First National Dental Health Assembly

Emphasis—Fluoridation

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AFTER 21 years of experience with fluoridation of public water supplies, these facts have emerged: it is safe, it is effective, it is practical, and it is economical. Although there are substitutes for fluoridation, they remain merely substitutes. None is as effective, and all are more expensive methods of reducing tooth decay.

More than 70 million people in this nation are benefiting from what has been called the fourth great public health measure of modern times, but these people represent only one-third of the population. Why do two-thirds of the population not have the same advantage?

To consider this question and to plan for more widespread adoption of fluoridation, more than 400 persons met in Arlington, Va., February 6-8, 1966, at the first National Dental Health Assembly, Emphasis: Fluoridation. The conference had been organized by the Division of Dental Health, Public Health Service, in cooperation with the American Dental Association.

Coming from 41 States, Puerto Rico, the District of Columbia, and Canada, and representing public affairs, engineering, social sciences, communications, law, public health, medical sciences, and dentistry, the conferees offered thoughtful recommendations based on experiences in their communities.

Under the chairmanship of Dr. Viron L. Diefenbach, chief of the Division of Dental Health, the conference moved through plenary sessions, workshops, and a dramatic role-playing sequence to a summation establishing a new direction for community effort.

At the opening session, the Honorable John E. Fogarty, Congressman from Rhode Island,

pointed out that "The amount of effort required to attain public support and acceptance should never be underestimated."

"The effort that we are committed to on behalf of fluoridation," he continued, "is part of a total effort to enrich and deepen understanding of all public health measures. In some ways, as all of you know, the campaign for fluoridation has been a microcosm of all public health efforts. In the 20 years that we have been urging fluoridation, we have been opposed by some who through ignorance were genuinely frightened by fluoridation. We have been opposed by others who for personal, selfish reasons thought it expedient to be anti-fluoridationists. But for the most part, I believe, our progress has been limited not by people who were frightened or selfish, but by well-meaning people who didn't understand what we were saying, who didn't grasp the nature and urgency of what we wanted to do."

A Stage Is Set

A socio-drama—minus proscenium arch, curtain, or elaborate props—topped off the first evening. The premiere presentation of "Would You Take This?" dramatized a true-to-life fluoridation campaign and transformed a speaker-to-audience situation into a "town meeting." The noted actress Katherine Cornell introduced the play, which was commissioned by the Public Health Service and produced by Plays for Living, a division of the Family Service Association of America.

"Would You Take This?" portrays some of

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the problems that confront supporters of fluoridation when it becomes an issue in a community. The characters are an insurance agent who is a city councilman, his wife, a teenaged son, a local dentist, and two unnamed men who personify the opposing forces. One of these phantom characters vocalizes the fears and slogans of the antifluoridationists; the other, the scientific facts that support fluoridation.

The special magic of the play, however, generated a message to the audience: They had not been asked to come to a suburb of Washington, D.C., to listen to the Public Health Service and the American Dental Association. Instead they had been invited to participate in the development of new directions for more rapid adoption of fluoridation.

The epilogue of the play calls for an open discussion led by an experienced health educator. For the premiere, Dr. Leona Baumgartner, former commissioner of health for New York City, was the discussion leader. Voices clamored for an opportunity to speak. A councilman from California, a mayor from Montana, a dentist from Alabama, a State representative from Connecticut, a dental health director from New York, and a private practitioner from Michigan were joined by others too excited to identify themselves. They discussed their towns, their fluoridation campaigns, and their personal involvement in improving dental health in their areas.

Three Victories, One Loss

During the second day, the story of personal involvement continued. In a panel presentation, fighters for fluoridation from Fort Payne, Ala., Seattle, Wash., New York City, and the State of Connecticut detailed their triumphs and their defeats. They termed the triumphs permanent, the defeats temporary.

Victory in a small town. Concerned because dental facilities were considered luxuries in Fort Payne, a group of 22 young mothers chose dental health as the service project of their club, which they call the Culture Club. Other service clubs were helping the blind and crippled. Since these mothers, collectively, had 44 children, they were intimately knowledgeable about the need for early preventive dental care.

The Culture Club accomplished many dental

health firsts in Fort Payne. Indigent children who had never been to a dentist are receiving dental care with the proceeds from rummage, candy, and bake sales. The club initiated and encouraged the annual observance of Children's Dental Health Week. A dental health clinic was established; and to staff it, local dentists are giving some of their time each month.

A study project on the benefits of fluoridation launched the club into stormy controversy. They raised the funds, did the footwork, invaded the power structure, ignored the slurs, and they tactfully and quietly courted all the necessary resources to help push a resolution for fluoridation through the city council and the water board.

As a Fort Payne dentist, who is also an official of the Alabama State Dental Society, said, "I have never had the privilege of knowing a group who would endeavor to accomplish such a seemingly impossible task. . . . Our community has never known such progress."

A city's loss. Although Seattle experienced two unsuccessful attempts to initiate fluoridation, in 1952 and 1963, supporters are taking action again this year. Unlike the Culture Club, which worked quietly and diligently behind the scenes, Seattle supporters waged a "professional" campaign. They relied on a speakers' bureau to talk about the proved health benefits and scientifically established safety; only a few persons talked with their neighbors or political leaders on a one-to-one basis. They did not relate fluoridation's benefits often enough or convincingly enough to obtain understanding and acceptance from a majority of the voters.

Triumph in a metropolis. New York City, although the nation's largest city, is essentially a collection of many small, dissimilar neighborhoods. It has, for example, 365 organizations interested in children's health. In 1952 the first of several recommendations for the adoption of fluoridation was made by an advisory committee, and in 1955 the health commissioner submitted a detailed report in support of fluoridation.

The Committee to Protect our Children's Teeth, headed by Dr. Benjamin Spock, was organized in 1956 to accurately inform the public about the effectiveness, safety, and economy of

fluoridation. Many hearings and debates took place, studies that backed up the safety and efficacy of fluoridation were conducted, and every practical method was persistently employed to prepare the community for fluoridation.

In November 1963 a prolonged public hearing (20 consecutive hours) gave all an opportunity to be heard. The mayor asserted that the hearing strengthened his convictions: The weight of competent scientific information in the nation and in the city proves that water fluoridation is effective, safe, and urgently needed.

Only a month later the long battle for approval and appropriation of funds for the installation of fluoridation was finally won.

The first statewide law. Connecticut is the first and, at present, the only State to pass a law making fluoridation mandatory; the legislation applies to all communities having populations of 20,000 or more.

The first organized efforts that led to enactment of the law were undertaken in 1957; a health educator was employed as a fluoridation consultant by the State board of health. Traveling from town to town, she helped citizens, organized fluoridation committees, and initiated educational programs. Some communities took action and were successful in gaining fluoridation, but most failed. A core of supporters, however, was left in more than 40 communities.

A struggle by local supporters to force a private water company to fluoridate its water system that served nine towns triggered a court ruling that the ordering of fluoridation is the responsibility of the Connecticut State Board of Health, which is governed by the Public Health Council. In January 1965 the council issued mandatory regulations on fluoridation. After a tremendous battle, the regulations were approved by the legislative bodies in May 1965.

Credit for the success goes to the 7 years of education and organization activities and to the tireless efforts of a statewide Citizens Committee for Fluoridation. Sponsored by a service club's State organization and composed of citizens who had participated in local campaigns, the committee worked to convince individual legislators of the merits of the new ruling.

Neil Boggs, NBC commentator, who moderated the panel presentation, aptly defined the chief characteristic of each participant as "sheer doggedness."

Advice From the Experts

Many distinguished speakers representing a wide spectrum of disciplines succeeded in imparting new viewpoints and underscoring old convictions. Each spoke to the assembly within his own field and from his own experiences.

Dr. Maynard K. Hine, president of the American Dental Association, urged all States to follow the example of Connecticut, and he told the assembly that the association was committed to encourage and support similar legislation in all other States.

A noted pediatrician and long-time worker for fluoridation, Dr. Benjamin Spock, advised the conferees to approach their task of education with humility and good will because these attitudes will help disarm the opposition.

The editor of the *Journal of the American Dental Association*, Dr. Leland C. Hendershot, added, "After 21 years, it is too late to be defensive. Fluoridation is too important to be held back by a prejudiced, strangely motivated few. Fluoridation is too important to win in a battle of attrition. The potential of this measure is great. Let us see that it is fulfilled."

Voicing concern about the inability of the nation's dentists to reach all of the people needing dental care, Dr. John W. Knutson, professor of preventive dentistry and public health at the University of California at Los Angeles, said that fluoridation is the most ideal preventive measure available today.

Dr. Luther L. Terry, vice president of the University of Pennsylvania and former Surgeon General, counseled, "No State or community can reasonably expect a mandatory law until a majority of its citizens is known to prefer fluoridation. When there has been a sufficient re-education of the misinformed throughout the nation, when the cumulative benefits of this fourth great public health measure become even more dramatically evident, and when widespread fear of fluoridation is nonexistent, universal fluoridation will be possible. Until that time, premature efforts to force the measure's adoption would be futile and wrong."

The chairman of the American Medical Association Council on Environmental and Public Health, Dr. James H. Sterner, affirmed the medical profession's support of fluoridation by citing the association's endorsement of the measure in 1951 and again in 1956. He emphasized that it is important not to confuse individual expressions of doubt or dissent concerning the propriety of fluoridation with a judgment of the fundamental safety.

Presenting another dimension to the program, Louis Harris, the opinion poll-taker, chided the audience for not capitalizing on a favorable situation. He said that every measure of public opinion indicates that 80 percent of the people favor fluoridation. He compared this with the usual 50 to 50 situations in election campaigns for public office. "If you start out with an 80 to 20 lead," he said, "in the vernacular, ladies and gentlemen, you have to blow it to lose that."

Countering his criticism with advice, Harris urged that fluoridation supporters develop a basic toughness and learn how to seize the initiative. He referred to findings that the initiative in local campaigns has been assumed usually by the opposition, and that the proponents have been almost uniformly defensive and technical in their rebuttals.

Dr. Robert H. Felix, dean of the St. Louis University School of Medicine and former director of the National Institute of Mental Health, suggested that it is possible to circumscribe extremists and to deny them the limelight they covet.

Under Secretary of Health, Education, and Welfare, Wilbur J. Cohen, who substituted for Secretary John W. Gardner, said "... no great improvement ... in medical or health economics will be made without involving political debate and without involving the full participation of the community."

Appearing for Surgeon General William H. Stewart of the Public Health Service, Deputy Surgeon General Leo J. Gehrig stated that "We must accept controversy as a way of daily life."

Dr. Arthur Flemming, president of the University of Oregon and former Secretary of Health, Education, and Welfare, referred to his experiences as a supporter of fluoridation. As Secretary, he had heartily endorsed the Public

Health Service's program, and when he moved to Oregon he offered his services to his new community to give expression to these convictions. After the measure was defeated, he concluded that citizens at the grassroots resent what they interpret as efforts by persons related to the national scene to impose something on them.

An authority on communication, Sumner J. Glimcher, manager of the Mass Communications Center of Columbia University, advised the conferees to expect to spend as much time in getting the news of fluoridation's benefits to the public as in developing, testing, proving, and cross-checking fluoridation. He urged the use of "visceral media" for communication. Film, particularly color film, can be a "visceral medium" in contrast to the intellectual medium of the printed word in newspapers and periodicals.

Discussing the legal questions which have arisen in the fluoridation controversy, Charles S. Rhyne, general counsel of the National Association of Municipal Law Officers, noted that three fundamental objections relating to fluoridation have been presented to U.S. courts of law and have been found to lack substance.

Concerning the authority of a State or local government to provide for health, safety, and general welfare, Rhyne cited a 1964 Illinois decision: "The fluoridation program, even if considered to be medication in the true sense of the word, is so reasonably related to the common good that the right of the individual must give way."

The question raised under the equal protection clause of the 14th amendment was answered in the same Illinois court decision: "... fluoridation, being reasonably related to public health and a reasonable means of achieving the desired objective, constitutes no violation of equal protection, irrespective of its particular benefit to a specified and limited age group."

The third constitutional objection, which infers that fluoridation is an infringement of freedom of religion as guaranteed by the first amendment, has also been termed "without merit" by the courts. Under the freedoms of the Constitution, the basic rights of the individual are always subordinate to the basic rights or needs of society.

The most significant result of the legal testing of fluoridation, however, has been the re-

fusal of the United States Supreme Court, on seven occasions, to review favorable State court decisions based on these constitutional issues.

This was solid comfort; but then Rhyne questioned the submission of a fluoridation decision to a referendum: Is it a decision applicable to existing law for the protection of the public health, welfare, and safety—or is it new legislation? He stated, “I think it is an administrative or executive decision.”

Rhyne recommended further that the issue of a right to a referendum should be tested; he expressed the opinion that the courts will rule that there is no right to a referendum on a health decision such as this.

Directions for the Future

With interests, talents, and expertise that complemented one another, conferees met in 14 workshops. From these discussions came suggestions for implementing an extensive and intensive drive to bring fluoridation to every U.S. area that has a public water supply.

Legislation. Sparked by Rhyne's counsel that referendums are inappropriate and possibly illegal where health matters are concerned, strong support was voiced for early testing in several State courts on the suitability of fluoridation referendums. Advocates were cautioned, however, to proceed only after detailed planning with legal authorities.

The concept of statewide legislation was introduced early in the assembly; and the example of Connecticut's mandatory law, requiring fluoridation in all communities of 20,000 persons or more, energized even the most pessimistic.

The realists, however, pointed out that popular support at the grassroots is essential before favorable statewide action can occur. Many said that education on fluoridation's merits should be initiated simultaneously for the general public and for local politicians. Many conferees felt that a dental lobby would help at the State capitol level. They agreed with comments by Dr. McCullough Turner that “Health professionals should come out of their ivory towers of private practice into the political arena; no longer can professionally trained people avoid taking responsibility for our society.”

A physiologist, Turner is a State representative and the co-chairman of the Connecticut General Assembly's Public Health and Safety Committee.

Many States have achieved nearly complete fluoridation, and in these States, urging the use of a State mechanism was disapproved.

Circumventing or removing obstacles at a primary point was often mentioned. For example, community leaders were urged to seek a determination at the local level regarding the designation of fluoridation as an administrative rather than a legislative matter and, therefore, not subject to referendum. Fluoridation, it was pointed out, is the only public health measure that has been subjected to referendum action.

Community organization. Everyone agreed that communities differ widely and that a single approach will not be effective. Power structures of cities and towns have changed considerably within the last generation. Generally, communities now have multi peaked power structures rather than mono peaked.

Some large national organizations, such as PTA and labor unions, which are made up of many small local chapters or units, were commended by a discussion panel for their support of fluoridation. The panelists urged that these organizations strengthen this support, particularly at the local level.

Well known for his intrepid support of fluoridation, Dr. Fredrick Stare, chairman of Harvard's department of nutrition, offered a suggestion for reaching an accurate evaluation of a community's needs. Noting that sociological studies of fluoridation campaigns have been conducted after the fact, usually after defeat, he suggested that the Public Health Service and State health departments could conceivably provide some professional guidance in assessing local needs during a fluoridation campaign. Data resulting from such a study could provide helpful guidelines.

One discussion panel developed a comprehensive and sophisticated master plan with a seven-point outline listing: (a) the definition of the problem, (b) development of a plan for action appropriate to individual situations, (c) organization of general groups, supporting assistance, and facilities, (d) research and study, (e)

information requirements and resources, (f) public relations, and (g) final effort. Interestingly, this group was led by the mayor of Grand Rapids, Mich., one of the first U.S. cities to inaugurate fluoridation.

All the groups agreed that knowledge of the problems in each community is a prerequisite to effective community action.

Education. Dr. Arthur Flemming accurately pinpointed another essential, "the need for the cumulative effect of a 365-day-a-year educational program for the public." Some workshop participants added, "We need to get better educated ourselves."

Educational suggestions ranged from preventive dentistry and social responsibility as a part of the dental school curriculum, increase in leadership conferences and workshops throughout the dentist's career, nationwide saturation of communications media, and communication in a language of popular appeal.

A trio of women from Fort Payne, Ala., said, "Talk over the teacups, over the phone, over the back fence. Work through all the people and their organizations. Involve as many people as possible in your cause."

Flemming proposed that the fluoridation of public water supplies be used as a national high school debate topic. Young people taking an earnest and intense interest in any subject which has become controversial carry the message home to their parents and from there to the community. As an example, Flemming referred to the 1963 national high school debate topic, Health Care for the Aged; he expressed the belief that the facts gathered by the students through thorough research and preparation played a major role in subsequent consideration of Medicare.

Stare agreed that parents frequently report hearing new health facts from their children.

Promotional assistance. Panelists urged that the American Dental Association, the American Medical Association, and the Public Health Service be encouraged to develop and produce more timely educational materials that would have appeal for diverse population groups. They recommended that the high cost of adequate dental care and the inadequate supply of dental manpower be stressed in materials for all media.

Many conferees appealed for the development of a National Council on Dental Health, an organization that would be broadly representative of community and professional leaders. Although dental disease is universal, costly, and disfiguring, no national foundation or fund supports dental health. Workshop findings stressed that intensive and aggressive promotional campaigns are needed to extend fluoridation.

More intensive involvement of business and professional groups was frequently recommended. Lawyers, physicians, behavioral scientists, nurses, dietitians, health educators, engineers, and farm and home agents all have a place in the fluoridation picture. The active support of other agencies of the Federal Government, health-oriented foundations, industrial and business firms (particularly insurance companies) was also suggested.

The Outlook

The idea of the value of meetings similar to the assembly at the State level occurred to many conferees, and announcements of plans for such conferences were made by Washington and Iowa.

One of the workshop recommendations, in fact, urged that the National Dental Health Assembly, *Emphasis: Fluoridation* be followed up with State-level assemblies or workshops. It was urged that these meetings be sponsored by the State dental and medical societies and the health departments. Such meetings should nurture the development of plans and the training of State and community leaders in productive ways of working toward fluoridation.

The Division of Dental Health committed itself to produce, publish, and distribute the proceedings of the National Dental Health Assembly to health educators and to fluoridation workers. The proceedings will be supplemented with movies, filmstrips, and every other training tool that we are able to provide.

We are giving serious consideration to Charles Rhyne's comments: ". . . if you people have failed in any one area in living up to your responsibilities, it is in developing a technique or method of presenting your case to the public as well as you have been able to present it to the courts."