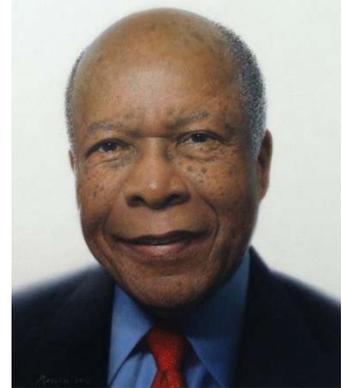


# Remarks delivered by Dr. Louis Sullivan to the Campaign for Dental Health in Washington, D.C.

Monday, April 8, 2013

Thank you, Shelly, for inviting me to offer my remarks at the opening of this important conference. I appreciate the work that Pew and this coalition are doing to strengthen oral health in America.

When I served as Secretary of the Department of Health and Human Services, I was struck by how often oral health issues got pushed to the sideline. There are many reasons for this. For example, our health care system has traditionally sold medical and dental insurance as separate policies. And that practice has sent the wrong message — the message that dental health is somehow secondary to real health care. But the last time I checked, the mouth was connected to the rest of the body. Right?



As the health professions become more and more specialized, this mindset is something we have to guard against — and for good reason. We've known for a long time that poor oral health can affect children's ability to eat, sleep and learn. But last year, a study by the University of Southern California demonstrated this impact in vivid terms. The study showed that teens with poor dental health were four times as likely to have a low grade-point average.

But this isn't just about children. Tooth decay is a health problem throughout the lifespan. Seniors benefit from fluoridation, partly because it helps prevent decay on the exposed root surfaces of teeth. Tooth decay not only undermines student achievement, but it also affects the ability of adults to find and keep a good job. We may not like to talk about it, but, in our hearts, we know that it's true — people with missing or unhealthy teeth are perceived differently at job interviews.

Sometimes, numbers are more powerful than words. So let me share the impact of decay with a few numbers. In 2009, more than 830,000 Americans — including more than 49,000 children — were treated in hospital emergency rooms for dental problems that were preventable.

The best way to protect people from decay is to prevent it from ever happening. The good news is that nearly all tooth decay is preventable. We have proven strategies that we can use, and one of them is community water fluoridation.

Every leading health and medical organization supports fluoridation — the American Dental Association, the American Academy of Pediatrics, the American Public Health Association and many others. The Centers for Disease Control and Prevention named this public health strategy as one of its "10 great public health achievements" of the 20th century.

There are three qualities about water fluoridation that impress me.

The first quality is that we have strong evidence that this health strategy reduces tooth decay by 25 percent over a person's lifetime. We know this based on the data collected from dozens and dozens of studies. Many of these studies were conducted in recent decades — in an era when Americans have access to fluoride toothpaste. And even with the availability of fluoride toothpaste, the evidence shows that fluoridated water adds a crucial layer of protection against decay.

The second quality is that fluoridation is a socially equitable health strategy. What I mean is that this health practice benefits everyone — regardless of their age, race, ethnicity or income. Simply by turning on the tap, we can get the benefits. A 2002 study found that fluoridation reduced the decay gap between low-income and upper-income Americans. The study reached this powerful conclusion:

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"There is no practical alternative to water fluoridation for reducing these disparities in the United States."

The third quality that impresses me about fluoridation is that it saves money. This is an important one because we know the pressures that are being placed on state and local budgets. In fact, the CDC reports that every dollar invested in fluoridation saves \$38 by reducing the need for fillings and more costly dental procedures.

You might assume that these three qualities would lead every community to adopt fluoridation, but this has not happened. In fact, there are 72 million Americans who receive water from community water systems that is not fluoridated. That's right — 72 million.

One of the reasons is that fluoridation proposals generally face opposition from a small, but very vocal, group of people. They misrepresent the facts and portray fluoride as something that shouldn't be added to drinking water.

What they ignore, of course, is that fluoride is a mineral that exists naturally in the water supply. Fluoridation is simply a way to adjust the concentration of fluoride to the level proven to prevent decay.

Anti-fluoride groups post a lot of inaccurate or misleading information on various websites. Some of these websites also sell expensive water filters or other products.

Opponents question whether it's appropriate for a public water system to add fluoride to prevent tooth decay. Americans do value individual rights, and we also value the health and well-being of our families. Our country has a tradition of fortifying foods and beverages to prevent disease.

- Iodine is added to salt to prevent goiter.
- Folic acid is added to many breads and cereals to help strengthen red blood cells and reduce the risk of birth defects. My background is in hematology so I am well aware of the importance of healthy red blood cells.
- Vitamin D is added to milk to strengthen the health of bones in children.

So all of this brings me to why this meeting has been convened. I understand that health and children's advocates will be sharing ideas and strategies for encouraging communities to start or maintain fluoridation. The point is simple: let's not take prevention for granted. I couldn't agree more.

Good luck on your conference and I sincerely hope the conversations you will have inspire you to continue the crucial work you are doing in your states and communities. Thank you.

*Note: Dr Louis Sullivan served as secretary of the U.S. Department of Health and Human Services from 1989 to 1993. He is currently chairman of the board of the National Health Museum in Atlanta, GA.*

