



## Connecticut State Dental Association

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**Legislative Testimony**  
**Public Health Committee**  
**HB 5350 - An Act Concerning the Department of Public Health's Recommendation on**  
**Fluoridation of the Public Water Supply**  
**Wednesday, February 24, 2016**  
**Allen Hindin, DDS, MPH**

Senator Gerratana, Representative Ritter, and members of the Public Health Committee:

I am Allen Hindin, 45 years a dentist, having practiced in US military (1971-74), The Model School Health Program, here in Hartford (1975-81), Danbury Hospital (1979-96) and private general practice (1996-present) in Danbury. I am also employed as Dental Director at Hudson Valley Cerebral Palsy Association, in Brewster, NY and The Connecticut Institute for Communities, an FQHC. I have extensive experience with the impact of dental disease upon the broad spectrum of human existence.

Dental diseases, particularly tooth decay are more common than ear infections. They are more expensive to treat, recur far too easily and have significant impact upon those afflicted. Children often miss school, or suffer during class. Adults, particularly poor and near poor may miss work or become disfigured to the point where their employment may be affected. Certainly, the absence of teeth affects speech and dietary choices.

Dental disease, in particular caries, is completely preventable. The expenditure of tens of billions of dollars nationally and certainly dozens of millions annually, by Connecticut need not occur. I am certain that there could be better ways to spend taxpayer money than on treating preventable recurrent dental disease.

Fluoridation of community water supplies is one of the most effective means to prevent tooth decay. This have been well known since the 1930s, when it was discovered that people who drank naturally fluoridated water experience far fewer decayed teeth. Grand Rapids, MI was the first community, in 1948, became the first to optimize its city water. The result was a 30-40% reduction in tooth decay. That experience has since been repeated. The CDC has since studied fluoridation, Surgeon Generals have repeatedly mentioned its success and safety and the

American Dental Association has long maintained a policy advocating for community water fluoridation.

Fluoridation, while reducing its occurrence, is in no way capable of preventing all tooth decay. Oral hygiene and diet continue to play decisive roles in development and extension of tooth decay. No amount of fluoride, whether delivered topically or systemically, will counter a diet heavy in Gummy Bears, Fruit Roll-Ups or Now and Laters. Not long ago, I saw a four year old girl, who was still using a Sippy Cup. It contained Gator Aid. Her mother thought it was a health food, because she had seen athletes drinking it. Such is the power of advertising. It will take far more than fluoridation to overcome it. For every dollar spent on fluoridation, approximately \$38 is not spent on treating tooth decay. There are few better buys in public health.

Fluoride is one of the most studied elements of all. Its safety and benefit is widely accepted. There are people who, for a number of reasons, oppose fluoridation, none based upon widely recognized science. I do not question their sincerity, only the legitimacy of their references.

As representatives of the public, I urge you to adopt the substitute language for Section 1. Section 19a-38 of The General Statutes, so as to reflect the most recent US Department of Health and Human Services' Recommendation for Fluoride Concentration in Drinking Water for the Prevention of Dental Caries.

I would be happy to answer any questions from members of the Public Health Committee.

Sincerely,

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