

JL 30 1985

* Dr. Jay Shapiro
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These, and more, had been submitted to the EPA in 1983-1984, but were missing from file.

Dear Jay:

We have just located two papers on cases of drinking water related fluoride toxicity in the U.S. Although they both seem to have occurred under fairly unusual circumstances they do bear out the wisdom of your committee's recommendations regarding crippling skeletal fluorosis and the no effect level (ie. 4 times optimal).

Apparently the diagnosis in the Sauerbrunn case was not obvious, since no efforts to lower the patient's fluoride intake were described. I am wondering whether similar effects of a lesser degree might be passing unnoticed, especially among patients with reduced renal function. With these cases in mind do you feel comfortable with the margin of safety that is inherent in the 4 times optimal level (2.8 to 4.8 mg/l) for the higher risk population which might be persons with some renal deficiency or others with unusually high water consumption (diabetes insipidus) who live in high fluoride areas?

You may know that we have proposed a standard at 4 mg/l and a final decision is almost at hand. Thank you for your past assistance. I would appreciate receiving any comments you might have on these reports.

Sincerely yours,

Joseph A. Cotruvo, Ph.D., Director
Criteria and Standards Division
Office of Drinking Water (WB-550)
EPA

*Dr. Shapiro was Chairman, Surgeon General's Ad Hoc Committee on "Non-Dental Effects of Fluoride," April 1983. Note that Dr. Cotruvo refers to the "version" of the panel's recommendation that was "re-written" after the panel adjourned. Dr. Cotruvo was at the meeting and knows the panel voted to retain the 0.7-2.4 mg/l MCL to age nine.

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