



Change III IV-1.e. 31a

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Room 1253

Rockville, MD 20857

February 14, 1983

Dr. Joseph Cotruvo, Director
Division of Drinking Water Quality
Environmental Protection Agency, WH-550
401 M Street, S.W.
Washington, D.C., 20460

Dear Dr. Cotruvo:

Thank you for providing me with a copy of the National Drinking Water Advisory Council, Minutes of Meeting, Oct. 26, 1982. I had spoken with you some time ago about my dissatisfaction with the transcript of my testimony, recognizing that I need to work on clarity. In addition, the transcript had errors of its own. None of that was particularly important as long as the spirit and intent of the message was accurate. Now I am concerned. I regret that I did not have any opportunity to review a draft for accuracy before the minutes were published. This is unfortunate since the minutes contain an important error. Please refer to page 5.

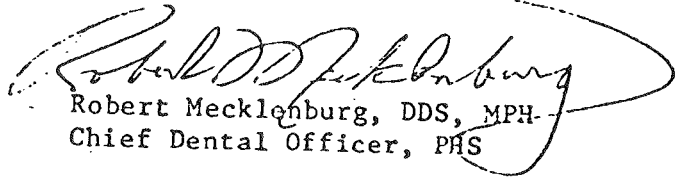
It is correct that my personal preference is for Option 2, the reclassification of fluoride to secondary standards. This preference is based on the conclusion that there is no sound scientific evidence of any adverse health effect from drinking water containing fluoride at levels found naturally in the United States.

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The second half of the published statement, "and admitted that there are obvious adverse health effects above 8 ppm, and would alter his preference to option 5 (primarily and secondary regulations)" is inaccurate and misleading. I was not "admitting" anything since I know of no creditable evidence that demonstrates adverse health effects at 8 ppm. Since there are some indications of beneficial effects in some populations at levels higher than 8 ppm, it would be premature to draw such a conclusion. I am not aware of any studies which shows impairment of function, promotion of disease or impairment of either the quality or length of life at 8 ppm, or at concentrations anywhere near that. 8 ppm was noted only in reference to the safety levels which just had been discussed at great length by the advisory council.

My comments in regard to Option 5 were meant only to favor a contingency which would provide a means for managing an adverse health effect in the unlikely event new studies should show adverse health effect that are unknown at this time. Clearly, adverse health effects begin at some concentration, but this is well beyond levels found in U.S. drinking water supplies. Nevertheless, it is appropriate to encourage additional studies since relatively few have been conducted at the higher ranges of natural concentration of fluoride in drinking water. In principle, all that is known to man deserves periodic review.

I am pleased that your office is so diligent in trying to locate studies that might support the regulatory position previously taken by the Environmental Protection Agency. It certainly keeps alert everyone who has an interest in the regulation.

Please delete the inaccurate and misleading clause from my statement and so advise those who have been provided copies of the report. Thank you.


Robert Mecklenburg, DDS, MPH
Chief Dental Officer, PHS

cc: Surgeon General