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Honorable Lee M. Thomas, Administrator
U.S. Environmental Protection Agency
Washington, D.C. 20460

Dear Mr. Thomas,

In our letter of October 31, we expressed our concern for the quality of the scientific support documents for the newly authorized RMCL for fluoride in drinking water and the effect this might have on the reputation of the EPA professional community. As a result of discussions with Mr. Robert Wayland of your staff, we are submitting to you illustrations of our major points of concern.

First, the literature review missed significant reports in the published literature. For example, the review located only three mutagenicity studies (two negative and one positive). In reality, there are at least six additional studies that relate to mammals and eleven that relate to plants and insects. All of which show fluoride to be a mutagen.

Second, references were used that did not address the subject as claimed. The fluoride health effects support document dismisses a peer reviewed epidemiology study (Yiamouyiannis and Burke, 1977) showing that fluoridated cities have significantly higher cancer rates than non-fluoridated cities. Three papers were cited to show the study is seriously flawed. Each of these papers, in fact, address a preliminary paper by Yiamouyiannis and Burke that was published two years before (1975). Two of the critiques were actually published one month before the 1977 study in question.

Third, scientific conclusions were made without appropriate documentation and which contradict the available evidence. The Federal Register document concludes that there is inadequate evidence that psychological damage could occur as a result of having teeth turn black or brown or brittle from ingesting fluoride. No scientific proof was provided for this statement. In fact, the testimony of two prestigious scientific panels and the National Drinking Water Advisory Council contradicting this finding are ignored.

° A panel of behavioral scientists selected by EPA with the assistance of the National Institute of Mental Health concluded: "individuals who have suffered impaired dental appearance as a result of moderate or severe fluorosis are probably at increased risk for psychological and behavioral problems."

° A committee of health scientists selected by the Surgeon General voted 7 to 2 to recommend that no more than 2.4 mg/l of fluoride be allowed in drinking water because, as one panel member stated, "...dental effects are adverse health effects." In the first draft of the panel's report to the Surgeon General, the statement is made that "...severe dental fluorosis per se constitutes an adverse health effect that should be prevented." Alteration of this statement in subsequent drafts is not supported by the panel finding.

° EPA's own National Drinking Water Advisory Council recommended that moderate and severe dental fluorosis be considered adverse health effects.

Fourth, EPA documents on fluoride appear designed to "support" the Agency position rather than assess the risks from a scientific data base. For example, the support documents suggest that the benefits of fluoridation are accepted by everyone. This is said despite the existence of reports in the literature that show that children in fluoridated areas do not have less caries than children in non-fluoridated areas. In fact Dr. Loe, Director of the National Institute of Dental Research, has stated that they are not sure if the overall decrease in dental caries in children is due to fluoridation or some other phenomena such as improved dental hygiene.

The deficiencies identified above are not intended to be exhaustive; they are merely the most obvious. As indicated in our letter of October 31, we are proposing a seminar for the scientists who developed the support documents to present their work to their colleagues and other interested parties. We look forward to your response.

Sincerely,



Robert J. Carton, Ph.D.
President-Elect
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