

# South Carolina Department of Health and Environmental Control

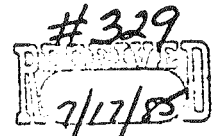
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June 17, 1985



Environmental Protection Agency  
Attention: Comment Clerk  
Criteria and Standards Division  
Office of Drinking Water  
401 M Street, S. W.  
Washington, D. C. 20460

Dear Sirs:

It is clear that the Environmental Protection Agency hearings and proposals to regulate natural fluoride levels in drinking water have served only to stimulate ardent antifluoridationists in their fanatic quest to associate fluoride with every disease and unpleasantness known to mankind.

Those absurd allegations and claims have been consistently and unanimously proven false by every scientific court of inquiry to which they have been submitted. The issue at hand is whether a Primary Drinking Water Regulation is needed to protect the general citizenry of the United States of America from crippling skeletal fluorosis caused principally from consuming fluoridated water.

I believe the facts are unequivocal in the determination that no such Primary Regulation is needed or required for the stated purpose.

There is no legitimate reason not to delete fluoride from the Primary Drinking Water Regulations based upon the finding that crippling skeletal fluorosis is not seen in the United States as a result of drinking water with natural fluoride levels found in this country. There could be no more open and shut case if one limits oneself to the facts of the matter!

Administrator Douglas H. Ginsburg of the Office of Information and Regulatory affairs, OMB, has eloquently enumerated in his letter to Administrator Lee Thomas (April 26, 1985) the reasons why a Primary Fluoride Regulation is unneeded and is even unwise. He concludes that the EPA is proposing to regulate a substance (fluoride) to 'solve very small if not imagined health problems.'

The question which might be better put is, "who is to protect the citizens from unnecessary and costly regulations of the EPA rather than protecting us from natural fluoride levels as found in the United States?"

The EPA requested comment on seven specific questions, some of which are unrelated to the purported reason why it might be desirable to have a Primary Drinking Water Regulation for Fluoride. Only questions three and five have any direct bearing on the proposed Primary Regulation. Questions one, two, six and seven are all concerned with dental fluorosis and are therefore related to the proposed Secondary Regulation. Question number four is an oddity in that it is purely theoretical and seemingly serves only to generate a great deal of philosophical discussion on the value of ranges versus single numbers.

If one is debating over the existence or non-existence of angels, it is rather extraneous to interject the question of how many angels can sit on the head of a pin.

Questions dealing with dental fluorosis, while less remote to the principal question, are not truly germane to the proposed Primary Regulation. I believe it is most fitting to state that no health professional believes moderate to severe dental fluorosis is a desirable thing. However, dental fluorosis is not an adverse health effect in the context of the act and the definition of the Surgeon General. The American Medical Association, the American Dental Association, the Surgeon General and Assistant Surgeon General, and the Association of State and Territorial Dental Directors are quite clear in their statements on dental fluorosis not considered an adverse health effect. Let it be unequivocally stated one more time that dental fluorosis is in no way the adverse health effect presented by moderate to severe dental caries. For the EPA to continue debating issues such as psychological effects of dental fluorosis, only gives sustenance to the wildest fringes of the antifluoridationist movement. Any action which plays into the hands of this radical group only serves to produce real adverse health effects when it denies the benefits of fluoridation to any community in this nation! To eliminate moderate to severe dental fluorosis through eliminating all fluoride is probably an impossibility and, at best, an absurd folly to even consider. Dental and Water Supply professionals are continuously working to reduce the level of dental fluorosis through public education, blending and developing alternative

water sources as practical and providing remedial treatment as necessary to deal with the situation. We believe more can be accomplished in this manner to reduce fluorosis than having to carry the EPA and antifuoridationist burdens on our shoulders in doing so.

Since I have already stated, and the EPA as noted in the Federal Register of May 14, 1985 apparently agrees, there is no evidence of water borne crippling skeletal fluorosis in the United States of America, it only becomes necessary to speak to the matter of a safety factor. Surely logic dictates the conclusion that an adequate margin of safety exists if the condition in question is not present! One can only conclude, therefore, that natural fluoride levels presently found in the United States offer an adequate margin of safety against crippling skeletal fluorosis without further reduction of the fluoride level. If any further safety factor is indeed needed, it would have to be in the area of industrial exposure and even this possibility is quite remote in my opinion.

There is a diversity of opinion over the available technology for reducing the level of fluoride in drinking water. Studies conducted in South Carolina showed a much higher cost analysis than reported EPA costs. While I do not profess to be an expert in the area of treatment technology and its associated cost, I have studied the information in the South Carolina report and find it to be reasonable in its logic. It is my conclusion that, under any circumstance, fluoride removal is a relatively expensive process and that these scarce funds could be better spent addressing true needs.

In summary, there can be no reasonable conclusion but to select option three from among those described by the EPA. Logic and common sense demand that fluoride be deleted from the Primary Regulations.

Thank you for the opportunity to present these comments on the Proposed Primary Drinking Water Regulations.

Yours truly,

*John P. Daniel, DMD, MMS*

John P. Daniel, Director  
Office of Public Health Dentistry  
Chairman, Prevention Committee  
Association of State & Territorial  
Dental Directors

JPD/mim