

REFERENDA FOR FLUORIDATION*

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The original title suggested to me was "How to Win Referenda for Water Fluoridation Projects." I mentioned that it might well be less optimistic, not only to be honest with you, but more important to you, to be honest with myself. While the academic tradition of a four volume work entitled "Preface to an Introduction to Some Consideration of the Problems That May Be Found in Certain Communities Concerning Fluoridation of Public Water Supplies" is not altogether a happy one, it does have the merit of inducing humility. And we do have trouble between our own conception of the importance of what we know and the realization of its limitations. It is the realization of its limitations that keeps us working and prevents us from succumbing to the fast sell that brings fleeting fame and some difficulty with mirrors. The temptation is all the more great when we are honored, as I have been by you, in having our advice asked on a subject of real importance. Since I do not want to keep repeating, "I believe" and "the evidence suggests," notice is now given that, while I believe what I have to say is true and useful, it cannot be swallowed whole as a pat answer to relieve you of all responsibility for checking your own situation. Indeed, much of what I say is simply a guide to things to look for. But I need not dwell on this longer. In the United States, in the Fall of 1956, I can get the point across by saying that if I were really so good at telling people how to get votes for their side, there would be much competition for my services from at least two other organizations. Contrariwise, it is instructive that more and more frequently interview surveys and social analyses are being used politically.

Analysis: The Two Situations

Two situations in which there may be an effort to secure fluoridation can readily be distinguished. These are the period of relative calm before fluoridation has become a political issue, and the period after.

The first situation has all of the advantages of its calm for the presentation of facts and their consideration without pressure for immediate decision. It is one of my major theses that a hasty decision in the absence of sufficient knowledge will be for postponement. Notice that I do not say a decision against fluoridation. I do assume insufficient information on the part of many and no pressing desire for the claimed advantages, but of this more later. It may be said here, however, that I have confidence that if the facts were known, there would be a demand for fluoridation. This may be re-read as,—if the facts were known, there would be a demand for fluoridation,—and there is not.

The second situation, in which there is an impending referendum, is much more difficult, because, unless we have handled the basic situation,

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we have all of the problems of the first and less time to handle them. We also have excitement that goes ill with reason. Professional groups find their position as experts questioned and their efforts shifted from education to politics, neither of which contributes to their calm. This situation can be viewed as an intensification of the first, and it is very interesting to the social scientist because it makes apparent some things that are otherwise difficult to observe. Just as a crisis is a test of a personality, so it is of a society. The seams become sprung under the stress, and the bonds become tighter. A kind of crystallization occurs, but the structure follows lines and forces that were always there. It is for this reason that we cannot divorce the two situations completely, and why one sketch of the basic society will serve for both.

A third situation should be remembered, although for our purposes it may be much like the first, except for some in-fighting; this is the period after fluoridation has been established. If the effort has been successful on the narrow basis of convincing a few "important" people, it is always subject to reversal by reconsideration by the same or a wider group. Let the number of cities that have de-fluoridated serve as a warning that only a thorough job of conviction can be relied on. Let us also remember that this is as it should be; this is what we mean by democracy. I hope we cannot sneak much past our electorate.

Background: The Community

Now, for the basic situation. All communities differ, and it is only an outline that can be given. But the phenomena will be found in all, it is their relative importance and the mixture that will be difficult.

This has been called by physical scientists the Atomic Age, and by social scientists the Atomistic Age. This idea may easily be over-stressed, but relative to the Victorian Period ours is a society with more loose groupings and groupings that are less coincident. Members of a family are more likely to disperse for entertainment; the families in a neighborhood go to different churches, are less likely to know one another well, and the husbands, and even their wives, may work in many different places. At the same time, we are all more likely to watch the same TV programs, read or hear the same news, get a similar education, and belong to organizations like yours based on work interests. Many of these, it will be noticed, do not meet. They are secondary groups as distinguished from face-to-face primary groups.

We still have differences in neighborhoods. Although living on the wrong side of the tracks is not so serious as it once was, it still makes a difference where we live and what our job is. And any one of us will circulate pretty narrowly in society, even though the number of people we know may be larger than in the nineteenth century. Our acquaintances are also more widespread. We do not meet the same people at work, at parties, around the home, at church, and in our recreation, but they are similar people. A worker on a production line may bowl with his co-workers, but just as likely with other workers from different plants, and not often with an executive. He may not even know too many of those with whom he worships, but still they are not a cross-section of

the community; they come from similar segments. It is true that it is one of the glories of our country that we do not have impermeable boundaries separating us into classes, but we do have statuses that can be ordered from high to low and status groups constituting strata within which we move. For a better picture may I recommend the classic Middletown⁵ and its sequel.⁶ Modern data on the city of Detroit are obtained annually,⁷ and you will find some for many cities. A more extensive analysis is given in Williams' readable book on American Society.¹⁰

In this context may I mention that I still consider the best sensitization to social processes to come, and enjoyably, from a series of broadcasts, now available on tape and LP records, entitled, "The Ways of Mankind."⁸

Let us consider some of the implications. There are many things competing for our time. We can go to symphonies, fights, a bar, the movies, lectures, hunting, meetings; we can stay at home and see many of these on television, or we can listen to the radio or read books or magazines or journals or do work or engage in any of a number of hobbies. Is it any wonder that choices are made and interest groups form? And so it is when we are asked to support mental health or polio drives or fluoridation.

Again, there are choices and differences in the amount of use made of communication media, aside from kind. In 1947, and reliable data are hard to come by, four-fifths of our adult population read a newspaper and about the same listened to the radio an hour or more per day. These figures conceal what was read or heard, and, of course, television has now entered. Approximately two-thirds read magazines and two-thirds attended movies, but not the same two-thirds, nor the same magazine or movie. Half read one book or more and a fifth heard speeches. All of these activities were somewhat related, with the implication that not only does one medium serve a restricted group, but there are some people that could not be reached using all.¹ The number reading technical journals was not determined, being too small.

Of course, similar things are true for other activities. Not everyone sees a physician during a year, and there are some who do not even see a dentist.

What we would like to know is something more about the inter-relations. We certainly know that dentists are almost the only readers of dental journals, we know that farmers listen more avidly to weather reports than most of us, and we know that dental care is more likely to be obtained by people of high status. We know little of what generates an interest in oral hygiene or leads people to use dental services, and we certainly do not know much about how many people or what kind are likely to oppose or accept fluoridation. Some specific data would certainly help. My views on this are fairly strong, but since I expressed them at the Fourth Michigan Dental Workshop, which will be reviewed later this afternoon, this may suffice.

Problems: Communication and Status

These rather too general remarks should be sharpened by specific statements of problems to be encountered. For easier handling and because I have some feeling of repeating myself after three other talks on highly related

subjects, I will try to keep them short and number them, although they are inter-related and some are of formidable complexity.

1. Many people are still not familiar with the facts of fluoridation. In support of this may be repeated the previous argument that, if people did know, there is every reason to believe there would be a positive demand for fluoridation. The best evidence supports this also, and it is certainly reasonable from what we know about the trickle of like material through our society. A special problem is the difficulty of convincing professionals that everyone does not share their interests or have access to the same materials.

2. There is no great interest in oral hygiene. The utilization of dentists fluctuates greatly with aggregate income. It is eminently elastic, indicating a non-critical commodity. Many, many people do not go to dentists and of those who do many may be as interested in appearance and status as in health. Although dental caries constitutes a disease problem of some magnitude, there is no large voluntary organization supporting measures, such as fluoridation, to overcome the problem.

3. The facts on fluoridation are technical. The very elaborateness of the studies undertaken to estimate the effects of fluoridation makes for difficult reading. Not many people are concerned with or understand the nature of an experiment, particularly when it involves statistical analysis. It strikes me that the history of the discovery is more easy to comprehend, emphasizes the natural basis of this nutritional finding, and is more convincing concerning possible side effects. This is not, however, as widely used as the comparative studies, whose precision is greater, but this precision does have side effects. Having taught or attempted to teach statistics to college students, I have few illusions about the interest or understanding of the general public. It is also true that the exact nature of the process whereby adequate fluoride intake reduces dental caries in children cannot be explained.

4. There are special social blocks to communication. Of course, disinterest and technicality are social blocks in the sense of being associated with special strata in society. There seems also to be some difficulty associated with the position of the dentist in our society. That position appears too high for many people, the very great many in the lower strata, so that they do not conveniently meet and listen to dentists, but not so high that his transmitted word is accepted without question. This is complicated by arguments within the profession, too.

5. The opposition is overestimated. Partly perhaps to augment our own self-perceptions, but mainly perhaps through not appreciating the complexities of our society, we are prone to ascribe anti-intellectual and anti-scientific attitudes to those who block our actions. This reminds us that we are intellectuals and scientists, but it is not explanation, and overstates the case. Not everyone unwilling to give us a green light is an opponent. Many of them I believe are uninformed and unwilling to operate on ignorance. That we do not have their faith is not altogether a defect. The proportion that we find in attitude studies who have closed minds or anti-intellectual attitudes is actually quite small. This is one of the things that makes election predictions

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difficult and election campaigns important. Furthermore, in hearings and in referendum arguments we find the same people over and over again. The same names crop up here and there, within a city and even over the country. Their intensity and omnipresence makes them appear like a multitude. They seem, indeed, much more concerned than the proponents.

6. To achieve conviction is more difficult than to create doubt. This should not require much discussion, but it is an important and frequently forgotten phenomenon. Much information, all pointing in the same direction, is necessary to ensure belief, but a single contrary piece of evidence may shake it. Ordinarily we are content with a statement that is largely true, when there is not much at stake, but in the realm of health we want to be pretty sure, unless the proposal is a last hope for something we cannot live with.

7. In doubt, people vote against change. This is particularly true when the positive outcome is not considered crucial and the negative risks are supposed to be great. Why not wait until the arguments are settled? This is related to the fact that the proponents are not as vocal nor as alarming about nonacceptance.

8. A referendum creates doubt. The very fact that community leaders have asked the people to decide indicates that the leaders lack belief in the experts who propose fluoridation. It may be true that the leaders, who are politicians, may only be wary of tackling a vocal, active opposition if they can avoid it. Leading a fight may be noble and statesmanlike, but it is dangerous to someone who is already in office. It may be that politicians are not convinced that the proponents could successfully back them up if it came to a fight. Frequently they are right to be skeptical.

9. A referendum changes the situation from educational to political. I have already commented on the intensification of activities that this creates. One aspect of this is to cause people to depend more on established personal relations than on abstract discussion. All argument tends to become ad hominem, and testimonials attain many times their previous potency as compared to statistics.

10. Members of a profession are at a disadvantage in politics. By choice, by training, and by precept the members of a profession should not engage in what is politically necessary. There should be no blatant calling of attention to oneself, there should be no appeal to uninvolved motives, there should be no derogation of an opponent, there should be no formation of pressure groups, particularly in our own support. I would not claim that all professionals always followed all of these principles. But the attempt to do so at least gets us out of practice. Many of us do not speak easily in and to the public, cheap appeals do not come quickly to mind, we are not good at mudslinging, and do not know how to organize a door-bell campaign.

This list may be lengthy, and the answers may not come easily, but I think this is what we face. I am, of course, singling out and thereby stressing the difficulties. Referenda have been won, even without me.

Approaches to Solution

I suppose it is apparent that I consider the best way to win a referendum is to have prepared for it by a thorough educational campaign. This is more than a public health preference for prevention. Political activity puts the proponents of fluoridation at a disadvantage. In trying to avoid a direct political fight, however, we should not avoid politics. We must get over our feeling that there is something unworthy about it. In a democracy politics is a duty, and in any society politics is a necessity. What I would like to suggest as politics is simple democratic, indeed human, attention to the other fellow.

First in importance as well as in presentation is to remember all of those who have a legitimate interest in the project. If fluoridation is under consideration, bring as many as possible into early planning. More than one fluoridation battle has been lost because it was forgotten that the city engineers are necessary to implement the procedure. Dentists simply cannot, either technically or socially, institute fluoridation by themselves.

A thorough educational campaign requires much help and a high degree of organization. I have already indicated the difficulties in reaching, which is still not convincing, all of the people. Some of this can be handled by special attention to bringing in to the planning those groups separated from us by some social distance. Remember the unions and the smaller church groups. It is particularly important to pay attention to those groups that have many members relatively uninterested in written words. Advertising men and public relations experts can help you with this. Material must be prepared for many audiences, for oral as well as written presentation in as many different kinds of places as possible. You have to try to reach everyone, particularly those not now in contact with dentistry; you have to overcome the technicality of the argument for fluoridation; and you may have to motivate many to consider important what you may take for granted as a goal,--the reduction of dental caries. There must be a broad appreciation of oral health as a goal to have fluoridation accepted as a means. I suppose that the most effective widespread appeal in the United States is for the health of children.

In the writing, health educators have their proper place,--in fact, their vocation. Dental hygienists are trained for education also, and having much experience with spoken (I almost used oral) presentation, they may be particularly suited to this. Since this is one of the new professions, it is an avenue for rising in status, and many dental hygienists can therefore be of particular help with groups otherwise hard to reach. That is, because dental hygienists represent a status between dentists and some other groups in the population, both technically and socially, they are well placed for communication. Remember also that you should not hesitate to ask for help. It is flattering, and by giving other people responsibility, you make them firm allies, whereas neglecting them when they feel they ought to be involved will antagonize them.

While emphasizing broad public education, there is no reason to neglect what may and should be done in the dental office. A recent article⁹ indicates

that cardiac patients learned more about their disease from newspaper accounts of the President's illness than from their physicians. The same may well be true of dental patients, but it is not necessary. Fortunately, for methods of remedying this I can refer you to the report of the Michigan workshop on practice administration,⁷ Chapter VIII of which deals with patient education.

On the principles to be followed in a campaign of mass education, I cannot do better than to read the following "Plan for Mass Literacy and Mass Education":

1. A concentration of effort in time or in space will produce the best results: the best methods are "an all-in" campaign over a wide area for a short time as for literacy, or a prolonged effort concentrated on a village or a group of villages for a demonstration of community development.
2. Inspired leadership is essential, starting at the top by the leaders of political and moral thought and given ungrudgingly at every level by all the people of the country in positions of authority and respect.
3. Leadership must call out voluntary effort and stimulate local self help, both for its own sake because it is demoralizing to do for people what they can do for themselves, for economy's sake because a campaign by paid effort would be intolerably expensive, and for efficiency's sake because experience elsewhere shows that it would be uninspired, ineffective and the negation of progress.
4. The right approach to adults must be at the basis of the whole program and be emphasized in the training of voluntary leaders; an adult cannot be made to learn; an adult learns quickest and most surely when he knows why; he can only be persuaded to accept or to do what does not conflict with his past experience and what does relate to his future purposes in life.
5. Ideas can be imposed on a village, but the dynamic force of self development will only grow where villagers are encouraged to do what they recognize to be of importance or what they want to do; this is the surest and quickest way of improving rural conditions "at grass root level."
6. The voluntary effort of local leaders becomes effective when it is organized, supported and trained by sympathetic and devoted official staff. Training both of village leaders and of all official staff must be regular and continuous.
7. Literacy in the vernacular must form an important feature of the program in every area.
8. Other training for action at village level must be included in any program; literacy must not form the sole objective of any campaign.

9. Reading material must be directed first towards the needs and interests of villagers and later of townsmen, it must be designed for enjoyment as well as for instruction, and it must be readily available in quantity.
10. A critical analysis of what has been achieved, must be attempted at the conclusion of every campaign, or at other regular intervals for the purpose of improving mass education by the lessons of experience.

The reference to literacy indicates that it does not come from our country, but if we substitute "dental literacy" for "literacy" and "local organization" for "village," it is as good a summary statement for your use as I have seen. It was written in the Department of Social Welfare, Gold Coast.³ Our aims may be higher at the moment, but our methods will be worse if they are not similar.

If public education has been well done, one need not fear a referendum. The group that helped in education could well aid in avoiding the necessity of a referendum by assurance that most parts of the community were thoroughly in back of, indeed, asking for, fluoridation. Their number could make it easy to recognize the opposition for the small number they are. Certainly having this apparent is necessary to convince political figures that they can safely make a decision. I firmly believe, because of what a referendum implies concerning the openness of the argument, that a referendum should be avoided, except as a means of convincing timid officials that you actually had secured public support.

It is undoubtedly necessary to convince a legislative or executive body that the opposition is a minority. It may not be sufficient. In connection with the Boston polio outbreak of 1956 it was found² that school authorities bowed to the activities of about four per cent of the community in delaying school opening, although no more than fifteen per cent of the parents might have kept their children home, and although the public health authorities felt the delay was needless. It should be said also, however, that the public health authorities had earlier refused to recognize the situation as an epidemic.

If a referendum is to be held, then much rapid action must occur. Time is on your side, but shortness of time helps the opposition, because they have the easier job, as I have said. Delay, indeed, stalling, even by legal maneuvers if necessary, is valuable. It gives you time and allows the early excitement, and the opposition, to run down. They depend on scare techniques, and these are difficult to sustain.

Every effort must be made to see to it that the wording of the referendum question is fair and clear. I mean fair. I doubt if you can win in the long run by tricks. I do not believe they can, either, but you do not want to lose at all, temporarily or permanently. It should not be difficult to arrange a fair referendum, unless you forget about it, which has happened.

You will have to do everything to prepare for a referendum that you would have to do anyway, but faster. Of course, to win a referendum you do not have to convince everyone, only over half of the voters, but to do this undoubtedly

demands aiming at all. Certainly obvious neglect of any group could be ruinous.

You will need organization. A public committee for fluoridation is a must. It cannot be confined to, or probably even headed by, the experts who were not listened to by the body responsible for the referendum. Leadership should be in the hands of broad public figures whose position is pertinent to the issues. A prominent physician, a PTA leader, or a well-known engineer would be good. Movie stars and sports figures have their place, but this has been overdone, and their irrelevance is no longer overlooked. Industrialists and unionists are important, although I suspect someone connected with the aluminum industry would redouble the efforts of the opposition. For those who find this cryptic, I would suggest greater acquaintance with opposition arguments.

Certainly among your advisors you will want political scientists and politicians. I can hardly pretend to speak for them, and this kind of activity, which you may shy from, is their specialty. It may not be possible to have any practicing politicians risk their necks by open support, but advice you should be able to get. Their knowledge of the tricks of the trade and the specific groups to work with in your community will be invaluable. There are a few general principles that I know. The chief of these is the importance of personal contact. While ward and block organizations are difficult to develop, they are what turn the tide. It is true of many efforts that only by asking will you get. There are always leaders commanding blocks of votes, but you cannot always believe those who "speak for so and so many citizens." Politicians learn the hard way who can and who cannot deliver. It is particularly important when the subject of fluoridation first comes before the city council or other government agency to find out who influences whom, but it will not lessen in value to know this if a referendum is decided on.

One of the reasons for speed in organizing and educating is to seize the initiative. It should not be left to the opposition to define the issues. You must try to get them to attempt to meet your arguments. If this can be done, you will have turned the situation to your advantage. But if you try to meet their arguments, you will be giving them tremendous odds. You will dignify their arguments by answering. You really cannot descend to some of their methods, because innuendo can never advance the cause of reason. However, some obvious issues cannot be avoided. It is true that fluorides in large quantities are poisonous, but this is hardly the whole truth, and has little to do with water fluoridation. This is one of the issues much easier to explain at leisure, rather than when someone is yelling "poison," but certainly the idea can be gotten across that the phenomenon is not unusual, being entirely like that of iodine. The goals, your goals, in terms of everyone's goals, ("save your children's teeth"), must constantly be hammered home, so that the opposition is no more than a backstage voice, even though it be a scream. The major theme must not be allowed to become poison plots, but be maintained as caries prevention.

It has intrigued me from time to time to consider what might be done for fluoridation in the manner of the opposition, using, of course, only the solid bases from which they take off. It would be worthwhile, I believe, to obtain testimonials from people who have brought up children in areas without and with fluoridated water. Testimonials have the personal touch, and appeal to

those for whom data are a waste of time. You know, a motherly picture with a statement: "My first boy was born in _____ where they did not have the water fixed up with these fluorides. It seems like he was always at the dentist's. But our girl and little boy grew up here in _____ where they have fluoridation, and we have had hardly any trouble with them. I think fixing up the water is grand. Everybody should have it." By the way, doesn't it strike you that fluoridation just doesn't fit well in that context? It is a cumbersome, unusual term that must be a hazard in itself. "Fluoration" has a better flow and odor. Maybe we need a contest and some market research.

It also occurs to me that it might be well to have dossiers, or case histories, if you will, on leading opponents. It would be psychologically interesting, and politically useful, to know what else they are against and what their interrelations are. Perhaps they are projecting when they say that they are fighting a conspiracy. I would really like to know, and it might well be revealing of more than socio-psychological generalization.

These are only a few specific suggestions that may and must be tried. I am painfully aware of their inadequacy and the sketchy nature of what I have to offer. I still think it an important beginning, even if it is far from sufficient. What I have said may in fact be summarized in three statements:

1. You do not have to and should not deal with the opponents of fluoridation themselves. They are a smaller group than we are, and their thoughts and methods are not ours.
2. You must and should deal with the large group who are only peripherally interested and partially informed. They need your information and can be interested.
3. To reach others we must involve them and become involved with them. This demands understanding, time, and good will.

I am under no illusions that what I suggest is an easy way, but I do not believe that there are any good gimmick solutions. If there were, our whole professional attitude would be wrong, and our society would become hopelessly subject to sway in one direction after another by groups commanding the gimmick. Slowness and difficulty do make for stability, and the ways open have allowed and do allow change.

In many ways participation in this kind of effort can be exciting and interesting. You will find out many things about how your city is actually run, and it may not tally with courses you have taken. Fights like these may not always accord with what we have been taught on Sundays either, but if we do not like what we see, only our continued participation will change it. And the goal is worth the effort. You are in this for the health of the next generation, and considering all of the other problems we are handing on to them, they will need it.

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