove the excess fluoride. There are no federal funds available to help communities defray the cost of defluoridation—a process that, according to the EPA's own estimates, would more than double the cost of the water to the consumer.

Dr. I. Lawrence Kerr, ADA president, said the excess fluoride should not be classified until completion of EPA studies that are now underway. He has sent letters to Mr. Douglas M. Costle, EPA administrator, and Surgeon General Julius Richmond, MD, outlining the ADA's position on the issue. The ADA House of Delegates last fall directed that ADA agencies should seek a moratorium on the EPA regulation.

"Obviously, there is a need to reexamine the entire issue of naturally occurring fluorides in drinking water," Dr. Kerr wrote. "At this point, there is no evidence implicating naturally occurring fluorides as a health hazard even at eight times the optimum level set by the EPA."

The ADA recognizes that fluorosis may occur as a result of ingesting higher concentrations of fluoride, Dr. Kerr said, adding, however, that it does not agree that tooth mottling itself damages teeth or poses a health hazard "warranting mandatory imposition of burdensome and costly defluoridation procedures on the affected communities."

Adverse economic impact

Dr. Kerr said the defluoridation requirement will have an adverse economic impact on many communities throughout the United States because there currently is no federal assistance money available to help defray the costs.

"Those communities which have naturally occurring fluorides in their drinking water at twice the optimum level will have to defluoridate at their own expense, or be in violation of federal regulations," he said. "Unfortunately, the cost to defluoridate is much more expensive than the cost to fluoridate a drinking water supply."

The ADA president said that the EPA's own estimates for defluoridation plant construction and operation for a system

servicing 1,000 persons indicate that the cost of water to the consumer would more than double.

There is a bill pending in the House of Representatives—HR 4994—that if passed would provide financial assistance to communities being required to defluoridate their water supplies.

Dr. Kerr said the ADA also opposes the EPA regulation because of a concern that the labeling of excess fluoride as a contaminant will undermine the efforts of the dental profession and government in promoting fluoridation of community water supplies where naturally occurring fluoride is deficient.

The National Governor's Association has joined the ADA in calling for a moratorium on the EPA regulation. A policy statement passed unanimously by the 46 governors who attended the association's winter meeting in Washington, DC, states: "The deadline [for complying with the regulation] should be extended until independent studies can be completed that establish a level for fluorides that would not create an unreasonable burden for communities affected by the new standards."

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